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EXPLORING DESTRUCTIVE AND REDEMPTIVE SUFFERING: AN EXISTENTIAL INQUIRY INTO RESILIENCY AND DEPRESSION

This dissertation by Scott M. Kiser has been approved by the committee members below, who recommend it be accepted by the faculty of Saybrook Graduate School and Research Center in partial fulfillment of requirements for the degree of

Doctor of Philosophy in Psychology

Dissertation Committee:

____________________________
[Signature]                      ________________________
Thomas Greening, Ph.D., Chair     Date

____________________________
[Signature]                      ________________________
Kirk Schneider, Ph.D.            Date

____________________________
[Signature]                      ________________________
David Lukoff, Ph.D.              Date
EXPLORING DESTRUCTIVE AND REDEMPTIVE SUFFERING: AN EXISTENTIAL INQUIRY INTO RESILIENCY AND DEPRESSION

Scott M. Kiser
Saybrook Graduate School and Research Center

This research studied the contrast between destructive suffering and redemptive suffering as resiliency outcomes in depression, particularly focusing on the factors that contribute to and differentiate them. A review of foundational literature discussed the writings of Søren Kierkegaard, Friedrich Nietzsche, Rollo May, as well as the literature on posttraumatic growth, hardiness, and empirical studies relating to resiliency. Case study methodology was used for research design and a phenomenological method was utilized for data analysis. Three female and two male adults participated in an intensive interview and were asked to complete a self-report questionnaire as well as the Posttraumatic Growth Inventory. The participants were all individuals who have experienced episodes of clinical depression, were involved in professional treatment, and were not undergoing an acute episode during participation. Results for each participant have been presented as an individual case study, and a cross-case analysis has articulated essential converging and diverging themes among the distinct case studies. Central contributing factors to the two contrasting outcomes include the presence or absence of social/relational support, therapeutic process, spirituality, and chosen response. The
participant’s chosen response toward his or her depression-related suffering emerged as the most essential contributing factor. When participants chose to define their painful depression in purely negative terms, viewing it as something that is only damaging and thus avoiding/denying it, destructive outcomes resulted. When participants chose to define their painful depression in more positive terms, viewing it as a source of potential growth and thus actively engaging/working through it, it became redemptive and constructive outcomes resulted. The results have been discussed in light of the reviewed literature, and limitations, delimitations, and implications for further research have been provided.
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CHAPTER 1: INTRODUCTION

Overview

The purpose of this dissertation research was to study resiliency outcomes for experiences of clinical depression. Its fundamental goal was to expand the established framework for contemporary views of resiliency, particularly as it applies to the outcomes of depressive episodes. Therefore, an alternative model of resiliency is presented, a tentative conceptualization that attempts a deeper and more comprehensive understanding of this construct within the context of depression. The contrasting outcomes of destructive suffering and redemptive suffering are introduced, with the intention of discovering the central factors that both contribute to and differentiate them. The results of the study are evaluated in terms of the extent to which they demonstrate support for these outcomes as well as potential contributing and differentiating factors that are evident in the reviewed literature.

Research Questions

The research questions for this study are what are factors that contribute to and differentiate the destructive suffering and redemptive suffering outcomes of depression? To what extent is chosen response/meaning-creation a central factor? Do the destructive suffering and redemptive suffering outcomes significantly enhance the contemporary understanding of resiliency, particularly regarding clinical depression; do they account for a deeper dimension of resiliency that is missing from current views of this phenomenon?
Definition of the Phenomena under Investigation

Although people experience suffering in varying and idiosyncratic ways, an essential characteristic that appears to define it for many people is that of *brokenness* (Bolger, 1999). A pervading sense of being broken seems to be at the core of our suffering, a sense that one’s self is breaking apart and no longer whole or unified. A rupture occurs within the integrity of an individual’s being, invalidating the previously established integration that provided a meaningful framework for his or her self-identity. Whereas prior to the experience of suffering an individual experienced his or her existence as relatively intact and stable, his or her existence is now experienced as fragmented or broken.

The destructive suffering outcome is an outcome in which an individual’s suffering within the depressive episode is only self-destructive; that is, it results only in a negative and damaging impact on the individual. The experience of oneself as broken, fragmented, and disunified intensifies, deepens, and solidifies into a firmly entrenched and enduring state of being.

The redemptive suffering outcome is an outcome in which an individual’s suffering within the depressive episode is self-transforming; that is, it results in a positive and constructive outcome. It involves the transformation of this sense of brokenness into a sense of wholeness, that one’s brokenness is overcome, redeemed, and made into a source of wholeness. The suffering that was fragmenting and disintegrative now becomes redemptive by restoring and deepening a sense of meaningful integration to the individual’s existence.
Rationale for the Study

The researcher must acknowledge that he is introducing new conceptual terms into the framework of psychological resiliency, terms, which to his current understanding, appear to have no prior basis in the literature. Although these terms do seem to signify constructs that are, to some extent, present regarding the phenomenon of resiliency, the researcher introduces them in response to perceived limitations concerning resiliency constructs in the literature.

For instance, many resiliency studies appear to discuss resiliency explicitly in terms of factors that promote resiliency and only vaguely imply the presence of factors that inhibit resiliency (Campbell & Demi, 2000; Meek et al. 2003; Ridgway, 2001). The researcher believes that both sides are crucial within the phenomenon of resiliency and hopes to offer something of value to the resiliency literature through a study of the destructive suffering outcome in this proposed research. The conceptualization of a destructive suffering outcome not only can enhance an understanding of inhibiting factors, but also can provide valuable insight into suffering that ultimately becomes self-destructive. When applied to the specific area of depression, such an insight has strong potential to advance our understanding of how and why the suffering within depression becomes self-destructive.

Many resiliency studies neglect a deeper and more vital dimension of resiliency, that of redemptive suffering (Campbell & Demi, 2000; Meek, et al., 2003; Ridgway, 2001). The researcher believes that inquiries into the process and outcome of resiliency need to go beyond a focus on mere static factors; the goal should be discovering how suffering can be transformed into a source of redemption. Therefore, the
conceptualization of a \textit{redemptive suffering outcome} seems to be valuable given the clear need to explore the phenomenon of resilience in greater depth. When applied to the specific area of depression, such a conceptualization has strong potential to advance our understanding of how and why the suffering within depression becomes redemptive and self-transforming.

In view of the apparent need for a greater emphasis on inhibiting factors and for enhancing current perspectives on promoting factors in the resiliency literature, these proposed outcomes can illuminate a deeper dimension within the phenomenon of resiliency. What is most crucial and vital regarding the experience of resiliency is the function and ultimate outcome of an individual’s suffering, understanding how it becomes destructive and how it can become redemptive. Regarding the particular suffering within depression, it is imperative to understand how such an intensely painful and often incapacitating experience can become a source of growth and greater wholeness, as well as what often keeps this from occurring.
CHAPTER 2: LITERATURE REVIEW

While acknowledging prominent figures within existential philosophy and psychology, such as Martin Heidegger, Jean-Paul Sartre, Abraham Maslow, and Viktor Frankl, there are three foundational thinkers within the existentialist framework whose writings appear to be essential in terms of their ability to provide valuable insights into the destructive suffering and redemptive suffering outcomes: Søren Kierkegaard, Friedrich Nietzsche, and Rollo May. As a primary aim here is to demonstrate a legitimate and compelling theoretical foundation for these outcomes, within the context of an existential inquiry, the selection of these specific authors is both fitting and crucial. Kierkegaard and Nietzsche are widely acknowledged as essential forerunners of modern existentialism, while Kierkegaard is typically identified as its father or originating source. Though formally defined as philosophers, both Kierkegaard and Nietzsche considered themselves psychologists, and their deep impact on existentially oriented depth psychology is well known. Rollo May is recognized as the father or originating source of existential psychology in the United States. A review of writings from these seminal thinkers will provide an effective synthesis of existentialist philosophy and psychology that will critically inform an explication of the destructive and redemptive suffering outcomes.

The literature on posttraumatic growth and hardiness is important to reference as it reveals contemporary views of resiliency-based constructs that are closely related to the destructive suffering and redemptive suffering outcomes. As such, it represents an antecedent basis for these outcomes, particularly for the latter.
Along with this theoretical groundwork, empirical studies offer a foundation for discussing these outcomes as an alternative conceptualization of resiliency. Several phenomenological studies provide a basis for the destructive suffering and redemptive suffering outcomes, while several non-depression specific resiliency studies reveal the apparent need for an expanded view of resiliency. Resiliency studies on clinical depression form an important basis for studying and explicating the unique resiliency constructs referred to as the destructive and redemptive suffering outcomes and their functional presence within the experience of depressive episodes. The review concludes with a discussion of these studies and their relationship to an expanded view of resiliency that emphasizes the roles of the destructive and redemptive suffering outcomes.

Søren Kierkegaard

The destructive and redemptive suffering outcomes are evident in several of Kierkegaard’s writings. They are present in his profound analysis of anxiety within his seminal work *The Concept of Anxiety* (1844/1980):

…This is an adventure that every human being must go through, to learn to be anxious in order that he may not perish either by never having been in anxiety or by succumbing in anxiety. Whoever has learned to be anxious in the right way has learned the ultimate. (p. 155)

As the following discussion reflects, there is an intimate relationship between the experience of anxiety and psychological suffering. The above quote suggests Kierkegaard’s view that the way in which a person experiences his or her anxiety determines whether or not he or she ultimately perishes, and whether the suffering within anxiety is destructive or redemptive. There is indeed a wrong and a right way to be anxious. The crucial task in relation to the destructive suffering outcome is to discover exactly what is involved in this *wrong way* response to the suffering within anxiety,
whereas the crucial task in relation to the redemptive suffering outcome is to discover exactly what is involved in this right way response to the suffering within anxiety.

