

## A PRIMER ON DEPRESSION

*The crushed spirit is worse than sickness! (Proverbs 18:14)*

I. You need to know with what it is you are dealing.

A. Depression is defined as a feeling of sadness, severe dejection and despondency. The field of psychiatry defines depression as a mood disorder or a mental illness.

B. Common symptoms have several or all of the following indicators:

1. "Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies among individuals and also varies over time.

- Persistent sad, anxious, or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, or making decisions
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss, or overeating and weight gain
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain"

Source: <https://www.psychologytoday.com/basics/depression/symptoms-depression>

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2. There is a difference between sadness and depression.

- a. Sadness is the emotion of unhappiness or sorrow that occurs from time to time and is related to *some* things.
- b. Depression also has the sense of sadness but is considered abnormal because it “ affects our thinking, emotions, perceptions, and behaviors in pervasive and chronic ways.” A key marker for depression that sets it apart from sadness is that the emotion is related to and impacts *everything*.”

Source: <https://www.psychologytoday.com/blog/the-squeaky-wheel/201510/the-important-difference-between-sadness-and-depression>

C. Depression is a real physiological state.

1. Physical causes

- a. There can be physical causes for depressions. For example: a brain tumor, Parkinson’s Disease, low blood sugar, chronic food allergies, or hormonal issues. You might need to see your physician to get checked out for any physical problems that can cause or contribute to depression.

(1) Some things you may want to check:

- Adrenal diseases or abnormalities.
- Alzheimer’s or dementia.
- Brain disorder or injury.
- Chronic food allergies.
- Chronic fatigue (as a symptomatic disease)
- Diabetes or hypoglycemia.
- Parkinson’s Disease.
- Hormonal imbalance such as with serotonin, testosterone, or estrogen.
- Lyme disease.
- Mental disorders.
- Serious yeast infections.
- Seasonal Affective Disorder, caused by a lack of sunlight and vitamin D.
- Vitamin deficiencies, such as a lack of vitamin B-12 or vitamin D.

(2) Some brain injuries or illnesses can be the reason for depression.

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(3) There are people who inherit the physical (brain) predisposition for depression.

(4) Recent medical studies indicate that inflammation in the body and brain can stimulate or exacerbate depression.  
(See: <https://www.psychologytoday.com/blog/urban-survival/201701/new-research-shows-depression-linked-inflammation>)

b. The effects of certain drugs, either illegal or prescription can lead to depression.  
Read the literature for the prescription medication you are taking to see if one of the side effects is depression.

c. Exhaustion

(1) Physical exhaustion

An example is Elijah who kills 450 false prophets, outruns Jezebel to Jezreel and then in a state of exhaustion becomes depressed (I Kings 18-19).

(2) Lack of sleep. Lack of sleep can contribute to various mental problems, including depression or hallucinations.

(3) Mental fatigue. The brain uses up to 22% of the body's energy resources. Moods are impacted by mental fatigue.

d. Chronic pain

e. Be aware that in the state of serious depression, the more intense the depression the more symptoms you have physically.

D. Depression can also be triggered and influenced by habits of the mind.

1. There can be causes that are attitudinal, perceptual, and/or spiritual in nature. The way you think when you are not depressed is typically different than the way you think when depressed.

a. Sometimes, the spiral into depression can be due to discouragement and/or hopelessness. At the same time, depression can also lead to discouragement or hopelessness.

Example: Elijah who thought he had run out of resources (I Kings 19).

b. Depression can be caused by genuine guilt:

(1) Examples:

(a) King David's guilt, though a godly man (Psalms 32, 38, 51).

(b) Judas the disciple (Matthew 27:3)

(2) Some questions to consider:

- Have I made choices that have put me into this situation?
- If so, what were they?
- Am I now picking on God, blaming Him for my choices?
- If so, how am I showing self-righteousness in all of this?
- Do I want God to get me out of this but leave my own character unchanged?
- If so, then how will I confess my guilt and be changed?

c. Shame can contribute to depression.

Shame is not exactly the same thing as guilt. There can be a genuine sense of shame after being found guilty. There can also be a false shame due to a number of reasons and influences.

d. Chronic negativity or pessimism can be a factor.

(1) A distracted, wandering mind can swing your mood low and sometimes into depression. The reason for this is because humans have a negative bias. This negative bias helps us protect ourselves in times of danger. It is easy for our minds to get caught up into the flow of negative bias when we are not focused and allow ourselves to go there.

For more insight, see <https://www.psychologytoday.com/blog/the-stress-test/201612/you-do-160-times-day-it-stresses-and-depresses-you>.

(2) Focusing on life's stressors or ruminating on your distress often contributes to depression.

(3) Constantly rehearsing in your mind bad experiences, failures, or personal deficits. Perseverating makes things much worse.

Mild depression is usually caused by pessimistic habits of thinking. The pessimist sees the causes of failure and rejection as permanent ("It's going to last forever"), pervasive ("It's going to ruin everything"), and personal ("It's my fault"). These habitual beliefs are just that, mere beliefs. They are often false, and they are often

inaccurate catastrophizings. The main lesson of cognitive therapy is that this way of thinking can be permanently changed—even in severe depressions. Mild depressives can usually change it without therapy (Seligman, Martin E. *What You Can Change...What You Can't*. NY: Vintage Books, 2007 eBook).

