

# The Pain of Depression

by Paul Meier, M.D.

The first time I saw Mary, she looked tired, discouraged and sad. Her downcast eyes filled with tears as she described feeling blue, hopeless and helpless. For weeks she had been waking up early, unable to go back to sleep. She couldn't concentrate; she had no energy or motivation. And a thorough physical examination had already ruled out a medical cause. Mary had all the signs of being clinically depressed.

With discouragement in her voice, she said, "I just feel so sad! Will I ever feel better?"  
"Definitely!" I answered. "Depression is almost always treatable. Let's get started."

## **What Is Depression?**

The term depression can be confusing because it's used to describe a very normal emotion. Everyone feels blue or sad occasionally. It's a natural reaction to many life experiences. However, the persistence of the emotion and its severity distinguishes it from normal mood swings.

Depression is probably the most commonly diagnosed emotional problem. It's estimated that as many as one-fourth of all Americans will suffer from depression at some point in their lives. And yet, only one person in five will seek help. Why?

Often, it's because people don't recognize the symptoms or don't want to acknowledge the problem. The great danger in this is that the longer it goes untreated, the more likely it is to become a chronic and seriously damaging problem, resulting in the losses of a job, friends and even family.

## **What to Look For.**

The signs of depression can affect a person in a variety of ways.

***Sad Appearance.*** Depressed people may smile to try to cover up their inner feelings, but there's a sadness in their eyes. Their mouths may droop; their foreheads may be wrinkled. They look tired, discouraged, and dejected. They either cry often or feel like it. As the depression gets worse, they may lose interest in their personal appearance, grooming and responsibilities.

***Painful Emotions.*** Depressed people feel blue, hopeless and helpless, as if a black cloud is hanging over them. They may dwell on the past and worry about past mistakes or inadequacies, both real and imagined. They're moody and have a generally negative outlook towards themselves and life in general. They lack interest in other people and in things they used to enjoy; they feel unmotivated and have difficulty concentrating and making decisions. As their depression worsens, they may actually become immobilized by this pessimism and sense of futility, leaving them feeling empty and alone.

All people experience painful thoughts from time to time, but when those thoughts persist and seemingly take over, there's a serious problem. A depressed person may begin to think, "I don't even want to live any more." Although starting out as a fleeting suicidal thought, that thought may progress into a plan and then even an attempt.

***Physical Complaints.*** Actual biochemical changes in the brain take place in the human nervous system during clinical depression. These biochemical changes can have various physical results.

Depressed people always have trouble with sleeping, either sleeping too much or, more commonly, too little. They have difficulty falling asleep. Often they also wake up early in the morning and are unable to go back to sleep. And what sleep they do get doesn't seem to do much good--they still have chronic fatigue and lack of energy.

This is usually accompanied by a change in appetite--either eating too much or too little. They have no energy, no motivation, and just can't "get going."

They may complain of chronic headaches, abdominal pain, back pain, gastrointestinal disturbances (constipation, diarrhea or nausea), menstrual cycle irregularities, and decreased sexual drive. They may have a dry mouth, rapid heartbeat, heart palpitations, and slowed metabolic rate.

**Anxiety.** The anxious person is not always depressed, but the depressed person is almost always anxious and irritable. He or she is agitated, unable to sit still, tense and restless.

**Delusional Thinking.** This is seen only in the most severe cases. If there is a break with reality, the depressed person may believe that people are out to get him or think that God has given him special gifts or visions.

### **What Causes Depression?**

People are often surprised to find that depression can come from several causes. Some Christians tend to attribute all depression to a spiritual cause. Certainly, if we are willingly and knowingly involved in activities that break our fellowship with God and pull us away from Him, we can experience depression. However, there are other causes as well.

**Biological Factors.** The brain depends on several key chemical substances (neurotransmitters) to maintain a stable level of mood. These neurotransmitters, such as serotonin, carry messages from one nerve ending to the next. After someone has been feeling sad, depressed or blue for a week or so, specific biochemical changes may occur in the nervous system which cause the levels of these "messengers" to fall, leading to mood swings and depression.

In most cases (with the exception of manic-depression), depression itself isn't inherited. However, we do inherit a certain brain chemistry; and some individuals may inherit a greater tendency for serotonin depletion when worried or under stress.