Kierkegaard (1844/1980) defined anxiety as “freedom’s possibility,” and he made it abundantly clear that anxiety is extremely painful because possibility elicits fear and terror. Confronting possibility is terrifying because it involves the total range of potential experiences, the full continuum between awful and wonderful and, perhaps most essentially, because potentialities and possibilities cannot be controlled and threaten an individual’s sense of comfort and security. As Kierkegaard stated:

Whoever is educated by anxiety is educated by possibility, and only he who is educated by possibility is educated according to his infinitude. Therefore possibility is the weightiest of all categories…this possibility is commonly regarded as the possibility of happiness, fortune, etc. But this is not possibility…No, in possibility all things are equally possible, and whoever has truly been brought up by possibility has grasped the terrible as well as the joyful. So…such a person graduates from the school of possibility, and he knows better than a child knows his ABC’s that he can demand absolutely nothing of life and that the terrible, perdition, and annihilation live next door to every man…. (p. 156)

In his description of the person who is “educated by possibility,” Kierkegaard implied that the person who is not educated by possibility is that person who, in response to the anxiety of possibility, is not willing to honestly face the terrible aspects of existence and the suffering that this necessarily involves. This is clearly, for him, the wrong way to experience anxiety and the implication is that the person who chooses this way ultimately perishes from destructive suffering. The crucial dynamic that Kierkegaard emphasized here is a chosen response based on an avoidance and denial of the suffering that dwells at the center of anxiety, resulting in an individual’s self-destruction.

By contrast, the person who is “educated by possibility” is that person who, in response to the anxiety of possibility, is willing to face the terrible aspects of existence
and the suffering that demands. This constitutes the right way to experience anxiety, and
the person who chooses this way does not perish but rather “learns the ultimate.” Such
suffering is ultimately redeemed into an experience of greater wholeness (Kierkegaard,
1843/1974). Indeed, the remarkable aspect of anxiety is that it inherently, by virtue of its
nature, presents to the individual an opportunity to experience suffering in a way that
leads to further growth, self-transformation, etc. The crucial dynamic that Kierkegaard
emphasized here is a chosen response based on an acceptance of and active engagement
in the suffering that dwells at the center of anxiety, a dynamic movement that affirms this
opportunity and therefore creates the possibility of redemptive suffering. Kierkegaard
further elaborates this when he stated:

What I am saying here probably strikes many as obscure and foolish talk, because
they pride themselves on never having been in anxiety. To this I would reply that
one certainly should not be in anxiety about men and about finitudes, but only he
who passes through the anxiety of the possible is educated to have no anxiety, not
because he can escape the terrible things of life but because these always become
weak by comparison with those of possibility. (Kierkegaard, 1844/1980, p. 157)

So, paradoxically, rather than protect oneself from the suffering within anxiety, it is
vitaly necessary that one directly experience it; instead of resulting in a diminishing of
suffering, denial and avoidance actually result in its increase and perpetuation, while
accepting and facing it enable one to withstand it.

The two outcomes are more explicitly represented in The Gospel of Suffering
(1948) where Kierkegaard utilized the phrase *school of suffering*. The school of suffering
instructs a person concerning the optimal way to experience his or her suffering; the
individual can choose to obey the instruction, which requires a direct openness to and
acceptance of the suffering, or he or she can choose to refuse the instruction, which
means denying and avoiding an honest confrontation with the suffering. Kierkegaard vividly described the outcome of disobedience in the following way:

The suffering itself is, humanly speaking, the first danger, but the second, the even more terrible danger, is: If one failed to learn obedience! Suffering is a hazardous kind of instruction, for if one does not learn obedience, oh then it is terrible; it is like the strongest medicine when it acts in the wrong way…if he does not learn obedience, he may learn the most pernicious things, learn cowardly despondency, learn to quench the spirit, learn to suppress all the noble fires within him, learn defiance and despair. (p. 54)

The last part of this passage provides another expression for Kierkegaard’s view of the destructive suffering outcome. The result of being disobedient toward one’s suffering, of refusing to experience it as a valuable opportunity for further learning and growth, is that it becomes destructive rather than redemptive.

However, a response of obedience toward one’s suffering results in a redemptive suffering outcome. Kierkegaard (1948) vividly described the process and outcome of obedience to this school in the following way:

Suffering indeed frequently comes from without, but it is only when the suffering is assimilated in the inner man that the instruction begins. Many sufferings may rush in upon a man, and a man may in turn succeed in rushing, as they say, to preserve his health, that is, he may succeed in preventing himself from beginning on the instruction of suffering…but only inwardness in suffering wins the eternal. When a man suffers and is willing to learn from what he suffers…he is being trained for eternity (pp. 55-56, italics in original).

Here we have an excellent description of how the process of redemptive suffering actually works and of how its outcome is achieved. An individual will always experience suffering that is inflicted from external causes, but what is most important, what his or her health and growth ultimately depend on, is how he or she chooses to experience that suffering. If he or she chooses to confront, engage in, and learn from it, then it becomes
redemptive as it actualizes his or her eternal self or greater wholeness. This is further revealed when Kierkegaard (1948) stated:

Moreover, if you, disciplined through suffering, have ever submitted yourself in perfect, unconditional obedience, then you have also felt the eternal present in yourself, you have found the rest and peace of the eternal in yourself. For where the eternal is there is rest, but there is unrest where the eternal is not present. (p. 57)

The paradoxical dynamic within the redemptive suffering outcome is also present here, as Kierkegaard continued, “But if diversions, under the pretense of driving away this unrest increase it, then will sufferings, which seem to increase the unrest, drive it away” (p. 57). Again, we see that avoiding suffering only increases its destructive impact, while accepting it diminishes this impact, making it redemptive.

In his work *The Sickness unto Death* (1849/1974) Kierkegaard offered a brilliant analysis of the phenomenon of despair, in which the destructive and redemptive suffering outcomes are vividly and forcefully presented. He asserted that despair is the “sickness unto death,” by which he appears to mean the process of destructive suffering that is essentially self-destruction. He discusses several distinct forms of despair; however, the form that he considers the most severe, “the despair of willing despairingly to be oneself in defiance,” seems to correspond particularly well to the destructive suffering outcome.

This form of despair is the culmination of the lower forms of despair, which begin with some external misfortune that happens to a person. The person experiences suffering, and not wanting to deal directly with it, chooses to deny and avoid it, meaning that the person is not willing to be the self that he or she actually is, the self that must accept and come to terms with his or her particular life difficulties. The person avoids a deeper awareness of the painful difficulties that necessarily follow from a decision to
become the definite and concrete self that he or she is capable of being. Therefore, the person denies a greater consciousness of his or her true, potential self and instead wills to be some other self who lives some other life than his or her own. The person cannot completely avoid an awareness of this suffering, however, and as the person becomes more conscious of the extent to which he or she is willing against the true self, the condition of despair evolves to that most serious form which is defiance.

At this advanced level the person defiantly wills to be the self that he or she is, meaning, however, the illusory self that he or she is desperately clinging to, the self that still is not willing to directly face and accept the reality of its suffering. Kierkegaard (1849/1974) described the intense nature of this defiance, which clearly represents a response to suffering based on denial and avoidance:

A self which in despair is determined to be itself winces at one pain or another which simply cannot be taken away or separated from its concrete self. Precisely upon this torment the man directs his whole passion, which at last becomes a demoniac rage…with hatred for existence it wills to be itself in terms of its misery…revolting against the whole of existence, it thinks it has hold of a proof against it, against its goodness. This proof the despairer thinks he himself is, and that is what he wills to be, therefore he wills to be himself, himself with his torment, in order with this torment to protest against the whole of existence. (pp. 206-207)

There may perhaps be no greater description of the destructive suffering outcome. Rather than open oneself to the reality of one’s suffering, actively accept and take responsibility for it as one’s own and attempt to explore the full range of its potentialities, the person chooses to continue to respond with denial and avoidance. This manifests in extreme resentment and a sense of victimization that can only attack and blame everything around him or her. The paradoxical dynamic is again evident, that protecting oneself from suffering does not alleviate it but only perpetuates it and results in self-
destruction. Kierkegaard (1849/1974) referenced an example of a positive or constructive paradox, stating, “...by the aid of the eternal the self has courage to lose itself in order to gain itself. Here on the contrary it is not willing to begin by losing itself but wills to be itself” (p. 201). The courage needed to surrender one’s false self demands painful sacrifice, a willingness to confront one’s suffering, and thus Kierkegaard’s view of the fundamental cause of the destructive suffering outcome is again evident, a refusal to actively engage and explore one’s suffering.

The first step toward a redemptive suffering outcome, by contrast, is to become more conscious of one’s state of despair; that one is denying and avoiding one’s actual self, the self with its life difficulties for which he or she is responsible. Kierkegaard (1849/1974) stated:

…When the enchantment of illusion is broken, when existence begins to totter, then too does despair manifest itself as that which was at the bottom…Despair itself is a negativity, unconsciousness of it is a new negativity. But to reach truth one must pierce through every negativity. (p. 177)

The process of redemptive suffering begins with an initial, honest commitment to break through and expose the illusions concerning the self that one is avoiding; a person must acknowledge that he or she is avoiding the experience of his or her suffering. This same dynamic is apparent in Kierkegaard’s statement, “But if repentance were to emerge, one would first have to despair completely, to despair out and out, and then the spirit-life might break through from the very bottom” (p. 193). Here we have a bold declaration of what the redemptive suffering outcome, the spirit-life, requires; one must penetrate deeper into a direct experience of one’s despair, which demands an engaging in and actively processing of the suffering within one’s despair.
Even in such an extreme state of defiance, the redemptive suffering outcome is possible and open to the individual. Kierkegaard (1849/1974) stated:

Then comes defiance, which really is despair by the aid of the eternal, the despairing abuse of the eternal in the self to the point of being despairingly determined to be oneself. But just because it is despair by the aid of the eternal it lies in a sense very close to the true, and just because it lies very close to the true it is infinitely remote. The despair which is the passage-way to faith is also by the aid of the eternal: By the aid of the eternal the self has courage to lose itself in order to gain itself. (p. 201)

How supremely paradoxical that the more destructive is a person’s suffering the closer he or she comes to a potential redemptive suffering outcome! This is critical to understanding the way in which this outcome is achieved; that in fact one’s very suffering can become the source of one’s redemption. Kierkegaard (1849/1974) also stated, “For just because this despair is more intense, salvation is in a certain sense nearer. Such a despair will hardly forget, it is too deep; but despair is held open every instant, and there is thus possibility of salvation” (p. 196). The consciousness that makes self-destruction possible is the consciousness that makes salvation possible as well.

