

a very brief Christian an introduction to

DEPRESSION

Characteristics of Depression

- A spectrum from feeling a bit low to suicide in bed
- Sadness, pessimism, hopelessness, apathy, inertia, can't "get going", unable to face decisions, retreat from stress, fatigue, loss of energy, low self-esteem, guilt, shame, sense of worthlessness, helplessness, lack of interest in work / sex / hobbies, loss of spontaneity, disrupted sleep, difficulties concentrating, loss of appetite / changed eating patterns, weight gain / loss, desire to hide, a downward spiral, suicidal thoughts
- **"Mental mottos" / "Self-talk"** - internal monologue (c.f. preach to self)
 - (1) "I'm no good" (2) "the world's no good" (3) "the future's no good"
 - (4) "There's nothing I can do can change it"

Types of depression

- **Reactive** (exogenous / neurotic) – brought on by real / imagined loss / trauma or other circumstances – often short duration & self-correcting
- **Endogenous** (autonomous / psychotic) – arises spontaneously – no obvious / immediate causes – can be long-lasting and recur
- **Primary** – occurs by itself
- **Secondary** – a side effect of medication, illness, diet etc.
- **Unipolar** - down
- **Bipolar** (manic) – up and down – euphoric, disinhibited "crazy" episodes
- **Seasonal Affective Disorder (SAD)** – winter – lack of light – excessive sleep - cravings for carbohydrates / sweet foods - 'light boxes' available
- **Post-natal depression** – 3 or 4 days after birth: baby blues; mood swings, crying spells, loneliness, common. 2 or 3 weeks later – more serious: panic attacks, sleeping difficulties, fears about dying, feelings of inadequacy and being unable to cope - 10% and 20% of new mothers - develops slowly - difficult to diagnose

Approaches to helping depressed people

- Be nice – show you are on their side – build relationship
- Check with GP for secondary / "hard-physical" depression

- The depressed person can help to manage their medical care: advice from a depressed GP on how to do this at http://www.depressionalliance.org/docs/help/working_with_your_gp.html
- Investigate possible causes / reactions – gather information – take notes?

(1) Drug treatments

- **Types:**
 - Tricyclic Antidepressants (TCAs)** - 1950s →, still commonly used, some also sedatives (treat anxiety / agitation)
 - Selective Serotonin Re-uptake Inhibitors (SSRIs)** - 1980s – best for most?
 - Monoamine oxidase inhibitors (MAOIs)** - special diet required
 - Reversible Inhibitors of Monoamine Oxidase (RIMAs)**
- A role for medication – preventing complete breakdown / mania – reducing likelihood of self-harm – allow sleep - may make talking therapies more possible
- Medication to reduce “extreme” feelings – feel less alive?
- Tendency in GPs to prescribe quickly and overmedicate? – lack of time / training – physical focus
- Medication can take weeks to kick-in
- Dosage hard to work out
- Side-effects
- Non-addictive
- Psychological dependence
- always get medical advice before changing medication patterns

(2) Talking therapies

- **Who will help?** Friends – Family – Pastor – Counsellor – GP - Psychotherapist – Psychoanalyst – Psychiatrist – Other depressed people? - Self-help groups - Samaritans
- Long waiting lists on NHS
- **Types:**
 - Cognitive(-Behavioral) Therapy** – challenge & suggest thinking, acting & feeling
 - Interpersonal therapy** – learn to relate to others and self better – e.g., communication skills
 - Psychodynamic / Analytical Therapy** – understand past conflicts and reactions
- Non-Christian worldviews, presuppositions, strategies (e.g., useful but not true thought patterns encourages), goals
- Encourage good thinkings / behaviours inc. taking responsibility – do good things together
- Prepare arguments (e.g., identity in Christ) Scriptures (e.g., Psalm 42) and prayers
- Use (Christian) music and audio-Bible
- Challenge faulty / unhelpful thinking / behaviours – repentance
- Build hope, purpose, worthwhileness

- Homework assignments – e.g., diary to discuss next week
- Targets – significant, specific, achievable wins by next week
- Involve others – could you go for a walk with them? – practical help? E.g., clean house?

(3) Electroconvulsive Therapy (ECT) – v. rare

(4) Surgery – extremely rare

Further issues

- ❖ To what extent is a person responsible for (a) their depression (b) how they live with their depression? “It’s not your fault you’re ill” or “You are a sinner; God commands you to get up, get dressed and take care of your children right now”?
- ❖ “Depression is a (result of) chemical imbalance(s) in the brain” but all our thoughts have a physical basis, so how far does this get us? C.f. brain damage in car accident
- ❖ The place of thinking, feeling and acting – which comes first? Reciprocal?
- ❖ How much is to understand, a cure? How much effort into analysis?

Marc Lloyd, December 2005