

The Possibilities of Grace amid Persistent Depression

Theological Studies
2019, Vol. 80(3) 554–571
© Theological Studies, Inc. 2019
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0040563919857184
journals.sagepub.com/home/tsj



Jessica Coblentz 

St. Mary's College, Notre Dame, IN, USA

Abstract

Chronic and recurring depression presents challenges to theologians working on the doctrine of grace. First, its frequent misrepresentation inhibits accurate perceptions of God's loving presence in this context. Second, like all suffering, it threatens the affirmation of divine benevolence upon which the doctrine is predicated. Third, the moral complexities of depression obfuscate grace's healing effects. To meet these challenges and clarify the contextual work of grace, the author draws on depression narratives to identify the effects of grace as gratuitous, elevating, and healing expansions of possibility that many sufferers experience as depression persists.

Keywords

agency, depression, evil, flourishing, grace, Roger Haight, suffering, suicide

Amid chronic and recurring depression, traces of God's loving presence are often difficult to discern. This is evident in many first-person narratives of depressive experience, where sufferers plead for grace's transformative effects. Therese Borchard recalls throwing herself in front of a statue of Jesus shortly before she was hospitalized for depression: "I wept at Jesus' feet in the lobby of the administration building at Hopkins, when I told the holy guy I really did believe in miracles and I was in desperate need of one."¹ Similarly, Andrew Solomon recounts, "In the tightest corner

-
1. Therese Borchard, *Beyond Blue: Surviving Depression & Anxiety and Making the Most of Bad Genes* (New York: Center Street, 2009), 122.

Corresponding author:

Jessica Coblentz, St. Mary's College, Notre Dame, IN, USA.

Email: jessica.coblentz@gmail.com

of my bed, split and racked by this thing no one else seemed to be able to see, I prayed to a God I had never entirely believed in, and I asked for deliverance.”²

These narratives exemplify why Roger Haight calls suffering a “problem of grace.”³ Haight asserts that when suffering obfuscates the benevolent work of God, theologians “should have some ability to explain *how* God is good and *how* this can be experienced and known. For those who do not experience that grace and that love will probably say, ‘Show me,’ and to the extent that one cannot, the words lose much if not all of their meaning.”⁴ Indeed, this imperative—“show me”—underlies the stories of so many depression sufferers, and so with this article I attempt to unveil the effects of grace in a context of suffering where they are often profoundly difficult to apprehend.

I proceed by way of identifying some challenges that depression presents to theologians grappling with this doctrine. They stem from both the unique reality of depression and also from the history of the doctrine of grace. In light of these challenges, I then offer a contextual sketch of grace’s effects.⁵ I argue that depression memoirs evince God’s loving presence in the life-giving expansions of possibility that many sufferers experience as depression persists. In continuity with accounts of grace throughout the Christian tradition, this expansion of possibility bears the marks of grace’s gratuitous, elevating, and healing elements.

The Challenge of Representation

Clarifying what we mean by “depression” is the first challenge theologians face when developing an account of grace’s effects in this context. Whereas popular perceptions often reduce depression to an experience of long and severe sadness, first-person narratives of depression present something stranger and more radically unsettling. In its severe stages, depression is frequently likened to death or to a prison—an all-encompassing state of isolation in which one perceives oneself to be irreconcilably set apart from others. Simultaneously, the world resists meaningfulness; experiences of pleasure and purpose diminish. The latter may be due to a loss of the kinds of possibility a sufferer perceives. Possibilities of change, even possibilities of any future at all, no longer present themselves, amplifying one’s perceived imprisonment and diminishing one’s sense of agency. It is understandable, then, why some phenomenologists

-
2. Andrew Solomon, *The Noonday Demon: An Atlas of Depression* (New York: Scribner, 2001), 19.
 3. Roger Haight, *The Experience and Language of Grace* (Mahwah, NJ: Paulist, 1979), 23.
 4. Haight, *The Experience and Language of Grace*, 23.
 5. Regarding the contextual boundaries of this study, I draw exclusively on published, first-person narratives of depression written by English-speaking authors in the USA and Western Europe during the last half-century. Among many others, Arthur Kleinman has famously documented how cultural differences shape depressive experience, and consequently, it is important to qualify that an account of the work of grace amid depression will likely differ across time and place. See for example Arthur Kleinman and Byron Good, eds., *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder* (Berkeley, CA: University of California, 1986).

have likened this state to a living death, wherein the body moves through the world as corpse (*körper*).⁶

Among those who survive this state, which can stretch across months and years, many recount that their experience of being-in-the-world is forever altered. A low-level depression indelibly shapes their experiences. Furthermore, severe episodes have a remarkably high recurrence rate, at about 50 percent, a frequency that increases exponentially with each severe episode.⁷ Its chronicity and recurrence is such that sufferers are hardly “free” from depression even when they live beyond a severe episode. This makes depression far more expansive than many assume.

Correcting misconceptions of depression and accurately representing it are prerequisites for a contextual approach to grace, and importantly, for apprehending how difficult depression is for those who live with it. That one is seemingly stuck in an alienated state, resistant to meaning, absent of connection, and without apparent reason or way out, and that a sufferer who survives a severe episode lives with its remnants and is likely to experience it again, puts into perspective the threat that depression presents to claims about God’s goodness and active presence.

The Challenge of Suffering

This brings us to the next challenge that depression presents to theologies of grace. That depression is a form of suffering that often disturbs one’s “inner tranquility” and which one “grasps as jeopardizing [one’s] life” makes reflection on grace a delicate task.⁸ Theologians have often said too much about such suffering in an attempt to

