DEPRESSION

Jeremiah 15:18, Job 3:25

KATATHLIPSI

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Depression (or melancholia, as it was once known) has been recognized as a common problem for more than 2,000 years. Recently, however, it has come so much into public attention that some are calling our era the *"age of melancholy,"* in contrast to the *"age of anxiety"* which followed World War II.

2 Depression is something which everyone experiences in some degree and at different times in life. An article in the *Journal of the American Medical Association* once suggested that more human suffering has resulted from depression than from any other single disease affecting mankind.

3 Depression has been considered as "by far the commonest psychiatric symptom," and one which is found both as temporary condition *"in a normal person who has suffered a great personal disappointment"* and as *"the deep suicidal depression of a psychotic."*

4. The signs of depression include sadness, apathy and inertia which make it difficult to "get going" or to make decisions; loss of energy and fatigue which often

are accompanied by insomnia; pessimism and hopelessness; fear; a negative self-concept often accompanied by self-criticism and feelings of guilt, shame, worthlessness and (helplessness; a loss of interest work, sex, and usual activities a loss of spontaneity; difficulties in concentration; an inability to enjoy pleasurable events or activities; and often a loss of appetite.

In some cases, known as "masked depression," the person denies that he or she feels sad, but sad events in one's life accompanied by some of the above listed symptoms lead the counselor to suspect that depression is present behind a smiling countenance.

In many cases the symptoms of depression hide anger which has not been expressed, sometimes isn't recognized and—according to traditional psychiatric theory— is turned inward against oneself.

Depressions can occur at any age (including infancy) and they come in various types. *Reactive* depression (sometimes called exogenous depression), for example, comes as a reaction to some real or imagined loss or other life trauma.

Endogenous depression seems to arise spontaneously from within and usually is found in the elderly. *Psychotic* depression involves intense despair and self-destructive attitudes, often accompanied by hallucinations and loss of contact with reality.

Neurotic depression is mixed with high levels of anxiety. Some depressions are *chronic*—long lasting and resistant to treatment. Others are *acute*—intense but of short duration and often self-correcting. Many professionals would distinguish all of these from *discouragement,* which is a mild, usually temporary and almost universal mood swing which comes in response to disappointments, failures and losses. All of this implies that depression is a common but complicated condition, difficult to define, hard to describe with accuracy and not easy to treat.

THE BIBLE AND DEPRESSION

Depression, is a clinical term which is not discussed in the Bible. The psalmists, however, cried out in words which implied depression and there are several biblical descriptions which suggest depression.

Consider, for example, Psalms 69, 88, or 102, but notice that these songs of despair are set in a context of hope. In Psalm 43 King David proclaims both depression and rejoicing when he writes:

Why are you in despair, O my soul? And why are you disturbed within me? Hope in God, for I shall again praise Him, The help of my countenance, and my God. Elsewhere in the Bible it appears that Job, Moses, Jonah, Peter and the whole

nation of Israel experienced depression. Jeremiah the prophet wrote a whole book of lamentations.

Elijah saw God's mighty power at work on Mt. Carmel, but when Jezebel threatened murder, Elijah fled to the wilderness where he plunged into despondency.

He wanted to die and might have done so except for the "treatment" that came from an angel sent by God. Then there was Jesus in Gethsemane, where he was greatly distressed, an observation which is poignantly described in the words of the Amplified Bible: "He began to show grief and distress of mind and was deeply depressed.

Then He said to them, My soul is very sad and deeply grieved, so that I am almost dying of sorrow.. . Such examples, accompanied by numerous references to the pain of grieving, show the realism that characterizes the Bible.

But this realistic despair is contrasted with a certain hope. Each of the believers who plunged into depression eventually came through and experienced a new and lasting joy. The biblical emphasis is less on human despair than on belief in God and the assurance of abundant life in heaven, if not on earth.

Paul's confident prayer for the Romans will someday be answered for all Christians: Now may the God of hope fill you with all joy and peace in believing, that you may abound in hope by the power of the Holy Spirit.