Friedrich Nietzsche

The destructive and redemptive suffering outcomes are powerfully evident throughout the writings of Nietzsche. A foundation for his understanding of them is actually found in an intimate confession that he made in a letter to a close friend regarding personal experiences that lead to profound suffering in his life. He wrote:

This last bite of life was the hardest I have chewed yet, and it is still possible that I may suffocate on it. I have suffered of the ignominious and tormenting memories of this summer as of a madness...I tense every fiber of my self-overcoming...If I do not discover the alchemists’ trick of turning even this filth into gold, I am lost. Thus I have the most beautiful opportunity to prove that for me “all experiences are useful, all days holy, and all human beings divine”!!!! (Kaufmann, 1974, p. 59, italics in original)
This reveals the vital essence of Nietzsche’s view of the two contrasting outcomes. What makes the difference between suffering that becomes destructive and suffering that becomes redemptive is one’s response toward that suffering, whether or not one chooses to experience it as an opportunity for growth.

Nietzsche’s conception of self-overcoming is of crucial importance here, as it signifies an individual’s overcoming of the desire to protect him or herself from suffering by maintaining personal security and comfort. In Nietzsche’s (1883-1885/1995) provocative and influential work, Thus Spoke Zarathustra: A Book for All and None, he wrote, in Zarathustra’s speech “On Self– Overcoming”:

And life itself confided this secret to me: “Behold,” it said, “I am that which must always overcome itself...Where there is perishing and a falling of leaves, behold, there life sacrifices itself– for power. That I must be struggle and a becoming and an end and an opposition to ends...Whatever I create and however much I love it– soon I must oppose it and my love; thus my will wills it. (p. 115, italics in original)

Further growth and personal empowerment demand the perishing or sacrificing of one’s present state of being, which inherently and unavoidably requires suffering. Resistance to this necessary suffering is what initiates the process of self-destruction, whereas its acceptance is what makes redemption possible. As Zarathustra states in his speech “On Virtue That Makes Small”:

I walk among this people and I keep my eyes open: They have become smaller, and they are becoming smaller and smaller; but this is due to their doctrine of happiness and virtue. For they are modest in virtue, too, because they want contentment...At bottom, these simpletons want a single thing most of all: That nobody should hurt them. This, however, is cowardice, even if it be called virtue. (Nietzsche, 1883-1885/1995, pp. 169-170, italics in original)

The process of self-destruction and its outcome, individuals becoming smaller, results from an avoidance response toward suffering.
Zarathustra beautifully and powerfully expresses the acceptance of suffering, and its result in the redemptive suffering outcome, in his speech “The Wanderer”:

I stand before my final peak now...Alas, now I must face my hardest path! ...But whoever is of my kind cannot escape such an hour, the hour which says to him: “Only now are you going your way to greatness! Peak and abyss, they are now joined together...Now what was gentlest in you must still become the hardest. He who has always spared himself much will in the end become sickly of so much consideration...Before my highest mountain I stand and before my longest wandering; to that end I must first go down deeper than ever I descended, deeper into pain than ever I descended, down into its blackest flood. Thus my destiny wants it. Well, I am ready...It is out of the deepest depth that the highest must come to its height. (Nietzsche, 1883-1885/1995, pp. 152-154, italics in original)

Through Zarathustra as his mouthpiece, Nietzsche articulated his core value regarding the experience of suffering: In order for it to result in further growth and transformation, it must not be avoided but actively accepted and directly engaged. One notes the startlingly paradoxical imagery that Nietzsche employs to communicate his view of the redemptive suffering outcome. The peak is only actualized through a descent into the abyss; the highest comes to its height only out of the deepest depth. One’s suffering is redeemed and transformed into a source of greater wholeness when one decides, essentially, “I am ready,” meaning that one hardens rather than spares oneself in response to suffering; rather than deny or avoid it one engages it so fully as to descend into its blackest flood.

This dynamic tension between hardening and sparing oneself in response to suffering is central to Nietzsche’s intricate conception of pity and its relationship to self-overcoming and the two contrasting outcomes. Pity, according to his conception, is precisely the choice to rescue and remove oneself and others from suffering at all cost, to spare one and others from suffering that is necessary for further growth to occur.
Nietzsche sharply contrasts this pity with a very different type of pity that he strongly advocated in the following passage from *Beyond Good and Evil* (1886/1989), a passage quoted at length due to its remarkable content:

> Our pity is a higher and more farsighted pity: We see how *man* makes himself smaller, how *you* make him smaller...You want, if possible, and there is no more insane “if possible,” to abolish suffering. And we? It really seems that *we* rather have it higher and worse than ever…The discipline of suffering, of *great* suffering, do you not know that only *this* discipline has created all enhancements of man so far? That tension of the soul in unhappiness which cultivates its strength, its shudders face to face with great ruin, its inventiveness and courage in enduring, persevering, interpreting, and exploiting suffering...was it not granted to it through suffering, through the discipline of great suffering? In man *creature* and *creator* are united: In man there is material, fragment, excess, clay, dirt, nonsense, chaos; but in man there is also creator, form-giver, hammer hardness, spectator divinity, and seventh day: do you understand this contrast? And that *your* pity is for the “creature in man”…that which necessarily must and should suffer? And *our* pity– do you not comprehend for whom our *converse* pity is when it resists your pity as the worst of all pamperings and weaknesses? Thus it is pity *versus* pity. (pp. 153-154, italics in original)

Here we have in concentrated form the very essence of Nietzsche’s view concerning two contrasting ways of experiencing suffering, contrasting experiential modes that directly correspond to the destructive and redemptive suffering outcomes. He is sharply contrasting two types of pity, one that is rooted in a value of accepting suffering as a stimulant to growth and one that is rooted in a value of denying suffering in the interest of being comfortable. The latter is clearly associated with the destructive suffering outcome, as he said, echoing a previously quoted passage, it results in human beings becoming smaller. Paradoxically, the avoidance and denial of suffering is in fact what causes it to become purely destructive. The former is clearly associated with the redemptive suffering outcome, as it brings about the ultimate enhancement or transformation of a human being. What redeems our suffering is this dynamic re-interpreting and exploiting of it, redefining its meaning and making it into something
potentially transformative rather than purely destructive. The pity that Nietzsche despises is nearsighted because it can only acknowledge the short-term value of comfort and does not see where this value ultimately leads, whereas the farsighted pity that he advocates recognizes the long-term value of pain and suffering; that it can ultimately be redemptive.

Nietzsche also identified two distinct types of suffering which correspond directly to the previous discussion of opposing types of pity and, even more significantly, further reveal his conception of the destructive and redemptive suffering outcomes. In the *Gay Science* (1882/1974) he stated:

But there are two kinds of sufferers: First, those who suffer from the *over-fullness of life*—they want a Dionysian art and likewise a tragic view of life, a tragic insight— and then those who suffer from the *impoverishment of life* and seek rest, stillness, calm seas...intoxication, convulsions, anesthesia, and madness...He that is richest in the fullness of life, the Dionysian god and man...In his case, what is evil, absurd, and ugly seems, as it were, permissible, owing to an excess, of procreating, fertilizing energies that can still turn any desert into lush farmland. Conversely, those who suffer most and are poorest in life would need above all mildness, peacefulness...a certain warm narrowness that keeps away fear and encloses one in optimistic horizons. (p. 328, italics in original)

What is most significant concerning this particular passage is the fact that Nietzsche described the experience of two distinct types of sufferers, which seem to parallel that of the destructive and redemptive suffering outcomes. Those who suffer most, those individuals whose suffering is destructive, suffer from “the impoverishment of life,” that is, from choosing to protect themselves from the suffering that is inherent to life itself. Those who are richest in the fullness of life, those individuals whose suffering is redemptive, suffer from “the over-fullness of life,” that is, from choosing to affirm and actively engage in the suffering that is inherent to life itself. A crucial dynamic here is that of interpreting the meaning of one’s suffering. Those who experience the destructive suffering outcome define their suffering as evil, absurd, and ugly, whereas those who
experience the redemptive suffering outcome choose to define their suffering as potentially good, meaningful, and beautiful (Nietzsche, 1882/1974).

