



RICHARD WINTER

*Author of **Perfecting Ourselves to Death***

WHEN LIFE GOES DARK

**FINDING HOPE IN THE
MIDST OF DEPRESSION**

"A profound and life-giving walk." —DAN B. ALLENDER

“This labor is a profound and life-giving walk through the valley of the shadow of death. Few people will escape the wrenching and sullen emptiness of depression or the exhausting triggers of anxiety—yet there are is little available to help us address this heartache from a biblical, neurological, relational and spiritual viewpoint. Richard Winter offers not only decades of wisdom and knowledge but the fruit of his own personal struggle with depression and anxiety. This is a tour de force of how to engage the reality of our struggles in the bright light of our relationship with Christ.”

Dan B. Allender, Ph.D., professor of counseling psychology and founding president, The Seattle School of Theology and Psychology

“As a pastor for over thirty years, I must engage in my own personal battle with depression and anxiety while seeking to equip others to fight this good fight of faith. I have searched for a resource that is comprehensive enough to cover the spiritual, physical, psychological and relational dimensions of depression while remaining readable and accessible, especially to one like myself who faces depression. This is it! Dr. Winter has given his readers a priceless tool. For those simply wanting to grasp the dynamics and difficulty of depression or assist those who face it, here is a compass with which to navigate these dangerously turbulent waters.”

Joseph Vincent Novenson, senior teaching pastor, Lookout Mountain Presbyterian Church, Lookout Mountain, Tennessee

“It is a special joy to be granted the privilege of recommending this excellent book. Richard Winter has written the most wise and careful meditation on sorrow, anxiety, depression and brokenness that I have ever read. His book is full of deep reflection on Scripture, experience and the most up-to-date scientific research on the troubles of the mind. Consequently, it will be a wonderful resource for every pastor, counselor, psychologist and psychiatrist, or simply for anyone desiring to be a kind and helpful friend to those who struggle with depression or severe pain and sorrow. Richard’s sensitive use of personal stories and his drawing on many years of listening to and responding to deeply depressed individuals make this book come alive and make it extraordinarily useful to the reader committed to trying to bring hope to the hurting. His appeals to Scripture are never superficial but arise from a deep understanding of the biblical story of creation, rebellion, redemption, and the expectation of consummation through which the Lord desires to shape and direct our lives. This book will be a valuable source of

help for many years to come, both to those who are themselves troubled and to those who give their lives to serve the wounded heart.”

Jerram Barrs, resident scholar, Francis A. Schaeffer Institute, and professor of Christian studies and contemporary culture, Covenant Theological Seminary

“Drawing on a wealth of experience in clinical psychiatry, counseling and biblical reflection, Richard Winter has produced a unique resource. It is worth the purchase price just for its carefully crafted inquiry into the role of the satanic. Depression in some form or other will almost inevitably come our way, either in our own experience or in the lives of those close to us. So read this book when the sun is shining and life looks good. Its practical wisdom will reduce the likelihood of these dark nights of the soul, and when they do come, provide a well-stocked toolbox for self-care, counsel, advice on treatment where needed and practical redemption. A must-have resource for pastors, counselors and all Christians who want to live well under God.”

Glynn Harrison, Professor Emeritus of Psychiatry, University of Bristol, U.K.

“*When Life Goes Dark* is an excellent treatment of the full range of distressed mood. Dr. Winter clearly has the gift of comprehending the whole person and uses it to bring coherence to a part of our experience that is too often treated superficially and simplistically. He gives a balanced and thorough picture of both who we are and how we are in times of distress. There is no ‘flavor of the month’ here, but a true picture of the problem of being human and coping with emotion. In doing so he provides an accurate and integrated look at the complete human condition and its savor. I particularly enjoyed the various contemporary and historic examples of people coping with the world and all its brokenness: personal, biological, social, spiritual. It’s good to know we are not alone but travel in a very real company who’ve experienced everything we do and lived on.”

Mark Cundiff Johnson, M.D., Assistant Professor in Clinical Psychiatry, Washington University School of Medicine, St. Louis, Missouri

“Richard Winter’s book, *When Life Goes Dark*, is a comprehensive and biblically based guide for finding hope in the midst of depression. It will be of great help to those suffering from depression and those who minister to them.”

