

Dealing with Depression

A Sermon by

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Reading #1: *Ask Me* by William Stafford

Some time when the river is ice ask me
mistakes I have made. Ask me whether
what I have done is my life. Others
have come in their slow way into
my thought, and some have tried to help
or to hurt: ask me what difference
their strongest love or hate has made.

I will listen to what you say.
You and I can turn and look
at the silent river and wait. We know
the current is there, hidden; and there
are comings and goings from miles away
that hold the stillness exactly before us.
What the river says, that is what I say.

Reading #2: *Excerpt from Let Your Life Speak* by Parker Palmer

“Midway in my life's journey, “way closed” again, this time with a ferocity that felt fatal: I found myself in the dark woods called clinical depression, a total eclipse of light and hope. But after I emerged from my sojourn in the dark and had given myself several years to absorb its meaning, I saw how pivotal that passage had been on my pilgrimage toward self-hood and vocation. Though I recommend it to no one - and I do not need to, for it arrives unbidden in too many lives - depression compelled me to find the river of life hidden beneath the ice.” (pp 56-57)

Sermon:

I didn't realize until it was too late that the correct name for this sermon is “Hope begins in the dark!” That's an inspiring little snippet from Anne Lamott, and it might be the mantra of every person who has ever struggled under the crush of clinical depression and has, like Parker Palmer and many others, been able to come to the light once again.

This has NOT been an easy sermon to write. Perhaps this one has been the most difficult I've thus far written (in my "long" career of ministry). I've started it a few times and stopped, taken a deep breath – and started again. I've asked myself over and over, "Well, Dottie, what is it that you really want to say with this message?" And some of you have voiced the same question. You've asked "What made you choose this topic?" Some of you have kindly given me bits of advance thoughts on the subject – a kind of pre-sermon congregational response! What we know is that this is not something often discussed outside of therapists' offices and support groups.

And, I concluded that THAT is as simple as my motivation is – it is my hope that today we can together take a direct and frank look at what it's like when depression's shadow steals the life out of our soul – out of our homes – how depression gets fed **and** how it gets encouraged to move away.

One of the benefits of having a spiritual home is our authentic sharing together. Last week, Roger noted that some congregations are stuck in "UU-nice." They fear going deeply into theological differences lest a lack of mutual understanding cause conflict. We know that we work very hard to break that mold here – to, instead, create the intentional sacred space where theological differences are fully celebrated and encouraged – we set out to hear one another with keen interest and open hearts!

If theological conversations are fear-producing, how much more discussions of emotional health?! Both are thoroughly woven in, through and around the most profound questions of MEANING and PURPOSE in life.

So, let me say what many of us already know: depression is terrible and real! The absence of public conversation about it belies the very high number of homes it impacts! It seems that the pharmaceutical companies' marketing departments are the only ones that recognize the large numbers, but their aggressive forms of unrealistic advertising contribute in several ways to the confusion and misunderstandings of modern society.

Statistics say that for men: one in ten deal with this issue and as many as four in ten women do. Many authorities feel that the number of men is significantly underreported because men are typically more reluctant to seek help ...– and because depression's manifestations can more easily be obscured in men. It may show itself in things like fits of anger or alcoholism – or other more "obvious" problems than lack of life enjoyment and hopelessness.

So, for the sake of this conversation, let's say maybe just under 1/4 of the population deals with this – THINK of the impact! And that 1/4 goes up significantly when you take into account family members and other loved ones who are affected. Consider the likely numbers right here

This condition has touched members of my family. I have been right there as they have walked this difficult journey; people whom I love more than life itself. And, as I

will be mentioning some of these folks today, telling some of their stories, rest assured that they have given me their explicit permission to “out” them on this topic, because they, too, feel strongly that the veil of shame around this won't be lifted until we grow more comfortable talking about it in places other than the daisy fields depicted in commercial breaks.

In my private conversations with people, folks often “admit” to me (usually with a somewhat bowed head and a side glance) that they take medication in order to keep the depths of depression at bay. I can see in that quick cautious look that they wonder if I'm going to now think less of them - if perhaps I will consider them unstable or view them differently going forward .

