

Depression:

Soul's Quest for Depth, Meaning & Wholeness

As a soul-centred psychiatric therapist, I am disturbed that so many Australians have been seduced into viewing the often valuable and necessary sufferings of soul - which include most experiences of depression - as "mental illness". In other words, sufferers of depression are often forced to endure, in addition to their pain and energy loss, the stigma of being told that they're "ill", hence that their depression is a problem to be eliminated, or that it has no potential value, meaning, or purpose.

From a soul-centred psychiatric perspective, however, depression is not primarily another word for unhappiness; nor is it "mental illness." It is, rather, in many instances a response to a loss of soul, including, ironically enough, the soullessness of the biologic medical model, which continues to 'treat' depression as a biologic 'illness' that can be band-aided with damaging drugs.

Wholeness vs 'Happiness'

In contrast to this deeply entrenched "mental illness" fiction, my intuition is that what our ailing culture needs, above all, is not a happiness which requires the elimination of suffering. I believe that to achieve genuine individual and cultural healing, we need, instead, more wholeness, that is, more well-rounded individuals who embody life's dance of opposites and in so doing live fully human lives. We need more people who are not ashamed of, or embarrassed by their wounds, but who can instead respond to their own and others' suffering - as an unavoidable facet of the human condition - with love, patience, sympathy, nurturing and respect.

True happiness, after all, does not exclude sadness, but rather embraces it within the living paradox which personal wholeness demands. As the quiet contentedness of joy, such happiness is not, I suggest, attained by seeking happiness, nor by eliminating sadness through addressing purely personal wants, needs, fears, anxieties and insecurities. Indeed, a reactionary cult of 'happiness', based on the indiscriminate elimination of all psychospiritual suffering, is in the longrun as lopsided, narrow, repressive and self-defeating as the current 'epidemic' of depression. A simplistic endorsing of happiness above sadness, in other words, simply amounts to replacing one extreme (which is falsely viewed in a totally negative light) with its opposite, which is seen as 'positive'. In reality, though, not all happiness is positive - and not all depression is 'bad'.

In this sense, when consciousness operates from the level of the heart - symbolically the divine centre at which all is one and where all opposites are reconciled - we live and breathe an inseparable blend of joy and sorrow, death and life, dark and light, since at this level we empathise the suffering of those with whom we are one. Such empathy, or ability to feel another's pain as if it is one's own, is the passion of 'com-passion', given that compassion means 'to suffer with'. And compassion, as the truth of love, is inseparable from the love of truth. To become a balanced, content and healthy culture we must, in other words, replace the "mental illness" lie with the truth and needs of soul.

Depression as Soul Loss

Given that the Government and other concerned folk (such as Oz's 'Beyond Blue' campaign) are desperately seeking to address the depression 'plague', there is, I suggest, an urgent need to 're-vision', or re-evaluate depression from a soul-centred angle, if we are to avoid exacerbating this cultural crisis through misguided attempts to stifle the urgent needs of soul which depression is often calling our attention to.

From soul's angle, far from being an "insidious illness", depression is often a valuable phase of a person's life journey, a critical juncture at which a soul-searching re-assessment of priorities, directions, relationships, work, gifts, self-image, home life, spirituality and/or values is being called for. For this reason, dreams and myths often contain the theme of the "buried treasure", symbolically the soul hidden, or trapped in the unconscious depths, which the hero or heroine must retrieve in order to become healed, mature, content and whole.

Mythically, the gods reside not only in celestial realms, but also below in Underworld, the mythic equivalent of the unconscious. Soul, which unlike light, airy 'spirit', gravitates to the body, the Earth and the watery realms of night and ocean depth, does not lift us to mountainous heights, but pulls us - when it's neglected, stifled, or shunned - down into neurosis, depression, sickness, suicide and psychospiritual chaos. As an example, in the Greek myth of the human girl Psyche, whose name means 'soul', Psyche abandoned by Eros (the Love which soul needs) is left alone, directionless, depressed - literally, 'pulled down' - hence she is finally driven to Underworld depths. For Eros, mysterious god of entanglements in relationship, involvement with life, immersion in suffering, depth and joy, is the god behind human vulnerability, the one who exposes us, through love, betrayal, cruelty and kindness, to life's inseparable blend of woundedness and pleasure.

Psyche Down Under

Psyche, in other words, is a myth that provides a 'psych-iatric' context for understanding depression as soul's need to descend in order to retrieve its Underworld treasure. By exploring depression from this soul-centred perspective, we have thus re-mythologized a universal (archetypal) human experience: soul's hunger for depth and for the elusive riches harboured by Hades, Lord of the dark Underworld of the unconscious.