Siang-Yang Tan, Professor of Psychology, Fuller Theological Seminary, and author of *Counseling and Psychotherapy: A Christian Perspective*



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MIDST OF DEPRESSION**



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*"I . . . will make the Valley of Achor [trouble] a door of hope.
There she will sing as in the days of her youth."*

HOSEA 2:15 NIV 1984

*For Jane, Johanna and John, Matthew and Anna,
Rebecca and Sam, Triona, Joseph, Eliza, Oliver, Rudy,
Margot, Zach and Martha—who give me great joy—
may they have hope and light in a world where there
is much sorrow and darkness.*

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to this book through their love and encouragement in my early years and in their faithful example of living out the truth of the Christian hope in a broken world.

And to those who have kindly given me permission to share their pain, you may never know how much it means to readers to know that others have been there before them.

INTRODUCTION

Severe depression is a profoundly crippling condition. It is associated with impaired work and relationships, greater physical illness and significant risk of death from suicide. And it's widespread. Approximately one in twelve people will experience a severe depressive episode in their lifetime, and unfortunately, more than 50 percent of people in the United States and Europe with serious depression do not receive or will not get adequate help. A friend wrote the following to me in a recent family newsletter after enduring a long season of depression that profoundly affected everything and everyone in his life:

You need to know that it was dark for a long time. Days were eclipsed by weeks and then months . . . and even the years passed by with little light. The sun is shining now, which is why you are hearing from us again.

This book is written primarily for those like this friend, who find themselves—or their loved ones or the people they are counseling—vulnerable to depression. It is for those who want to find ways to resist the slippery slopes and vicious circles of confused emotions that so often end in depression. And it is for those who offer comfort and counsel to the depressed; it should help to provide a framework and perspective within which to evaluate the causes of depression in order to bring healing and hope.

When I wrote the first edition of this book in the early 1980s,¹ I had completed my training in medicine and psychiatry in England, where I had accumulated an enormous amount of head knowledge from many hours of study and much experiential knowledge from treating seriously depressed patients in the hospital and in outpatient clinics. I had also done some counseling and psychotherapy with people in a local church and at the L'Abri Fellowship, a Christian study center in the United Kingdom, where I had worked for many years. Personally I had been discouraged and sad in life but never seriously depressed—and hoped never to be. However, within the next three years after this book publication in 1986, my sister died in childbirth, my father-in-law died suddenly, my wife was diagnosed with cancer and my brother-in-law took his own life. In between all of this, a couple of good friends, with whom I'd worked very closely, moved to the United States, and simultaneously, I was thrust into heavy leadership responsibility in my church and in the L'Abri community. I was able to keep going, like the proverbial frog in the kettle where the water heats up all around him, but I was not dealing well with the grief and challenges that arose from all those losses and changes. I began to learn more about the subjective side of depression as I coped less and less well with conflict, lost most enjoyment in life, struggled with insomnia and became paralyzed by indecision. I was sad, discouraged, ashamed and slipping down into a serious depression. I talked to friends, mentors and counselors, as well as started taking antidepressants—all of which helped me through this dark valley in life.

It was ironic that all of this happened immediately after my book was published, almost as if God was saying, “You think you know a lot about depression, but let me teach you a thing or two.” Twenty-two years later, I have experienced more grief and sadness but also much joy and encouragement. I am thankful that I have never been so deep in the pit of depression again and have learned

to deal better with the inevitable times of anxiety and sadness that come to someone of my somewhat melancholic-leaning temperament. In a few times of major decisions, transitions and loss, I have felt my vulnerability to anxiety and depression taking over and manifesting as insomnia, tearfulness, early morning dread and a terrifying sense of my body and brain being taken over by an alien influence. In these times, I have felt like I was “going down” into a dark place, and indeed, the word *depression* is derived from the Latin word that means “pressed down.” I am grateful that my “fall” was arrested before I slipped too far, but I feel profound sympathy for those who go much deeper into the darkness of depression for a long time.

