

pe for depression: finding a cure that won't break the bank.

Chapter 1 My Story

My first experience with depression, was as a teenager. Back then, the only outward signs were grades that were hopelessly plummeting where they had once been average marks. I was popular on the school grounds, every girl in school was my friend... at least, while I was actually at school. Once having left the school grounds however, I was a loner. Not by choice mind you.. the truth of the matter was, that while I had all the appearances of being "popular" including being unanimously voted in as the secretary of my class, and doing multiple extra curricular subjects, I actually did not really have anyone that I could really claim as a friend outside of school. My days consisted of coming home with one of my parents, turning on the tv, watching 2 to 3 hours worth of shows during which I also ate dinner... alone... while my parents ate in another room, and often watching them quarrel. I then did what homework I had... then spent another couple hours on the computer trying to tell other teens about my belief in God. Once I was exhausted, I would go to bed... and dream about what it would be like to have a close friend. My life, was simple... at home. At school, I drowned myself in activities... but then, as soon as my grades were published, or I failed at an exam... which was weekly... my dad would take that opportunity to verbally and emotionally abuse me, thinking it was "punishment." My self esteem was basically zero because of that, and rather than "helping" it only made things worse.

Fast forward to my senior year of highschool... new school, new classes... no longer "popular" but mostly left alone, which was slightly more to my preference, as it allowed me to bury my head in books and pretend I was preparing for college... when in truth, I was simply escaping from reality. Reality, which was that my dad was using emotional and verbal abuse against me as a form of punishment - for anything he deemed worthy of punishment - which since I was basically a good kid, who respected authority and was scared to do anything that might be considered wrong doing, was usually simple things... like not keeping my room clean, or spending too long online when I should be doing homework... then of course, he also included my mom in his verbal and emotional abuse, and I witnessed him basically trying to control every little thing she did. From my dad, I learned lack of trust. To make matters worse for me, every accomplishment I made, was met by rage from my dad - rather than approval. He never went to any of my school functions... always claiming bad health as a reason to miss them. I felt very much like a failure, before I had even started life. Which, of course, led to severe depression. Now, of course, my father's failing health was validated, when he ended up undergoing heart surgery for a heart attack... which he then blamed on my failure to keep a clean and tidy

bedroom. Imagine, a child... beaten down with words from her own dad, struggling in her own right to become an adult... seeing everything she does as an utter failure... wishing she could die, just to stop the torment she was facing.

My escape, came during college... when I moved out on my own for the school year, and finally, for the first time since I was a small child, lived without the verbal and mental abuse - because I was away from the person that caused it. Of course, being a loner, even at college... I usually hid in my dorm room studying... again, escaping. Just as I did at home... and when I did go home, I faced the abuse again.

In nursing school, I learned that for a patient to be healed, they need to have health of the mind, health of the soul, health of the spirit, and health of the body - all of which, can, if any one part is not healthy, can cause the others to become ill as well. Emotional, and mental abuse, damages ones soul, and spirit - which in turn affect the mind, which in turn affects the body. As a victim of abuse, I was prone to illness of all.. because abuse inflicts wounds which both can and can not be seen. As it progresses, the wounds multiply, and worsen... and tears from being degraded, can turn into symptoms of depression as ones energy sources are used up to try and heal wounds that are continually being inflicted.

Once one year of college was done, I made the mistake of letting my parents talk me into coming home... which ended the brief period of freedom I had felt at college rather abruptly. I got a high stress, demanding job... and my emotional fault lines began to grow... into huge casms. My health failed, which was not something I was used to... as my energy drained away, and I became physically and emotionally sick from the stress, I did the only thing I knew... which was to cry out to a loving God for help. I had no time for doctors, no time for medicine. I self medicated with prayer, and eating healthy... and with that, came a closeness to God I had never before experienced... and a joy that I could not contain.

With the joy, my depression vanished. My failing health, got better. My weekness, became strength. And, to my utter astonishment... I realized I had found a cure for my depression. Once my depression was cured, my career took off... I met a man who stole my heart, fell in love... and moved away from my parents home. But, something happened when I met that guy... I made the mistake of letting my relationship with him, take away my closeness with God.

Gradually, as I fell away from the closeness to God, my depression returned. The man, much like my dad had been, was controlling, manipulative, and abusive emotionally and verbally. My dad hadn't changed either... and I found myself stuck between my dad and the guy I thought I loved to the extent that I had no idea how to handle the pressure it caused, and frankly began to wonder yet again if I were deceased, if the pain of abuse would end... I left my parents, my friends, everything I cared about for the love of a man who saw me as nothing more than a trophy he could show off to the world... and if I failed to meet the status of trophy, I became degraded. Worse, after the wedding... the physical abuse started. Oh, he was sure never to leave a visible mark... but that didn't stop him from abusing me, in every way he could think of... and rather than repenting of my sin of putting this man before God, I blamed God for the abusive husband I had unwittingly married, and cried out against him many times wondering why I was such a failure as not only a daughter, but now also as a wife. It progressively got worse, and worse... till I began believing I deserved the abuse, and had no idea what to do to make it stop. I thought love conquered all... but what I did not know then, is that I did not know what the meaning of love was. My marriage, subsequently fell apart as the man came to the realization I was in no way fit to remain his trophy and left me to find someone else worthy of the status, even though I begged him not to go.

At that moment, I had nothing. I was nothing. All I knew was pain, rejection, abuse... and that I was now a failure at life, and blamed myself for the loss of my husband's love, and the loss of my parents' love. I was a failure.. how could anyone love me? I was a beggar, a broken trophy, a broken woman, who thought that if she was dead, everyone would be better off. And that, is how I came to be diagnosed with what psychology calls "bi-polar" disorder. You see, doctors don't seem to comprehend that a broken heart and a broken spirit can lead to a broken thought process. God however, does fully comprehend all of this... which is why, in His word, He tells us that His yoke is easy, his burden is light. It also says to cast your cares upon him for he cares for us. And, it says that he suffered the most agonizing physical and emotional pain a body can handle... so that we could be healed, emotionally, mentally, and physically.

It was not until after a year of prayer, bible study, and psychological counseling did my full healing begin to take effect. At this moment, I am free of bi-polar disorder and free of depression that usually follows. I am no longer on medicine, and living what most would consider a successful life with a loving husband who treats me with respect and good career as an author/online evangelist. My sorrow is gone, and in its place are thankfulness and joy. So, how did I do it? How did I get free? I will give you that answer, at the end of this writing. In the mean time, let us go on a journey to find out what it is that actually defines this mental illness known as depression.

Chapter 2. What is Stress?

What comes to mind when you hear the word "stress?" To me, stress often times means "distress," or rather the negative form of stress, which stems from acute anxiety or intense pressure and is seen as a leading cause of heart attacks, America's number one killer. But did you know that stress can also be positive? Eustress is the positive stress that results from our motivating strives and challenges, and is the ingredient that adds a little pizzazz to life. Without Eustress, our lives would become dull, and - might I add - rather boring. But, that is not all. I did some research to find out just what "stress" really is. My discoveries led me to some very interesting facts, which gave me a whole new insight to the otherwise rather common subject of stress.

Through my research, I discovered Dr. Hans Selye, an Endocrinologist, was one of the first people to study the topic of stress. His definition of stress was "the body's nonspecific response to any demand placed upon it." In layman's terms; stress is the physical effect of hormones within the body as they engage the fight or flight mechanisms which prepares the body for self-defense as a response to any demands that it faces.

I also discovered that stress is the way that we as people react physically, emotionally and mentally to the various situations that life throws our way, and it is considered to be an inescapable, essential part of life. Since the body is highly integrated, our physical being, our thought processes, and our behavioral patterns are all closely linked together. Therefore, any change in one of these aspects, also results in a change in the other two as well. Stress usually affects the mind (psychological) first, which in turn affects the body (physical), and results in a change of behavior.

Anything that produces stress, whether it is a situation or event, is called a "stressor." Stressors

are the result of virtually anything that may cause conflict or change to take place within a person's life. Dr. Selye referred to these in his definition as "demands placed on the body" and as such divided them into three sections including Distressors (negative stressors), Eustressors (positive stressors) and Neutrals (stressors that are neither positive nor negative). Various stressors include: general life conditions such as changes in one's physical health, emotional state, relationships, surroundings, job and social situations, and hassles faced on a day-to-day basis, transitions in our life cycle and development stages such as graduation, puberty, marriage, etc., and any conflict that may arise against our belief system.

Sources of stress also include conflicting situations where a person is forced to make a choice between two or more options that result from opposing motives. There are four types of conflict situations: approach/approach – two attractive options, avoidance/avoidance – two disagreeable options, approach/avoidance – an option that has both agreeable consequences and disagreeable consequences, and finally double approach/avoidance – multiple options that have both agreeable and disagreeable consequences.

Dr. Hans Selye is also noted for his discovery of the "the general adaptation syndrome," which is a three stage process that the body goes through when it is faced with a stressor. The first stage is called the "alarm" stage. During this stage, the fight or flight or stress reaction is mobilized, preparing the body for self-defense. As the fight or flight reaction is mobilized body releases chemicals which trigger increased heart rate, rapid breathing, increased sweating, a sudden rush of strength, slowed digestion, and dilated pupils. Once the stress reaction has fully begun, the person becomes exceptionally alert and sensitive to their environment. The second stage is called the "resistance" stage. At this point, the person finds the means to cope with the stressor, while warding off adverse reactions. A person in this stage may suffer from Psychosematic physical symptoms, which come as a result of strain that the person pretends is non-existent. The third and final stage of the body's stress reaction is that of "exhaustion" which occurs when the glands involved with the first stage have been taxed to their limit and are no longer able to stimulate the fight or flight response. During exhaustion, the person reaches the "breaking point" which causes them to become both physically and mentally worn out, as well as disoriented. If they continue to experience high levels of distress during this point, the person may become delusional in an effort to retain their ability to cope with the stressor.

