

Sermon – Depression

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A man goes to a doctor. He's on the verge of tears. He says, "Doctor ... I am so depressed. I don't see any way I can keep on going. It's all just getting too hard. The world seems so dark and lonely. I don't know what to do." The doctor says, "I have an idea. The great clown Pagliachi is in town this week. I happen to have an extra ticket for tonight's show. Take it. Go. He'll cheer you up, I'm sure of it." The man starts crying. "But doctor," he says, "I am Pagliachi."

A modern-day Pagliachi killed himself August 11th, 2014. I wrote this sermon the day after Robin Williams killed himself, three weeks after the Rev. Jennifer Slade, a dear colleague, killed herself. She was the mother of a toddler, and dearly loved by the members of her congregation in Norfolk, VA.

These tragic deaths caused a wave of articles and TV-talks - and collegial discussions about depression. And - these suicides gave a surprising number of people the courage to "come out" as clinical depressives.

I am one of them. I had been wanting to write a sermon about depression for years, but the stigma surrounding this mental health issue always held me back. It also kept me – and many fellow depressives - from asking for help for a long time. When I finally did tell a few people about my struggles, they found it hard to believe, because I function so well - on the outside. Mental illness has not prevented me from getting a Master's Degree and a Doctorate. I have successfully served 5 congregations in the last 13 years, and I am perfectly able to live independently. I have taken care of up to six cats and three dogs at a time . . .

This is the case for most of us clinical depressives. In my last congregation there was a young man who told me in an email: "I had to drop out of college several times, but I never gave up. I graduated from Michigan Tech with honors after eleven years."

I've never missed a day of work because of my depression, I've been able to preach, teach and counsel so well that nobody ever noticed the darkness in my soul. Actually, my counseling skills have increased significantly due to the depression. The "wounded healer," you know? What folks can't see – what you don't see right here and right now, looking at me - is how much clinical depression at time paralyzes me, physically, mentally, and spiritually. How often I am unable to move off my couch or kitchen chair, for hours. How little meaning and purpose there is in my life when I go through a major depressive episode.

And because there is so little knowledge about clinical depression, many folks react by saying, "O, it will pass. I've been sad many times myself." They might quote a Russian saying: "When you wake up and feel no pain, you know you're dead."

What makes my experiences different from ordinary, "normal" sadness or grief, or "The Blues?" The main difference is duration – sadness may last a few days, a week at most. Depression lasts for weeks on end, months, even years of recurring episodes with short respites in between. Another difference is the complete lack of energy, of interest, of motivation that depressed people live with. The writer and philosopher Andrew Solomon helped me understand what the problem was: "The opposite of depression is not happiness – the opposite of depression is vitality!" So that is what it is!!! This quote was so important for me

because it confirmed my own feeling of not having any energy, not having what I call: life force.” What Germans call “Lebenslust.

“The opposite of depression is not happiness – the opposite of depression is vitality!”

Let me give you the “official” definition used by the National Institute for Mental Health, based on the DSM-IV: “A period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.”

In 2016, an estimated 16.2 million adults aged 18 or older in the U.S. had at least one major depressive episode in the past year. This represented 6.9 percent of all U.S. adults. According to the WHO, globally, more than 300 million people of all ages suffer from depression.

Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease. The WHO has produced a series of short videos, not more than 5 minutes each, that can be found on YouTube. Just enter into the search box: “I have a black dog...” The image of the big, black dog, sitting on your lap, and making it impossible for you to get up, is the best visualization I can imagine for the way we feel. Perfectly able to think and feel – and yet paralyzed. And you know what makes it so bad – the fact that you are aware of it, and almost completely helpless.

Nobody knows for sure, but most likely, depression is caused by a combination of genetic, biological, environmental, and psychological factors. The good news is that today, science knows that we are not faking this awful feeling - depressive illnesses are disorders of the brain. When looking at the MRI of a person with depression, you can see that it clearly looks different from those of people without depression. Especially the parts of the brain involved in mood, thinking, sleep, appetite, and behavior appear different.

