

Rev. Kim K. Crawford Harvie
 Arlington Street Church
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April is the Cruellest Month

I. Patti Lin

I am trying to accept the fact that this depression may never fully pass. And I am not sure as to what to do with such a discouraging thought. I walk along the Charles River tonight spending this time alone thinking of my life now and what is ahead. I ask myself why I am here. And I have come to the conclusion that I have never been able to feel true joy.

What would make me happy? And allow for me to feel meaning in this life? I cannot even begin to imagine. The concept of happiness is beyond my grasp. I wake up in the mornings and dread the days ahead. I go through the motions of what is expected. I smile my smile to get by in this life. But this is not living. I am merely existing.

I enjoy the night time as I feel that I can be myself. During the days, the sun shines so brightly. The days are longer. The grass begins to turn greener. And the flowers blossom one by one. I know I am supposed to feel the joy of the spring. And appreciate all that is around me. But for some reason I can't. No matter how hard I try.

I walk along the Charles tonight. Feeling at one with the darkness that surrounds me. There is no need to pretend as the sun is not shining. And the moon expects nothing but silence.

II. Rev. Kim K. Crawford Harvie

April is the cruellest¹ month, breeding
 Lilacs out of the dead land, mixing
 Memory and desire, stirring
 Dull roots with spring rain.

¹ T.S. Eliot's spelling.

Winter kept us warm, covering
 Earth in forgetful snow, feeding
 A little life with dried tubers.

So begins T.S. Eliot's epic poem, *The Waste Land*. Published in 1922, in the wake of the devastation of World War II and following his own nervous breakdown, Eliot goes on to describe a world that, even in the face of springtime, has lost all hope.²

Here is one variation on the signs of depression:

- *a persistent sad, anxious, or "empty" mood
- *difficulty falling asleep or staying asleep, or sleeping more than usual
- *reduced appetite/weight loss, or increased appetite/weight gain
- *restlessness, irritability
- *difficulty concentrating, or remembering things, or making decisions
- *fatigue or loss of energy
- *loss of interest in or pleasure in once-enjoyable activities
- *feeling guilty, hopeless, or worthless
- *thoughts of death or suicide

If you experience five or more of these symptoms for two weeks or longer, you, too, may be among the 19 million North Americans who are in the waste land of clinical depression right now.³ This sermon was co-created by several members of Arlington Street Church who want you to know that you are not alone, there, and that there is hope, here.

Here is one of their voices:

I have struggled with depression for as long as I can remember. In the sixth grade, I wanted to die. At the age of seventeen, I attempted suicide by overdosing on sleeping pills. I was brought to the emergency room that afternoon and hospitalized on the psychiatric unit for several weeks. Since that

² Eliot worked on *The Waste Land* during a three month's leave from his job at a bank; according to bank records, he had suffered a "nervous breakdown." The poem itself is preceded by a Latin and Greek epigraph that says, in part, "*Sibyl, what do you want? She replied I want to die.*" See wikipedia.com

³ see http://www.emedicinehealth.com/depression/page2_em.htm#facts. Between five and ten percent of women and two to five percent of men will experience at least one major depressive episode during our adult lives.

time, I have been hospitalized more than 50 times. I have spent summers in supervised residential programs. I spent time in a therapeutic school for “troubled adolescents.” I have attempted suicide several times and have landed in the ICU as a result. And I have almost died.

I got through high school by being tutored in the hospital. As my graduation ceremony took place, I was kept behind locked doors. The school principal had communicated to my team that I was too much of a liability for them to have at the ceremony. I celebrated that special day in the quiet room, staring out of a shatterproof window.

I was accepted into college, but had no desire to go. The month prior to college starting, I was in a meeting with my treatment team in the hospital. They went through a list of reasons ... why I should not go. They said that I would not succeed. And they did not believe that I would even survive my first year.

I might as well have given up.

Yet with the love and support of my family and friends, I was able to find a space within me that wanted to continue. This space at first was barely visible. But as time went on, and as I took risks and challenged myself, this little space began to grow. Five years ago, I walked into this sanctuary not knowing what to expect. I remember being taken aback in hearing that the sermon that morning was on survivorship. How did she know?

It has been a long struggle for me to get where I am. I am now working full time in a profession [for which] I have a passion.... I am not a label. I am not a diagnosis. And depression does not define me. I am not dead. I am here, alive and feeling blessed to share my experience with you.