2. Arrogance or hubris.
  - a. The belief that you are too good or above challenges, struggles, or trials sometimes provokes self-pity and depression because your expectation(s) were dashed.
  - b. One example is with Ahithophel in 2 Samuel 15-17.
  - c. See other examples in 2 Samuel 16:23 and 17:14.
3. Likewise, perhaps anger and frustration for not getting one's way triggers depression?
  - a. For example, Jonah who was angry with God because God did not do what Jonah wanted him to do, so he complained to God that he just wanted to die.
  - b. Some questions to consider:
    - Ask yourself if you are upset because you can't have what you want: "What is it I want that I am not getting right now?"
    - What do I think I need or what do I believe I must have that will supposedly make me happy?
    - Am I coveting what others have that I do not have?
    - Do I often compare myself with others who seem to have more than what I have (talents, power, money, reputation, etc.)?
    - What am I demanding from God? Check for idols of the heart.
    - What expectations do I have for myself at this time? Are they realistic? Are they biblical?
    - What goals have I set before me that I cannot attain? Are these goals realistic? Are they biblical? Are they right for this time or should I postpone them for another time?
    - Am I making unwise or sinful choices that have lead me to where I am today?

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### C. There are emotional influences.

1. There are emotions that feel like depression.
  - Anxiety
  - Disorientation in life due to changes.
  - Grief
  - Loneliness
  - Sadness
  - Self-pity
2. There are moods that contribute to depression such as anxiety, despair, discouragement, gloom, or overwhelm.
3. Memories of past events that were emotionally charged.
  - a. Recalling past events that were sad or traumatic.
  - b. Sometimes the time and circumstances surrounding an anniversary for a significant event that caused sadness, grief, fear, or other down emotions has the ability to provoke similar feelings, which may lead to depression.

### D. Social causes.

1. Recent research has found that associations with certain individuals or groups can negatively or positively influence emotions, perceptions, and perspectives. This in turn, can influence the impact for or relief from depression. There is a theory in the psycho-social field that says most depressive states are social in nature (causes and remedies).
2. Loneliness can instigate feelings of depression. At the same time, engaging in healthy relationships and developing positive friendships has been shown to be as beneficial as professional therapy.

### E. Spiritual and/or sinful contributions.

1. Since we live in a sin-infected world, we suffer the ill affects and that includes depression.
2. Sometimes depression is a result of the influence of our involvement with sin, wickedness, or evil.
3. Then there are times depression is a result of other people's sinful actions or influence on us.

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4. It is faulty thinking to assume that depression is always caused by personal, sinful acts or that depression is itself a sin.

## II. Do the work necessary to get at the underlying cause(s) and contributions to depression.

- A. So, depression can stem from a combination of sources. We make the mistake of going to the extremes: either blaming all on the chemistry of the brain or our physical state, or being too simplistic and stating depression is always caused by guilt from sin.
- B. To determine whether you are truly depressed and if so, to what extent, you can take the free assessment, CES-D (Center for Epidemiological Studies-Depression) developed by Lenore Radloff.

See also:

[http://psychologytoday.tests.psychtests.com/take\\_test.php?idRegTest=1308](http://psychologytoday.tests.psychtests.com/take_test.php?idRegTest=1308)

## III. Seek quality help.

- A. For clinical depression or Major Depressive Episodes (MDE), research has found there are helpful treatments to shorten the duration of depressive states.
  1. They are certain types of medications and ECS (electroconvulsive shock) that are effective. It must be noted that neither provide definitive, long term “cures.” As Dr. Martin Seligman points out, with the two best medications “you get roughly a 65 percent relief rate, along with a placebo effect that ranges from 45 percent to 55 percent” (Seligman, Kindle loc. 70).
  2. Medications need to be used in tandem with counseling. Again, Seligman writes, “Antidepressant drugs work about 65 percent of the time. Like the antipsychotics, they are cosmetic. Once you stop taking them, you are just as likely to relapse or have a fresh attack of depression as you were before. They do not alter the deep pessimism and helplessness characteristic of depressives. When you recover from depression using a drug, you have acquired no new skills and no new insights into how to handle life’s recurrent setbacks” (Seligman, Kindle loc. 841).

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B. Two psychological counseling treatments that provide better than average aid are *cognitive therapy* and *interpersonal therapy*. Psychotherapy has been demonstrated not to be effective for depression.

C. Look for empathetic counselors who are up-to-date with current research and are knowledgeable about viable therapies.

For example, new apps and app suites have been developed to offer “multi-faceted approaches to treat factors linked to anxiety and depression such as social isolation, lack of activity, sleep problems, and obsessive thinking.”

(Resource: <https://www.psychologytoday.com/blog/the-athletes-way/201701/anxious-or-depressed-intellicare-is-app-suite>.)

D. Counselors who are the most helpful are possessed with insight and wisdom, which speak the truth with candidness and concern.

E. Many studies have concluded talking with empathetic, caring friends regarding matters that trigger or cause depression is often as efficacious as professional therapies. However, this rarely applies to MDE or clinical depression.

F. Other studies have found the following to be quite helpful for most cases of depression:

1. A good healthy diet.
2. Regular exercise with a mix of aerobic and weight styles.
3. Regular walks of twenty to thirty-minute each day are as effective as personal counseling.
4. Frequent strolls or hikes through forests or nature.
5. Focused prayer.
6. Meditation on God’s character and work, the Gospel, and Scripture.