

UNDERSTANDING DEPRESSION

*Henry A. Virkler, Ph.D.
Palm Beach Atlantic University*

Depression in Christians can come from a variety of sources---spiritual, psychological, and biological. To reduce the depression a individual is experiencing, it is important to understand the specific causes of *that person's* depression. Although it may have many different causes, some Christians teach simplistic models of depression, such as saying that all depression comes from unconfessed sin or lack of faith. Such teaching is inaccurate and produces further condemnation rather than help for hurting people.

Spiritual Sources of Depression

Some depression comes from spiritual sources. David experienced depression when he realized that Bathsheba was pregnant, and when he later learned that the child conceived with her would die. Whenever we knowingly commit sin, we are likely to experience guilt feelings and depression. The only truly effective remedy for this kind of depression is confession, repentance and, when appropriate, restitution. Christians who are experiencing this kind of depression and who have not made a complete repentance (that is, they have not decided to turn from their sin) will not experience a complete release from their guilt and depression until they do so.

Another type of spiritual depression is called *anomie*. *Anomie* refers to the aimlessness and despair that comes when one lacks a sense of purpose or significance in life. Clearly the Christian message that we have a heavenly Father who loves us and fills our lives with eternal significance and purpose can be a powerful antidote to this kind of spiritual depression.

A third type of spiritually-based depression occurs when individuals unconsciously transfer onto God their memories of how their earthly parents responded to them. Some parents use criticism much more than encouragement, and express anger and rejection when their children do something wrong. Their children, as adults, unconsciously may project these same reactions onto God, believing that He withdraws from and is angry with them when they fail. Since no one can live a perfect Christian life, this can cause a person to experience a spiritually-based depression.

Psychological Sources of Depression

There are many psychological sources of depression; here we will discuss only some of the more common ones.

We all become depressed when we lose someone or something very important to us. The intensity of grief that we feel is proportional to the importance that person or thing had in our life. Loss of things can include loss of job, financial security, and health. It also can include grieving over the loss of a role. For example, a mother whose last child goes off to college may experience an emptiness because she no longer has someone for whom to care. We also can grieve over the loss of something we hoped would happen when we recognize that it won't. This might occur when someone else is chosen for a promotion that we felt certain we would be given.

Christians surely grieve the loss of loved ones, just as nonbelievers do. Our faith gives us *added resources* to cope with loss and disappointment, so that we need not grieve *as those who have no hope*. We need not grieve

as someone would who believes that his or her loved one has ceased to exist, and that he or she will soon do also. We may still grieve, however, because we deeply miss the presence of someone we love, even though our parting is temporary. It is unhealthy to suppress our normal human grief processes based on the mistaken belief that Christians with enough faith should never experience sadness over the temporary (but nonetheless painful) loss of someone or something important to us.

A second kind of depression comes from a state called "learned helplessness." Animal researchers first identified this condition in animal experiments where they would place dogs in cages that lacked any means of escape and would send a mild electrical current through the floor. At first the dogs would try to escape, but eventually they would simply cower in the corner when the electric current was on. They continued this behavior even when the researchers transferred them to cages where they could escape. They had learned to perceive their situation as one in which they were helpless to avoid the pain. Dogs with "learned helplessness" manifested an emotional state similar to the state of agitated depression in humans, that is, they showed constant signs of being both anxious and depressed.

Many people who come for counseling experience learned helplessness and the depression that comes from it. Learned helplessness is especially common in women and children who receive verbal or physical abuse. Women and children often are financially and physically dependent on those who are producing the painful situations in their lives. They are in a situation like the dogs in the experiment mentioned above. They constantly fear that the pain could start again at any moment and that there is nothing they can do to avoid it or end it once it starts.

A third common cause of psychological depression is lack of assertiveness. People often overlook or neglect the needs of timid,

shy persons. Because of this shy people often believe that no one really cares about them. They often miss many positive experiences that make people happy to be alive, and this also can contribute to depression. Usually timid people learn to be that way early in life. They may continue to be timid even though there is no one in their present world who would respond negatively if they were more assertive. Such people can often be helped through assertiveness training offered from a Christian perspective.

A fourth common psychological cause of depression is perfectionism. The perfectionist sets unrealistically high goals, then feels guilty, depressed, or anxious when he or she fails to reach them. Perfectionists also typically overlook the things they do right, and only focus on those situations where they make mistakes, causing them to have overly-negative views about themselves.

The perfectionist also usually places unrealistically high standards on those close to him (family and co-workers), and this can cause those relationships to be unpleasant and depressing. Perfectionists who become Christians are likely to translate these same perfectionistic strivings into the spiritual sphere, and will usually find Scriptures that seem to support their approach to life. These people will usually not change unless they become convinced that it is healthier, wiser, and equally Biblical to accept themselves as imperfect humans *in the process* of becoming more like Christ. They often fear that accepting themselves as imperfect will cause a life of mediocrity.

