


THE LONG, DARK NIGHT OF THE SOUL:

Coping with Depression

BY J. RAYMOND
ALBREKTSON



My old college chum served for years as a Christian missionary, but spent much of that time in a terrible and lonely place. “A long, dark night of the soul,” was how my friend described his multi-year bout with clinical depression. And the worst of it was, as a person in Christian ministry with a large evangelical organization, he felt that there wasn’t a soul he could tell or a person to whom he could go for help.

My friend didn’t even realize, at first, that he was depressed. He didn’t have a clue about its causes

or treatment. Since estimates show that one in twenty of us are depressed at any given time,¹ it’s important that we learn the basics of what has become an increasingly common problem of modern life.

More Than Sadness

Don’t confuse transient feelings of grief, sadness or loss with the real thing. Sure, everybody gets sad, feels loss, experiences a sense of alienation or wonders why life is worth living—especially in the aftermath of major life disasters. We

all experience the lows of life along with the highs. But when our entire life shifts into the blue-tinged swamp of emotional quicksand and stays there, sometimes to the point where we can’t function normally—that’s depression. “Clinical depression” is a state of depression that has become so severe that normal life functions, including work, relationships, study, even personal hygiene, have been affected.

Is depression a disease? If it is, it might be called a disease of the moods or emotions. The inner landscape of the depressed is studded

with varying degrees of sadness, self-doubt, failure, futility and alienation. The depressed can hardly remember beyond a time when all was bleak and meaningless. The positive emotions that they see on the faces or in the lives of their unaffected friends seem remote and foreign.

One depressed individual wrote, "Something is wrong, I know it... I just don't know what exactly. Nothing is okay as is, and it has become harder and harder to laugh and so much easier to cry and wallow in my lack of self-worth. I am not good enough for anyone, and they will figure it out soon. Anything good that happens is by chance and will soon fade."²

One characteristic of the depressed is a complete inability to imagine what it was once like to be "normal." Most of us who are not depressed have little sympathy with the state of emotional shipwreck that is the typical inner world of the depressed. "Snap out of it," urges the well-meaning cheerer-upper. "Life's not so bad—look on the sunny side! Think happy thoughts. Hey, let's go feed some ducks. You can't feel sad when you're feeding ducks!" With these and many other useless exhortations we might assume we are encouraging the depressed to "get a grip." The victim of depression often simply lacks the mental perspective to imagine what these

urgings mean, let alone

have the ability to implement them.

Apart from offering such counterproductive advice, there is much that we can do to help the depressed. And since ordinary depression is a predictable by-product of normal life, being prepared with basic strategies for assisting others can serve as life rafts when we experience a few of our own "dark nights."

Most people become depressed after some great loss: The loss of a loved one in death; the loss of a marriage; the loss of a job or even a career. A single negative event can cause us to doubt our worth, and repeated events (or doubts) lead to a pattern of negative thinking. When that pattern of self-doubt becomes our primary mode of mental existence, we've arrived at depression.

Three Reasons

There are three well-known causes of depression. The first is biological, including hormone changes (periodic for some women, but especially after childbirth) and the lack of natural broad-spectrum light during long dark winters.³ A few of us carry genetic predispositions⁴ to depression, especially for "manic depression," in which periods of black despair alternate with periods of high activity, irrational optimism and possibly brilliant creativity.

A second causal factor of depression is related to existence.⁵ This can be brought on by terrible infor-

mation, such that a loved one (or even oneself) may die. Sometimes the negative situations that can bring on a depressed mood result from making bad choices. In other words, bad things happen to us because we do dumb things. There is a strong correlation between drug/alcohol use and depression, but which causes the other?

Getting wasted is a sure-fire method of guaranteeing failure at work and the destruction of all your significant relationships. Depression would probably follow. On the other hand, many people turn to drugs or alcohol as a way of coping with the negative events of life. They're depressed, and they begin to lean on a dangerous crutch. In either case, we can go a long way toward coping with inevitable depressing events by learning and practicing good life-management skills.⁶ These would include avoiding drugs; learning to manage our time; showing up on time and working hard; exercising; using humor when faced with difficult situations; complimenting others frequently; and smiling often—even when we don't feel like it.

