



Christian Reflection

A Series in Faith and Ethics

Focus Article:

📖 In Pursuit of Sophia:
On Pilgrimage with
Depression and *Acedia*
(*Acedia*, pp. 26-35)

Suggested Article:

📖 Diagnosing *Acedia* and Its
Spiritual Neighbors
(*Acedia*, pp. 88-93)

What do you think?

Was this study guide useful
for your personal or group
study? Please send your
suggestions to
Christian_Reflection@baylor.edu.

Christian Reflection

Institute for Faith and Learning
Baylor University
One Bear Place #97270
Waco, TX 76798-7270
Phone 1-254-710-4805
www.ChristianEthics.ws

© 2013 Institute for Faith and Learning

Depression and Acedia

Everyone faces *acedia* in their lives. Some people also face clinical depression, and it seems that depression and *acedia* tend to occasion one another. Depression, with the disruption it causes life and its general effect on overall temperament, allows a foothold for *acedia* to thoroughly ensnare one's life.

Prayer

O God, you are the source of every good and perfect gift. We thank you for this time set aside for us to study together, to honor and praise you, and to rest in your presence.

We pray that we will be present to one another and to you as you are present with us. When our hearts are overflowing with joy, the others here amplify our songs and prayers and reflections; when our hearts are too heavy, they sing and pray and reflect for us. Thank you for bringing us together in this place and drawing us into your life and light.

In the name of the Father, the Son, and the Holy Spirit we pray.
Amen.

Scripture Reading: Psalm 91:1-2, 5-6, 13-14

Reflection

The confident praise "My refuge and my fortress; my God, in whom I trust" (Psalm 91:2) is hardly a Pollyannaish bromide. The psalmist recognizes the dangers of war, mishap, and disease that plague people day and night, but still trusts in God's protection. These hopeful words specifically fortified fourth-century desert Christians to resist the mental onslaught of "the demon at noon" (v. 6b, Septuagint), which they identified as *acedia*. They continue to inspire psychiatrist Andrew Michael, who has explored both the differences and possible interactions between clinical depression – or, Major Depressive Disorder (MDD) – and the vice of *acedia* in order to help his patients find healing.

MDD is presumed to be a brain condition that can be alleviated with medications. It is diagnosed when a person has five or more of these symptoms over a two-week period: depressed mood, diminished pleasure in activities, increase or decrease in appetite and weight, insomnia or desire to sleep to avoid the day, either restlessness or slowed behavior, loss of energy, inability to concentrate or make decisions, and recurrent thoughts of suicide. Michel is glad that people who experience these symptoms, when viewed through the "clinical lens of psychiatry," are not judged or condemned. "Psychiatry has the capacity to separate the person from the disorder and within this opening suffering persons sometimes find the room to breathe and live."

However, some who receive the best psychotropic treatments for MDD do not flourish; something else seems to be plaguing them. Michel wonders if in some cases their body's disposition toward depression makes them extremely predisposed to the vice of *acedia*. "I was initially concerned that such a notion might turn into a project in moralizing," he admits. "Yet, to my delight, as I have explored the richness of *acedia*, I have paradoxically discovered that...rather than heaping judgment on a person, the recognition of *acedia* offers an invitation to abundant living. *Acedia*, as one doorway into the moral life, restores the possibility that a person might choose what is beautiful and good."



Christian Reflection

A Series in Faith and Ethics

Robert B. Kruschwitz, the author of this study guide, is Senior Scholar in The Institute for Faith and Learning at Baylor University. He serves as General Editor of *Christian Reflection*.