-
6. The work of phenomenologists greatly informs the portrait of depression that I garner from first-person narratives. See Matthew Ratcliffe, *Experiences of Depression: A Study of Phenomenology* (Oxford: Oxford University, 2015); Mathew Ratcliffe, “Depression and the Phenomenology of Free Will,” in *Oxford Handbook of Philosophy and Psychiatry*, ed. KWM Fulford, Martin Davies, Richard Gipps, George Graham, John Sadler, Giovanni Stanghellini, and Tim Thornton (Oxford: Oxford University, 2013), 574–91; Fredrik Svenaeus, “Depression and the Self: Bodily Resonance and Attuned Being-in-the-world,” *Journal of Consciousness Studies* 20 (2013): 15–32; Thomas Fuchs, “Corporealized and Disembodied Minds: A Phenomenological View of the Body in Melancholia and Schizophrenia,” *Philosophy, Psychiatry, and Psychology* 12 (2005): 95–107; Thomas Fuchs, “The Phenomenology of Shame, Guilt, and the Body in Body Dysmorphic Disorder and Depression,” *Journal of Phenomenological Psychiatry* 33 (2003): 223–43, <https://doi.org/10.1163/15691620260622903>; James Aho and Kevin Aho, *Body Matters: A Phenomenology of Sickness, Disease, and Illness* (Lanham, MD: Lexington, 2008); Jennifer Radden, *Moody Minds Distempered: Essays on Melancholy and Depression* (Oxford: Oxford University, 2009).
 7. See Daniel N. Klein and Anna E. S. Allmann, “Course of Depression: Persistence and Recurrence,” in *Handbook of Depression*, 3rd eds., Ian H. Gotlib and Constance L. Hammen (New York: Guilford, 2014), 64–83.
 8. M. Shawn Copeland, “‘Wading through Many Sorrows’: Toward a Theology of Suffering in Womanist Perspective,” in *A Troubling in My Soul: Womanist Perspectives on Evil and Suffering*, ed. Emilie M. Townes (Maryknoll, NY: Orbis, 1993), 109–29 at 109.

reconcile it with divine goodness. This results in attempts to justify suffering that cannot be explained and in retellings of suffering that romanticize and instrumentalize it for some “greater good.”⁹ Such engagements with suffering silence the sadness, pain, and existential distress of sufferers, which ultimately undermines the need to account for the effects of grace amid people’s actual lived experiences.

In response, theologians such as Johann Baptist Metz and Dorothee Sölle argue that theologies in the midst of suffering ought not be theodical explanations, arguments, or apologies.¹⁰ Instead, theologies must be narratives—stories that witness to the fragmented realities of suffering and to its “nonidentity” with our tidy theories of grace in history; that “interrupt” the drive of modern-minded Christian theologians to rationalize the work of grace in our suffering world.

We might see these critiques as challenges to Haight’s charge to renew the doctrine of grace across historical contexts, especially in situations of suffering. Compelled by these post-Shoah critiques, I too have questioned at times whether theologians ought to sidestep talk of grace in our reflection on chronic and recurring depression. Maybe grace has nothing to do with depression. After all, Borchard’s prayer before the statue of Jesus and Solomon’s plea from the corner of his bed read as desperate lamentations born of the present irreconcilability of suffering and salvation, of which Metz speaks. If all narratives of depression ended there—and many do, in death by suicide—then we might do well to remain silent on the work of grace amid depression. But many depression narratives do continue. People survive and keep surviving, and, notably for theologians, their first-person narratives frequently testify to the radical lifelessness that often accompanies this condition, while at the same time they witness to life-giving transformations that unfold amid depression’s enduring difficulties. These narratives challenge us to speak of the effects of grace, and to try to do so, like these sufferers, without turning our face from depression’s horrors.¹¹

-
9. A number of theologians engaged with scholarship on the narrative structure of salvation history have articulated well the problems of logical explanations of suffering. See, for example, Wendy Farley, *Tragic Vision and Divine Compassion: A Contemporary Theodicy* (Louisville, KY: Westminster John Knox, 1990); Flora A. Keshgegian, *Time for Hope: Practice for Living in Today’s World* (New York: Continuum, 2006); Rowan Williams, *The Tragic Imagination* (Oxford: Oxford University, 2016). I begin to explore the inadequacies of such modern theodical thinking in relation to depression in “Depressive Suffering as Tragic Suffering: Theological Insights and Trajectories,” in *Suffering and the Christian Life*, ed. Karen Kilby and Rachel Davies (London: T&T Clark / Bloomsbury, forthcoming).
 10. See Johann Baptist Metz, *Faith in History and Society: Toward a Practical Fundamental Theology*, trans. J. Matthew Ashley (New York: Crossroads, 2007); Dorothee Sölle, *Suffering*, trans. Everett R. Kalin (Minneapolis, MN: Fortress, 1984).
 11. Shelly Rambo notes that well-founded twentieth-century critiques of redemptive suffering have had inadvertent consequences: “In turning away from interpreting the cross redemptively, there is a danger in not theologizing suffering at all, in avoiding any moves to narrate human suffering by way of the Christian story.” I echo this concern here with regard to how theologians reflect—or do not—on depressive suffering. See *Resurrecting Wounds: Living in*

Thus, when theologians witness to these *particular* narratives of living with depressive suffering, we face a twofold challenge: on the one hand, we must resist erasing the truly harrowing dimensions of depression in an effort to protect our “theories” of God’s loving presence, and on the other hand, we must speak to the life-giving transformations within these stories, many of which parallel the experiences that Christian theology has often associated with the effects of grace. We must do both at once. To this end, this article employs a narrative approach to theology, offering a form of reflective witness to the coexistence of death and life in many first-person narratives of persistent depression.¹²

The Challenge of Moral Complexity

The third challenge that depression poses to theological reflection on grace is its peculiar positioning relative to the moral categories of good and evil. Historical surveys of the doctrine showcase how often grace has been articulated in relation to a situation of sin and evil, and there are reasons why we might likewise classify depression as a sinful or evil condition. Doing so would have logical implications for a contextual theology of grace, as it would position depression as a hindrance to human flourishing and union with God—the kind of hindrance that grace surmounts. Yet depression memoirs present a condition of greater moral complexity that, in turn, troubles a view of grace as that which liberates sufferers from their depression.

Theologians might identify depression with sin and evil because depression often strips away from one’s experience many of the goods that we associate with human flourishing: connection, meaningfulness, freedom, hope, and possibility. Insofar as evil is the privation of goodness, this is evidence to support its classification as an evil. We might also do this because of the common language that people employ to characterize the experience of depression and the realities of human sin and evil. Take, for example, Augustine’s concerns for sinful self-love, which is often characterized as pride, egocentrism, and selfishness. Among outsiders to depression, the condition can appear as a state of immoral self-centeredness in which the sufferer, imprisoned in her own world, struggles to connect and empathize with others.¹³ This could lead one to

the Afterlife of Trauma (Waco, TX: Baylor University, 2017), 6. I also point readers to Karen Kilby’s position on why recent critiques of theodicy should not silence theological reflection about “the problem of evil.” See “Evil and the Limits of Theology,” *New Blackfriars* 84 (2003): 13–29 at 19–29, <https://doi.org/10.1111/j.1741-2005.2003.tb06484.x>.