There is a third cause of depression that has its roots deep in traumatic experiences of early life. Some have had terrible encounters



loss of pleasure in activities that were once enjoyed



decreased energy



persistent hopelessness



weight loss or overeating

SYMPTOMS OF DEPRESSION

- Persistent sad, anxious or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in activities that were once enjoyed
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment

Source: National Institute of Mental Health

that have left indelible scars on their souls. People who have been abused (verbally, physically, sexually or in combination) may find themselves much more vulnerable to depression than most. This is



Depression in a child should be taken seriously. Most parents are blind to the signs of depression in their children, yet the depression rate among children is high—and rising.

especially true of those whose childhood was so terrible that they never knew real happiness. They can neither feel it in the present moment or ever expect it in the future. Even these tortured souls should not give up hope, as there are some treatment methods that can be effective in finding peace and a measure of happiness in life.

Signs and Symptoms

Unlike the thunderclap arrival of a stroke or heart-attack, depression sneaks up on its victims so gradually that they often don't realize that they've been attacked until the battle is all but lost. How can we recognize depression? Here are some symptoms:⁷

- Lethargy—everything seems just too much trouble
- Disturbed sleep (waking early; sleeping badly; insomnia)
- Inability to concentrate; irritability; exhaustion
- Lack of sexual drive
- Sensation of utter despair
- Phobias and obsessive behavior
- Permanent sense of anxiety

- Loss of appetite, or drastic weight changes

No one of these symptoms on its own means that you are clinically depressed, but each should serve as a red flag to alert you to the importance of keeping your guard up. Depression is devious, and it can

Depression also runs rampant at the other end of the age spectrum.

Seniors are depressed at rates far in excess of even teens, and no wonder. Many have experienced the crippling losses of friends through death...



get us in a headlock before we realize we're under attack. If we're aware of the significance of typical situations or symptoms that accompany depression we can often take action to prevent depression from taking root.

Depression often creeps into our lives from an easily identifiable source, such as a career going nowhere or serious stress in a relationship. One can change careers or find counseling for marriage issues. Sometimes just taking action to change a negative circumstance is enough to break the chokehold of negativity long before it achieves the critical mass of full-blown depression. But even when circumstances can't be changed, here are some additional strategies to try.

Do something different—and it doesn't matter too much what it is (within the boundaries of law and morality, of course). Take a class, start riding a bike, go to

a concert, take up chess or initiate anything that is completely out of your normal routine. One of the characteristics of depression is that one never "feels like" doing anything. Just doing something—even if you don't feel like it—is a significant step in diverting the path of depression.

Begin to exercise. One characteristic of depression is a sense of estrangement from everything, even one's own body. In fact, the state of being unhappy with the state of your body is often associated with depression.⁸ Nothing wakes up the connection between the mind and body like significant exercise.⁹ If nothing else, bringing exercise into your life will probably help your digestion and sleep, and in the worst case you will find yourself a leaner and fitter depressed person.

Be wary of entering into long-term commitments when feeling low. Depression causes one to feel they are trapped inside a life in which nothing can be changed. It can be helpful to avoid long-term commitments for a time. This may mean learning to say "no" to your boss, or unloading a high-maintenance house in favor of a no-yard condo. Obviously, this principle does not give us carte-blanc to dump all of our responsibilities, especially to our families. There are some long-term commitments that must be honored.

Avoid stressful situations and people. If you know that listening to daytime talk-radio makes you despair for the future of humanity, turn it off. If your carpool routinely turns into a vortex of negativity, check out the bus routes. The flip side of



Just as a cast and crutches are intended as temporary aids to facilitate long-term healing, pharmaceuticals are valuable aids to help buoy the victims of depression...

this suggestion would be to find positive influences (gardening, music, people, pets, clubs, sports) and bring them into your life. Many have found that reading the Bible—especially the Psalms—has been an amazingly effective mood-lifter.¹⁰

Visit a physician. Even if you aren't sure why you're experiencing episodes of depression, schedule a check-up and alert your doctor to be alert for physical causes of depression. Most often this would be hormone disturbances related to the thyroid, but can include diseases of the kidneys and liver.¹¹ An M.D. can evaluate whether or not you are an appropriate candidate for an additional option for treatment: Anti-depressant drugs.

