



Sadness, depression, and the Dark Night of the Soul: transcending the medicalisation of sadness, by Gloria Dura-Vila

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To cite this article: Noelia Molina (2018): Sadness, depression, and the Dark Night of the Soul: transcending the medicalisation of sadness, by Gloria Dura-Vila, Anthropology & Medicine, DOI: [10.1080/13648470.2017.1381001](https://doi.org/10.1080/13648470.2017.1381001)

To link to this article: <https://doi.org/10.1080/13648470.2017.1381001>



Published online: 11 Jun 2018.



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BOOK REVIEW

Sadness, depression, and the Dark Night of the Soul: transcending the medicalisation of sadness, by Gloria Dura-Vila, London, Jessica Kingsley Publishers, 2017, 357 pp., £21.99 (paperback), ISBN-10: 1785920561

The author of *Sadness, Depression and the Dark Night of the Soul* managed two important tasks by writing this book: the first one is the provision of rich anthropological data and the second one is to examine the challenge that such data pose to the way psychopathology is still understood. The inspirational core of this study draws upon a self-reflective question: how do society and medical/health professionals cope with normal human sadness? It is relevant to define normal sadness because since 1980, 'the DSM-III does not differentiate between abnormal sadness (sadness without an identifiable cause) and normal sadness (sadness with a clear cause)' (p. 21). By this definition, abnormal sadness is considered a state of distress without 'meaning' or 'context' in which to embed the symptoms it provokes in the individual. This research sets out to address the void of conceptualisation of human sadness. Needless to say, the theoretical critique of the diagnostic criteria of depression has been done by many authors (pp. 38–54). The originality of this study relies on the framework that it proposes: the differentiation between 'normal deep sadness and its pathological counterpart, depression' (p. 21). The normal deep sadness framework investigated by the author has the power to humanise a common emotion and to alter the way such emotion is related by the individual and others. The 57 participants, 20 lay theological students, 17 priests, 10 Cistercian contemplative monks and 10 Saint Augustine contemplative nuns, are a rich social/cultural demographic sample. Their personal experiences undergoing deep sadness and also assisting others suffering from emotional distress made this cohort a rich ethnography study to explore in depth the 'coping strategies and help-seeking behaviours' among the participants (p. 20).

The book is divided into three sections: (1) setting the literary and historical contexts; (2) unfolding the narratives of sadness and spiritual growth and; (3) stepping beyond the monasteries' and parishes' walls. The first section is structured in three chapters. The first chapter includes a thorough review of depression and the medicalisation of suffering and sadness literature. The role of culture and religion is explored in the conceptualisation of sadness. The societal response to individuals being diagnosed with depression varies by cultural/religious factors. This chapter introduces St John of the Cross' spiritual process called 'the Dark Night of the Soul'. The relationship between how religious people refer to periods of intense sadness by this idiom is fully analysed. In this context, the depressive symptoms of the Dark Night are a 'salutary expression of the pain provoked by the radical search for God' (p. 47). The help-seeking and coping mechanisms end this review showing the intricacies of the pharmacological treatments and influences in diagnostic criteria of depression and also the contentious issue between religion, spirituality and the boundaries of medical interventions. The second chapter aims to deal with these issues by researching the collaboration between mental health professionals and the clergy in Spain in the management of sadness and depression. Many studies are reviewed showing that the main factors affecting this collaboration are a lack of training from both psychiatrists and the clergy and also the inability to let go of 'narrow-minded attitudes (medical and religious) about one another' (p. 64). The final chapter in this section ends with a pastoral care and spiritual review of the current/historical Catholic Church and the different participants' orders (Cistercian and Augustinian).

