Depression: The Hidden Affliction

Rev. B. Elshout

1.0 Introduction

1.1 Depression: A health problem of epidemic proportion

1.2 Depression: Prevalent in the church community!

1.3 Depression and its social stigma—hence a hidden or concealed affliction

1.4 Depression: A problem that needs to be addressed with pastoral compassion and commitment

2.0 Depression and its Symptoms

(Source: Dr. Grant Mullen—*Why do I feel so down…*)

2.1 Depression vs. "feeling blue."

2.2 Common symptoms accompanying depression[1]

- ☐ A prolonged and prevailing sense of sadness
- ☐ Excessive bouts of crying
- ☐ A loss of interest in the normal activities of life
- ☐ A (sometimes overwhelming) sense of failure
- ☐ An excessive sense of inferiority
- ☐ A sense of uselessness
- ☐ A sense of hopelessness
- ☐ Avoidance of social interaction
- ☐ Inability to function spiritually
- ☐ Being plagued by guilt
- ☐ Being plagued by suicidal thoughts
- ☐ Inability to concentrate & retain information
- ☐ Increased irritability
- ☐ Inability to relax
- ☐ Excessive and prevailing anxiety
- ☐ Disruption of normal sleep pattern
- ☐ Often an overwhelming sense of fatigue
- ☐ Inability to cope with the normal challenges of daily life
- ☐ Molehills become mountains
- ☐ A distorted sense of responsibility
- ☐ Pre-occupation with physical symptoms
- ☐ Unreasonable expectations of self and others

[1] A depressed person does not necessarily manifest all of these symptoms. Furthermore, these symptoms are not listed in a specific order.

2.3 Areas of life affected by depression:

1) One's ability to think and feel
2) One's ability to function spiritually
3) One's personality
4) One's ability to interpret events
5) One's relationships
6) One's ability to communicate
7) One's ability to engage in one's occupation
8) One's ability to sleep properly

2.4 The key component of depression: A prevailing negative thought pattern—cognitive distortions (Source: Dr. David Burns—*Feeling Good*)[2]

1) All-or-nothing thinking
2) Over-generalization
3) Mental filter
4) Disqualifying the positive
5) Jumping to conclusions
6) Magnification or minimization (binocular trick)
7) Emotional reasoning
8) "Should" statements
9) Labeling and mislabeling
10) Personalization

3.0 Important Distinctions: Clinical, Situational, and/or Spiritual Depression

3.1 Clinical Depression

1) Definition:
   - Prolonged & chronic depression—depression that just does not go away
   - Ongoing fluctuation between excessive highs and lows—bi-polar disorder
   - A depression that frequently generates a large number of the symptoms previously listed
2) Causes:
   - Genetic (familial) disposition
   - Seasonal changes
   - Burn-out
   - Giving birth to a child
   - Hormonal changes (e.g. menopause)
   - Substance abuse
3) Common denominator: Imbalance in brain chemistry
4) Preeminent characteristic: No clearly definable reason can be given for its onset

[2] See ***Appendix*** for a more detailed description of these cognitive distortions

3.2 Situational Depression

1) Definition: Depression that is triggered by specific events (e.g. personal losses; physical, sexual, and/or mental abuse; chronic illness; handicaps; financial difficulties; failed relationships; rejection; etc.)
2) Possible Causes:
   - Consistent disobedience to God's revealed will
   - A negative manifestation of pride
   - Repressed anger
   - Being at odds with God's sovereignty
   - Unwillingness and/or inability to accept reality
   - Unbelief: Judging God by our circumstances rather than His Word
3) Common denominator: Negative thinking triggered by the situation one finds himself in—and an unbiblical response to this situation
4) Preeminent characteristic: A clearly identifiable reason for its onset

3.3 Spiritual Depression

1) Definition: Depression that is both spiritual in its nature and focus, and is frequently a by-product of either clinical or situational depression
2) Possible causes:
   - A prolonged period of spiritual darkness
   - Spiritual desertion
   - A perceived absence of genuine spirituality
   - Perplexing providential circumstances
   - Persistent and insidious satanic assault
3) Common denominator: A negative assessment of God's character and His Word —judging God by what I feel and/or perceive
4) Preeminent characteristic: There is also a clearly identifiable reason for its onset (and that reason could be either clinical or situational depression!)