THE CAUSES OF DEPRESSION

According to one psychologist, "the prevalence of depression in America. today is staggering. . . Depression is the common cold of psychopathology and has touched the lives of us all, yet it is probably the most dimly understood and most inadequately investigated of all the major forms of psychopathology." Nevertheless, investigators have identified a number of causes for this common condition—causes which, when understood, can facilitate counseling.

1. PHYSICAL-GENETIC CAUSES.

Depression often has a physical basis. Lack of sleep and improper diet are among the simplest physical causes. Others, like the effects of drugs, low blood sugar and other chemical malfunctioning, brain tumors, or glandular disorders, are more complicated.

Then there is research which has stressed the importance of the hypothalamus in producing depression. No matter how good one's philosophy, no matter how well adjusted one has been, and no matter how ideal the environment may be, when there is a loss of hypothalamic energy, the person is depressed, feels helpless, and has no energy.. . .

Only a return of normal neuro hormonal energy in the hypothalamus can effect a resolution of the depressive mood. Although it is not conclusive, there is some evidence to show that severe depression runs in families. This has led to the conclusion that some people innately may be more *prone* to depression than others, although it must be emphasized that depression in itself is not inherited like blue eyes and black hair.

2. *BACKGROUND CAUSES.*

Do childhood experiences lead to depression in later life? Some evidence would say "yes." Many years ago, a researcher named Rene Spitz published a study of children who had been separated warm human contact with an adult, these children showed apathy, poor health, and sadness—all indicative of depression which could continue into later life. In addition, depression is more likely when parents blatantly or subtly reject their children or when status-seeking families set unrealistically high standards which children are unable to meet.

When standards are too high, failure becomes inevitable and the person becomes depressed as a reaction to the marked discrepancy between goals and achievements. Such early experiences do not always lead to depression but they increase the likelihood of severe depression in later life.

3. LEARNED HELPLESSNESS.

A more recent theory maintains that depression comes when we encounter situations over which we have no control. When we learn that our actions are futile no matter how hard we try, that there is nothing we can do to relieve suffering, reach a goal or bring change, then depression is a common response. It comes when we feel helpless and give up trying. This might explain the prevalence of depression in the grieving person who can do nothing to bring back a loved one, for example, or in the student who is unable to relate to his peers or succeed academically, or in the older person who is powerless to turn back the clock and restore lost physical capacities. When such people are able to control at least a portion of their environment, depression subsides and often disappears.

4. *NEGATIVE THINKING.*

It takes almost no effort to slip into a pattern of negative thinking—seeing the dark side of life and overlooking the positive. But negative thinking can lead to depression and when the depressed person continues to think negatively, more intense depression results.

According to psychiatrist Aaron Beck depressed people show negative thinking in three areas.

First, they view the world and life experiences negatively.

Life is seen as a succession of burdens, obstacles, and defeats in a world which is "going down the drain."

Second, many depressed people have a negative view of themselves. They feel deficient, inadequate, unworthy and incapable of performing adequately.

This in turn can lead to self-blame and self-pity.

Third, these people view the future in a negative way. Looking ahead they see continuing hardship, frustration and hopelessness. Is such negative thinking a cause of depression or is it a result of depression?

The answer is probably both. Because of past experiences or previous training we begin to think negatively. This leads to depression which, as we have seen, can lead to more negative thinking. Such negative thinking sometimes can be used to control others. If there are people who think everything is bleak, others try to "back them up."

A comment, "I'm no good," often is an unconscious way of getting others to say, "Oh, no, you really are a fine person." Self-condemnation, therefore, becomes a way of manipulating others to give compliments. But such comments aren't really satisfying so the negative thinking and depression goes on.

And if you keep thinking negatively, you are less likely to be hurt or disappointed if some of your thinking comes true.

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5. *LIFE STRESS.*

It is well known that the stresses of life stimulate depression, especially when these stresses involve a loss. Loss of an opportunity, a job, status, health, freedom, a contest, possessions or other valued objects can each lead to depression.

Then there is the loss of people. Divorce, death, or prolonged separations are painful and known to be among the most effective depression-producing events of life.

6. ANGER.

The oldest, most common, and perhaps most widely accepted explanation of depression is that it involves anger which is turned inward against oneself. Many children are raised in homes and sent to schools where the expression of anger is not tolerated.

