

## **When Reason Is Impossible and Hope Is Hard To Find: A Personal Encounter With Depression**

Rev. Dawn Fortune

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Unitarian Universalist Congregation of the South Jersey Shore

In the past month, the news has been peppered with stories about elite athletes prioritizing their own health over winning, and in very public ways. Tennis player Naomi Osaka withdrew from the French Open, citing depression and anxiety from the pressure of the competition. She lit the Olympic Cauldron this week in Tokyo, but left the competition early, citing unbearable pressure.

Simone Biles, the best gymnast in the world, withdrew from competition in the first days of the games rather than risk her physical or mental health.

American sprinter Sha'Carri Richardson was publicly banned from portions of Olympic competitions because she used marijuana to treat her anxiety. The International Olympic Committee does not recognize marijuana as an approved medical treatment, and so she was banned. Ironically, if she'd loaded up on heavy pharmaceuticals or tequila to cope with her pain, she'd still be in good standing on the team.

Advertisements featuring Olympic gold medal swimmer Michael Phelps advocating for therapy to treat depression are running on heavy rotation on all networks lately, and extra heavy during the games.

After nearly a year and a half of pandemic, coming on the tail of a four-year political nightmare where Nazis were "fine people" that culminated with an attempted violent coup, well, the argument can be made that depression is an entirely reasonable response to all that mayhem and trauma.

The website of the American Psychiatric Association describes clinical depression this way:

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act.

Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home.

Depression symptoms can vary from mild to severe and can include:

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed

- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech (these actions must be severe enough to be observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating, or making decisions
- Thoughts of death or suicide

... Depression affects an estimated one in 15 adults in any given year. And one in six people will experience depression at some time in their life. Depression can occur at any time, but on average, first appears during the late teens to mid-20s.

... There is a high degree of heritability (approximately 40%) when first-degree relatives (parents/children/siblings) have depression.<sup>1</sup>

Depression affects each person in a different way, and the symptoms o can come in individual grab-bag assortments.

Depression crept up on me without fanfare, invitation, or announcement. It was silent, like the cat in Carl Sandberg's poem "Fog"

### **Fog**

The fog comes  
on little cat feet.  
It sits looking  
over harbor and city  
on silent haunches  
and then moves on.<sup>2</sup>

Only in my case, it didn't move on. In came in gradually, like dusk on a gray day, when you can't really tell the difference between 10 am and 2 pm or lunch or suppertime.

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<sup>1</sup> American Psychiatry Association website, excerpted: <https://www.psychiatry.org/patients-families/depression/what-is-depression> accessed 7/30/2021

<sup>2</sup> Public domain, sourced from <https://poets.org/poem/fog>

There were no shadows to mark the progress of the thing, until I found myself in the thick gray-black dark without a clear idea where the day, or my spirit, had gone.

Daily life in my depressed state was a continuous stream of disappointment and frustration. I was unable to get things done. I was unable to make a list of things to do because even the list-making was too much. I was perpetually exhausted, hungry until it was time to eat, then uninterested in food. When I did eat, everything seemed to sit in my stomach like a brick. Nothing interested me, not even working in my shop, or making some kind of art. I could not get to sleep at night and was unable to rise in the morning. My body ached without any clear reason – everything just *hurt*. There were long stretches of time in which I did not speak to another human being – on the phone, in person, or on zoom. I lost the capacity to feel hope, I became bitter and angry and impatient, with the world, with people, and with myself.

I was unable to provide a pastoral presence, and I was ashamed of my inability to do so. I'm a professional: highly trained and educated, and I was unable to do the basic things necessary to be successful. I felt alone and like a failure.

Earlier in the spring, I had begun seeing a therapist, and he was helpful, but he could not help me get out of the funk I had identified as "stress." Eventually, he said "that's not stress. That's clinical depression."

I recognized the truth. I had been trying to dig myself out of this pit of despair with no success, and blaming myself, both for the malaise, and for my inability to get out of it on my own. My therapist spoke in clinical language I could clearly understand: this depression was clinical: chemical; not some kind of moral or professional failure. There were treatment options available that could help. It was not the end of the world.

I reached out to my collegial support network and asked for help. Ministers pitched in to preach for me, Rev. Amy Shaw served as my caseworker, the Board here approved a medical leave to allow me time to get the treatment I needed.