In addition to the general adaptation syndrome, there are a wide variety of other ways that the body uses to adapt to stress. As stress affects the mind, psychological reactions including both emotional reactions and cognitive reactions take place. Short term psychological stress reactions

include: anxiety (a vague generalized apprehension or feeling of danger), which is the most common; Anger (an irate reaction that usually results from frustration); and fear (a reaction to danger – real or imagined- that directs the person to withdraw or flee). An emotional stress reaction usually presents itself as depression, anxiety, tension, and shortness of temper, while as a cognitive or mental stress reaction usually results in loss of both concentration and thought abilities as well as poor decision making skills.

The second thing that stress affects is the body. Stress weakens the immune system, which heightens the body's susceptibility to various diseases. Dr. Hans Selye recognized that the element of stress plays a very significant role in the development of diseases, as it decreases the immune system's ability to function. Stress can also disturb the body's internal balance, which leads to physical symptoms like an upset stomach, chest pain, and problems sleeping. Either way, stress can both cause and worsen several medical conditions. Some of these conditions include: hypertension (high blood pressure), heart disease (restriction of coronary blood vessels), heart attacks, cancer, asthma, hyperventilation, ulcers, headaches, TMJS (temporary joint pain syndrome), bruxim (grinding of the teeth), depression, back pain, various infectious diseases (common colds, flu, fever blisters, etc), and accidentitus (acute accident proneness).

Finally, stress affects the way that people behave. Since stress is positive, negative and neutral, it can also have negative, positive or neutral effects on a person's behavior patterns. Negative behavior reactions include nervous habits, changes in posture, temporary loss of interest in personal hygiene and health, aggression, and escape (distress is noted as the leading cause in aggressive personalities, delinquency, drug abuse, and criminal behavior). Positive behaviors resulting from stress include things like risking your life to save that of other people, and attitudes of cooperation that override personal differences. If stress has a neutral impact on behavior, then it is very likely that the behavior will go unaffected.

However, in the end, it is always up to the person to assess the situation and choose the type of stress that a stressor produces for them. There are two steps in assessing a situation. The first step is called the primary assessment – where the person chooses if the stressor will produce positive stress, negative stress, or be irrelevant to them. The second step is the secondary assessment – this is where the person unconsciously makes the decision on how they are going to cope with the stressor with which they are faced. In this step, there are several different factors that come into play. The first is what that person's personality is like. If they have a type "A" personality, they are more likely to react to stress by flying into a rage than someone with a type "B" personality who is accustomed to a calm and relaxed method of reaction. Also,

someone who expresses their feelings more, are likely to have less negative physical reactions than someone who doesn't express their feelings at all. Another factor that comes into play is social support. Carl Rogers believed that psychological health is largely based on communication between people. This is true also in the body's physical method of reaction, where it has been proven that people have less stress related illnesses when they feel loved and respected, and are part of a network of communication and mutual obligation

There are several different methods that people use to cope with a stressor. These are divided into two categories. The first is defensive – where a person sees the stressor as a threat to their well being, and the second is active – where a person sees the stressor as a challenge that they must overcome.

Defensive coping methods take place when the unconscious brain decides that it can't tolerate the amount of stress or anxiety that a stressor produces. Sigmund Freud came up with the idea of what he called "defense mechanisms" or basically the way the unconscious brain protects itself against unpleasant impulses or circumstances that it can't deal with consciously. These defensive mechanisms or coping methods include: rationalization – making acceptable excuses for behaviors that cause anxiety; repression – when things that cause too much anxiety are "forgotten" or pushed into the unconscious; denial – refusal to accept reality; projection – when inner feelings are thrown outside the self and assigned to others; reaction formation – replacing an unacceptable feeling with an opposite one; regression - falling back to a previous less mature behavior; displacement – when something else becomes the target for frustration, when it can't be taken out on it's original source; sublimation – redirection of something unacceptable into something that acceptable; and finally intellectualization – when a person views the situation from an emotionally detached standpoint.

Active coping methods are a conscious effort to reduce the effects that stress has on the body. They involve changing the environment or modifying a situation in order to remove the stressors that it presents or to simply lower the amount of stress a person must deal with. A person's level of hardiness, or how strong their personality traits of control, commitment, and challenge are, pretty much determines their natural ability to deal with stress. Control is feeling the ability to affect the outcome of a situation. If a person is strong in control, they are better able to deal with stresses that result from "fear of the unknown". By controlling the timing of the event, they are also able to put space between stressors so that they don't have several stressors they have to deal with at the same time. Commitment is the establishing and pursuing of goals. A person with strong commitment doesn't have the stress level of someone who is

constantly under change. Finally the characteristic of challenge is the ability to actively confront and solve problems rather than feeling threatened and over-powered by them.

If a person sees the stressor as a problem that they can solve, then they are able to face the stress head on. This method of coping involves rational analysis that leads to an appropriate decision, and tends to sharpen a person's insight, their attention to detail, and helps them develop more flexibility in their lives.

The explanatory method of coping was an idea of Martin Seligman, who described two different styles of thinking, that lead to how people view stressors in their lives. The Optimistic point of view is when people tend to put the best face on stressors that they face, turning most of the stress that they face into Eustress. The pessimistic point of view is completely opposite of the optimistic point of view, in that people that are pessimists view the bad side of stressors, and as a result are having to constantly deal with distress.

One of the best methods for coping with a large amount of stress is that of relaxation. Obviously, the most common method of relaxation is sleep – where we deal with the "normal" stress that we face during the day through dreams. When sleep is deprived, the body is not as capable of handling stress, and the person becomes highly irritable. Other methods of relaxation include: progressive relaxation, meditation, deep diaphragm breathing, relaxation tanks, and hypnosis. In progressive relaxation, the muscles are tensed, and then are allowed to relax – which serves to loosen the tension in them that is caused by stress. Meditation is becoming more popular, and is another form of relaxation. It involves intense focus with the intent of clearing the mind in order to produce "inner peace." Meditation is used to counteract both physical and psychological stress that tends to accumulate, causing various health problems. Relaxation tanks are huge tanks filled with a substance that allows the body to float. In it, sounds are completely blocked out, and the muscles are allowed to completely relax. The last form of relaxation that I am going to discuss is that of hypnosis. Hypnosis is used to prepare a person for a stressful event, to control habits and to induce relaxation. There are two types of hypnosis, both of which are an intense form of relaxation. The first is self-hypnosis, where a person hypnotizes themselves; the second is done by a therapist. Self-hypnosis is when a person is able to bring themselves to an intense state of concentration, causing them to relieve stress – it is usually done before interviews, or events in which the people are unsure of themselves. Hypnosis done through a therapist usually works to bring up events that have been stored in the unconscious memory through repression. Also, it can be used for habit control – like to help a chronic smoker stop smoking. Biofeedback helps to bring specific body processes under

conscious control, with the help of a machine. This technique is used to help lower high blood pressure, and is especially effective in relaxation – since it serves to teach a person how to be completely relaxed. It is kind of like how a stereo works: A tone sounds, while the person is doing what ever they can to make it turn off by relaxing. When the body is fully relaxed, the tone turns off – it is effective because it teaches a person what it feels like to be completely relaxed.

Other coping methods include humor, crying, massage, exercise, support groups or professional help, friendship, talking, journal writing and doing things you enjoy. Humor and crying are considered to be great stress relievers, since they relive both tension and stress, and enable a person to keep a good perspective of the stressor they are facing. It is said that Humor is the best medicine - although that remains to be actually proven. However, since it does serve to relieve stress, it makes sense that it would also help alleviate stress related physical symptoms. Norman Cousins, a well known writer and magazine editor, was diagnosed with a disease that affected the connective tissues of his body. His doctors pumped him full of medication to ease his pain, but he felt it didn't help. So, the doctors tested him – and found he was sensitive to all the drugs they were using to help him. With the permission of his doctor, Cousins went completely off of all medication and prescribed that since he wasn't getting enough rest in the hospital that he be moved to a nearby hotel, with vitamin "C" as a substitute for the drugs and several re-runs of "Marx Brothers" and "Candid Camera" to be played in his room. He began laughing, and found that unlike the medication the doctors had put him on, Laughter helped to ease his suffering to a bearable level.

Massaging the muscles helps to relax tension that builds up within the muscle tissue as a result of stress. It also helps a person to relax the muscles, and thus relieves painful spasms that are caused by stress. There are two different types of massage: Shiatsu – a deep massage of specific pressure points to relieve tension, and Swedish – a kneading and stroking of muscles to relax knots and tension as well as to improve blood circulation.

Aerobic Exercise is another good way to cope with stress, because it releases tension, improves sleep, increases heart efficiency, lowers triglyceride and cholesterol levels, lowers blood pressure, and controls weight – all of which decrease the overall risk of a heart attack. Aerobic exercise includes things like running, walking, going up and down stairs, etc. It is designed to benefit both the heart and lungs, by increasing pulse and respiration rates to make them stronger while helping to work off the stress hormones that can make a person feel tense, anxious, or depressed causing a person to stay more relaxed. Dr. Jon Griest, a Wisconsin

psychiatrist and runner, proved the effect of exercise on reducing stress by putting eight of his depressed patients on a 10 week walking and jogging program. At the end of those ten weeks, six of those patients were over their depression, and were able to stay that way.