Over the last forty years of my career, I have counseled many people whose struggle is somewhere on the spectrum between discouragement and severe depression. A large part of my calling as a psychiatrist and psychotherapist is to listen to people’s stories. Almost every day I hear new stories from my students or clients of their struggles to deal with the pain of life. In each of their stories there is woven a unique tapestry of beauty and brokenness, of dignity and depravity, and many of these threads lead to an endpoint of deep emotional distress and depression. Each person’s story is different but simultaneously absorbing, fascinating, disturbing and heart wrenching. There is no neat formula for recovery from depression, so I cannot prescribe some ready-made package of things to think and do or pills to take. Often, it takes many weeks of talking for some of the factors that have played into a person’s depression to come out into the open—so hidden are they underneath layers of shame and fear. It then takes more time to understand the relative contribution of personality, attachment issues, early-life events, trauma, current stresses, genes and biology so that the client and I can work together toward turning a seeming “breakdown” into a “breakthrough” of new ways to see, believe and be. This is the privilege and wonder of counseling and psychotherapy, being able to walk alongside someone for a while and see God’s gentle but persistent work of transforming and healing.

Since the first edition of this book, I have spent twenty years as a professor of practical theology and as the director of the counseling program at Covenant Seminary. I have worked hard to keep up with the ever-changing and fascinating scientific research on depression, as well as personally growing in my understanding of the relationship between scientific knowledge and biblical wisdom, and I have tried to communicate many of the ideas in this new book to men and women who have become pastors, youth workers, hospital chaplains and professional counselors. I also hope to give you some tools with which to understand and make sense of your own or your loved ones' experience of depression: the amazingly still relevant biblical stories and teaching about emotions, the current scientific research on the causes and treatment of depression, and the ways in which our brains can be changed by what we think and do.

So we will need to wrestle with some tough questions here. What is depression? Is it sickness or sin? Should we be concerned about regarding any and all unhappiness as a treatable disorder? And when it comes to relieving depression, do antidepressants really help? Are they a good thing? How do we relate the knowledge that comes to us from science, including brain scans and biochemistry, to the world of the Bible? What about all the different types of talking treatment? Are counseling or psychotherapy effective and useful?² Some Christians have a problem with secular psychology and others think the Bible is all we need.³ Still others wonder, with all the benefits of psychology and medicine, if spirituality and, especially, the Bible remain relevant to the treatment of depression.

In order to answer these questions, we will need to define some differences between normal sorrow, discouragement and grief, and mild, moderate or severe depression. We will need to look at the causes of depression, including taking a look at current research on depression and deciding how we can think about the relationship

between a Christian understanding of reality and the findings of medical and psychological science. But beyond understanding depression and its causes, I hope this book will help you find encouragement and insight into the many things that can be done to reduce vulnerability to depression, increase resilience and lift the darkness in order to have hope for the future. May the “valley of trouble” become a “door of hope” (Hosea 2:15 NIV 1984)!

Part One

THE ROOTS OF SORROW

NATURE'S EFFECTS AND NURTURE'S CHOICES

Cans't thou not minister to a mind diseas'd,

Pluck from the memory a rooted sorrow,

Raze out the written troubles of the brain,

And with some sweet oblivious antidote

Cleanse the stuff'd bosom of that perilous stuff

Which weighs upon the heart?

WILLIAM SHAKESPEARE, *MACBETH*

1

FALLING INTO DARKNESS

The Experience of Depression

That perilous stuff which weighs upon the heart.

WILLIAM SHAKESPEARE, *MACBETH*

*How weary, stale, flat, and unprofitable seem to me
all the uses of this world!*

WILLIAM SHAKESPEARE, *HAMLET*

Julie sat opposite me, staring at the floor. She spoke in a quiet monotone only when I asked her a question. Occasionally she smiled, but it was an empty expression since her eyes betrayed a deep sadness and perplexity. She could dimly remember times when life seemed to have some color, but now it was an effort to push herself from one day to the next. Her office work was the one thing that kept her going, providing a temporary relief from the negative thoughts that consumed the lonely hours before dawn or the long evenings when she wandered listlessly around the house or sat blankly in front of the television. *What is wrong with me?* she wondered. *Surely no one else is as hopeless and incompetent as I am?*

