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UNIPOLAR DEPRESSION; Causal Analysis and Diagnostic Tool

When dark thoughts dig deep grooves, and 'down' becomes a neurological habit.

Depression, the 'common cold' of Western mental illness, is also known as melancholia and unipolar affective (mood) disorder. It includes a variety of flat emotional conditions, but is usually characterised by profound and terrible feelings of powerlessness, emptiness, deadness, fear, lethargy, greyness - a carelessness about everything - an absence of *en theos* for life. At any given time, about one in five people is mildly to severely depressed in our society. Left to become more severe, such emotional pain is engendered that suicide may be seen as the only way to 'cope' with its unceasing pain. Everything is an effort; one delays going to bed, then awakens early, or hides in sleep, and there is a loss of interest or energy for anyone or anything. 1 The weather is permanently bleak, and one runs on will-power, if at all. While medication and electro-convulsive therapy will often bring temporary relief

HOPELESS, POWERLESS or 'VICTIMS' DEPRESSION. "It's no use, I'm trapped between a rock and a hard place." This is sometimes caused by learned powerlessness (I'm a victim / I'm inadequate,) and sometimes by a life-crippling blow, (I'm discouraged / afraid / rejected) resulting in a loss of confidence, social acceptance and personal power. What is the UBF they are avoiding at any cost? What is the exact nature of the dilemma? This must be teased out correctly.

The good news is that learned helplessness or uselessness can be unlearned. It is a lack of life skills, specific insights and damaged perception. In other words, it is not actually about circumstances, but about loss of personal power due to *perception-of-circumstances*. 2 NB "There are no hopeless situations, there are only people who have become hopeless about them." So the clients lack of faith in their own power and their future must be severely revised and then repaired and restored by looking at the damaged interpreter and / or overcoming their UBF, and / or providing the missing skill. It may be personal or relational, e.g. the overpowering effect of a spouse or parent, a lack of boundary or assertive skills, a toxic religious belief, or early trauma / rejection that results in ongoing self-hatred.....

LACK OF PURPOSE depression. Depression is three times more prevalent amongst people on welfare. The lesson is obvious. "What is there to get up for, what difference does it make?" is the existential question of those who lack a vision or reason to be. Related to #1, we all need a cause that's bigger than ourselves - a sense of neediness and the ability to contribute to the welfare of others. Without the purpose that comes from connectedness, what's the point? When our lives mean nothing and offer nothing, it erodes the motivation and desire of the heart to live and progress. We are wired to need a reason, least despair take hold. See Viktor Frankl's works on the existentialist dilemma. To live enthusiastically we must have hope, born out of a sense of personal power, growth and progress, and where.....

NURTURE DEPRIVATION or 'sad' depression. (Analogy; the deflated balloon.) This kind is due to the grief of emotional and touch deprivation, as in adoption, fostering, abandoned childhood, bereavement etc. It equates to un-resolving grief, due to parental neglect or abandonment, (the orphaned child and feral-child syndrome - they had to teach themselves

1 Bi-polar depression is much more likely to be a bio-chemical condition, which includes a manic phase for which the only effective treatment is rest, Lithium or Epilum, and moderating (cognitive disputing) truth-talk. It is much rarer than uni-polar.

2 It is also interesting to note that a condition of powerlessness has struck the generation that has more power of choice in life than any generation before it in the history of the world.

how to think, and to comfort themselves in 'primitive' ways.) This one was never properly 'charged up' for life in the first place, resulting in a continuing lack of enthusiasm, encouragement and any excitement about life (pessimistic). Coping skills are sufficient to function, but not sufficient to give a reason to. The inner child is grieving for lost nurture and a sense of belonging, and so is simply disinterested in everything. Echoes of despair from the past are coming back to occasionally haunt at a quite subconscious level. The busyness and escape activities of daily life no longer keeps them at bay because there is old business that needs finishing - the after-effects of some old trauma, e.g. toxic parenting, old guilt, echoes of abandonment, failure etc. The solution is psycho-therapy - revisit the experience, revise the conclusions, and turn the echoes off by the application of truth, thereby relinquishing the thinking pattern. Can they invoke the Spirit of Divine Comfort, who waits to comfort all who will learn how to tell themselves the truth? Can they dispute the old negative thinking patterns.....

