



DEPRESSION

Donald Graber, M.D.



THE LORD HIMSELF GOES
BEFORE YOU AND WILL BE
WITH YOU; HE WILL NEVER
LEAVE YOU NOR FORSAKE
YOU. DO NOT BE AFRAID;
DO NOT BE DISCOURAGED.

DEUTERONOMY 31:8

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UNDERSTANDING DEPRESSION

By Donald Graber, M.D.

Life has its discouraging moments, and everyone feels down and sad at times. We are imperfect people living in an imperfect world where we experience disappointments, setbacks, illnesses, and losses. Difficulties in a relationship, losing a job, moving away from family and friends — all of these can evoke feelings of great sadness, and this is common and normal. Similarly, the grief that's experienced with a profound loss—say, the death of a loved one—brings feelings of sorrow and distress that are natural. Depression, however, is a different sort of emotional and mental challenge. It is a serious condition that can be incapacitating, devastating, and even deadly for those who suffer from it.

Usually, depression affects the whole person. When patients ask me if their depression is physical, psychological, or spiritual, my answer is “yes.” Physically, or biologically, depression typically affects energy levels, appetite, sleep, sex drive, and other aspects of our physical health. In the same way that depression can affect our bodies, physical illnesses can affect our moods and emotions. It's important that certain medical conditions be ruled out before a diagnosis of depression is made.

Psychologically, depression can affect concentration, confidence, and interest in the activities of daily life or things which once gave pleasure. At its worst, depression can make a person feel so helpless and hopeless that they may be tempted to take their own life.

Spiritually, depression can cause a person to feel that God is distant or unconcerned. Sometimes it can give rise to doubts and guilt that one might not feel apart from depression.

Depression's costs to society are enormous. It's estimated that depression is the primary diagnosis for nearly 8 million visits to health care providers, including physician offices and emergency rooms. For those cases of depression that result in a hospital admission, the average stay is longer than 6 days. The economic cost of depression is figured to be around \$83 billion per year, including lost workplace productivity and treatment costs.

While the societal costs of depression are significant, let's talk about the toll it can take on the individual, which can be enormous.

WHAT IS DEPRESSION?

When people talk about clinical depression (sometimes referred to as major depression or major depressive disorder) they are typically referring to one of a variety of mood disorders; it is a serious condition and it can be disabling. According to the American Psychiatric Association's DSM-5 (the Diagnostic and Statistical Manual of Mental Disorders), for a diagnosis of clinical depression to be made, a person must have at least five of the following symptoms for at least two weeks, and depressed mood or loss of interest or pleasure must be among the symptoms:

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in all or almost all activities
- Significant weight loss when not dieting, or weight gain, or significant decrease or increase in appetite
- Changes in sleep habits, either insomnia or hypersomnia (sleeping more than normal)
- Psychomotor agitation (e.g., restlessness or fidgeting) or retardation (sluggishness)
- Lack of energy or fatigue
- Feelings of worthlessness or excessive or inappropriate guilt
- Difficulty thinking, concentrating or making decisions
- Recurrent thoughts of death or suicide

Additionally, the symptoms must cause significant distress and impairment in social or occupational functioning, and must not be due to the physiological effects of a substance (such as medications, drugs or alcohol) or a medical condition.

DR. DONALD GRABER retired in 2013 following a professional career that spanned more than 35 years. He worked as a psychiatrist in private practice, as a staff psychiatrist and as the medical director of a psychiatric hospital. Dr. Graber continues to serve in his field as a member of Focus on the Family's Physicians Resource Council.

WHAT CAUSES DEPRESSION?

In layman's terms, depression results from a deficiency or imbalance in various neurotransmitters, chemical messengers in the brain. Serotonin, norepinephrine and dopamine are just three such chemicals. One of the most compelling lines of evidence for the idea that depression stems from neurotransmitter imbalance or deficiency is that antidepressants that are known to increase the availability of certain neurotransmitters offer relief from depression for many sufferers. There are many reasons why one might become deficient in neurotransmitters, including genetics, certain drugs, and various physical diseases such as hypothyroidism or stroke. A physician should work to identify and rule out any possible medical conditions that could account for symptoms of depression.

That's not to say that we know all there is to know about the causes of depression. For example, we don't know for sure why stress or trauma triggers depression in some individuals and not in others, or why depression occurs in some individuals with no apparent trigger at all. And while we know that medications can relieve depression in some people, scientists cannot say with exact certainty how these medications work. In fact, the cause of depression in certain individuals is often unknown, as is true for many illnesses. Nevertheless, depression can be treated.

Depression seems to have a genetic component, and some types of depression tend to run in families. It can occur, however, in some people who have no family history of the disorder.

WHAT HELP IS AVAILABLE FOR PEOPLE WITH DEPRESSION?

Most people who receive help for depression see improvements in their mood and their lives. The two main forms of treatment for depression include antidepressant medication and psychotherapy.

A medical approach to dealing with depression may involve your primary care doctor (typically a family physician or internal medicine specialist) who may run tests to determine whether your symptoms are the result of physical problems (for example, hypothyroidism, anemia, or even stroke). If no underlying physical illness or condition is found, your doctor may recommend an antidepressant. Most antidepressants are designed to help regulate certain neurotransmitters in your brain, including serotonin and norepinephrine. Your primary care professional may refer to a psychiatrist for cases that do not resolve with relatively simple medical care. A psychiatrist is a medical doctor who is specially trained to treat mental disorders.

Be aware that a particular antidepressant may work effectively in one person but not the next, so your doctor may have to adjust your medication to find the medication (and the dosage) that is best for you. And as these medications typically take weeks to exert their effects, understand that the process can take some time.