Julie did not realize that she was in the company of many people who have suffered from severe depression at some time in their lives. In *An Unquiet Mind*, Kay Redfield Jamison chronicles times when she felt “unbearably miserable and seemingly incapable of any kind of joy or enthusiasm. Everything—every thought, word, movement—was an effort. Everything that once was sparkling now was flat. I seemed to myself to be dull, boring, inadequate, thick brained, unlit, unresponsive, chill skinned, bloodless and sparrow drab.”¹ Similarly, in his book *Darkness Visible*, William Styron attempts to describe the indescribable, writing that severe depression is an interior pain that is, “a veritable howling tempest of the brain.”²

Despite the testaments of well-known writers, for many people the subject is often veiled in silence, disapproval or suspicion. Many, like Tony Lewis, speak of their shame at being depressed:

I knew of a few people who had mental breakdowns but the term meant nothing to me. If anything I looked down on “them” as being weak, spineless people society would do well rid of. When a psychiatrist told me I was mentally ill, I was horrified. I felt ashamed of being ill—guilty, even. I told a constant stream of lies to cover up my visits to psychiatrists, my hospital attendances and my reasons for not being a student or holding down a proper job. . . . To feel a slow poison paralyze every faculty, to become gradually more and more helpless, and not to know how or why. . . . My own depressive illness grew from something mild and infrequent into a brutal scourge I believed I could only escape through death.³

Approximately one in every eight women and one in every sixteen men will at some time in their lives have such an experience of depression.⁴ In 2007, 16.5 million American adults (approximately 8 percent of the population) experienced at least one episode of serious depression. Severe depression is being recog-

nized as one of the major health concerns of this century. Antidepressants are the most frequently prescribed medicines, and the number of these prescriptions doubled between 1996 and 2005.⁵

Depression is associated with multiple health problems, and it increases the risk of heart attack and stroke, as well as likely undermining immunity to other diseases. Depression contributes to thousands of lost working hours, broken marriages and family dysfunctions, and many acts of folly and indiscretion. Its effects are more devastating in terms of years of being able to live an *active life* than AIDS, heart disease and cancer. Some have called depression one of the most devastating diseases known to humankind.⁶

In recent years approximately 33,000 people each year die by suicide in the United States. That is a rate of one suicide every sixteen minutes, and ninety suicides per day. What's worse is that for every death by suicide, there are an estimated eleven suicide attempts.⁷ In more than two out of three suicides, depression that could have been treated was probably a contributing factor. In St. Louis, my home city in the U.S., three pastors took their own lives in one year.

Depression occurs in every culture, but it is often described in language different from our Western, psychological words. In many countries people complain of physical symptoms, such as headaches, back or stomach pain, or sexual difficulties rather than saying, "I am feeling sad or depressed." For these people, the stigma of depression is usually far greater than what we experience in the Western world, so they will suffer in silence.

WHAT IS DEPRESSION?

The word *depression* is used to cover a whole range of feelings—from a fleeting sense of unhappiness to profound, enduring, suicidal hopelessness. All of us have ups and downs each day that are usually related to the frustrations and disappointments of normal

life. Sometimes a sense of dejection colors our thoughts and activities for hours or even days as we come to terms with a broken relationship, a failed exam, the lack of promotion at work, the loss of a job, or plans foiled by other unexpected circumstances.

Some people cycle in and out of moods of happiness and sadness with dramatic speed and intensity for all to see. Others, more placid by temperament, experience little outward variation in mood. There are people who reside at the ends of the spectrum—those who are consistently exuberant and enthusiastic, rarely appearing unhappy, while others are consistently depressive and melancholic, rarely seeming happy. But most of the time, most of us will live with a range of experiences of happiness and sadness, and we will rarely hit the dark places of despair and hopelessness or the wild excesses and disinhibition of mania.

However, in recent years, a concern has emerged that we are losing the subtleties of language that describe the middle range of emotions between extreme happiness and suicidal depression. With the common claim that depression and anxiety can be treated easily with a pill, it seems that any unhappiness may be defined as depression.

