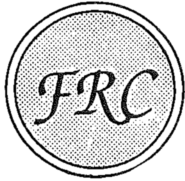
PASTORAL CARE NEWSLETTER



PUBLISHED BY THE FAMILY RELATIONS COMMITTEE OF PHILADELPHIA YEARLY MEETING

For Overseers, Members of Ministry and Counsel, and others involved in pastoral care and counseling

Vol. V, No. 2 January 1998

Depression: The Invisible Problem

by Nancy L. Bieber

The January 1997 issue of PCN on "Pastoral Care of Persons with Mental Illness" principally addressed the more outward and noticeable forms of mental illness. We felt that it would be helpful to provide a companion article on the less easily recognized, but equally serious, problem of depression.-- ed.

Depression is sometimes called the invisible problem. It is very common, but its victims often become less noticeable rather than more so. Is it invisibly present in your meeting?

Almost certainly every sizable monthly meeting includes persons who are depressed.* They may be suffering silently, depressed but unable to give a name to their feelings. Some people know they are dealing with depression and may be taking anti-depressant medication, but they are quiet and ashamed about it. And then there are those who are open about their struggles and fortunately are not burdened by the uncomfortable sense that they have failed in some vague but important way.

What is depression?

A person who is depressed may hear most often from family or friends some variation of "snap out of it." There is nothing a depressed person would like better than to snap out of it, but it doesn't work that way. Our culture as a whole does not understand depression, and therefore is often not helpful to those who are struggling with it.

Degrees of depression can be arranged along a continuum. At one end would be someone with a persistent lowness of spirit. Such a person may have low energy and may not seem to care much about things which used to be important. They may feel confused by the low mood but be unable to shake it off. Life isn't the way it used to be. This is a relatively mild experience of depression.

A more serious depression includes the experience of being burdened with sadness, not necessarily sadness about a particular grief, but a global, heavy grief. Spells of crying are

Nancy Bieber

* The term "depression" as used in this article refers to "clinical depression," an ongoing, serious condition. We are not referring to the common use of the word to mean the occasional low day which everyone experiences from time to time.

common. As we look toward the severe depression, we see an increasing hopelessness. There is a very real sense that it's no use going on. Usually people struggle on though. Perhaps their responsibility for a child or a spouse or someone else who needs them keeps them going, but not always. Tragically existence can seem so painful and hopeless that sometimes suicide seems to be the only way out.

It may be useful to think of the degrees of depression as the wearing of an increasingly dark pair of glasses. The worse the experience of depression, the darker the world appears. Sometimes someone can hobble along for years wearing the dark glasses of a mild or moderate depression. Sometimes a depression may lift suddenly and inexplicably. With equal mystery, it may return.

The traditional view has been that there are two kinds of depression, one triggered by life events and the other by body biochemistry. At this time therapists generally feel that life events and body biochemistry interweave to create a depressed state. A life event such as the death of a close family member may trigger a depression which may produce biochemical changes in the body. Sometimes there is no apparent precipitating event; a shift in a person's biochemistry brings on a depressed state without warning.

Depression touches every aspect of the sufferer's life. The effects on one's emotions have already been mentioned: lowness of spirit, sadness, hopelessness, enormous self-doubt. Physically, a depressed person may be tired much of the time, and yet unable to get a good night's sleep. Eating habits may change. Usually it is a loss of appetite, but sometimes a depressed person turns to food for pleasure and comfort and seems to be eating all the time. Mental agility can be slowed down and one's thinking can seem foggy. Socially, a depressed person may not have the energy or the desire to maintain the friendships of happier times.

Pastoral Care Newsletter is published quarterly by the Family Relations Committee of Philadelphia Yearly Meeting. Lyle Jenks, clerk. Patricia McBee, editor. We are located at 1515 Cherry St., Philadelphia, PA 19102. Comments are welcome. **Please do not duplicate**. To obtain additional copies or to subscribe, contact Steve Gulick, at 215-241-7068 or steveg@pym.org.

The depressed person within the meeting community.

Depression can also have a very painful effect on one's spiritual life. God may be lost in a fog, too. One questions the reality of the faith one depended on. Depression does not always create a "dark night of the soul" but it can do so. When it does, it is easy not to bother coming to meeting for worship. Sitting in silence for an hour, may feel like drowning in the reality of God's absence.

One reason that we come to meeting for worship rather than worshipping at home is that we need community. It is a basic human need. Community roots us among others who are on similar spiritual journeys into the presence of God. When we come together only for meeting for worship yet have minimal contact with each other the rest of the time, we are not being much of a community for each other. In that kind of distant community, it is easy for someone to become invisible, invisible first while present and then through not being there at all. The better we know each other, the less easy it is for that to happen.