The bad news is that these images do not reveal why depression occurs. Not so much has changed since Antonio, in Shakespeare’s *Merchant of Venice* complains:

It wearies me, you say it wearies you;
 But how I caught it, found it, or came by it
 What stuff ‘tis is made of, whereof it is born
 I am to learn;
 And such a want-wit sadness makes of me,
 That I have much ado to know myself.

Some types of depression tend to run in families. My mother had clinical depression, although it was not diagnosed as such at the time. She saw a neurologist (psychiatrists were very rare in Germany 50 years ago) who put her on a slew of different medications. Nothing really worked. One day I found her unconscious in her bed. To this day I don’t know whether the vodka and pills on her nightstand was an attempted suicide, or an accidental overdose due to the alcohol.

My daughter was suicidal when she was in her teenage years. It came as a complete surprise to us when we got the phone call from her school counselor, because like me and many others, she was high-functioning in all areas of her life. As far as we know, she hasn’t had a major depressive episode since then, but I feel like it’s a time bomb just waiting to go off. However, depression also occurs in people without family histories of depression.

Scientists are studying certain genes that may make some people more prone to depression. Some genetics research indicates that a risk for depression results from the influence of several genes acting together with environmental or other factors. In addition, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode. Nobody knows what exactly causes depression. Depressive episodes may occur with or without an obvious trigger.

My last severe episode started only 2 weeks ago. It was triggered by a change in medication that had become necessary because of a drug interaction. At first I noticed the problems to fall asleep. And very soon I felt a total lack of energy. Then the loss of interest in activities or hobbies; loss of appetite (including chocolate!) No social life because I invariably cancel all dates or appointments I make with the best intentions to go out...

The one and only exception for me has always been work. I've never missed a single day of work, and nobody who knew me only at church would have believed that I have clinical depression. It's been tremendously helpful for my self-esteem to hear another UU-colleague (who is also a clinical depressive) tell me that "It isn't your mental illness that defines you – how you manage it defines you!"

Each year, 40,000 Americans die by suicide, according to the National Institute of Mental Health — more than those who die by homicide. In fact, self-harm has been taking more lives annually around the world than war, murder and natural disasters combined. Why do people with depression kill themselves?

Allow me to re-visit Andrew Solomon. He has some interesting insights regarding this question: "when you are depressed, you have this paralyzing sense of imminence. You constantly feel like you are on the edge, the edge of an abyss, and the terror of the fall grips you. You feel you are about to die. The dying would not be so bad, but the living at the brink of dying, the not-quite-over-the-edge condition, is horrible." Luckily, I have never felt close to killing myself, but I agree with him: In depression, all that's happening in the present is the anticipation of pain in the future. How would anyone want to live that way?

But let's not forget the other victims of clinical depression: the folks who live with a depressed person. My sister was in that situation for most of the last two years. It all started when my dear, gentle brother-in-law experienced the death of three of his colleagues and friends within a period of six months. He became, as my sister called it, "mopey." At first, she was patient and tried to help him by motivating him to do stuff with her. But his lack of response wore her down eventually. She didn't understand why he couldn't "get over it" and move on with life. But he only got worse. Then one day, she found him in an almost catatonic state in his bed. Unable to respond to her, unable to move. She called an ambulance, and Helmut was hospitalized for almost two months. With the help of medication and cognitive therapy he slowly got better, but it was a long journey. My sister often called me in despair because her life with her husband had changed so much; and she was losing hope because the improvements were so slow and hard to detect. It's just so difficult, even impossible, to understand for those who are not affected!

There is no common "language of depression," because each person's individual experience is expressed in different metaphors. I want to share with you another poem, by Anne Sexton, who killed herself at age 46 when she couldn't live with her depression anymore. It's called "The Fury Of Sunsets"

Something
 cold is in the air,
 an aura of ice
 and phlegm.
 All day I've built
 a lifetime and now
 the sun sinks to
 undo it.
 The horizon bleeds
 and sucks its thumb.
 The little red thumb
 goes out of sight.
 And I wonder about
 this lifetime with myself,
 this dream I'm living.
 I could eat the sky
 like an apple
 but I'd rather
 ask the first star:
 why am I here?
 why do I live in this house?
 who's responsible?
 eh?

