

**AN ESSAY: STRUGGLES AND TRIUMPHS IN CHALLENGING DEPRESSION
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The following personal history is a composite of many different SGI-USA members who have been kind enough to share their struggles and triumphs in overcoming depression. This article is focused on unipolar depression, a mood disorder that is characterized by a pervasive sad or dysphoric mood, as opposed to bipolar disorder, or manic/depression, a mood disorder that includes depression and mania (euphoria).

A Jan. 9 Reuters News Service release from Geneva, Switzerland, stated: “The United Nations health agency, WHO [World Health Organization], predicted that by 2020, depression would jump to the second greatest cause of death and disability worldwide, following ischemic heart disease. WHO officials spoke at a news briefing to launch WHO’s 2001 campaign aimed at removing myths and stigmas linked to such disorders.”



Jen sat at her desk at the end of another very long day. She had successfully managed to move the pile of papers, also known as next year’s budget, from one side of the desk to the other without ever actually doing anything constructive. She wasn’t sure where the day had gone. She was just grateful that her new position provided an office with a door that could be closed. The last thing she felt like doing was engaging in the friendly banter with her co-workers. At her worst moments, she felt paralyzed with indecision and worried that someone would notice her recent lack of productivity.

As she sat in traffic on the way home, her thoughts turned to her husband, Jeffery. His chronic illness had flared up again, and she grew anxious about her capacity to take care of him. When she arrived home, Jeffery was sleeping soundly. Jen sank into her chair, not bothering to turn on the lights. Jeffery found her sitting in the same place several hours later. When he invited her to do evening prayers, she snapped at him and then was hit with a wave of guilt when she saw the hurt look in his eyes. She mechanically followed him to the altar. Reciting the sutra was an ordeal. She could not concentrate and was unable to sit up straight or look at the Gohonzon. She was restless and fidgety and after less than a minute of chanting, she simply got up and went back to her chair. “What is the point of chanting when I can’t formulate a single coherent thought?” Jen said to herself.

When her husband finished, he asked her what was wrong. At that moment an overwhelming feeling of fatigue and melancholy washed over her and she was close to tears. She just looked at him, unable to find the words to describe what she was experiencing. He gently took her hand and held it for a time. Jeffery looked at her and again gently asked what was wrong. The tears began to trickle down her cheeks, and Jen began to describe her problems at work, but then cut the discussion short because she really didn’t want to burden him.

Jen went to bed that night at her usual time, although she knew it was quite futile. Sleep did not come easy these days, and when it did, it was fitful at best. These long night hours were the worst. The demons she thought she had vanquished when she first began her Buddhist practice returned with a vengeance. In the early morning hours when she could not return to sleep, she would find herself ruminating about all her past mistakes, real or imagined.

When the alarm finally sounded, she dragged herself from the bed, a feeling of fatigue her constant companion. She sat with her cup of coffee, her appetite gone. Darkness had descended once again into Jen's life, and even though she had successfully defeated it numerous times in the past, she had no confidence that she would be successful this time. Jeff came into the kitchen and sat down next to her and said, "I am worried that you are getting depressed again."

"What makes you say that?" Jen said softly.

"I know you, Jen. I see all the warning signs. I think you should do something about it."

"And just what would you suggest?" It was not easy for Jen to accept advice from her husband.

Jeffery measured his words carefully, but they came directly from his heart. "Do you remember when I first found out about my medical condition? I was devastated and felt so hopeless. You were the one who told me not to give up. You were the one who gave me that quote from *For Today and Tomorrow*: 'Everyone at some time suffers from illness in one form or another. The power of the Mystic Law enables us to bring forth strength to overcome the pain and suffering of sickness with courage and determination' (p. 16). And from *The Writings of Nichiren Daishonin*: 'Nam-myoho-renge-kyo is like the roar of a lion. What sickness can therefore be an obstacle!' (p. 412). You not only encouraged me to chant, you dragged me in front of the Gohonzon every day and chanted with me. You have to know that I am prepared to do the same."

His confidence and compassion for her momentarily moved Jen's heart. How could she forget the fierce battle that she and her husband fought against his illness?