12. Karen Kilby’s directive that those who reflect on suffering from a second- or third-person position ought not project meaningfulness onto it strikes me as a wise and practical guide for theological reflection on depression, and one I attempt to adhere to by maintaining a disposition of “witnessing” to particular first-person narratives of meaningful transformation. See “Eschatology, Suffering and the Limits of Theology,” in *Game Over? Reconsidering Eschatology*, ed. Christophe Chalame, Andreas Dettwiler, Mariel Mazzocco, and Ghislain Waterlot (Berlin: De Gruyter, 2017), 279–92.
13. Matthew Ratcliffe’s chapter on “Depression and Empathy” is a useful resource on this dimension of depressive experience. See *Experiences of Depression*, 230–49. See also Ratcliffe, “Depression and the Phenomenology of Free Will,” and Anastasia Philippa

interpret depression as selfishness and therefore, sin. Additionally, one can find semantic parallels between depression and the experience of unworthiness upon which Luther predicates his theology of grace, or between depressive suffering and the social suffering at the center of liberation theologies.¹⁴ While I think the simple identification of depression with any of these articulations of sin and evil is usually a conflation of differing kinds, this practice is nevertheless widespread in Christian treatments of depression outside the academy.¹⁵

Still more, theologians might be inclined to identify depression as an evil because contemporary theologians increasingly classify all forms of suffering as evil. Bolstered by the modern mindset that all pain and suffering can, and therefore should, be eliminated by the advancements of technology and Western medicine, theologians have increasingly seen all suffering as an evil to be overcome in the course of salvation history. No longer is suffering a reality that accompanies evil; it is an evil in itself, explains John Swinton.¹⁶ This shift precludes the possibility that some suffering might exist apart from evil.

Interpreting depression as a sin or absolute evil because it is often antithetical to flourishing, or because of the semantic overlap between experiences of depression and historical characterizations of sin and evil, or because all suffering is increasingly presumed to be evil, would set us on a well-worn path in the doctrine of grace. As I mentioned, grace has often been articulated relative to a situation of sin (be it one articulated ontologically or phenomenologically), in relation to which grace

Scrutton, "Is Depression a Sin? A Philosophical Consideration of Christian Voluntarism," *Philosophy, Psychiatry, and Psychology* 25 (2018): 261–74, <https://doi.org/10.1353/ppp.2018.0036>.

14. To the extent that multiple and intersecting structures of oppression—from mental health stigma to racism, sexism, and homophobia—shape and often worsen experiences of depression, this condition is in part a form of social suffering like others at the center of liberation theologies. Because current research leads me to conclude that depression cannot be attributed wholly to social causes, it is insufficient to classify all depressive suffering as unjust social suffering that is therefore a moral evil. The insights of liberation theologies into the work of grace in the world are certainly relevant to those dimensions of depressive experience that are connected to social oppression, however, and more research on this is necessary. Elisabeth Vasko offers us one exploration of this in "'Mad Mothers, Bad Mothers': Resisting Stigma and Embracing Grace as Disease," *Journal of the Society of Christian Ethics* 37 (Spring–Summer 2017): 141–59, <https://doi.org/10.1353/sce.2017.0009>.
15. Some examples include the framing of depression as a sin from which one must repent to receive God's curative aid, or a demon in need of divine expulsion. One need only read a few of the many Christian memoirs of depression to attain anecdotal evidence of these responses. A number of social scientists have also quantified the frequency of these perspectives in Christian communities. An up-to-date overview of this research can be found in Marcia Webb, *Toward a Theology of Psychological Disorder* (Eugene, OR: Cascade, 2017), 8–67.
16. John Swinton, *Raging with Compassion: Pastoral Responses to the Problem of Evil* (Grand Rapids, MI: Eerdmans, 2007), 46–58. Dorothee Sölle's reflections on societal apathy also resonate with Swinton's observations here. See *Suffering*, 36–45.

functions medicinally. Sin is the problem that grace fixes. Interpreting depression as sin or evil would thus position us to envision grace as the redemptive remedy for depression and absolute freedom from depression as the *telos* of salvation.

And yet, the realities of chronic and recurring depression challenge its categorization as sin or evil in at least two ways. First, many depression memoirs suggest a fluctuating, more complex moral interpretation of depression among its sufferers. Recognizing this moral complexity requires that we regard the relativity of evil: it is the absence of goodness, which, in relation to human beings, we talk about in terms of “human flourishing.”¹⁷ Evil is that which destroys or diminishes human flourishing.¹⁸ Evil is “everything that stands against God and his [*sic*] intentions for the well-being and transformation of human beings and God’s creation.”¹⁹ With this in mind, John Swinton argues against the univocal identification of suffering with evil. Instead, he stresses that evil should “not relate to suffering in general, but to particular forms of suffering that serve to block or impede the possibility of a loving God and sharing in God’s eschatological hope for the world.”²⁰ It follows that “things such as heart failure, cancer, and diabetes are not inherently evil *unless* they initiate a crisis of faith that draws people away from God.”²¹

By untethering some suffering from evil, Swinton pushes theologians to attend to the particularities of suffering when assessing its moral status. When we do this with regard to depression, we find that many sufferers do not interpret their suffering as the absolute antithesis of flourishing. Andrew Solomon indicates as much when he concludes, “Emily Dickinson spoke of ‘the White Sustenance—Despair,’ and depression can indeed justify and support a life ... I have found that there are things to be made of this lot I have in life, that there are values to be found in it, at least when one is not in its most acute grip.”²² Solomon suggests that some instantiations of depression are seemingly unlivable, and thus evil, but other forms of depressive suffering are not. What he discloses is a fluctuating and far more ambiguous theological portrait of depression, one in which “the possibility of a loving God and sharing in God’s eschatological hope for the world” is indeed sometimes present. Many narratives of life with depression disclose this shifting moral portrait. In departing from a wholly negative portrait of their condition, however, most do not present depression as an inherent good. Theirs is not a romantic view of depression; it is not the difficult but inherently good “Dark Night” of the Carmelite

17. Klaus Hemmerle articulated the relative quality of evil concisely: “It [evil] cannot be thought of in itself; it is evil solely as opposed to the good.” See “Evil” in *Sacramentum Mundi*, vol. 2, eds. Karl Rahner et. al. (New York: Herder & Herder, 1968), 279.