We Quakers are very respectful of each other's spiritual journeys. When someone drops out of community worship and committee involvements, we may assume that person simply needs a break from active participation. Our fear of interfering may prevent us from expressing an appropriate concern about an absence. When no friendly inquiry is made, –"I just thought I'd call and see if you were all right"– a depressed person can easily conclude that no one has noticed and no one cares.

The lowered energy and bleak sadness of depression combine to make it very hard for a depressed person to initiate or even accept social contacts. Yet when contacts are initiated by someone reaching out, they can give a real boost to one for whom each day is a struggle. There is a sense that others do care and value this Friend's presence.

Questionnaire for Readers of *Pastoral Care Newsletter*

PCN is in its fifth year of publication and we feel the need of feedback from you, our readers. Would you take a few minutes to fill out this questionnaire, clip it, and send it back to us? Thanks so much.
Return to: PCN, Family Relations Committee, PYM, 1515 Cherry St., Philadelphia, PA 19102

1. How long have you been reading *Pastoral* Care *Newsletter?*______________________________
2. Do you receive your own copy?______ or share with others _____ (check one)
3. How soon after it reaches your meeting do you receive it?______________________________
4. Are *Newsletter* topics discussed by Overseers?________By the whole meeting?_________ (yes or no)
   Anyplace else? (specify)______________________________
5. How did you learn about the Pastoral *Care Newsletter*?______________________________
6. In your work as an Overseer, would you say that the *Pastoral Care Newsletter* has made your work easier?_____ or had no particular effect?_____ (check one) How would you say it has effected your work? ______________________________
7. What are topics or concerns you would like to see developed in future issues?______________________________

____

(see other side)

- -

Help Wanted

Do you like to read and comment on articles in *Pastoral Care Newsletter*? The Publications Subcommittee of the Family Relations Committee needs additional members to help keep *PCN* responsive to the needs of meetings.

The main job of the committee is to assist the editor in producing the *Pastoral Care Newsletter*. Committee members select topics for articles and find appropriate writers. They review each article and assist the editor in providing suggestions to the writer for fine tuning it to the needs of Overseers. They help to publicize and promote *PCN*.

Committee meetings have been held during the day in convenient, central locations, but time and place are flexible. Some members have participated by e-mail and phone. If you are interested, please call the clerk of the committee, Sue Heath, at (609)234-4159 or the editor of *PCN*, Pat McBee at (215)349-6959.

Pendle Hill Scholarships

Pendle Hill is requesting applications for 1998-99 scholarships. The Henry J. Cadbury Scholarship is awarded to a Quaker scholar with serious interest in Quaker faith, practice or history to work on a research project benefiting the larger Religious Society of Friends. The scholarship covers three terms of tuition, room, and board at Pendle Hill. The Kenneth Carroll Scholarship is awarded for one term of study in Bible and Quaker faith and practice. For more information contact Liz Kamphausen, Admissions, 338 Plush Mill Road, Wallingford PA 19086; (800)742-3150, extension 126. Applications are due by March 15, 1998.

New Program from Family Relations Committee:

Nurturing the Spirit in Recovery

Richard Squailia of Willistown (PA) Meeting has developed a seven week program for people recovering from addictive and compulsive behaviors. The program is sponsored by the Family Relations Committee.

Richard's work is based on the assumption that "there is an art to facing our lives in ways that lead to effective solutions and to inward peace, harmony and serenity." The program is open to those with addictions themselves, as well as family members, friends, and the meeting community.

For information about how you can set up a series for your meeting or quarter, call Family Relations Committee staff person Steve Gulick at (215)241-7068 You can contact Richard Squailia at (610)648-0378 to learn more about "Nurturing the Spirit in Recovery" or to invite him to speak to your meeting about his work.

Reader Questionnaire, continued

Here are some of the articles that have been in the *Pastoral Care Newsletter.* * Could you give us your reaction? Use a scale of 1(Very Helpful), 2 (Somewhat Helpful), 3 (Not Helpful). (Circle one)

1	2	3	Meeting Support of Marriage & Couple Relationships
1	2	3	Reflections of an Overseer
1	2	3	Membership & the Clearness Process
1	2	3	Dealing with Difficult Situations
1	2	3	Supporting Families Through Separation & Divorce
1	2	3	Nurturing Children & Families in Meetings
1	2	3	Inactive Members: Keeping Some & Helping Others Move On
1	2	3	Facing Death: Helping People Grieve
1	2	3	Dealing with Aging
1	2	3	Nurturing Quaker Parenting
1	2	3	Pastoral Care for Persons with Mental Illness
1	2	3	Building Community
1	2	3	Pastoral Care of Men in Our Meetings
1	2	3	Helping Friends Seek Professional Help