So when I am diagnosing depression, it is very important to explore the context and the meaning of the experience for the individual and his temperament before giving the label of “major depressive disorder” or “clinical depression.” I have to ask “is this an appropriate reaction to the loss of a job or the breakup of a relationship or the death of a friend?” I need to explore the severity of the depression and how long it has lasted. Charles Barber comments on the difference between a fleeting experience of depression and major depressive disorder when he writes, “To confuse the two, depression with Depression, is to confuse a gentle spring rain with a vengeful typhoon.”⁸ Unfortunately, for many people who go to their doctor with symptoms of depression, they are prescribed an antidepressant before the situation has been discussed in detail.

Worse yet, there is often inadequate follow up or even appropriate advice about how to take the medication and deal with possible side effects. In one study, “43% of those prescribed antidepressants had no psychiatric diagnosis or any mental health care beyond prescription of drugs.”⁹ Not only is this an irresponsible use of medication, but recent research has shown that antidepressants do not work much better than placebo in mild and moderate depression. This fuels concern about the misuse of medication and the need for careful attention to what actually constitutes depression. It is possible that milder depressions are caused by psychological and social factors, whereas in severe depression, there is an additional biochemical factor that makes it more like a physical illness.

While most of us are probably more familiar with the middle range of emotions that include happiness and sadness, as well as periods of mild situational depression, we need to explore the less familiar territory of the extreme ends of human experience: here people can suffer from the pain and paralysis of severe depression (often called clinical or major depression) or the excitement, confusion and chaos of a manic state of mind—and some people will experience wild swings between these two worlds. One end is dark and desperate while the other is full of color and enthusiasm; but both are out of touch with reality. It is incredibly hard for those who have never been there to understand what it is like.

Severe depression. To give you a sense of the bleak experience of severe depression, here are quotes from several writers who have been “there.” Sylvia Plath, who eventually took her own life, describes the inner world of Esther (the fictional protagonist of her novel *The Bell Jar*), a young journalist and recent winner of a fashion magazine contest:

I wasn't steering anything, not even myself. I just bumped from my hotel to work and to parties and from parties to my

hotel and back to work like a numb trolley bus. I guess I should have been excited the way most of the other girls were, but I couldn't get myself to react. I felt very still and very empty, the way the eye of a tornado must feel, moving dully along in the midst of a surrounding hullabaloo.¹⁰

William Cowper, the poet and hymn writer of the eighteenth century, who suffered several bouts of severe depression, wrote to his cousin:

You describe scenes delightful, but you describe them to one who, if he even saw them, could receive no delight from them, who has a faint recollection, and so faint as to be like an almost forgotten dream, that once he was susceptible of pleasure from such causes. . . . Why is the scenery like this . . . why is every scene, which many years since I could not contemplate without rapture, now become, at the best, an insipid wilderness to me?¹¹

Severe depression is marked by several features, which manifest differently in each individual, and sometimes features that seem contradictory appear together at different times in the same individual. For example, severely depressed people often feel persistently sad and can be moved to tears at the most trivial events, sometimes crying excessively without good reason—*or* they may long to cry but be unable to do so, as if all emotion has been drained dry. Some people who are depressed will become restless, agitated, demanding, easily offended and difficult to please. They may be constantly irritated and experience occasional outbursts of frustration or rage. Others may withdraw, becoming very slow in their reactions to people and events, showing little emotion. Or they may appear quite normal because they can still cover their inner confusion with a smile and a joke.

For many struggling with severe depression, concentration becomes difficult, so settling down to anything or making even

small decisions becomes an enormous burden. Simple tasks become enormous obstacles. Showing that depression is not a new phenomenon, nearly two hundred years ago, John Colquhoun vividly described these symptoms of depression in his “Nature and Signs of Melancholy in a True Christian”:

A man so depressed is utterly unable to exercise joy or to take comfort in anything. . . . He is always displeased and discontented with himself. . . . His thoughts for the most part are turned in upon himself. . . . He commonly gives himself up to idleness; either lying in bed, or sitting unprofitably by himself . . . daily harassed with fears of want, poverty and misery, to himself and to his family. . . . He is weary of company, and is much addicted to solitude. . . . His thoughts are commonly all perplexed, like those of a man who is in a labyrinth, or pathless wilderness. . . . He has lost the power of governing his thoughts by reason. . . . He can no more cease to muse on that which is already the subject of his thoughts, than a man, afflicted with a violent toothache, can forbear, at the time, to think of his pain.¹²