Social support is another helpful method of coping with stress. As it was said earlier in the text, people tend to have less stress related problems when they feel loved, respected, cared about, and as if they are part of a network of communication and mutual obligation. This said; there are about four different types of social support that play a large role in reducing the stress level a person has. These include: Emotional support, Appraisal and interactive support, informal support, and instrumental support. Emotional Support involves concerned listening, which forms the basis upon which the stressed person can receive affection and concern, as well as a boost in their confidence level. Appraisal-interactive support helps a stressed person by helping them understand and sort through the stressors they are facing through feedback information, and probing questions. Informal support enables the stressed person to respond to what they have learned, and evaluate the manner that they are choosing to deal with the stressors with which they are being faced. Instrumental support is when someone takes positive action to support the person facing stress through means of money or living quarters.⁴

Included with social support, is the ability to improve interpersonal skills, the value of friendship, and being able to talk about your feelings in a positive way. When a person improves their ability to deal with other people, their esteem and confidence level rise, enabling them to make friends easier, and their chances of experiencing loneliness and interpersonal conflicts lessen. A personal relationship with other people is very important, since it plays a large role in keeping us healthy and happy. This was proven in a twenty-year study in Alameda County, California; where scientists found that those who didn't have close emotional bonds with other people had a death rate that was two to five times higher, than those that had important, sustaining relationships. Also, when people have friends, they are able to talk about their feelings more, and as a result, are better able to understand how to cope with stress. When a person has a lack of friendships, they may feel they can't discuss their feelings with other people. As a result, they are more susceptible to depression and other emotional disorders, which can eventually lead to higher rates of heart disease and certain types of cancer.⁵

There are many other methods of coping with stress, but not all are good. Maladaptive methods (such as the use of alcohol, drugs, and smoking) are considered extremely unhealthy ways to deal with stress, but are used quite frequently as a way of escape. These substances, while providing temporary "relief" are filled with poison, and as such are capable of causing major

harm to both the person and others, and may even cause death. Other unhealthy ways of dealing with stress include violence, criminal behavior, aggression, delinquency and suicide.⁴

Stress is the reaction the body makes to the various demands that it faces. It is nearly inescapable, but by understanding how stress affects the body, a person is able to learn how to deal with it in such a way that it does not become harmful to them. Through coping methods such as relaxation, Humor, Crying, Massage, Exercise, Support groups/professional help, friendship, talking about personal feelings, journal writing and doing things that are enjoyable, people can greatly reduce the negative effects that stress has on them and as a result have fewer health problems

I also discovered that stress is the way that we as people react physically, emotionally and mentally to the various situations that life throws our way, and it is considered to be an inescapable, essential part of life. Since the body is highly integrated, our physical being, our thought processes, and our behavioral patterns are all closely linked together. Therefore, any change in one of these aspects, also results in a change in the other two as well. Stress usually affects the mind (psychological) first, which in turn affects the body (physical), and results in a change of behavior.

Anything that produces stress, whether it is a situation or event, is called a "stressor." Stressors are the result of virtually anything that may cause conflict or change to take place within a person's life. Dr. Selye referred to these in his definition as "demands placed on the body" and as such divided them into three sections including Distressors (negative stressors), Eustressors (positive stressors) and Neutrals (stressors that are neither positive nor negative). Various stressors include: general life conditions such as changes in one's physical health, emotional state, relationships, surroundings, job and social situations, and hassles faced on a day-to-day basis, transitions in our life cycle and development stages such as graduation, puberty, marriage, etc., and any conflict that may arise against our belief system.

Sources of stress also include conflicting situations where a person is forced to make a choice between two or more options that result from opposing motives. There are four types of conflict situations: approach/approach – two attractive options, avoidance/avoidance – two disagreeable options, approach/avoidance – an option that has both agreeable consequences and disagreeable consequences, and finally double approach/avoidance – multiple options that

have both agreeable and disagreeable consequences

Chapter 3: How does Psychology deal with a person that suffers from stress?

In his book, "About Behaviorism," B.F Skinner seems to have a large amount of information on the theory of Operant Conditioning. This theory seems to be a very important part of Skinner's theory of behavior, because it defines how behavior can be changed through the application of various reinforcement contingencies which appear throughout the book. Skinner states that operant conditioning is a process through which a person comes to deal effectively with their environment, learning to behave in a way where they will obtain elements needed for survival. This behavior, if effective, is likely to be repeated again and thus ensure that the species does not become extinct through the process of natural selection. Skinner says that when behavior is strengthened by the consequences, the consequences become reinforcers, which ensure that the behavior producing them is likely to reoccur. Also, in this same manner, behavior that reduces a potentially damaging situation, is also likely to reoccur on the basis of consequence. This leads us into negative and positive reinforcement – which are both ways of enforcing a certain desired behavior, or in the same aspect, potentially decreasing an undesired behavior. Positive reinforcement is defined by Skinner (51), as "reinforcement that strengthens any behavior producing it." An example would be in a child care setting, where praising a child for a good behavior, leads to the child's desire to repeat that same behavior. On the opposite spectrum, negative reinforcement strengthens any behavior that terminates it. An example of negative reinforcement would be when a parent rewards a child for good behavior by eliminating an activity that the child dislikes – such as washing dishes. Both positive and negative reinforcement are effective in changing behavior, allowing a parent or caregiver to shape a child's behavior in a way that would be hopefully beneficial to both the child and society at large. While reinforcement has been proven to change behavior, Skinner seems to have a need for further definition to find out what kinds of consequences – whether positive or

negative – are reinforcing. Why? Skinner states that things are "usually considered reinforcing if they feel, taste, sound, look or smell good," and the problem lies in the fact that these things are subject to how a person perceives the sensory information, whether good or not. An example of this point would be in the case of two children. The first child absolutely loves to wash dishes, and the second totally hates it. They each perceive washing dishes in a different way – so, where to the second child it would be a negative reinforcer to not have to do them; it would be a punishment to the first child, because it presents, rather than takes away a negative reinforcer. Skinner goes on to explain that perceptions, while they do influence behavior, are based largely on something that can not be proven. Things can only be perceived and described according to the way the person has been taught to describe and perceive them by previous experiences. Another thing that Skinner calls into question is the definition of the word "need," which, according to Skinner has several definitions ranging from wanting something, to requiring something for survival. He chooses to define "need" as motivation – thus he says that when we reinforce a behavior, we are also said to be providing a motivation for the continuation or discontinuation of that behavior. Skinner continues on to say that even the word "drive" should be called into question in accordance with operant behavior, since it also has several meanings – one of which is Freud's idea that men are mercilessly driven by innate biological forces that dwell in the depths of the mind or personality. Freud adamantly disagrees with Freud's theory, because he does not believe that the mind or personality is capable of scientific study. Instead, he believes that the word "drive" when associated with operant conditioning is simply another way of saying that the subject is motivated to change his or her behavior on the basis that it will ensure that they will receive a reinforcer. If, over a period of time, the subject produces the behavior while expecting to be reinforced and isn't, the behavior will undergo what is called extinction, where the behavior will simply disappear as the cause for motivation is no longer present.

In essence, Skinner's use of operant conditioning provided him with the means to test his theory of behaviorism, by enabling him to have a means to prove behavior could be changed. Without the ability to change behavior, the theory of behaviorism would be useless in our society – because so much of our ability to live in harmony with others involves being able to control our behavior so it becomes compatible with those in our society.

So, basically... a person is dealing with stress, so they go to the psychologist. The psychologist says in essence, you are only seeing the situation as being stressful because that is how the situation has trained you. Thus, you are a product of your environment... and the only way to alter the situation, is to change your environment. So, the person takes a vacation... goes to a nice tropical destination, reclines on the beaches, ect. But, when they get home, they go right

back into depression. Why? because according to the psychologist, the environment is still the same. It hasn't changed. So, they then resort to dealing with the symptoms. How do they deal with the symptoms? The answer is simple. Give anti depressant drugs, which while they do give temporary relief, do not actually solve the problem. So, the person who is under stress goes to the doctor complaining they can't sleep. They are given a sedative. That doesn't work, they still cant sleep, and now they are groggy all the time. So, they are told they are depressed, and given anti-depressants which "wake" them up during the day. So, now at night, they are on medication to sleep, and during the day they are given medication to give them energy. Neither of which really solves the reason they couldn't get to sleep to begin with. So, because the problem is still there, and the person still doesn't know how to cope with it... they go back. Now they are given another medication to help with the symptoms of the last 2 medicines they took... and on it goes, with the diagnosis changing every time they visit the doctor as each medication brings a new symptom into the mix... finally, not knowing how else to cope, the person winds up in the hospital seeking medical help for something, that if you look back through the history, was simply a stress in their life that caused them to loose sleep. Rather than getting at the root of the problem, doctors give them a label, and weekly counseling sessions... where by, the person is no further along then they were to begin with, because the initial irritant, has not vanished, just because the person is taking medicine.

We see this at work, in another book in which a utopian society is created through the manipulation of environment... but, there remains a fatal flaw, in that to creat such a society, there must be a strong element of controlled stress.