© 2013 Institute for Faith and Learning

Noting that “*acedia* is a disdain for that life inside of one that would participate with God,” Michel pinpoints the vice as “a failure to celebrate the image of God in one’s human nature.” This suggests to him that two movements are required of those who suffer from this troubling condition. With support from a spiritual guide, one must:

- ▶ *love God enough to simply receive God’s imprint in one’s life.* “The invitation of God in the moral life is not to a stringent striving but to a gentle day-by-day decisiveness in being God’s friend in a new way of living,” Michel writes. “To oppose *acedia* is not to be busied with work, as we might assume, but rather to find rest for our souls” (cf. Matthew 11:28-30). Often the person “may even need to borrow on the conviction of a guide in the spiritual life to come to know how deeply she is loved over a long period and to notice how she bears the imprint of God’s goodness and beauty.”
- ▶ *let go of any attachment to sameness and safety.* This movement is more difficult and may cause anxiety, but “this is what it means to be loved, for God is interested in directing us to be what we are most meant to be.” The person might start with small steps of embracing a concern for others, developing an interest in the world, and so on, that reflects God’s specific call on their life. Michel points out, “God can take whatever small gesture is possible and multiply it in abundance.”

The diagnosis “of *acedia* is an invitation to take seriously the moral life” that “will involve ongoing participation in suffering, to the end of character transformation,” Michel concludes. This will require effort (though not inordinate effort) and progress may be slow. But in the movement toward “becoming friends with God in restful, joyful activity rather than falling into either stagnation or frenzied work” we are assured of God’s provision, often through spiritual friends who encourage and guide us.

Study Questions

1. Clinical depression (MDD) and the vice of *acedia* are often confused. What symptoms are common to these conditions? How might clinical depression predispose a person to *acedia*?
2. Describe the key differences between what Andrew Michel calls the “psychiatric discourse around MDD” and the “moral discourse around *acedia*.” In his view, can one discourse replace the other, or do we need them both? Do you agree?
3. What steps does Michel commend for responding to *acedia*? Why does taking these steps often require the help of a spiritual guide or friend?
4. Consider how Michel characterizes “the moral life.” What aspects of the moral life make it difficult for persons who suffer from depression and *acedia*? What aspects make it possible for them?

Departing Hymn: “I Lift My Prayer to Thee” (verses 1, 2, and 5)

Depression and *Acedia*

Lesson Plans

<i>Abridged Plan</i>	<i>Standard Plan</i>
Prayer	Prayer
Scripture Reading	Scripture Reading
Meditation	Meditation
Reflection (skim all)	Reflection (all sections)
Questions 1 and 3	Questions (selected)
Departing Hymn	Departing Hymn

Teaching Goals

1. To articulate the differences between clinical depression and *acedia*.
2. To outline the steps that someone who suffers from both conditions might take to respond to *acedia*.
3. To discuss the relationship between the discourse of psychiatry and the discourse of spiritual guidance more generally.

Before the Group Meeting

Distribute copies of the study guide on pp. 4-5 and ask members to read the Bible passage in the guide. Distribute copies of *Acedia (Christian Reflection)* and ask members to read the focus article and suggested article before the group meeting.

Begin with a Story

"She came to me not as a pilgrim in the desert but as a patient in the clinic. I was not her spiritual director but rather her psychiatrist," Andrew Michel begins in the case study he constructed from his experiences for this study of *acedia* and depression. "She was an undergraduate student whose studies had been interrupted by a suicide attempt late in the course of a semester. Life's cruel forces had knocked her down, and she lacked the inner resources to remain steady in the face of hardship. She did not see herself as being on a spiritual or moral quest, but simply wanted to feel good, or when that failed, to escape the pain she felt. ...

"Sophia's hopes for a life worth living would surface on her good days only to be drowned out by ensuing waves of despair on bad days, which remained numerous. On these dark days, she lacked the motivation to rise from slumber and seemed to be afflicted by some force which burdened her with the slow, torpid torture of ennui, like a great yawn that persisted through the day and threatened to carry her into the abyss of despair.

"What was this force that left Sophia stranded on the edge of the abyss?"

Prayer

Invite members to share their personal celebrations and concerns with the group. Provide time for each person to pray silently. Conclude by reading the unison prayer in the study guide.

Scripture Reading

Ask a group member to read Psalm 91:1-2, 5-6, 13-14 from a modern translation.