... Please know that you are not alone.

Depression is way too big a subject for one morning. Even broken up into what it is, what causes it, and how it’s treated – only some of which is understood – would take days. What we hope to speak to this morning is *that it is*. It’s impossible not to carry in with us some of the stigma from the outside world. Part of my vision for this beloved community is that we make a spiritual practice of addressing hard topics, practice speaking of difficult things, here in this sanctuary, so that we might go out into the world with

courage and conviction, speaking *with our lives* of the world in which we want to live.

Our goal this morning is to open the closet door of depression and let the light of this beloved community shine in, and drive away the shame and silence and isolation that compounds the challenges of living with mental illness. And we want to offer hope.

III. Molly Uline

I've probably suffered from depression/bipolar disorder since I was a teenager or younger. I remember moodiness, elation, and tears. My family tells me I cried every night. It must have been very difficult for them to live with me.

1981 was not a good year for me. In February, I became depressed and spent 5 weeks in the hospital. I didn't know where I was. I hadn't slept in many weeks. I hadn't eaten, and had lost about 20 pounds. I was diagnosed with depression/bipolar disorder.

My mood was very black, as Winston Churchill described his depression. I felt like scratching myself in the face. I felt a lot of pain in my head and low self-esteem made it difficult to hold my head up high.

I didn't like myself very much. I suffered deep, deep pain in my soul. I felt that no one cared for me. It was difficult to care for myself. I felt (or thought) that I had nothing to live for. I was lethargic and unmotivated. I could not get out of bed. I felt a great deal of stress and anxiety and could not sleep or eat. In sum, my view of my life and myself were very negative. I didn't know if I would ever recover but I resolved to do so. Having a chronic mental illness seemed like such a bleak way to live, whether or not medication is successful.

I was lucky. First, I had health insurance and I was lucky to have a good doctor. He watched over me carefully and treated me with great sensitivity. He tried hard to keep me healthy. Second, I had disability insurance. I was able to pay for my rent.

As for many, medication was an issue. As I began to recover I didn't see the need. But after a set-back I agreed to take lithium. That worked well for many years.

Eventually I went back to work and started temping. Work is very therapeutic for me. After six months on the job I worked my way into a position at one of Harvard's graduate schools where I helped execute plans for commencement. I found many friends there.

In the acute phase, depression disrupts your life and destroys relationships. I had a ten year relationship which ended quite painfully. I met a man and told him on our first date that I suffered from a mental illness, and he said he would never hurt me. We married several years later. However, he encouraged me to use self-control rather than take the medicine. Because of this lack of support during my marriage I suffered regularly from dark depression, lack of motivation, and low self-esteem. Even now when I look at photographs taken during that period, I remember vividly how I really felt behind my smile. I felt very, very sad and hopeless. It was painful.

It was only until after my divorce that I could attend to my own health. It took some time to become stable. Eventually, I found a good mix of medicine. Over time, it began to work reliably. As I became more stable and independent, I began to feel better. It took a while. I developed some friendships that I value, and met a few people to whom I could talk. The major problem was a weight gain of 50 pounds.

The first few years after my divorce were difficult. I took a very high-pressure job. My employer knew about my illness because I had to take some time off. They were neither understanding nor supportive. It makes it more difficult to keep an even keel when the pressure is on. So I changed jobs.

There are several things that helped me recover. Of course, medicine, if it works for you and you choose to take it, is critical. Unfortunately, there can be many side effects. But I urge you to stick to it if you choose. If the medicine doesn't work, seek out alternative therapies or experimental therapies like ECT. Another thing is to surround yourself with emotional supports, like a pastor and church, family, friends, therapists (including cognitive therapists), or therapy/support groups. I don't have to tell you to stay away from drugs and alcohol. Finally, recovery from an acute episode takes time and patience and a lot of prayer.

To those who have depression, or other mental illnesses, I hope my story will be helpful to you. I also hope that others will deepen their understanding

of these maladies. I have a treatable (but chronic) disease. Others will be helped by new treatments in the future.

IV. Michael Orzech

People who don't understand depression often ask: "What are you depressed about?" – not understanding that depression is a disease. It's a chemical imbalance in the brain. So even if everything in your life is going great, it can strike you down – that's something really hard for people who haven't suffered depression to understand....