While antidepressants are the primary biological treatment of depression, they are not effective in all patients. In cases of depression that are unresponsive to antidepressants, therapies such as transcranial magnetic stimulation or electroconvulsive therapy may be recommended. Psychological treatments include many kinds of psychotherapies such as cognitive, behavioral, interpersonal and psychodynamic therapies.

Mental health professionals such as psychologists or counselors can be key to treatment. Therapists employ a number of approaches that can assist individuals with depression, helping them to recognize and deal with psychological, interpersonal, or behavioral factors that might be contributing to the depression. For some people with depression, learning new ways to think about a problem, approach a troubled relationship, or take charge of personal behaviors can provide substantial relief. False beliefs and self-defeating ideas can be changed.

You should choose a therapist who is licensed in your state. Focus on the Family may be able help you locate a licensed Christian counselor in your area. For more information call Focus's counseling department at 1-800-4PASTOR (442-7867) Monday through Friday between 6:00 a.m. and 8:00 p.m. Mountain time.

While medication and therapy are important means of dealing with depression, don't underestimate the value of making healthy lifestyle changes. Many people find that symptoms of depression are relieved or lessened with regular physical activity, and proper nutrition is always helpful. Do what you can to ensure that you are getting enough sleep (somewhere around 7-8 hours each night). This can be difficult for some people whose depression leads to sleep disturbances, but many find that dealing with existing sleep disorders helps with mood and cognitive problems associated with depression.

Likewise, try to keep in regular contact with friends and family to bolster your social support, and look for ways to reduce or deal effectively with stress in your life.

Finally, one ought not to forget the spiritual dimension of those who are suffering from depression. Spiritually, I emphasize grace and unconditional love and acceptance.

A person's understanding of grace and his acceptability are not rooted in performance, that is, measuring up to any set of rules, codes of conduct, personal or parental expectations, and the like. Most people suffering from clinical depression really don't get this. We get into trouble as soon as we add anything to grace as a condition for God's acceptance and love.

An intimate relationship with God grounded in his grace alone is very freeing psychologically and spiritually. We become less critical of ourselves and others, and more loving in our relationships. Yes, God wants to change us to become more like Himself, but genuine change comes from His Spirit at work in our hearts, not from external threats of punishment or the fear that He won't accept or love us if we "miss the mark."

There is no question in my mind that God does not want us to be anxious or depressed (Philippians 4:6-7; Colossians 3:15). He wants us to be at peace with Him and others. And God often uses medications and people to impact our health. Christian medicine and psychiatry should utilize any available and necessary medical, psychological, and spiritual resources to alleviate anxiety and depression, restore relationship with God and others, and promote recovery of health to body, mind and spirit. God wants to do good things in our lives, and He wants to do good things in others' lives through us. But the primary basis of it all is our relationship with God. Let all the rest grow out of this relationship.

WHAT SHOULD I DO IF I THINK I MIGHT BE DEALING WITH DEPRESSION?

Please, seek help. Many people with depression never get the help that's available. Some avoid getting help because they fear that dealing with depression will be perceived as weakness, or that reaching out for help will send the same signal. Many Christians don't get help because they have believed the lie that depression is a sign of spiritual failure, or they fear the stigma in their faith community that's associated with depression (see below). Others neglect help because they simply do not realize that what they are experiencing is not normal, and that help is available for them.

HOW CAN I HELP SOMEONE IN MY FAMILY WHO MAY BE DEPRESSED?

Depression is a very lonely illness, and people with depression tend to avoid other people and isolate themselves. If this is the case with your loved one, you'll need to take the initiative in seeking her out and talking with her about what you're seeing in her life and why you are concerned for her. Share any encouragement you can. Let her know that depression is very common and that it's treatable.

While depression can be an enduring condition, in my more than 40 years of experience as a psychiatrist I have never seen an incidence of depression last forever. Let your loved one know that that depression doesn't last forever, and that it is likely to resolve more quickly if treated. Someone with severe depression may find themselves incapacitated by the disorder. Offers of practical assistance—preparing meals, providing transportation (including to appointments), and assisting her in finding professional help for her depression—can be an incredible blessing.

On a very serious note, if your loved one expresses any intention of suicide she should not be left alone. Do whatever is necessary for her safety. This may include taking her to an emergency room.

WHY AM I EXPERIENCING DEPRESSION WHEN I AM A CHRISTIAN?

Christians are not immune to depression, and the epidemic of depression seems to be as great inside the church as outside. One great tragedy in some Christian circles is the notion that depression is primarily a spiritual issue, and is reflective mainly of one's level of faith and trust in God.

Can depression affect a person's spiritual life? Of course. Can unresolved spiritual problems contribute to symptoms of depression? Yes. But to say to the person dealing with depression that he should rid himself of depression by simply praying more or having greater trust in God is like telling the man with a broken arm that he should have greater faith and his arm will be well. We wouldn't scold a person for having a broken bone or send him away with a platitude. Why would we do that to a brother or sister in Christ who's suffering the torments of depression? Why do so many in the church look askance at the use of antidepressants (or psychotherapy, for that matter) as a sign of weak faith when they wouldn't dismiss the diabetic taking insulin as a person who obviously lacks trust in God?

If you or someone you love is dealing with depression and you feel that the use of medications is somehow sinful or evidence of a lack of faith, I urge you to reconsider. For some people, the use of antidepressants is a lifeline, allowing them to function normally and helping them to reconnect with others and with God in ways that might not otherwise be possible. The same can be said for the use of professional counseling and psychotherapy.

In my years as a psychiatrist I have seen marriages decimated and families wrenched apart by depression. If you are struggling with depression, seek help. If someone you love is suffering from depression, encourage him or her to get the help that's needed.