Skinner begins his book "Walden Two" as students, Rogers and Steve Jamnik, show up at the office of their former professor and our narrator, Burris. These young men seek a better life for themselves after having fought in World War II, and hope that Burris can help them go in the right direction; which eventually leads them, along with three other characters to visit the Walden Two community, where they learn about how society can be based on the theories put forth in Skinner's "About Behaviorism."

We see the theories in "About Behaviorism" illustrated clearly in this novel, as the small group begins a tour of Walden two in chapter three, and the theories are continued throughout, as the characters begin to live and learn about this utopian community. The first example is when the

group passes a group of sheep, which are within an enclosure of string, tied to stakes. The group wonders how it is, that the sheep are content to remain within the string. Frazier replies that it is through operant conditioning. In other words, the sheep were conditioned to remain within the boundaries through the use of an electric fence. When the sheep no longer went near the fence, the fence was removed and replaced with string. The young sheep never did anything the flock did not do, and it was passed on from generation of sheep to generation – each refusing to go near the string, and none really knowing why. The string idea was reinforced by a sheep-dog who stood watch near the parameter, making sure that the sheep remained within the boundaries. At once, it is recognized that this string fence and the group of sheep is a symbol. The fence is the line that divides the utopian community from the outside world, and like the young sheep that never stray, the children of Walden Two who blindly stay within the community under the rule set by elders such as Frazier, that the outside world is not as good as the community in which they live. The sheep dog represents a form of operant reinforcement, which is used to keep the children within the community. In the book later on, we discover exactly how this is accomplished: if the children visit a place considered to be "good" on the outside, such as a movie theater, they also must visit just as many places that are considered "bad," such as jail.

The second example is that of the tea service. The tea service illustrates one of the most important principles in the Walden Two society: that of experimentation. The people of Walden Two are encouraged to find ways in which to better their society through experiments. If the experiment is successful, the idea is incorporated into the community to be used by all. If not, the idea is not discarded. Instead, they try to find new methods of making the idea useful – and experiment with those to see if they work. Because people are consistently searching for new ways to better their society, the society takes an aspect of continual experimentation for the goal of making life in the community more efficient, and thus allowing the people to live better lives.

The third example is that of labor. In Walden Two, everyone does a share of work; and if they do not, then they do not get things such as food. The subject of wages incorporates with this ideology as a positive reinforcement tool. In Walden Two, every job is worth a certain number of credits – the equivalent to money. With these credits, people are able to purchase the things they need within the community; and the work that is done to produce these credits benefits the community by making sure that everything from washing dishes to planting flower gardens gets done. For certain types of work that are pleasurable – say gardening – the credit rate is lower. For the work that isn't as favorable such as cleaning dishes, the credit number is higher, to offset the unpleasantness involved with the work. This ties in with the experimental ideology

in that the community is constantly trying to find ways to eliminate as much unpleasant tasks needing man-power as possible, and thus improve the quality of life. In following the characters about as they tour, and listen to Frazier speak, we understand that what makes this a utopian society is that everyone has all their needs met – and everyone works together to make each others lives the best they can to achieve "the good life" where they each maintain a steady level of contentment.

Another place we can see behaviorism at work, is in the way that the Walden Two community raises their children, and teach them the rules needed to live in the society. This is seen in the way that the children are taught self control, which, in this society is required to maintain contentment of the community at large. Self control is taught starting around age three, when they are given a lollypop covered with powdered sugar around their necks. The children are told that if they don't lick the lollypop, then they will be able to enjoy it at the end of the day. If they lick it, it will be taken away. At first, the children are distracted with games – but are allowed to look at the pop after the games are over. Gradually, the games decrease – and the children learn to keep themselves busy so that they "forget" about the lollypop hanging around their necks – and are able to withhold from licking it. Another way that self control is taught is at dinner time. The children come to get dinner, but then are unable to eat for a certain time-span. If they eat during this time, they have to wait double that time and so on. But, if they don't eat, then they are rewarded by being able to eat at the end of the time-span. This is a wonderful example of operant conditioning, as it uses reinforcement to produce a certain behavior.

Finally, we see behaviorism in the very way that Walden Two itself is operated. How this is so, is in the method of control. Skinner believes that behavior can be controlled through various methods of operant conditioning. The idea in Walden two is that behavior is a result of manipulation and control using the methods that skinner outlined in "About Behaviorism." In order for the people to be controlled, there must be a dictator – which Frazier believes is none other than himself. We see this aspect towards the end of this novel, when Frazier openly confesses that he started the community because he wanted to control it. The difference, he states, between the world and Walden two he has created is that while the world controls people's behavior in a negative sense, the community he has created controls behavior in a positive sense. In this way, he likens himself to God, because he created the society, and therefore has complete control over its behavior – and ultimately by having this control, he is able to control people's very lives so that they are able to be content, and therefore happy.

In conclusion, although these examples are only a few of many, they clearly illustrate topics that

Skinner outlined in "About Behaviorism," such as that of scientific experimentation and operant conditioning; and how the two can be combined to control behavior for the betterment of society according to psychological experts.

But, yet again the same problem exists... changing the environment does not get rid of the stressor, because often the stressor begins outside, but then is internalized to continue causing pain and conflict despite it's removal. So, the psychologist gives medicine... hoping that will cause the internal conflict to stop, thus releasing the person from his or her stress so that they can become free of depression for a time. But, truth of the matter is, medication can often cause more harm than good, which leads me to the next chapter:

Chapter 4: Antidepressants... more harm than good?

Depression is thought to occur when the body lacks certain neurotransmitters such as serotonin and/or norepinephrine. (Abrams 163) These neurotransmitters are responsible for the increase of energy throughout the body by constricting blood vessels. When the body doesn't have enough of them in its system, then its energy level drops. If this occurs for a long period of time, the person enters a state known as depression. Drugs known as antidepressants are designed to help increase the transmission levels of these neurotransmitters, thereby constricting blood vessels and increasing energy.

Another drug, which is fairly common in our society, is a type of stimulant, which, although

different from antidepressants, is similar in that it is designed to increase energy levels in the human body. One of the most common type of stimulants is that of Zanthine, which includes the drug Caffeine – normally found in most soft drinks, coffee, and some types of tea. In low doses, caffeine serves to increase levels of alertness, and the capacity to work by decreasing fatigue, which can interfere with mental ability. When caffeine is given in larger doses, it has a negative effect on the central nervous system, which can produce several side effects such as anxiety, agitation, insomnia, irritability, nausea, nervousness, hyperactivity, restlessness, tachycardia (rapid heartbeat), tremors, and vomiting. On rare occasions, overdose can occur resulting in delirium and seizures. These symptoms are somewhat similar to those found in Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants, which isn't very surprising since both of them stimulate the central nervous system.

To put the comparison of these drugs into better perspective, let's compare what would happen if we were to give two cups of coffee to both a child, and adult then wait about one to two hours for the caffeine to take effect. The differences would be like that of night and day. The adult, depending on how caffeine tolerant they were, would no doubt be going about daily activities as if the two cups of coffee had only served to produce a limited amount of energy such as that produced by a small bit of static electricity. The child, on the other hand, would be bursting with a frenzy of activity as if powered by lightning. While the adult would be able to direct the energy into productivity, the child is much less tolerant of the drug because of their smaller size and lesser ability to process the drug in their system. Therefore, the probability of their experiencing the negative side effects becomes much higher.

SSRI drugs have much the same effect on children that coffee does – and where as to an adult it might serve as an extra boost of energy, to a child it may be just enough to push them over the edge. Children with Major depressive disorder should not be treated with Selective Serotonin Reuptake antidepressants, as recent studies have shown them to increase suicide risks. With this type of risk, it is little wonder why concern would be so high about this issue in the medical field. Recent data shows that suicide ranks as the third highest cause of death among ages thirteen to nineteen behind accidents, and homicide.(Arias et. al. 1227)

If as these studies indicate, SSRI drugs are responsible for higher suicide risk among children, they why are these drugs being prescribed to treat pediatric depression?

If you ever looked at the best selling books upon the shelves of a bookstore, watched television, or listened to the radio, chances are pretty good that you've heard of one of the most common problems in America: Stress. It's the number one cause of all physical ailments, from the common cold to heart disease. One of the most well known ailments caused by stress is that of depression, which is thought to result from the lack of two neurotransmitters, serotonin and norepinephrine, which are responsible for increasing energy levels in the body. Antidepressant medications are designed to increase the activity of these neurotransmitters in the central nervous system, which causes blood-vessels to constrict. When this happens, the body feels more energized, and less depressed.

Antidepressants are grouped into three categories: Selective Serotonin Reuptake Inhibitors (SSRIs), Tricyclic (TCA), and other various types – which are all designed with the common goal of treating depression. The SSRI group of antidepressants is responsible for the selective reuptake of serotonin – which means that they increase the transmission of serotonin in the central nervous system (CNS), causing symptoms of depression to fade. However, in recent years the safety of SSRI drugs used to treat children have come under scrutiny and is now being questioned by several members of the medical community. Children with Major Depressive Disorder (MDD) should not be treated with Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants, as recent studies have shown them to increase suicide risks.

In order to understand how these drugs affect children, let's take a look at a similar type of drug: Caffeine. This drug, a stimulant, is very common in our society, as it can be found in nearly any type of soft-drink, different types of coffee and some types of teas. . In low doses, caffeine serves to increase levels of alertness, and the capacity to work by decreasing fatigue, which can interfere with mental ability. When caffeine is given in larger doses, it has a negative effect on the central nervous system (CNS), which can produce several side effects such as anxiety, agitation, insomnia, irritability, nausea, nervousness, hyperactivity, restlessness, tachycardia (rapid heartbeat), tremors, and vomiting. On rare occasions, overdose can occur resulting in delirium and seizures. These symptoms are somewhat similar to those found in SSRI antidepressants, which are also caused by stimulation to the CNS.

