

# *Depression, a Motivational Force:*

## **Working With Both Its Healthy and Pathological Functions**

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So what's the big deal?

# Problem Perspective



**18.8 mil. Americans a year  
(9.5%)**

**100 million worldwide at any  
given time**

**Life time prevalence – 15.3%  
- 17.9% M.D.D., 35.4% any  
depression**

**Leading cause of disability in  
US & market economies**

**Suicide = 7<sup>th</sup> leading cause of  
death, 3<sup>rd</sup> in 15-24 year  
olds**

**M.D.D. 2<sup>nd</sup> only to  
ischemic heart disease  
in magnitude of disease  
burden**

**Costs over 44 billion  
dollars per year in US**

# Relapse



- 1992 Shea: average relapse at 18 months was 38%, including placebo group
- 1994 Maj: 24% at 6mo, 37% at 1y, 75% at 5years.
- 1998 Kessler & Walter: 73.9% of major depression had a recurrent episode, 69.2% of minor depression
- 1999 Lewinsohn, et al: French study. 75% had recurrence, 50% by 1y post index episode, 20% became chronic

# Escalating rates

- 1982 Hagnell, et al: Sweden, 1/10 mid 60s to 1/6 in mid 70s. Ten fold increase in young men (20s & 30s)

– 1989 Klerman & Weissman: Incidence and prevalence of depression increasing and age of onset decreasing for successive birth cohorts. Increase for all ages from 1960 to 1975.

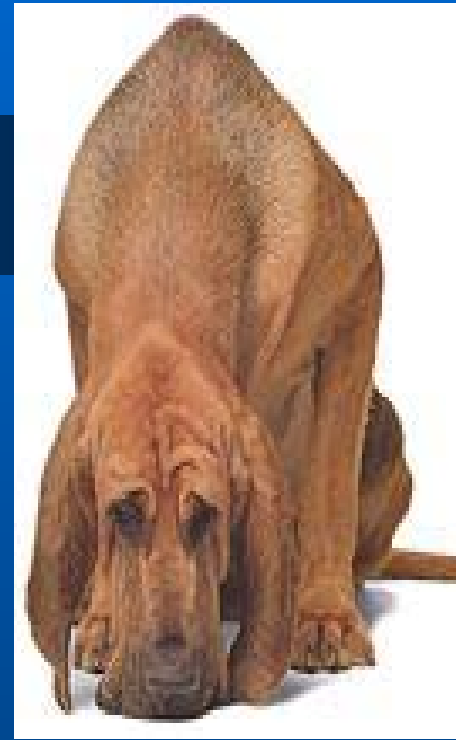
– 1992 Cross-National Collaborative Group: reported overall increase in the rates of depression over time.

– 1993 Lewinsohn, et. al: Confirmed the increasing rates in younger cohorts in 1,710 Ss. Robust controls for current mood, social desirability response bias, labeling, & time since episode did not reduce the Age Cohort Effect.



# Depression Rates (cont.)

- 1994, Wittchen, et. al: **Successively more recently born cohorts have greater depression & more depressive sx; positive affect stable over time, depressive affect decreases over the adult life span.**
- 1996 Prosser & McArdle: **Major depression and the incidence of suicide increasing in US and UK in adolescents, particularly among males.**
- 1999 Sandanger, et. al.: **Incidence rates for depression increased significantly in Norway from 1930 and 1991.**



# WHO Estimates of Depression's World-wide Disease Burden:



## Projection of Disease Burden, Measured in Disability-Adjusted Life Years, from 1990 to 2020 \*\*

### Estimate 1990

Rank	Cause	% Total
1.	Lower Respiratory Infections	8.2
2.	Diarrhea Diseases	7.2
3.	Perinatal Conditions	6.7
<b>4.</b>	<b>Unipolar Maj. Depression</b>	<b>3.7</b>
5.	Ischemic Heart Disease	3.4
6.	Cerebrovascular Disease	2.8
7.	Tuberculosis	2.8
8.	Measles	2.7
9.	Road Traffic Accidents	2.5
10.	Congenital Abnormalities	2.4

### Estimate 2020

Rank	Cause	% Total
1.	Ischaemic Heart Disease	5.9
<b>2.</b>	<b>Unipolar Maj. Depression</b>	<b>5.7</b>
3.	Road Traffic Accidents	5.1
4.	Cerebrovascular Disease	4.4
5.	Chronic Obs Pulmonary Dis	4.2
6.	Lower Respiratory Infections	3.1
7.	Tuberculosis	3.0
8.	War	3.0
9.	Diarrhea Diseases	2.7
10.	HIV	2.6

