

Depression and the Spirit
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I have been enjoying the PBS series, "Call the Midwife." While watching an episode last week I was struck by how much of the episode and the series can be considered in the frame of "Desolation and Consolation." It occurred to me that in life, just as in the series, there is a constant dynamic flow between desolation and consolation. In the episode I watched last week several characters experienced desolation. A woman who survived a Nazi concentration camp was having fainting spells and agoraphobia (meaning she was very anxious about leaving her apartment). The woman and her daughter both felt the two problems were incurable. A nun who was new to midwifery was full of doubt about starting her work. A newly married woman learned she would be unable to bear a child because of TB. Finally, the star midwife of the series lost her male partner with whom she was falling in love, to a devastating fall. Over the course of this episode all found consolation through the love and support of those in their circle and their faith. The episode caused me to realize that for all of us, during our lifetime, there will be periods of desolation and if we are fortunate, consolation as well.

When Janet asked me to speak on the theme of "Desolation and Consolation" mental disorders in general, and mood disorders especially depression, came naturally to my mind, because of my profession as a psychologist. Depression certainly contributes to feelings of desolation. Desolation has been defined as, "complete emptiness," or "anguished misery or loneliness." People who experience depression often use words like these to describe how they feel. Author Andrew Solomon who later became a psychologist, wrote about his experience of depression this way:

I can remember lying frozen in bed, crying because I was too frightened to take a shower and at the same time knowing that showers are not scary. I ran through the individual steps in my mind: You sit up, turn and put your feet on the floor, stand, walk to the bathroom, open the bathroom door, go to the edge of the tub...I divided it into fourteen steps as onerous as the Stations of the Cross. I knew that for years I had taken a shower every day. Hoping that someone else could open the bathroom door, I would, with all the force in my body, sit up; turn and put my feet on the floor; and then feel so incapacitated and frightened that I would roll over and lie face down. I would cry again, weeping because the fact that I could not do it seemed so idiotic to me. At other times, I have enjoyed skydiving; it is easier to climb along a strut toward the tip of a plane's wing against an eight-mile-an-hour wind at five thousand feet than it was to get out of bed those days.

This description of depression sounds like helpless desolation and anguished misery to me. The symptoms of depression are well known. Some are physiological, such as loss of appetite, loss of energy and difficulty with sleep. Some are social such as isolation and social withdrawal. Some are emotional including sadness, tearfulness, or feelings of emptiness. Some are "internal psychological" such as low self-esteem, guilt, hopelessness, helplessness, and the

accompanying automatic negative thoughts. For many people these include thoughts of suicide or wishing one were dead. Automatic negative thoughts seem to dwell just below our conscious thought process most of the time. When depression occurs, these thoughts can take on a more conscious presence. Common examples of automatic thoughts include: "I am worthless," "I am ugly," "I am evil," "I can't do anything right," "I will never amount to anything," "No one cares about me," and so on.

I was very fortunate to have Dr. Clyde Kelly as my internship training supervisor. Dr. Kelly was an ordained Catholic priest before he became a clinical psychologist. One of the many valuable lessons that I learned from him was that depression and other mental illness, along with the physiological, social, and psychological aspects is a disorder of the spirit, or soul if you prefer. In terms of causes of depression, we know that both genetic factors and life experiences contribute. If one of your parent's suffered from depression you have a 1 in 4 chance of experiencing depression yourself just based on genetics alone. As an example of life event that can contribute to depression, people who experience the death of a parent in childhood have a greatly increased chance of developing depression at some point in their lives even if no close relative has had depression. When one focuses on treatment, one can "intervene" in any dimension in which depression manifests. There are medications, electroconvulsive therapy, and brain stimulation that work on the neurophysiology of depression. The neurophysiology has to do with how brain cells communicate with each other. There are social interventions that can help such as enhancing a person's support system, self-help support groups and group therapy. And of course, there are individual psychotherapies that assist in changing thought processes and ideas that contribute to depression. What Dr. Kelly taught was that one could also assist a client experiencing depression at a spiritual level, even while intervening as the other levels. In the early days of psychotherapy, it was considered taboo to address spiritual issues for fear that it could be seen by the client as proselytizing. The current approach is to reinforce the client's own belief system. That was also what Dr. Kelly taught.