18. See John Thiel, *God, Evil, and Innocent Suffering: A Theological Reflection* (New York: Herder & Herder, 2002), 1; and Marilyn McCord Adams and Robert Merrihew Adams, eds., *The Problem of Evil* (Oxford: Oxford University, 1991), 1.

19. Swinton, *Raging with Compassion*, 55.

20. Swinton, *Raging with Compassion*, 56.

21. Swinton, *Raging with Compassion*, 55.

22. Solomon, *The Noonday Demon*, 438–39.

tradition.²³ But theirs is also not a portrait of depression as the absolute antithesis of flourishing. An unqualified classification of depression as sin or evil could preemptively erase the dimensions of depressive experience that we glimpse in this passage from Solomon and numerous others, wherein depression is not merely a problem for those who live with it, and wherein life-giving transformations unfold in and through it, as we will see in the second part of this article.

Along with the moral complexity of depression, we should question its unqualified categorization as an evil for a second reason. A negative moralization of depression could reify the social stigma already associated with it in many contexts. This is troubling because stigma often justifies discrimination and violence. Research also shows that stigma frequently magnifies the suffering of those already struggling with mental health conditions.²⁴ Because of the church's long complicity in unjust acts against people with psychological distress and so-called "abnormalities," this should especially concern Christians.²⁵

Furthermore, the entanglement of social stigma and Christian moralizations of suffering is no mere hypothetical. Theologian Nancy Eiesland notes that throughout

-
23. Denys Turner offers a nuanced account of phenomenological similarities between contemporary depression and the Dark Nights, as does Carmelite psychologist Kevin Culligan. Yet both also note some phenomenological differences and are careful not to identify these conditions theologically. See Denys Turner, *The Darkness of God: Negativity in Christian Mysticism* (Cambridge: Cambridge University, 1995), 226–51; Kevin Culligan, "The Dark Night and Depression," in *Carmelite Prayer: A Tradition for the 21st Century*, ed. Keith Egan (Mahwah, NJ: Paulist, 2003), 119–38. Though some depression sufferers, such as Tim Farrington, do interpret their depression as a Dark Night, most who do simultaneously resist the theological implications of such a claim. Farrington is actually an exception to this; see *A Hell of a Mercy: A Meditation on Depression and the Dark Night of the Soul* (New York: HarperOne, 2009). In their appropriation of the language of the Dark Night, most sufferers do not appear to be making a claim about the state of their prayer lives, nor do they seem to suggest that God intentionally gifts their depression for their spiritual betterment. Most often this label for depression functions as a means of representing some experiential characteristics of depression and of communicating that sufferers have discovered possibilities for making spiritual meaning of their suffering. This does not cast depression as an inherent good, as is implied in the traditional understanding of the Dark Night. Overwhelmingly, sufferers resist such an unequivocally positive moralization of their condition.
24. For an overview of recent scholarship on the detrimental effects of mental health stigma on its sufferers, see Amy E. Sickel, et al., "Mental Health Stigma Update: A Review of Consequences," *Advances in Mental Health* 12 (December 2014): 202–215, <https://doi.org/10.1177/1359105316681430>.
25. Recent scholarship has documented Christianity's complicity in the mental health stigma, which further justifies the importance of the church's attention to this problem. See Sidney Callahan, *Women Who Hear Voices: The Challenge of Religious Experience* (Mahwah, NJ: Paulist, 2003); Norman Dain, "Madness and the Stigma of Sin in American Christianity," in *Stigma and Mental Illness*, ed. Paul Fink and Allan Tasman (Washington, DC: American Psychiatric, 1992), 73–84; Heather Vacek, *Madness: American Protestant Responses to Mental Illness* (Waco, TX: Baylor University, 2015).

history, social stigma wrongfully cast disabled bodies as “imperfect,” and accordingly, Christians often construed the salvific work of grace as liberation from the “imperfect” disabled body. This assigned a sacred moral judgement to already-marginalized forms of suffering, and in doing so, reinforced the unjust stigmatization of disabled bodies. Philosopher Grace Jantzen hedges a similar critique against Christianity, arguing that its soteriological discourse has often reflected and reinforced the denigration of the female body in the West.²⁶ These historical critiques push theologians to reconsider whether we negatively moralize depression because of preconceived stigma, or because it is actually, always prohibitive of the good life.

In Richard Arrandale’s theological reflection on madness, he presents us with a similar concern. Using the work of Susan Sontag, who critiques the military metaphors that we often utilize in contexts of illness, Arrandale suggests that the antagonistic language of Christian discourse about mental illness codifies social stigma in theological terms.²⁷ He argues that when we view depression as an absolute evil, like an enemy that God combats on the battlefield of the depressed body—language which is quite common in Christian writings about depression²⁸—we preemptively narrow our purview of human flourishing to life without mental illness. The language of evil that we apply to depression casts a shadow on how we theologize the condition as a whole, which only reifies its social stigmatization. Such Christian discourse leaves sufferers with sullied bodies and no alternative vision of flourishing in history.

That the moralization of suffering can reinscribe social stigma should not prevent us from naming evil when it is apparent, to be sure, but it does give us reason to mistrust our theological assumptions concerning suffering and evil, especially when many depression sufferers already offer shifting and morally complex assessments of their own condition.

This excursus on the moral complexity of depressive experience challenges theologians seeking an account of God’s loving presence amid depression. Within a doctrinal tradition that often emphasizes the function of grace as a fix for sin and evil, the uncritical moralization of depression could lead us to assume that the effects of grace must somehow fix depression. Yet, as this section shows, this assumption would erase the moral complexity that surfaces in first-person narratives and could also reify mental health stigma. We have reason, therefore, to approach this contextual theology of grace

26. Grace M. Jantzen, *Violence to Eternity*, ed. Jeremy Carrette and Morny Joy (New York: Routledge, 2009), 205–18. See also Elaine L. Graham, “Redeeming the Present,” in *Grace Jantzen: Redeeming the Present*, ed. Elaine L. Graham (Burlington, VT: Ashgate, 2009), 1–22 at 9–11.