3.4 The importance of understanding these distinctions: It determines the appropriate type of treatment and/or counseling

4.0 The Appropriate Treatment for Depression

4.1 A prevalent problem: Improper and inappropriate treatment and/or counseling

1) All depression is being treated as being clinical in nature.
   Treatment: Medication only
2) All depression is being treated as being situational and/or spiritual in nature.
   Treatment: Counseling only

4.2 Problem #1: Treating all depression as being clinical

1) A proper investigation regarding a person's circumstances will be neglected
2) Residual problems that need to be addressed scripturally will be masked
3) Persons with situational and/or spiritual depression will continue to live in denial

4.3 Treating depression that appears to be genuinely situational and/or spiritual

1) A careful analysis of the circumstances that have triggered this depression
2) A careful, biblical evaluation to the depressed person's response to these circumstances
3) A systematic implementation of biblical principles to transform the unscriptural thinking of the depressed person

4.4 Problem #2: Treating all depression as being situational and/or spiritual

1) It ignores the genuine physical cause of a person's prolonged depression
2) It will magnify the symptoms that accompany clinical depression
3) It will deepen and prolong the agonizing suffering of the depressed person

4.3 Treating depression that appears to be genuinely clinical

1) Prescription of proper medication by a qualified physician
2) Ongoing assessment of the effectiveness of the medication
3) Follow-up with appropriate biblical and spiritual counseling
4) Consider the necessity of a maintenance dose of medication

5.0 Important Guidelines for Office-bearers.

5.1 Due to the prevalence of depression, we must educate ourselves on this issue

5.2 We must learn to distinguish between clinical and situational depression

5.3 We must equip ourselves to engage in effective biblical counseling when needed

5.4 We must seek professional and/or medical intervention when needed

5.5 We must foster a spirit of Christian compassion toward those who suffer from depression—especially toward those who are clinically depressed

5.6 We must stimulate the formation of support groups for those who struggle with depression

5.7 We must practice the wisdom of an Indian proverb: "Do not criticize your neighbor until you have walked one mile in his moccasins."

6.0 Conclusion: "Comfort the feeble-minded, support the weak, be patient toward all men" (1 Th. 5:14).

7.0 Literature

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Appendix

Definitions of Cognitive Distortions

1. **ALL-OR-NOTHING THINKING:** You see things in black-and-white categories. If your performance falls short of perfect, you see yourself as a total failure.
2. **OVER-GENERALIZATION:** You see a single negative event as a never-ending pattern of defeat.
3. **MENTAL FILTER:** You pick out a single negative detail and dwell on it exclusively so that your vision of all reality becomes darkened, like the drop of ink that discolors the entire beaker of water.
4. **DISQUALIFYING THE POSITIVE:** You reject positive experiences by insisting they "don't count" for some reason or other. In this way you can maintain a negative belief that is contradicted by your every-day experiences.
5. **JUMPING TO CONCLUSIONS:** You make a negative interpretation even though there are no definite facts that convincingly support your conclusion.
    - ***a. Mind reading.*** You arbitrarily conclude that someone is reacting negatively to you, and you don't bother to check this out.
    - ***b. The Fortune Teller Error.*** You anticipate that things will turn out badly, and you feel convinced that your prediction is an already-established fact.
6. **MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION:** You exaggerate the importance of things (such as your goof-up or someone else's achievement), or you inappropriately shrink things until they appear tiny (your own desirable qualities or the other fellow's imperfections). This is also called the "binocular trick."
7. **EMOTIONAL REASONING:** You assume that your negative emotions necessarily reflect the way things really are: "I feel it, therefore it must be true."
8. **SHOULD STATEMENTS:** You try to motivate yourself with shoulds and shouldn'ts, as if you had to be whipped and punished before you could be expected to do anything. "Musts" and "oughts" are also offenders. The emotional consequence is guilt. When you direct should statements toward others, you feel anger, frustration, and resentment.
9. **LABELING AND MISLABELING:** This is an extreme form of over-generalization. Instead of describing your error, you attach a negative label to yourself "I 'm a *loser."* When someone else's behavior rubs you the wrong way, you attach a negative label to him: "He's a louse." Mislabeling involves describing an event with language that is highly colored and emotionally loaded**.**
10. **PERSONALIZATION:** You see yourself as the cause of some negative external event which in fact you were not primarily responsible for.

(Source: David D. Burns, M.D. *Feeling Good: The New Mood Therapy,* pp. 40, 41)