Reflection

Because the vice of *acedia* and the medical condition of clinical depression, or Major Depressive Disorder (MDD), can have similar symptoms, some people believe that the modern psychiatric diagnosis depression should replace the ancient spiritual diagnosis of *acedia*. Other people strongly disagree; they think that this would be a case of psychiatry overstepping its bounds and wrongly treating a spiritual disease with pharmaceuticals. Psychiatrist Andrew Michel charts a middle course: he carefully distinguishes the two conditions. Some of his patients suffer from both depression and *acedia*, but his responses to these disorders are quite different.

As you discuss this study in your group, be sensitive to members' experiences of depression in their own life, or among family members and friends. They may have strong feelings – pro or con – regarding professional psychology and psychiatry in general.

Study Questions

1. Recall that the twin symptoms of *acedia* are despairing laziness and desperate busyness. Discuss which of the nine symptoms of clinical depression listed in the study guide are similar to one of *acedia's* symptoms.

Describing how clinical depression might predispose a person to *acedia*, Andrew Michel writes, "The experience of depression, with the disruption it causes life and its general effect on overall temperament, allows a foothold for *acedia* to thoroughly ensnare one's life." For instance, in his constructed case he describes Sophia as "assaulted by a mental condition [clinical depression] that would make it hard to muster the resolve and energy to care about these internal goods in herself [of God's friendship]."

The interaction goes the other direction too: the vice of *acedia* can make it difficult to experience the healing from depression. Michel writes, "Sophia also appears to be in a moral battle against *acedia*, which would oppose any fruit-bearing of these internal goods."

2. Michel says "the [psychiatric] discourse around MDD invites a passive sufferer of a presumed brain condition to find her condition resolved by external forces (medical prowess). The psychiatric narrative... demands less effort on the part of the suffering person." By contrast, "the discourse around *acedia* is an invitation to take seriously the moral life. ... [It] invites the pilgrim into a journey toward healing via taking up with a moral life. The moral life will involve ongoing participation in suffering, to the end of character transformation. It is a seemingly slower process and involves more effort (though importantly, not inordinate effort) on the part of the person, who is seen as one agent (alongside many others) at work in her life." He summarizes: "One is a secular discourse; the other has roots in a spiritual tradition. One is utilitarian, focused around finding pleasure and alleviating pain; the other is teleological, focused on reaching one's true end, which will entail both joy and sorrow."

Michel sees value in each discourse, or way of understanding ourselves. "For psychiatry to find its proper place in the order of aids to human flourishing, it will have to be held there by internal and external pressures that are rightly ordered," he believes. "The problem is not so much with psychiatry itself but with efforts from within and without to make it a primary arbiter over the human condition without input from other perspectives. Psychiatry, when misused, may eclipse the felt need of giving attention to the moral life."

3. Michel describes two steps in response to *acedia*: (1) love God enough to receive God's imprint in one's life, and (2) be open to the growth that loving God entails. A spiritual guide may be required for each step. In the first step, a person "may even need to borrow on the conviction of a guide in the spiritual life to come to know how deeply she is loved over a long period and to notice how she bears the imprint of God's goodness and beauty." In both steps "she will likely require guides and spiritual friends to help her on her way, to uncover and embrace the divine nature at work in her." Invite members to share specific ways that spiritual friends have helped them embrace God's love and the change it requires.
4. Following Thomas Aquinas, Michel characterizes the moral life as being united with God in the bond of friendship. The gift of friendship is offered by God, and our "effort" is receiving and welcoming the relationship. Michel notes, "The invitation of God in the moral life is not to a stringent striving but to a gentle day-by-day decisiveness in being God's friend in a new way of living." But, these steps into divine friendship will be difficult for a person who suffers from depression because it requires "suspend[ing] the negative thoughts she has of herself, letting go of the image she has maintained of herself as inherently bad."

Friendship with God is possible for us because God's Spirit actively draws us to God, often through the mediation of spiritual friends who encourage and guide us. God will graciously honor the steps we take in the moral life; God will "take whatever small gesture is possible and multiply it in abundance" as we develop habits of response to his love.

Departing Hymn

"I Lift My Prayer to Thee" is on pp. 67-69 of *Acedia*. If you choose not to sing the hymn, you may read the text in unison or silently and meditatively as a prayer.