27. Richard Arrandale, “Madness, Language, and Theology,” *Theology* 102 (May 1, 1999): 195–202 at 197, <https://doi.org/10.1177/0040571x9910200306>.

28. In addition to Arrandale, “Madness, Language, and Theology,” 197, see for example Monica Coleman, *Not Alone: Reflections on Faith and Depression* (Culver City, CA: InnerPrizes, 2012), 149; Parker Palmer, *Let Your Life Speak: Listening for the Voice of Vocation* (San Francisco, CA: Jossey-Bass, 2000), 66; and Jean Vanier, *Seeing Beyond Depression* (Mahwah, NJ: Paulist, 2001), 55.

differently. Knowing that the Christian tradition includes articulations of grace and its effects in which sin and evil are not the guiding contextual determinants (the theologies of Thomas Aquinas and of Karl Rahner are just two examples), theologians should consider this precedence for moving away from the simple moral categories of sin and evil when developing an account of grace and its effects in relation to depression.

These three challenges push theologians to engage a more accurate account of depressive suffering, to represent the coexistence of enduring suffering and the life-giving effects of grace, and to attend to the moral complexity of depression by eschewing a clear-cut, moral starting point for this contextual theology of grace. In the remainder of the article, I attempt to meet these challenges with a sketch of grace's effects in the lives of those with chronic and recurring depression.²⁹

A Contextual Sketch of Grace's Effects

This article opened with Haight's charge to articulate a theology of grace in situations of suffering, which is a commission he predicates on the history of the doctrine. He writes:

The more we critically appreciate the past, on which we are really dependent, the more we are liberated from the past and able to create new forms of understanding. In more concrete terms: The more one realizes the extent to which common tradition was once really indigenous to another culture, context, and personal experience, the more one will realize *why* contemporary indigenization is possible, *why* it is necessary, and *how* and *to what extent* it can be affected.³⁰

Haight's message invites a "contemporary indigenization" of grace grounded in the narratives of persistent depression, and I dedicate the remainder of the article to this undertaking. Of these texts, I've asked, If grace is God's loving presence at work in the world, the effects of which are more intimate union with God and greater flourishing, then where are its traces in these lives?³¹

Aiding my discernment of grace's effects is Haight's reminder that throughout the Christian tradition, definitions of grace have been composed of three elements. First, grace, being "unmerited and unclaimed by any right on the part of a person and unexacted or freely given on the part of God," is absolutely gratuitous. Put more plainly, "Contact with God, being a gift, is beyond one's control," writes Haight.³² Second,

29. My use of the term "sketch" is analogous to Elizabeth Dreyer's "description of grace," a phrase she prefers to a "definition of grace." Accordingly, I understand myself to offer a contextual portrait of grace at work in one dimension of contemporary human experience, as opposed to a decontextualized, universal theory. See Elizabeth Dreyer, *Manifestations of Grace* (Collegeville, MN: Michael Glazier, 1990), 20.

30. Haight, *The Experience and Language of Grace*, 144.

31. This question reflects a general understanding of grace and its effects throughout the Christian tradition. A more elaborate summary of grace's effects that aligns with my framing of this question is located in Dreyer, *Manifestations of Grace*, 24.

32. Haight, *The Experience and Language of Grace*, 16.

grace is elevating, initiating the recipient into a “new life” of greater communion with God.³³ Third, grace is healing. Haight explains that “in terms of the doctrine of the Fall and human propensity to sin, grace comes as a healing and sanative power enabling freedom to open up toward the good.”³⁴ Of these elements of grace, Haight asserts that, “if Christian doctrine says that God’s grace is universally operative in the lives of people, and that it is a gratuitously offered love that is healing and elevating, surely these qualities will appear somewhere.”³⁵

Haight’s account of the elements of grace stands out among others for its emphasis on how grace can be said to be *experienced*. Because I, too, aim to sketch experiences of grace, Haight’s project is a fitting aid. And so this study follows him in focusing on the experiential traces of grace’s gratuitous, elevating, and healing features. In doing so, what we witness across many narratives of chronic and recurring depression are the effects of grace in the form of a phenomenological expansion of the kinds of possibilities that sufferers experience amid persistent depression. Concrete examples will illustrate why this can be understood as the result of God’s grace and show how it reflects the insights born of the challenges set forth in the first part of the article.

Possibilities of Small Agency

Repeatedly, we witness a life-giving expansion of possibility in the stories of sufferers who recover what I call “small agency.” As mentioned previously, a major difficulty of depression is the loss of certain kinds of possibility, of which possibilities of agency are one. For many sufferers, even the most mundane, seemingly insignificant actions become difficult, if not impossible. “The force of gravity around me has tripled,” describes sufferer Martha Manning. “It takes so much effort just to lift an arm or take a step.”³⁶ Often, a sufferer like Manning does not simply feel apathetic about getting out of bed; the very possibility of getting out of bed is no longer available to her. The latter is far more disabling, and it puts into perspective the profound significance of recovering even the smallest possibilities of agency amid depression—when, once again, a person perceives that she might maintain basic personal hygiene, like showering and washing clothes, or she discovers the capacity to concentrate long enough to read an article, if she so chooses.

Marcia Webb observes one such transformation in her sister’s experience of various mental health conditions, including depression, when she noticed the “gradual re-emergence and increased presence” of humor in her sister’s daily life.³⁷ Her sister

33. Haight, *The Experience and Language of Grace*, 17.

34. Haight, *The Experience and Language of Grace*, 17.

35. Haight, *The Experience and Language of Grace*, 17.

36. Martha Manning, *Undercurrents: A Life Beneath the Surface* (New York: HarperOne, 1994), 104.

37. Marcia Webb, “A Narrative Account of Abundant Life with Mental Illness,” *Journal of Disability and Religion* 19 (2015): 262–78 at 268, <https://doi.org/10.1080/23312521.2015.1061469>.

could joke and laugh again. Gillian Marchenko witnessed the importance of recovering small agency in her own life with depression, explaining, “Depression is a loss of dignity, so when I do the dishes, or pick up the kids, or do something small, it is an opportunity for me to build. I have to see the menial accomplishments as small victories, as a tiny path cleared out in my life toward dignity.”³⁸ For Marchenko, the possibility of again exercising agency, however small, affords the opportunity to make meaningful contributions to her family. This possibility was an avenue of connection to others amid the radically isolating experience of depression, as well as a reminder of her dignity in a situation where immense shame accompanied her condition.