There is a growing belief that optimism and pessimism are learned attitudes. For example, the pessimist is someone who believes, perhaps on the basis of early childhood experiences, that life is full of hurtful experiences and there is little likelihood that one can avoid them.

Optimists are people who, on the basis of life experiences, have come to believe that the

world, while having its share of difficulties, is basically a situation they can master, and that will provide more enjoyment and fulfillment than pain.

Both pessimists and optimists experience pleasure and pain. However, pessimists expect pain, and are more aware of it when it comes. Because they believe it is unavoidable, they may not proactively take action that could help them avoid pain. They also, because they expect to be hurt, may unwittingly invite people to take advantage of them. Thus they are more prone to depression.

Biological Sources of Depression

It is now estimated that our brains contain 100 billion brain cells called *neurons*. Between two adjacent nerve cells is a small space called a synapse.

Nerve impulses travel through the nerve cell as electrical impulses. At the synapse these electrical impulses are converted into chemicals called neurotransmitters. Neurotransmitters carry the impulse to the next cell, where it is converted back into an electrical impulse. This process happens at the juncture of each nerve cell.

Some people, because of their genetic constitution, tend at certain times in their lives to produce an inadequate amount of one or more of the neurotransmitters. Then the nerve impulse does not get through with the strength it should. This could be likened to the functioning of a car if each of its spark plugs were fouled with carbon deposits.

Mental health professionals sometimes call this *endogenous depression*. Endogenous depression usually manifests itself in one of three ways: (1) feelings of depression, which may include crying and feelings of hopelessness, (2) lack of energy to carry out normal tasks, or (3) lack of enjoyment of activities that normally should bring enjoyment, such as eating or sexual activity.

If a person has a *significant* spiritual or psychological depression that lasts more than a few weeks, this *can* trigger an endogenous depression. However, some people develop an endogenous depression without any psychological or spiritual precipitating event.

When an endogenous depression starts, the depressed mood will often attach itself to whatever is most important in a person's life. For a Christian with endogenous depression, they may believe God no longer hears their prayers, or feel that they've lost their spiritual joy. In more severe cases of endogenous depression, the person may believe they have lost their salvation or that they have committed the unpardonable sin. If a Christian seems preoccupied with minor sins they have committed, and if normal counseling and reasoning from Scripture does not seem to change their feelings of alienation from God, it is very possible that they are suffering from endogenous depression.

The physical imbalance in the body that produces endogenous depression often corrects itself in six to eighteen months. However, if the endogenous depression is moderate to severe, the person may lose their ability to function effectively or may even attempt suicide if not treated with antidepressants.

Misunderstandings About Anti-depressants

In the Christian community there are two common misunderstandings about antidepressants. One misunderstanding is that antidepressants are addicting. A second is that they represent a "copout," i.e., people take a pill rather than work through their problems in healthier ways.

In response to the first misunderstanding, antidepressants are neither addicting nor habit-forming. A person can take them as long as they have a chemical imbalance and then stop them *gradually* when the imbalance is corrected without any addiction problems.

Secondly, antidepressants cannot be used as a "copout" if the person has a psychological or spiritual problem. Antidepressants will only work when the person has an endogenous depression.

Depending on the type of antidepressant prescribed, it usually takes three to six weeks to produce maximum benefit. It is not uncommon for a person to not be able to identify significant changes during the first few weeks. Therefore, persons should not stop taking them earlier than this if they have not experienced benefit. The side effects from most antidepressants last only a few days and then disappear as the body adjusts to their presence. Frequently if one kind of antidepressant does not work, another kind will. Therefore, if the first medication prescribed does not produce benefit, one should return to the physician or psychiatrist to see about trying another one.

Some Concluding Thoughts

The discussion above has talked about spiritual, psychological, and biological sources of depression as if they were clearly separable from each other. In real life, some

components of all three can and often do coexist.

Depression is the most common mental health problem facing America: 10% of Americans become clinically (moderately to seriously) depressed each year. Mild depression often can be handled through self-help methods or brief counseling with a pastor or a friend.

When the depression persists after a few counseling sessions and seems to include the possibility of several biological, psychological, or spiritual factors, it is wise to seek out a Christian counselor, psychologist, or psychiatrist. Most depression responds well to a combination of counseling and medication, and the principles learned in counseling can often prevent re-occurrences of depression in the future.

Henry Virkler received an M.A. degree in Pastoral Psychology and Counseling from Trinity Evangelical Divinity School, and a Ph.D. in Counseling Psychology from Georgia State University. He taught Christian counseling at the Psychological Studies Institute in Atlanta, Georgia for fifteen years and then at Liberty University in Lynchburg, Virginia for five years. He is presently Professor of Psychology at Palm Beach Atlantic University.