"You are probably right," she said. "I guess I didn't want to admit what was really happening. Sometimes I think it would be far easier to battle against a medical illness, instead of a mental illness."

"Why is this so different? When I got sick, we chanted together to find the best doctors, find the right medication, and to change poison into medicine. We can do the same thing now. How many times did you tell me the importance of faith and a strong determination?" By now, Jeff was warmly smiling at Jen, and in spite of herself, Jen was meekly smiling back.

"Jeff, you're right. Let's do gongyo, and when we're done, I am going to find a good psychiatrist."



Jen is not alone. In any given one-year period, 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness. Most people think that depression is much more widespread. Because we have all felt depressed or discouraged at some time in our lives, we assume that this temporary low mood is the same thing as a major depression. As illustrated by Jen's experience, we can see that major depression is a far more debilitating condition than a simple case of the blues. Depressive illnesses often interfere with normal functioning and cause pain and suffering not only to those who have a disorder, but also to those who care about them. Serious depression can destroy family life as well as the life of the ill person.

Even though we have come to understand unipolar depression as an illness, there are no blood tests, brain scans or other technologies available to help us make a diagnosis of major depression. The diagnosis of depression is made by carefully looking at symptoms

as reported by the person and their family. According to the DSM-IV, otherwise known as the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition), five or more of the following symptoms must be present for two weeks or longer:

- **Depressed mood.**
- **Pervasive loss of interest or inability to enjoy pleasurable activities.**
- **Appetite disturbance including loss of appetite or increased appetite.**
- **Sleep disturbance.**
- **A pervasive feeling of fatigue or low energy.**
- **Psychomotor retardation (a physical slowness) or psychomotor agitation (restless and fidgety).**
- **Feelings of worthlessness and/or excessive guilt.**
- **Diminished ability to concentrate or make decisions.**
- **Preoccupation with thoughts of death including suicidal thinking.**

If we recognize that depression is a serious and debilitating illness, then it is only natural to ask what causes this kind of depression? Common sense tells us that depression is most often brought on by life events; i.e., death of a loved one, loss of a job, divorce, etc. Life has a way of providing us with an unending supply of difficulties. It is only natural to think of depression as a reaction to stressful life events, and in many cases, this is true. If this were the entire story, then one might assume that depression only afflicts people with “weak character,” or a “low life-condition.” However, there have been many people of outstanding character and courage who struggled with depression, such as Abraham Lincoln and Winston Churchill.

So what is the rest of the story? We know that there are numerous risk factors for predicting who might be more susceptible to depression. Depression can run in families. Evidence from studies of twins supports the existence of a genetic component. Across six studies, the average concordance rate in identical twins (40 percent) for unipolar depression is more than twice the concordance rate in fraternal twins (17 percent). The rate of depression in women (12 percent) is twice that of men (7 percent). There are numerous theories about this gender difference, but there is no consensus in the scientific community about the underlying cause.

Early life experiences also make people more vulnerable to depression. If one of your parents died when you were a child, or if you are the victim of childhood abuse you have a higher vulnerability to depression. Chronic medical conditions as well as life-threatening medical events like stroke and heart attack can also lead to depression.

Medical research has shown that depression may be related to a chemical imbalance of serotonin, one of the substances called neurotransmitters that transport signals between nerve cells in the brain. This has led to the introduction of Prozac, Zoloft, Paxil and Celexa. These serotonin specific uptake inhibitors have proved effective in treating depression with minimal side effects but have not come without controversy. Some people worry that the widespread marketing and availability of these medications may be anesthetizing large segments of our society to the healthy travails of life. This may or may not be the case, but for those like Jen who have suffered with the torment of a major depression, these new medications have been a blessing.

Another helpful way of understanding depression is to view it as a spectrum disorder. In other words, the milder manifestations of depression that we all experience have some

of the same root causes as the more severe forms of clinical depression. Martin Seligman, Ph.D., in his book *What You Can Change and What You Can't* presents a compelling argument for viewing depression this way: "Mild depression is usually caused by pessimistic habits of thinking. The pessimist sees the causes of failure and rejection as permanent (It's going to last forever), pervasive (It's going to ruin my everything), and personal (It's my fault). These habitual beliefs are just that, mere beliefs. They are often false, and they are often inaccurate catastrophizing" (p. 115).