Monica Coleman’s reflections on this recovered possibility illuminate further its life-giving effects. She recalls:

I wanted to know that being sad wouldn’t destroy me. I wanted to know that living with bipolar was not the only story of my life. I wanted God to tell me that I was going to be okay. Revelation did not come to me in thunderbolts. God was just there. In the hot cup of tea. In the women who gathered. In our laughter. In the knitting. God was in my uniform row of stitches. God was also in the dropped stitch that created an imperfection ... There was something holy in the movement of yarn through fingers and needles.³⁹

As Coleman explains here, the reemergence of this possibility does not come in “thunderbolts.” It does not occur in an instant, and it often never manifests as a complete restoration of how a sufferer previously experienced her agency in the world. Rather, this recovery of possibility often unfolds over the course of many months and even years, and for some, it includes additional diminishment in agency as well as recoveries of it. And when it does occur, it cannot be reduced to the will of sufferers themselves. Depression memoirs reveal that this is, at least in part, a gift, just like other instantiations of grace and its effects. Humbly, Parker Palmer testifies to this, writing, “I do not understand why others are able to find new life in the midst of a living death, though I am one of them. I can tell you what I did to survive and, eventually, to thrive—but I cannot tell you why I was able to do those things before it was too late.”⁴⁰

It is important to note that the recovery of small agency is not always life-giving, as we see in instances of depressive suicide.⁴¹ When it is life-giving, however, the

38. Gillian Marchenko, *Still Life: A Memoir of Fully Living with Depression* (Downers Grove, IL: IVP Books, 2016), 146–47.

39. Monica Coleman, *Bipolar Faith: A Black Woman’s Journey in Depression and Faith* (Minneapolis, MN: Fortress, 2016), 332.

40. Palmer, *Let Your Life Speak*, 58.

41. Rather than life-giving, the return of small agency can be lethal. Some suicidologists observe that people at the worst of their depression cannot wield the agency necessary to carry out suicide or inflict significant harm to themselves. It is when they begin to recover the possibility of agency that suicide often occurs. If the return of agency is not accompanied by the possibility of improving one’s life in a meaningful way, then suicide may appear to be one’s only hope for change. This is why suicidologist Edwin Shneidman says, “the single most dangerous word in all of suicidology is the four-letter word *only*.” See *The Suicidal Mind* (Oxford: Oxford University, 1996), 58.

expansion of the possibility of agency can have ripple effects. Small agency introduces change into an experience of suffering wherein the possibility of change—and thus, hope—has often largely diminished.

With the expanding possibilities of small agency, then, comes hope for other possible ways of living. This shift is frequently accompanied by the emergence of another kind of possibility: the possibility of flourishing *amid* the persistent experience of depression.⁴² This, the possibility of what I call “situational flourishing,” is often narrated in contrast to a sufferer’s previous, very narrow conceptions of flourishing.⁴³ David Karp reports that, after struggling against depression for a long time, many sufferers discover possibilities for the coexistence of depression and meaningful life, possibilities inconceivable to them previously.⁴⁴

Possibilities of Situational Flourishing

Constitutive of possibilities for situational flourishing is the realization of new avenues for meaningful action. With this, possibilities of small agency become possibilities of *meaningful* small agency. Frequently, we witness this in the stories of sufferers who, amid enduring depression, awaken to new possibilities of compassionate service to others, something we might associate with the increased love of neighbor that Christian theology traditionally associates with the elevating effects of God’s grace.⁴⁵ For example, according to pastor and theologian Kathryn Greene-McCreight, among the “several things” God taught her through her depression was “deep compassion for the sick, bedridden, and

-
42. Jesuit William F. Lynch offers a stunning treatise on hope as “a sense of the possible” and its importance for those struggling with mental health conditions. In particular, he captures the entanglements of one’s “sense of the possible” with agency, hope, and other human functions that I speak of here: “Hope therefore involves three basic ideas that could not be simpler: what I hope for I do not yet have or see; it may be difficult; but I *can* have it—it is possible. Without this way of feeling about ourselves and things, we do nothing. We do not act or function. There is no energy. There is no energy because there is no wishing. And there is no wishing because there is no sense of the possible.” See Lynch, *Images of Hope: Imagination as Healer of the Hopeless* (South Bend, IN: University of Notre Dame, 1965), 32.
43. The phrase “situational flourishing” is admittedly tautological, for we can assume that all human flourishing is “situational” in that all human life unfolds within a particular historical situation. I qualify flourishing here to emphasize that the proposed account of flourishing is situated *within* the condition of persistent depression. In doing so, I distinguish this account of flourishing from one that assumes the complete elimination of depression.
44. David Karp, *Speaking of Sadness: Depression, Disconnection, and the Meanings of Illness*, revised ed. (Oxford: Oxford University, 1997).
45. Anastasia Philippa Scrutton also observes the significance of emergent avenues of compassion among those living with depression. Drawing on the writings of the late spiritual writer Henri Nouwen, a depression sufferer himself, Scrutton proposes a “wounded healer” framework for conceptualizing the compassionate responses to suffering that depression sufferers often narrate. See “What Might It Mean to Live Well with Depression?” *Journal of Disability & Religion* 20 (2016): 178–89 at 182–85, <https://doi.org/10.1080/23312521.2016.1152935>.

homeless that I did not have before,” she writes. “I always thought I was a person of deep compassion, but I see now that this was not true. Sometimes suffering is the only way to learn true compassion, true ‘feeling with.’”⁴⁶ She goes on to explain how this new capacity for compassion informs her encounters with the homeless and her ministry to the sick. “My life these past years has been one long Lent, out of which has come a resurrection of compassion,” she concludes.⁴⁷ Nowhere does Greene-McCreight suggest that mental illness is the only context in which God gifts such compassion, but she is clear that it was the context of depression in which she experienced its emergence.