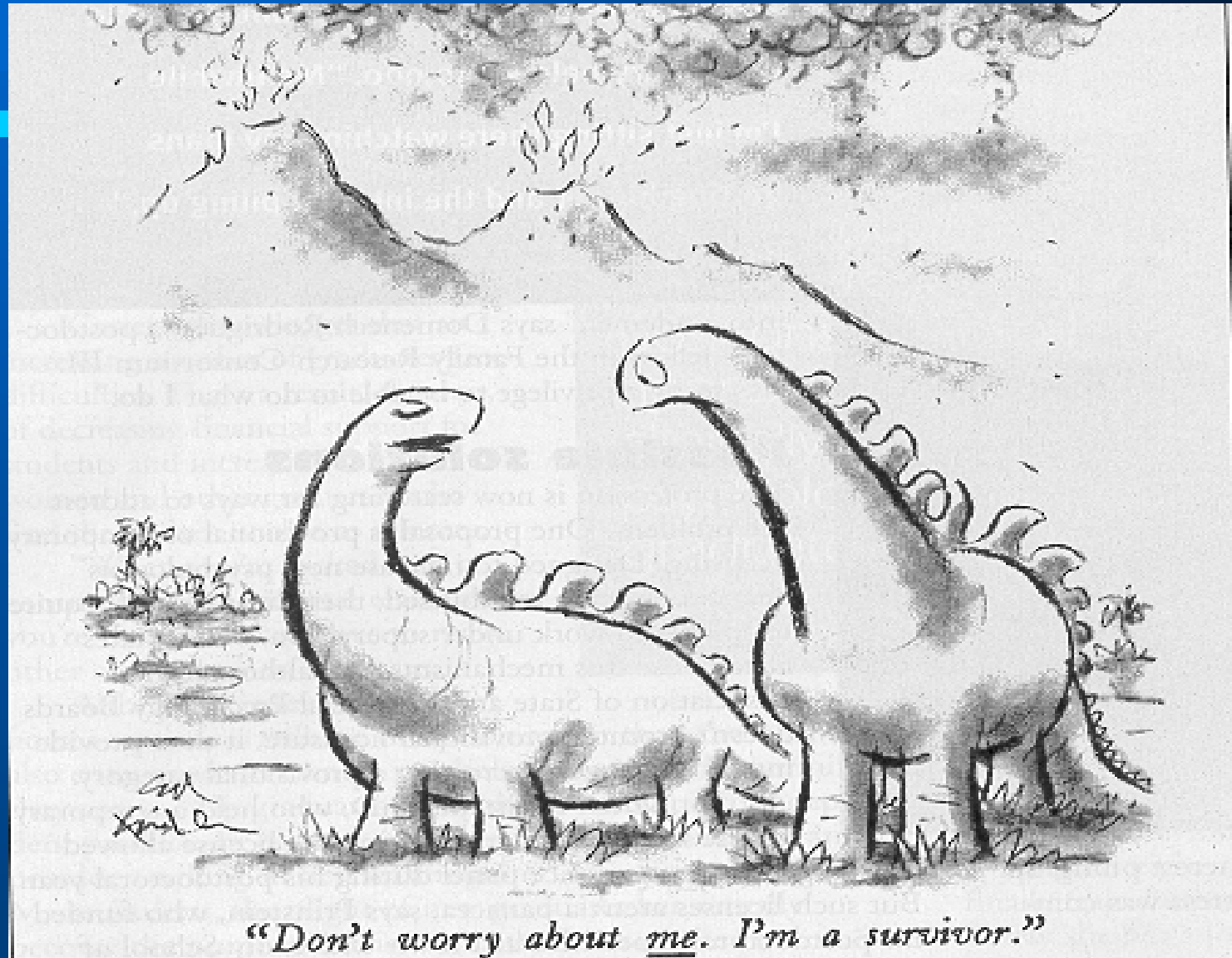
**\*\* In females & developing countries, unipolar major depression is projected as becoming the leading cause of disease burden (WHO 2004)**

# In Summary:

- Current High Levels of Prevalence
- Relapse and Chronicity
- Increasing Severity
- Increasing Rates
- Decreasing Initial Age
- Increasing Burden