Some attend churches where anger is condemned as sin. Other people become convinced that they shouldn't even feel angry so they deny hostile feelings when they do arise.

A widow, for example, may be angry at her husband who died leaving her to raise the children alone, but such anger seems irrational and is sure to arouse guilt in the person who thinks such thoughts about the dead. As a result, the anger is denied and kept within.

What happens, then, when one is frustrated, resentful and angry? If the anger is denied or pushed out of our minds, it festers "under cover" and eventually "gets us down." The following diagram illustrates this process.

- HURT---------->(The first emotion to be felt.)
- ANGER---------->(The second emotion to be felt. This hides the hurt.)
- REVENGE (The third emotion and thought to be felt. This hides the hurt and anger.) DESTRUCTIVE ACTION or PSYCHOSOMATIC SYMPTOMS or DEPRESSION (The fourth emotion to be felt. This hides the hurt, anger, and revengefulness.)

Perhaps most anger begins when we feel hurt, because of a disappointment
Perhaps most anger begins when we feel hurt, because of a disappointment or because, of the actions of some other person. Instead of admitting this hurt, people mull over it, ponder what happened, and begin to get angry.

The anger then builds and becomes so strong that it hides the hurt. If the anger is not admitted and expressed and dealt with, it then leads to revenge. This involves thoughts of hurting another person— either the one who caused the original hurt, or someone else who is nearby.

Revenge sometimes leads to destructive violent actions, but this can get us into trouble, and violence is not acceptable, especially for a Christian. As a result, some people try to hide their feelings. This takes energy which wears down the body so

that the emotions eventually come to the surface in the form of psychosomatic symptoms.

Others, consciously or unconsciously, condemn themselves for their attitudes and become depressed as a result. This depression may be a form of emotional self-punishment which sometimes even leads to suicide. It is easy to understand why such people feel that they are no good, guilty and unhappy. Some people use their depression as a subtle and socially acceptable way both to express anger and to get revenge.

Psychologist Roger Barrett describes this clearly.

Resentment. . . is the accumulation of unexpressed anger. And, resentment . . . is the most destructive emotion in human relationships and in personal well-being Some depressed clients. . .

wallow in depression as a means of hurting others, as if the depression itself becomes an indirect expression of hostility. It's almost as if they were saying, "I'm depressed and there's nothing you can do about it, but it's all your fault, and if you don't give me attention and sympathy, I may get even more depressed or do something desperate."

It's a kind of psychological blackmail. Suicide attempts (which most often occur in depressed people) no infrequently have this characteristic. There's a kind of "see what you made me do" or "now you'll miss me" quality to the notes or communications surrounding the tragedy. They blame others for their bad feelings.

7. *GUILT.*

It is not difficult to understand why guilt can lead to depression. When a person feels that he or she has failed or has done something wrong, guilt arises and along with it comes self-condemnation, frustration, hopelessness and other symptoms of depression.

Guilt and depression so often occur together that it is difficult to determine which comes first. Perhaps in most cases guilt comes before depression but at times depression will cause people to feel guilty (because they seem unable to "snap out" of the despair). In either case a vicious cycle is set in motion (guilt causes depression which causes more guilt, and so on).

THE EFFECTS OF DEPRESSION

No one really enjoys having problems, but problems sometimes can serve a useful purpose. When we are physically sick, for example, we are excused from work, people shower us with attention or sympathy, others make decisions for us, or take over our responsibilities, and sometimes we can enjoy a period of leisure and

relaxation. The same is true when we are emotionally down or distraught. Neurotic behavior, including depression, may not be pleasant, but it does help us to avoid responsibilities, save face, attract attention, and have an excuse for inactivity.

Eventually, however, emotionally hurting people realize that the benefits of depression are not really satisfying. Such people begin to hate what they are doing and, in time, they often end up hating themselves. This, as we have seen, creates more depression.

Depression leads to any or all of the following effects. In general, the deeper the depression the more intense the effects.

1. UNHAPPINESS AND INEFFICIENCY.

Depressed people often feel "blue," hopeless, self-critical and miserable. As a result they lack enthusiasm, are indecisive, and sometimes have little energy for doing even simple things (like getting out of bed in the morning). Life thus is characterized by inefficiency, underachievement and an increased dependence on others.