Anastasia Scrutton helps us recognize in the writings of the late Catholic spiritual writer, Henri Nouwen, evidence of new possibilities for meaningful action that he likewise associates with his depression. “Nouwen writes that his experience of depression was ‘fertile ground’ for a kind of spiritual and moral transformation, enabling him to love unconditionally.”⁴⁸ He writes, “My heart, ever questioning my goodness, value, and worth, has become anchored in a deeper love and thus less dependent on the praise and blame of those around me. It also has grown into a greater ability to give love without always expecting love in return.”⁴⁹ Nouwen clarifies for readers that “none of this happened suddenly.” It was “gradually, hardly perceptibly” that “I discovered that I was no longer the person who had left the community in despair.”⁵⁰ Furthermore, he notes, this does not mean that he is free from anguish. “There is hardly a day without some dark clouds drifting by.”⁵¹ And yet, for Nouwen, “what once seemed such a curse has become a blessing.”⁵²

As sufferers like these begin to perceive opportunities to exercise their agency to foster connection and meaningfully contribute to the lives of others, they also often perceive that there are possibilities for living a good life with depression. They discover possibilities for living well in and through the limiting conditions of their lives—that is, in and through depression, not in spite of it. Having said this, the expansion of possibilities for flourishing amid depression is not romanticized in the narratives of most depression sufferers, nor should it be in our theologies. This is evident in the words of one of David Karp’s interviewees, who discloses that “I don’t believe that, you know, I’ll ever be a happy person. And, when I stopped believing that is when I started to get better.” She explains, “I believe that people hobble along, and you can learn to limp gracefully and nobly.”⁵³ The realization of some sufferers that they might

46. Kathryn Greene-McCreight, *Darkness Is My Only Companion: A Christian Response to Mental Illness* (Grand Rapids, MI: Brazos, 2006), 156.

47. Greene-McCreight, *Darkness Is My Only Companion*, 157.

48. Anastasia Philippa Scrutton, “Two Christian Theologies of Depression: An Evaluation and Discussion of Clinical Implications,” *Philosophy, Psychiatry, & Psychology* 22 (December 2015): 275–89 at 280, <https://doi.org/10.1353/ppp.2015.0046>.

49. Henri Nouwen, *The Inner Voice of Love: A Journey through Anguish to Freedom* (New York: Image, 1998), 116.

50. Nouwen, *The Inner Voice of Love*, 116.

51. Nouwen, *The Inner Voice of Love*, 117.

52. Nouwen, *The Inner Voice of Love*, 117.

53. Karp, *Speaking of Sadness*, 125.

“hobble along ... gracefully and nobly” with depression is, for many, a transformative and life-giving realization. This unromantic possibility of situational flourishing is evident, too, in Daphne Merkin’s memoir. The famous writer recalls, “I once dreamed of conquering my depression for good, but I have come to understand that it is a chronic condition, as much a part of me as my literary bent.”⁵⁴ She continues, “If I can’t quite declare victory over my depression, I am giving it a run for its money, navigating around it, reminding myself that the opposite of depression is not a state of unimaginable happiness but a state of approximate contentment, of relative all-rightness.”⁵⁵ Merkin’s reflection mirrors a shift across many narratives of chronic and recurring depression. Consistently, sufferers recount the realization that what actually facilitates vitality is not the absolute eradication of their suffering but the expansion of possibilities that one experiences amid enduring depression. The ability of a sufferer to live well, the capacity to love those around her, is not, in fact, contingent upon the elimination of all depression from one’s life. It is contingent upon the emergence of possibilities for flourishing previously unperceived.⁵⁶

Possibilities beyond the “Walking-Death” of Depression

So far, this inductive sketch of grace’s effects has showcased examples of how phenomenological expansions of possibility exemplify the gratuitous and elevating life-giving effects of God’s loving presence in the midst of depression. The contextual effects of grace, like the gratuitousness of grace itself, exceed the will of the sufferer. Consistently, they also advance the sufferer’s perceived self-worth and compassion for others, which appear as instantiations of the love of self and neighbor often associated with grace’s elevating effects. How grace heals sin and evil in this context—the last of the three traditional elements of grace in the Christian tradition, according to Haight—returns us to the challenges that depression presents to this doctrine.

As noted previously, there are reasons why theologians might presume depression is an evil and therefore conclude that the mark of grace’s healing effects is the eradication of depression. I have argued against the sweeping identification of depression with evil, and I have additionally showed that the stories of depression sufferers do not evince an experience of cure, at least not in the form of a wholesale fix. Even as today’s medical

54. Daphne Merkin, *This Close to Happy: A Reckoning with Depression* (New York: Farrar, Straus & Giroux, 2017), 282.

55. Merkin, *This Close to Happy*, 283.

56. Delores Williams’s *Sisters in the Wilderness: The Challenge of Womanist God-Talk* (Maryknoll, NY: Orbis, 1993) is a fecund resource for exploring the limits of conceptualizing God’s loving presence within the singular framework of liberation from suffering. Likewise, I have argued that the vision of salvation presented in her alternative survival/quality-of-life paradigm resonates with the image of God at work in the world presented here. For more, see Jessica Coblentz, “Sisters in the Wilderness: Toward a Theology of Depression with Delores Williams,” in *An Unexpected Wilderness: Seeking God on a Changing Planet*, ed. Colleen Carpenter (Maryknoll, NY: Orbis, 2016), 193–203.

and therapeutic advancements can lessen depression's severity and enable a better quality of life for many who live with it, the effectiveness of these treatments varies significantly and no cure for depression presently exists. Joe Watson, Jr. speaks to this poignantly a year and a half after his hospitalization for depression. He writes, "I wish I could say that I am cured, but that is not true. In reality, this kind of thing almost never fully goes away. One must admit that. One must understand that, or it will eat you alive. The question now is not, 'Am I cured?' but rather 'How do I live?'"⁵⁷

To the extent that we witness grace's healing effects amid persistent depression, then, they do not take the form of depression's eradication. What grace affords is not a remedy for depression in general but an avenue beyond the most extreme, death-bound dimensions of depressive experience—that is, those manifestations of depression which, according to Swinton's definition, we would be right to call evil. At its worst, depression is constituted by an absolute absence of possibility—of agency, belonging, meaning, hope. Andrew Solomon fittingly labels this state of depression a "walking-death."⁵⁸ Expansions of possibility—of agency, however slight, and of the meaningful agency that comprises situational flourishing—are a remedial means for living with depression beyond this static, evil state.

