The Crisis of Depression and Despair . . .

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I want to use this session to talk about the crises of depression and despair as one example of crisis intervention and short-term counseling It is my perception that as campus ministers one of the most common crises you deal with, or at least one of the common symptoms of a crisis that you deal with, is depression; and I want to use this as an example of illustrating the kinds of things we've already talked about and see what we can learn from that.

On the first page (see Appendix) you have a list of things that go into recognizing depression. In crisis intervention we are functioning as "pastoral diagnosticians." As ministers, we have to evaluate what's happening with the person that has brought us a crisis. We have to figure out what's going on. I said at one point in the earlier session that as I begin to learn their situation I've got to bring the clinical data that I have learned, from the social sciences usually, into my own mind as I begin to make tentative evaluations about what's going on with them. Perhaps a parenthetical statement would be helpful here. You would probably assume this from my own field, but my assumption is that the social sciences have offered a great deal of knowledge, information, and organization concerning some historical truth about humanness, and this becomes very important for every minister to learn. I think God has revealed a lot to us about humanness through the development of the social sciences. So I would think that if you're going to take seriously crisis intervention and counseling, you would want to familiarize yourself with what the social sciences have taught us about some of the problems with which we deal.

Now I want to try to talk about when I suspicion depression and despair as a part of a student's crisis and I want to introduce you to the data that is available to us about depression, as one of the crises that you deal with. I use the term "Depression/Despair." There is much in the literature that would make a clear distinction between these two things. My feeling is usually that is because many of the clinicians do not want to suggest that depression has any more aspects to it than only the humanistic one. Sometimes that's true, since depression can be an organic or physical experience

only. But I put the two together because I normally think of them being the same.

Now I want to take a minute to go down through this list (see Appendix) and elaborate just a little bit, and I want to go back and use the one case study that I described earlier. A particular student that came to a fellow colleague, and as a professor said to me, "Something's wrong, but I'm not sure what it is." He wanted me to help. It was something right out of a textbook, which you rarely see. As I interviewed this student, I went down this list of things that I have in my own mind about how to check out whether the crisis a person is dealing with is depression or not.

First of all, the physical symptoms: these are the most common ones in depression. A major sign is interruption of respiratory system and particularly in fairly severe depression. For example, one of the major things that was apparent as I talked with this young man, who was only a year out of college, and this depression could have hit him while you were his campus minister, was that his breathing was almost non-existent. About every two minutes he would gasp, take a deep breath, almost like he had to fight to get air. At other times he would sigh as he would finally let go of the breath that he had gasped. When you deal with someone who is sighing often, or having to struggle for air, it's a most common symptom of depression. Also sometimes you might ask a person," Seems like you are not breathing as easily as you normally would." Sometimes they will describe a kind of tightness around their chest, a shortness of breath that makes them feel they have a weight on their chest.

Eating patterns are also usually interrupted. I usually ask, as I did with this student: "Tell me about your appetite—are you eating, not eating?" Some people will say that their appetite is gone, they eat only to stay alive or they don't like to eat at all. Others will be at the opposite extreme. They are suddenly eating too much, cannot stop eating; they are compulsively eating and gaining weight. Either change is something to be aware of.

Sleeping patterns are also usually disturbed. Some people get too much. They say something like, "You know, I got so tired I went to bed at 10 o'clock last night, and I couldn't wake up this morning. Even at 9:00 I still couldn't get out of bed." Sleeping, sleeping, sleeping, but not getting any rest or not feeling rested. Or too little sleep is a sign. "Couldn't go to sleep last night. It was 2 o'clock and I was still laying awake, and even at that, I woke up

early this morning." Some people can't get to sleep and then sleep a long time while other people get to sleep easily and then wake up in the middle of the night and can't go back to sleep. Any disturbance of sleeping patterns or eating patterns is a common symptom of depression. It may be, of course, that these are symptoms of other kinds of crises.

Energy levels being very low is another physical symptom. I asked this student I am talking about some of the things that made him concerned about himself, and he described the fact that he has been unable and was now unable to have any energy to do anything. He would sit down in a chair and not feel he could make himself get up. He would sit down in front of the TV set to watch a half-hour program. Two and one-half hours later he would find himself still there, not concentrating on what was happening, but unable to make himself use energy in any constructive way. This was very frustrating to him, since he saw himself usually as a very energetic person.