This emphasis on accepting and defining suffering as a meaningful and natural part of life leads to one of Nietzsche’s (1882/1974) most important conceptions, the *eternal recurrence*, which is crucial to understanding his view of the destructive and redemptive suffering outcomes. It is essentially an existential challenge regarding the way to live in response to suffering, and significantly, Nietzsche presented two opposing responses that seem to directly parallel these two contrasting outcomes. He stated:

> What, if some day or night a demon were to steal after you into your loneliest loneliness and say to you: “This life as you now live it and have lived it, you will have to live once more and innumerable times more; and there will be nothing new in it, but every pain and every joy…will have to return to you…Would you not throw yourself down and gnash your teeth and curse the demon who spoke thus? Or have you once experienced a tremendous moment when you would have answered him: “You are a god and never have I heard anything more divine.” If this thought gained possession of you, it would change you as you are or perhaps crush you. The question in each and every thing, “do you desire this once more and innumerable times more?” would lie upon your actions as the greatest weight. Or how well disposed would you have to become to yourself and to life to crave nothing more fervently than this ultimate eternal confirmation and seal? (pp. 273-274, italics in original)

Other formulations of the eternal recurrence in Nietzsche’s works reveal that it is concerned not merely with the eternal return of any personal experience, but most essentially, with the experience of suffering, suffering that is necessary and inherent to life itself (Nietzsche, 1889/1954). Experiences of suffering recur with experiences of joy; they are inextricably bound to, and cannot be separated from, one another. As Zarathustra states:

> Have you ever said Yes to a single joy? O my friends, then you said Yes too to all woe. All things are entangled, ensnared, enamored; if ever you wanted one thing twice, if ever you said, “You please me, happiness! Abide, moment!” then you wanted all back. (Nietzsche, 1883-1885/1995, p. 323, italics in original)
Nietzsche is obviously advocating a response toward suffering that accepts and embraces it, with the implicit suggestion that such a response results in a positive or redemptive change, whereas he clearly is repudiating a denial and avoidance response, with the implication that this results in the crushing or destruction of a person. Actively accepting and engaging in the eternal recurrence results in a redemptive suffering outcome (Nietzsche (1992) referred to the eternal recurrence as “the highest formula of affirmation that can possibly be attained” [p. 69]), whereas denying and avoiding it results in a destructive suffering outcome.

Closely related to Nietzsche’s conception of the eternal recurrence is his conception of *amor fati*, love of fate, which brings this discussion full circle in terms of its direct relation to his previously cited letter. He stated:

> I want to learn more and more to see as beautiful what is necessary in things; then I shall be one of those who make things beautiful. *Amor fati*: Let that be my love henceforth! I do not want to wage war against what is ugly. I do not want to accuse; I do not even want to accuse those who accuse…And all in all and on the whole: Some day I wish to be only a Yes-sayer. (Nietzsche, 1882/1974), p. 223, italics in original)

This concept is central to Nietzsche’s philosophy and its presence throughout his writings reveals his view that this is the determining factor between the two contrasting outcomes, whether one chooses to love his or her suffering and use it to his or her advantage. The person who commits to an *amor fati* response toward his or her suffering chooses to interpret its ugliness as something beautiful, its bitter necessity as a challenge to overcome the weakness of self-pity and a valuable opportunity to become a stronger and more whole human being. This person says “Yes!” to his or her suffering, accepts, affirms, works through it, and therefore experiences a redemptive suffering outcome. However, the person who chooses not to love his or her suffering, but rather hates and
rejects it, who denies and avoids the challenge to his or her self-overcoming and its opportunity for greater wholeness, says a tragically decisive “No!” to his or her suffering and therefore experiences a destructive outcome.

Rollo May

The writings of Rollo May provide valuable insights into the destructive and redemptive suffering outcomes. One central example of responses toward suffering that he utilized in many of his writings, and which seems to represent these contrasting outcomes, is that of tuberculosis treatment, an experience with which he was intimately familiar in his own personal life:

Let us take as an illustration a situation in which people are very much controlled, namely when they are sick with a disease like tuberculosis. In almost every action they are rigidly conditioned by the facts that they are in a sanatorium under a strict regime, have to rest such and such a time, can walk only fifteen minutes a day, and so on. But there is all the difference in the world in how persons relate to the reality of the disease. Some give up, and literally invite their own deaths. Others do what they are supposed to do, but they continually resent the fact that “nature” or “God” has given them such a disease and though they outwardly obey they inwardly rebel against the rules. These patients generally don’t die, but neither do they get well…Other patients, however, frankly confront the fact that they are very seriously ill; they let this tragic fact sink into consciousness…They use the cruelly deterministic fact of being sick as an avenue to new self-knowledge. These are the patients who can best choose and affirm the methods and the self-discipline…which will bring them victoriously through the disease. They are the ones who not only achieve physical health, but who also are ultimately enlarged, enriched and strengthened by the experience of having had the disease. They affirm their elemental freedom to know and to mold deterministic events; they meet a severely deterministic fact with freedom. (May, 1953, pp. 163-164, italics in original)

May establishes a direct relationship between a passive response of avoidance toward the reality of suffering and the destructive suffering outcome. What is evident here, as well, is the specific identification of resentment in the avoidance response, which, significantly, appears to correspond to Nietzsche and Kierkegaard’s emphases on
this dynamic within the destructive suffering response pattern. The dynamic of
resentment clearly represents an unwillingness to accept the reality of suffering in one’s
life and to assume active responsibility for working through it, an orientation that thrives
on a victim sense of personal identity. When one is a victim in this way, someone else is
responsible for one’s life situation, which in the end, means that there is always someone
or something to blame for suffering that cannot be confronted. The irony, of course, is
that the victim role does not protect a person from suffering but rather insures that he or
she will experience an increased level of ongoing suffering, that is, self-destructive
suffering.

It is significant that May distinguished between the result of “achieving physical
health” and a result that involves being “enlarged, enriched and strengthened,” indicating
that the redemptive suffering outcome is based on something deeper than mere
adjustment or a return to normative functioning. These strong assertions affirm May’s
view that even the extreme and seemingly senseless suffering of an illness can be
redemptive if experienced as an opportunity for growth and constructive transformation.
Regarding his own experience with tuberculosis, May claimed that “a disease may
actually be a blessing in disguise in that it forces the person as my tuberculosis did me, to
take stock of his life and to reform his style of work and play” (May, as quoted in
Hannush, 1999, p. 135). The curse of one’s illness becomes a blessing, and one’s
suffering becomes redemptive, when they are interpreted as an opportunity for growth
and constructive transformation. The requirement for such an opportunity is clear and
unmistakable; that it depends on honestly confronting the brutal reality of one’s suffering,
absorbing the “tragic fact” into one’s consciousness. It is critically important, as well, to note that this type of response is what constitutes the individual’s freedom (May, 1953).

May addressed the issues of freedom and one’s response to limitations in his discussion of self-transcendence within the landmark work that he co-edited, *Existence: A New Dimension in Psychology and Psychiatry* (1958). Here he argued that self-transcendence is the capacity for the individual human being to transcend his or her immediate situation; although a person is limited and determined in many ways he or she is always, to some significant extent, free to choose a particular response to that which he or she cannot control. However, such freedom imposes a heavy burden of responsibility on the person, for to assume such responsibility demands a willingness to suffer in a confrontation with possibility. An individual must struggle through the painful anxiety of venturing beyond this immediate situation by actualizing emerging possibilities for a different way of being in a different and new “world.” May stated:

> The “self” is the capacity to see one’s self in these many possibilities. This freedom with respect to world…is the mark of the psychologically healthy person; to be rigidly confined to a specific “world”…is the mark of psychological disorder. (p. 76)

It is significant that May explicitly identified both psychological well-being and disorder, and that he related their respective causes to the dynamic of freedom. The surrounding context of his discussion of freedom demonstrates the point that psychological disorder is caused by the rejection of the suffering within anxiety, which is required by freedom. The suffering within the challenge of self-transcendence becomes destructive when it is refused and avoided. The surrounding context of his discussion of freedom also demonstrates the point that psychological well-being is rooted in an
acceptance of the suffering within anxiety. The suffering within the challenge of self-transcendence becomes redemptive when it is accepted and processed.

This view was further supported in May’s seminal work, *The Meaning of Anxiety* (1977), in which he extensively discussed the nature of anxiety, constructive and destructive responses to anxiety, and resulting outcomes of these responses. In his treatment of what he referred to as “destructive methods of dealing with anxiety,” it is clear that the root of destructive coping strategies is invariably a response based on a denial and avoidance of the suffering within anxiety. Indeed, May made this clear in his fundamental distinction between normal and neurotic anxiety when he stated, “neurotic anxiety is the result of the failure to cope with the previous anxiety situations in one’s experiences” (p. 375, italics in original). The presence of anxiety is central and unavoidable within human experience; it is actually indispensable for psychological well-being. Avoiding the suffering within anxiety stops a person from actualizing his or her inner potentialities, and therefore from achieving greater wholeness. He stated:

An enlarging of self-awareness occurs whenever one confronts and moves through new possibilities…To the extent that individuals seek to avoid anxiety, responsibility, and guilt feeling by refusing to avail themselves of their new possibilities, by refusing to move from the familiar to the unfamiliar, they sacrifice their freedom and constrict autonomy and self-awareness. “To venture causes anxiety, but not to venture is to lose oneself,” Kierkegaard puts it pithily. (p. 392, italics added)

Of course, it is significant that May quotes Kierkegaard here, and the crucial implication could not be more unambiguous: Refusing to confront and work through the suffering within the anxiety of moving beyond secure and comfortable ways of being results in self-destruction, a destructive suffering outcome.
In May’s (1977) treatment of what he referred to as “constructive methods of dealing with anxiety,” it is clear that the root of constructive coping strategies is invariably a response based on the acceptance and working through of the suffering within anxiety. He stated:

When we consider the constructive use of normal anxiety…we note that it is characterized by the individual’s confronting the anxiety-creating situation directly, admitting apprehensions but moving ahead despite the anxiety. In other words, it consists of moving through anxiety-creating experiences rather than moving around them or retrenching before them. (p. 376, italics in original)

May’s emphasis here on directly confronting and moving through anxiety-creating experiences, as opposed to avoiding and moving around them, indicates that the former response is what transforms the suffering within anxiety into something constructive. May established a particularly important relationship between this view and the process of self-realization, arguing passionately that the presence of anxiety is essentially necessary to the process of becoming a whole human being. He stated:

Self-realization, i.e., expression and creative use of the individual’s capacities, can occur only as the individual confronts and moves through anxiety-creating experiences. The freedom of the healthy individual inheres in his capacity to avail himself of new possibilities in the meeting and overcoming of potential threats to his existence. By moving through anxiety-creating experiences, one seeks and partially achieves realization of himself. He enlarges the scope of his activity and, at the same time, measure of selfhood. (p. 391, italics in original)

Is this not the ultimate meaning of the redemptive suffering outcome: That the individual realizes him or herself more fully, that is, becomes a whole human being? Yet again, to achieve this outcome, one must confront and explore the transformative potential within the suffering of anxiety-creating experiences.