Constant feelings of inadequacy, failure, worthlessness, shame and guilt plague the mind, and it seems as though others are watching and critical of every action. Normally insignificant fears and anxieties become greatly exaggerated. William Cowper describes his churning thoughts and exaggerated fears at such times: “The terrors that I have spoken of would appear ridiculous to most. . . . I am hunted by spiritual hounds in the night season.”¹³

In addition, constant tiredness is common and sleep patterns are usually interrupted so that waking at two or three in the morning is not unusual. William Styron writes: “Exhaustion combined with sleeplessness is a rare torture . . . my few hours of sleep were usually terminated at three or four in the morning, when I stared up into yawning darkness, wondering and writhing at the

devastation taking place in my mind, and awaiting the dawn, which usually permitted me a feverish, dreamless nap.”¹⁴ For others, the day is too painful to face and there is a longing to sleep forever. So for these people, especially younger folks, the sleep problem may be an inability to fall asleep at night and a tendency to sleep long into the next day.

Furthermore, sometimes—and this is less common—there can be auditory and visual hallucinations or delusions, the latter of which are firmly entrenched, yet false, beliefs. For instance, Jamie believed that her body was giving off a horrible smell when nobody else could smell anything, and she was adamant that she had a serious abdominal cancer that the doctors could not find. This type of depression is often described as psychotic depression, where there is a severe break with reality, and delusions and hallucinations are present. Approximately one in four people admitted to the hospital with depression experience psychosis,¹⁵ such as Joseph, who was convinced the CIA had bugged his room and was following him everywhere, or Marie, admitted for paranoid depression, who believed that she was being filmed for a movie that was being made about her life by the hospital staff.

Finally, in *any* kind of depression, the despair may become so deep that thoughts of suicide begin to invade the mind. At first it might be an occasional thought but then it can turn into an insistent pressure, as if someone were driving the depressed to self-destruction. My patient Judy had told me of her feelings of depression, but I did not realize how serious it was until she handed me a poem she wrote describing how much a burden she felt to everyone:

I'm going off to die now, goodbye. Goodbye my dear loved ones. Shall I spend two years hugging each of you goodbye? No it suffocates and stunts and binds and, anyway, I must go.

I must go. I cannot stay now. I am empty, ashamed, hollow and dead already. The death in me already smells. I can see

your noses wrinkling at the stink, and I love you all too much to cause you such discomfort.

Do not shake your heads and say too bad. This is best.

Those of us who do this really understand how broken we are: menaces.

This is my public duty. It's a favor to you all.

Exhale relief: one less broken life to cope with. Lift your hands and praise your Lord who has given you all life. I will bow before him and beg—my eyes down. Should he lend me his hand to stand I will sing a new song. If not I will crawl ever downward from his presence, understanding why.¹⁶

Criteria for major depression. To have an experience of depression considered “major depression,” the person must experience depressed mood and/or loss of pleasure and interest in normal activities almost every day for at least two weeks. Even though people may not complain of feeling depressed, they might still be if they experience loss of pleasure and interest in the normal things of life. In a vivid memoir of his own depression, William Styron writes in *Darkness Visible*: “My brain had begun to endure its familiar siege: panic and dislocation, and a sense that my thought processes were being engulfed by a toxic and unnamable tide that obliterated any enjoyable response to the living world.”¹⁷

In addition to this first criterion of depressed mood or loss of interest and pleasure, there must be at least four other symptoms or signs:

1. Appetite and weight disturbance. Often loss of appetite leads to weight loss or eating for comfort leads to weight gain. Sometimes there is a craving for carbohydrates.
2. Sleep disturbance. Older people tend to sleep less well, and if they're depressed, they may wake at 2:00 a.m. or 3:00 a.m. with all the anxieties of the world overwhelming them. Younger people tend to sleep later and, when depressed, may