My intuition is that just as Psyche had to journey 'down under' to find her way back to lost Eros, so we shall be driven to the depths of our wounds, depressions, madness and fears in order to be reunited with lost soul. This re-mythologizing of our lives is the medicine we need if we are to help one another reconnect to a life wrestled with, shared and celebrated in all its fullness, vibrancy, imaginal richness, pain and joy. With this guiding vision at heart, the following soul-centred delineation of depression offers itself as a yeast, vessel and catalyst to help reactivate the sense of soul within the individual and throughout Australian culture as a whole.

What is Depression?

Depression, which literally means 'a lowering', occurs when energy (libido) which is normally available for day-to-day living, becomes depleted, blocked, pulled down, or trapped in the depths of the unconscious. Depression can arise through endless combinations of psychospiritual and physical causes, but in many cases, its primary source is an unresolved, repressed, or forgotten grief, trauma, crisis, conflict or loss. In addition, depression is often an emotional, relational and spiritual response to a sense of meaninglessness, lack of harmony with Nature, or lack of truthfulness with oneself and others. Poor diet, seasonal changes, lack of sunshine and lack of exercise can contribute to depression, as can soulless environments, materialism, lack of imagination, damaging relationships, dull routine, empty forms of work, and apparent lack of life purpose.

Is Depression "Mental Illness"?

No. The suggestion that depression is "mental illness" is absurd, given that nearly all of us get depressed at times. From a soul-centred psychiatric perspective, depression is a natural human response to an endless variety of circumstances and states of unresolved suffering, or tension within the psyche. While it can be debilitating (for example, in cases of repressed conflict, extreme

crisis, or forgotten childhood trauma), it can also have a creative outcome. For example, some depressions are caused by a lowering of consciousness in order to retrieve needed wisdom, or creative and healing gifts from the unconscious. This kind of depression is best dramatized as myth, when the hero or heroine must go through a symbolic death and rebirth. Examples of such myths are Dionysus, Osiris, Christ, Demeter and Persephone, Orpheus and Eurydice. Reading and reflecting on such myths can help provide an imaginal context for soul's journey through depression. Bear in mind that the depression is never the end of the story. There's always a rebirth at the end of the journey!

Cocoon Therapy

What about (so-called) 'Seasonal Affective Disorder'? The psyche has natural diurnal, mythic and seasonal rhythms and cycles. Calling winter sadness a "disorder" creates the distasteful and stigmatizing impression that seasonal depression is a "mental illness", rather than a normal response to the decreased light, activity and energy output that characterize winter as Nature's time of symbolic death and hibernation. Just as bulbs lie dormant and bears hibernate, so the psyche as part of Nature instinctively lowers (that is, 'depresses') its energy levels and output in winter. One could call such sadness "soulful hibernation", which sounds less negative and demeaning than "mental illness."

In winter, allow yourself time, as Native Americans do, to go 'back to the blanket' when you need to. Using what I call 'cocoon therapy', wrap yourself - for however long you need to - in warm blankets, or animal skins which form a symbolic cocoon in which the psyche feels protected and can rest, regenerate and prepare for a Spring rebirth. Make sure you are in a quiet, dark, safe, comforting space that cannot be interrupted by other people, noise, or phone calls. (Quiet pets, open fires, incense, essential oils, candles, stones, music and plants can be good company, however).

Above all, be kind to yourself; listen to your heart and gut intuition to find out what the 'soul' in you needs. Remind yourself that it's OK to do nothing, except rest, wait, reflect, unwind, let go, sleep and renew, whenever you need to. Alternately, gentle, non-strenuous exercise, long walks (particularly in sunshine, through forests, and/or near flowing water, or the ocean), warm baths, restful music, meditation and gardening all help calm and nourish the psyche and re-attune it to Nature. As well, wear energizing and uplifting colours, particularly reds, yellows and oranges, and decorate your home similarly.

Dangers of Antidepressant Drugs

Do anti-depressant 'medications' (prescribed by GPs and psychiatrists) cure Depression? Anti-depressant drugs are toxic substances which work by manipulating an increase in noradrenalin, serotonin, dopamine and other neurotransmitters in order to elevate moods. However, these neurotransmitters are then dispersed instead of being reabsorbed, as would occur naturally. This may eventually lead to a depletion of these necessary transmitters, such that the original depression becomes worse.