These back issues are available from Family Relations Committee

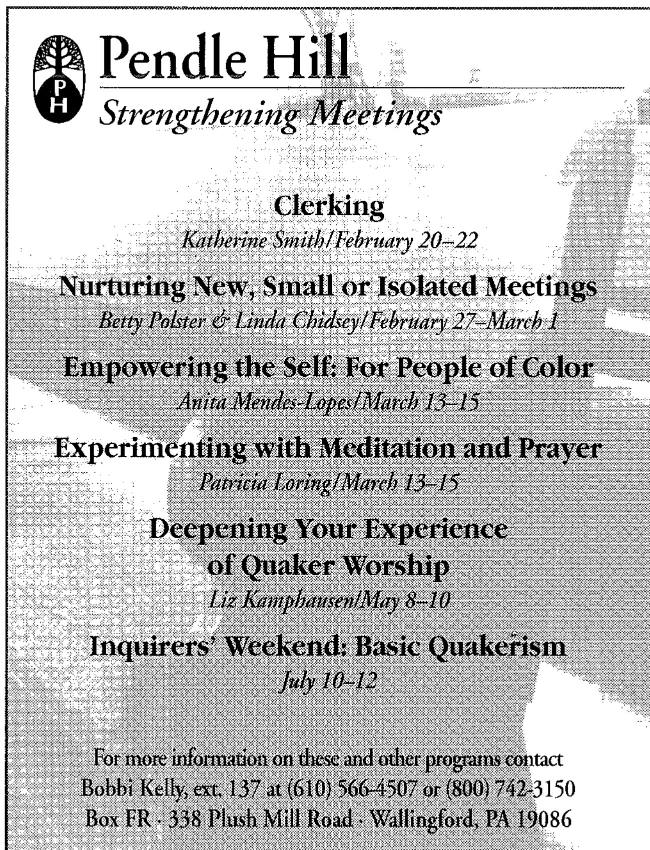
Please share any other comments you have about PCN:____________________

(Feel free to attach an additional sheet to share your comments in greater detail)

Your name and meeting (optional)____________________

(see other side)

<<<>>>



<<<>>>

Continued from page 4

essential for their well-being. Giving to others in any fashion is easier when we are filled up ourselves. Supporters need to take the time to do and be that which keeps them filled. Thus the depressed person, the supporters, and the entire meeting community benefit.

At the beginning of this article, depression was called invisible. When we know the clues to look for, we can make it visible. When our awareness and compassion are tuned to other members of our meeting community, we can make it visible. When we know that we can help and how we can help, we are more likely to be aware of and compassionate toward the depressed person in our midst. We can then be, in the fullest sense of the word, Friends in time of need.

Nancy Bieber is a psychologist in private practice. She is also an experienced retreat leader and spiritual director. She recently became clerk of Lancaster, PA, Meeting.

For a list of readings on the subject of depression see *PCN*, Volume IV, Number 2, January 1997.

How to help

Helping persons who may be depressed calls for a sensitive awareness and a reaching out. It calls for thoughtfulness and consideration for those who may be on the fringes of the meeting community. Unlike the person who demands attention through inappropriate behavior, a depressed person is not likely to demand attention unless desperate and/or feeling a special closeness to the confidant. Men may be especially unwilling to talk about the dark burden under which they are living until they are desperately unhappy.

When meeting members do reach out, it is important not to expect enthusiastic appreciation and a rapid and eager involvement in meeting activities. It may be all a depressed person can do to attend the committee meeting; taking on responsibility may simply be too hard. However, the meeting needs to continue reaching out. If someone broke a leg and couldn't drive to meeting, we would stop for as long as a ride was needed, not expect one effort at chauffeuring to jump-start a person's driving ability again!

Overcoming depression, or at least bringing it to a manageable state, is usually a slow process. (An exception is the effect of an anti-depressant medication which can create positive change within a few weeks.) Someone supporting a depressed Friend needs to encourage small steps. Steps like going for a walk in the evening or coming to a social gathering or cleaning up the kitchen (only the kitchen, not the whole house!) may be big enough challenges for a person whose energy has been sapped by depression.

One of the symptoms of depression is pessimism, the expectation that things will never work out. This shows itself in a "what's the use, why bother?" attitude and in negative statements. Supportive friends can become discouraged when all suggestions and encouragement seem to be rejected. They may gradually drift away from the relationship. Recognizing the negativity as a symptom of depression, not a rejection of friendship, can help to maintain the steady support which is so urgently needed.