Dr. Seligman goes on to argue that optimistic thinking may be a powerful antidote to pessimism and depression. Contained within the worldview of Nichiren Daishonin's Buddhism is a profound capacity to look at the totality of life with all of its travails and suffering and still find hope and fundamental goodness at the core. In October 1992, I wrote an essay for the *Seikyo Times* (now *Living Buddhism*) in which I demonstrated the inherent psychological strength of the Daishonin's Buddhism as reflected in his views of the self, the world and the future. The purposes of this article do not permit me to reintroduce the evidence for this. Let me just say that in all three areas, we find robust examples of the Daishonin encouraging and exhorting his disciples to embrace Buddhism with optimism and hope, despite the dire social, economic and personal circumstances of 13th-century Japan.



It had been several years since Jen last saw a psychiatrist, and she was not looking forward to seeing one again. The last time was before she began her Buddhist practice, and it had never been a satisfying experience. He prescribed a variety of antidepressant medications, which were only moderately successful, but he never seemed to have time to talk. She eventually stopped the medication and stopped seeing the psychiatrist.

Several months later, an old friend introduced Jen to Buddhism. Jen was drawn to her friend's explanation of Buddhist theories and felt that she was hearing a wonderful explication of her own view of life. However, she was skeptical that chanting Nam-myoho-renge-kyo would somehow change her life. Nevertheless, she sat down with her friend a few days later and tried chanting.

In the short period of 15 minutes, she sensed something shifting in her life, and when they finished, she felt more relaxed and open than she had in years. Her friend connected her with the local SGI-USA organization and she began attending meetings. All the smiling people she encountered initially put her off, that is, until she listened to their experiences. She came to realize that their smiles were born of great struggles to overcome many of the same problems she was facing.

She bought a copy of *For Today and Tomorrow* by SGI President Ikeda, and the words practically leapt off the page at her. Reading his guidance was like finding an oasis in the desert. In spite of the many years of having no hope for the future, she found herself becoming more optimistic and cheerful. Each Nam-myoho-renge-kyo she chanted felt like a powerful challenge to her deeply held feelings of worthlessness. And her interactions with other Buddhists reinforced her determination to take responsibility cheerfully for her own life. The dark curtain of depression had finally begun to lift.

Jen sailed along majestically in her life, thinking that since she had become a Buddhist, she was impervious to problems. But when her husband became ill, she felt like the world had come to a crashing halt. She could not understand how this could happen to someone who practiced sincerely. Rather than resolve her doubts, however, she gradually

succumbed to the darkness of her depression once again.

Jen's husband continued to gently, but firmly encourage her in any way that he could. Mostly, he just chanted with her every chance that he had.

Several weeks went by before she got the courage to call a psychiatrist. She hoped her Buddhist practice would provide a foundation for a more rapid and full recovery, but she felt anxious and a little embarrassed when she walked into her new psychiatrist's office for the first time. Before she knew it, she was crying. The story of her husband's illness poured out of her.

After she finished telling her story, her psychiatrist carefully reviewed her symptoms and their duration. It came as no surprise to her when he told her she was in another episode of depression, but it was strangely comforting to give this darkness that had become her constant companion a name. He then explained to her that in the years since she was last treated for depression, there was important new research on the treatment of depression. He told her that combining medication with weekly psychotherapy would give her the best chance at a quick and robust recovery.

Jen left the office with a prescription for one of the new antidepressants, and a referral to see a therapist. When she arrived home, there was a message on her answering machine from her district leader reminding her about the district discussion meeting. She had not taken any calls from her leaders in faith and had not been to a district meeting in months. She was sure her depression was written all over her face and the last thing she wanted was for someone to "encourage" her, or worse yet scold her. However, tonight she was feeling more optimistic and decided to return the call. She got the schedule of activities but made no promises to attend.

She began taking her new medication that night. She experienced no immediate response to the medication, but she realized it might take weeks for the medication to begin working.

