

Taking An Honest Look

At Depression

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“I am now the most miserable man living.... If what I feel was equally distributed to the whole human family, there would not be one cheerful face on earth. Whether I shall ever be better, I cannot tell. I awfully forebode I shall not. To remain as I am is impossible. I must die or be better it appears to me.”
~ Abraham Lincoln

It may appear out of the blue. One day life is filled with the normal ups and downs and the next a cloud so dark that it seems impenetrable engulfs you and refuses to go away. It may last for weeks, then one day it goes away as mysteriously as it came. Or it may creep in slowly, pleasures disappearing one by one; hope diminishing in a series of barely discernable losses. The loss of a loved one or the death of a dream may bring grief that does not lesson, and life becomes increasingly empty and hopeless for the survivor. Depression may hang around like a low-grade fever or rage with intensity. Or it may alternate: days or weeks filled with energy, creativity, and hope followed by weeks of lethargy, inability to concentrate, and an irritable mood.

Few of us escape the effects of depression. One in nine Americans experience a depressive episode each year. And one-fifth of the population currently suffers from a depression severe enough to require medical intervention. If depression does not camp on our doorstep, it most certainly will visit someone we love. Women of childbearing age are two-and-one-half times more likely to experience depression than children, women in their post-menopausal years, or men of any age. Men who become depressed are often reluctant to seek medical intervention. They may self-medicate their pain with alcohol, drugs, or exercise, and only seek help when their depression causes serious problems in their relationships or occupations. Drug and alcohol abuse can cause depression, however, and create a vicious cycle.

Among survivors of domestic violence, rape, and childhood sexual abuse, depression is the single most common disorder.

What is depression?

The word *depression* can mean very different things to different people. In daily conversation we may say, “I feel depressed,” to describe everyday blues that come and go. These transient blues (also known as dysphoric mood states), however, are not what mental health professionals mean by the word.

Clinical depression refers to a constellation of signs and symptoms that significantly affect a person’s functioning and last for a substantial amount of time. Sadness is a natural reaction to common problems such as the end of a relationship, disappointment about a job failure, or a conflict that cannot be resolved. All of us go through periods of dysphoric mood with some temporary symptoms of depression, but we usually continue to function normally and recover without treatment. “A true depression lasts longer, usually has more extreme symptoms and most often requires treatment to subside. It affects feelings, thoughts,

behavior, and physical functioning.” (Rosen & Amador, When Someone You Love Is Depressed)

Listen to David, the psalmist, as he describes the agony of depression and depths of pain he felt in every part of his being.

*Be merciful to me, O Lord, for I am in distress;
my eyes grow weak with sorrow,
my soul and my body with grief.
My life is consumed by anguish
and my years by groaning;
my strength fails because of my affliction,
and my bones grow weak.
Because of all my enemies,
I am the utter contempt of my neighbors;
I am a dread to my friends—
those who see me on the street flee from me.
I am forgotten by them as though I were dead;
I have become like broken pottery.
For I hear the slander of many;
there is terror on every side;
they conspire against me
and plot to take my life.
(Psalm 31:9-13)*

How to Recognize Depression

There are many different types of depression, but the three most common are unipolar, bipolar, and dysthymic disorder.

Nearly everyone suffering from depression has pervasive feelings of sadness. In addition, they may feel helpless, hopeless, and irritable. The presence of five or more of the following symptoms, which last for more than two weeks, indicate **unipolar disorder**, sometimes called clinical depression, endogenous depression, or affective disorder.

- ◆ Noticeable change of appetite, with either significant weight gain or weight loss not attributable to dieting.
- ◆ Noticeable change in sleeping patterns, such as fitful sleep, inability to sleep, early-morning awaking, or sleeping too much.
- ◆ Loss of interest and pleasure in activities formerly enjoyed.
- ◆ Loss of energy; fatigue.
- ◆ Feelings of worthlessness.
- ◆ Persistent feelings of hopelessness and/or helplessness.
- ◆ Feelings of inappropriate guilt.
- ◆ Inability to concentrate or think, indecisiveness.
- ◆ Recurring thoughts of death or suicide, wishing to die, or attempting suicide.

- ◆ Melancholia (overwhelming feelings of sadness and grief) accompanied by waking at least two hours earlier than normal in the morning, feeling more depressed in the morning, and moving significantly slower.
- ◆ Disturbed thinking, a symptom developed by some severely depressed persons. For example, severely depressed persons sometimes have beliefs not based in reality about physical disease, sinfulness, or poverty.
- ◆ Physical symptoms such as headaches, stomachaches, tingling, numbness, or pain.

