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## What might it mean to live well with depression?

### Introduction

In her book, *Illness*, Havi Carel poses the question, ‘can I be ill and happy?’ (Carel, 2013, 84). With respect to her own permanent, debilitating and life-threatening illness, she gives a positive answer:

Against the objective horror of my illness I cultivated an inner state of peacefulness and joy. I was surprised at this, as this ability to be ill and happy, to be gravely ill and yet feel so normal, was not something I expected. I don’t know what caused this response but I thought about it like this. I have no control over this illness but I have full control over my emotions and mental state. (Carel, 2013, 76 – 77)

This kind of response is applicable to, and found in, many narratives of illness, but it does not fit easily with the experience of depression: characteristically, depression is such that having full control over one’s emotions and mental state, cultivating an inner state of peacefulness and joy, are experienced as impossible (APA, 2013). The purpose of the research undertaken to write this paper was to see if people describe in their narratives of depression other ways in which they have found to live well with depression. My conclusion was that, provided that one does not adopt a strictly hedonistic understanding of ‘living well’, they do. Some of these ways are cultivated in spite of the experience of depression, and some of them are an effect of it. In this paper I present some of the most striking cases I found, focusing on the following themes.

First, living faithfully, by which I mean trusting that and living as though one has a close relationship with others (creaturely and divine) in spite of a feeling of its absence. Here I look at the case of David Hilfiker, whose experience of depression means he feels no relationship with God, and distant from his family and friends – and yet who practices an extraordinary ministry of social activism that is rooted in his faith.

Second, compassion, in a sense that incorporates affective and practical ways of responding to the suffering of others. The development of compassion is often noted as an effect of depression after the experience of depression has waned – and these cases are less relevant to the question of living well with depression. However, I argue, one particular expression of the compassion idea – the idea of the wounded healer – refers to depression that is in some way a present reality. At the same time, even the wounded healer literature makes it clear that some degree of distance from the experience, via reflection, is necessary. In order to account for the tension between the presence of the wound and distance from it, I will draw

on a distinction between cure and healing. While cure refers to the removal of the illness, healing refers to the emergence of meaning, transformation and personal growth that may take place alongside cure, but which may also take place in its absence. It is this second sense of healing, in which the reality of depression remains, that is most relevant to the idea of the wounded healer and to living well with depression. What it means for the reality of depression to remain (and thus what it means to live well with depression) varies with individual cases.

Third, while some studies predict that people with depression will have a diminished engagement with beauty, some narratives of depression actually point to a heightened appreciation of beauty and, more specifically, a sense of re-enchantment. This seems to take place as an aspect of healing – and, as with compassion, this can be either accompanied by, or in the absence of, a cure. While some would argue that a heightened appreciation of beauty would indicate a hedonistic, and perhaps superficial, understanding of ‘living well’, I suggest that an appreciation of beauty may also have moral and epistemic aspects – and thus be implicated in living well in a broader sense.

#### Some caveats: what I am not doing, and that ‘depression’ is not a natural kind

So much for what I am doing – now for a few caveats about what I am not doing. First, the aim is not to describe the efficient causes of these hopeful experiences in depression – whether they are the result of divine grace, virtuous human effort, moral luck or the more familiar forms of luck – but simply to draw attention to the existence of these experiences and provide a faithful account of what they involve. Second, some of the cases considered will be of Christians, people from other religious traditions, or people who have a more generic sense of spirituality. Others will not identify themselves as spiritual or religious. I am not interested in the project of showing that Christianity, or religion/spirituality more generally, is good or bad for mental health or more or less likely to lead to living well in the context of mental illness, as it seems to me that this project requires homogenising vastly diverse experiences, practices and beliefs. Third, and regrettably, for reasons of accessibility, my discussion will follow the general trend of religion and mental health literature in focusing on cases of people in the USA and western Europe; I recognise this as a limitation of the current discussion, and hope I and others can offer more globally representative discussions in the future (Koenig, King and Carson, 2013, 172; Abu-Raiya and Pargament, 2012, 337).

