

Depression – an overview

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We know that most people have either experienced it or have been indirectly affected by depression in family members or friends. Recent estimates show that approximately one Canadian in ten experienced a major depressive episode at some point, one in twenty in the course of a year.¹ This article is only a brief examination of this complex challenge with the hope it will better inform and help us relate to those who suffer from depression.



WHAT IS depression?

If a person finds themselves feeling really down or 'blue' for a few days, a physician would not necessarily diagnose depression. Periods of sadness are part of the human experience. A diagnosis of a depressive disorder however is dependent on specific criteria. Both in symptoms and length of time they have remained.

The World Health Organization defines it as:

*“a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities.”*²

¹ https://dspace.ucalgary.ca/bitstream/1880/46327/6/Patten_RSS1.pdfDepression

² http://www.who.int/mental_health/management/depression/definition/en/index.html

Major Depressive Disorder (MDD) is the medical term used and consists of a period of at least two weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities. In diagnosing depression, physicians look for at least four additional symptoms from the following list:

- Depressed mood – feeling sad or empty
- Diminished interest or pleasure in regular activities (responsibilities, hobbies, sex)
- Changes in appetite or weight, sleeping patterns, and psychomotor activity (manifested in slower movement or more rapid, aggressive movement)
- Fatigue and decreased energy,
- Feelings of worthlessness or guilt,
- Difficulty thinking, concentrating, or making decisions;
- Recurrent thoughts of death or suicide.

Additionally 97 percent of Individuals with MDD reported that their symptoms and feelings had an effect on their families, work and relationships in general.

In his book *Let Your Life Speak*, writer, teacher and activist Parker J. Palmer describes his own depression as ‘the snake pit of the soul’. From experience, he contends that depression is the ultimate state of disconnection - between people, between one’s own mind and heart, between one’s self-image and their public mask.

Many Christians would also add that their depression is compounded by a perceived absence of God.



Degrees...

As in all disorders there are degrees. Depression can range from mild to severe. Some describe feelings in terms of doom, deep wells, nothingness. Others may not be in despair, but live with a constant melancholy, deep loneliness, absence of purpose, along with overwhelming sadness. Some are also beset with anxiety.

According to Edward T. Welch in his book *Looking Up From the Stubborn Darkness*, people in a state of depression are stuck. Often unable to sleep. All work and productivity becomes severely compromised. Relationship with loved ones diminish or breakdown. Days run together with mounting 'issues' and anguish. At the extremity death may seem like an answer, yet death has its own problems, questions and horrors. Somewhere on this spiral down help is usually sought.

Often unable to sleep, all work and productivity becomes severely compromised. Relationship with loved ones diminish or breakdown.

Occurrences & frequency

Twice as many women as men are diagnosed with depression/anxiety. These statistics, however, could indicate that men are less likely to seek help. In their helpful overview 'A profile of Clinical Depression'³, the authors also highlight "Marital disruption" as a common trigger.

"Men are particularly affected by the end of a marriage or common-law union, according to one comparative study. During the first two years, separating women were twice as likely to become depressed as women who remained with their spouse; among men, separation increased the risk threefold. Even though most people recover, depression remains a longer term problem for a sizable minority of separating individuals."

Depression in children and youth often displays itself in irritability and anger. Numerous studies show rates of child, youth and young adult episodes of depression are escalating annually, perhaps due to increasing social and academic expectations.⁴

CAUSES of depression...

There is no definitive cause of major depression, partly because it is not a single entity, partly because it may have multiple origins. Certain medications and drugs or excessive alcohol are known factors as are hormonal elements (post-partum) and physical ailments such as chronic pain.

Medically it is known that depressed people do exhibit neurological changes involving neurotransmitters in specific parts of the brain.

Depression is likely the product of a complex interaction between biological, psychological and social elements. With stressful life events such as losses sometimes being a trigger to a depressive episode (relationships, job, reputation...).

³ https://dspace.ucalgary.ca/bitstream/1880/46327/6/Patten_RSS1.pdf

⁴ <http://www.healthlinkbc.ca/kb/content/major/ty4640.html>

Good Christians get depressed

During challenging times in the life of a believer, the first reaction is to pray. However, mindful that the depressed person's 'subjective' feeling side is partially shut down, prayers seem to 'hit the ceiling' and God can feel silent.

This can actually compound the problem as we might wrongly interpret this as 'God's disapproval'.



This reality was poignantly expressed by **Mother Teresa** in her private journals. They express much anguish (and likely undiagnosed Major Depressive Disorder). In *'Mother Theresa - Come be my Light'* by Brian Kolodiejchuk she is quoted...