I will give you an example of how addressing a client's spirituality can help with depression. I have changed some of the details in the case I am about to share to protect privacy. I began working with a middle-aged woman, I will call Jane, a few years ago. She told me that she was addicted to alcohol and other drugs. She had been hospitalized for depression and suicidal thinking twice and for chemical dependency several times. She had not been able to stay clean and sober since her high school years. She did not know her father and felt rejected by him. She was witness to her mother being physically abused when Jane was very young. During her grade school years, she was sexually abused on multiple occasions by her aunt. Beginning in her teens and through much of the rest of her life until recently, she was repeatedly, verbally, physically, and sexually abused. She nearly lost her life on several of these violent occasions. I diagnosed her with Bipolar Disorder, PTSD, Substance Use Disorders, and a personality disorder. People diagnosed with bipolar disorder experience periods of significant depression alternating with episodes of high energy and either elated or irritable mood and impulsive behavior. During Jane's episodes of increased energy, she would connect with people she knew that abused substances and typically mistreated her. These episodes invariably turned out badly. The personality disorder had to do with the fact Jane did not have a stable identity or

sense of herself. There was a small part of her personality that wanted to “be good,” to take good care of herself and avoid dangerous situations. However as you might guess, there was another part of herself that believed herself to be bad and deserving of punishment. She had the false belief if she suffered enough through abuse that would ultimately redeem her. Her episodes of self-harm were brought on by intrusive memories of past abuse. She gave birth to a son from an abusive partner who had no interest in her or the child. The partner was drug and alcohol dependent and also had a criminal record. Jane’s automatic thinking would dictate that she was unworthy of a better man so the best she could hope for was to try to make the relationship work. Clearly that was an impossibility. For several years she felt trapped in this self-destructive lifestyle. I offer this story to you as an extreme form of desolation and depression.

An important part of what seemed to help Jane was connecting to a spirituality that offered hope. When she attended church and religiously oriented recovery meetings it seemed to reinforce her beleaguered “good self,” and that was essential for her recovery to occur. Over time addressing her spirituality helped her feel more positively about herself and more hopeful about her life. Of course, many other things besides a spiritual focus helped to bring about a change in the desolation Jane experienced, including psychotherapy, medication, substance use counseling and self-help support groups. I just wanted to highlight that even in very desolate circumstances a spiritual awareness can bring about consolation and improvement. In Jane’s case this was significant.

I have shared with you before that I have always regarded my work as a psychotherapist, at least in part, as a spiritual endeavor. When a client reveals their deepest convictions, vulnerabilities, and emotional pain, it feels to me that a sacred space is created. In such moments, as people connect with each other in this intimate way, the philosopher Martin Buber referred to such a relationship as “I-Thou.” Many of the Humanistically oriented psychotherapists have written about this spiritual dimension of psychotherapy, including Carl Rogers, Abraham Maslow, Sydney Jarrad, Rollo May, M. Scott Peck, and others. While hard to describe and much less quantify, connection at this level has a healing effect on the client. It has also deepened my own spirituality to participate with clients such as Jane in this way, because it helped me realize that there is something, I am not sure what to call it, beyond me and beyond my clients, that brings about consolation and healing. I don’t control it, but I have learned to trust it.

A well-known addiction counselor, John Bradshaw, did work on the role of shame and low self-esteem among those challenged with addiction. He pointed out that connecting to a source larger than yourself is a means of healing one’s regard for oneself. Bradshaw drew a distinction between “healthy shame” and “toxic shame.” Healthy shame is the feeling we get when we make a small mistake in public, such as putting your foot in your mouth or finding your fly unzipped when you are in public. These little moments of embarrassment remind us all of our humanity and imperfection. Such moments create opportunities to connect with the transcendent, to what is greater than ourselves, in order to restore a feeling of wholeness and better regard for oneself. Toxic shame on the other hand, results in the belief that we are

permanently flawed and defective and beyond redemption. But the message of a healthy spiritual life is that we are all capable of redemption; we can all rise from desolation of the soul just as Jane and many others have done. We can feel ok living with our imperfections.

Some of my clients did not identify with any faith and some expressed no interest in pursuing their spirituality. However for clients who did express an interest in the spiritual aspect of life encouraging pursuit of that appeared to be helpful. As an example, some people I worked with felt a spiritual connection in nature. Encouraging them to walk regularly seemed to improve mood and help restore a sense of hope. And although clients without an identified spiritual life would not have put it in these terms, I felt the spiritual connection I experienced with them seemed to be helpful to their recovery.