Medication

Many victims of depression are reluctant to seek treatment, and even more want nothing to do with anti-depressant drugs. Simply admitting that one is depressed carries a stigma, and the idea of medicating the problem with drugs makes the stigma seem even more shameful. The victim often feels, "I should be able to snap out of this! Certainly I don't need drugs." Of course, they aren't going to "snap out" of it, and their failure to cure themselves by sheer will power can lead to a deepening of their depression.

Many Christians in the grip of depression display an especially strong repugnance to pharmaceutical aids for mental or emotional problems. This aversion is as unreasonable as refusing to accept a cast for a broken leg. Just as a cast and crutches are intended as temporary aids to facilitate long-term healing, pharmaceuticals are valuable aids to help buoy the victims of depression until they can paddle back to dry ground.¹²

A decade ago most depression was treated only with psychotherapy.¹³ Today, however, most victims



If you know that listening to daytime talk-radio makes you despair for the future of humanity, turn it off.

of depression are put on prescription anti-depressants and fewer are given the option of talk therapy. Studies have conclusively shown that both together (talk therapy and medication) are far more effective than either approach by itself.¹⁴ There is little doubt that drugs alone are not an effective long-term solution. On the other hand, talk therapy alone (when conducted by a well-trained counselor) has been effective in treating depression, especially for victims of early life trauma.

Mood-altering drugs, in the hands of a skilled practitioner, can often give the depressed patient a temporary lift, even if chemically induced. That temporary boost may be exactly what is needed in order to help the patient adopt new ways of thinking. If depression is most accurately described as a mood disorder, it also could be considered a kind of thinking disorder. When non-depressed people feel a raindrop they think, "It's raining." The victim of depression thinks, "Why me?" or, "I deserve to be wet," or some similar self-absorbed and irrational way of interpreting the experience. Drugs, appropriately used, can help the depressed experience life normally long enough to become competent at adopting a positive mode of thinking.

Depressed Men, Children and Teens

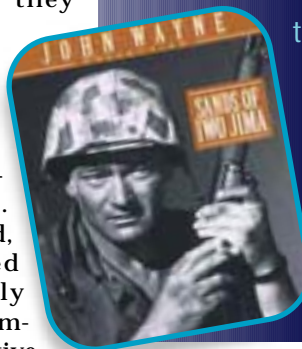
Men are much more likely than women to deny that they have a problem with depression, and are even less likely to seek treatment. This is probably due to the tendency to indoctrinate boys with unrealis-

tic notions of what it means to be a man. A real man never admits problems—he *sucks it up*; he *guts it out*; he *grimly marches on*. Think of John Wayne in "*The Sands of Iwo Jima*." He faced thousands of fanatical enemy soldiers—would a little depression have made the Duke run for treatment?

But men do get depressed, and they need help—just as much as women. While women are much more likely to seek treatment for depression, men are much more likely to bottle up their emotions and soldier on until their internal battle is lost. Although more women than men attempt suicide, the suicide rate for men is five times that of women.¹⁵

Depression among boys and girls mirrors the adult population: Girls have about twice the rate of depression as boys.¹⁶ Depression in a child should be taken seriously. Most parents are blind to the signs of depression in their children, yet the depression rate among children is high—and rising.¹⁷

Opinions vary on the cause. Some say that it is just detection bias, and that depression is being diagnosed more often because more teachers, psychologists and social workers are looking for it.



Men are much more likely than women to deny that they have a problem with depression... A real man never admits problems—he sucks it up; he guts it out; he grimly marches on.