# Is Doing The “Same ’ol, Same ’ol” Good Enough?



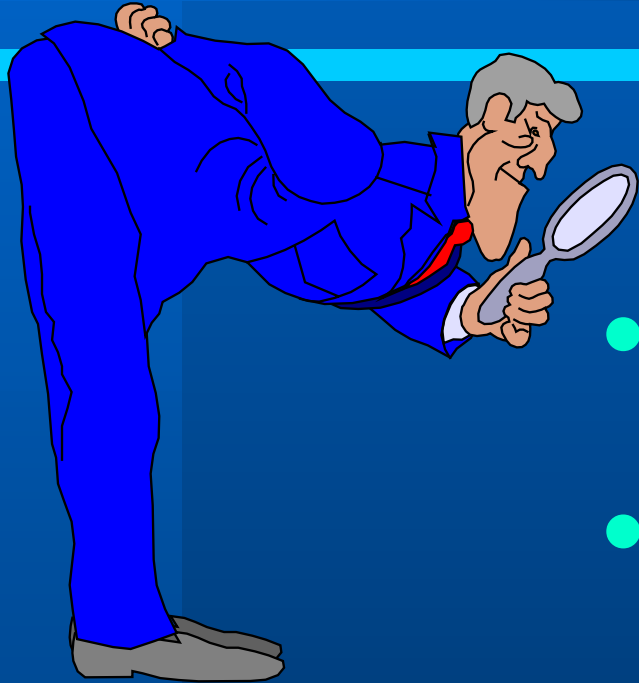
All this at a time  
when we have

an army  
of counselors  
in our  
schools,  
churches  
& clinics

WHO: 1990 vs. 2000



# Where Do We Go From Here?



- Clearly an interventional change is needed
- Before we can intervene we have to know and understand the actual nature of depression.

# What are we missing?

- A spiritual dimension?



# What's Missing?



- 1987. Fehring, Brennan & Keller. Spiritual well being is inversely associated with depression and negative mood.
- 1990. Brown, et al. Inverse relationship between religiosity and depression for both males and females with lower levels of depression seen in respondents with higher levels of religiosity.

# Religion and Depression (cont.)

- 1990 Pressman, et. al. Strength & comfort from God inversely correlated with initial level of depression ( $r=.39$ )
- 1991. Balk. Religion may play role in helping youth (14-19) face the death of a sibling. Religious youth had far more depressive symptoms than non-religious youth at the time following the death of their sibling. By the time of the interview av. = 24mos) religious youth had only mild symptoms while non-religious were still feeling depressed and confused.

# Religion & Depression

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- **1991. Genia & Shaw. Intrinsic religious commitment is associated with lower levels of depression.**
- **1994 Koenig, et. al Religious coping predicted lower depression at followup.**

# Confusion over depression

**A Rose**



**Is a Rose?**



**Is a Rose?**



# Understanding Depression:

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So, what is depression?



Two Views...

<u>MDD</u>	<u>Dysthymia</u>	<u>Adj. Dis.</u>
1.5 Sx, x 2w	1. 2 Sx, most days	1. Sx less than 6m post stressor
2. Depressed mood- most of the day, nearly every day	for 2y	2. Depression predominant or mix
3. Anhedonia -markedly diminished interest in all or nearly all activities	2. Same	3. Other sx of depression
4. Wt loss/gain – 5%	3. No	
5. Insomnia/Hypersomnia	4. Decreased appetite or overeating	
6. Fatigue, loss of energy	2. Same	
7. Feelings – worthless/guilt	3. Same	
8. Cognitive – concentration and/or indecisiveness	4. Low self esteem	
9. Recurrent thoughts of Death or suicide	5. Same	
10. Motor agitation or retardation	6. No	
	7. No	
	8. Same	
	9. No	
	10. No	
	11. Feelings of hopelessness	