All psychiatric drugs work by disrupting normal brain function. They never improve the brain but instead dampen feelings that a person may need to feel, in order to work naturally through unresolved pain or trauma. In addition, mainstream, or biologic psychiatry has not proven the genetic/biologic cause of any so-called 'mental illness.' This does not, however, stop psychiatry from making unproven claims that depression, bipolar, schizophrenic, psychotic, anxiety and alcohol 'disorders' are primarily biologic and/or genetic in origin. Such pseudo-medical beliefs are based on unprovable materialist dogma. In other words, from the contrary wholistic perspective (in which psyche and body are inseparably one), one expects physical factors to be involved, without presuming that they are the sole, or main cause of the depression.

Jungian & Shamanic Therapy

What drug-free therapies are available from depression? Firstly, it is vital for a person's dignity and well-being that his/her whole range of needs - physical, emotional and spiritual - be respected and addressed. Useful therapies include Jungian and shamanic approaches.

Jungian psychotherapy is based on giving equal attention to both the conscious and unconscious situations, and with depression the unconscious cannot be ignored, since most of the person's energy is in motion 'down' there. Jungian therapy involves a non-authoritarian, one-to-one dialogue which draws on the healing potential within the individual's unconscious, as it expresses itself in dreams, visions, artwork, sculpture, and through an imaginal inner dialogue (which Jung called 'active imagination'). Through this shared therapeutic journey, the cause of the depression can be gently unearthed, by patiently and respectfully exploring the person's inner and outer life story, in which is often embedded the trauma, conflict, loss, or crisis which has triggered the depression. Jungian work aims, as well, to provide a mythological context for the person's soul-journey, since the myth - as a dramatization of archetypes of the collective unconscious - reminds us that our journey, although unique, also has a universally human form.

During shamanic journeys, the shaman acts on behalf of the 'patient', by exploring World or Underworld through intense imaginal journeying. Led by animal or spirit guides, the shaman seeks lost, wandered, or trapped soul parts which, in being separated from their parent personality, have caused what shamanic cultures call the patient's "loss of soul", one form of depression. Depressive soul loss can occur through unresolved childhood trauma, pining for a person or place elsewhere in the world, suppression of one's creativity, disempowering relationships, environments and work, or through damage to the aura. The shamanic therapist guides the wandered soul part(s) back to the patient and usually, through a ritual, returns them to the patient.

What to Avoid

Avoid any therapies which aim to control, repress, or manipulate the unconscious, since this can backfire or amplify the depression, if its cause is a buried trauma, unresolved grief, deep-seated conflict, or latent psychosis. Avoid 'rebirthing' for an unstable individual, since it can push a fragile person into psychosis. Stay clear of 'positive thinking' methods, or simplistic techniques and theories, since they fail to do justice to the complexity of the psyche and do not honour the unavoidable demands of the unconscious. Be wary of distanced, clinical, hurried, authoritarian, or cerebral practitioners. Just as a plant needs nurturing and care, so the therapist (as a 'servant of soul') needs to be a kind, respectful, non-controlling, intuitive, natural, imaginative and patient midwife to soul's journeys.

Who Can Help?

Seek an initial evaluation by a practitioner who works from a soul-centred psychiatric perspective, which honours emotional, individual and psychospiritual values and needs. This will allow for a reliable assessment of whether the depression is primarily a psychospiritual/relational response, or whether nutritional and/or exercise factors play the prominent role. If you wish to avoid anti-depressant drugs, be wary of consultations with doctors who have no time to listen to your personal story, or who try to convince you that depression is a 'chemical imbalance' that can be 'treated' with drugs. Also, bear in mind that GPs and 'biologic' psychiatry (which the Government funds) are usually not trained or qualified to offer soul-centred psychotherapy for acute psychospiritual crises, conflicts, depression or trauma.

In cases of severe depression, suspected trauma, psychosis, or manic-depression, avoid self-proclaimed 'Spiritual Healers' and suchlike if they have no reputable credentials, training and experience in the field of soul-centred

psychiatry. Hypnotherapy may be helpful when dealing with suspected repressed trauma. Naturopaths, homeopaths, aromatherapists, GPs who practice nutritional medicine, herbalists and acupuncturists can help address associated dietary and physical needs.

Remember, the therapist *is* the therapy, so reputable credentials are not enough. As well, look for desirable personal qualities, such as compassion, wisdom based on experience, flexibility, respect for your values and experiences, and lack of desire to offer hasty advice, or to dominate, label and control. Finally, each of us can help ourselves, by trusting our intuition, by reclaiming our personal power and right to control our own lives, by avoiding whoever and whatever makes us feel ill, uneasy, or bad about ourselves, by remaining close to Nature, and by following our hearts - wherever they lead us. Though we walk 'through the valley of the shadow of death' (= depression), we need not fear . . .

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