Others point to the enormously high stress levels that most adolescents endure in the high-anxiety treadmill that we call high school. Most children no longer come from intact two-parent families. This means that many adolescents undergo one of the most negative experiences in life—divorce—

while at their weakest and most vulnerable.

Research has shown that teens who experience depression are several times more likely to find themselves with drug or alcohol abuse problems in their early adulthood. This means that parents must keep a watchful eye on

their children and treat any drastic change in personality that lasts more than a couple of weeks. Insist on a competent evaluation by a psychologist or psychiatrist and make sure that talk therapy (possibly accompanied with pharmaceuticals) is part of the treatment. Teenagers can learn coping skills

at this period of their lives that can keep them from deep, and even terminal, bouts with depression and arm them against turning to the

seemingly easy-out solutions of drugs and suicide.¹⁸

Depression and Seniors

Depression also runs rampant at the other end of the age spectrum. Seniors are depressed at rates far in excess of even teens, and no wonder. Many have experienced the crippling losses of friends through death, and they no longer enjoy the significance of well-paid and highly respected work. It's not uncommon for seniors to divorce after they become grandparents,¹⁹ and many are alienated from their surviving families. With increasing age, even pastimes that filled retirement,



Caution: Authoritarian Churches Can be Bad for Your Health

The story is familiar—nice person becomes depressed, suddenly flips out and becomes a killer—friends and neighbors haven't a clue. Of course, this wasn't the first time that violence has erupted at a place of worship. It could happen in many churches.

Untreated depression is not only dangerous to the depressed person—it is dangerous to friends, coworkers and family. The irony is that friends, coworkers, family and even churches may contribute to the depression.

Some counselors describe depression as a perceived narrowing of options—the depressed person increasingly views his or her life as a tiny corridor with no way out, no doors, no choices, no light at the end of the tunnel.

Most people attend church to be encouraged and inspired. Churches are viewed as places where the spirit may soar and the soul might be lifted. Churches ought to remind believers that there is always a great Light at the end of the tunnel.

God does not promise Christians freedom from adversity, but after a week of trials and challenges, believers can expect church services "...to strengthen and encourage you in your faith, so that no one would be unsettled by these trials" (1Thessalonians 3:2-3).

But not all churches share this approach. Rather than emphasizing the refreshing and saving power of the gospel, many churches stress behaviors, expectations, rules and regulations intended to make believers

This past spring, an otherwise staid, quiet and uneventful church service in Wisconsin was punctuated by gunfire. Afterward, four people lay dead (three would die later), before the shooter turned the gun on himself. The shooter was reported to be a gentle, reliable man, albeit somewhat eccentric. Police worked for days to find a logical motive for the murders. In the end, all they could determine was that the shooter suffered from depression.

such as golf, fishing, playing cards with friends, etc., often become curtailed. It's not surprising that suicide among seniors is common, and increasing.²⁰

Is this the fate awaiting all of us, should we live so long? Not necessarily. In addition to the resources of counseling, life-management training, and appropriate pharmaceutical resources, there are spiritual resources that can help us. Jesus said, "I am come that they might have life, and might have it abundantly."²¹ An abundant life—one that is full and meaningful—is what we desire at every stage of life from pre-teen to super-senior. The

problem is that short-term negative experiences (even those of great tragedy) can overwhelm the awareness that God loves us and created us for eternity.

One man famous for his wisdom once wrote, "He [God] has also set eternity in their heart"²² (Ecclesiastes 3:11, NASB). We were created to find lasting satisfaction only in that which lasts forever. The great negatives that trigger depression (loss of loved ones, beauty, health, careers) are all events of the here-and-now, yet none has truly eternal significance. We were created with a built-in desire to experience good things that last a long time, but

we've closed our eyes to the best and most long-lasting thing of all—a relationship with our Creator. Instead, we've focused almost exclusively on those aspects of life that are certain to fade, and eventually be lost.

Not every octogenarian on the eve of eternity is depressed, and throughout history thousands have suffered staggering personal losses without slipping into the crippling mood disorder we know as depression. What was their secret? They found a way of looking beyond the depressing here-and-now into the joyful reality awaiting them—eternity in the presence of their

"better Christians." While there is a time for pastoral direction, legalism often supplants the good news of the gospel of grace with correction and castigation.