# "TYPES" OF DEPRESSION ?

<b>Neurotic</b>	<b>Post Partum</b>	<b>Pure Depressive Diseases</b>
<b>Psychotic</b>	<b>Melancholic</b>	<b>Schizophrenic</b>
<b>Reactive</b>	<b>Vital</b>	<b>Atypical</b>
<b>Endogenous</b>	<b>Symptomatic</b>	<b>Seasonal Affective</b>
<b>Exogenous</b>	<b>Periodic</b>	<b>Physiological S Type</b>
<b>Involitional</b>	<b>Somatic</b>	<b>Depresv. Spectrum Disease</b>
<b>Unipolar</b>	<b>Simple</b>	<b>Physiological J Type</b>
<b>Cyclothymic</b>	<b>Normal</b>	<b>Adjstmnt. Disorder with</b>
<b>Mourning</b>	<b>Hostile</b>	<b>Maj. Depressive Disorder</b>
<b>Masked</b>	<b>Dysthymia</b>	<b>Physiological Retardation</b>
<b>Bipolar</b>	<b>Primary</b>	<b>Bereavement</b>
<b>Personal</b>	<b>Secondary</b>	<b>Schizo-Affective</b>
<b>Severe</b>	<b>Biological</b>	<b>Exhaustion Dep.</b>
<b>Mild</b>	<b>One Dimension</b>	<b>Secondary to prob. of living</b>

Or....

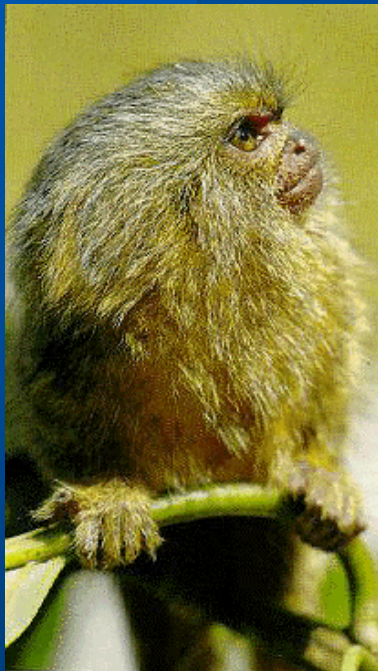
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**Depressive Disorder, NOS**

Or....

# Clarification From the lab:

- **Ruscio & Ruscio, 2000 :** -  
**Taxonic (categorical) or dimensional (continuous)?**
  - Two large studies
  - Both strongly dimensional
  - Far-reaching implications, shift from occurrence of a discrete problem to a focus on etiology and process
  - Continuum from normal emotion to pathological



# ...and with further examination



- **Lewinsohn, et. al, 1999**
  - Etiology of initial versus recurrent episodes of depression
  - Suggests two distinct process:
    - Major life stress better predictor of first episodes
    - Mood/symptoms and dysfunctional thinking better predictors of recurrent episodes

**“For Godly grief and the pain God is permitted to direct, produce a repentance that leads to salvation and deliverance from evil, and it never brings regret; But worldly grief (the hopeless sorrow that is characteristic of the pagan world) is deadly, breeding and ending in death.”**

**II Cor 7: 10**



**One Phenomenon,  
Two Paths**

**Designed by God**

Two

Pathways:

God's

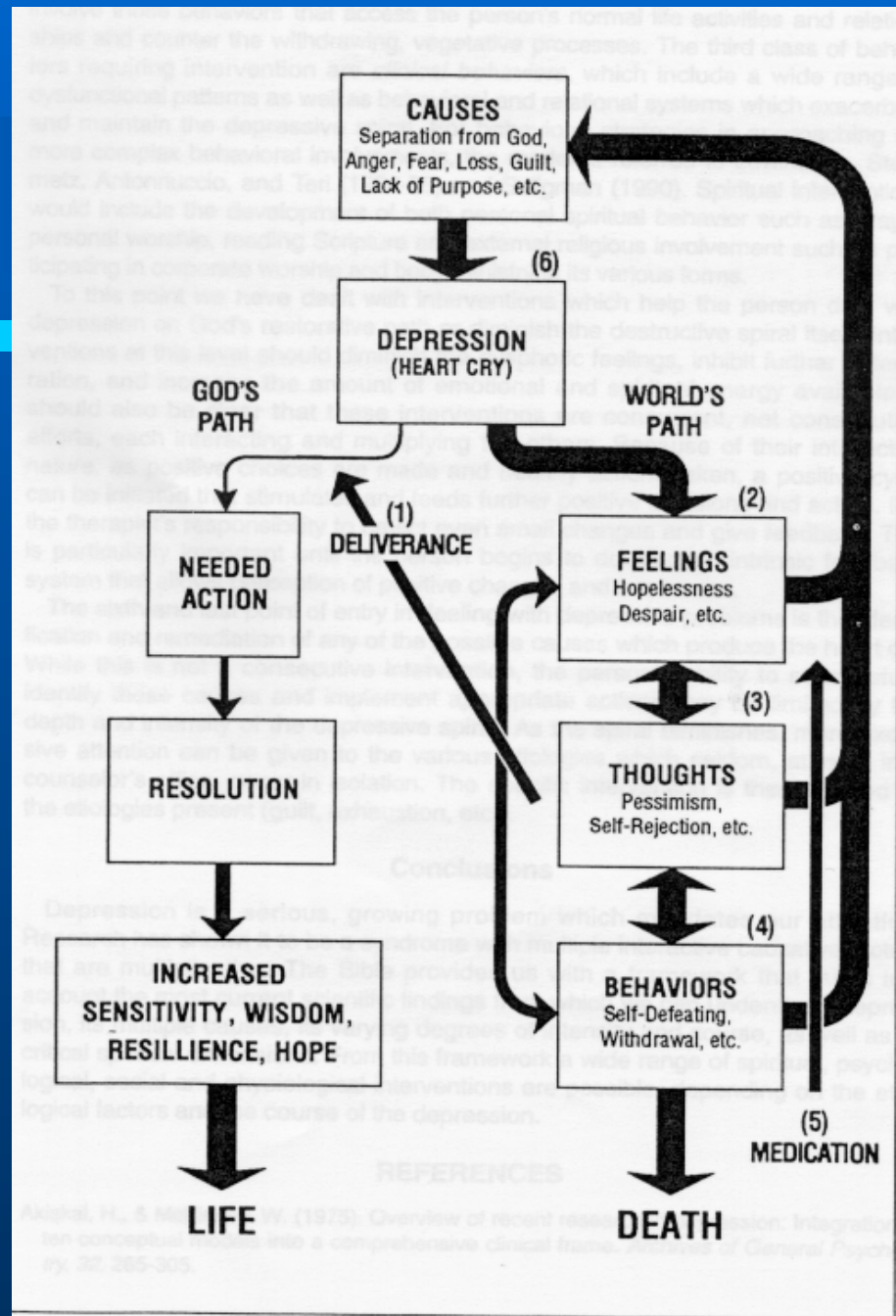
Path &

The

Deadly

Spiral

(Armentrout, 1995)



# So now where does this leave us?

- A scientific resolution?



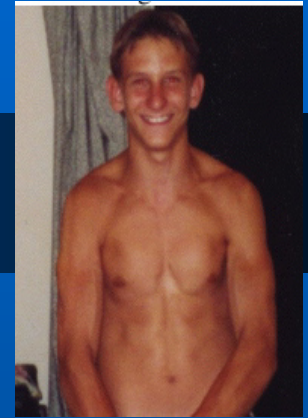
- A Scriptural resolution?



# Important Spiritual/Secular Comparisons

- **The nature of depression**
  - A life-bearing, moving process
  - An evolutionary process for the survival of the species (Klerman); functional (Gut)
- **The process of depression**
  - One feeling, two paths, two outcomes
  - Dimensional (Ruscio & Ruscio), with two distinct processes (Lewinsohn, et al)

# Comparisons, cont.



## Initial causes of depression:

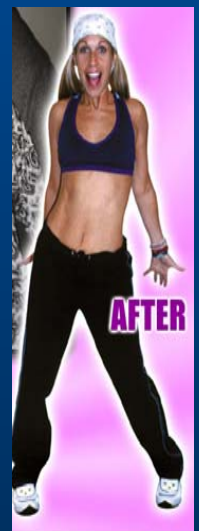
- Multiple causation factors: Separation from God, disobedience, exhaustion, anxiety, overwhelming circumstances, loss, lack of purpose, guilt, self-indulgence, etc.
- Multiple causation factors: Traumatic experiences, interpersonal relationships, genetics, temperament, narcissism/self focus, guilt, anger, environmental stress, loss, low sense of worth/value, lack of purpose, etc.



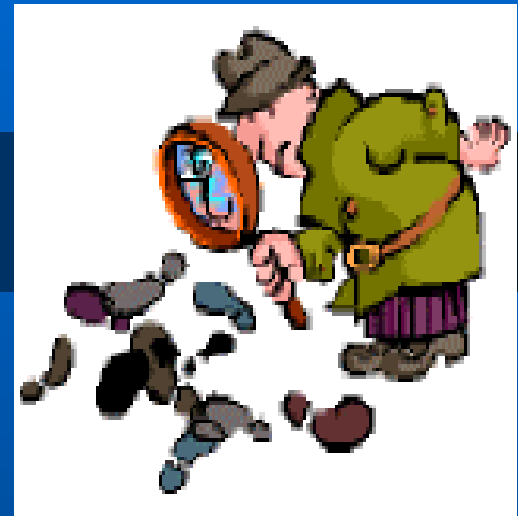
# Spiritual/Secular Comparisons, cont.

