

SOME REFLECTIONS ON DEPRESSION

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It is a sobering fact that in a church of 100 people, at some point some 66 will have a significant experience of depression during their lives – i.e. a form of depression which will interfere with and disrupt their lives. Indeed, at any given moment in the life of a church of that size, at least five will be experiencing some form of depression – of these five at least three will be women.

In my own church the statistics are probably considerably higher. For one of the ways in which we seek to express the love of God is to run two clubs for people with mental health problems who are referred to us by the social services. Although the majority of club members do not come on a Sunday, a number do. And of those who do, all from time to time suffer from severe depression.

But what is depression? Myra Chave Jones in her popular booklet, *Coping with Depression* (Lion, Tring 1981, 7) wrote:

“Depression is as universal as the common cold. It can be so slight as to be hardly worth the name – just a passing mood, which will be gone tomorrow. It can be a vague feeling of persistent dreariness which takes the sparkle out of life as we carry on with the usual routine. Or, at the other extreme, it can almost totally paralyse action, making us unable to carry out the simplest tasks, and even to lose interest in life. Depression may last for only a short time, or it may drag on for months, even years. It is the sort of sunless, snow-clad climate which the children in the Narnia stories of CS Lewis describe as ‘always winter and never Christmas’”

True depression is much more powerful and unpleasant than the short episodes of unhappiness that we all experience from time to time. It has been described as “the worst non-physical pain known to humans”. It can last for months rather than days or weeks.

The symptoms are many and varied. and differ in type and severity from one person to another. They may include the following: irritability, withdrawal, anger, lack of concentration, violent mood swings, fear and anxiety, an over-awareness of criticisms, feelings of guilt, hopelessness, bursting into tears, feeling inadequate, a changed pattern of sleep (either waking up very early or an inability to get to sleep), uncontrollable feelings of total despair, no interest in food – or over-eating as a kind of comfort (see Sue Atkinson, *Climbing out of Depression: A Practical Guide for Sufferers*, Lion 1993, 23-27).

One of my good friends has suffered severely from depression. The other day he sent me an illuminating description of what it is like to really be depressed:

“Just as the visual horizon on a clear day is increasingly reduced as the air hazes over, turns to mist and finally thickens as fog develops, until one can finally see little except that which is close to oneself, so the mind ‘fogs up’ as the depression develops, its horizons of interactivity reducing ever closer to self, until finally self is all that is left. There is a continuum from normality to feeling down in the dumps, through reactive depression and on to clinical depression and finally to severely withdrawn and inert depression. Throughout this continuum the person experiences different thoughts and mental responses, as well as different abilities to interact and communicate with their ever reducing horizon of awareness as depression descends.

We have all experienced the early stages of these changes, when we feel tired, uninterested; we avoid conversation and people, we worry about smaller and smaller issues, and begin to doubt our ability to cope with life. At this stage we can be encouraged and coerced out of our gloom by sympathetic and understanding support. We can reason and experience hope.

Then comes the phase where one loses self-confidence and self-belief, when thoughts are all negative, one is full of doubt, and hope is fading. At this stage one only reacts weakly to encouragement and support, saying one thing to satisfy those around one, whilst inwardly not believing what is being said. One still has contact with those around, and awareness of their hopes and encouragement, but little or no hope for oneself. But empathy has not yet died. However, the horizon of one's mental awareness is closing in onto self, and any thoughts of 'other than self' are few and far between.

Next the mental horizon is limited to thoughts and fears only about self, and one becomes isolated from one's surroundings by the depression. One is now no longer reachable by others no matter what they say or do. One may have little more than awareness of their presence, responding uncharacteristically towards them.

Finally comes the phase of personal disassociation. By this I mean that one has no inner responses to others or one's surroundings, from all of which one is totally isolated without even being aware of what is going on. One also becomes dissociated from one's emotions, in that one no longer has any connection with any of one's emotions, feeling nothing positive nor even negative. And finally one even has no sensation of bodily experience either. One is then entirely without both one's emotions and one's sensations.

This is a terrible, terrible place to be in, and the most frightening and painful place I have ever experienced. Only it is not frightening or painful at the time because you have no ability to register fear or experience pain. It is only when you begin to get better and you re-connect with your body and your emotions that the memory of that place begins to evoke these responses within you. Whilst you are there, there is only a sense of being surrounded by cold, cold, black empty silent space, space where you are only aware that you exist as a living experience devoid of body. The awareness is of tumbling and falling endlessly and timelessly through this cold black empty silent space where you are totally and utterly alone and without contact with anything else.

