

# Understanding Depression: Perspective of a Christian Psychotherapist

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There are many kinds of depression and I believe it is best to view depression on a continuum from “mild case of the blues,” which we all experience from time to time, to the other end where depression is a deep, pervasive and potentially lethal condition. There is not time or space to cover the entire spectrum of depression but I would like to focus first on the kind of depressive moods we experience during bereavement or grief and then move to the other end of the continuum describing a more severe kind of depression.

## Grief and Depression

Of course, Bereavement includes depressed moods we experience as we grieve over the losses of our lives. However, I am not one who identifies grief as a process of “recovery,” especially when the loss is catastrophic. Often I’m asked if there is not some way to take away the extraordinary agony accompanying the loss of a significant person in one’s life. My answer is a difficult one: “Only if there has been little or no investment in that person’s life. The pain of the loss is in direct proportion to the emotional investment in that person.” Instead of describing it as a process of “recovery,” I prefer to see it as a continuing and recycling process in which we continue to *re-experience* what many consider “stages” of grief. The term “stages” implies, much like the stages of growth and development, a process through which one passes--never to return. The approach I prefer is best described in Jerry Sittser’s book, *A Grace Disguised: How the Soul Grows Through Loss* (Zondervan). In his Preface, Sittser, one who suffered catastrophic losses himself, describes his experience with loss:

*This book is not intended to help anyone get over or even through the experience of catastrophic loss, for I believe that “recovery” from such loss is an unrealistic and even harmful expectation, if by recovery we mean resuming the way we lived and felt prior to the loss. Instead, the book is intended to show how it is possible to live in and be enlarged by loss, even as we continue to experience it. This is why I will emphasize the power of **response**. Response involves the choices we make, the grace we receive, and ultimately the transformation we experience in the loss.*

## Depression and Suicide

Following my years as a minister in several Texas Baptist churches I returned to graduate school and spent several decades in private practice before teaching psychology and directing the counseling services for Texas Baptists. A part of my Ph.D. research addressed the effectiveness of a specific approach to reducing the emotional stress responses of hostility, anger and depression. These stress responses are almost always a component of the grief process. I have written and taught a great deal regarding the value of identifying unhealthy thought processes, reconstructing them, and learning how to live these newly constructed beliefs out in daily life, especially in an effort to overcome depression.\* This kind of approach is widely accepted in addressing the depression that accompanies grief. It is most effective when offered in conjunction with a grief support group and a healthy theological understanding of death and dying. I would highly recommend such an approach for those seeking help with their grief.

A more complex approach is needed for someone suffering from the severe depression often found in what is called a Major Depressive Disorder or either of the two types of Bipolar Disorder. When depression becomes pervasive, includes suicidal thinking, and especially if accompanied by recurring Major Depressive Episodes, the treatment will include individual psychotherapy and medication.

What I have observed (of course, medical research and knowledge of depression increases almost daily) is that there appears to be in some people a genetic predisposition to a severe kind of depression, far different from what most of us experience in our lives. It is a kind of depression that invades the brain in cycles, intensifying into a kind of “biochemical abyss” that in some is lethal unless an intervention occurs. Much like a heart patient who suffers a crisis when an intervention within a few minutes may mean survival, some people suffering this kind of depressive episode, experiencing deepening depression in an out-of-control downward spiral, can only be saved by an intervention. When we know the danger is imminent we can initiate a “suicide watch.”

To those of you experiencing five or more of the symptoms below *for most of the day, nearly every day*, I strongly recommend that you contact a licensed mental health professional immediately: Here are the symptoms abbreviated slightly for our use in this limited space:

1. a **depressed mood** (in children and adolescents, can be an irritable mood)
2. a **markedly diminished interest or pleasure** in all or most activities
3. **significant weight loss or weight gain** (unintended)
4. **insomnia or excessive sleeping**
5. **extreme restlessness** or feeling **exceptionally (physically) slowed down**
6. **fatigue or loss of energy**
7. **feelings of worthlessness or inappropriate guilt**
8. **diminished ability to think or concentrate or make decisions**
9. **recurrent thoughts of death, recurring thoughts of suicide**, with or without a specific plan.