## The Causes of depression, recurrent and refractive:

- Being off of God's path, and a deadly, breeding spiral
- Changed perceptual set (Crowson, 1995), dysphoria-activated thinking (Teasdale, et al, 2000), negative cognitive style, (Alloy, et al, 2000; information processing, Kendall et al, 1987), rumination (Nolen-Hoeksema, 2000), dysfunctional thinking and mood (Lewinsohn, et al 1999)



# Now, What is Depression?



- An active, negative feeling or motivational state (heart cry) that
- Can be produced by multiple, internal and/or external events
- Moves us to action
  - for others
  - for ourselves
- Has two distinct pathways:
  - a healthy, life-producing function, &
  - a pathological, breeding, multiplying, destructive course

# Primary Etiology



**Separation from God**



**Exhaustion**



**Rebellion**



**Loss**



**Confusion/Purposelessness**



**Busyness**



**Overwhelming Circumstance**



**Self Indulgence**



**Guilt**

**Hate**



# Essential Elements: Spiritual

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- **Etiology**

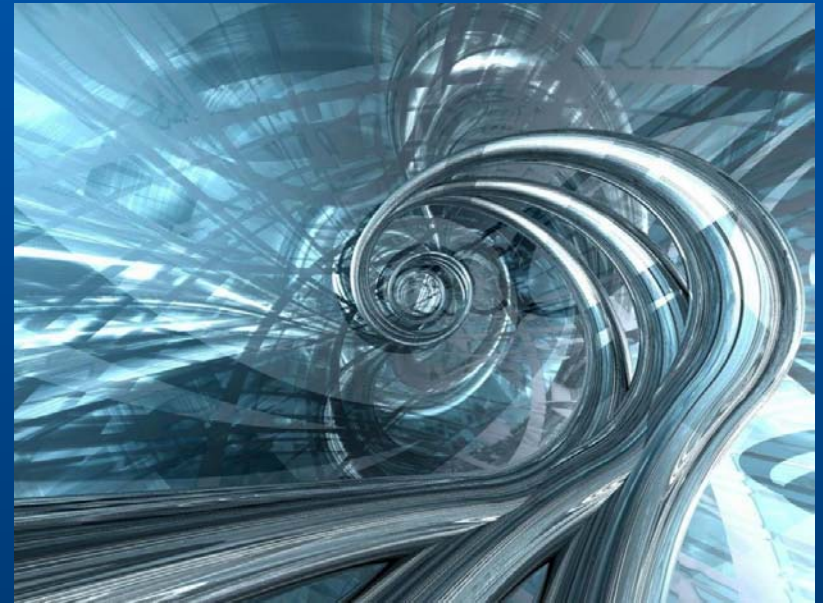
- The “habituated heart”
- The core of the motivational force
  - For ourselves
  - For others

- **Process**

- Healthy or toxic
- Resilient or anemic
- Deliverance

# Essential Elements: Destructive Spiral

- **General**
  - Least responsive to simple intervention
  - Higher risk patients
  - >somatic sx = delayed response to fluoxetine
- **Elements**
  - Feeling control
  - Behaviors
  - Cognitive Distortion
  - Spiritual Distortion



# Cognitive Distortions

1. **Flaw fixation**
2. **Dismissing the positive**
3. **Assuming**
  - Mind reading
  - Fortune Telling
4. **Labeling**
5. **Overgeneralizing**
6. **All-or-None thinking**
7. **Unfavorable comparisons**
8. **Catastrophizing**
9. **Emotional Logic**
10. **Should statements**
11. **Personalizing**
12. **Blaming**

# Essential Elements: Physiological

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- **Etiology**

- Neurotransmitters
- Depressogenic Medication
- Depressogenic Illness/Disease

- **Intervention**

- Diet
- Exercise
- Medication
- Sleep/Margin

# Additional Implications

## ● Depression in Christians

- A “God-sensitive” heart is more likely to result in the experience of depression, reflecting its’ true motivational nature.
- Would at the same time expect Christians to be buffered against
  - Duration of Sx patterns
  - Development of a destructive spiral secondary to its’ cognitive and behavioral components, and
  - Buffering against relapse