A person's physical appearance will often be different when depressed. It may be very neat, or it may be very sloppy, although most always it's being sloppier than usual (and it's more and more difficult the last 15 years to tell when students are depressed, by this!) But out in the pastoral ministries you find that people haven't taken time to shave that morning, but you've never seen them with stubble before. There are other significant changes in physical appearance. Some people will be able to talk about crying spells, which are very usual in depression. The eyes of this boy I interviewed looked red. And I asked him specifically, "You know, I don't know whether your eyes are reddened because of your response to the Louisville pollution, whether or not you have a cold, or whether or not you might have found yourself crying in ways that you have not cried before." He was able to identify that he had cried that morning when he had gotten up. At other times, people will express to you not being able to cry even though they have wished they could. But depression often brings people to the point of either wishing they could cry, or of crying.

Now these are some of the physical symptoms that are apparent in depression. If you suspect depression, ask specific questions about their eating patterns, reading patterns, sleeping patterns, energy levels, and so forth. These can give you some good clues about their situation.

Now I'll talk about mental symptoms. What are some of the mental symptoms of depression and despair? Poor memory is usually significant and concentration is being seriously impaired. Students will usually say, "I can't study," or they will say, "You know, I read 5 pages last night, and I got through and couldn't remember a thing that I had read." Or, "I read the same page 5 times, and I don't know what it said yet." So, concentration and memory are impaired.

Decisions are difficult. I also asked this student about some of the decisions he was making, and he wasn't making any. He had several concerns, but was unable to bring himself to make a decision. The only decision he had made in the last month and a half was to ask his wife and his infant child to go away because he felt so bad. Actually he sent them home to her mother's house.

A lack of reality orientation and awareness is typical, for example, people that operate on unrealistic assumptions, or students who are misperceiving what's really going on. And as you realize that their perception of reality is different than ours, you can wonder whether or not depression is there. You will also run into depressed people who are about to make a panic decision or at least are exhibiting very poor judgment in what's taking place. Sometimes they are just about ready to break or already have broken relationships—just a panic situation, "I've got to tell them I won't see them any more." Or, "I'm going to the registrar tomorrow and drop out of school; I just don't want to do it any more." Sometimes they'll be considering suicide. They were about to make, or have made a panic decision, that didn't make any sense, or was unnecessary, as a desperate attempt to make the depressive feeling go away. Some people feel if they can just take a certain action the depression will move and the despair will be lifted. So you may be relating to someone that's clearly about to make a panic decision, or has made one, or who is exhibiting very poor judgment in what they do.

There are also emotional dynamics to check out. First of all, the sense of hopelessness or helplessness is often evident. They're gloomy, they're pessimistic, they feel trapped. I asked this boy, "If I could give you a magic wand and tell you that you could make two wishes to change your situation, what would you wish?" You know his answer? He couldn't think of any! Now that's depression. If you or I could choose any two choices to change your situation, any of us could list six immediately. He couldn't think of one. He thought and thought and couldn't think of a one. His

depression was such that he was so far under that he could not even think of anything he would like to change. He wasn't about to make a panic decision. He wasn't able to make decisions, because he didn't have a perception of what he would change. We were lucky that he felt bad enough that he looked up a professor he thought would be able to talk with him. Because of the hopelessness, there is also a sense of helplessness. It is the feeling that no one or no thing is going to be able to penetrate what I'm dealing with, and be of any help to me.

Second, there is the sense of worthlessness or blame. You hear them talk about, "It's all my fault." There is a strong sense of inadequacy and of failure, very little sense of self-esteem. Often the sense of hopelessness and the sense of worthlessness are combined and that's when people often become the most suicidal. I asked this student who came to my fellow professor for help, "Do you feel somehow that you are to blame for anything? Do you feel like you've done something wrong?" I was also getting at the guilt question which I'll approach in a minute. He thought about it, and said, "Well, the thing that I feel worst about is the fact that I have not been able to show any affection to my wife and little baby daughter." And he described in a way that almost made me come to tears how he had previously related to his wife with touch and affection and concern, and how he played with his little girl on the floor. He used to roll around with her and had a lot of fun, but since Thanksgiving that had tailed off to the point where he felt so bad that he just didn't want to talk. He didn't want to relate to them, didn't want to touch either of them, didn't want to pick them up, didn't want to listen, or say anything to them. He was aware that was harmful to them. That's why he asked would they go to their home, and be away from him. And it was really that pain that made him seek out this other professor.