To give you an example of how these drugs have similar effects on children vs. adults, let's compare what would happen if we were to give two cups of coffee to a child and adult, then

wait one to two hours for the caffeine to take effect on their bodies. The differences would be as significant as night vs. day. The adult, depending on how caffeine tolerant they were, would probably be going about daily activities as if the two cups of coffee had only served to produce a limited amount of energy such as that produced by a shock of static electricity. The child, on the other hand, would be bursting with a frenzy of activity as if they were a bonfire to which a lighted match has just been applied. While the adult would be able to direct the energy into productivity, the child is much less tolerant of the drug because of their smaller size and lesser ability to process the drug in their system. Therefore, the probability of their experiencing the negative side effects becomes much higher.

SSRI drugs have much the same effect on children that coffee does – and where as to an adult it might serve as an extra boost of energy and be enough to help depressive symptoms; to a child it causes an extreme amount of nervous energy, which when added to suicidal thoughts and depression, is just enough push them over the edge. Recent data shows that suicide ranks as the third highest cause of death among ages thirteen to nineteen behind accidents, and homicide(Arias et. al. 1227). With this type of risk, it is little wonder why concern would be so high about this issue, in the medical field.

However if, as these studies show, SSRI antidepressants are linked to suicide, then why has the number of suicides not increased since these drugs have were invented (Lapier)? However, with the Federal Drug Administration's (FDA) recent addition of a black-box warning to the labels of these antidepressants, (Young 2228) there is clearly some degree of risk involving suicide, or the labels wouldn't have been changed to include the warning, which cautions both physicians and patients to be aware of possible increases of suicidal behavior. Also, it should be noted that most SSRI antidepressants drugs are not approved by the FDA for use in treating depressed children – because of the high risk of possible adverse reactions that they present.

This problem was first addressed way back in 1990, when Teicher, Glod, and Cole found six different patients that were using Fluoxetine to treat depression, had developed suicidal tendencies where none had been prior to treatment. These patients, mostly adults, did not commit suicide, but Teicher, Glod, and Cole became alarmed at these findings, and published an article stating what they had found in a well known psychiatric journal. This article was the beginning of several different studies concerning the relation of not only fluoxetine, but several other drugs under the SSRI category to possible increases in suicidal behavior. Until 2004, these studies went mostly unnoticed – and the medical profession continued prescribing these

antidepressants to both children and adults alike.

During 2004, two cases were brought before the courts involving the safety of SSRI antidepressants. The first one was Miller Vs. Pfizer Inc – in which the Miller family was suing Pfizer Inc, who is responsible for the production and distribution of Zoloft, an SSRI antidepressant, for withholding information that about the drug which the Miller family says is responsible for the suicide of their teenage son. According to Mr. and Mrs. Miller, their 13-year-old son, Matt, had been diagnosed with teenage depression. Shortly after he began taking Zoloft to treat the depression, Matt began acting very irritable, and would fly into a temper at the slightest little things. About two weeks after he had been on the medication, the Millers found their son's body hanging from a belt in his closet. From what they told press, they have reason to believe that the Zoloft medication was responsible for causing him to commit suicide, and they wanted Pfizer to do something about it, in hopes that other children would not face the same fate as their son. (Mahler)

During the Miller Vs. Pfizer case, there was a second case going before courts involving New York state attorney general, Eliot Spitzer against GlaxoSmithKline (GSK) for concealing data involving the "safety and efficacy" of the SSRI antidepressant, Paroxetine, more commonly referred to as Paxil. (Wechsler 24) According to various articles, GSK apparently hid several studies showing that Paxil caused people to have more suicidal tendencies, than did the placebo; and only allowed those showing Paxil as having favorable results to become published in reputable medical journals. (Wechsler 24; Kondro, Sibbald 783)

The case of Spitzer vs. GSK brought the FDA's attention to the safety of all SSRI antidepressants, and they began evaluating information from several case studies showing a possible link between SSRI antidepressants and suicide. In May of 2004, an article appeared in the "American Family Physician" alerting the public of a health advisory issued by the FDA concerning the use of several SSRI antidepressants. The advisory warned that patients being treated with SSRI drugs needed to be closely monitored for worsening depression, and/or an increase in suicidal behavior. (Montraz, Torrey) Later, the FDA came out with a label revision requiring a Black-box warning to be added to all antidepressants, to the effect that they could cause suicidal behavior in pediatric patients. However, many physicians still remain skeptical; and for good reason – while SSRI's do have a possible link to suicidal behavior, they are also much safer than other antidepressant medications in terms of side-effects, and since they came out on the market several years ago, the suicide rate in the U.S. has slowly declined. (Lapier) Also, David Brent, MD, of the New England Journal of Medicine noted that in an FDA review of a clinical trial involving

cognitive-behavioral therapy and fluoxetine (an SSRI) treatment, the Fluoxetine, when combined with therapy, had a higher result in improvement (61% of the cases improved) than the Placebo (35% of the cases improved). He also notes that according to the FDA analysis of the study, Fluoxetine was also associated with an increase of suicidal events, which were 4.6% higher than when people were on the placebo. He concludes that while fluoxetine does have a high risk factor, that the risk vs. benefit ratio was 1 to 4 – and therefore, while SSRI medications do pose a risk, when combined with therapy, they tended to pose a greater benefit.

However, while SSRI drug risks posed by the side-effects may be in many ways "safer" than that of other antidepressants, they still exist – and due to the nature of these side effects, they have the ability to increase suicidal behavior in children. According to Jane Garland, RN, in a 2004 article appearing in the Canadian Medical Association Journal, there are several clinical trials and case reports showing that "up to 25% of children on SSRI medication will experience agitation, irritability, and behavioral disinhibition." (1125) in addition, another article by Dr. Ramond Lam and Dr. Sidney Kennedy, shows that while published studies may show SSRI's to have a great benefit to both adolescents and children; there are also several studies that have gone unpublished showing the opposite side of the spectrum. Dr. Lam and Dr. Kennedy found that the unpublished data shows that not only do the SSRI's have several significant negative reactions such as lability, agitation, suicidal Ideation (thoughts about suicide and or suicide attempts), and self harm; they also have less beneficial effect than the published studies show. (Lam, Kennedy 2) Included with these negative reactions are several common side effects, which include anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsively, severe restlessness, hypomania and mania. (Montraz, Torrey) While SSRI antidepressants do increase energy, they do so by stimulation of the central nervous system – which creates nervous energy, as evidenced by the side effects they produce. It should also be noted that according to the Mosby's Nursing Drug Reference, these side effects are considered "common" among several drugs in the SSRI category. More severe side effects include seizures, heart problems, etc. Also, according to Russell Mokhiber, of the Multinational Monitor, drug companies allegedly hid two clinical trial studies proving that SSRI medications had little to no therapeutic effect on helping children diagnosed with Major Depressive Disorder, while still producing negative side-effects that were equal to or greater than the negative side-effects produced in adults. In addition, a study published by Benedetto Vitiello and Susan Swebo in the "New England Journal of Medicine," stated that "SSRI medication does have the ability to increase suicidal behavior in children." Vitiello and Swebo also note that agitation, hyperkinesia, mania, and hypomania tended to occur more often with those on SSRI medication, (1-6 %) than those that were on the placebo medication.(0-4%) With side effects such as nervousness and agitation occurring frequently as side-effects of SSRI medication, they concluded that SSRI antidepressants have a potential to increase "self Injurious acts" among pediatric patients.

Another study, done by Peter Breggin, compared the results of several various studies, in effort to try and find out how SSRI medications were linked to suicide. He concluded that not only did the medication cause patients to become suicidal, but also to cause mental instability, and in extreme cases, may cause someone to commit murder. (Breggin 46) Enter the case of Christopher Pittman, who in February of 2005, was found guilty of murdering his grandparents as they slept, and then attempting arson as a "cover-up." Pittman allegedly claimed that the antidepressant, Zoloft, was to blame for his actions, and that because of this, he was innocent of the charges against him – which ties in with Breggin's idea that SSRI drugs could cause someone to commit murder. However, the jury found him "guilty as charged" stating that while Zoloft may cause strange behavior, it did not cause him to commit murder, since they evidenced that he had thought about, and even planned the murders before he took Zoloft. Also, the way in which he went about killing the grandparents, then attempting to burn their house down afterwards only went to prove that he was indeed guilty.

So, if Zoloft wasn't responsible for making Pittman murder his grandparents, then Breggin's conclusion is called into question. Are, as he claims, SSRI medications actually linked to suicide? If we go back to Martin Teicher, Carol Glod and Jonathoan Cole's study, we find that antidepressants do have negative side-effects, which, when combined with depression can result in suicidal behavior.(207, 209) This is further amplified by a 2003 article published in the

Journal of psychiatry and neuroscience in which David Healy and Chris Witaker comparing twenty-three different studies compare the risks versus the benefits in using antidepressants for treatment. They found that out of 13,693 people taking SSRI's 0.17% or 23 of those committed suicide, and 186 people or 1.36% of the 13,693 made a suicide attempt; compared to the 3,140 people taking the placebo where only 2 people or 0.07% committed suicide, and 16 people or 0.51% made an attempt.(333)

In 2004, Robert Valuck, Anne Libby, Marion Sills, Alexis Giese, and Richard Allen, published a study in CNS Drugs on adolescents and antidepressant medications in order to determine whether or not the medicine was linked to suicidal tendencies in young people. Their findings show those involved, not on antidepressants, had an overall suicide rate of 1.1% out of 17,313 adolescents, while those on SSRI drugs had an overall suicide rate of 2.2% out of 4,595 adolescents. (1125) Also in 2004, the FDA reviewed the results of 24 different studies, and found that of children and teenagers that were put on antidepressants, for 1-4 months, 4% of them

became suicidal, verses that of only 2% became suicidal on the placebo.