BURNOUT / exhausted depression. (see also 'Ministry Burnout'). This person has been over-taxed and under-rested for much too long, and has gone deep – too deep - into emotional 'overdraft'. They may remain in an 'empty' condition, only just functioning as they go into survival mode, at which point any hard'. (This is often, but not always the problem in post-natal depression.) Generally, the longer this state demands of children, job or spouse on their remaining energies becomes deeply threatening to them. It's all just 'too takes to come into, the longer it takes to pull out of it, but slow recovery is quite possible, provided the root condition e.g. habitualised late nights with perpetual lack of sleep, 'rescuing', over-functioning, fear of failure, fear of abandonment, etc. is identified and addressed. Such conditions as night shift, crying babies, television addiction, a 'root of fear' from historical trauma, or

ANGER, HATRED GUILT OR SELF-PITY TURNED INWARDS. (Bitter depression or frozen rage.) A popular theme with Freudians, this drawn-out tantrum or sulk may be the leftovers of anger and old grudges, and the resulting bitterness which feeds on itself, slowly poisoning the whole character. It begins with early anger or disappointment turning into a need to punish, which quenches gratitude, enthusiasm, and pleasure in life. Sometimes begins with a parent's rejection and resulting grudge (see defensive detachment) or injustice during teens, or anger at God for giving one a 'bum deal', or anger at one-self degenerating into self-hatred.

BIO-CHEMICAL. Finally, there is that depression which is primarily or simply hormonal / bio-chemical, and not merely a symptom. It itself is the problem. Sometimes called *endogenous* or *somatogenic*, I estimate that this condition accounts for about 1 in 7 of my depressed clients, and results from a dysfunctional organ, low-blood sugar (anorexia?), or pre-menstrual tension that can only be described as 'vicious'. These can all contribute to depressive feelings, which occur in spite of normally healthy thinking patterns. The main causes are: - 1. Fluctuating serotonin levels. 2. Hyper or hypo-thyroidism. 3. Absence of zinc or iron in one's diet. 4. Oestrogen / progesterone imbalance from pregnancy, pregnancy recovery, menstruation onset or menopause (depression / despair comes predictably.) 5. Lack of Melatonin due to lack of sunlight. (Seasonal Affective Disorder or SAD) 6) Low blood sugar, due to insufficient food or wrong kind of sugar. The key to diagnosis is that these depressions all occur *periodically despite a history of (normally) healthy thinking patterns, self-esteem and personal power.....*

All of these drugs take some time (ten days to three weeks) to start working, and relieve depression quite markedly about 65 percent of the time. However, about a quarter of depressed people cannot or will not take drugs, usually because of side effects – weight gain, increased anxiety, lethargy, loss of libido etc. Second, once you go off the drug, your risk of recurrence of depression is considerable, probably just the same

(Cognitive disputing has a permanent cure in about 70% of cases, especially the more psychologically sophisticated clients and the less severe cases." Martin Seligman, *Learned Optimism*. Either way, don't try to dispense with the neurological 'lubricator' until positive mental fundamentals are habitualised or you may crash again. I recommend the avoidance of any Homeopathic remedies completely. Water is not a medicine, even though some pharmacy's sell it as a 'vaccine' and it makes a dangerous placebo, even if it 'works'.

Five 'King Lies' responsible for depressed devaluation: -

- I'm no good, no use, and powerless to do anything about it.
- My life is no good and my future is hopeless.
- I can never be useful to or connected with society.
- There is a feeling I must never allow myself to experience, no matter what the cost.
- My feelings, moods and emotions should never be challenged because they would never lie to me.

The '*self-nagging*' of these five can and will invoke powerlessness and depression *in any individual*. Also, watch out for the loop based on a UBF. E.g. I must not experience disappointment again, therefore I won't risk anticipation or getting excited about something, so then I feel flat all the time because I choked my emotional life, *so I won't feel disappointed again*. (Depression can be the price one pays for simply hiding from life's bumps.)

4 Foundational Truths upon which to rebuild the personality: -

- "I have eternal significance and am of equal worth to anyone else. Even a depressed person can find meaning and purpose in service of God and those in need."
- "My past cannot determine my future. My future is determined entirely by my present focus and my day-to-day choices. My enthusiasm needs to be guarded."
- "We are put on earth to learn how to love and serve God, and even great failure is not fatal if it is harnessed to serve those ends."

DEPRESSION; IN CONCLUSION

Most unipolar depression is really a warning light showing that something else is wrong. Don't tape over that warning light with prescription drugs or you'll merely be treating the symptom, unless it is clearly *not a volitional condition*. Specific truths are BY FAR the most powerful anti-depressants, though practically unknown to a generation of doctors raised and trained purely in a post-modern empiricism, devoid of morality and religious values. Non-directive or vague counselling is also a total betrayal of the client's trust at the hour of their greatest need, and should be a cause of deep shame to the entire counselling profession.