A few days later she went to her first appointment with her therapist, who specialized in treating depression. Over the next few weeks, Jen explored her interpersonal relationships with her therapist. He proposed that they focus on her feelings about her husband's poor health. He suggested to her that in addition to her genetic predisposition to depression, this current episode might be about her grieving over the life she would never have with her husband due to his poor health. His attempts at helping her to find her strengths in the midst of a very difficult situation felt very compatible with her beliefs as a Buddhist.

She also told him about her Buddhist practice and her involvement with the local community of SGI-USA members. He was keenly interested in her perceptions of how the practice of chanting Nam-myoho-renge-kyo was helpful to her and about how she got along with her friends in the organization. Jen appreciated his open-mindedness and was surprised when he actually encouraged her to be consistent in her practice. He told her that maintaining consistent daily social rhythms would be helpful to her recovery. Even though he was referring to sleep, diet, exercise, etc., she immediately associated this with a consistent daily Buddhist practice.

When it came time for her next district meeting, Jen decided she was well enough to attend. Much to her delight, they warmly welcomed her back to the meeting. It was as if she had never left. The discussion that night was about turning poison into medicine. Before she knew it, she was sharing her experience of struggling with depression. Jen told the group that in spite of their encouragement, she still could not see how she could turn

her depression from poison into medicine.

One of the members looked at her very intensely and said softly, “Perhaps your willingness to share and encourage us through your experience is part of the process of transforming the poison of your depression into medicine?”

Jen’s favorite part of the meeting was always the lively discussions that ensued “on the way out the door.” She had a lot of catching up to do. The last person she spoke to was her district leader, Sarah. She apologized for her long absence. She told Sarah that as a Buddhist, she knows she isn’t supposed to feel guilty, but these feelings of guilt were what kept her from returning to the meetings. She felt like a failure as a Buddhist because she saw her depression as an inability to manifest “actual proof.”

Jen was surprised when Sarah apologized to her. Sarah told her that she felt like she had let Jen down because she had not realized how much Jen was suffering. “When you stopped coming to meetings and wouldn’t return my phone calls, I was at a loss,” Sarah said. “I should have tried harder to reach you. Now that you’re back, I don’t want you to disappear again. Let’s keep chanting together to overcome your illness.” They hugged and made plans for Sarah to come over.

A few days later, Sarah came over to chant with Jen. They decided to chant for an hour. Jen wondered if she had the stamina to sit for that long, but she was determined to do her best. Over the course of the hour, she went from tears of grief to a deep sense of appreciation. In those precious moments of complete concentration, with her heart fully open and her voice deep and sonorous, the chattering of her mind quieted and true wisdom appeared. She understood, more with her heart than with her mind, that by embracing this wonderful law, she was severing the roots of her suffering. She knew that finding the right medication and a therapist she could trust and talk to was a benefit from her Buddhist practice.

How swiftly the days passed. The first signs of improvement from the medication were improved sleep and appetite. Jen felt her therapy was going very well. She noticed that when she chanted more, her daily life continued to improve and she had better therapy sessions. She also noticed that the more honestly and openly she engaged in her therapy, the more motivated she was to return to the Gohonzon and ponder the issues before her. She was also discovering new and better ways of communicating with her husband. Her feelings of resentment and grief were giving way to a renewed determination to embrace her husband and their shared life.

Jen returned to see her psychiatrist several months after her initial visit. She was feeling much better. So she asked him how long she would need to keep taking the medication. He told her that she needed to stay on her medication for at least four months if not six months from the point in time when she really began to feel better because she would be at significant risk for a relapse if she discontinued her medication sooner. Jen agreed to meet again in four months and decide then what to do about the medication.

Jen’s depression is now in complete remission. She has decreased the frequency of her therapy sessions, but has decided to keep seeing her therapist for a few more monthly sessions to solidify the gains she has made in her interpersonal life. While she would rather never see the dark cloud of depression in her life ever again, she is appreciative of the gifts her suffering brought her: a more committed relationship with her husband, a fresh start with her Buddhist practice, and a deeper and more authentic connection with the members in her district.



There are many SGI-USA members who have found the optimism, hope and life force they needed to overcome depression through the practice of Buddhism alone. There are also members like Jen who may need the help of compassionate professionals, support from their families and fellow members, and a strong daily practice to return to a healthy life.

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