It is also possible to counter negativity. "I know it might not be a good program, but I'd like to go with you anyway." Acknowledging someone's feelings while holding out the possibility that there is another way to view the situation is useful. "I see what you mean. If I thought my son didn't care about me, I might not feel like calling him either. But I think he really does care about you only he's not good at showing it."

A change in a specific life situation may bring a lightening of depression. The flow of winter to spring sometimes lifts mild depression. A move to another working environment when the old one has been stressful and critical may have a similar result. Clearly the meeting cannot make these things happen. But we can help in small ways. What would happen if a depressed person hovering on the fringes of the meeting were to be surrounded by a group of people who obviously cared and showed it continually and clearly by their actions? It would definitely be a health-giving environment with a real potential for healing.

The meeting might form a support group for the depressed person and/or the family in situations involving a chronic, long-term illness or a crisis situation involving hospitalization. Unlike a clearness committee for discernment, it is not focused on a decision-making process. It might consist of two or three persons who regularly visit or it could engage the gifts of six or eight persons who help in a variety of ways. Regular contacts by phone may be as important as formal meetings. The group must be custom designed for the need and the person it will be responding to.

Although every group wants to help by doing, often the most valuable contribution of the group is simply being. Simply being present to another brings comfort and encouragement and alleviates loneliness. It is often easier for supporters to feel useful when they are doing something concrete to alleviate distress. However, sometimes the most useful thing is to say, "I can't do anything but I want you to know I am with you," and then to sit together.

Meeting members working closely with a depressed person may need to encourage him or

her to get professional help. Often people are reluctant to seek professional help and even more hesitant to take medication. Our unfortunate cultural bias toward perceiving depression as a personal weakness which should be overcome by positive thinking is very powerful.

It is clear, however, that medication and psychotherapy do help. Anti-depressants help the body's biochemistry to return to a normal balance. Psychotherapy helps one to deal with the emotional, mental and social experiences of depression. Through therapy, a person may work on a whole spectrum of troubling areas. Often the emotional and social symptoms of depression stir up unresolved problems of the past or worsen already difficult relationships. Psychotherapy can help to resolve these areas.

What about the risk of suicide?

The more serious the depression, the more real is the possibility of suicide. This is the scariest aspect of depression, both to depressed people and to their friends. If a meeting has provided a supportive environment, a depressed person may speak to someone about thoughts and intents before taking action. When a friend hears about suicidal thoughts, it is essential to involve professional help. Options here include a 24-hour phone hotline, a mental health crisis intervention service, a Contact phone line, the local mental health association, or, if it is known, the physician, psychiatrist or psychotherapist who has been involved.

Turning to professional help is not magic however. Nothing can guarantee to prevent suicide. But in a loving, caring community, we can provide a nurturing net for especially vulnerable persons. Sometimes friends think that a promise of confidentiality means that one should never speak, even if someone has confided an intent to end his or her life. Confidentiality should not interfere with saving a life. Some think that a person who speaks of suicide will not actually do it. There is no substance to that myth. No depressed person's words about suicide should be taken lightly.

It is true that some depressed persons end their lives with no forewarning to others. We look back and say, "What should we have seen?" "What should we have done?" It may be that the signs were indeed minimal. Many people keep up a good front while in deep, painful hopelessness within themselves. We may be berating ourselves to no good purpose. Perhaps the only good which can rise from the tragic experience of a suicide within a meeting comes when the meeting community grows more aware of and sensitive to its most vulnerable members, when we learn better how to show our caring for each other.

A meeting can become a caring, supportive community for someone who is depressed. It is important that such an effort be spread among a number of people. If it is an on-going situation with all the support coming from one or two persons, they may well burn out. Those who are giving care need also to be taking care of themselves. Support persons need to recognize and honor their limitations. They need to recognize when a peaceful evening at home is

continued on insert page 2

Questions for Reflection

1. Does your meeting provide a safe environment for sharing painful parts of one's life? How does it do so? How could it do more to provide an environment that nurtures sharing?
2. What efforts are Overseers making to be aware of persons who may be withdrawn and depressed?
3. How are Overseers (and others in the meeting community) actively supporting anyone who is dealing with depression?
4. What are limitations for Overseers or other supportive group in providing long-term support for a depressed person? How do Overseers or others in a long-term supportive relationship support themselves?
5. If there has been a suicide within the meeting community, how did the meeting provide support for family and special friends? How did the meeting come to terms with this death? If your meeting has not experienced a suicide in its midst, think about how you would handle it.