A more recent study, published in the British Medical Journal by Dean Fergusson et. al. compared the results of several randomized controlled trials involving the link between suicide and SSRI antidepressants verses on the placebo, and the effect on different age groups. Overall, he found that out of 10,557 people of varying ages on SSRI antidepressants, only 27 or 0.26% of those attempted suicide, compared to the 9 people or 0.12% that attempted suicide out of 7,856 on the placebo. Out of the 10,577 people on SSRI antidepressants, only 5,306 had been diagnosed with either depression, or MDD, and out of the 27 people that tried to commit suicide, only 17 people or 32% attempted suicide out of the 5,306 people that had depression or MDD. On the placebo, there were 4,370 people with depression or MDD, and 6 people or 0.14% of those attempted suicide. When age variations were applied, those under Sixty years of age numbered around 9,798 people on SSRIs and out of that number, 26 or 0.27% of those, made an attempt at suicide. On the placebo, there were 7110 people under sixty years of age and out of those, only 8 people or 0.11% attempted suicide. (Fergusson, et. al.).

From the results of these studies, it is easy for one to assume that SSRI drugs are dangerous, and that they have the ability to pose considerable risk. Having experienced some degree of depression myself, and not having been put on any medication, I can see how this would be an accurate assumption, without having all of the facts put together. However, the data that I have presented here varies from study to study, because none of them have the same number of people on SSRI's that are on the placebo. Because of this, the question still remains. Are these studies biased, because of these uneven comparisons? There are some who think they are (Balon, 298) and as a result are hesitant about making a solid decision about whether or not SSRI medications should continue to be prescribed to children. By placing a black-box label on SSRIs, warning that they may result in suicidal tendencies, the Federal Drug Administration acknowledges that these medications could be dangerous, and should be used with caution. The key word here is "could" – this is not saying that these medications are dangerous to all, only to some. It simply notes that suicidal tendencies are "possible," just as seizures and other various adverse effects are "possible."

For now, doctors are allowed to continue prescribing SSRI antidepressants to people of all ages, but as with all medications in this category, doctors must follow certain guidelines to ensure the safety of the patient. Noting that while SSRIs may increase suicidal tendencies, they are also safer than most other antidepressant medications in other aspects; the odds must be weighed accordingly. Perhaps it is better to have a method of treatment that may or may not have

dangerous side effects, rather than no treatment at all. Then again, if it results in the worst symptoms of depression (suicidal ideations and tendencies) becoming more severe, then perhaps it would be better for doctors to find safer alternatives. Usually, when someone is depressed, not having enough "energy" isn't the problem. SSRI's are designed to increase energy levels – in the assumption that by having more energy the depression will disappear. It has been documented that antidepressants, much like cold medication, only alleviate the symptoms – they don't cure the disease. In fact, people on SSRI antidepressants are still clinically depressed for about as long as those who never took medication to begin with, if they are not also given other forms of psychological treatment in addition to the antidepressant medication.

Depression stems from the lack of hope – as does suicide. People don't commit suicide just because they think it's fun. They often do it because they have lost hope: they don't know how to handle their present situation, and suicide is often viewed by the person as "the only way out." The way to talk someone out of committing suicide is to give them hope (a reason to continue living) by showing them that death isn't the only possible solution. Depression usually occurs one of three ways: when a person finds themselves in what they believe is a hopeless situation (they have a problem in their lives that they are unable to solve for whatever reason), the person experiences more stress than they are able to cope with, or a combination of both. In my case, it was a combination. Once my problem had a solution in sight, and the stress on me was relieved, the depression disappeared. If I had more energy at the time, the problem may have still have existed and with no solution in sight, I would have been depressed despite my energy level. When this type of depression occurs, medication doesn't solve the problem – it only gives the person enough energy to try and find a solution on their own. If, for some reason the person is unable to find the solution with more energy, then chances are they will still be depressed – and that is where other forms of therapy come into play. As David Brent pointed out, SSRI drugs do have benefits to the adult population, when combined with therapy. In children, however, the results are not so favorable, but until more study is done to prove SSRI drugs cause children to commit suicide, then the risks must continue to be weighed with the benefits. Ultimately, it is up to both parents and doctors to decide whether or not to treat children with SSRI medication.

And, might I add... that according to this study, apparently in addition to being harmful to children, it actually doesn't work well with adults either unless the drug is combined with

psychological therapy, whereby the adult learns to change the way he or she thinks about whatever is causing him or her stress. Isn't there an easier, less expensive way to overcome depression without shelling out hundreds of dollars for drugs and therapy, that only give temporary results?

Chapter 5. Finding the Cure for depression:

At the beginning of this book, I cited my own dealings with this emotional and mental illness and how I struggled with it. In college, I began studying out depression with a single goal in mind: to find the cure for depression. After my husband left me for someone else, I went to a hospital seeking psychological help. What I received were as follows: drugs, counseling, and learning how to pass time so that I would not physically act on my thoughts of self harm. Did it take the thoughts away? No. They were still there, still haunting me, still reminding me of how much a failure I was, still pressing me to do something about it to stop the pain. If you put your hand on a hot stove, it gets burned. You can take medicine to relieve the pain, but if you can't remove your hand, it continues to burn, until the pain is more than you can bear... at which point, they tell you to think about something else, so that you don't act on the thought slap the person holding your hand to the hot stove... which I found to be quite ludicrous. I was, for that, placed in anger management classes. Where I basically learned nothing more than slapping the person holding your hand to the stove is not a good idea, it is a much better idea to politely ask them to stop holding your hand to the stove, with no guarantee that person will do so, and then tell them that the hot stove hurts my hand so please stop... and if they don't stop, well then, you need to tell yourself that its ok to feel angry about this person holding your hand to the hot stove, because it hurts.

This, is how the psychological community chooses to handle someone who is hurting spiritually, emotionally, and mentally. Something I learned, is that they are quick to diagnose you with a description of the symptoms, hoping that the description alone will be enough. The problem is, it's not. You are feeling depressed, therefore, you are suffering from depression. You don't like the fact that the stress is hurting you and you want to make it stop.. so you must be dealing with psychosis, because they don't understand that the hurt can't be solved by making outward changes. You suffer from lack of sleep, because the pain inside is more than you can bear... and dreams dealing with the pain bring nightmares that make sleep no longer a refuge but a prison,

so you need depressants to make you sleep. But the pain is still there. They give you mind numbing pills, so you can no longer think... but the pain still haunts your dreams, until you become a shadow.. barely existing, because it hurts too much to exist. Simple tasks become mountains, uncrossable, unmovable.

So, after reaching out to a psychological doctor to help with my pain... and getting diagnosis after diagnosis, which gave me the idea they had no clue what they were doing.. and medicines that took away my identity more than helped my pain... I decided there must be a better way... so I prayed.

What happened next, changed my life for the better. I was convicted of my sin putting others before my God, and began to put God first in all things, including my relationships. My identity changed, from worthless... to a child of the most high. From unloved and unwanted, to loved and wanted for a great purpose. From rejected, to accepted by the king over all kings. I went from being a gutter rat... to being the bride of christ, adorned with glory! Where my hurt existed once, now there was healing. I went from tears to laughter, from sorrow to more joy than ever before in my life, my chains were broken, I was set free, a new creation no longer broken and rejected! You see, God is love. The absence of love, causes great emotional pain which allows thoughts to arise, as your brain tries to figure out why you are deserving of such pain... and the absence of love for a long enough period of time, will cause exhaustion as your mind tries to endlessly search for that which this world has denied you.

I submit to you, that the cause of depression, is in fact unhealed wounds caused ultimately by the lack of love, joy, peace, patience, kindness, goodness, trustworthiness, gentleness, self-control in ones life. Basically, in a nutshell emotional pain is ultimately caused by the lack of God in ones life and in the lives of those around us, as all these are known in scripture as the fruit of the spirit of God. If, as scripture commands, every man, woman and child had love for one another, which in scripture love is defined as patient, kind, not envying, not boasting, not puffed up, not behaving indecently, not seeking its own, not provoked, reckoning not the evil, not rejoicing over the unrighteousness, but rejoicing in the truth, covers all, believes all, expects all, endures all & never failing... how many people would be depressed? Love... is not the presence of abuse, nor is it the exertion of power over another person... it is the laying down of self, to benefit another. If each person did this... how many would suffer emotional injury? How many emotional injuries would be healed as a result? Thus, I submit to you, that love... in it's truest form, is the cure for depression.

From what I have learned, there is only one true form of love... and that was demonstrated in the bible, by a man that most people today have come to know as Jesus, whose true name remains hidden, Yahshua, for it declares to all the world, that Yahweh is our salvation and healer of mind, soul, spirit and body... and that he, through the power he possesses to love without condition, has the ability to heal even the most wounded person of all affliction, through the gift of the comforter, which the bible states is the ruach Ha kodesh, or holy spirit/holy ghost.