DSM-IV-TR™, American Psychiatric Association

If you are reading this because you feel hopelessly trapped and see no other solution but suicide, or if you have promised someone you would read these words because they are worried about you, listen and read carefully what may be the most important message of your life:

Depression is often the most curable condition we have in mental health. An effective combination of medical and psychological treatment may be as near as your telephone. If you feel you have given medicine and/or counseling a try and it didn't work then you need to understand that it sometimes takes more than one attempt with the right kind and dosage of medication (which may only be needed long enough to stabilize your brain chemistry) and the right fit of therapy and therapist to begin seeing results. Do not become a victim of what is a treatable physical and emotional condition. Do not risk falling deeper into a kind of depression that robs you of thinking clearly about a future that still remains yours. There are many people living a fulfilling life today who once were where you are. Many of them I know by name.

Although it may not seem so right now, life is a gift. A one-time gift that is sometimes difficult, seemingly impossible, until you are able to find a balance that enables you to celebrate the good and survive the bad. You have far more resources within you than you can imagine in the state you find yourself now. Depression often prevents us from finding a healthy spirituality that recognizes a God of grace, forgiveness and strength instead of a God of judgment and punishment. Sometimes it is our distorted *beliefs* about God that creates imbalance and leads to depression. Distorted beliefs are treatable and can lead to an emotional balance that restores lost dreams and damaged relationships.

During the darkest of all my valleys I turned to Isaiah 43:1-2, 18-19 (RSV) and found hope and peace in these words:

*Fear not, for I have redeemed you;  
I have called you by name, you are mine.  
When you pass through the waters I will be with you;  
And through the rivers, they shall not overwhelm you;  
When you walk through fire you shall not be burned,  
And the flame shall not consume you.*

*Remember not the former things,  
Nor consider the things of old.  
Behold, I am doing a new thing;  
Now it springs forth, do you not perceive it?  
I will make a way in the wilderness  
And rivers in the desert.*

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## **Personalized Medicine: A New Horizon in Medicine**

As someone wisely observed, “Man, the future sure ain’t what it used to be!” And for this, we can be grateful. And while you are looking forward you may be encouraged to know that there is a rising new concept in medicine promising a brighter future. It is called “personalized medicine.” One day, medicine will no longer be a guessing game when it comes to prescribing psychotropic medicine for depression and other medically treated diseases. Today we know more than we’ve ever known about the brain cell’s electrical impulses as they travel through axons at speeds of 200 miles per hour to a terminal button filled with neurotransmitters that explode into the tiny spaces between the button and the next nerve cell’s receptor.

We know that the neurotransmitters are preprogrammed to fit these receptors and that each nerve cell has up to a half million connections. We know that if each one of these connections were represented by the thickness of a piece of paper the connections representing ONE brain would reach beyond the moon, Pluto, and our galaxy some 16 billion light years away. [*Your Maximum Mind*, by Herbert Benson, Harvard cardiologist]

Yes, we know a lot but we still don’t know which medication is the right fit for a specific depressed person, or what the most effective dose should be prescribed. It’s a trial by error process for a condition that does not have time for guesswork. Personalized medicine will take the guesswork out of prescribing meds through our growing experience with DNA and our capacity of computers to create the perfect match for effective recovery.

The following is a daily prayer of mine which I offer as a prayer of hope for you:

God of creation, creating still,  
Create in me a new heart  
And renew a right spirit within me.  
May I not be anxious of the things of this world  
But seek first Your Kingdom

And all these things will be added.  
Give me the courage to  
    Ask and keep on asking,  
    Seek and keep on seeking,  
    Knock and keep on knocking.  
And give me the faith to believe  
    That in Your own time you will answer.  
    When I am ready I will find,  
    And in Your wisdom  
    The right doors will be opened.

\*[Method described in *Choosing Balance: The ABCs of Stress® Management* by Dr. Dan McGee as well as a CD, *ABCs of Stress®: An Interview with Dr. Dan McGee.*]

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