PROJECT CONNECT

Depression

Understanding the Pieces of the Puzzle

by Dr. Beverly Yahnke

Major Depression is a cruel and horribly sad disruption of life. Most of us, by the grace of God, are sufficiently resilient to endure small setbacks, reversals, and even periods of discouragement and loss. Despair and clinical depression dwarf any sadness the average person experiences. Depression is a life-crippling hurt that can seal baptized Christians into cocoons of hopelessness, isolating them from family, life, health, and love. And as if that weren't sufficiently devastating, depression can result in countless numbers of God's children who cannot or will not pray, cannot or will not worship and, perhaps, cannot or will not find comfort in the means of grace. Depression is a medical diagnosis with emotional, relational, vocational, and spiritual consequences.

What we believe about another's despair will influence mightily how we care for our brother or sister in Christ. Many of us, upon learning that another is suffering with depression, are often remarkably nonchalant about the news. If we believe another's despair is really nothing more than feeling a little blue, or if we imagine that depression is simply a failure to take charge of one's life, or if we suspect that another's distress is merely some sort of drama or plea for attention, we will dispense precious, little mercy. We may not keep vigil with the depressed person. We may not wrap them in our prayers. We may just avoid them and go about our daily lives, waiting impatiently for others to "get their act together."

Perhaps the following pages can assist us in detecting others who are struggling and respond to them knowledgeably and with compassion.

The Clinical Symptoms of Depression

There are countless checklists and online surveys to help an individual determine whether or not their malaise merits a diagnosis of depression. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition-TR* provides the actual medical checklist of symptoms. (The diagnosis of depression would not be appropriate if the symptoms are caused by medical disorders, alcohol, or drug use.) Ordinarily individuals with a major depressive episode have "five (or more) of the following symptoms … during the same two week period … and at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure." The symptom list below is abstracted from the manual:

1. The individual is typically depressed most of the time. Children and/or adolescents may have an irritable mood.
2. Things that used to be interesting and provide pleasure no longer give much satisfaction.
3. Weight loss or gain is evident due to significant changes in appetite.
4. Difficulty falling or staying asleep become more common, as does a chronic desire to spend a great deal of time sleeping.
5. There's a general *slowing* of most behaviors. The individual is routinely moving, speaking, and responding more sluggishly. Conversely, he or she may appear agitated or "wound up."
6. A very low energy level and a sense of chronic exhaustion may be evident.
7. There is rumination over one's worthlessness and past failures and experiencing inappropriate feelings of guilt increase.
8. Concentrating, reading, problem-solving, and making decisions become difficult. Some call this being in a "fog" or feeling "zoned out."
9. Thoughts about ending one's life increase and may begin to bring comfort; there may or may not be a plan to carry this out.

Research varies regarding the exact prevalence of depression. Among women, depression may be one and a half to three times more common than the prevalence of depression among men. Some studies suggest that one in every eight males will have an episode of depression and one in every four females will be diagnosed with depression at some time in their

lives. These differences between the genders are now understood to be the result of neurobiological differences between the sexes, causing women to be more vulnerable to the diagnosis.

The sheer enormity of these numbers requires our attention; there's a very strong likelihood that at least a few of the people in your circle of family and friends may be suffering with this illness.

Depression among children and adolescents continues to be diagnosed with remarkable frequency despite the fact the illness can have a more insidious onset. Prevalence estimates vary suggesting that from 2-6 percent of children and adolescents are diagnosed with depression. Although quite rare, children as young as six years of age can be so very sad that they want to go and live with Jesus. Prevalence increases with age, noted most acutely around puberty. Although there is an increasing awareness concerning childhood depression, signs and symptoms of this illness among youth can be missed by parents and teachers alike. Difficulty with concentration, routine complaints of boredom, social isolation, and increased irritability are common indicators of depression in children. Depression in children can be seen often in combination with other mental health diagnoses such as anxiety, attention deficit hyperactivity disorder, or a conduct disorder. Some adults have come to believe that adolescents are supposed to be moody, gloomy, introspective, solitary, and rebellious; yet, such characteristics are also suggestive of teenage depression. Because depression can remain undiagnosed in children and teens it can lead to serious difficulty in school, at home, and an increased risk that personal adjustment will be compromised even into adulthood.