One further caveat. Perhaps it goes without saying that while I am using the terms ‘depression’ and ‘mental illness’, I do not believe these to be natural kinds. This is of course true of lots of terms that we use all the time – terms such as Christianity, religion, atheism and disability are also probably not natural kinds, and yet we frequently use them to convey phenomena our society has grouped together without worrying about it too much. However, before proceeding, the point that depression and mental illness are not natural kinds perhaps needs to be emphasised. This is because popular anti-stigma campaigns within and outside the Church tend to medicalise experiences such as depression. These anti-stigma campaigns are well-intentioned – they are designed to reduce blame by asserting that depression is not a choice (instead, it is a disease) – and yet the overall effect is to essentialise and reify the experience in a way that is not only philosophically problematic, but can also induce prognostic pessimism, increase stigma, and deflect our attention away from the social injustices that significantly contribute to these experiences (Kvaale, Haslam, and Gottdeiner, 2013; Blazer, 2005, 6). It is far from clear that (contrary to what these campaigns presuppose) disease and choice are mutually exclusive, and certainly not the case that these are the only two ways of conceptualising experiences such as depression – and in fact philosophical and philosophically-nuanced psychiatric literature on the topic points to a far less simplistic picture. As David Pilgrim and Richard Bentall put it:

...there appears to be no consistent transcultural, transhistorical agreement about minimal necessary and sufficient pathognomonic criteria for the phenomenon of interest. For this reason, depression, like other functional psychiatric diagnoses [...] is a disjunctive concept, potentially applicable to two or more patients with no symptoms in common. (Pilgrim and Bentall, 1999, 263, my parentheses).

What is the relevance of the idea that depression and mental illness are not natural kinds for this discussion? First, that we should not presuppose that the possibility of these hopeful experiences is found or is found equally in all experiences of depression. Experiences of depression are likely to share at least some things in common with at least some other experiences of depression, but they are also likely to be diverse – and therefore we cannot blame someone for not finding the positive elements that another person does. Second, that depression is not ontologically separate from other human experiences, and the features we have grouped together and called ‘depression’ and ‘mental illness’ could have been differently grouped, and placed with other experiences. The upshot of this is that we should expect to find themes in the experience of depression that we find in other areas of human

experience and especially human experiences of suffering. The themes I will discuss are therefore not exclusive to depression. This second point pulls in the opposite direction to the first, since the effect of the first is to negate any suggestion of a necessary transferability of the hopeful experiences described in these cases to all cases of depression, while the effect of the second is to universalise the possibility beyond experiences of depression to all experiences of human suffering. This tension, I suggest, enables us to hold together hope in the possibility of positive experiences with an attitude of non-judgement towards people, whether ourselves or others, whose experiences of depression do not seem to be in any way positive.

### Living faithfully

‘Courage is [...] not absence of fear’

(Mark Twain)

‘Keep buggering on’

(Winston Churchill)

David Hilfiker practiced medicine among impoverished people in rural North-East Minnesota and inner city Washington for seventeen years. He later founded and lived in both a medical recovery centre for homeless men, and a community for homeless people with HIV/AIDS. He left medicine on account of finding it interacted too painfully with his depression, and has since had an impressive career, speaking, writing and campaigning against social injustice. Against this backdrop of extraordinary activity, Hilfiker’s revelation of his intermittent and frequently overwhelming depression might come as something of a surprise. It is, he notes, not a depression that instantiates all typical symptoms: ‘no thoughts of suicide, only occasional losses of energy’. His primary experiences could be described as anhedonia, an inability to experience happiness, together with a feeling of distance from others:

My depression expresses itself in a limited sense of joy. Life is usually gray and, until I began to understand what was happening, filled with dread. I feel an almost constant emotional distance from others: from Marja, from my children, from my friends, and from God. My daughter, now twenty-seven, recalls a childhood Christmas when she presented me a handmade gift. I said I liked it, and I said I was grateful, but even at age eight she knew I was faking it. That would have been typical for me: hindered from the positive emotions of the moment, emotionally blocked from the love and togetherness offered me by others. And, not knowing what was going on, I felt constantly guilty about it. (Hilfiker, 2002).

It is sometimes the case that Christians presuppose that, even if depression affects a person's experience of life and their relationship with others, provided that they are faithful it will not affect their relationship with God: St Paul writes that 'neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord' (Romans 8:38 – 39). It may be refreshing to Christians who do suffer from depression, then, to learn that this is far from Hilfiker's experience:

I have never been fully able enter into the relationship with God, either. I don't experience God's presence as real; I don't experience joy in my relationship with God. At least in comparison to what I sense in others, my relationship with God has always seemed to lack something. I have tried to enter into the life of the church, done my best to follow Jesus. I have taken on our church's disciplines of membership: an hour of quiet time daily, tithing, weekly worship, silent retreat, and participation in corporate mission. I have been physician to the very poor and homeless, lived in our home for homeless men with AIDS. I have been an active preacher and worship leader.