"Where is my faith? Even deep down ... there is nothing but emptiness and darkness ... If there be God—please forgive me.

When I try to raise my thoughts to Heaven, there is such convicting emptiness that those very thoughts return like sharp knives and hurt my very soul ...

How painful is this unknown pain—I have no Faith. Repulsed, empty, no faith, no love, no zeal, ...

What do I labor for? If there be no God, there can be no soul. If there be no soul then, Jesus, You also are not true."

So where does one's faith fit into mood disorders?

Many of the Psalms are despairing cries to God, even when all faith seems to have disappeared.

Sin, may also be a part of depression. Guilt (again whether real or perceived) can be accompanied with chronic shame which in turn affects our sense of self-esteem.

The Bible has numerous examples of this. King David acknowledged the physical pain that accompanies unresolved sin in *Psalms 32*:

³ *When I kept silent, my bones wasted away through my groaning all day long.* ⁴ *For day and night your hand was heavy on me; my strength was sapped as in the heat of summer.*

He goes on to speak of his confession and God's forgiveness in a tone of relief from freedom of guilt.

Other people of faith were known to battle depression, examples being St. Francis of Assisi, John Calvin and Martin Luther.

TREATMENTS & approaches

The first element is of course a reliable diagnosis. There are established diagnostic methods that General Practitioner's use (such as the widely used '**Beck Depression Inventory**'⁵, this coupled with a skilled counsellor's input (cognitive therapy) is foundational.



Cognitive therapy...

In his helpful book *Spiritual Depression: It's Causes and Cure*, (considered by many a seminal work) Dr. Martyn Lloyd-Jones emphasizes that the cause of depression is

⁵ http://en.wikipedia.org/wiki/Beck_Depression_Inventory

closely linked to a person's temperament with our natural perspective influencing our state of mind. Cognitive therapy, which seeks to identify and change dysfunctional thought patterns and behaviors, can be helpful for such individuals.

One description of depression is 'anger turned inward'.

This highlights the need of 'cognitive therapy', or the search for understanding what is going on in and around the sufferer. Psychoanalysis studies the history of a person's life, especially early childhood. Those who experienced major losses at such times (whether perceived or real), appear more likely to develop depression later in life.

Denise Caldwell, an experienced clinical counsellor with the Burnaby Counselling Group, contends that "all of us have some connection with or experience of mental illness in varying degrees. We all go through dark spaces – these are a required part of being human."

In her experience, emotional struggles and mental illness can still carry a huge stigma within the church, causing Christians to be reluctant to share their experience of depression, anxiety, overwhelming grief or deep loneliness within their church community.

"Caution about entering into counselling is normal and even healthy," says Caldwell. "People have good reasons for being cautious. Their life story has given them reason to be careful, knowing that they are about to let someone know them in a significant way. They need to know that their anxiety about this matters, and is not harmful in any way."

For many people, this is the first time they have ever spoken with someone about the stories and difficulties they bring -- it is a demanding step. Typically however, within two or three sessions, most are very comfortable and feel 'at home' with their counsellor."

Medications...

There are a number of medications that have been widely used. The most common being 'selective serotonin reuptake inhibitors' (SSRIs) are the class of antidepressants commonly used as the first line treatment for depression. Their use is incredibly widespread. In Canada between 1981 and 2000, total prescriptions for all antidepressants increased by 353 percent from 3.2 to 14.5 million. There has been some recent controversy as to their efficacy however overall they continue to show proven results in helping people with MDD. Their effect on mood is subtle and takes 1 - 4 weeks to reach full effectiveness. Similarly to come off them needs to be a slow process.

Diet...

Some consider that certain foods are at least partially causal of depression. Katherine Zeratsky, Registered Dietician with the Mayo Clinic, cites a study including 3,000 middle-

aged office workers in Britain over a five-year period, in which a clear link was made between diet and depression. “They found that people who ate a junk food diet — one that was high in processed meat, chocolates, sweet desserts, fried food, refined cereals and high-fat dairy products — were more likely to report symptoms of depression.”

Conversely, those whose diet was rich in fish, fruits and vegetables were less likely to feel depressed. William Davis seems to point to a relationship wheat has to depression in his popular book ‘Wheat Belly’.

Potentially dangerous interactions with medications – including psychiatric, prescription, even some over-the-counter medications. Alcohol is a depressant and can make depression (and anxiety) worse.

Exercise...