I doubled up on my therapy visits, I saw a doctor and got antidepressants that are an enormous help. I got a referral to a psychiatrist to monitor and adjust my medications.

Human physiology is complex. We are amazing organisms containing an electrochemical matrix that links nerves and muscles and all sensation into our brains. Our bodies take in and process nourishment and dispose of waste.

Sometimes the chemistry gets a little out of kilter. With diabetics, their bodies do not produce insulin in appropriate amounts, so store-bought insulin is called for. We supplement our lack of vitamin D by purchasing milk or juice that is enriched. We take any number of vitamins and supplements to help our bodies function as well as possible. With depression, my body was not able to produce the necessary amount of

serotonin for my brain to function properly, so I have medicine to help that chemical process along.

I dropped out of sight rather abruptly back then, and without much in the way of explanation. I am sorry for that. I wish I'd been able to explain my disappearance, but I could not.

In the weeks leading up to that critical point, my presence was not as pastoral as I would have liked. I was short and defensive and harsh. I am deeply sorry for the hurt and damage I caused in those weeks, and for the anxiety my sudden disappearance caused.

This journey of depression and recovery is not close to over, I know. Looking at my family, I can see signs of undiagnosed depression and other things back through the generations. I don't think any of us is exempt, really.

I'd like to tell you that this process has left me with some grand and enlightening insight, but it hasn't really. There was no flash of understanding that made it all worthwhile. What I learned, if anything, is that human bodies are complex and fragile, and they need maintenance and adjustment, including mine.

I continue to work with a therapist and medical professionals to do what I can to get as healthy as possible. Depression is not something I can simply take a pill for and have it gone away for good.

When I first returned from my medical leave, I reached out to let people know what had happened and why I'd been gone. Most of you saw that email. What you didn't see was the number of people who reached out to me, either by telephone, email, or written cards, sharing their own experiences with depression. Almost every one of them shared that they'd never told people, because they were afraid of being judged, or shamed, or labeled "crazy."

I want to leave you with this, this morning: you are not alone in your experience with depression or anxiety. There is no shame in needing to supplement your body's own chemistry. Mental illness, in its many forms, nearly always boils down to chemical imbalance. It's ok to put chemicals in your swimming pool to get the pH where you want it – it's ok to get the proper chemicals to get they delicate system of your brain to function the way it should. Chemistry is chemistry – without moral value or judgment.

Prioritizing our own *health* is not something many of us were taught to do. We are taught to tough it out, don't complain, don't let others down. We are taught to prioritize the comfort and convenience of others over our own well-being, to accept harmful stress as just part of life. How many of us know someone (or maybe were or are

someone) who stayed in a situation that caused them high blood pressure or ulcers or migraines, because they didn't want to let the team down, or they needed the money to support their families? We all know that person. Many of us have been – or are – that person.

And I am here today to tell you that you don't owe anyone: any system, any job; your health. You deserve to be healthy and sound, whatever that looks like for you.

It is ok to not be ok. It is ok to say "this isn't working for me. I need help."

If you're experiencing some of the things I talked about here this morning, I encourage you to reach out for help. There will be a list of resources at the end of the printable version of this sermon on our website later today, and I'll see if we can get those resources – and others – posted in some helpful way to our website.

I'm available to talk Wednesdays through Saturdays by appointment, generally seeing folks either outside or via zoom to keep safe from Covid. Reach out. I'm glad to listen and perhaps point you toward some professionals who can provide specific help.

You are not broken.

You may not feel whole, exactly, but you are not broken.

You are not alone.

It may feel that way sometimes, but I assure you, you are not alone.

Remember that, always. You are not alone.

Blessings, prayers, and amen.

## **Mental Health Resources**

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

800-273-8255

(En Espanol) 1-888-628-9545

Text: text HOME to 741-741

US Department of Health and Human Services

<https://www.hhs.gov/>

Depression and Bi-polar Support Alliance (DBSA)

Email: [info@DBSANewJersey.org](mailto:info@DBSANewJersey.org)

Contact: Chris Chernick

888-829-2483

The Trevor Project (LGBTIQQ youth suicide prevention)

[The Trevor Project.org](http://The Trevor Project.org)

1-866-488-7386

TEXT: text START to 678-678

Easy-Access Directory of helpful organizations:

<https://www.everydayhealth.com/depression/guide/resources/>