In conclusion, I submit to you that there is a cure for depression beyond drugs, beyond a counselor's ability to counsel. That cure, is a personal meaningful relationship with Yahshua, who is described in Isaiah chapter 53 of the old testament bible:

Isaiah 53:2-12 The Scriptures 1998+

(2) For He grew up before Him as a tender plant, and as a root out of dry ground. He has no form or splendour that we should look upon Him, nor appearance that we should desire Him –

(3) despised and rejected by men, a man of pains and knowing sickness. And as one from whom the face is hidden, being despised, and we did not consider Him.

(4) Truly, He has borne our sicknesses and carried our pains. Yet we reckoned Him stricken, smitten by Elohim, and afflicted.

(5) But He was pierced for our transgressions, He was crushed for our crookednesses. The chastisement for our peace was upon Him, and by His stripes we are healed.

(6) We all, like sheep, went astray, each one of us has turned to his own way. And יהוה has laid on Him the crookedness of us all.

(7) He was oppressed and He was afflicted, but He did not open His mouth. He was led as a lamb to the slaughter, and as a sheep before its shearers is silent, but He did not open His mouth.

(8) He was taken from prison and from judgment. And as for His generation, who considered that He shall be cut off from the land of the living? For the transgression of My people He was stricken.

(9) And He was appointed a grave with the wrong, and with the rich at His death, because He had done no violence, nor was deceit in His mouth¹. Footnote: ¹See 1 Peter 2:22.

(10) But יהוה was pleased to crush Him, He laid sickness on Him, that when He made Himself an offering for guilt, He would see a seed, He would prolong His days and the pleasure of יהוה prosper in His hand.

(11) He would see the result of the suffering of His life and be satisfied. Through His knowledge My righteous Servant makes many righteous, and He bears their crookednesses.

(12) Therefore I give Him a portion among the great, and He divides the spoil with the strong, because He poured out His being unto death, and He was counted with the transgressors, and He bore the sin of many, and made intercession for the transgressors.

Further more, he is described in Isaiah Chapter 61 as the one who:

Isaiah 61:1-11 The Scriptures 1998+

(1) The Spirit of the Master יהוה is upon Me, because יהוה has anointed Me to bring good news

to the meek. He has sent Me to bind up the broken-hearted, to proclaim release to the captives, and the opening of the prison to those who are bound,

(2) to proclaim the acceptable year of יהוה, and the day of vengeance of our Elohim, to comfort all who mourn,

(3) to appoint unto those who mourn in Tsiyon: to give them embellishment for ashes, the oil of joy for mourning, the garment of praise for the spirit of heaviness. And they shall be called trees of righteousness, a planting of יהוה, to be adorned.

(4) And they shall rebuild the old ruins, raise up the former wastes. And they shall restore the ruined cities, the wastes of many generations.

(5) And strangers shall stand and feed your flocks, and the sons of the foreigner be your ploughmen and your vinedressers.

(6) But you shall be called, 'Priests of יהוה,' 'Servants of our Elohim' shall be said of you. You shall consume the strength of the gentiles, and boast in their esteem.

(7) Instead of your shame and reproach, they rejoice a second time in their portion. Therefore they take possession a second time in their land, everlasting joy is theirs.

(8) "For I, יהוה, love right-ruling; I hate robbery for burnt offering. And I shall give their reward in truth, and make an everlasting covenant with them.

(9) "And their seed shall be known among the gentiles, and their offspring in the midst of the peoples. All who see them shall acknowledge them, that they are the seed יהוה has blessed."

(10) I greatly rejoice in יהוה, my being exults in my Elohim. For He has put garments of deliverance on me, He has covered me with the robe of righteousness, as a bridegroom decks himself with ornaments, and as a bride adorns herself with her jewels.

(11) For as the earth brings forth its bud, as the garden causes the seed to shoot up, so the Master יהוה causes righteousness and praise to shoot up before all the nations!

Dear reader, this cure of which I speak can not be purchased with money. No doctor can give it to you, no pharmaceutical company can sell it. It is free. All you need to do to receive this cure is follow the steps to salvation which can be found in the book of acts:

Act 2:17 'And it shall be in the last days, says Elohim, that I shall pour out of My Spirit on all flesh. And your sons and your daughters shall prophesy, and your young men shall see visions, and your old men shall dream dreams,

Act 2:18 and also on My male servants and on My female servants I shall pour out My Spirit in those days, and they shall prophesy.

Act 2:19 'And I shall show wonders in the heaven above and signs in the earth beneath: blood and fire and vapour of smoke.

Act 2:20 'The sun shall be turned into darkness, and the moon into blood, before the coming of the great and splendid day of יהוה.

Act 2:21 'And it shall be that everyone who calls on the Name of יהוה shall be saved.'¹ Footnote: ¹Joel 2:28-32, Rom. 10:13.

Act 2:22 "Men of Yisra'ël, hear these words: יהושע of Natsareth, a Man from Elohim, having been pointed out to you by mighty works, and wonders, and signs which Elohim did through

Him in your midst, as you yourselves also know,

Act 2:23 this One, given up by the set purpose and foreknowledge of Elohim, you have impaled and put to death through the hands of lawless men –

Act 2:24 "Him Elohim raised up, having loosed the pangs of death, because it was impossible that He could be held in its grip.

Act 2:25 "For Dawid says concerning Him, 'I saw יהוה before me continually, because He is at my right hand, in order that I should not be shaken.

Act 2:26 'For this reason my heart rejoiced, and my tongue was glad, and now my flesh shall also rest in expectation,

Act 2:27 because You shall not leave my being in the grave, nor shall You give Your Kind One to see corruption.

Act 2:28 'You have made known to me the ways of life, You shall fill me with joy in Your presence.'¹ Footnote: 1Ps. 16:8-11.

Act 2:29 "Men and brothers, let me speak boldly to you of the ancestor Dawid, that he died and was buried,¹ and his tomb is with us to this day. Footnote: ¹See v. 34.

Act 2:30 "Being a prophet, then, and knowing that Elohim had sworn with an oath to him: of the fruit of his loins, according to the flesh, to raise up the Messiah to sit on his throne,

Act 2:31 foreseeing this he spoke concerning the resurrection of the Messiah, that His being was neither left in the grave, nor did His flesh see corruption.

Act 2:32 "Elohim has raised up this יהושע, of which we are all witnesses.

Act 2:33 "Therefore, having been exalted to the right hand of Elohim, and having received from the Father the promise of the Set-apart Spirit, He poured out this which you now see and hear.

Act 2:34 "For Dawid did not ascend into the heavens, but he himself said, 'יהוה said to my Master, "Sit at My right hand,

Act 2:35 until I make Your enemies a footstool for Your feet." '1 Footnote: 1Ps. 110:1.

Act 2:36 "Therefore let all the house of Yisra'el know for certain that Elohim has made this יהושע, whom you impaled, both Master and Messiah."

Act 2:37 And having heard this, they were pierced to the heart, and said to Kēpha and the rest of the emissaries, "Men, brothers, what shall we do?"

Act 2:38 And Kēpha said to them, "Repent, and let each one of you be immersed in the Name of יהושע Messiah for the forgiveness of sins.¹ And you shall receive the gift of the Set-apart Spirit.
Footnote: ¹See 2:40, 3:19, 3:26.

Act 2:39 "For the promise is to you and to your children, and to all who are far off, as many as יהוה our Elohim shall call."

Act 2:40 And with many other words he earnestly witnessed and urged them, saying, "Be saved from this crooked generation."¹ Footnote: ¹Jer. 51:6, Phil. 2:15, Rev. 18:4.

Regarding the holy spirit, this is what was spoken of by our messiah, Yahshua:

John 14:10-27 KJV

(10) Believest thou not that I am in the Father, and the Father in me? the words that I speak unto you I speak not of myself: but the Father that dwelleth in me, he doeth the works.

(11) Believe me that I am in the Father, and the Father in me: or else believe me for the very works' sake.

(12) Verily, verily, I say unto you, He that believeth on me, the works that I do shall he do also; and greater works than these shall he do; because I go unto my Father.

(13) And whatsoever ye shall ask in my name, that will I do, that the Father may be glorified in the Son.

(14) If ye shall ask any thing in my name, I will do it.

(15) If ye love me, keep my commandments.

(16) And I will pray the Father, and he shall give you another Comforter, that he may abide with you for ever;

(17) Even the Spirit of truth; whom the world cannot receive, because it seeth him not, neither knoweth him: but ye know him; for he dwelleth with you, and shall be in you.

(18) I will not leave you comfortless: I will come to you.

(19) Yet a little while, and the world seeth me no more; but ye see me: because I live, ye shall live also.

(20) At that day ye shall know that I am in my Father, and ye in me, and I in you.

(21) He that hath my commandments, and keepeth them, he it is that loveth me: and he that loveth me shall be loved of my Father, and I will love him, and will manifest myself to him.

(22) Judas saith unto him, not Iscariot, Lord, how is it that thou wilt manifest thyself unto us, and not unto the world?

(23) Jesus answered and said unto him, If a man love me, he will keep my words: and my Father will love him, and we will come unto him, and make our abode with him.

(24) He that loveth me not keepeth not my sayings: and the word which ye hear is not mine, but the Father's which sent me.

(25) These things have I spoken unto you, being yet present with you.

(26) But the Comforter, which is the Holy Ghost, whom the Father will send in my name, he shall teach you all things, and bring all things to your remembrance, whatsoever I have said unto you.

(27) Peace I leave with you, my peace I give unto you: not as the world giveth, give I unto you. Let not your heart be troubled, neither let it be afraid.