2. MASKED REACTIONS.

In some people, the depression is hidden even from themselves, but it comes out in other ways including physical symptoms and complaints (hypochondriasis); aggressive actions and angry temper outbursts; impulsive behavior, including gambling, drinking, violence, destructiveness or impulsive sex; accident proneness; compulsive work; and sexual problems, to name the most common. These symptoms of "masked depression" occur in children and adolescents as well as in adults. The person is smiling on the outside but hurting on the inside and expressing this hurt in ways which hide the real inner despair.

3. WITHDRAWAL.

When a person is discouraged, unmotivated, bored with life and lacking in self-confidence, there is often a desire to get away from others (since social contacts may be too demanding), to daydream, and to escape into a world of television, novels, alcohol or drug use. Some people dream of running away or finding a simpler job and a few even do this.

4. *SUICIDE.*

Surely there is no more complete way to escape than to take one's own life. Suicide and suicide attempts are especially prevalent in teenagers, people who live alone, the unmarried (especially the divorced), and persons who are depressed. Of course, not all depressed people attempt suicide but many do, often in a sincere attempt to kill themselves and escape life. For others, suicide attempts are an

unconscious cry for help, an opportunity for revenge, or a manipulative gesture designed to influence some person who is close emotionally. While some suicide attempts are blatantly clear (as when a man leaves a note and shoots himself), others are more subtle and are made to look like accidents. While some people carefully plan their self-destructive act, others drive recklessly, drink excessively, or find other ways to flirt with death. All of this illustrates the pervasive and potentially destructive influence of depression. It is certain to appear repeatedly in the experience of every Christian counselor, and it is not the easiest condition to counsel successfully

COUNSELING AND DEPRESSION

Depressed people are often passive, nonverbal, poorly motivated, pessimistic and characterized by a resigned "what's the use?" attitude. The counselor, therefore, must reach out verbally, taking a more active role than he or she might take with most other counselees. Optimistic reassuring statements (but not gushiness), sharing of facts about how depression affects people, patiently encouraging counselees to talk (but not pushing them to talk), asking questions, giving periodic compliments and gently sharing Scripture (without preaching) can all be helpful. Confrontation, probing questions, demands for action, and nondirective approaches should all be avoided, especially in the beginning, since these techniques often increase anxiety and this creates more discouragement and pessimism.

1. ***MEDICAL APPROACHES***

Psychiatrists and other medical doctors often use antidepressant drugs to help change the counselee's mood and make him or her more amenable to therapy. More controversial is the use of electroconvulsive (shock treatment) therapy in which a pulse of electrical energy is passed through the brain. This leads to convulsions, and a period of confusion, followed by a brightening of mood. Although widely criticized, this remains a popular form of treatment for the severely depressed, the actively suicidal, and those people who, for medical reasons, cannot take drugs. All of this helps with symptom relief but such techniques are only temporary if they are not followed or accompanied by counseling which deals with the sources of the depression.

2. *EVALUATING CAUSES.*

Counseling is always easier if we can find the psychological and spiritual causes which produce the symptoms. Prior to the counseling session, or shortly thereafter, review the causes of depression listed earlier in this chapter and then try to discover—through questioning and careful listening—what might be producing the depression. Is there low self-esteem with which you could help the counselee. If so, counseling may involve identifying, discussing, evaluating and

challenging ideas and attitudes which counselees have learned about themselves and about the world in early childhood. Is there learned helplessness? If so, you can help counselees learn how to accomplish things—beginning with small tasks and moving on to the more difficult. You can discuss the inevitability of uncontrollable events, and can help counselees to see that God is always in control, even when we are not.

3. *STIMULATE REALISTIC THINKING.*

Most people do not "snap out" of depression. The road to recovery is long, difficult, and marked by mood fluctuations which come with special intensity when there are disappointments, failures or separations. At such times, counselees should be encouraged to ponder their "automatic thoughts." When problems or disappointments come, what does the counselee think? Often he or she thinks "this is terrible," "this proves I'm no good," "nobody wants me now" or "I never do anything right." These are self-criticisms which most often are not based on solid fact. If a person fails, for example, it does not follow that he or she is "no good" or unwanted. Failure means, instead, that we are not perfect (nobody is), that we have made a mistake and should try to act differently in the future.