The central role of the suffering within anxiety to the process of ongoing growth and development is also discussed by May in terms of the being and nonbeing dialectic, a
conception that was of vital importance for him. The individual only experiences an
expansion of his or her being, actualizing further potentialities, when he or she chooses to
confront the nonbeing inherent in sacrificing present ways of being that provide a sense
of safety and security:

…Anxiety always involves inner conflict. Is not this conflict precisely between
what we have called being and nonbeing? Anxiety occurs at the point where some
emerging potentiality or possibility faces the individual, some possibility of
fulfilling his existence, but this very possibility involves the destroying of present
security, which thereupon gives rise to the tendency to deny the new potentiality.
(May, 1983, p. 111)

When a person chooses to deny and avoid this essential conflict, he or she is negating the
natural process of becoming a whole human being:

Severe anxiety, hostility, and aggression are states and ways of relating to oneself
and others which would curtail or destroy being. But to preserve one’s existence
by running away from situations which would produce anxiety or situations of
potential hostility and aggression leaves one with the vapid, weak, unreal sense of
being, what Nietzsche meant in his brilliant description of the “impotent people”
who evade their aggression by repressing it and thereupon experience “drugged
tranquility” and free-floating resentment. (May, 1983, pp. 107-108)

It is significant that May references Nietzsche here in his assertion that an avoidance of
the suffering within nonbeing results in self-destruction, a destructive suffering outcome.

It is extremely paradoxical that the attempt to protect or preserve one’s being through the
denial of nonbeing leads only to the ultimate loss of one’s being, to a greater degree of
nonbeing.

Regarding the redemptive suffering outcome, however, the conflict between being
and nonbeing is an absolute necessity to the well-being of the individual, which depends
on acknowledging and engaging actively in the conflict itself (May, 1981). Greater being
is only actualized through a confrontation with nonbeing. As May (1983) statef, “But
with the confronting of nonbeing, existence takes on vitality and immediacy, and the
individual experiences a heightened consciousness of himself, his world, and others around him” (p. 105). The suffering within nonbeing becomes redemptive when the individual chooses to confront it directly and explore it as an opportunity for self-transformation.

Posttraumatic Growth

The literature on the phenomenon of posttraumatic growth (PTG) provides a significant theoretical and empirical foundation for the expanded view of resiliency that this research proposes. It is also important to reference in view of the fact that this study will utilize the Posttraumatic Growth Inventory (PTGI) as a resiliency instrument (Tedeschi & Calhoun, 1996). The construct of PTG is utilized to represent the transformation of trauma into a source of further psychological growth. As such, it refers to the constructive transformation of trauma as both a process and an outcome, that is, in terms of the ways in which it is achieved as well as a positively altered or changed state of being (Tedeschi, Park, & Calhoun, 1998). There appears to be a clear and direct parallel between the constructs of PTG and the redemptive suffering outcome. Indeed, the extent to which the former provides an established basis for the latter is quite striking:

We are suggesting that the term *posttraumatic growth* is the best descriptor for this phenomenon because this term makes clear that persons experiencing this phenomenon have developed beyond their previous level of adaptation, psychological functioning, or life awareness, that is, they have grown...We also want to emphasize that PTG...involves such fundamental changes or insights about living that it does not appear to be merely another coping mechanism...The significance of these changes can be so great, that this growth may be truly transformative. (p. 3, italics in original)

The crucial point here is that PTG is understood to extend beyond the conventional conception of resilience in terms of a return to normative functioning; rather, it is centered in the dynamic of transformation. Referring to the area of resilience
among others, Tedeschi, Park, and Calhoun (1998) stated, “Although these areas of study focus on positive outcomes in the face of negative life circumstances or events, they do not consider directly the tendency for some persons to report that in the aftermath of trauma their lives were transformed” (p. 10). This fundamental emphasis on transformation evokes the redemption of one’s suffering, thereby revealing a strong resonance between PTG and the redemptive suffering outcome. Further, several identified growth outcomes, or manifestations of posttraumatic growth, appear to substantiate this significant connection and imply the presence of redemptive suffering. These include: A sense of being stronger and better able to cope with life difficulties; an increased capacity for empathy; reprioritizing and a greater appreciation for life; a deeper processing of fundamental existential questions such as the meaning and purpose of life; enhanced spiritual development; and the cultivation of wisdom. Many of these may be particularly relevant to specific manifestations of the redemptive suffering outcome. The work of Decker (1993), though it does not refer explicitly to PTG, also discusses transformative trauma in ways that parallel the redemptive suffering outcome, particularly in terms of a deepened existential search for meaning/purpose and spiritual development.

Tedeschi and Calhoun (1995) discussed the relationship between personality characteristics and PTG, indicating support for the view that personal response is a central factor that contributes to a redemptive suffering outcome. The following personality characteristics are all associated with PTG: An internal locus of control, a strong sense or belief in one’s ability to control the outcomes of life events; a high level of self-efficacy, the perception or belief that one can cope effectively with challenging
situations; optimism, the maintenance of a hopeful attitude and active problem-focused coping strategies toward difficult situations; hardiness, an orientation toward life difficulties characterized by committed involvement, personal control, and openness to challenge; resilience, the ability to endure and withstand traumatic events; and sense of coherence, a strong sense that life stressors are comprehensible, manageable, and meaningful. Inherent to each of these characteristics is a chosen response to suffering based on acceptance and active engagement, as opposed to denial and avoidance, which Decker (1993) also supported as central to the experience of growth through trauma. Tennen and Affleck (1998) affirmed this perspective as well in their discussion of coping-contingent growth, positive personal change that requires conscious effort and decision-making in response to traumatic events. Successful coping that leads to growth and positive transformation is related clearly and directly to an intentional orientation toward traumatic stressors. However, they also emphasize the fact that PTG can result from automatic processes, such as sudden revelations, that are not dependent on the use of active coping strategies and which they identify with coping-independent growth. This provides an important contrasting perspective that may also be relevant to the results of this study.

The significance of PTG for this study is clearly in its striking parallel to the redemptive suffering outcome. However, it is apparent that while PTG as a construct superbly addresses the growth outcome that results from suffering, and its contributing factors, it seems only to implicitly address the factors that inhibit it and result in a non-growth outcome. It does not account directly and explicitly for the occurrence of a non-growth outcome. Therefore, it is not in a position to offer a viable foundation for the
destructive suffering outcome, which seems to suggest the potential value of this construct. Further, there does not appear to be a direct emphasis on the differentiating factors between growth and non-growth outcomes in the PTG literature, which also indicates the potential value of this study.

**Hardiness**

The literature on hardiness also offers a relevant basis for this research. In addition to its applicability as a dominant construct within the broader framework of resiliency, it serves to operationalize existential courage (Maddi, 2004), thereby providing a significant connection to this study as an existential inquiry. In defining hardiness Maddi stated, “Hardiness emerged as a set of attitudes or beliefs about yourself in interaction with the world around you that provides the courage and motivation to do the hard work of turning stressful changes from potential disasters into opportunities instead” (p. 286). This reveals a strong parallel between the construct of hardiness and the redemptive suffering outcome. Hardiness involves more than a return to normative functioning or remaining intact in the midst of stressors; rather, it is essentially the process of transforming suffering into an opportunity for further growth. This is evident in the specific attitudes/beliefs upon which hardiness is based: Commitment, maintaining an active involvement with the people and events surrounding one; control, the struggle to directly influence outcomes in one’s experience of life; and challenge, the process of learning valuable life-lessons from difficult experiences.

Central to each of these attitudes or beliefs is the dynamic of an individual’s chosen response to his or her stressful situation, a response that is characterized by the
acceptance of and active engagement in one’s suffering. Maddi (2004) confirmed this in a statement referring to managers who participated in early hardiness research:

In coping, they would pinpoint what made the circumstance stressful and take decisive steps toward resolving the stress rather than indulge themselves in denial and avoidance. What is involved here is what we call transformational versus regressive coping…The distinction we are making concerns whether one immerses oneself in the stressful circumstance or avoids it. (p. 289)

Here is a direct indication of strong support for the view that accepting and engaging in suffering results in a redemptive suffering outcome (transformational coping), and although the destructive suffering outcome is not explicitly identified, the association of a denial/avoidance response and a self-destructive outcome (regressive coping) is clearly implied.

The primary significance of the hardiness construct for the proposed study is its close relationship to the redemptive suffering outcome, demonstrating a relevant basis for it in the established literature. However, as with the construct of posttraumatic growth, hardiness does not appear to specifically address the destructive suffering outcome and its contributing factors, which suggests the need for and potential value of this study.

Phenomenological Studies

Schwartzberg (1993) conducted a phenomenological study of 19 HIV-positive gay men’s struggles to ascribe meaning to AIDS and their HIV infection. The researcher reported several groupings which represent the participants’ efforts to integrate HIV into a framework of life meaning. For some, HIV infection resulted in a profound shattering of their meaning–systems; they were unable to integrate this experience into a meaningful worldview. These participants responded with an attitude of victimization and resentment, an unwillingness to accept their suffering and explore its constructive
potential. However, other participants transformed the despair of HIV infection into a challenge, a catalyst for growth, and a renewed valuing of life. By choosing to confront and process the suffering of HIV infection, they were able to meaningfully integrate the experience of infection into the structure of their lives. The study suggested that two contrasting outcomes resulted from the way in which participants chose to interpret their HIV infection. Those who did not believe that they could re-define the meaning of their suffering experienced it solely as victimization, as something completely beyond their control, and so for them it was only destructive. Those who chose to accept and process their suffering and assumed responsibility for re-defining its meaning experienced it as a redemptive catalyst for further growth.