I think it's hard for people to really comprehend just how crippling depression can be. All those simple, everyday tasks that we all take for granted can become unbelievably difficult. And I mean the really basic things: cooking food, doing laundry, paying bills – I've had trouble, during really bad spells, maintaining a simple phone conversation with a close friend, just getting out of bed in the morning....

The sense of gloom and hopelessness that overwhelms your soul is not something that you can fight on your own. Too many of us try to fight depression by ourselves, and it is usually a losing battle.

Probably the worst mistake many of us make is to self-medicate with alcohol or other drugs. [They only aggravate the problem.].... And I'm not sure why, but so many of us resist medication. I suffered throughout the 1980s because I didn't want to take anything. It wasn't until I suffered a really severe depression in 1992 that I felt I had no choice and agreed to try antidepressants.

Which brings me to the next problem. The first anti-depressant that gets tried usually doesn't work. In fact, it can take years (and in my case, decades) of experimentation to find a drug or a combination that actually works. And when you're already going through a difficult time, this can be a particularly frustrating process. Some medications work, but only for a period of time, and then fade. Others have side effects that are as unbearable as what you're going through. Some can make your depression worse.

All of this is provided you have prescription drug coverage (which, at various periods, I have not had).

So if you add up all the difficulty of doing basic daily tasks, the social stigma of a mental illness, the fact that medications react differently in different people, the poor quality of our health care system in general (especially with regard to mental health) – you begin to get the picture as to how hard depression can be to combat. It truly is a brutal disease.

As to the lessons I have learned:

1. Don't go it alone – you can't!
2. Don't give in to the darkness. Suicidal thoughts and tendencies come with the territory – and hard as it is, you have to hold on/resist/wait it out.
3. I've been through more failed medications than you can imagine – keep on trying.

As to the spiritual aspect of all this.... From my personal experience, I can say that my 2+ years at Arlington Street Church have helped me a great deal. If I think back over the sermons I've heard, the message that has come through most clearly to me, I would have to say, is that we can best find happiness/'salvation' through service to others. That's the core theme I have taken from [the] sermons.... Getting more involved, doing, climbing outside of myself, has been part of what has helped me get an upper hand on my depression.

V. Rev. Kim

I want to close by focusing, very briefly, on those lessons, lifting up four practices that help tip the balance from the black hole of depression back toward the light.

First of all, healing begins with asking for help. Do not hide out; tell someone you are in trouble. The hopelessness you feel is the disease speaking, and it's lying. There is always hope. Speak up!

Second, say yes to help. Everyone agrees: alcohol and recreational drugs are not helpful; they will only stir up their own brew of trouble. Counseling, medication, and electro-convulsive therapy have meant the difference between life and death for many, many people. Help may not always come in packaging you like, but it is the first step on the long road home.

Third, make a decision to participate in your own recovery. I know you may not want to get out of bed, let alone to walk; for depression, Vietnamese activist and Zen master Thich Nhat Hanh prescribes walking. *Walk on the earth*, he says.

A study at Duke University found that “three sessions of vigorous aerobic exercise a week proved about as effective at beating back depression as daily doses of Zoloft,” and that “depressed patients who got better with exercise were less likely to relapse ... than those helped by antidepressants.”⁴ For starters, whether or not you care, walk as if your life depends on it. It may.

Finally, fourth, whatever you can do to throw your weight to the side of life, do it. Maybe that means forcing yourself to adhere to an exercise/eating/sleeping regime that feels like boot camp. Maybe that means showing up and serving dinner here to our hungry and homeless neighbors on Friday night; giving service, and remembering that you are not alone in your suffering. Service saves.

My spiritual companions, living with depression is a spiritual practice, a spiritual discipline. It demands an unconditional devotion to life, even in the face of hopelessness and faithlessness. With depression, either *you have it* or *it has you*. *It has you* if you give in to its siren song, tempting you to believe that there is no meaning. *You have it* if you put one foot in front of the other, and are determined to *choose life*. Make of your recovery a spiritual practice, and no matter what ... choose life. We are here to walk with you, and to remind you that it matters that you are here.

⁴ Thanks to Arlington Street’s Michael Hosking, R.N., for pointing me to Carey Goldberg, “Mood Lifting,” *The Boston Globe*, 4/211/08. See http://www.boston.com/news/health/articles/2008/04/21/mood_lifting/?page=1