Although there are clear clinical signs and symptoms for adults, and although depression can be treated effectively in many individuals, it's important to keep in mind that some of those suffering with depression can feel as though any hope for a satisfying life is beyond them. Even for those who choose to seek treatment, the poverty of their vocabulary to describe what ails them is a cause of frustration. Depressed people may characterize themselves as feeling "trapped," "hopeless," "emotionally depleted," or "without any energy to do much of anything." Some simply describe what they cannot do any longer. Much of the time, even the simplest tasks of daily living become increasingly difficult. Phone calls aren't returned promptly; e-mails are left unanswered; mail is unopened and piled in a corner; nutrition is neglected, and personal appearance seems to matter less than it once did. Once vibrant personalities can become avoidant or monosyllabic. Marriages, once vital, can lose intimacy for long intervals of time, and the tasks of parenting may be avoided or delegated to the "healthy" partner.

Sometimes Depression Is a Secret

Deep depression and despair are often concealed behind proud masks of dignity, fear, or sheer necessity. Let the record show that many of the silently despairing will lie with abandon to most anyone who inquires about their well-being. We'll lie to our spouse, our boss, our families, our friends … and we'll lie to ourselves, too.

The imagined stigma of having anyone learn of our depression seems to be an embarrassment. We actually begin to convince ourselves that our inability to function is some sort of character flaw or personal insufficiency or lack of motivation that could be overcome if only we were to try harder. We certainly don't want people to know. What would others say? Worse, what would they think? So when others inquire in that caring voice, "How are you doing?" we will intentionally keep others' suspicions at bay and reply, "I'm just fine!" Some have estimated that two out of three people with depression do not receive the treatment that may help. Some of us would rather die than seek help. Depression is, after all, life threatening and can result in suicide.

A subtle way to determine if another is struggling with chronic depression is to simply ask, "How long has it been since you really felt like yourself?" Healthy people will look puzzled by the question and are quick to respond, "I'm fine." Or, if people have had a difficult time recently they may say, "This month at work has been pretty demanding, but things should be looking up soon." The individual who is depressed will respond to the question very differently. He is likely to be silent for five to 10 seconds, glance upwards, and release a heavy sigh of resignation. Some who suffer with depression will point to a time months or even years ago, when they last felt like themselves. They may even appear surprised at the answer they've provided to your question; they've lost track of themselves in the fog of the illness. Such an answer is usually a pretty reliable indicator that an individual has been afloat in a history of emotional pain or struggle.

For others, particularly the elderly, the diagnosis of depression is not so much a secret as it is a neglected medical condition. Some have adopted the myth that the elderly are supposed to be slowing down, less vital, or that they are less interested in life and less engaged in relationships and life-satisfying tasks. Such ageism results in the mistaken belief that depression is a normal part of the aging process. As a result, it may not be detected or treated—even by one's

own physician. Some among the elderly fail to report depressive symptoms to their doctor, imagining that to do so is to complain, or they believe that a depressed mood is just a natural part of growing older. Worse, we teach the elderly *not* to speak of their depression when we hear them say, "I've done all that I want to on earth; sometimes I wish that I could just die and go to heaven." We often respond, "Don't say that; don't talk like that." We teach them that it is not appropriate to report feelings of sadness, discouragement, or passive suicidal ideation. It has been estimated that as many as 15 percent of the elderly do not receive any care for depression, and their failing memory and loss of mental sharpness may be misdiagnosed as dementia.

What Does It Feel Like to Be Depressed?

Those of us who have never been depressed imagine that depression is simply a feeling of sadness. Those suffering with depression observe with great regularity that other people just "don't get it." Meaning, others have no understanding whatsoever of the depth of despair and dysfunction that is associated with the diagnosis of depression. One of the better accounts of depression is offered in the book, *Speaking of Sadness: Depression, Disconnection and the Meaning of Illness*, by David Karp (1996). Although the book is really a sociological study, it provides a penetrating analysis of the disease.

Karp explains that depression is an illness of isolation. He offers this description:

> Depression ... is the complete absence of rational thought ... When you are in it there is no more empathy, no intellect, no imagination, no compassion, no humanity, no hope ...
>
> Depression steals away whoever you were, prevents you from seeing who you might someday be ... No one around you understands what you're going through and tells you you're a "party pooper" (p. 24).

Causes of Depression

Depression has been attributed to an array of causes ranging from biologically based disorders to situational stressors in one's life.

Common causes of depression may include the following:

- There's a chemical imbalance in the brain: neurotransmitters are not regulated properly.
- A family's genetic pattern through history may increase the likelihood of intergenerational depression.
- Chronic stress floods the human body with stress hormones; these increase one's biological vulnerability to depression.
- Significant losses in life can be a catalyst for depression: death, divorce, separation, losing a friend, getting fired, or laid off are such factors.
- There's an honest belief that nothing one does will influence the quality or outcome of one's life.
- A sense of personal helplessness and lack of power over circumstances can promote depressive thinking.
- Persistent or life-long negative thinking can establish a bleak view of one's life and view of the future.
- Unresolved anger at self, others, or some unchanging situation where the person has no control can lead to a depressed disposition.