McEvoy and Daniluk (1995) conducted a phenomenological study of the experiences of six aboriginal women who were survivors of childhood sexual abuse. Results indicated a strong need for the abuse experience to be made meaningful in some way, that it must be understood in order for the participants to reconstruct their lives. To the extent that participants did not do this, that is, positively integrate the suffering from the abuse into the restructuring process of their lives, the effects of their trauma were only destructive. The participants’ experience of shame, vulnerability, fragmentation, and invalidation contributed to coping patterns of denial and avoidance which further reinforced the effects of abuse trauma, creating an abuse victim identity. However, healing was achieved and maintained through an acceptance and exploration of the abuse, in which wholeness occurred as they honestly faced the abuse and recognized the transformative purpose within their issues related to it. The suffering from the abuse became redemptive in the form of an abuse survivor identity.
Muller and Thompson (2003) conducted a phenomenological study of the experience of grief after bereavement. Nine participants described coping strategies that they considered to be healthy as well as those that they considered to be unhealthy. Unhealthy coping strategies, those that were necessary as short-term solutions but became maladaptive over time, essentially involved responses characterized by denial and avoidance. Participants reported experiencing lasting negative changes which included a diminished sense of life’s vitality and purpose, as well as a fear of forming close relationships due to anticipated future losses. While no explicit statement is made as to the connection between these negative changes and specific grief responses, it seems likely that they may have resulted from the avoidance and denial of grief. By contrast, working through and accepting the loss is essential to healthy, constructive grieving. Participants reported experiences of positive transformation and personal growth as a result of working through their grief. The researchers conclude by indicating that the unhealthy processing of grief involves a suppression and displacement of the grief, which serves only to prolong it, suggesting a destructive suffering outcome, whereas a healthy processing of grief involves accepting the reality of the death and integrating it meaningfully into one’s life story, indicating a redemptive suffering outcome.

Supan (1999) conducted a phenomenological study which focused on the experience of six women who had been victims of incest. The results indicated that the critical issue in regard to the experience of incest survival is described as a dramatic shift in perception of the incest scar, from an externally inflicted wound which rends the self apart to a condition of wholeness in which intentionality and self-processes are prominent. To the extent that participants refused to increase their conscious awareness
and personal responsibility in facing and dealing with the suffering of trauma, the incest scar continued to be destructive rather than transformed into a constructive source of healing. Instead of experiencing a healing or strengthening outcome, participants experienced a destructive and weakening outcome. However, through an active increase of conscious awareness and personal responsibility in facing and dealing with the suffering of trauma, the incest scar was transformed into a powerful source of healing, suggesting a redemptive suffering outcome.

Resiliency Studies

Meek, et al. (2003) conducted a study on resiliency in 26 Protestant evangelical pastors. The results indicated that the role of intentionality is particularly essential; meaning that in order to thrive in the midst of painful stressors the pastors must be active initiators in their own healing process. They must honestly confront and acknowledge their limitations, establishing appropriate priorities through structured self-care, and actively engage in personally meaningful relationships with family, friends, and mentors. Refusing to engage actively in the painful and difficult process of acknowledging limitations and the need for relational support results in a destructive suffering outcome.

The role of divine empowerment is fundamental to pastoral resiliency, demanding that they openly acknowledge their own weakness and powerlessness; refusing to do this negates the possibility of divine empowerment, making resiliency impossible. However, when they actively engage in the painful and difficult process of acknowledging limitations and the need for relational and divine support, the outcome is constructive and their suffering is redeemed.
Ridgway (2001) conducted a qualitative study, utilizing narrative research methodology, of first person recovery narratives of four former psychiatric patients. The results indicate important recovery dynamics which are related directly to resiliency theory. Recovery from psychiatric disability involves breaking through denial and achieving understanding, meaning that the individual moves away from denying the reality of psychiatric problems and toward an acceptance of the real challenges posed by his or her psychiatric condition. Recovery involves an orientation toward active coping rather than toward passive adjustment, meaning that the individual assumes an active responsibility for his or her life instead of passively adjusting to the effects of his or her illness. Lastly, recovery involves a reliance on supportive relationships, meaning that the individual acknowledges that he or she cannot do it alone and needs the support of others. This indicates that recovery from psychiatric disability is promoted by choices to embrace the following: A confrontation with the suffering of this disability, a re-orientation from passive adjustment to active responsibility, and an acknowledgment of the need for relational support, while it is prevented by choices to avoid these tasks.

Campbell and Demi (2000) conducted a descriptive, correlative study, utilizing both quantitative and qualitative data, of twenty adult children of missing-in-action fathers. The results indicated that a primary resiliency factor for adult children of missing-in-action fathers was family hardiness, characteristics of which are challenge, control, and commitment, which enable the family to utilize its inherent strengths in coping with the ambiguous loss of the father. Choosing not to challenge and control emotional stressors resulted in emotional difficulties related to guilt, blame, anger, and intrusive thoughts of the missing father, while actively engaging in this process reduced
such difficulties. Choosing not to effectively control the family’s emotional environment and not to support one another resulted in the avoidance of elements that triggered an awareness of suffering related to the father’s MIA status, while actively engaging in these processes enhanced an ability to confront such elements. It appears that a destructive suffering outcome resulted from family members denying and avoiding their suffering, whereas a redemptive suffering outcome resulted from family members confronting and exploring it.

Mclaren, Gomez, Bailey, and Van Der Horst (2007) conducted a study that investigated the applicability of four primary resiliency models to the experience of belonging and suicidal ideation in older adults. Participants comprised a large sample of 221 retired women and 130 retired men who responded to a research questionnaire. Quantitative instruments were utilized to measure levels of sense of belonging, depression, and suicidal ideation. Results indicated that higher levels of a sense of belonging, based in communal relationships, were correlated with a decrease in levels of depression and suicidal ideation, supporting the view that social support is a protective factor that enhances resiliency. Regarding its significance within the context of the proposed study’s definition of resiliency outcomes, however, it is apparent that it does not provide an adequate basis for understanding resiliency in terms of destructive and redemptive suffering. The resiliency models view resiliency in terms of risk and protective factors, static constructs that are concerned with depression reduction and suicide prevention, but not with understanding how a person’s suffering becomes either destructive or redemptive.
Gillham, et al. (2006) conducted a study investigating the effectiveness of a cognitive-behavioral depression prevention program, the Penn Resiliency Program for Children and Adolescents, when combined with a parent intervention component. Participants comprised 31 boys, 13 girls, and their parents who completed a quantitative measurement of depression levels; 15 boys, 7 girls, and their parents were assigned to an intervention group, while 16 boys and 6 girls were assigned to a control group that did not include a parent intervention component. Results indicated that participants in the intervention group reported lower levels of depressive symptoms during follow-up than those in the control group, suggesting a significant level of effectiveness regarding cognitive-behavioral intervention when combined with active parental involvement and modeling. This is significant in terms of demonstrating a connection between enhanced resiliency and social support, although the Gillham, et al. study does not provide a basis for this study’s expanded view of resiliency, given its understanding of resiliency in terms of diminishing depressive symptoms and not destructive or redemptive suffering.

Coker, Weston, Creson, Justice, and Blakeney (2005) conducted a study investigating PTSD symptoms and resiliency in survivors of intimate partner violence. Participants comprised a sample of 185 men and 369 women who completed quantitative measurements of levels of intimate partner violence, depression, and PTSD symptoms, and were assessed concerning risk and protective factors in terms of resiliency. Results indicated that lower levels of PTSD and accompanying depressive symptoms were associated with protective factors, identified as social or environmental support and help-seeking behavior, while higher levels were associated with risk factors, identified as past and current victimization. This finding indicates an important relationship between
greater resiliency and the presence of social support, but does not offer any basis for an expanded view of resiliency given its definition of resiliency in terms of static risk and protective factors.

Krüger, et al. (2006) conducted a study investigating the relationship between brain responses to emotional challenge and risk/resilience markers in bipolar disorder. The participants were nine individuals with type 1 bipolar disorder and their non-bipolar healthy siblings. A qualitative technique was used to induce a mood state of sadness, and brain scan imaging recorded alterations in cortical activity. Results indicated that imbalances between cortical regions within the brain during a depressive emotional state diminished the capacity for a resilient response. This finding of the Krüger, et al. study, given its emphasis on chemical changes in brain activity as the context for exploring resiliency and depression, contrasts sharply with the qualitative context of this study, suggesting the latter’s beneficial implications. Further, resilience is discussed exclusively in terms of controlling emotional reactions, in contrast to this study that views resilience in terms of redemptive suffering.
CHAPTER 3: METHODOLOGY

Research Design

The research design for this study utilizes case study methodology which, according to Yin (2003), “investigates a contemporary phenomenon within its real-life context” (p. 13) and “relies on multiple sources of evidence” (p. 14). As the purpose of this study is to discover the central factors that contribute to and differentiate the contrasting resiliency outcomes within lived experiences of depression, this is a particularly appropriate research method. The multiple data sources for this study are face-to-face interviews, the Posttraumatic Growth Inventory (PTGI), and a self-report questionnaire.

Participants

The researcher located five qualifying individuals who were willing to participate in this study. A recruitment ad and introductory letter describing the research study was sent via email and/or post-mail to many professionally licensed psychotherapists within the researcher’s city of residence. Their information was accessed from the American Mental Health Alliance Directory and through referrals from professionals who are featured in it. These documents were also given to the researcher’s former clinical supervisor, who made them available to clients in his professionally licensed psychotherapy practice. (Two participants were recruited in alternate ways; one is an acquaintance who had been a client for a very brief period in the researcher’s former private therapy practice, and whom the researcher contacted directly, while the other was referred by this participant and was also contacted directly by the researcher). Individuals who contacted the researcher received more detailed information about the study, and for
those who expressed a further interest in participation, the researcher scheduled a meeting for a pre-interview screening. During the pre-interview screening, the researcher introduced himself, provided thoroughly detailed information about the study and participation requirements, asked specific demographic questions, confirmed participant eligibility, answered participant questions, and completed the informed consent process.