I'm grateful that there are lots of agencies working hard to correct some of the long-held historic misapprehensions. NAMI is one and it's cited in your Order of Service. But, still this aura of shame persists. For our own good, we ought to be actively collaborating with the doctors and psychologists to address this. If the stigma could be removed, people would ask for help earlier and more persistently – and if more were helped earlier, I have no doubt that **lives would be saved** and society would be benefited in countless ways. There would be fewer suicides and fewer acts of violence. We know that unaddressed depression results in absenteeism, broken relationships, children who act out in destructive ways, physical ailments, substance abuse - yet, with all this, and even as far as we've come in our understandings, there is still the potential for shame around stating that you, your spouse or your child needs help in dealing with depression.

Keep in mind, please, that I approach this respectfully, and as a minister --- not as a psychologist, or a doctor. I do not pretend to fully comprehend the psychological or physiological implications of depression... I only know the number of families I have supported who deal with it. So my words today are expressions of those people's courage and tenacity, frustrations, exhaustionand hope!

But, let me share some of my non-professional “qualifications” on this subject. My mother, who died nearly 30 years ago, (and hence, did **not** give explicit permission but I think we're out of the statue of limitations with that one) suffered enormously with frequent, abject despair. The numerous days she retreated under the weight of her hopelessness were exceedingly difficult days for my siblings and me.

As a child, one tends to think that everything is (or should be) within your control so when you see your parent in the grips of that kind of gloom, it's not an unusual response to try to fix it – to strive to do better, strive to do more - hoping that somehow your accomplishments or your “goodness” will create joy inside this person you love so much. It's futile, of course, but that impotence is extremely difficult for a kid to comprehend. And it has a far-reaching impact on one's life.

More recently, my daughter, my sister, and my nephew all have dealt with – all deal with – ongoing diagnosed depression. All three of them now have established helpful relationships with competent professionals and, with the benefit of lots of hard work -

and the right medication, all three are doing exceedingly well in their lives. Yet, because I know them so intimately, I know that all three walk a thin-edged precipice It never fully goes away. They are ever-aware that a few days of failing to care well for themselves could easily be the “open gate” that could allow the return of feelings of unrelenting meaninglessness and aloneness.

Much of what they and others have shared with me over the years was affirmed and expanded upon in a book I recently read entitled, The Noonday Demon – An Atlas of Depression. This book has been touted as a thorough, accurate and exceptionally well written analysis of the subject...it even made the New York Times Bestseller list! The author, Andrew Solomon, provides detailed descriptions and personal reflections about his own bouts of severe depression – hospitalizations, years of chaos and misery ... and the return of hope as he rose once again to the light.

Mr. Solomon is far more than just a depressed person, he is also a very accomplished person who graduated from Yale Magna Cum Laude and who has won numerous awards for his literary offerings. And he's in good company – there are lots of highly accomplished people who were or are familiar with recurring emotional despair: Tennessee Williams, Hemingway, Lincoln, Van Gogh, Marie Curie the names go on and on.

And my dearly loved sister, Ginny, is one. Next to my partner she is closer to me than any other being. It's always been that way. She and I feel sometimes like we were really twins – the kind who completely “get” and like each other – except she was born eight years after I was ... and she deals with depression. Ginny has worked hard at finding her way with it, and she now has a Masters in Gifted Education and is well on her way toward her doctoral degree. She is dedicated and passionate about her work. But, she knows that this condition interfered for a long time with her ability to settle on a career – to find the solid place where she felt confident and comfortable enough to pour herself into something. She did not trust her ability to hang in or her personal strength enough.....

She and I were recently talking about the stigma associated with depression and she related a recent conversation with other school staff where the subject turned to a person (not present) who was considering accepting the doctor's advice to go on medication. Ginny offered - with perhaps too much personal authority, “Let me tell you, it can REALLY make a difference!”

Her colleagues paused in their conversation, startled by what she had revealed in that unguarded moment. The conversation took a quick turn to another topic, and my sister was left with an unsettled feeling that perhaps she'd said too much. Perhaps this would come back to haunt her at some future competitive moment. She might be labeled as unstable or flawed. What a colossal shame!