It's important to know that depression is an illness and not bad behavior, or a character weakness. But - how do you deal with a clinical depressive? What can you say, what can you do? Well, let me start with what not to say:

Don't ask: Why on earth are you depressed? Your life is so good! Everybody likes you, you are successful in your job, you've overcome many obstacles. It clearly didn't make a difference for Robin Williams . . .

Don't say: Come on, get over it! Pull yourself up by your bootstraps! You wouldn't say such things to someone with cancer, would you? Don't suggest: You are just exhausted. It will be better tomorrow . . . Do not compare your own occasional sadness with the other person's depression.

So – what to say and do? Well, first of all, encourage the person to speak, then – listen! And then listen some more. And – Please – honor what the person is feeling, even if it makes no sense to you. Because he or she really, actually feels that way, and if you brush it off as a misperception, you only add a sense of shame and self-doubt to the pain.

Learn as much as possible about depression. Assure your loved-one that it is not his or her fault that they have depression. Be aware and tolerant when your attempts to help are rejected. Continue to offer to be with the person; keep offering with love and patience. Invite him or her to do things, bring friends over. Come up with ideas that will move the depressed person away from his couch, out of her bed. Use bribes or “blackmail” if necessary...

Depression is a disease that all too often is fatal: If you fear the possibility of suicide, make a contract with the Clinically Depressed. Tell them – “I love you, please promise to call me if you no longer feel safe.” Help them to create a list of 4 or 5 people to call in case life becomes unbearable. Be aware that you might not be thanked for your efforts. ;-)

Your biggest reward is in reducing the loved one’s pain, and - keeping him or her alive! And there is something else you can do: Help making the most of his or her life between the severe episodes; create new memories together.

What can we depressives do? Well, we would all like Prozac to do it for us. But Prozac alone doesn’t do it unless you help it along.

Find a good therapist. Get a kitten or a puppy. I’m not kidding . . . We have to listen to the people who love us, and believe that they are worth living for, even when we don’t believe it at that point. We have to exercise because it is good for us, even if every step weighs a thousand pounds. We have to eat (nutritious meals), even when food disgusts us. Reason with ourselves even if we have lost our reason. We have to seek out the many good memories that depression has taken away from us, and project them into the future.

My saving grace is the gratitude practice I started more than ten years ago. I focus for a few minutes every day on what has been good about this day. There is always some thing! Then, when I’m in a bad place I can sometimes use one of those journals to get a glimpse of my “real life.” But the surest way out of depression is to dislike it and not let yourself get used to it. We must never think it’s gone, just because we are feeling better.

We must not stop taking our medication. The major depressive episode I am in right now has taught me something important: my spirit is AWOL ...disappeared without a trace... So I am adding this tip: find a spiritual director, or try out a new spiritual discipline.

One last thing: mental health issues are a big social justice issue! Services for those of us who can afford health insurance and who are educated are hard enough to find: There is shortage of psychiatrists in many areas. York is one of them... After I moved here, I had to wait 7 months to be seen... Imagine the insurmountable obstacles for the countless people who are under-employed or unemployed, and therefore uninsured, many of them homeless and hopeless!

Whether rich or poor, drug and alcohol addiction are often co-morbid with depression, because folks try to self-medicate to get away from the misery they live in. For people in need that just makes it worse, creating a downward spiral many never escape.

I invite you to talk to me about both depression and AD/HD if you are interested. I’ve become quite a specialist in the last years . . . The most important message I wanted to give you by “Coming Out” today is to repeat what my colleague told me years ago: “It isn’t your mental illness that defines you – how you manage it defines you!”

It’s high time the issue of mental illnesses is taken out of the closet and addressed - if we want to be in good relationship with all people. I urge you to become an ally of the mentally ill, fight for more understanding and tolerance, and for better care for the under-served!

*For more resources, start with the web-site of the National Institute of Mental Health: nimh.gov
For help, contact the National Suicide Prevention Center Lifeline at 1-800-273-TALK (8255)*