So, to conclude to receive your healing, all you need to do is believe the bible is true. Repent of not loving Yahweh with all your heart, soul, mind and strength, and your neighbor as yourself. Accept that Yahshua bore the penalty for your sin, which includes the emotional/mental illness which you have been faced with, be fully immersed in water, transposing the name of Yashua upon yourself, be anointed with oil... and you will receive the holy spirit, which will be to you a healer, a teacher, a friend, a counselor, and so much more... and then determine that you will, for the remainder of your days on this earth, do everything in your power to love Yahweh with all your heart, soul mind and strength and love your neighbor as your self. In addition to practicing love in your life, I would also recommend reading the bible from cover to cover multiple times, as a text book in the subject of love and studying its content with the aid of your relationship holy spirit, that as your best friend can now assist you in understanding what you read and how to apply it to your life.

If you have already completed these steps, and are a christian struggling with depression... then what you need to do is even simpler. Find out what it is in your life that separates you from God. Repent of that thing, and accept that you are forgiven. Accept that Yahshua is your healer, as well as your savior... and that just as he bore your sins, he has also born the consequences of sin, which include the pain that causes you to be mentally and or emotionally ill. Accept that you are free of such, and put God as a priority in your life.

If you need medicine to help you deal with the pain until your relationship with God is fully restored, and you have the holy spirit working and active in your life again, I would recommend seeking psychological help... but do not rely on it alone, because alone it will do you absolutely no good. If you need someone to talk to, I would recommend seeing both a pastor and a trained christian psychologist, who understands the need for wholistic healing and can help you until such a time as you are fully healed.

Please, keep in mind, that not everyone gets healed immediately. Sometimes it takes days, weeks, months, even years for full healing to take effect, depending on how severe your internal emotional or mental wounds are. Because everyone gets healed at a different pace, I would encourage you to seek professional help in addition to the steps I have mentioned above. Reason being, if you are truly healed, a trained christian counselor/psychologist will be able to validate your healing and help you come off of medication when it is no longer medically necessary in a way that will not cause your body harm.

To go off medication, without the aid of trained medical professionals is very difficult on a persons body, because of the chemical dependency they cause, and often times may cause a relapse or worse... because medication can be deceptive, in the fact that it does alleviate physical symptoms, you may think you are healed, when in fact you have only been healed to the extent that the medication is helping alleviate the symptoms. When off medication, you face those symptoms it may have been helping with, which can result in lapses in judgment that could potentially cause a danger to both you, and those around you. This is why, I recommend that you continue seeing a trained professional, even after you feel you have been healed. If you are truly healed, a good christian trained and licenced professional will be able to recognise it for what it is, and lower your medications as needed so as not to cause damage. If you are not healed, they can help you determine what further steps to take to ensure a full healing will take place. Sometimes, this may include training your thoughts to include more positive than negative ideas, how to take time to process all the information from a situation rather than jumping to a conclusion that may be a false negative, and how to deal with future stress so that it does not become a negative impact on your life.

Sources Cited

Abrams, Anne C., RN, MSN, Goldsmith, Tracy L., PharmD "Clinical Drug Therapy: Rationals For Nursing Practice 7th ed." Lippencot Williams and Wilkins 163-169; 256-257

Albert, Tanya "Lawsuit Claims Glaxo Hid Paxil Findings" American Medical News 47.24 (28 June 2004):5-6

Arias, Elizabeth PhD, MacDorman, Marian F., PhD, Strobino, Donna M., PhD and Guyer, Bernard, MD, "Annual Summary of Vital Statistics—2002" PEDIATRICS 112.6 (Dec 2003): 1215-1230

Balon, Richard "Selective Serotonin Reuptake Inhibitors and Suicide: is Evidence, as with Beauty in the eye of the beholder?" Psychotherapy and Psychomatics 72 (2003): 293-299

Breggin, Peter R. "Suicidality, violence and mania caused by selective serotonin reuptake inhibitors: a review and analysis." International Journal of Risk & Safety in Medicine 16.1

(2003/2004): 31-49. Research Library Core. EBSCO host Health Business Fulltext Elite. Lain Library Online Resources, Mitchell, SD.

Brent, David A. MD "Antidepressants and Pediatric Depression – The Risk of Doing Nothing" The New England Journal of Medicine 351.16 (14 Oct 2004): 1598-1601

Fergusson, Dean, et. al "Association Between Suicide Attempts and Selective Serotonin Reuptake Inhibitors: Systematic Review of Randomized Trials" British Medical Journal (2005)

Garland, Jane E. "Facing the Evidence: Antidepressant Treatment in Children and Adolescents" Canadian Medical Association Journal 170.4 (17 Feb 2004): 489-491

Healy, David; Whitaker, Chris. "Antidepressants and suicide: risk--benefit conundrums." Journal of Psychiatry & Neuroscience 28.5 (Sep2003): 331-336

Kondro, Wayne "FDA Urges 'Black-Box' Warning on Pediatric Antidepressants" Canadian Medical Association Journal 171.8 (10/12/2004): 837-838

Lamb, Ramond W., Kennedy, Sidney H. "Prescribing Antidepressants for Depression in 2005: Recent Concerns and Recommendations: December 2004 Position Statement" Canadian Journal of Psychiatry 49 (Dec.2004): 1-6

Lapierre, Yvon D. "Suicidality with selective serotonin reuptake inhibitors: Valid claim?" Journal of Psychiatry & Neuroscience, 28.5, (Sep2003): 340-348

Mahler, Jonathan "Thirteen-year-old Matt Miller Killed Himself Shortly After Taking Zoloft" New York Times Magazine (28, Nov. 2004): 58-65; 100; 118-119

Mokhiber, Russell "The Paxil Papers" *The Multinational Monitor* 25.1/2 (Jan/Feb. 2004): 42

Montraz, Carrie, Torey, Brian "FDA Advisory on Antidepressants" *American Family Physician* 69.10 (15 May 2005): 2480

Skidmore-Roth, Linda, RN, MSN, NP "2005 Mosby's Nursing Drug Reference" (11-13) Mosby Inc. St. Louis Ms. 63146

Smith, Bruce "Boy who Blamed Zoloft for Murders Convicted in S.C." *Argus Leader* (16 Feb 2005):A5

Teicher, Martin H, Glod, Carol, Cole, Jonathan O. "Emergence of Intense Suicidal Preoccupation during Fluoxetine Treatment" *The American Journal of Psychiatry* Washington Vol. 147.2 (Feb. 1990) 207-211

US Food and Drug Administration "FDA Proposed Medication Guide: About Using Antidepressants in Children or Teenagers" Oct. 1, 2004
www.fda.gov/cder/drug/antidepressants/ssrimedicationguide.htm

Valuck, Robert J., Libby, Anne M., Sills, Marion R., Giese, Alexis A., Allen, Richard R. "Antidepressant Treatment and Risk of Suicide Attempt by Adolescents with Major Depressive Disorder: A Propensity-Adjusted Retrospective Cohort Study." *CNS Drugs*; 18.15 (2004): 1119 – 1132 Research Library Core. EBSCO host. Academic Search Premier. Lain Library Online Resources, Mitchell, SD.

Venes, Donald, MD, M.S.J. Et. Al "Taber's Cyclopedic Medical Dictionary" ed. 19 F.A. DAVIS Co. Philadelphia Copywrite 2001

Vitiello, Benedetto, Swebo, Susan "Antidepressant Medications in Children" New

England Journal of Medicine 350.15 (8 April 2004): 1489-1491

Vendantam, Shankar "New Warning Urged on Antidepressants; Alert Would Address Suicidal Tendencies" The Washington Post (23, March 2004): A203 Washingtonpost.com

Wechsler, Jill "Safety Problems Challenge Clinical Trial Design" Applied Clinical Trials 13.11 (Nov 2004): 24-25

Wong, Ian C.K., Besag, Frank M.C., Santosh, Paramala J., Murray, Macey L. "Use of Selective Serotonin Reuptake Inhibitors in Children and Adolescents" Drug Safety 27.13 (2004): 991- 1000
Research Library Core. EBSCO host Academic Search Premier. Lain Library Online Resources, Mitchell, SD.

Young, Donna "Congress investigates FDA's Handling of Antidepressant Safety Information" American Journal of Health and System Pharmacy 61, 21 (1 Nov. 2004): 2228-2232

About the author:

Rachael Siebert is a messianic-christian-jewish believer who has a passion to help others learn

the truth of the bible. She is married to husband Mark Siebert and makes her home in the USA.

In her free time, Rachael Siebert is an online bible teacher who of her own personal faith experiences and religious studies has come to develop "Grafted Into Truth Ministries" which is a non-prophet online website that shares the truth of the bible and history of the christian faith with believers and non believers alike who find themselves searching for the truth. You can locate this website, along with several of Rachael's writings and books at www.graftedintotruth.weebly.com.

In addition, Rachael also invites you to support her writing talent on facebook, at www.facebook.com/graftedintotruth

or on twitter @graftedin2truth

If you liked this free e-book, you may also like these other books by Rachael Siebert:

The Rose

The Heart of the Music

Grafted Into His Truth

A Place Prepared

The Ten Commandments Study Series:

1. Thou Shalt Not Kill

2. The Sabbath Day

3. I Am Yahweh Your elohim

4. No Other Gods

5. The Torah Of Marriage

All books are available for sale in both in kindle e-book format and in paperback at

<http://graftedintotruth.weebly.com/book-store.html>