But still, no experience of God. No real joy in my work. No sense of relationship with God.

(Hilfiker, 2002).

How does Hilfiker cope with the disjunction between belief in, and experience of, God's love? The path has not been an easy one, and his depression still continues to overwhelm his experience of God at times: 'I sometimes even kept myself outside of the faith community because I didn't feel the relationship with God and didn't want to be a hypocrite'; 'I've sometimes been unable to sit through church [...] Sometimes, just being there was intolerable, and I would have to leave in the middle of the service' (Hilfiker, 2002).

Nevertheless, Hilfiker has come to take solace in the idea that depression does not diminish his spiritual life, though it does hide it. This way of looking at his experience has been made possible by the support of members of his community. As one of the elders of his church put it to him: "David, you may not feel you have a relationship with God, but God clearly has a relationship with you. Trust me: God has entered into your life, and you've responded to Him. You belong in this church as a member" (Hilfiker, 2002).

Hilfiker's case provides us with one example of what it might mean to live well with depression: to live faithfully in a relationship with others (in Hilfiker's case, with God and with his family) in spite of the frequent and painful feeling and perception of distance. In addition, as exemplified by the attitude of the elder, it provides us with an example of what it means to live well in our relationship to people who have depression: a healing attitude is not

to judge, and often not even to advise, but to hold a knowledge of the person's value – in this case, particularly their spiritual life and relationship with God - even in the absence of the person's own ability to see it (Hilfiker, 2002).

### Compassion

'I want to tell everyone: don't cut yourself, and don't hurt yourself, and don't hate yourself. You know? It's really so important. I wish I'd known that much sooner. I want to tell everyone'. We drove for a little while in silence. 'Will you try to tell people when you write your book?' she asked me. And she laughed a little nervously.

'I'll try to tell people just what you said,' I replied.

'Promise? It's so important.'

(Angel Starkey, in conversation with Andrew Solomon).

I am using 'compassion' to mean three things: feeling with people who suffer, being motivated to do something about it, and having a better-than-usual sense about what to do. The idea that depression can lead people to have greater compassion in these senses is frequently expressed by people who have had depression. Andrew Solomon expresses his own experience of it with particular clarity:

When you have been depressed, you lose some of your fear of crisis. I have a million faults, but I am a better person than I was before I went through all this. [...] I'd like to say that depression made me selfless and that I came to love the poor and downtrodden, but that is not quite what happened. If you have been through such a thing, you cannot watch it unfold in the life of someone else without feeling horrified. It is easier for me, in many ways, to plunge myself into the sorrow of others than it is for me to watch the sorrow and stay out of it. I hate the feeling of being unable to reach people. Virtue is not necessarily its own reward, but there is a certain peace in loving someone that does not exist in distancing yourself from someone. When I watch the suffering of depressed people, it makes me itch. I think I can help. Not interfering is like watching someone spilling good wine all over the dinner table. It is easier to turn the bottle upright and wipe up the puddle than it is to ignore what is going on' (Solomon, 2001, 499).

That there is a link between compassion (in this broad sense) and having suffered is a recurrent theme historically and cross-culturally. The Renaissance poet Francesco Petrarca experienced 'the terrible plague of the soul – melancholy; which the moderns call *accidie*, but which in the old days used to be called *aegritudo*' (Petrarch, 1911, p. 84, n. 16). In letters of consolation to others, he refers to his own grief and talks about the sensitivity of the physician who has himself been ill, citing Virgil that 'Being acquainted with grief, I learn to succour the wretched' (Virgil, *Aeneid*, 2.630). He also notes that the consolation of someone who has also suffered is particularly effective, whether through insight or perceived authority,

or both: it is 'easy for a healthy man to comfort a sick man with words' but 'No one's solace penetrates a saddened mind more than a fellow sufferer, and therefore the most effect[ive] words to strengthen the spirits of the bystanders are those which emerge from actual torments' (Petracha, 1992, 380 – 381).

