

# *Depression: A Growing Pastoral Concern*

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**D**EPRESSION is a distressing human experience as ancient as humankind itself. Descriptions of depression as anguish of mind accompanied by intense sadness and fear are found in early Egyptian writings, in manuscripts of classical Greek physicians, and in many books of the Bible. In the 1980s, research topics and articles appearing in journals of various disciplines have been concerned with the universality of this problem.

The increasing numbers of people afflicted with depression often seek help first from a pastoral counselor. This being the case, it would be well for pastors to be apprised of the varying etiologies, symptoms, and possible treatment approaches

to milder cases of depression.

In the United States alone, an estimated twenty million persons currently suffer from different types of depressive illness. In the span of a lifetime about 25% of the American people will experience one or more episodes of severe depression, and at least 15% will choose suicide as a relief from this oppressive enemy.<sup>1</sup>

Deep feelings of sadness, hopelessness, rejection, and dejection are perceived as appropriate in the face of specific disappointments, losses, and difficulties. Within a reasonable amount of time, however, these melancholic feelings tend to dissipate and a sense of normalcy returns. What seems to distinguish persons who experience normal periods of depression from persons suffering from a **depressive disorder** is persistence of depressed mood over a prolonged span of time, and intensity of the change in daily functioning and in personality. In most cases, the depressed person easily recognizes these differences. That is why s/he comes for help.

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## CHARACTERISTICS AND ETIOLOGIES

Pastoral counselors will encounter persons suffering from mild depression. This disorder is officially classified as **dysthymic** and replaces the category once labeled as **depressive neurosis**. The term **dysthymic** literally means ill-humored and connotes a mood of melancholy. Dysthymic depression is chronic and most often is precipitated by some crisis, such as separation, divorce, death of a loved one, physical disability, etc.<sup>2</sup>

The **Diagnostic and Statistical Manual of Mental Disorders** states that dysthymic disorder is characterized by at least three of the following symptoms:

- 1) insomnia or hypersomnia
- 2) low energy level or chronic tiredness
- 3) feelings of inadequacy or low self-esteem
- 4) decreased productivity
- 5) social withdrawal
- 6) decreased ability to think clearly
- 7) loss of interest in pleasurable activities
- 8) excessive anger (often covert)
- 9) inability to respond to praise
- 10) less active or talkative than usual
- 11) pessimistic attitude toward future
- 12) crying episodes
- 13) recurrent thoughts of death or suicide<sup>3</sup>

Multiple factors seem to contri-

bute to depression, and an array of researchers present different perspectives on etiology and treatment. These professionals include psychiatrists, psychologists, sociologists, neurophysiologists, neurochemists, neuropharmacologists, geneticists, and epidemiologists.

Very briefly, biological scientists view pathology as a result of an inherited physiological vulnerability or predisposition plus environmental stress which negatively affects the central nervous system.<sup>4</sup> Some anti-depressant drugs have been very helpful in the treatment of most depressive disorders that are not related to stress.

In the majority of cases of depression that pastoral counselors encounter, however, anti-depressant drugs are not necessary. Mild or dysthymic depression is most often linked with some known stress in people's lives. This stress has never been dealt with effectively.<sup>5</sup>

Three psychological views of the cause of depression are psychodynamic theory, behavioral theory, and the cognitive theory.

The psychodynamic view of depression sees its cause as related to unconscious feelings and reactions to events that symbolize a type of bereavement. Not only do people feel rejection and anger when a particular loss (most often a person) occurs, but they also experience a loss of personal security stemming from the abandonment of the love-object.<sup>6</sup> Freud states that if one listens patiently to depres-

sives' self-accusations about their negative feelings, one cannot avoid detecting that the negative feelings are really directed toward someone loved or once loved.<sup>7</sup>

The behavioral view of depression sees this disturbance as rooted in the client's lack of positive reinforcements in everyday life. These reinforcements may include approval of significant others, sufficient pay in job, close friendships, etc. Ferster suggests that a loss of reinforcers in a person's life leads to a reduced frequency in social contacts which is the very thing the person needs.<sup>8</sup> Tendency to withdraw from social activity is a major characteristic observed in many depressives.

The cognitive approach to depression perceives this disorder as a result of negative thought processes. Aaron Beck identifies three distorted thought patterns in depressives. The first pattern is the consistent misinterpretation of events. The whole world is viewed from a negative perspective. Everything that happens seems designed to inflict pain on the depressed victim. The second pattern is centered around a negative self-view. The depressed person invariably sees others as being more successful, more attractive, more intelligent, etc. Others are considered more worthy or deserving of positive reinforcement. The third pattern includes a tendency to think of the future as bleak and hopeless. The present distress and suffering seems so over-

whelming that the future can hold no promise of personal happiness.<sup>9</sup>

Depressed persons draw conclusions in absence of evidence; they view a whole experience from one detail; they magnify specific aspects of a situation; they personalize all events; they think in terms of extremes of opposites. All of these distortions are attributable to illogical cognitive processes.<sup>10</sup>

Having presented three basic theories of mild depression, it is appropriate at this point to list some of the more prominent symptoms. They include the following:

- 1) Dejected mood (sad, blue, lonely)
- 2) Negative self-attitude ("I'm no good")
- 3) Self-blame (negative events own fault)
- 4) Indecisiveness (vacillates between alternatives)
- 5) Paralysis of will (no desire to do ordinary tasks)
- 6) Negative expectations (the worst will happen)
- 7) Increased dependency (self-sufficiency gone)
- 8) Escapist wishes (wants to run away from life)
- 9) Thoughts of death and/or suicide (may be a passive wish, such as, "I'd be better off dead")<sup>11</sup>

Depressed clients have also mentioned physiological symptoms such as insomnia, decreased energy, extreme fatigue, and crying jags for no apparent reason. The emotional, motivational, and physiological

manifestations of depression are all characteristic of the disorder.