# Additional Implications, cont.

- **Implications for Treatment & Research**
  - **Our Biblical understanding of depression provides a new lens with which to view and understand other research findings, such as**
    - **why cognitive/ behavioral interventions have more preventive effect than pharmacological;**
    - **why relapse is so frequent & severe after depression is “cured”, or**
    - **Why a person’s spiritual status so profoundly impacts both the occurrence and outcome of depression**

# In Summary,

- **Following the Biblical model means that intervention, counseling & educational interventions, need to be designed reflecting these realities.**
  - **Etiological:**
    - Primary causes
    - Depressogenic illness and/or disease
  - **Process:**
    - Track One, normal motivational movement
    - Track Two, Mutually interactive elements of feeling control, cognition, behavior and eventually physiology producing - spiraling destruction

# Final Thought

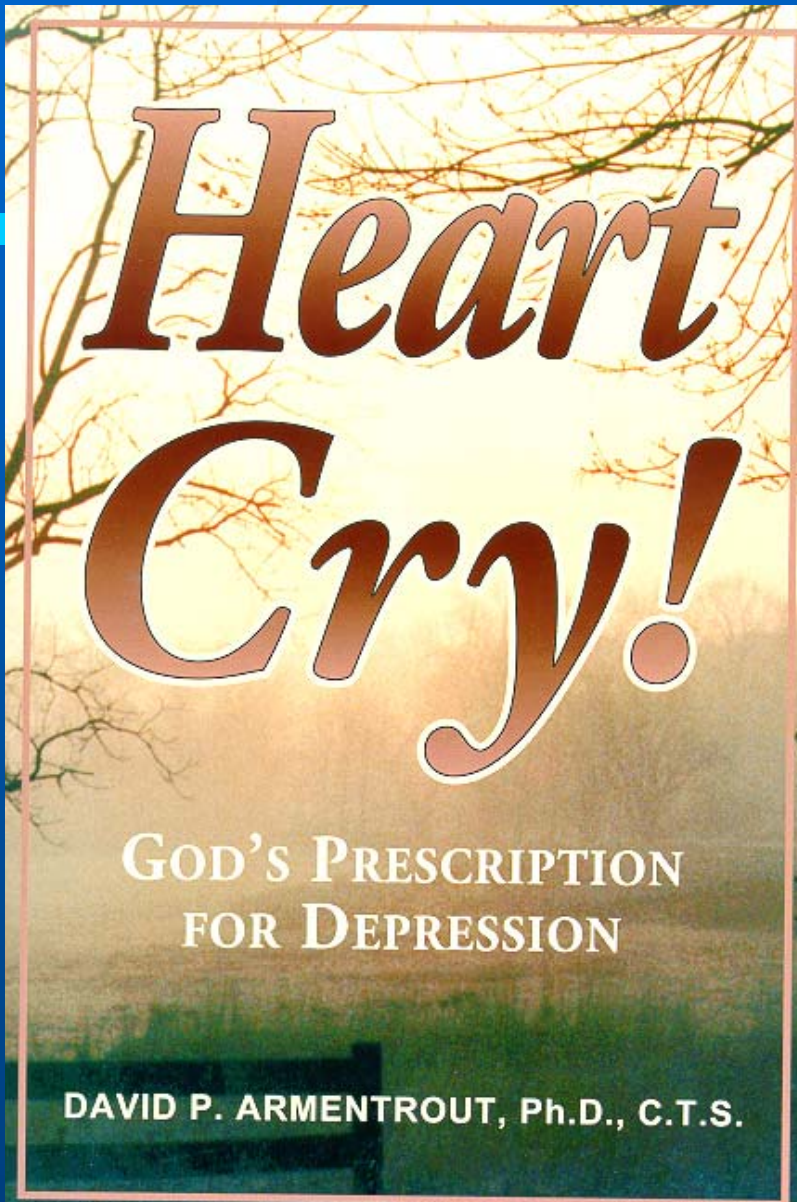
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**“Keep your heart with all vigilance and above all you guard, for out of it flow the springs of life.”**

**Proverbs 4: 23**

**Be Blessed !**

A  
Commercial  
Message



*Heart  
Cry!*

GOD'S PRESCRIPTION  
FOR DEPRESSION

DAVID P. ARMENTROUT, Ph.D., C.T.S.