It is important to be clear about the actual causes of depression since a wide range of people have adopted a variety of destructive, false explanations. There are some people of faith who have suggested that depression is caused when one doesn't pray and study the Bible enough. Others would say that only a person with insufficient or weak faith could become depressed. Still others believe that God is causing tribulation in one's life to draw that soul to repentance. Spiritual speculation of this nature usually results only in deepening one's despair and is often heard by the depressed person as judgment and further evidence that he is "bad," "woefully inadequate in his faith," or "not Christian enough." Quite clearly for most Christians, this is neither accurate nor a helpful interpretation of one's illness.

Spiritual Myths About Depression

The faithful shouldn't become depressed.

There are actually some people who believe that Christians can somehow be insulated from calamity simply by virtue of their Baptism and faithful lives. A brief review of biblical history shows us the torment of David, the psalmist, "How long, O Lord? Will You forget me forever? How long must I wrestle with my thoughts and every day have sorrow in my heart" (Psalm 13:1-2a). Other heroes of the faith suffered difficult days as well. When Moses was enroute to the Promised Land, he has moments of despair. Elijah saw God's mighty power on Mount Carmel, but fled into the wilderness and wanted to die. Godly people don't get depressed? *Not true.*

People who are depressed are being punished by God because they are evil.

We benefit from examining the lives of others who have suffered in a godly fashion. In Job's life we find a peculiar kind of comfort. By biblical account we know that God tells Satan, "Have you considered my servant Job? There is no one on earth like him; he is blameless and upright, a man who fears God and shuns evil" (Job 2:3b). Satan creates mayhem, predicting that Job would curse God. Job's herds are stolen or destroyed, servants are massacred, and his children die. Job lived through the disaster to praise God. If God allowed Job to suffer in order to fulfill a godly purpose we cannot expect that we will be free from suffering. We learn that if God could sustain Job's faith when assailed by Satan himself, He can surely sustain each of us. We are wrong to presume that depression is God's punishment or judgment.

We realize that God's ways are higher than our ways. And, we realize God has not chosen to reveal all things to us. Yet our lives are full of questions in the presence of depression. Why me? Why now? Why this? Doesn't God want me to be happy? How could God let this happen if He loves me? Why won't God answer my prayers? For centuries these questions have echoed across the darkest moments known on earth. These heartfelt questions are extremely important and merit conversations with one's pastor. A pastor is prepared to offer spiritual care, comfort, and consolation in the face of depression. He will provide scriptural wisdom, compassionate listening, prayer, and a blessing for the depressed soul. The pastor can also be a very helpful resource in assisting the depressed individual to seek medical and psychological care.

Spiritual Disconnection is Not Unusual in Major Depressive Episodes

Although God invites His faithful to the table in the Divine Service to receive His Holy Supper, some of the despairing feel neither inclined nor worthy enough to attend. For many who are in great emotional pain, simply hearing the liturgy or hymns of the church can cause weeping. They hear the promises of love, comfort, and hope intoned all around them at a time they may feel spiritually destitute. Christians in pain need to hear that how they "feel" in church is simply not an index to their faith or their holiness before God. Christians need to hear that God is much at work in their lives, *even when they can't detect it.* For those suffering with depression, it may also be important for them to realize that in the grip of despair, it is not unusual for Satan to be much at work, tempting them to misbelief, unbelief, and despair. Satan would desire to draw those who hurt into a cave of darkness, away from the light of Christ. For some it seems nearly impossible to pray, or they choose to pray, but can barely put two words together at a time.

We need to be patient with the Christian in pain; he may sometimes even look at God's Word as trite or ineffectual. "Sure, I know, tell me how much God loves me; my wife is dead and my house is in foreclosure." Be patient and persistent in keeping vigil with this person.

Visit briefly, call and leave a message, share brief conversations of encouragement. Although you may want to give the depressed person lots of spiritually uplifting books to read, realize that books aren't particularly helpful right now. Reading requires concentration and reading more than a few pages at a time can be difficult for the person who is depressed. Instead, copy off a prayer, or a portion of a psalm, or provide a CD of the church's hymnody. Then, let that person know you will remember him in your prayers daily and that you will remember him in the prayers of your church. Depressed people live intensely in the present; they need to get through one day at a time. Reassure them that God will equip them thoroughly with everything that is required … one hour at a time throughout each difficult day. We may need to reiterate that God has not promised to bring healing as an instant response to prayer, but that we are confident He will sustain and comfort His servants, healing them in accordance with His will.