Ironically, legalistic and authoritarian churches may act as a magnet to depressed persons. Why? Because the depressed person feels out of options and bereft of natural confidence. Such a person may be attracted to the simplistic solutions, black and white answers, confident rhetoric and strong authority that are part and parcel of legalistic churches.

But the attraction is often fatal, as the message and mission of performance-based churches will often deepen depression by further narrowing options and choices. In a legalistic church, salvation seems to have strings and conditions attached: Don't be too sure of your salvation; God is not entirely pleased with you; You may or may not make it to heaven, depending on your efforts. This weekly message can have only a toxic effect on a depressed person who is already preoccupied with his or her failures.

Further, some legalistic churches have discouraged people from seeking qualified psychological or medical help. The church may teach that depressive symptoms are merely a result of sin or a "bad attitude." Feel down? It's your own fault. Just pray more, fast more, study more, work more. Living under this worldview, many Christians will be reluctant to admit that they have any emotional problems at all.

Because they do not recognize the symptoms of clinical depression, some well-meaning Christian teachers and leaders may enthusiastically prescribe a regimen of spiritual disciplines to help what they see as essentially a spiritual problem. But such disciplines may prove frustrating to the depressed person until

their fundamental problem has been diagnosed and treated by a qualified professional.

The mission and message of legalistic churches can thus worsen existing depression. But can legalistic churches actually *cause* depression in their members?

It seems that legalistic churches can spawn depression in three overlapping ways:

1. Rules and expectations of performance and behavior that are difficult or impossible to attain. Of course, humanly, we all fall short of God's perfect standard—Christ has already attained that standard for us. While rules are necessary in any human organization, our ability to comply with them will not make us any better or worse in God's eyes.

2. Dependence on the organization or its leadership, both of which ultimately fail the follower. The role of clergy is to guide, teach and encourage believers in their relationships with God—not to stand as middle men between believers and God.

3. Guilt used as a motivator. Legalistic churches emphasize members' failings and inadequacies. Although human beings are indeed guilty, Jesus Christ has absolved our guilt—past, present and future.

Legalistic churches may use these three tactics (inadvertently or not) to keep members in a state of dependence on the organization.

All three of these factors have the toxic effect of reducing believers' confidence in their own liberating relationship with Jesus Christ. Unsuspecting believers are forced down a tiny, depressing corridor with no way out, no doors, no choices, no Light at the end of the tunnel. Authoritarian churches can indeed be bad for your health.

—Monte Wolverton

loving heavenly Father. He has provided all we need for a hopeful future—the forgiveness of sins through faith in Jesus, as well as the promise of a resurrection body.

Age has a way of humbling each of us, and the progressive failure of our once youthful bodies is one of the most depressing thoughts of all. “Once I was a stunner,” mourns one woman, contemplating her sags and

night of the soul, but it is far easier to bear knowing that the long dark night is followed by a new beginning and a glorious dawn. □

1 See <http://www.gospelcom.net/cdp/info/info.htm>—a good source for general information on depression from a Christian perspective.

2 For more insights on how victims of depression describe their own inner landscapes see <http://www.wingofmadness.com/feel.htm>.

understand the roots of his or her problems that lead to changes in the patient’s feelings, behavior, and modes of thinking.

14 Why talk therapy and pharmaceuticals work together so well: <http://my.webmd.com/content/article/93/102491.htm>. Recent imaging advances have shown that drugs and talk therapy affect different parts of the brain: <http://cms.psychologytoday.com/articles/pto-20040316-000004.html>

15. See http://www.allaboutdepression.com/gen_04.html

16 According to Suzanne Fisher, “...adolescent girls tend to dwell on problems such as popularity, appearance, and family issues more than boys, keeping girls depressed longer.” See <http://www.>



The great negatives that trigger depression are all events of the here-and-now, yet none has truly eternal significance. We were created with a built-in desire to experience good things that last a long time...

but we’ve closed our eyes to the best and most long-lasting thing of all—a relationship with our Creator. Instead, we’ve focused almost exclusively on those aspects of life that are certain to fade, and eventually be lost.

misplaced bulges, while her male companion complains, “Once I had hair!” One of the greatest promises of the Bible is that, for those who believe in and accept the redemption won by Christ on the cross, a new and wonderful body will be provided. There are many mysteries about the nature of this new body (the “resurrection body”²³), but many aspects are clear. It will be beautiful, capable, complete and not prone to wearing out or running down.

