

The Difference Between Clinical and Situational Depression

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Clinical depression is one of the leading causes of disability in the world. In fact, in 2008, clinical depression was ranked by the World Health Organization as the third leading cause of disability worldwide, and it is projected to be the number one cause of disability by 2030.

Clinical depression, or [Major Depressive Disorder](#), is a whole-body disorder in which there are alterations in the normal function of the brain circuits (critical reasoning circuits are underactive, fear circuits are overactive, etc.); an upregulated immune system with elevated inflammatory factors that contribute to the experience of fatigue, malaise, appetite, and sleep disturbance; alterations in thinking patterns with overly negative, pessimistic, and discouraging current to the thoughts; and cellular changes in the brain with altered gene expression with loss of neurotrophins (proteins that enhance neuroplasticity and keep neurons healthy) and of white matter volume in critical brain regions.

Clinical depression is a physiological condition that alters normal function of the entire person—and there are many underlying factors that increase the risk of developing clinical depression. In fact, any person, regardless of genetics, can experience clinical depression if enough of these factors occur. Factors that contribute to the development of clinical depression include poor nutrition, inadequate sleep, unremitting mental stress, inadequate rest, dehydration, unresolved trauma, substance abuse,

certain medications, existential anxiety, relational conflict or loss, unhealthy spirituality, physical sicknesses of various kinds, negative thought patterns, social isolation, and more.

But there is good news—clinical depression **is treatable!** And the best treatment outcomes occur when a holistic approach is taken and the underlying contributing factors are identified and resolved.

While it is good news that the stigma related to depression has decreased as more people realize that clinical depression is a serious medical condition, and not a spiritual problem or moral weakness, we must be careful not to misconstrue all depressing experiences as clinical. In other words, not all depression is clinical. Not every emotional state in which a person experiences feelings of depression, sadness, tearfulness, discouragement, hopelessness, and despondency is because of an entire brain/body illness. Sometimes, the depressed mood *is* the appropriate emotional state to a depressing event or experience and the unpleasant mood is part of an adaptive response intended to motivate the person to address the distressing life event and overcome it. When a depressed mood is due to a situational event, the path forward is to work through the event rather than trying to medicate the feeling away, either with a pharmaceutical or alcohol and illicit drugs.

A classic example of this type of depressed mood would be the depression that occurs during grief. Normal grief is associated with depressed mood, yet the treatment is not an antidepressant medication but, instead, is working through the grief and coming to “acceptance.” Only when the loss is processed, the individual comes to an “acceptable” internal perspective, and there is resolution of the loss, does the depressed mood resolve.

Grief serves as a good example of the depressed moods that are not clinical. Depressed mood in the aftermath of a breakup, after not being accepted to graduate school, after being passed over for a promotion, or after suffering a financial loss are other examples of non-clinical depression. The depressed moods associated with life’s hurts, losses, disappointments, and struggles are not the same as clinical depression, and they do not resolve with biological treatments (medication). These dysphoric moods resolve when the issue that causes the dysphoria is worked through and a new, acceptable, and healthy understanding is achieved. The depressed moods due to distressing situations are designed to motivate us to engage, wrestle through the obstacle, and overcome the difficulty.

The apostle Paul wrote,

We also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. And hope does not disappoint us, because God has poured out his love into our hearts by the Holy Spirit, whom he has given us (Romans 5:3-5 NIV84).

Bible examples of people with situational depression, which was only resolved by dealing with the circumstances of the situation, include:

- King David after being confronted by Nathan and experiencing the loss of his baby
- The apostle Peter after he denied knowing Jesus with cursing and then went out and wept bitterly

However, sometimes people, rather than working through their situational depression, will instead turn to substances, historically alcohol, to numb their emotional pain. Others will run away into various

forms of escapism, such as entertainment or workaholism. But these choices will only enable the problem to fester—and they might even lead to clinical depression if the attempted coping is objectively unhealthy, e.g., overwork, use of alcohol or drugs to numb the pain, failure to maintain adequate nutrition, chronic sleep deprivation, anger at God and no longer engaging in healthy spiritual practices, social isolation, disengagement in physical exercise, or eating “comfort foods,” etc.

Because situational and clinical depression often look similar in the immediate moment—a person with either kind can be sad, tearful, discouraged; voice hopelessness; disengage from normal activities; have impaired ability to concentrate; experience loss of appetite; not sleep well; have feelings of worthlessness, and even contemplate suicide—misunderstanding, confusion, and misdiagnosis can occur that could lead to harm or delay effective treatment.

If a person with clinical depression is viewed as having only a situational depressed mood, they might delay getting effective treatment and suffer longer than they otherwise would’ve had they sought treatment earlier. Worse, well-intentioned family and friends, having seen people with situational depression get better with encouragement, prayer, problem-solving, and addressing the objective issue, may believe that all depression is simply situational and/or spiritual and allege that the person with clinical depression needs only to pray or have more faith in order to get well. Such assertions may cause the person with clinical depression to delay effective treatment, magnifying the suffering, but those family and friends would also add a new layer of mental anguish—the lie that the depressed person doesn’t have enough faith or that seeking medical treatment is a lack of faith, which adds false guilt, activates stress circuits, and increases inflammation, which contributes to more clinical depression.

What Can You Do?

If you find yourself in a moment of depressed mood—sad, discouraged, tearful—ask yourself:

- Is this situational depression? Is it due to a real loss, a disappointment, an injury? Is it something I need to wrestle through that will help me develop?
- Or is this depressive mood something more? Is it clinical depression, a physiological loss of function that persists for weeks despite my willingness and desire to work through whatever life’s challenges are facing me?

If the depression is clinical, don’t be discouraged—seek professional treatment because clinical depression is treatable!

However, professional clinical treatment is also beneficial for situational depression, especially if the depression isn’t quickly resolved; it is just that situational depression is not treated with biological treatments but by helping the person resolve the cause of their depression.

I have had patients with situational depression for which no medication would help, but they didn’t know how to work through their circumstances, so they benefited greatly from professional counseling that helped them see things from a new perspective, learn new insights, and gain new coping skills that they could apply to their circumstance, leading to resolution of the depression.

So regardless of whether the depression is clinical or situational—both are serious, both interfere with normal functioning, both undermine wellness—both are ultimately treatable. So don’t ever give into

hopelessness, but if tempted with hopelessness, if you are not finding relief from the depression, seek professional treatment to identify and treat the cause of the depression.

Depression is treatable, there is hope, there is healing—so don't ever give up!

If someone you know is struggling with depression and self-help resources are not enough, and professional treatment hasn't led to the improvement they would like, you can let them know about [Honey Lake Clinic](#) (HLC), where I am the medical director of the adult program. HLC is a holistic, Christian mental-health residential treatment program that seeks to identify and resolve the various causes of depression—whether biological, psychological, relational, or spiritual. We are here to help!