I suppose the common human tendency is to fear what we don't understand and certainly there is massive lack of understanding in this. The mysteries surrounding “melancholia” are long-standing. World views toward it have changed a great deal

over the ages. Hippocrates wrote about it and actually he was one of the first to get close to our current understandings. He “declared that depression was essentially an illness of the brain that should be treated with oral remedies¹” He also, though, had a lot to say about an excess of black bile. And that black bile theory popped up repeatedly over the ages, as did concern for the spleen and a few other organs.

And a bit later, things took a turn for the worse, though, when the religious superstitions of the Dark and Middle Ages ran over into this area too. It began to be generally accepted that when one experienced persistent down-heartedness, that was clear evidence that the person had fallen out of favor with God. This seemed only logical since the Bible taught that faith in Christ produced “unspeakable joy.” Ergo someone who lacked joy obviously was without faith in Christ and was, consequently, condemned – and might even be consorting with the devil! That thread got picked up by Augustine and eventually demon possession became attached to depression so that during the Inquisition, people were fined or imprisoned for this “sin.” During the Renaissance, there were stern writings about the foothold Satan got when one entertained a depressive mood, saying that above all other invitations, “a melancholike constitution of body” tempts Satan's “impressions print [] deeper in the mind.²”

Some of these demonic notions began to be countered as the application and experimentations of science become more common. There was, then, a move toward a biological understanding. The current schools of thought began in the early 1900's with Sigmund Freud and Karl Abraham. Now, in an effort to de-mystify it, some have upheld the over-simplified viewpoint that “it's all brain chemistry!” But that just perpetuates questions of nature vs. nurture. Psychic scarring from tragic life events? Problematic serotonin levels? Or, as most authorities now feel: both?

Obviously, given the volume of writings, from before-Hippocrates all the way up to Dr. Phil, there is nothing new about this issue. In fact, Andrew Solomon feels that if one understands the history of depression one will then understand the history of humanity.

So, why then does it still threaten us as it does? One provocative theory Solomon puts forth in this book is the possibility that we human beings – with our awareness (or fear) of our mortality and utter vulnerability - all may feel on some perhaps deeply unconscious level that we're only a hair's breadth away from falling into the abyss of depression ourselves. He likens this to the phenomenon of vertigo that occurs when you're standing near the edge of a high cliff and he draws a picture something like this: Most of us can quite easily walk on a ground level path that is, say, 36 inches wide. If we were asked to do such a thing, we'd likely walk straight ahead with absolute confidence and without much thought at all. But, if we raised that path up say 20 feet in the air with nothing on either side AND if we added someone ahead of us who was quite wobbly and teetering as they made their way across, our confidence would vanish and, it's likely we would grow quite unsure of the stability of our own

¹ P. 285, Noonday Demon

² P. 297, Noonday Demon

steps. Perhaps knowing the depths of others' depression is like this. Perhaps we fear losing our own tenuous grasp on serenity as we traverse our own narrow path of life! I found this an intriguing picture to ponder...

So, what is there for us to do with all this?

Well, first of all – the obvious starting point to be urged here is if you (or someone you love) experiences an enduring sense of hopelessness, or fatigue, or sleeplessness, sleepiness, change in appetite, loss of life pleasure, inability to think clearly, thoughts of suicide, or overwhelming feelings of sadness – PLEASE GET HELP! There are lots of avenues for professional help. A few numbers are listed in your Order of Service today³. They're a starting place if you don't know where else to turn. Don't ignore the signs that something is amiss; don't minimize or explain it away. You don't have to tough it out; you don't have to suffer. Seek professional counsel!

It may or may not be clinical depression but either way it should be checked and, if it is, the good news is that they say that 80% of the people who participate in their healing process with effective counseling and medications when needed do get better. And, of course, there are lots of commonsense things that are absolutely important too – healthy diets, exercise, meditating, surrounding yourself with loving people steps for self-care that tell the brain you really do love yourself, so much so that you are willing to exert effort to do the things that feed your ability to resist depression's lure when it tries to invade your life once again.

