Depression: My Story

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Depression: My Story

Abstract
"Depressed people are not lazy. They’re not crazy. They’re not freaks, and they don’t need to be avoided. They are no more nor less broken than any of us, in this sinful world. Depressed people are just... people. Here is my story."

Posting about depression from In All Things - an online hub committed to the claim that the life, death, and resurrection of Jesus Christ has implications for the entire world.

http://inallthings.org/depression-my-story/

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I was diagnosed with chronic, severe depression my freshman year of college. It is something I had struggled with throughout high school, though few people who knew me would have known. I was always good at putting on a happy front and faking it when I was around other people. But even when I was the life of the party or the class clown, I still felt a crushing loneliness inside. I contemplated suicide many times. Outside, I was all jokes, flirting and laughter; inside, everything seemed gray, joyless, hopeless—and like it could never be any better. No matter how many people were around, I was always alone.

In college, I met a girl. She was the first person I really opened up to about my struggles, and the isolation I felt. Telling someone was great (if terrifying), and it made me very indebted to her. Here was someone who knew my dark secret, perhaps the only one who knew the full extent of it. If she rejected me, it would confirm everything I had always feared—that the real me was unlovable, no one who knew me would ever want to be stay with me. I would be alone forever, either because no one would stay with me, or because the person who stayed with me would never know the real me.

And because I needed her to like me, I went out of my way to be sure that she would. Whatever she wanted to do, we would do. I would rarely—if ever—say what I really wanted, and would certainly never insist on it if she wanted to do something else. I would buy her special gifts and do special things for her birthday, our anniversaries (1-month, 6-month, 1-year), and sometimes ‘just because.’ I would spend as much time with her as I could, never wanting to disappoint her by saying I was busy or would rather do something else.

In many ways this relationship was not healthy. I did not stand up for myself, or assert my own will or personality. I was a yes-man, not a boyfriend. If she had been a different person, the relationship could have gone very, very badly. I would not, in the state I was in, have recognized abuse, or stood up for myself as a victim.

Thankfully, she did not push it in that direction. In fact, she constantly pushed me to seek counselling and get help for my struggles with depression, and the low vision of self-worth that came with it. This was the only thing that I would not do for her—I would not get help.

My reasons for refusing help could be boiled down to three main problems: 1. Since I had struggled with depression for pretty much my whole adolescent life, I mistook my disease for my personality—I thought it was who I was, not something that required psychological or medical intervention. 2. I came from a kind of people who rarely sought medical help for anything—unless it bled (and made a mess), you didn’t need a doctor. (My oma had several strokes without seeking medical treatment—she’d just sit down until it was done, and then go home and sleep it off; she finally got help only because one my aunts saw her have a stroke, and called 911 before she could tell her not to.) 3. My feelings were not the kind of thing one talked about in the community I was raised in, and especially not negative feelings about oneself. For men especially, strength (physical and emotional) was prized, weakness was mocked, and vulnerability was weakness.

Given this combination of events, I would not, could not, seek help. I wasn’t totally sure I needed help, since maybe this was just my personality; if it wasn’t my personality, it certainly wasn’t a big enough problem to need a doctor. I should just buck up and get over it, or will my way through it If I couldn’t just get
over it and fix it on my own, it simply meant I was weak. This only made me feel worse about myself. Getting help would not have made me feel better. Or so I was convinced.

That all changed one night in March of the year 2000. I had a disagreement with my girlfriend that evening—I wanted to do something and she didn’t want to—but something was different this time. I was mad. Really mad. I went back to my dorm room, and my anger kept increasing. I started punching my mattress, consumed with rage. I had always had a temper, but this was on another level. I left my room to walk some of the less populated parts of campus, as I didn’t want to see anyone or have anyone see me like this. I continued to seethe. It took all my self-control to not punch the trees I was walking by as hard as I could. As I walked, rather than calming down, I continued to get angrier.

And then I was weeping. Out of nowhere, huge tears, shoulders shaking, sobbing like I hadn’t sobbed in years—maybe ever. I sank to my knees in the middle of the soccer field, alone under the dark night. And as I wept, it sank in, for the first time, that I was not in control of my emotions. I could not control this. I was worried what would happen if left unchecked. I’d never felt anger like that before—would I have hurt someone, someone I loved? And I’d never burst into tears like that before—would it happen again? What would trigger it? That night, it happened over the smallest thing—what else might set me off? Who would be around me at that time?