Frequently, the development of compassion is something that people experience and reflect on after their period of depression – and these cases are less relevant to the question of whether and how it is possible to live well with depression. However, one particular expression of developing compassion occurs precisely when depression - or at least its spectre, or the woundedness from which it arose - is, if not at its most debilitating heights, nevertheless not entirely relegated to the past; is still in some sense a significant presence. This is the experience of being or becoming what has become referred to as a 'wounded healer'. A common though not ubiquitous feature of the 'wounded healer' theme is that the healer heals her own wounds in the course of healing others (Hillman, 1967, 5). So, for example, a paradigmatic image of the wounded healer is the Siberian shaman. According to wounded healer representations, the Shaman's vocation is heralded by a period of significant psychological disturbance, he is himself healed by becoming a healer, and his continued healing ministry may also be a condition of the maintenance of his own health (Jackson, 2001, 5). One depression sufferer, Angel Starkey, whose desire to 'tell people' began this section, expresses something like this when she says 'I just so badly want to help people. And maybe in time, I'll feel, I'll be doing something for myself too' (Starkey, cited in Solomon, 2001, 488).

A possible problem with wounded healers being regarded as examples of people living well with present depression is that, even though the wounds are conceptualised as present, wounded healer literature insists that some degree of distance from the psychological disturbance is needed. Thus Sigmund Freud, whose period of loss of 'all capacity for enjoyment' and 'extraordinary feeling of tiredness' (cited in Jones, 1953, 170) gave rise to the Interpretation of Dreams and the basic concepts of his psychoanalytical theory, insisted that 'everyone who wishes to carry out analyses on other people [should] first himself undergo an analysis by someone with expert knowledge' (cited in Jackson, 2001, 21). This is now common practice for psychotherapists, counsellors and religious ministers. Analysis or reflection, and so some distance from the experience, seems essential in order for the wounds to be put to good use.



Does this mean that compassion and the idea of the wounded healer are only relevant after the event, when people have recovered from depression? Not necessarily, not least because there are many states between and apart from ‘being in the midst of a serious depression’ and ‘having recovered from it’, especially if the depression is experienced over a long period of time, which a ‘before or after’ dichotomy is too simplistic to convey. In working out more precisely what is needed for a person with depression to be an effective healer, the distinction between cure and healing may be helpful. While cure refers to recovery, the absence of the illness, healing may refer to a wider range of events, including personal growth and transformation, and finding meaning in experiences, even when the condition is permanent (see Greider, 2007; Carel, 2013). Perceived diachronically, someone with ongoing or permanent depression may live well in the sense of developing compassion and becoming a wounded healer, provided that their experience is accompanied by healing in this more encompassing sense. Henri Nouwen seems to describe the importance this healing-but-not-cure of wounds when he says that those who minister are called to bind the wound of loneliness ‘with more care and attention than others usually do. For a deep understanding of his own pain makes it possible for him to convert his weakness into strength and to offer his own experience as a source of healing’ (Nouwen, 2008, 87). Indeed, this seems to resonate with Freud’s advice that every prospective psychoanalyst should ‘begin his activity with a self-analysis and continually carry it deeper while he is making observations on his patients’ (cited in Jackson, 2001, 21). Thus, it seems from the wounded healer literature that it is possible for some people to develop compassion and therapeutic wisdom while depression is ongoing, provided that there is scope for the kind of distance provided by reflection within their experience.

While the first theme we discussed, living faithfully, can be seen as a case of living well in spite of the experience of depression, the development of compassion comprises a way of living well because of it. This is also a feature of our final theme.

### Heightened appreciation of beauty

‘The invariable mark of wisdom is to see the miraculous in the common’

(Ralph Waldo Emerson)

In developing a scale to measure appreciation and engagement with natural, artistic and moral beauty, the ‘Engagement with Beauty Scale’ or ‘EBS’, Rhett Diessner et al. hypothesise that there will be ‘positive, significant correlations’ between the appreciation of beauty and

‘gratitude, spiritual transcendence, and satisfaction with life’, while appreciation of beauty will be negatively correlated with materialism and depression (2008, 308; 312). Regarding depression, this was predicted on the grounds that ‘depression may involve an immoderate degree of focus on the self and transcendental character strengths tend to lift one out of the self’ (2008, 318). In fact, while Diessner et al. were proved correct in some of their predictions – there were medium to high positive correlations with measures of gratitude and spiritual transcendence, a low but statistically significant positive correlation with satisfaction with life, and a low negative correlation with material values - there was no significant correlation (in either direction) between depression and the ability to appreciate beauty.