Let me speak a moment about apathy and boredom. The depressed person experiences a lack of interest, and a lowered response to normal stimuli that makes him/her aware that something is wrong, and makes you aware that something is wrong. You're talking to a student that seems down, and you're thinking. "Hey, could this guy be depressed?" You've known him, so you say, "How'd the Cincinnati Reds do yesterday?" You ask that because you know the guy always keeps up with the Reds, and he says, "I'm not sure." You think that's funny, for you know he always knows how The Reds have done. You ask another question about interests and

you find out that things that are normally stimulating to him are no longer, so that gives you another clue about depression. Sometimes, a person may present the crisis to you by describing, "You know, Rev. So and So, I've lost interest in everything. I haven't had a date in three weeks, and I don't even care." Or here's someone who's been at your BSU center every other day for two years, and suddenly you don't see him for three weeks, but you see him on the sidewalk and say, "Where have you been, I missed you at such-and-such." "Well, I haven't felt much like coming recently." Your light goes on. Does that mean they just suddenly changed religious preference? Probably not. It may mean that they are depressed.

I mentioned physical complaints also, because, many times, a depressed person will talk about physical complaints instead of emotional hurts. Why? Because in our society it is acceptable to be sick. It is not acceptable to be depressed. So a depressed person will often move into a sick role, so they can say, "I've a headache, and I don't feel good," or "I have been sick and I'm not feeling well," or, "I've had a cold that's been hanging on for a long time." Remember to look under that and start asking some other questions to see whether that's their way of saying, "I'm really too depressed to leave my room and come to your party." It's easier for them not to say to you, "I'm depressed, and I don't want to come to the party." It's easier to say, "I've got a headache." So watch out for physical complaints in reference to what that might tell you about depression.

Now let me talk about the spiritual dynamics and here's where I think a religious person has another means of diagnosis, another means of understanding that goes beyond what the secular behavioral scientist or social scientist or therapist might have. So let me talk about how what I've already said comes out in religious language, or in religious conceptulization.

First of all, to the depressed person, God is usually very distant, uncaring, and perhaps even unable to help. So when I asked this student, "Tell me a little bit about how your religious faith is having some impact on what you are experiencing," he quickly described that for him God had moved further and further and further away. He then described that his prayers go no higher than the ceiling. He even got the feeling that it was kind of an absurdity for him to be crying out to God because God couldn't care about his pain and

hurt. Given his particular theological orientation, he made an assumption that the reason God had moved off to a distance was because he didn't have enough faith and had let himself get depressed.

The sense of worthlessness and blame often comes out in a perception that God is disappointed in me or angry at me, or dissatisfied, which leads to an experience of guilt and shame. This student I dealt with had the first experience much more than the second. But other depressed people clearly feel that God is angry at them, or disappointed in them. If you said to the student, "If I invited God into this office, and you weren't here, and I said to God: 'Tell me, what's your response to Joe Smith?' What do you think God would tell me?" He might well respond, "Well, God would say, 'I'm disappointed in Joe. He's been sluffing off on his studies and hasn't been paying much attention to his wife and he's been skipping church.' " A person might tell you any number of things that gives you a chance to know what's going on with them emotionally as well as spiritually.

Depressed persons often experience alienation, and sometimes in more acute depressions they'll say things like, "I've grieved the Spirit," and question their salvation. I remember that one of the most significant impressions I got the first time I ever worked at length in a mental hospital was the number of religious people in mental hospitals who asked questions about their salvation or who felt that they had committed the unpardonable sin. When you ask, "What did you do?" they often can't identify it. They might say, "Well, I grieved the Spirit . . ." "Well, how did you do that?" They tell you something that's hard for you to figure out, but the sense of sinfulness is so deep that they assume that they're alienated from God, God has written them out of his will, as it were, and that's very significant.