The participants are individuals who have experienced an episode(s) of clinical depression. This was verified by participant self-report during screening, as well as by the licensed professional who was currently providing mental health services to the participant. Participants were currently under the care of a licensed professional for their depression, and were not currently undergoing an acute depressive episode during their participation in the study. The latter was verified by participant self-report as well as by the participant’s licensed professional. The researcher obtained participant consent to contact his or her licensed professional during the pre-interview screening. Each participant’s mental and emotional condition was sufficiently stable and secure for them to participate in the study without a significant risk of symptom onset or exacerbation. Each participant was currently at a functional and maturity level which made it possible for them to respond appropriately to the research questions for this study, and also demonstrated a substantial ability to reflect meaningfully on the resiliency outcomes of their depressive episodes. The participants are individuals who care about gaining insight into the resiliency outcomes of their depressive episodes and who recognize the potential value of this study. The five Caucasian participants were two males and three females, and they range in age from 30 to 54.
Data Collection Procedures

Data were collected through face-to-face interviews with research participants, the PTGI, and a self-report questionnaire. Interviews were audio-recorded and transcribed by a professional transcriptionist.

The PTGI was distributed after the interview. The researcher explained the nature and purpose of this instrument to participants, who were asked to complete two copies: one for depressive episodes that resulted in destructive suffering outcomes, and one for depressive episodes that resulted in redemptive suffering outcomes. Participants were instructed to bring the completed PTGI’s to the post-interview debriefing session.

The self-report questionnaire was also distributed after the interview. The researcher explained its nature and purpose to participants, who were asked to complete and bring it to the post-interview debriefing session.

Interview Process

The face-to-face interview involved asking the participants to discuss a depressive episode(s) that resulted in negative and destructive outcomes (outcomes in which their suffering had only a harmful impact) and a depressive episode(s) that resulted in positive and constructive outcomes (outcomes in which their suffering had a beneficial impact and became a source for personal growth and transformation). The researcher utilized open-ended questions to facilitate the interview process (What was that outcome like for you? What does the destructive/redemptive suffering outcome mean in your life? What contributed to the destructive/redemptive suffering outcomes of your depressive episodes?) The researcher also intentionally asked participants several specific questions regarding particular outcomes (Has a greater capacity for empathy been a positive
outcome for you? Has a greater sense of strength been a positive outcome for you? Has a greater appreciation/value for life been a positive outcome for you? Has a self-identity of worthlessness been a negative outcome for you? Has a perpetuation or worsening of pain and depression been a negative outcome for you?).

Data Analysis

Transcribed interview data were analyzed according to the principles of phenomenological methodology (Churchill & Wertz, 2001). Therefore, the researcher began by reading and rereading transcribed interviews, so as to gain an initial sense of the whole. The data was then differentiated into distinct meaning units, or constituents, portions of the interview text that represent a single theme or moment of the participant’s experience. These were ordered chronologically, eliminating redundancy and irrelevancy through eidetic reflection, that is, by distinguishing those that constitute the essential meaning and structure of the participant’s experience. This involved the exploration of significant relationships between the constituent meanings and the resulting identification of those meaning-themes that presented themselves as most structurally essential. These were then integrated into a psychological description that conveys the meaningful structure of the participant’s lived experience.
CHAPTER 4: RESULTS

The findings for each participant are presented as an individual case study, the structure of which includes a biographical sketch, essential meaning-themes from interview data, essential meaning-themes from questionnaire data, and analyzed PTGI data. A cross-case analysis presents significant similarities and differences between the individual cases. Each participant’s individual case study is presented under a fictitious name, chosen arbitrarily by the researcher, in order to protect the participant’s confidentiality.

Case Studies

Elizabeth

Biographical Sketch

Elizabeth is a 50 year-old Caucasian woman who works as a psychiatric mental health nurse practitioner and holds a master’s degree in nursing. She has been married for eight years and has step-children as well as step-grandchildren. She identifies her religious/spiritual orientation as Protestant-Evangelical, which she considers to be strong and personally meaningful in her current life. Regarding her history of mental health services, Elizabeth has participated in intensive psychotherapy, brief counseling, and intermittent medication management.

Elizabeth experienced her first depressive episode while in junior high, around the age of 12 or 13 years old. She identifies symptoms such as sadness, some mild suicidal ideation, and withdrawal/isolation, that characterized this first experience of depression:

My earliest experience of depression was when I was in junior high school. And, I didn’t know at the time that that’s what it was. But looking back on it, clearly had
some features, you know, the sadness, the negative, dark thinking…There was a summer, I think I was probably 12 or 13 and a lot of incredible sadness, some suicidal thinking…wasn’t real prominent. Withdrawal, feeling really kind of isolated. My family, you know, didn’t really understand what was going on. I felt like I didn’t fit in at church. I didn’t fit in with my peers at school.

The pronounced feelings of isolation and not belonging in relation to her family, friends, and church environment, are clearly strong elements in this first episode at the beginning of her teenage years. This initial episode seems to have resolved fairly easily when Elizabeth became actively involved in school in the fall of that year.

Elizabeth experienced her next episode when she was a freshman at the University of Oregon, although she seems to describe it more as an episode of dysthymia than serious clinical depression, and it doesn’t appear to be significant within her history of depression. She states, “Then I had another episode. It wasn’t quite as severe. It was when I was a freshman at U of O. And just, you know, some dysthymia, some feelings of sadness, of periodic tearfulness, not belonging…really kind of out of sorts.” Her next episode came at the age of 22 or 23, after she had finished nursing school. She states:

…When I was about 22, 23, I had a very severe depression…it’s kind of when the suicidal thinking started. It was very severe…It was relentless…a lot of tearfulness…not sleeping, lack of appetite, no interest in the things that I normally took pleasure in, classic symptoms.

Elizabeth began taking medication at this time, which worked effectively for her. She states:

It helped my, I call it the squirrel in my head. It was like a squirrel in the cage, you know, rattling around in there…ruminative worry and ruminative negative thinking. I never acted on my suicidal thinking, but it was always present, you know, really relentless.

She began to seek out counseling and therapy services at this time, both Christian and non-Christian, but didn’t find any that were a good fit for her. She also talked with the pastor of the church she was currently attending and his wife, but felt that she was given
pat answers like “just snap out of it,” and “you have to trust in God,” which did not help and left her feeling misunderstood. Elizabeth seems to have felt that no one really understood what she was going through, and therefore, neither family, the church, or counselors were able to give her the help that she truly needed. It is important to note that Elizabeth did not act on her suicidal thinking and make an actual suicide attempt.

Regarding her motivation for this decision, she states, “I think it was mostly what it would do to my family, if I were to make any kind of suicide attempt. You know, my mother in particular, the devastation that that would cause…and my friends, my close friends at that time.”

Around the age of 27 or 28, Elizabeth experienced, not a major depressive episode, but more an episode of dysthymia (she distinguishes between major depressive episodes and dysthymia, which she considers to be “chronic low-level depression, a lack of self-esteem”). In response to this episode, however, she actively searched for and found a therapist who was a really good fit for her and with whom she was able to do very effective therapeutic work for about 4 years. This therapeutic work turned out to be vital for her, because it was centered in issues related to her father’s verbal abuse, which she acknowledges to be a strong originating source for her depression. She states:

But it was a life saver for me, because I look back and think a lot of the genesis of my depression was…My father was very abusive verbally and rejecting and critical. And so I was, I think, intuitively looking for a therapist to re-parent me, because he was a strong male role model, that really positive counter-transference.

The verbal abuse from Elizabeth’s father focused primarily on her weight and physical appearance; she describes how it was rooted in the dysfunctional marriage of her parents and her mother’s compensatory eating behavior patterns:
My parents had a dysfunctional marriage…my mom, because she was unhappy in her marriage…My mother had a weight problem and I think one of the ways that she dealt with her unhappiness was to eat, and she would feed me, and food was a big part of our life…There was a real switch for me between the ages of 4 and 5 when I gained a tremendous amount of weight…and I really think it was a reflection of their dynamic. So, when I gained weight, my father was very rejecting and verbally abusive around that; that I was fat, I was ugly. You know, no one would ever love me. I think I just kind of carried that forward into my, that was part of my depression, that I wasn’t worthy to be, I didn’t deserve to be…to be alive…you know, because I was fat and unworthy.

This gives a crucial view into the historical sources of Elizabeth’s depression; indeed, the relationship between these sources and her depression could not be more painfully obvious with the words “I wasn’t worthy to be…to be alive,” which certainly represent an essential element in the experience of depression. It should be noted here that Elizabeth also believes that her family’s mental health history provides a genetic/biological source for her depression, stating, “…my mother has dysthymia and recurrent major depression…My father had a psychotic depression…He had a psychotic break…The gun was loaded for the whole mental illness thing. I have a brother with bipolar.”

At the age of 40, Elizabeth experienced another depressive episode (along with profound grief, involving extensive tearfulness, deep sadness, sleep disruption, but no suicidal ideation) which was triggered by a visit from her niece, an experience that brought up an issue related to her decision not to have children:

…The interesting thing about that is it was triggered by my decision, which was pretty conscious, never to have children. I had my niece come visit me. She was in high school at the time, and we had the best time, and then she left, and I was just consumed with grief. And sure, at 40 I could have had a baby. But, really, I felt like I still didn’t want a child. That was a conscious decision in my life, but I grieved it tremendously and so much that I ended up, you know, with a depression. I went to see a therapist…and saw him for about 6 months…a combination of meds and working with him, and I got through it.
Elizabeth had to work through intense internal ambivalence as she struggled to resolve this issue and consciously accept that her choice not to have children was becoming a permanent decision that would exclude her from the experience of being a mother and parent. It is clear that, although at the time she had to process a very painful and primal tension, effective psychotherapy and medication helped to counter her painful depression surrounding this issue; she now regards this depressive episode as “an adjustment reaction, a grief and a depression related to that, and that I stood by that decision, and it was pretty permanent, and now it’s okay.”