Other physical causes that may play a role in depression are hypothyroidism, hypoglycemia, endocrine hormone imbalance, electrolyte imbalance, viral infections (such as flu or mono-nucleosis), vitamin deficiencies, effects of certain medications, consumption of alcohol or illicit drugs, excessive fatigue, premenstrual syndrome (PMS), and certain physical diseases (pernicious anemia, lupus, multiple sclerosis, cancer).

It's easy to see why it's vital for an individual struggling with depression to be thoroughly examined and evaluated by a competent physician or psychiatrist to rule out any physical causes.

**Early Environmental Factors.** We shouldn't blame the past for everything that happens to us. However, we can't deny that many of the patterns of behavior and attitudes that are formed during childhood are brought into adulthood and have a tremendous influence on how we see ourselves and the world around us.

If a child is brought up in a home where his parents are cold and rejecting and perhaps even depressed themselves, it will make it difficult for that child to perceive God as loving and nurturing. If parents are overly critical and perfectionistic, the child grows up with a basic feeling of unworthiness and expectation that he must be perfect to be acceptable. Having grown up with unresolved bitterness and unmet dependency needs, such people tend to become obsessive worriers, setting themselves up for depression later in life.

**Current Stress Factors.** Another cause of depression is the stress of change. Most people like to stay near familiar places, things and people. If too many things change at once, depression may result. Some changes contributing to depression may include death of a loved one, divorce, personal injury, retirement, pregnancy, a new job, leaving home, changing schools or churches, hectic holidays, marital problems, a change in financial status, or a significant blow to one's self-image.

We all suffer occasionally from significant losses, and it's normal to grieve these without falling into a depression. In fact, it's important to work your way through the stages of grief for every loss you suffer:

1. Denial (temporary disbelief)
2. Anger turned outward (angry reaction toward someone other than yourself.)

3. Anger turned inward (beginning to feel guilty and dwell on personal mistakes or omissions that may have led to the loss)
4. Genuine grief (truly grieving and crying)
5. Resolution (beginning to accept the loss and adjust to the changes)

Suffering through the stages of grief is not a clinical depression. However, it can turn into one if a person becomes stalled for too long in the second or third stage.

Suppressed anger is at the root of nearly all clinical depression. This anger may be directed either toward others (holding grudges) or toward oneself (with either true or false guilt).

Suppressing anger isn't something done intentionally. It's most often learned as a child grows up in a family where parents repress their anger as well as discourage their children from sharing angry feelings. Unfortunately, many Christians don't have a proper understanding of what the Bible teaches about anger--so they deny its very existence.

The Bible says to "Be angry and yet do not sin; do not let the sun go down on your anger" (Ephesians 4:26). We all need to learn to maturely deal with and express our anger to avoid becoming clinically depressed.

### **Choices We Make**

Our future choices are the most important things to focus on now. We may have been "dealt a bad hand" in one of the earlier areas, but we can still make the right choices about what to do from here. We're responsible for our attitudes and actions when faced with difficult circumstances.

Happiness is a choice!

### **What's the Outlook?**

I saw a plaque once that said, "The future is as bright as the promises of God." We are promised that He will never leave us or forsake us (Hebrews 13:5) and that we can do all things through Him who strengthens us (Philippians 4:13).

The key to recovery from depression is to recognize it early and get the appropriate treatment. Be honest with yourself and let others help you.

You can get out from under that black cloud. There is hope!

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Dr. Meier received his Masters of Science degree in Cardiovascular Physiology from Michigan State University, his Medical Degree (M.D.) from the University of Arkansas College of Medicine, and completed his psychiatric residency at Duke University. Dr. Meier attended graduate courses at Trinity Evangelical Divinity School in Deerfield, Illinois, in 1975-76 while as a full-time faculty member. He also holds a Master of Arts degree from Dallas Theological Seminary, where he served as a full-time faculty member in pastoral counseling for 12 years.

In 1999, Dr. Meier was honored by the American Association of Christian Counselors with a Lifetime Achievement Award at their Worldwide Conference. In 2006, Dr. Meier was named as a Physician of the Year by The National Republican Congressional Committee and honored at a reception by the President of the United States and Congress in Washington, D.C.

Dr. Meier has been a guest on numerous radio and television programs throughout his professional career, including Oprah Winfrey, The Tom Snyder Show, Dr. Norman Vincent Peale, Joyce Meyer, Paula White, and Radio Free Europe. He has been honored to teach and speak at many universities and seminaries throughout the world, often lecturing on insight-oriented therapy and other related topics. Dr. Meier has authored or co-authored over 80 books and written numerous articles for magazines and other publications.