## THERAPEUTIC APPROACHES

The psychodynamic view of depression sees it as due to repressed feelings regarding the loss of a love-object. A counselor holding to this psychological perspective would encourage the client to recognize the repressed negative feelings and express them in the counseling setting. Underlying feelings of anger, helplessness, unworthiness, and self-rejection must be surfaced and dealt with in the sessions.

Psychodynamic theory has the objective of bringing about an alteration in underlying personality problems that have too long been repressed. In order that this change might come about, the counselor should keep in mind the following:

- 1) Counselor needs to enable clients to surface repressed negative feelings
- 2) Counselor needs to develop client rapport so client can surface these feelings
- 3) Counselor must avoid too rapid a release of the repressed feelings
- 4) Counselor must recognize own negative feelings regarding client's inability to acknowledge feelings quickly<sup>12</sup>

The behavioral view perceives depression as related to lack of positive reinforcers in client's life. Depressed persons need to be around

healthy people, but their very attitude distances them from the treatment they need. Behaviorists will help depressives learn improved social skills and will teach the family and friends (if possible) to reinforce only the nondepressed behavior of the client. Lack of attention given the depressed person while inappropriate behavior is being manifested results in decreased depressive behavior patterns.<sup>13</sup>

The cognitive theory of depression sees it as a result of faulty thought processes. Helping the client recognize and change these distorted ways of thinking has proven to be the most helpful form of treatment for mild depression.<sup>14</sup> Assisting the client in labeling the cognitive distortions and helping the client to believe and practice the following concepts are important for healing to happen:

- 1) Nothing in life is completely catastrophic unless you think it that way
- 2) Adults can tolerate an immense amount of frustration and disappointment
- 3) Accept reality when you cannot change it
- 4) The less time and energy spent in lamentation, the less the depression will be
- 5) Mourning the death or loss of a loved one for an inordinate amount of time will not bring him/her back
- 6) Give up the notion you must act competently most of the time
- 7) Accept responsibility for your-

self, your choices, and your actions

- 8) Get interested in persons and things outside yourself<sup>15</sup>

## MALE-FEMALE DIFFERENCES

Is one sex more susceptible to depression than another? Some of the more recent studies have shown that women experience depression much more frequently than do men. In fact, for every male diagnosed as depressed there are approximately five females.

Male-female differences in expression of depression are particularly significant because they show actual sex differences, rather than a highlighting of sex-stereotyped responding. Males say that they use stimulating or tranquilizing drugs, go for more walks, and spend a great deal of time alone (often in bars). Males tend not to seek help and they focus more on the physical symptoms of depression.

Depressed females report self-blame, low self-esteem, crying episodes, and increased television viewing. Women do reach out for help and they focus more on their emotional symptoms relating to depression.<sup>16</sup>

It seems that men would benefit from a treatment program emphasizing emotional self-awareness, recognition of feelings, and active coping with reality. Depressed females might benefit from a program stressing assertiveness, cog-

nitive restructuring, and physical activity.

## CONCLUSION

With depression becoming the most common disease experienced by contemporary society, it is at the same time of growing concern to pastoral counselors. Many parishioners experience sadness, abandonment, anger, self-blame, or loss of self-esteem when extreme stress enters their lives. One of the first persons they reach out to for help is the pastor.

Knowledge of the varying etiologies, symptoms, and methods of treatment of depression could prove most helpful to pastors when called to serve in a counseling capacity. While many therapeutic approaches to mild depressive disorders have proven helpful, more recent studies have shown cognitive therapy to be the most effective in achieving long-lasting results. ◀

## FOOTNOTES

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12. J. Mendels, *Concepts of Depression* (New York: John Wiley & Sons, Inc., 1970), p. 43.

13. R. P. Lieberman & D. E. Raskin, "Depression: A Behavioral Formulation," *Archives of General Psychiatry*, 24 (September, 1971), pp. 515-523.

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## GOD'S PATTERNS

*Sister Mary Gemma Brunke*

There are numerous patterns  
God gave you and me  
Existing in outerspace,  
In land, sky and sea,  
There are patterns of rainbows  
That color the sky  
And photographic patterns  
In the human eye,  
There are patterns in snowflakes,  
In birds and in rain  
And great world science patterns  
That baffle the brain,  
But the most Beloved Pattern  
On Christmas took birth  
When God gave His Son, Jesus,  
To teach love on earth.