The second section is structured in four chapters containing the findings of the ethnographic fieldwork. The semi-structured interviews are carried out with all 57 participants lasting an average of an hour. The context in which the participants live daily is very well explained and presented in this chapter: sociodemographic characteristics, level of education, and years of religious life and formation. The personal experiences of participants in time of deep sadness are described through their own voices. The author made a clear distinction between deep sadness and depressive symptoms. The non-pathological religious sadness has a context and 'an intrinsic value' (p. 154) to spiritual maturity and to the help of others in distress. Nevertheless, this section also presents the other side of religion as a cause for pathological sadness, especially in the last century on how religious formation was understood back then. The coping mechanisms that participants described are a combination of religious and secular strategies. Spiritual practices such as prayer, meditations, religious readings, and spiritual direction were effective resources for the 'attribution of meaning to suffering' (p. 168). Seeking professional help, distracting themselves from the feelings, looking after physical health and engage the help of their family and friends were described by the Church as secular ways to cope with the sadness. The last chapter in this section emphasises again the role and collaboration of clergy with mental health professionals in the care of sadness and depression. Most of the findings here are extracted from clergy's interviews on their experiences of working with mental health professionals. In providing pastoral care for sadness and depression, the clergy encountered many barriers: poor collaboration with professionals, lack of training, recent scandals in the church, lack of vocation, internal struggles between conservative and less conservative individuals within the church, secularisation of society, 'the professionalization of priesthood' (p. 226), lack of emotional well-being, lack of time and feeling isolated and lack of support network within the church. The comparison between the roles of the clergy and psychiatrists in helping others is well described in detail in this chapter. The difference between the two approaches and how they conceptualise feelings of sadness and depression is highlighted in 12 points (p. 255) that showed how negative attitudes can be fostered by the two groups in terms of collaboration.

The last section in this book concludes with how religious coping with sadness and depression challenges the medicalisation of sadness and the Dark Night of the Soul, reflections on how the clergy's pastoral role in assisting those suffering from sadness and depression and a proposed framework by the author to differentiate normal sadness from depression.

The dangers arising from the de-contextualisation of the diagnostic criteria for depression is one of the main conclusions of this research study. This chapter shows how the participants' narratives brought into light the 'lack of face validity of the diagnostic criteria for depression and also its cultural validity' (p. 281). A comparison between psychiatric model and religious meaning is compared with the conclusion that the process of diagnosis can hinder the lack of meaning of the symptoms, and therefore the individual's normal functioning (p. 285). The findings from this study indicate that spiritual directors and parish priests can play an important role in supporting with normal sadness and also with a depressive episode. Here the author advocates from the risks of medicalising normal sadness and the Dark Night of the Soul. A religious framework and spiritual director is considered more experienced in these cases. A critique of the tendency to 'spiritualise depression' is also explained in which cases the individual is better referred to a mental professional (p. 306).

Due to the struggle between the religious/spiritual and the medical interventions explained all through the book, the author proposes a framework to differentiate normal sadness from depression. This framework is the result of a deep analysis and synthesis of the participants' narratives of intense sadness. To distinguish normal sadness/the Dark Night of the Soul and depression in clinical practice, three areas of assessments are proposed: the context in which

the symptoms occur, the impact on the individual's functioning and the level of risk (p. 317). The aim of this framework is that 'secular and religious help-seeking behaviours coexist' (p. 319). This framework is crucial and displays the essence of the research study. The author managed to show the importance of other non-medical forms of healing. If medical professionals acknowledge these beliefs and values at the same level and as a complementary tool for the treatment of depression, the adaptive coping spiritual strategies can hold its 'symbolic subjective benefits' in enduring sadness and depression. These spiritual strategies help the 'meaninglessness of emotions' of those periods and most importantly help to 'assess the hope' in the distinction between the Dark Night of the Soul and depression (p. 321).

By investigating how religious people cope with emotional distress and how they transform it, this book is a very important work in showing the value of intense sadness as a normal human emotion. The author navigates intelligently between disciplines, the medical model, theology and spirituality. Ultimately, this book uncovers the complexity of human emotions. This deep complexity can only be profoundly understood by engaging not only the medical-biological model but also the spiritual one. Medical professionals, spiritual directors, psychologists, clergy, social workers, and all people who are in contact with individuals in distress will benefit by reading this book. The book's inspirational vision is the anthropological understanding of the complexity of what is to be human with all its emotions.

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<https://doi.org/10.1080/13648470.2017.1381001>