Problematic elements of Diessner et al.’s prediction include basing their prediction on an alleged general feature of depression (as mentioned in the introduction, very few generalisations about depression can be made), and perhaps particularly making the generalisation that they do (that depression involves an ‘immoderate’ degree of focus on the self). On account of the first of these reasons, I don’t want to make any general claims about depression and the appreciation of beauty - yet I do want to highlight that (contrary to Diessner et al.’s prediction), some narratives of depression actually point to a heightened appreciation of beauty in the context of depression. Consider the following account:

In the midst of that time [of depression], which I mostly remember as if it were shrouded in thick, dark clouds, I can recall one moment when these clouds parted and I was able to see the reality beyond the one in which I was trapped. It happened, of all places, in the kitchen. I was washing a bunch of Swiss chard in the sink when suddenly I became aware of how beautiful it was – the crinkly green leaves with their bright red veins, the thick yet silky texture of the leaf as I gently pulled apart each fold to wash inside it, the way the leaves glistened in the sunlight slanting through the kitchen window.... Time seemed to stop – or at least cease to matter – as I wondered at the beauty of the chard....

It didn’t instantaneously end my depression and bring me to a place of joy. But it stirred my desire to love. It enticed me to notice and pay attention to the world around me. And at a time when I felt hopeless, this moment of mystery gave me hope that there is more to life – my life, the life of the world – than usually meets the eye, or the ear, or any of my physical senses. In the moment when the veil parts, we see the not-yet now, we glimpse the mystery and beauty at the heart of all that is, we see things as they really are and not as they usually appear.

(Ireton, 2008, 113 - 114)

Again, Lauren Slater speaks of the way that, once her medication kicked in, there were ‘genuine moments’ when she experienced, as if from an ‘ethereal ledge’, ‘The purple silk of a plum. Sun on a green plate’ (Slater, 1998, 125). She thinks that such moments always occurred, but that she ‘had never noticed them or given them their value’. Both Ireton’s and Slater’s accounts are

about the journey to recovery and perhaps an intermission in the depression - but they also seem to be claims about how experiencing depression heightens appreciation of beauty by 'noticing things and giving them their value', or by 'seeing things as they really are', something that (as both Ireton and Slater indicate) we remain oblivious to the majority of the time.

While Ireton and Slater's experiences of striking beauty are within the context of recovery, David Waldorf, an artist and long-term resident at Creedmoor State Hospital in New York whose diagnoses have included schizophrenia, depression and bipolar disorder, talks about his mental illnesses as showing him a beautiful side of life that he wouldn't otherwise see:

I think if an angel came up to me and said, 'David, you can be healed of mental illness, but you'll never again know the worth of life again like you did when you were ill', I think I'd have to pick the mental illness. 'Cause that's just how I feel, that it does show me a beautiful, enchanting side of life that I never saw before (Waldorf, 1999, cited Greider, 2007, 318)

In enchantment, experiences are generally not contrived and cannot be recreated – the person stumbles upon or is taken to an enchanted place, which is often otherworldly, and which they often wish they could return to but return to which is entirely outside their control. Ireton also speaks in terms that are strongly reminiscent of this:

In the past, I have grasped at whatever ushered me into the enchanted world beyond the veil [...] in an attempt to replicate the experience and so quench my desire to live in moments of mystery. This never works. After the moment has passed, the thing itself is a reminder of what I once saw or felt or heard, but it can no longer usher me into that other realm. Now I mostly know better than to pick roses with the expectation that they will open a window on mystery. I've learned that I can never enter that other realm by contrivance or simply because I want to. I can only try to pay attention, because I never know when or where the veil might part and mystery might unfold before me. (Ireton, 2008, 115, my parentheses)

There is a significant body of literature on the relationship between creativity and bipolar disorder (e.g. Jamison, 1994), but, in contrast, the experience of a heightened appreciation of beauty in some unipolar depression narratives is an intriguing element that, to my knowledge, has not been much explored. While Waldorf is non-specific, Ireton and Slater's accounts are similar in that both report experiences of natural beauty, and, in both cases, these are of mundane, non-extraordinary things. Perhaps this relates, in part, to the more general phenomenon in illness that people often begin to take small things for granted less than they otherwise do. It is possible that, in the experience of depression, when there is a recovery or a temporary respite from it, the ability to appreciate beauty, which is otherwise more-than-usually absent from the person's life, is therefore experienced as powerful and even

overwhelming. However, the particular character of this appreciation of beauty – the enchantment or ethereal nature to which all three writers allude – seems to remain unexplained.