Obviously, for those who feel worthless, religiously they often feel that mercy and forgiveness is undeserved. Now for those who have been apathetic or bored and are not able to concentrate, or make decisions, they often feel guilty over their laziness and their failures to accomplish. And then some perceive that the physical problems they think they experience is punishment for what they have done wrong. These are some of the things that come out spiritually, from depressed people.

And then I've listed some behavorial changes and we'd better note those, because they will be some of the clues you have to the

kind of crisis that some of your students are going through. Sometimes a depressed person withdraws, and isolates himself from the rest of the people. To relate interpersonally is very difficult for them, so they withdraw. Suddenly they're in their room a lot or you notice them sitting off in the corner. They don't interact very well, don't have much to say, although they have before. Sometimes, they'll get caught doing irresponsible kinds of acting out, like suddenly they take off on a drinking binge, or get into drugs heavily. When a person is acting out, they may not exhibit all of these behaviors, but often when a particular acting out is different than you've normally expected of that student, that may be a major symptom of depression—behavioral change is often that. So if your introduction to a student is around the idea that their behavior has suddenly changed, then you may need to begin asking other questions to see if that's representative of depression. And then, almost overlapping, there are the panic decisions. Students suddenly get pregnant, or quit work, or drop out of school, or want to get married, or join the Army, or whatever. To you the decision doesn't fit anything that's been going on up till that time. Why is that? It may be a sign that they are chronically, right now, depressed or despairing.

Particularly for students, the drifting pattern of behavior may be a sign of depression, particularly where there seems to be no interest, no motivation, nor any goals. One of the more certain diagnostic questions for depressed people is to ask, "Look, tell me what you hope to be doing three months from now, or one year from now." Most depressed people cannot give an answer to that. Their future orientation is flat and they may not even be able to tell you what they're going to do that evening. When you start asking about goals or objectives or hopes, almost never do you get a response.

Occasionally we run into depression in its manic phase. People suddenly get very overextended and are taking too many courses or are on too many committees or are spending too much time working. They are on some kind of high, usually not related to drugs, usually it's an intrinsic high in which they are suddenly just "hyper" as we call it. And then sometimes you run into this from the unrealistic goals.

I hope this has called to mind some of the students that you're working with who have been depressed, either acutely depressed, or a low-level depression that you've had to deal with.

Appendix

Recognizing Depression

A. *Physical Symptoms*
   1. Respiratory system—breathing, sighing, shortness of breath.
   2. Eating patterns—loss of appetite, compulsive eating.
   3. Sleeping patterns—too much, too little, can't wake up, can't get to sleep.
   4. Energy levels—chronic tiredness, fatigue.
   5. Physical appearance.
   6. Crying spells.

B. *Mental Symptoms*
   1. Poor memory.
   2. Concentration impaired—can't study.
   3. Decisions are difficult—I can't make up my mind!
   4. Lack of reality orientation and awareness — operating on unrealistic assumptions.
   5. Panic decisions and poor judgment — break relationship, drop out of school, suicide.

C. *Emotional Dynamics*
   1. Hopelessness/helplessness—gloomy, pessimistic, trapped.
   2. Worthlessness — blame ("It's all my fault"), inadequacy, failure, ("If it weren't for me").
   3. Apathy/boredom—lack of interest and lowered response to normal stimuli.
   4. Physical complaints—real physical effects, sick-role.

D. *Spirtual Dynamics* (response to the above)
   1. God is distant, uncaring, or unable to help.
   2. God is disappointed, angry, and dissatisfied, which leads to guilt/shame. Alienation experienced ("I have grieved the Spirit"), loss of salvation's mercy and forgiveness undeserved.
   3. Guilt over laziness and failure to accomplish. Leads to the above.
   4. Punishment perceived in physical problems.

E. *Behavorial Changes*
   1. Withdrawal and isolation—IPR is difficult.
   2. Irresponsible behavior/acting out—drinking, sexual, drugs.
   3. Panic decisions — get pregnant, quit work, drop out, get married, join the army, etc.
   4. Drifting—no interest or motivation, no goals.
   5. Manic phase—overextension, "high," unrealistic goals.