Depression Is No Laughing Matter

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"I just don't feel like myself, I've not been sleeping well, and I just feel kind of numb inside." These statements are expressed daily by thousands of people, and they can be the early signs of clinical depression. Statistically, one out of five people will suffer from clinical depression during his or her lifetime. King David suffered from repeated depressions, and many great men and women in history, including Judeo Christian history, have struggled with mood disorders and depression. Homeschoolers are just as prone to depression, and it is important to distinguish it from other, more normal, problems in life.

Depression is not simply feeling badly or feeling sorry for yourself, even though a depressed person can indulge in self pity. It is not simply having a few bad days, nor is it the normal sadness we feel when grieving the loss of someone or something important. Depression is a syndrome - *a collection of symptoms* - which produces chemical changes in the brain. We must remember that if someone is truly chemically depressed, he or she will be depressed for a number of weeks. This is because of the brain changes that have occurred and need to be remedied. No matter what anybody does, without proper treatment, the depression will persist.

Clinical depression has familiar symptoms which hang together, though every depressed person will not experience every symptom. These symptoms include but are not limited to - discouragement, difficulty sleeping, diarrhea or constipation, loss of interest in normally pleasurable things, irritability, over or under eating, and a sense of hopelessness. Some people live with low-grade depression for months or even years until they finally realize they need treatment.

For others, depression occurs in cycles and is clearly related to a swing in metabolism. Some of these depressions can be quite overwhelming and profound, causing the person to lose functioning or the ability to judge and think rationally. These extreme forms of depression are related to the diagnostic category of major depression or unipolar-bipolar disorder. The unipolar-bipolar disorder, formerly known as manic-depressive, finds the person cycling either through a series of depressions, a series of manic episodes, or both. Bi-polar disorder is diagnosed when the person's history reveals both depression and manic swings in the cycle. These are occurrences that cause such a distortion in functioning that usually hospitalization is required. Lesser depressions or "dysthymias" are much more common.

It is important to first determine if there is a medical condition causing or contributing to the depression. This is first done through a physical with a family physician and a screening blood test to check such things as thyroid functioning or infection that might contribute to depression.

There are cases where people have worked in psychotherapy with a depressed patient for months only to find later that he had an underactive thyroid. The depression could be cured quickly once his chemistry was back within normal limits. The next thing is to ensure there is not a toxic reaction to medicines, chemicals, or even withdrawal from particular agents. Some things, such as medicines for high blood pressure, can induce depression, and these substances must be carefully examined and monitored.

If medical and physical problems can be ruled out (as much as we can rely on the accuracy of our tests), we look at the psychological causes of depression. Psychologically, the two most common areas we look for within depression are repressed anger and unfinished or mismanaged grief. Repressed anger is the unconscious denial of anger based on coping mechanisms developed early in life. Many depressed folks are not conscious of being angry in their daily lives. Frequently, they report issues that would make their friends angry if it were done to them, yet they seem unable to get upset over it. They rationalize and intellectualize, creating a fairly solid wall against experiencing anger toward others. This is where we get the phrase "anger turned inward" to describe people who end up feeling bad about themselves rather than angry towards others. We must be clear at this point that repressing anger is *not* the same thing as showing conscious self-control. Repression is the unconscious denying of feelings, whereas suppression is the conscious control of expressing certain feelings. Repression glosses over interpersonal pain caused in relationships, whereas suppression is more mature and accurate..

Therapeutically, our goal is to help people acknowledge and "get in touch" with not only the repressed anger, but also the pain that is underneath the anger. Anger is known as a secondary emotion, meaning there is something fueling the anger underneath the surface. After acknowledging the underlying feeling, they can choose to take healthy and Godly action with their feelings instead of denying the reality of the feeling.

Unfinished grief involves working through the feelings that have been shut off, coming to an emotional acceptance. This is similar to a wound needing to be cleaned before it can completely heal. There are methods to help people face the normal feelings involved in grief, and interventions that help them get rid of their symptoms. We help people identify the source of the grief, and we help them move through the stages of grief that have been interrupted. The four broad stages of grief are 1) denial/numbness, 2) anger, 3) sadness and loss, 4) emotional acceptance. Depressed individuals are often stuck at one of the first three stages.

Sometimes adults, and especially children, will be depressed, but they will not clearly communicate this when asked. They may not be aware of it, or they have what is known as a *masked* depression. For children, the most common indicators of depression (besides the ones mentioned) are behavior problems. A child will tend to reflect the depression in giving up on schoolwork or projects, being irritable or having frequent arguing and isolation. Disciplining him will not be enough if he is clinically depressed. Care must be taken to think critically about why he is showing symptoms and not to jump to superficial explanations, such as "He's just lazy."

Sadly, I have seen in the office many sweet Christian women who have been working up to a depression for years, and who have absolutely no idea how they got that way. These women tend to be self-effacing and so oriented to others that they fail to be good stewards of their own

emotional and physical life. We should be careful as homeschoolers not to promote patterns of living and relating to others that promote passivity, depression, and burnout. What are some specific things we can do if we have friends or loved ones who are depressed?

1. Do not try to cheer them up or point out all the positive things God has done for them.

2. Do not try to ridicule them or shame them into better feelings.

3. Do not suggest that they must have a spiritual problem if they are feeling badly, since:

a. This is not necessarily truthful, and

b. It feeds into the depression rather than helps them.

4. Let them know in a simple way that you know they are hurting, perhaps hurting as much as they've ever hurt before in their life. To depressed people, acknowledgment of their pain is necessary in order to help them. Rather than making them feel worse, it reassures them that they are not suffering alone.

5. Encourage them by saying that you will help with whatever they may need.

6. Be sure they have had a good physical in the last six months and a blood test within the last three months.

7. Do not minimize or trivialize their pain by saying such things as "Well everybody feels bad at times" or "You just need a good vacation."

8. If people are having suicidal thoughts or saying that they just want to die, take it seriously. Tell them you will be sure they get help. Be sure they are evaluated by an experienced professional and not necessarily a youth pastor or pastor who doesn't have clinical training. If you believe they are going to harm themselves or fear for their lives, contact a psychiatrist or take them to the emergency room.

9. Realize at the center of depression are the feelings of helplessness (I can't change my feelings) and hopelessness (It's always going to be this way). Loved ones usually tackle a depression by trying to be helpful, encouraging, and fixing the symptoms. After a while, the loved one can begin to feel the same helpless and hopeless feelings the depression sufferer does, causing irritation at the depressed person. If this pattern is not spotted and controlled, it will further isolate the depressed person from the connection he or she needs with others. You need to manage your own helpless feelings so you don't act out in anger to the depressed person.

10. Make it a priority to help them get enough sleep (if they are an insomniac) or get out of bed (if they are sleeping too much), eat a reasonable diet, and get some exercise, even when they don't feel like it.

11. For longer-term depressions, you might have the person evaluated for anti-depression medications in order to "kick start" the brain back to a normal chemistry. These medicines are generally safe, non-addictive, and are usually not needed for the rest of a person's life (although they may be). Research is clear: for longer-term depressions, medications, combined with psychotherapy, are the best treatment.

12. Encourage the person to read some of the Davidic Psalms, which express many of the feelings a depression sufferer deals with.

13. Let the depressed person know that when in a depressive state, everything feels so dark and hopeless. Even though this is "normal" for depression, the facts are that almost all depressions get better. Tell them no matter how strange or badly they feel, these feelings make sense and treatment can help. Encourage them to do the things that make them feel good and alive again. Depression can be treated. Let's be a truly healing influence to the depressed person near you.

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