For me that place was truly hell on earth. A place where it seemed that God had deserted me. I had no hope, no end, only complete and total cold loneliness, a place that was timeless and changeless where there was nothing at all except my sense that I existed.

It was while I was in that place that I tried to end my life, because that was all that was left to me. I wanted to rid myself of my sense of even my own existence in that awful place. And because I was without any emotions or thought processes beyond the sense of my own existence, it was a very simple thing to do"

Thankfully, my friend, was able to go on to say:

"But there is a God, because he did come and rescue me. As a doctor I have had many a patient who sadly has ended his or her life in an exhaust filled car. Yet though I had the pipe in my mouth for over an hour, God would not let me die. Now I know that he was with me even in that place, though I did not know it then, and he saved me. To this day

I have no idea why he did so. But I know that the days of miracles are not over, and that at that time I received his miraculous love”.

One of the great joys I have had is to see this friend emerge from this terrible pit of depression, to baptize him and to welcome him into the membership of our church.

With depression so present in our midst, the question arises: how can our churches help people suffering with depression? The simple answer is, of course: by caring for one another. “God has so arranged the body”, wrote Paul, “that the members may have the same care (GNB concern) for one another. If one member suffers, all suffer together” (1 Cor 12.25,26). Elsewhere Paul writes that we are to “bear one another’s burdens, and in this way you will fulfill the law of Christ” (Gal 6.2 – although the particular context refers to church discipline, I believe that there is a more general application too!).

Caring is something in which we all can get involved. This point is well made by Ali Walton in her Grove booklet, *Life on the Dark Side of the Cross* (Cambridge 2000, 14):

“If many members of a church are involved in caring for others, then the burden of caring for depressed people may be spread around.... [Caring] does not require a theology degree, a counselling qualification or a position of leadership in a church. It simply involves the desire to care for others in ways which are appropriate for each situation”.

Unfortunately, as Walton goes on to point out:

“Churches tend to be places where people feel they have to put on their ‘happy faces’. If asked how things are many Christians will smile and say, ‘Fine, thank you’, even if they are struggling with life. Depressed Christians feel this pressure even more because of an unspoken attitude in many churches that Christians do not get depressed. This attitude makes depressed Christians feel even more isolated and alienated. They simply cannot put on a happy face and pretend everything is fine. Many end up not going to church at all whilst they are ill” (17).

To which I would add, that exuberant ‘happy-clappy’ worship can be a particular pain. In the graphic words of Prov 25.20: “Singing to a person who is depressed is like taking off his clothes on a cold day or like rubbing salt in a wound”. Indeed, I recently heard a Cathedral Director of Music argue that church music should be dreary music, because so many Christians seem to suffer from depression!

Churches should be honest, listening places - places where people should be able to feel free to be open not only about the good things of life, but also the bad things.

Needless to say, if churches are to be such therapeutic communities, then they need to be able to accept and support members unconditionally. Dr Richard Winter, the author of *The Roots of Sorrow: Reflections on Depression & Hope* (Basingstoke 1985, 280) believes that this is one of the greatest needs of depressed Christians:

“They often feel that they are a burden to everyone and that others will be impatient with their weakness. God’s gracious acceptance of us, not for what we achieve but just for who we are, should ideally be mirrored in our acceptance of each other”

So what can we do? We need to understand that ill-health – both physical and mental – often affects people’s walk with the Lord. Certainly this is true of depression. Life is a dark

tunnel, where the light of God's presence is conspicuously absent. To quote Ali Walton again:

“Christians who are depressed will doubt their faith. This is one of the spiritual symptoms of the illness. They may doubt that God loves them. They may even wonder whether God exists at all. It is profoundly unhelpful if others criticize them. This is where it is important for the body of Christ to act on behalf of the depressed person. Depressed Christians should be reassured that their doubts are a symptom and will pass. Until that time they need to know that other members of the body of Christ will onto their faith for them and will continue to believe in their recovery. As a depressed Christian recovers, their faith begins to function again and they will no longer need the faith of others to give theirs shape.” (18)

In a very real sense our task is to be ‘God’ to them, listening to them, holding their hand (literally or metaphorically), giving them time, just being there with them.

Let me end with a brief final quotation from my doctor friend:

“Initially depressed folk can respond to kindness and encouragement, because they still have control over the activity of their mind, and they know hope. But when control, hope and self belief have gone, then they can do nothing for themselves. They must never be talked down to, never treated sentimentally, never encouraged to use their mind or to understand logic. They have no mind. As Jesus showed us, when all is lost, it is only the power of support and being there that matters. And above all is the power of love and the power of prayer, powers that are God's gifts to us, fruits of his Spirit in us that we might give and share with others without any thought of gain to self”

Paul Beasley-Murray