4. *CHANGE THE ENVIRONMENT*.

Counselors cannot do much to change the depression-producing circumstances in a person's life, but it is possible to encourage counselees to modify routines, reduce work loads, or take periodic vacations. Family members can also be urged to accept the counselee, to stimulate realistic thinking, to challenge negative thinking, to encourage action in place of inactivity, and to include the depressed person in family activities. When the family is accepting, interested, and involved, counselees improve more quickly. Counselors can stimulate this supportive environment.

5. *PROTECT THE COUNSELEE FROM SELF-HARM.*

People can harm themselves in many ways—by changing jobs, for example, by quitting school or by making unwise marriage decisions. The counselor must be alert to a tendency for people to make major long-lasting decisions when they are in the grip of depression. Helping counselees decide if they "really want to do" what they are proposing, helping them to see the possible consequences of the decision, and urging them to "wait a while," can all prevent actions which could be harmful. Suicide is one action which is contemplated by many depressed people. Since most of these people give prior clues about their intentions, the counselor should be alert to indications that suicide is being considered. Be alert, for example, to any of the following:

Counselors should not hesitate to ask whether or not the counselee has been thinking of suicide. Such questioning gets the issue into the open and lets the

counselee consider it rationally. Rather than encouraging suicide (as is commonly assumed), open discussion often reduces its likelihood. Periodically, most counselors are involved in potential suicide situations. At such times, take the threat seriously, be supportive and understanding, and try to be available at least by telephone. At times you may need to take direct and decisive action, like taking the person to the psychiatric ward of a hospital, contacting the family doctor or contacting relatives. If someone calls to report that he or she has taken a drug overdose, or is about to commit suicide, find out the person's location and then call the paramedic rescue squad. If a drug has already been taken or if other physical self-harm has occurred, such medical intervention is essential. In all of this, expect failure. If a person is really determined to commit suicide the counselor may delay his or her action but there is little that can be done to prevent suicide. Sometimes there is value in sharing this fact with counselees. Even the most dedicated helper cannot take responsibility to prevent suicide forever. It is well to remember this when a suicide does occur. Otherwise, the counselor may wallow in guilt because he or she was unable to prevent the counselee's death.

PREVENTING DEPRESSION

Can depression be prevented? The answer probably is "no, not completely." We all experience disappointments, losses, rejections and failures which lead to periods of discouragement and unhappiness. For some people, these periods are rare and brief. For others, the depression is more prevalent and long-lasting. It may not be possible or even desirable to prevent times of discouragement, but long-lasting depressions are preventable. There are several ways in which this can be done.

1. TRUST IN GOD.

Writing from prison, the Apostle Paul once stated that he had learned to be content in all circumstances. Knowing that God gives us strength and can supply all of our needs, Paul had learned how to live joyfully, both in poverty and in prosperity. Through his experiences, and undoubtedly through a study of the Scriptures, Paul had learned to trust in God and this helped to prevent depression. As in the time of Paul, a conviction that God is alive and in control can give hope and encouragement today, even when we are inclined to be discouraged and without hope. If modern people can learn this lesson, and if church leaders and Christian counselors can teach it, then discouragements need not hit as hard as they might hit otherwise.

2. EXPECT DISCOURAGEMENT.

The second verse of a famous hymn proclaims that "we should never be discouraged" if we take things to the Lord in prayer. This is a popular view for which there is no scriptural support. Jesus warned that we would have problems and the Apostle James wrote that trials and temptations would come to test our

faith and teach us patience. It is unrealistic to smile and laugh in such circumstances, pretending that we're never going to be discouraged. Consider our Lord at the time of the crucifixion. He was "deeply distressed" and openly acknowledged his agony.