Nearly all people will experience desolation at different points in life. There are unhappy relationships, not necessarily as severe as what Jane experienced but that can still contribute to desolation. Death of a loved one, serious illness, financial losses, and many other negative experiences often contribute to desolation and often depression. People who believe in a personal, loving God have the most difficulty accepting negative life experiences. They often ask at such times, "When I have lived righteously, when I have done what God has asked why did he ...? You can fill in the blank. But for those of us who don't think of the creative source in the universe in such a personal way, that question does not arise.

Regardless of what belief system we adhere to in order to explain the reasons for our individual tragedies, we are still left with the challenge of coming to terms with them. We need to move from desolation back to consolation. Having a sense of meaning seems to be part of the spiritual dimension to our lives that helps with the transformation. What in our UU tradition helps to console and restore wholeness and connection? As I said, most UUs don't believe in the kind of God that creates losses deliberately to punish evil or to test the faithful. UU Rev. John H. Nichols says:

When they anticipate or experience a serious setback, many people look for a religious belief that will ease their panic and take away their pain. Unitarian Universalists believe that each person's religious ideas evolve not as much out of a faith that is given to us or inherited, as from the life experiences that leave us with a feeling of confidence in the goodness of life and in our ability to enjoy it.

Our life experience teaches that in the same way that physical wounds heal naturally over time, so do personal losses. The dynamic flow between desolations and consolations, whether small or great appear to be an unavoidable part of life. In addition to trusting the process that will lead consolation there is the love and support of others that help many of us carry through dark periods. Janet said last week the sources of desolation tend to be impersonal. The sources of consolation include the love from those around us. As Canadian author Michael Ignatieff put it: "Consolation is the process by which we escape our solitude and begin to re-establish our bonds with others." I would add the curative and healing power of mother nature to console is another powerful source of consolation.

UU contributor to the Tapestry of Faith curriculum, Barbara Kirkpatrick writes about coping with loss including the reliance on support from loved ones as well as acceptance of the inevitable losses and desolation that are part of life:

The presence of affection and compassion in dear ones remaining around me becomes a tangible warmth, now, and I am able to allow it to flow into my experience. Time is part of coping. Experiencing the beautiful new sweetness of the loves who are left to me is part of coping. The pain ever so gradually becomes an underlying given in my life—always there even when not in conscious awareness. I find it shedding a subtle glow on day-to-day living, highlighting the preciousness of love....

Being able to focus upon and appreciate what we still have control over and responsibility for, are other means by which we can move from desolation to consolation. Another contributor to the Tapestry of Faith curriculum, Frances Bancroft talks about acceptance of losses in the context of a spiritual realization: “I handle my losses by having a faith in an expanded reality out there that encompasses those I've lost and other mysteries.”

Many of us in this fellowship have asserted the ability to love and care for oneself is essential for a positive and fulfilling life. In times of loss, desolation, and depression, self-care becomes a crucial means of recovery. Many have learned to love themselves because of the challenges that periods of loss, desolation, and depression, provided the opportunity for this valuable lesson to occur. This learning becomes a “silver lining” to the cloud of desolation. I used to ask the veterans I worked with who were recovering from serious mental illness if their mental illness taught them anything positive. Most of the time the answer was a resounding “yes!” Many said they learned to care better for themselves. And other benefits were mentioned as well; Many said they learned to appreciate and enhance their relationships. For others coping with mental illness allowed to consider new employment opportunities and hobbies that would never have been considered before.

Somewhere during a period of desolation, grieving, depression, and loss, we recognize that within a larger reality, we still have what was lost, because it stays as a part of us. We also come to realize that we still have much more than what we lost. It seems that life often gives us more than it takes away. If we can trust that we have what we need to heal and that we can tap into a positive force outside us and greater than ourselves, we can find consolation in loss and move beyond desolation. To do this we need to open to support and love it is often available. With therapy we can change automatic thinking, including unhelpful beliefs about ourselves. We can connect with those who love and appreciate us. We can also connect with the transcendent and spiritual. We can also learn to abide in gratitude for what we have despite what we lost. With this awareness and trust, we turn again to the task of living, to those who need us and want us to live well. I believe having faith in oneself and beyond oneself to be able to recover and rebuild. It takes a strong support and love from those around us, and a belief system that incorporates self-acceptance, love, faith, and redemption in times of desolation and depression.

