

HOT TOPICS



Charles Haddon Spurgeon 1834 – 1892

DEPRESSION

1 Kings 19 IBC 6pm

I. RELEVANCE

GPs' "Unpopularity" Ranking/"Stigma"

- | | |
|---------------------|-------|
| • drug addiction | • 413 |
| • alcoholism | • 377 |
| • schizophrenia | • 343 |
| • dementia | • 339 |
| • severe depression | • 255 |
| • panic disorder | • 216 |
| • eating disorder | • 215 |

Jesus:

- Isa. 42:3 *'A bruised reed he will not break, and a smouldering wick he will not snuff out...'*

II. WHAT DEPRESSION IS

Psychology: *'A psychiatric disorder characterised by an inability to concentrate, insomnia, loss of appetite, anhedonia, feelings of extreme sadness, guilt, helplessness and hopelessness, and thoughts of death. Also called clinical depression.'*

See GP example questionnaire.

III. CHRISTIANS CAN BE DEPRESSED TOO

Elijah?, C.H. Spurgeon, C.S. Lewis, Charles Simeon, Martin Luther, Amy Carmichael, William Cowper DwD p.51 (see further reading below).

- 1 Cor. 10:13 *No temptation has seized you except what is common to man*
[i.e. some things are shared by many humans]



IV. THERE CAN BE MANY CAUSES

Possible causes of depression for Elijah:

Spiritual:

- He lived in evil days with Ahab and Jezebel in charge.
- He had sinned, perhaps, by running in fear in v3. Taken his eyes off God.
[Depression can be connected to sin, but may not be.]
- Jam. 5:17 *Elijah was a human just like us...*



*Elijah in the Wilderness:
Washington Allston 1818*

Physical causes:

- He was tired v5.

Circumstances:

- There was great opposition, e.g. 850 false prophets in 1 Kings 18.
- He was very lonely v10,14.

Emotional causes:

- He felt a failure v4

Maybe there were also medical/biological/biochemical causes too?

V. SOME PEOPLE NEED MEDICAL HELP

4 out of 5 people will get better without any medical help. DwD p.43

'We often think of depression or feeling low as a weakness. Indeed, it certainly is about being weak, just like getting flu or cancer or a broken leg is about being weak... Life comes with its sorrow and its sickness and we must not assume that depression in itself is a sin.' DwD p.52

The mainstays of medical treatment are:

- self-help (including web sites, books, sleep, less alcohol, exercise),
- talking treatments (Counselling, CBT) and
- medical; treatments. p.43ff.

Further reading:

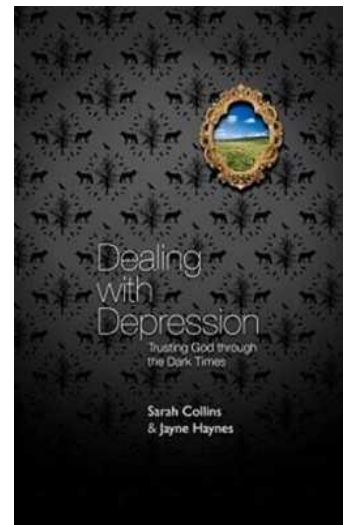
DwD: *'Dealing with Depression'*,

Sarah Collins and Jayne Haynes, published by Christian Focus.

REVIEW OF THE BOOK: 'DEALING WITH DEPRESSION' **by consultant psychiatrist Keron Fletcher**

1. This is a book you can confidently use for your "Depression Evening". It is, oddly enough, an uplifting book about depression!

2. The book has a great number of strengths. It is a light, easy read - important for a depressed person. It points out that the term "depression" covers a range of mental health problems - good. It describes a range of different interventions briefly but well - self-help, psychological approaches ("talking treatments"), medical approaches (including ECT). It deals thoroughly with the "how can I be depressed if I'm a Christian?" issue, using a sound, biblical approach. The brief histories of believers who have struggled with depression are simply excellent (perhaps one of the most helpful and encouraging features for a depressed person who might read this book). These examples include mixed up/distressed people, people with moderate depressive episodes as well as sufferers of severe depression. How heart warming for a Christian psychiatrist to read a believing woman writing: "Every day of my life I thank God for the ECT treatment I received" (p58)! There is more sound, good advice for non-depressed people who have to cope with depressed loved ones - very practical. The "Helpful reading and Internet resources" at back are also useful.



3. It is particularly pleasing to see as a thread throughout the book the theme that God has not abandoned the depressed person, that He is in control of depression just as He is in control of everything else, and that He uses depression as a means to a good end, albeit that end might be in glory. I think Roger Carswell was the only person to point out that Christ knows all about being a man of sorrows, but other biblical characters are included in the book as further examples. Like the patient histories, the Appendices are terrific. Roger Carswell's honest discussion on suicidal thoughts deserves particular praise, coming from such a well-known figure.

4. There are some weaknesses, but I am being fairly harsh and I'm making them with my psychiatrist's hat on. At the very beginning of the book the authors rightly say that depression is characterised by persistently low mood. However, they then go on to discuss depression mostly in terms of a feeling state - feeling down i.e. just an emotional condition. "Mood" has three components - emotions (up, down, angry, anxious), repetitive behaviour (appetite, libido, bowels movements, periods, a certain level of interest in activities, stability of mood through the day which is lost in depression), and energy levels (agitation - so unable to remain still, hand-wringing, restless pacing, insomnia etc, and retardation - sitting or lying still, expressionless face, monotonous speech, poverty of ideas). Why do I mention this? Well, firstly, emotions go up and down normally, especially in response to circumstances and relationships, and this is why terms such as disappointment, disenchantment, distress etc often get muddled with "depression". Making a self-diagnosis of depression just on the basis of how down you feel would not be a good idea. Secondly, some seriously depressed people have no feelings at all - not even low feelings. This is "alexithymia", and it's not that uncommon, so perhaps deserved mention. Thirdly, changes to repetitive activities in depression are very important indeed. The authors neglected to mention changes to sex drive that very commonly affect depressed people, and this really ought to be addressed as it has a big impact on marriages. Lastly, the authors rather underestimate the severity of the changes in manic-depressive illness. I think "an inflated self-esteem" doesn't quite do justice to grandiose delusions accompanied by relationship-wrecking hypersexuality! There is also no mention of auditory hallucinations in severe depression when the patient hears constantly derogatory words being spoken about him/her from somewhere outside (not in their heads - that's common and normal!). When auditory hallucinations occur in severe depression there can be all sorts of concerns about demon possession, but these concerns are neglected.

5. So, in summary I would say that for the majority of Christians who face depressive disorders of various kinds this book will be of much value - it's user-friendly, balanced, informative and deeply spiritual. It deserves a place at the top of the "what book can I give to my depressed friend?" list. Its weaknesses are minor and technical, and I feel hypercritical in making them. I will, in fact, go out and buy half a dozen copies to pass on to folk I know who will definitely benefit from it!