After I don’t know how long, I stopped crying. I got off my knees, pulled my hoodie over my head to hide my face, and went back to my dorm room to sleep. The next morning, I went to the counselling center on campus and asked to speak to someone. Within a week, I had filled out a paper questionnaire and talked to someone enough that they were able to diagnose me: chronic, severe depression. I have a history of it in my family, so it was probably fairly easy to diagnose.

I started on medication shortly thereafter. The meds took a few weeks (maybe six or so) to start working. In the meantime, I wondered if I had wasted my time: was the diagnosis bogus? Would the medication help at all? Once the meds started working, I slowly discovered what was part of my personality and what was a symptom of my disease. The change was gradual, so I hardly noticed it—but a few months later, I realized that now, when I woke up, I might have a good day or a bad day, depending on how things went. This was new. Previously, it didn’t matter what happened—my day would be ‘blah.’ Now, every morning, I had the chance to have a good day or a bad day. A chance that, it struck me, most people are lucky enough to take for granted.

It has been 15 years now since I was initially diagnosed, and I’m still on medication. Given my situation and family history, I will likely be on medication for the rest of my life. It took me a while to reconcile myself to this fact. It was hard not to think that needing medication was a ‘crutch’ I needed because I was too weak to do it on my own. I had to get over the idea that, ultimately, if I was a real man, I’d be able get off the medication at some point. I was embarrassed to be on medication, thinking it somehow reflected badly on my personality, on who I was and what I was capable of. I thought that, if people knew, they’d look at me like I was crazy or untrustworthy. Sometimes I thought I was a crybaby, a weakling.

I thought this until a nurse told me something I would never forget. I was at triage filling out paperwork (I had broken my foot and needed to get an X-ray about 5 months after I started on my meds), and had put down the medication that I am on as answer to the “Are you currently taking any prescription medications?” When the nurse took my paperwork, she looked it over and got to the medication question. She looked up. I expected her to say “Oh, I would never expect that someone like you would struggle with depression. You seem so normal and happy” (I got that response a lot from people; it did not make me feel better). Instead, she looked me right in the eye and said “Don’t you ever feel bad or guilty for being on medication. If you were diabetic, no one would expect you to go off your insulin and just ‘try harder’ to make yourself better. In fact, they’d think you were stupid if you tried to do that. Because diabetes is a disease that needs treatment. And you, too, have a disease that needs treatment. So why should your situation be
any different?”

And she was right. God has made human beings as complex creatures: we are a mix of biology, chemistry, sociology, ethics, religion, physics, and more. As such, the conditions that befall us are similarly complex: depression can be both a medical condition and an emotional ‘issue.’ Depression can require both chemical and therapeutic treatments. Some people struggling with depression may need only one of the two; some may need one for a while, and then be able to stop treatment, while others will require ongoing treatment for the rest of their lives.

No two stories of depression are the same. My experience might not be your experience, or the experience of your friend or loved one. I’m not writing today so that you’ll know everything that’s going on in your loved one’s mind, or even to better understand where they’re at. I’m writing because, as the hands and feet of Christ to the world, we need to recognize that depression is not the same as laziness (which is a sin); it’s not self-indulgent, or a sign of weakness. Depression is not someone’s fault, and is not something they can just ‘get over’ with a bit more self-control. They don’t need another lecture on the importance of hard work, or another comment about early birds getting worms. They sure don’t need to be told that, if they just had Jesus in their heart, he would fill them with joy and happiness (subtly suggesting that their own lack of faith, or their inability to consistently do devotions, is why they feel the way they do).

Depressed people are not lazy. They’re not crazy. They’re not freaks, and they don’t need to be avoided. They are no more nor less broken than any of us, in this sinful world. Depressed people are just… people. Love them. Be with them (it doesn’t really matter what you say, just so long as they know you care). Pray for them. And welcome them, as brothers and sisters in Christ, uniquely gifted and uniquely broken, in search, ultimately, of the same thing we all want: the reconciliation of all things.