To the families and loved ones: I know this can be extremely worrisome, exasperating, and painful. If untreated, it has the power to irreversibly dissolve relationships. It can leave you feeling quite alone and exceedingly uncertain just how to respond when you are so powerless to halt depression as it enters again and causes such disruption in your family. It can also diminish your own general sense of joy because even in the “good” times, you may be fearing the next time the shadows will descend.

I've asked some people who have dealt with depression, “What is it that your family or friends could do that might help when you're in the midst of the struggle?” These may or may not prove true in the moment you need them, but some of what I've heard them say.

They might tell you:

- Let me be a separate person. Don't take responsibility for my mood. Don't think it's your job to create happiness in me (even if I

³ “Today's sermon is about the prevalence of mental health issues in our world. If you or a loved one are in need of professional support, here are a few places to begin the quest for help: NAMI of the Fox Valley 920-954-1550 namifoxvalley.org; Calumet County Mental Health Services 920-989-2700; Outagamie County Mental Health Services 920-832-5270; Winnebago county Mental Health Services 920-727-2881”

- imply that when I'm in the midst of the struggle).
- But, they might say, Don't forget that I'm a whole lot more than this illness. I have accomplished many things – even while dealing with this! So don't treat me with kid gloves nor with recrimination. Help me know you're on my team even as you lovingly encourage me to care well for myself.
- When I tell you about my feelings, don't try to explain why things really aren't that bad or why I'm wrong to view myself so negatively. Your logic cannot take away my bleakness. Believe me, my own logic does not take away my bleakness.
- Know that sometimes the best I can do is go to sleep – as hard as it is for me to miss parties or other functions, there are times that I really cannot do it. So please don't make me feel any worse than I already do. Please go ahead with out me – enjoy yourself! And maybe when I wake up, I'll have found my grounding once again.
- Understand that this is not my choice, any more than it is someone else's choice to have heart disease or diabetes. I cannot choose not to have this challenge in my life; my only choice is how I will deal with it.
- And please they might say, take care of yourself. Get a support system because I know you, too, pay a heavy price for my struggles. When this thing grips me, my resources are barely adequate to keep me going – I have nothing to spare for you so please find ways to be shored up and comforted in your life.

Those of you who are intimately familiar with this illness could probably add many more to this list. Whether you are the one who deals with depression or you love someone who does, along with all the proper and competent professionals, it seems exceptionally helpful to just have someone who will listen non-judgmentally. That doesn't mean that the listener reinforces the hopelessness; but in bringing our full presence to this listening, we often find that the free sharing of feelings can allow the person to regain a sense of connectedness and to uncover their own resources and grab a hold of that inner core of strength that pulls them yet once again toward health.

Many find that it's helpful to go outside the family or close circle and if this is your need please know that we have several well-trained compassionate listeners right here in our Lay Ministry program who gladly listen in this healing way.

Healing is available for the vast majority of people who suffer with this. Not a flimsy healing that comes from actors swallowing a pill and magically being transported in a slow motion dance with stringed accompaniment to the rolling green meadows where all is well. No, it's the healing that comes through the daily choice to do all the things that move toward health and faith ... and hope.

The last thing I will touch on today is that many mystics and spiritual writers of all faith traditions have descended deep into what John of the Cross called “the Dark Night of the Soul.” We recently learned that Mother Theresa spent many nights

feeling utterly miserable in her sense of disconnection. Parker Palmer, whose story I read a bit of as in our opening reading saw his two descents into this desolate world as a kind of “pressing down” - squeezing him toward dropping all pretensions and ultimately finding his deepest essence – his truest life - and through his trudging on, it created in him a heightened compassion for all the world's suffering. No one would choose to have this in their life, but once it is there, many ultimately find the ability to call it a gift - the impetus to make far deeper meaning in every day life – to unearth their most authentic, truest spiritual resources and to speak the truth and create lives that reflect that spiritual authenticity in ways that would not have otherwise been possible.

Hope does begin in the dark! Anne Lamott tells us: “Hope begins in the dark, the stubborn hope that if you just show up and try to do the right thing, the dawn will come. You wait and watch and work: You don't give up.”

Amen.