It was this awareness that encouraged countless Christians of past ages, including those suffering torture, sickness, infirmity and even madness, to see that that which we lose in this life can hardly compare to what awaits us on the other side of death. Nowhere in the Bible are believers promised an exemption from the negative experiences of life. They are, however, assured of receiving something much better. We may experience our own version of a long, dark

3 Seasonal affective disorder—see <http://www.nmha.org/infoctr/factsheets/27.cfm>

4 Depression and heredity: <http://www.mental-healthandillness.com/question/Genetic.html>

5 See C. S. Evan’s book, *Existentialism, for insight into the causes and treatment of this form of depression.*

6 These come under the general heading of “learning to manage stress.” See http://depression.about.com/cs/stress/ht/Stress_p.htm

7 Adapted from <http://www.gospelcom.net/cdp/info/info.htm>

8 Victims of eating disorders such as anorexia nervosa or bulimia are often depressed, and those afflicted with obesity often suffer guilt and depression resulting from eating habits they know to be inappropriate. These conditions are very serious and should be treated with professional assistance.

9 Exercise releases endorphins, a natural mood-altering hormone, as well as neurotransmitters (like norepinephrine) that can help alleviate depression. See <http://www.phys-sportsmed.com/issues/1998/10/Oct/artal.htm>

10 Many psalms were written while the author was in a time of great stress, such as Psalm 22 or Psalm 50. These help lend a sense of perspective to our own negative situations.

11 Liver-related links to depression: Wilson’s disease: <http://www.netdoctor.co.uk/diseases/facts/wilsonsdisease.htm> and Hepatitis C: <http://www.atdn.org/simple/hepc.html>

12 For a Christian perspective on treating depression with medications see “Pill and a Prayer: Medications for Depression” by David F. Colvard and William P. Wilson. <http://dcolvard.home.mindspring.com/doctor/pilland-prayer-Final.pdf>

13 Whether the term used is “talk therapy,” “psychotherapy” or “counseling,” the treatment is similar. The patient is brought by self-analysis to

christianitytoday.com/cpt/2001/003/4.42.html

17 See “The Depressed Child” by Suzanne Woods Fisher at www.christianitytoday.com/cpt/2001/003/4.42.html

18 The rate of youth suicides has tripled since the 1950s. In 1998 suicide was the third leading cause of death among 10 to 24-year-olds. For the latest available statistics on teen suicide see http://www.cdc.gov/ncipc/fact_book/26_Suicide.htm

19 Evidence for a boom in senior divorcees is not clear-cut. See “What’s this about a Senior Divorce Epidemic?” http://www.50plusmag.com/relationships/10150_seniordivorce/101504seniordivorce.html

20 Ever since states began reporting death statistics (1933) adults over 65 have always had the highest suicide rate of any age group. http://www.cdc.gov/ncipc/fact_book/26_Suicide.htm

21 John 10:10 (<http://bible.cc/john/10-10.htm>)

22 Ecclesiastes 3:11, possibly written by Solomon. <http://bible.cc/ecclesiastes/3-11.htm>

23 See 1 Corinthians 15 for the apostle Paul’s teaching on the “resurrection body.”

Dr. J. Raymond Albrekton is a professor at large with the International School of Theology consortium and regularly teaches graduate courses in New Testament and Theology in regions of the world where theological education based on biblical Christianity is not readily available. He lives in Redlands, California with his wife, Kathy, a local estate planning attorney. For more about Ray see his website at <http://www.albrekton.com>.