Studies show that exercise has a positive influence on mood. In the case of significant cardio workouts the releasing of neurotransmitters and endorphins (the runners high) certainly affects mood. The effect of such exercise has been shown to have major regenerative benefit upon the brain. Even milder activity (walking, gardening...) improves general health and takes the mind off troubles, improving sleeping patterns, which in turn, improves mood. In addition, meeting set goals can increase self-esteem. Research also suggests that exercise during middle age may help stave off dementia, and may even be an important preventative measure against Alzheimers disease.⁶

Ministry & support

The final word has to do with ministry

Matthew chapter 5 - The Sermon on the Mount

3 Blessed are the poor in spirit, for theirs is the kingdom of heaven.

4 Blessed are those who mourn, for they will be comforted.

‘Depression’ is definitely decried in these verses. Comfort is promised - coming from outside of ourselves. Much could be said about God’s love for the broken. God offers hope.

There are those in the church with pastoral gifting of various kinds. ‘THE Pastor’ of a church may not be ‘pastoral’ (being perhaps more of a teacher/leader type).

Some are gifted by God with a gift of ‘mercy’.

⁶ see <http://scholar.google.ca> ‘exercise and dementia prevention’ ⁶ www.livingroomsupport.org/about/

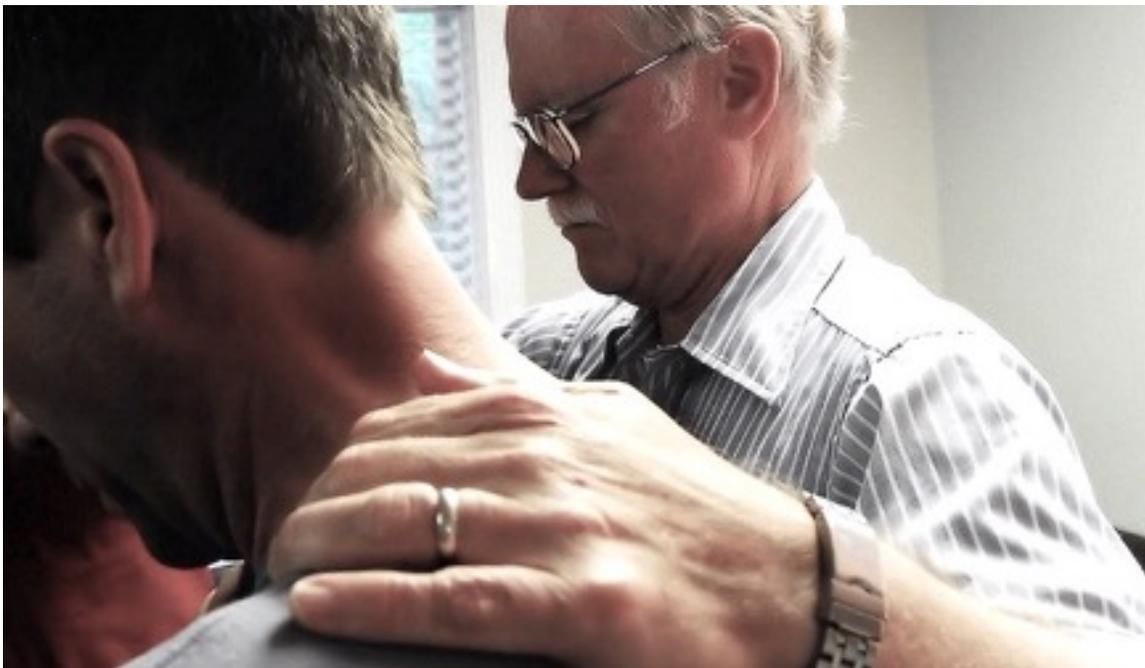
Their basic motivational drive connects them with the emotional and spiritual needs of others. They have a divine ability to sense hurt and respond to it with love and non-judgemental understanding.

The Holy Spirit gives them grace to walk with the suffering until The Lord allows their burden to be lifted.

Those with this gift are able to “weep with those who weep” (Romans 12:15) and “bear one another’s burdens” (Galatians 6:2). They are sensitive to the feelings and circumstances of others and can quickly discern when someone is not doing well.

They are typically patient listeners and have grace to ‘hang in there’ with people whose depressed condition makes them very self absorbed.

See [Romans 12:8](#), [Matthew 5:7](#); [Luke 10:30-37](#); [James 3:17](#); [Jude 22-23](#).⁷



⁷ <http://www.spiritualgiftstest.com/spiritual-gift-of-mercy>