One can hardly imagine him smiling in Gethsemane or on the cross, trying to convince everyone that he was rejoicing and "bubbling over" with happiness. Jesus trusted in his Father, but he expected pain and wasn't surprised when it came. When we are realistic enough to expect pain and informed enough to know that God is always in control, then we can handle discouragement better and often keep from slipping into deep depression

3. *LEARN TO HANDLE ANGER AND GUILT.*

Some people slide into depression because their minds dwell on past injustices or past failures. This may sound simplistic, but we must ask God to help us forget the past, to forgive those who have sinned against us, and to forgive ourselves. When people dwell on past events and wallow in anger, guilt, and the misery of discouragement, one wonders if such thinking serves some useful purpose. Churches can teach people to admit their anger or guilt and to show how these can be overcome (see chapters 8 and 9). If people can learn to handle their anger and guilt, much depression can be prevented.

4. CHALLENGE THINKING.

If it is true, as some have suggested, that we each silently talk to ourselves all day, then people should be encouraged to notice what is being said. If I decide, for example, that I am incompetent, then I need to ask, "What is the evidence for this? In what areas am I incompetent? Is it bad to be incompetent in some things? How can I become more competent?" When we learn to challenge our own thinking, and that of others, this can also prevent or reduce the severity of depression. The Bible also talks about meditation on the Word of God and on things which are good, positive and just. Such meditation directs our minds away from thinking which is negative and inclined to produce depression.

5. TEACH COPING TECHNIQUES.

In somewhat formal language, one writer has compared those who resist depression with those who succumb: **The life histories of those individuals who are particularly resistant to depression, or resilient from depression, may have been filled with mastery; these people may have had extensive experience controlling and manipulating the sources of reinforcement in their lives, and may there** fore see the future optimistically. Those people who are particularly susceptible to depression may have had lives relatively devoid of mastery; their lives may have been full of situations in which they were helpless

to influence their sources of suffering and relief. Children and adults can be overprotected. This interferes with their ability to learn how to cope or to master the stresses of life. If people can see how others cope, and learn how to cope themselves, then circumstances seem less overwhelming and depression is less likely.

6. PROVIDE SUPPORT.

Emile Durkheim, who wrote a classic book on suicide, discovered that religious people were less suicide-prone than those who were nonbelievers. The reason for this, Durkheim believed, was that religion integrated people into groups. Less lonely and isolated, these people are less inclined to get depressed or to attempt suicide. The church, and other social institutions, can become therapeutic communities where people feel welcome and accepted. A concerned group of people who have learned to be caring can do much to soften the trauma of crises and provide strength and help in times of need. Aware that they are not alone, people in crises are able to cope better and thus avoid severe depression.

7. REACH OUT.

Alcoholics Anonymous has demonstrated conclusively that needy people help themselves when they reach out to assist others. This is known as the "helper-therapy" principle. In its simplest form it states: those who help are the ones who benefit and are helped the most. When we reach out to help other people, including depressed people, this does wonders to keep ourselves from being depressed. Of course, the motive for helping is important. Healing is unlikely if someone concludes selfishly, "I don't care about others but I'll help if this is the only way for me to get better." But when there is a joyful reaching out, everyone is helped and depression is reduced. The stimulation of a helping community, therefore, is one indirect way to prevent depression.

8. *ENCOURAGE PHYSICAL FITNESS.*

Since poor diet and lack of exercise can make people depression-prone, people should always be encouraged— by word and by example—to take care of their bodies. A healthy body is less susceptible to mental as well as physical illness.

CONCLUSIONS ABOUT DEPRESSION

Vance Havner, the preacher who was mentioned in the first paragraph of this chapter, once hoped that his dying wife would be healed through some miracle. But she died and Havner was plunged into grief. Although he did not understand why this happened, he concluded that God makes no mistakes. Whoever thinks he has the ways of God conveniently tabulated, analyzed, and correlated with convenient, glib answers to ease every question from aching hearts has not been far in this maze of mystery we call life and death.. . . He has no stereotyped way of

doing what He does. He delivered Peter from prison but left John the Baptist in a dungeon to die. . . . At this writing I never knew less how to explain the ways of Providence but I never had more confidence in my God. I accept whatever He does, however He does it. This man was deeply saddened when his wife died, but probably he never became depressed. He had a realistic perspective on life and death. This is a perspective which can help both counselors and counselees to deal effectively with the problem of depression.