"It is the walking-death quality of depression that I have tried to eliminate," Solomon explains.⁵⁹ For Solomon as for many others, that dimension of depression does indeed diminish, and when it does, they emphasize that this transformation does not represent a comprehensive cure. "I still experience episodes of depression—but they are different now," explains Meri Danquah.⁶⁰ What is different about this depression is that it coexists with possibilities of freedom and meaningfulness previously unavailable in depression's evil state. That such kinds of possibilities emerge from a state previously devoid of such possibilities is the mark of grace's healing effects.

The contingent moral assessment of depression that I derive from these narratives and that lends itself to this description of grace's healing effects is a departure from unqualified, negative moralizations of depression and the concomitant proposal of some Christians that, once psychological distress includes salutary possibilities, it should no longer be considered a mental illness. This view is often expressed indirectly in efforts to distance holy people who experience psychological distress from people with mental illness. The campaign to disavow postmortem speculations that Mother Teresa might have experienced depression is one recent example of this.⁶¹ Among such Christians, Anastacia Scrutton observes the following logic:

the spiritual experience of mental distress (of, say, a saint or other spiritual person) is fundamentally distinct from mental illness, even though they share some of the same

57. Joe Watson, Jr., "The End of Despair," *America*, December 19–26, 2016, <http://www.americamagazine.org/issue/end-despair>.

58. Solomon, *The Noonday Demon*, 38.

59. Solomon, *The Noonday Demon*, 38.

60. Meri Nana-Ama Danquah, *Willow Weep for Me: A Black Woman's Journey through Depression* (New York: W.W. Norton, 1998), 256.

61. Scrutton, "Two Christian Theologies of Depression," 278.

manifestations (such as periods of depression, hearing voices, and having visions). Therefore ... one can distinguish between pathological and spiritual (or “salutary”) kinds of depression and psychosis—the former is mental illness, and the latter is not.⁶²

Though this line of reasoning affirms the salutary potential of some psychological distress, which at first glance could present as a better and more phenomenologically attentive alternative to more simplistic moral assessments of depression, this perspective ultimately does so by doubling down on an unequivocally negative moralization of depression. Here, all depression is, by definition, unamenable to possibilities of flourishing. Scrutton criticizes this perspective for a host of philosophical reasons, but at the very least, we can recognize how the complex and shifting moralizations of depression in first-person narratives belie this reductive view of mental illness. Memoirs show us that some experiences of depression can also have salutary dimensions because of the emergent possibilities that some sufferers experience amid depression. By the grace of God, which engenders possibilities for life-giving transformation, sufferers can experience depression beyond its evil instantiations.

Finally, with regard to the healing effects of grace amid depression, I’ve noted that theologians must regard how associations of depressive suffering with evil might reify negative social valuations of mental health conditions. Social stigma relies on negative generalizations about depression, and one asset of the moral portrait that sufferers present is its resistance to sweeping stereotypes. If, as sufferers show, phenomenological fluctuations and the moral status of depression are entangled, then our understandings of depression must be plural and particular as well. When we follow the lead of depression sufferers, accounting for these contextual complexities in our descriptions of the work of grace amid depression, we, too, obviate the troubling historical tendency to demonize suffering bodies and position grace as their curative fix. In the sketch of grace’s effects presented here, depression is not an absolute evil, and grace is not its only remedy. Rather, it affirms that a good and meaningful life can include depression, insofar as grace affords sufferers possibilities of living beyond its particularly evil forms.

Conclusion

This article opened with Roger Haight’s reflection on suffering as a “problem of grace” that necessitates the attention of theologians, who should be able to offer some account of how God’s goodness can be experienced and known in the midst of suffering. If theologians take Haight’s charge seriously today, then we should be able to offer some response, however tentative, to sufferers of persistent depression such as Joe Watson, Jr., who wonders “How do I live?” How, by grace, might depression sufferers go on living? How might the loving presence of God make this living possible, even as depression persists? What are the possibilities of grace amid this persistent depression?


This article argues that first-person depression narratives offer us a portrait of how, by the work of God’s loving presence, many sufferers do go on living, even living well, with

62. Scrutton, “Two Christian Theologies of Depression,” 277.

this long and trying condition. In their stories, we witness the gratuitous, elevating, and healing effects of God's loving presence in the life-giving expansions of possibility that they experience. Through the entangled emergence of possibilities of small agency, situational flourishing, and life beyond the walking death of depression, many sufferers do come to "hobble along ... gracefully and nobly." I have also argued that discerning the work of grace in the midst of this condition requires that theologians regard the challenges this suffering introduces to our engagement of this doctrine. These challenges necessitate that we attend to the complexities and range of depressive experience, eschew abstract theological theories of suffering, and uphold the fluctuating and ambiguous moral status of depressive suffering. Together, they direct theologians back to concrete experiences of depression, wherein sufferers reveal how God is at work amid this harrowing condition.

Those who have died by suicide could not apprehend how to go on living with depression necessitates that I again reiterate the particularity of this account of grace's effects. Like Parker Palmer, we cannot explain why grace bears this fruit in the lives of some depression sufferers and not others. But we can help it along as best we can. We can do our part to accompany sufferers, whatever their situations, including those within our own theological guild. We can destigmatize and advocate for accessible mental health-care. We can resist all social injustices that contribute to and worsen depressive suffering. And we can humbly witness to the life-giving transformations that we recognize among the living. We can pray to see them more and more in a context of suffering where the possibilities of living at all—not to mention flourishing—so radically depends on them. And insofar as depression suffers welcome theologians into their search for God's loving presence in their lives, let us hope that our continued witness to the work of grace can aid them in discerning its life-giving possibilities amid persistent depression.⁶³

ORCID iD

Jessica Coblentz  <https://orcid.org/0000-0003-0780-8398>

Author Biography

Jessica Coblentz (PhD, Boston College) is assistant professor of religious studies at Saint Mary's College (Notre Dame, IN). Her recent publications include "Mary Daly's *The Church and the Second Sex* after Fifty Years of US Catholic Feminist Theology," coauthored with Brianne A. B. Jacobs, *Theological Studies* 79 (2018), and "Forgetting and Repeating the Theological Racism at 'Theology in the Americas,'" in *American Catholicism in the 21st Century: Crossroads, Crisis, or Renewal?*, College Theology (Orbis, 2018).

63. Thanks to all those who offered feedback on this article, especially to the journal's generous and exceptionally helpful reviewers, and to Elizabeth Antus and Paul Crowley, my collaborators on the panel that first occasioned this article.