Providing Assistance for the Depressed Person

Keep in mind the depressed person doesn't feel highly social and is likely to avoid many contacts that will require emotional energy. The depressed person will do everything possible to pour most of his energy into his work each day. It is likely he will return home at night entirely exhausted with no energy left for family or friends.

You may feel as though someone is avoiding you or not returning your calls. That may well be true! The individual who is most likely to be of assistance to the depressed person is someone with whom he already has a meaningful relationship. A family member or a very close friend can be particularly helpful in connecting because a sense of trust and mutual respect already exists.

Being helpful begins with listening respectfully to whatever it is the depressed person is willing to share and request.

Family members may already feel some frustration or alarm because their loved one is interacting with them in different and diminished ways. Very often family members ask the depressed person, "What can I do to help?" Quite frequently there is no constructive answer available; there simply aren't any suggestions. In fact, one of the things most helpful to a depressed person is simply time away, or giving them some space. Usually time alone, away from others, from some of the responsibilities of the household, or from the challenge of parenting little ones is helpful. We tend to think if we're going to be helpful it means we should be present, not that we should honor another's requests for "space." Sometimes the request is just "to have you near." Keeping vigil is a means of silently bearing the burden of the other simply by making your presence available.

Listening helps us see the world through the eyes of the depressed person and discourages us from talking at them and telling them what to feel and do. Worse, when we don't listen, we're likely to talk about ourselves, shamelessly focusing on our lives and retelling some conquest over a sadness or recounting a neighbor's suffering. It is almost as though we keep blathering to fill the silence. Or, some of us are so accustomed to strapping on our problem-solving tool belts that we're quick to leap in and fix whatever we can. Listening is difficult work because you are invited to focus entirely on another person. Very often though we feel impatient; we'd rather not hear all the details. We may feel inadequate to help, or we're just saddened by the whole situation. Not surprisingly, after a number of weeks, even the most stalwart person grows weary of listening compassionately. Listen mercifully as long as you are able and at some point, you can make it clear that the depressed person will lose his "complaining rights," if he won't seek some professional assistance.

Encourage the individual to seek a consultation or an evaluation.

Ordinarily, you are going to want to encourage the depressed individual to receive professional care. Naturally, some individuals are very sensitive to conversations about this matter. No one wants to hear, "You need to get some counseling." Even fewer people want to hear, "It's likely to help you if you'll just start taking some drugs."

In fact, that kind of language prompts quite a few people to become defensive and negative, derailing the conversation before any positive headway can be made. Quite honestly, most of us ought not be in the business of making medical diagnoses or recommending anti-depressants. Try to characterize an evaluation as a potential source of new hope that may allow the person to move beyond the current emotional malaise.

It can be useful to invite the depressed person to explore if whether some objective and well-informed professionals could make suggestions about what would be helpful right now. We ask, "Wouldn't it be useful to learn what might be done?" so that he can start feeling more like himself and get back on track. Most people—when given the chance to choose between six more months of feeling "like this" or learning what could be helpful—are prompted to see what might be available. You can offer the name of a psychologist or a physician who can provide a consultation. It will be important for you to have that contact information *in hand* at the time of your conversation with the depressed person. (Your physician or your pastor will be able to suggest someone to whom you can refer with confidence.) You can offer either to go with the individual, or you can be available to talk about the doctor's recommendations after the consultation. Once the depressed individual meets the professional, the doctor can provide a persuasive presentation about the need to seek care.

The doctor will also conduct a careful diagnostic work-up, determining precisely what is needed in the weeks ahead. The doctor will ordinarily preview a treatment plan for the patient that outlines the medical, emotional, and spiritual resources that can be used to combat the illness. Naturally, it may be valuable when you can help the depressed person evaluate those recommendations, encouraging and supporting his decision to move forward with treatment.

Refrain from giving advice.

Individuals suffering with depression may well have difficulty making decisions and can experience trouble thinking through complex matters. Friends and family members may choose to rush in and begin to manage the life of the depressed individual, assuming authority or control, without even seeking permission. The depressed person might even express some relief to have another take charge. The healthy person ordinarily wants to stop the pain in the life of the depressed person and may begin endorsing a wide array of major changes—some drastic. For example, encouraging a man to leave his job or recommending a widow sell her home and move somewhere she's always wanted to live may sound like reasonable and stimulating propositions. Yet, depressed individuals should not be making life-changing decisions before they can fully think through the implications of their choices and until they have the physical and emotional energy to act on them. Depressed people move forward at a pace very different from a healthy person's perception of what is reasonable. It is easy to become impatient with the depressed person when he or she appears paralyzed and unable to move forward with what we regard as small, reasonable, and healthy changes.