Bipolar disorder is characterized by alternating episodes of mania and depression. It used to be called manic-depressive illness. The occurrence of bipolar disorder is much rarer than unipolar, affecting only 1% of the population. Symptoms of the manic phase may include several days of elevated mood or irritable mood, with uncharacteristic thoughts and actions, including:

- ◆ Racing thoughts that jump from topic to topic.
- ◆ Decreased need for sleep often accompanied by excess energy and activity such as painting walls, cleaning, making phone calls. These activities may be productive but over time they may become pointless.
- ◆ Extreme talkativeness, often to the point that others cannot interrupt.
- ◆ Dramatic increase in sex drive, or uncharacteristic sexual activity.
- ◆ Grandiose sense of self, such as believing you have special creativity, purpose, or invulnerability.
- ◆ Recklessness and impulsivity, such as speeding or wild spending.

A third category of common depression is **dysthymic disorder**, sometimes called a “low grade” form of depression. Symptoms are less severe, do not usually include suicidal tendencies, and are not as incapacitating to daily life. “However, dysthymic disorder can be very disabling due to its persistent chronic nature. The very fact that it is so gradual in onset may keep women (or their families or doctors) from recognizing it as a treatable illness.” (Valerie Raskin, *When Words Are Not Enough*) Symptoms of dysthymic disorder include the presence of a depressed mood for most days **over a two-year period**, along with at least two of the following symptoms:

- ◆ Appetite changes (chronic overeating or low appetite).
- ◆ Sleep changes (chronic oversleeping or insomnia).
- ◆ Chronic fatigue.
- ◆ Low self-worth.
- ◆ Difficulty concentrating or chronic indecisiveness.
- ◆ Chronic pessimism or lack of hopeful feelings.

What causes depression?

Many professionals place the source of depression in three broad categories: environmental, genetic, and chemical/ psychological. These three sources seldom stand alone. They often overlap and predispose individuals to depressive illness. **Environmental sources** (job-related stress, unresolved grief, financial difficulties, painful childhood memories, trauma, and difficult relationships) may trigger depression.

Some individuals have a history of depressive illness running through their family, leading researchers to believe that depressive illness may be hereditary, passed down in the **genetic**

code, although no specific genetic marker has yet been identified. Even without the genetic link, however, ways of coping with life, thought patterns, relational styles, and emotional habits are often passed down, each generation modeling them for the next.

The third source, the **chemical/psychological**, centers around the incredible role that neurotransmitters play in depression.

*“I praise you because I am
fearfully
and wonderfully made;
your works are wonderful,
I know that full well.
My frame was not hidden
from you
when I was made in the
secret place.
When I was woven
together...”
(Psalm 139:14)*

Nowhere is the complexity and wonder of the human body more apparent than in the human brain. Making up less than 2% of the human body, the brain controls our thoughts, mediates our memory, and defines our intelligence. Inside the brain, more than one hundred billion nerve cells talk to each other in highly organized ways using chemical and electrical processes, regulating everything from our heartbeat to the delightful sensation of cold water on our skin on a hot day, to the pleasure of a warm embrace. Most of the time we take this incredible organ for granted, rarely giving it—the organ that allows our greatest thoughts—a thought! Even when our thought processes become disorganized, our emotions chaotic, our bodies sluggish, and depression becomes our uninvited companion, we think the problem is “all in my head” without ever considering the awesome role the brain plays in our emotional and mental well-being.

Within each of the one hundred billion neurons (nerve cells) in the brain, there are three main parts: the cell body, the axon, and the axon terminal. The cell body is the command center for the cell and possesses long, fingerlike projections called dendrites, which receive messages from other cells. The axon bridges the gap between the cell body and the axon terminal with a long slender filament, which allows each nerve cell to communicate to cells in other parts of the brain. The third part of the cell, the axon terminal, lies at the end of the axon and has thread-like projections that end in tiny bulbs. When a message is passed through a nerve cell it must cross a gap (synapse) since nerve cells do not touch. How nerve cells communicate across this gap is one of the awesome wonders of our bodies and of great relevance to the study of depression. Nerve cells create chemicals, called neurotransmitters, which must cross the synaptic gap to charge the waiting dendrite receptors on the next nerve cell. Once the next cell has received the message, the neurotransmitters once again cross the gap and return to the original cell. When there are enough neurotransmitters and nothing disrupts the delicate balance, we experience life free from depression. But when the neurotransmitters become out of balance depression occurs. Three of the neurotransmitters

often mentioned in relation to depression are serotonin, norepinephrine, and dopamine, although many more are created in the brain.

There are no certain answers to many of the questions of why the brain produces too few neurotransmitters or why the flow from one cell to another becomes out of balance. Many believe that prolonged stress or trauma may affect the way the brain produces these chemicals. Others believe that there may be a genetic link that may be triggered by life events and the ways we think about them. The good news is that the careful study of God's creation has brought hope to many depression sufferers. The discoveries related to neurotransmitters have led to medications (antidepressants) that work to restore levels of essential neurotransmitters or to increase the flow or re-uptake of those transmitters in the nerve cells. Once balance is restored, the symptoms of depression subside.

Antidepressants, although highly effective in the treatment of many depressions, are not the only therapeutic options available. "Talk therapy" has an equally high success rate, which raises fascinating questions about how the counseling experience and our thoughts may affect neurotransmitters. We truly are fearfully and wonderfully made!