



Sadness, depression and the dark night of the soul: transcending the medicalisation of sadness

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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 and Philadelphia, Jessica Kingsley Publishers, 2017, 357 pp., £21.57 (paperback), ISBN 978-1-78592-056-1

If I go to see my family doctor and complain of poor mood, not wanting to eat, sleeping difficulties and a loss of interest in my usual activities, he or she is likely to diagnose a depressive illness, and quite likely to prescribe an evidence-based intervention, probably anti-depressant medication.

This book challenges the inevitability of the diagnosis of depression in cases of sadness, sometimes recognised or described as the dark night of the soul by religiously active individuals. Gloria Dura-Vila argues for the condition of non-pathological sadness.

She conducted extended semi-structured interviews with 57 practising Roman Catholics (priests, nuns, monks and lay people) in Spain, on sadness, depression and spiritual distress (the so-called Dark Night of the Soul). The book offers fascinating views of the ways in which practitioners of Roman Catholic Christianity in Spain deal with sadness and depression.

This review will indicate some of the important conclusions enabled by this book.

First, the general point offered by Gerard Leavey in the opening approbations of the book, that

we need a much better understanding of, and antidote to, the all-pervasive but often pointless medicalisation of human sadness and anxiety. This book engages with this problem from a fresh vantage point – that of men and women living a secluded religious life who not only make sense of psychological torment but face it head on, accommodating and transforming it as a kind of spiritual alchemy.

This leads us to the conclusion offered by many interviewees, for instance, that “These spiritual crises are a way to mature; a crisis implies a rupture. Without a rupture there is no growth ... It is a natural part of your trajectory” (Priest, aged 46).

The book makes a clear distinction between pathological depression and non-clinical sadness. How can these be distinguished? To the research participants of this book, depression does not make sense to its sufferers, it is pathological. It has many potential risks including hopelessness, suicide and self-harm. By contrast, non-pathological sadness has a cause, and it has value, it can help one to grow and to more in touch with others who suffer. Contemplative participants and clergy saw a spiritual causation to sadness, the Dark Night, whereas lay participants saw secular causes for sadness.

Hope was seen as crucially important in distinguishing the Dark Night of the Soul from depression. Participants who had experienced both saw no difficulty in distinguishing the two states. One participant experiencing sadness resulting from hardship said “I knew I was totally screwed, but not depressed.” Gloria Dura-Vila quotes Solomon (2002, p. 15, p. 17) “No-one has ever been able to define the collapse point that marks major depression, but when you get there, there’s not much mistaking it ... the meaninglessness of every enterprise and every emotion, the meaninglessness of life itself, becomes self-evident.” Religious sufferers from sadness profited from putting hopeful constructions on their condition and from employing religious methods of coping.

I would like to feel confident that I could and others could recognise non-pathological sadness and avoid the risk of a depression diagnosis, which – it is argued – may not be a

helpful way forward. But there are difficulties for clinicians in tactfully and constructively offering support and hope, and also perhaps suggesting referral to a religious source of support. Gloria Dura-Vila sees much scope for better liaison between psychiatrists and clergy, and for suggestions of ways of coping that are not necessarily medical, and are within the patient's cultural and social resources, including personal changes that might increase fulfilment. This challenging and fascinating book is hopeful that this might be achieved.

Reference

Solomon, A. (2002). *The noonday demon: An anatomy of depression*. London: Vintage Books.

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