I began this section with Ralph Waldon Emerson's comment that 'The invariable mark of wisdom is to see the miraculous in the common'. It is easy to work out how the discussion here relates to the second part of this claim, since all three people talk of seeing the miraculous, or at least the mysterious, in the common or everyday. But should this be regarded as a mark of wisdom? An instinctive response, I suggest, is to think not: in modern western culture we tend to think that aesthetic, moral and epistemic virtues are separate, with 'wisdom' referring either to the moral or epistemic. Some religious traditions have tended to focus on moral values to the detriment, and sometimes even exclusion, of aesthetic ones. Other areas – for example, academia, and especially science – often present epistemic values as the higher value, again to the detriment or exclusion of the aesthetic. This is problematic for my paper, since, if aesthetic virtues such as the appreciation of beauty are not really valuable, it is unclear how having a heightened sense of beauty would comprise living well in any important sense. Yet this separation between moral, epistemic and aesthetic virtues is not the only possible view. Lessening that gap between the aesthetic and the epistemic, Keats writes that 'Beauty is truth, and truth beauty'; more recently, Reber, Schwartz and Winkielman have argued that the same psychological processes undergird judgements of truth and beauty (Keats, 1819/1967; Reber, Schwartz and Winkielman, 2004). Bridging the gap between the aesthetic and the moral, Kant thought that an interest in the beauty of nature (in particular) was evidence of a 'good soul' (1790/1987, 165). If we allow that these writers are on to something, it seems that the revelations of beauty of which Ireton, Slater and Waldorf speak may not simply be a pleasurable partial compensation for their suffering, but actually something that contributes to their wisdom by enabling them to 'see things as they really are' – and so something that enables them to 'live well' in a more-than-hedonistic sense.

### Conclusion

Evidence that depression may yield positive benefits after the experience is not difficult to find. Evidence that there are ways of living well with depression at the time of depression is rather less easy. Two problems in particular present themselves when we start to talk about living well with depression. One is that we will romanticise the experience: the title of this journal edition talks about living life in abundance, but an absence of abundance is common in many cases of depression. Speaking about ways in which life with depression may be abundant may amount to a naïve and mawkish representation that flies offensively in the face

of the reality of the experience. A second problem is that talking about living well with depression can seem prescriptive, and place an additional burden on people who experience depression to 'live well' in the sense specified. After all, it is precisely claims about presently-experienced eternal life and about living life in abundance found in John's Gospel and Pauline texts that have led some Christians to claim that depression is a sin or the result of sin. As one experient puts it:

When dealing with people in the church ... some see mental illness as a weakness -- a sign you don't have enough faith. They said: 'It's a problem of the heart. You need to straighten things out with God.' They make depression out to be a sin, because you don't have the joy in your life a Christian is supposed to have.

(Jessy Grondin, cited Camp, 2009; see Galatians 5:22; John 15)

Are we philosophically and ethically justified, then, in talking about the possibility of living well with depression at all? I think we are: philosophically, because living well, in some sense of the term, is (as this paper has argued) true to some people's experience of depression, and ethically because, treated in the right way, discussing ways in which some people have found they can live well in spite of, or even because of, depression can provide hope to those who suffer from it (Scrutton, 2015).

My aim is to do these writers and thinkers justice, and to give hope to people with depression that experiences of depression are not necessarily an irredeemable waste. Yet the reality is that these are painful, partial ways of living well on any understanding of 'living well' that does not idealise suffering – and the fact that they exist as possibilities should not deter people from evaluating depression as fundamentally undesirable; from seeking recovery and cure in addition to the forms of healing explored here. Much transformation and personal growth that arises from depression arises in hindsight. In religious evaluations of depression in particular, this has sometimes been neglected (see Scrutton, forthcoming). It seems wise to seek healing, such as the kinds of healing explored here – but not to the exclusion of a possible recovery or cure.

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