The spiritual construction of depression

"We have a preponderance of psychiatric treatments that now ignore the heart and soul of what it is to be human"

Robert A Berezin

In general practice we often see the classical features of depression in our patients. These are the ones laid out in the box that has been promulgated by the DSM V. We know that not everyone fits into these boxes for classification and there is a penumbra of feelings and emotions that occur around the classic features. They are the shadows of the shadows and the more indistinct symptoms that surround the core of central darkness.

The DSM V correctly lays down the criteria for depression, which include, amongst others, too much or too little sleep with early morning awakening, too much or too little appetite and too much or too little psychomotor activity. There is also loss of interest in life, concentration and fatigue.

But this can never be, as we know, the whole picture when treating individuals. There are nebulae of less well defined feelings and emotions that may surround the main picture or may assume more prominent features in a specific patient's life.

These include withdrawal, a sense of failure, indecision, a loss of confidence, a sense of apprehension, a feeling of exposure and a distrust of others and institutions. In the last decade or two there is also an old Greek word that has been resurrected, *anhedonia*, meaning the inability to experience pleasure. It is the absence of joy or appreciation of life lived to its fullest.

There are also other issues beyond these experiences such as the seeking for the reasons for our life conditions especially when we have to face events for which there is no rational explanation. We often need to confirm that life has a purpose or *telos* and negotiate the religious and moral reasons for illness.

In the middle ages an interesting form of depression involving the spirit or soul was called *Acedia* (or A*ccidie*). It was described as a form of spiritual alienation found in monks in monasteries, who had had a crisis of faith. Along the same lines, in 1967, the psychologist Maddi proposed the concept of the existential neurosis of modern life that alienates patients from both themselves and society. The condition is characterised by chronic meaningless, apathy and aimlessness. It is partly caused by the breakdown of the discipline and coherence of modern civil society and family life.

I have in the past encountered patients, usually devout Christians, who have presented with this crisis of belief. On further enquiry they have partially fulfilled the criteria for clinical depression but whether the loss of faith has caused the depression or is a manifestation of the depression itself was never clear. Many patients are on spirit quests especially rural and indigenous peoples of Africa, the Americas and Australasia. Spiritual quests are often conducted through meditative practices such as mindfulness, transcendental meditation, Koranic recitations, Zazen in Zen Bhuddism, as well as Yogic meditation, Christian contemplative prayer, Sufi meditation and the ethical meditation of Confucian philosophy.

In recent years I seem to have concentrated on biomedical explanations for depression on the basis of chemical imbalances. In the rush of general practice this is often the easy way out and the spiritual and cultural constructions of depression have taken a back seat.

We like to confine patients to diagnostic boxes because it is easier for us to visualise them but now we are seeing complex mixed forms of depression and anxiety interwoven with the problems of living, such as unemployment, poverty, chronic illness, divorce, violence and family conflict. Beyond the boxes and the classifications lies the spirit or soul mostly unacknowledged by the medical gaze. The soul, like ultimate reality, is difficult to understand or describe from a medical aspect. It is "beginningless, beyond what is and beyond what is not, incomprehensible, unlimited, not to be reasoned about, unthinkable" (*Maitri Upanishad, 1.4.6*). The philosopher Plato thought that a man's soul is the very essence of his being and was God *immanent* (God-within-him). The purpose of good and just men and women was, he said, to educate and nurture the soul in other men and women.

The pastoral aspects of medical practice has, over the years, often been replaced by the modern medications and technology now available to us. How does one address the soul which is not available for scrutiny in a laboratory or in the physiology of the prefrontal cerebral cortex? It is not something that one can "treat". It needs to be understood as a personal individual reality. It is in this way that medical practice can be widened into the three duties described by Marcus Aurelius. These three duties were: to this bodily shell that envelopes us, to the divine, which is the source of everything in all things and to our fellow-mortals around us.

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