What if they won't seek assistance?

Quite a few people will choose not to seek an evaluation and will continue to suffer despite multiple appeals that they seek help. Their denial about the problem or their refusal to take action can become a source of frustration and even resentment to helpers. The family is affected greatly by the depression of one of its members. Emotional contagion is real. When one member of a married couple becomes depressed, for example, some have estimated that the "healthy" spouse contracts some symptoms of depression 40 percent of the time. Nothing seems satisfying; nothing seems to be the way it ought to be when the habits of life and joy have been taken captive by depression. The healthy spouse longs for the former emotional presence and physical energy of the depressed spouse and greatly yearns for things to return to "normal." So when the depressed person refuses treatment, it compounds the feelings of hopelessness and helplessness the healthy spouse and family members must bear. The healthy spouse may see failure to seek treatment as evidence the depressed spouse no longer cares about his life partner or the marriage.

The healthy spouse may need to seek personal assistance from the family's pastor or doctor if treatment resistance continues.

Occasionally, healthy individuals will need supportive psychotherapy from a psychologist or social worker to provide very specific recommendations on how to help a resistant person with depression. Don't give up, and don't be reluctant to seek assistance in getting help for yourself and the person you care about.

Take suicidal thoughts seriously.

Quite a few people suffering with serious depression routinely wish they could die. Or at least they've wished they didn't have to live any longer with the current turmoil, pain, shame, or helplessness in their lives. Although most of us find such thoughts alarming, it may be surprising to learn an individual can harbor suicidal thoughts for weeks, months, or years. At some point, when life seems horribly difficult and one has begun to feel hopelessly trapped, the prospect of simply ending all the pain actually becomes a comforting thought. Such thoughts usually visit in the bleak hours of the evening and early morning when sleep is interrupted or impossible. The thoughts may be accompanied by a plan for how one chooses to end one's life. It is imperative you take any suicidal comments seriously and insist upon an evaluation. If you're uncertain whether someone is having suicidal thoughts, then ask. Your inquiry will not cause another to harm oneself, but may allow for a life-saving conversation. If your recommendation of an evaluation is refused and you remain concerned about the safety of another, you may contact an emergency room, your pastor, a school counselor, or the police for capable assistance.

Be patient and tolerant.

Depressed people are rarely the life of the party. They can be self-absorbed and can seem to almost repel others in interpersonal situations, often ruminating about the same things, again and again. Often, they speak about themselves, their unhappiness, their helplessness, and their faults. Or, they simply sit silently with a faraway look on their faces. Keeping vigil with another is the willingness to sacrifice time and effort to bear another's burden in love.

If You Believe You May Be Suffering with Depression

- Make an appointment to talk with your pastor, a counselor, or a physician to tell them what has been happening in your life. Let them know many things have been very difficult for you, and they don't seem to be getting better.

  Your pastor will provide spiritual care, inviting you to bring the resources of your faith with you into the conversation. He will offer scriptural wisdom, hope, prayer, and blessing; he will invite God to provide all that is required for you in each of the days ahead.

  Your physician will talk with you about medicines that have been used effectively to help countless people feel better; he or she will talk with you about how medicine can help regularize your sleep, improve your concentration, elevate your mood, and increase your energy.

  Your counselor will work with you carefully
  as you begin to adopt new strategies that will contribute to your mental and emotional well-being.

- Try to follow the recommendations these trusted professionals make for your care and well-being.

- Arrange ongoing visits with your pastor, your physician, and a counselor to assist you in addressing the symptoms of illness that have left you feeling discouraged and defeated about so many things.

- Spend time with people whom you find encouraging, uplifting, and compassionate. Reduce the time you spend with people who are routinely negative, unkind, or unpleasant.

- Continue to find comfort and confidence in everything our Lord teaches. Gather around His Holy Word and Sacraments where our Lord has promised to be present to bless us. Listen with a hopeful heart to the words of our LORD recorded in John 16:33:

  "I have told you these things, so that in Me you may have peace. In this world you will have trouble. But take heart; I have overcome the world."

Above all, trust that God, our Father, who created you, Jesus Christ, who redeemed you by His death and triumphant resurrection, and the Holy Spirit who through the Word and Sacraments continues to bring you God's gifts, will continue to bless, keep, sustain, and comfort you throughout each of these difficult days and even to eternity.

Notes

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