At about the age of 47, Elizabeth underwent her last and most recent experience with depression. Although she considers this to have been not so much an actual depressive episode as an adjustment reaction, her experience clearly involved unmistakable depressive symptoms such as profound tearfulness, grief, and suicidal ideation. This extreme reaction was in response to the disclosure from her father that he had never wanted a third child, which led to serious emotional distress for Elizabeth, including a very brief episode of acute suicidal ideation. She states:

I think it was three years ago, he disclosed that he never wanted a third child. So that was a large part of it, and that was the last suicidal thinking I had, which was kind of interesting. It triggered just this, you know, I was going to jump in the river, which I wouldn’t do. In fact, I called my therapist and we talked it out, and while that was probably the most difficult thing I’ve ever heard, it was the most freeing. Now, that I’ve worked that through, it’s like, because the years of rejection were never about me. They were always about him. It’s been very empowering.

This is truly remarkable, healing closure for a lifelong process of struggling with a deep sense of rejection and damaged self-worth, and the resulting severe depression, but then emerging out of an incredibly positive and constructive transformation. Elizabeth was
able, with the help of intensively powerful psychotherapy, to let go of her damaged self-
identity and embrace a strong foundation of self-acceptance. She states:

…So much of my identity was caught up in the rejection from my father, and
hearing him say that he never wanted a third child freed me to not internalize it
anymore, because it was never about me. It was his shit, his stuff…and so all the
years of rejection and abuse that I suffered from him, I could let go of and
recognize that that wasn’t ever about me, it was about him…I was with him (her
therapist) for about a year when this thing with my father came down, which was
beautiful, because I had a solid working relationship with a really good therapist,
and then, this thing, and I was able to work it all through.

Interview Data

Isolation as a destructive suffering outcome: The role of social support networks.

One destructive outcome resulting from Elizabeth’s experience of depression is
that of isolation. This appears to involve two distinct yet closely related aspects,
emotional isolation and spiritual isolation, which she identifies as prominent destructive
outcomes. The former is particularly evident within the context of her junior high, college
freshman year, and early 20’s episodes and are characterized by an emotional withdrawal
and separation from others, by a sense of not belonging and being misunderstood. She
discusses her junior high episode in terms of “withdrawal, feeling really kind of isolated.
My family, you know, didn’t really understand what was going on. I felt like I didn’t fit
in at church. I didn’t fit in with my peers at school.” Regarding her college freshman year
episode she specifies “not belonging,” and concerning her early 20’s episode she states:

Actually, I went through a series of counselors…I’d go see them once or twice
and think, well, they didn’t really understand me or they had too pat answers…I
remember talking with my pastor and his wife, and it was kind of that traditional,
you know, just snap out of it, or you have to trust in God, all the pat answers. So I
felt misunderstood. You know, nobody really got it.

Regarding the contributing factors to this outcome, its inevitability must be
acknowledged, at least in the case of emotional isolation. The experience of feeling
isolated and separated from others is a central and likely unavoidable aspect of depression. Indeed, to be depressed is to be isolated. However, it is also evident that the response of others contributed to Elizabeth’s sense of isolation. While it is true that a person’s experience of depression is extremely difficult to understand for those who have not been through it themselves, there seems to be an indication of a choice against trying to understand, on the part of counselors and her pastor in terms of the “pat answers” that she received from them. Concerning her experience of spiritual isolation, this outcome clearly resulted from the chosen response of her pastor and his wife, which appear to be the foundation for similar messages from the church that she received throughout her adult life.

_Damaged self-esteem, alcohol abuse, and casual sex as destructive suffering outcomes: The chosen response of denial/avoidance._ Elizabeth’s damaged self-esteem, resulting from her father’s verbal abuse, is clearly a foundational source for her depressive episodes, as well as a glaringly evident central component within her life story. An important subtle nuance to explicitly draw out here is the interesting fact that her damaged self-esteem is simultaneously a source and resulting outcome of her depression. Elizabeth’s damaged self-esteem led to experiences of depression, which, in turn, resulted in the perpetuation of her damaged self-esteem. This pattern appears to provide a broader context in which two specific destructive outcome behaviors, alcohol abuse and casual sex, are best understood. Elizabeth developed alcohol abuse and casual sex behaviors as strategies to compensate for her damaged self-esteem and related depression. She states:

…So we would go out after work and… I would drink until 2:00 or 3:00 in the morning, close the bar down, you know, three or four days a week, and I think
partly it was social and partly it was to treat depression, anxiety, and stress, and obviously, because it doesn’t, it just made things worse. I was always just kind of chasing my tail...and making the depression worse, which alcohol does...I didn’t know how to be intimate with guys sober, because of my self-esteem issues, that when I would drink it was easier for me. I wasn’t promiscuous, but I had some one night stands, and that served a function in that respect, as skewed and probably unhealthy as it was at the time...I sensed that no man would love me just by virtue of me being myself, because of, you know, those messages my father had given me. So I had to get drunk in order to be sexual...What I remember, like the first couple of hours of being out with the gang and you’re talking about your shift or whatever, I felt like I really belonged, and that helped my esteem in that way. It was kind of like that false positive buzz...but in the end you feel worse, chasing your tail and that downward spiral...still the feelings of low self-esteem, unworthy.

Here we see Elizabeth’s self-destructive cycle in which her damaged self-esteem and depression lead to the coping strategies of alcohol abuse and casual sex behaviors, which then result in greater depression and damaged self-esteem.

This cyclical pattern reveals the essential contributing factor to these outcomes, which is Elizabeth’s choice to compensate for her damaged self-esteem and related depression through her alcohol abuse and casual sex. In order to avoid dealing with the reality of her self-esteem issues and resulting depression, she became intoxicated which then gave her a false sense of belonging with co-workers as well as sexual intimacy with men. This particular contributing factor emerges as foundational to Elizabeth’s experience of other outcomes, that is, a chosen response pattern that is characterized by the denial of her depression and related issues.

*Internalized shame as a destructive suffering outcome: Developmental process and a chosen acceptance.* Elizabeth internalized a strong sense of shame, in response to negative shaming messages from both her father and the church, which has been a destructive outcome resulting from her experiences of depression. The verbal abuse from her father clearly led to a pervasive sense of shame that reached to the core of her being,
as evidenced in her statements regarding not being worthy or deserving to even be alive, and was a foundation for internalized shame from the church. She states, “So if you even internalize messages from your earthly father, meaning that you’re not worthy and you’re unlovable, then you’re going to internalize those kinds of messages from the church. It kind of fed into that.” Her earlier church background, from which she received “a lot of strong, consistent messages that I was never good enough in God’s eyes,” provided a basis for shaming messages specifically related to depression. For much of her adult life, she internalized this general sense of shame, which was then directed toward her struggles with depression. Referring to the incident with her pastor, she states:

I also mentioned, in my 20’s, being part of a church where I disclosed to the pastor and his wife about my depression and really felt judged. You know, that there was something inherently wrong with me. I didn’t have enough faith. If I just had more faith or read my bible more, then I wouldn’t be depressed. So that was difficult. I really have a strong mistrust of the church when it comes to mental illness, because historically, they just don’t get it…the standard pat answers. They make it more about you, you know, there’s something inherently wrong with you if it doesn’t get better…that is very damaging.

There appear to be two basic factors that contributed to this outcome in Elizabeth’s life. One factor is an expected and fairly normative developmental process in which children simply do internalize a sense of shame in response to shaming messages from adult caretakers, meaning that this process is to a very real extent unavoidable. Receiving such strong messages from a parent at such a young age, she could not have completely avoided the experience of internalized shame. However, the other factor, which appears to have primarily contributed to the maintenance of internalized shame and its destructive impact in her life, is Elizabeth’s chosen response to accept and believe these shaming messages about her value and worth. She acknowledges choosing to
accept and believe these messages which told her that she had no worth or value as a human being. This is represented in the following interview dialogue:

   It is foundational...letting go of all those negative internalized messages. I keep saying that, it was never about me, you know? Researcher: “Right. But prior to that, your conception, or your interpretation, or your sense of that, it sounds to me, was it is about me.” Right. Researcher: “You believed, prior to that shift…” It was always about me. I was the wrong…I was the unworthy person. I wasn’t worthy. I was unlovable. I wasn’t meant to be. You know, I deserved all of that.

Elizabeth’s choice to believe these messages clearly resulted in her experience of internalized shame.

   Greater, worsening depression as a destructive suffering outcome: The chosen response of denial/avoidance. The destructive outcome that emerged as perhaps the most general, but also most apparently essential, is simply Elizabeth’s experience of greater depression, or a worsening of the depression itself. This outcome is regarded as foundational because it is seemingly implied as a basis for many of the other destructive suffering outcomes. Throughout her descriptions of depressive episodes, Elizabeth identifies and discusses the fact that often within the process of an episode and its aftermath the depression worsened and became greater. While acknowledging that depressive episodes typically involve an inherent progression of worsening symptoms, Elizabeth discusses this outcome as a result of her own chosen response to her depression and its related issues. The predominant response pattern that she cites, and which has already been mentioned, is characterized by avoidance and denial. A specific form of this pattern is evident in her abuse of alcohol:

   I would think in my early 20’s I could have been classified as an alcoholic. I worked the evening shift on an orthopedic floor, and we’d go out after work and I would drink until 2:00 or 3:00 in the morning, three or four times a week. I’m pretty sure that was part of the depression. You know, obviously, people drink to
treat different things. I think I was treating depression and self-medicating, and it makes it worse.

In addition to alcohol abuse, Elizabeth developed other self-medicating, compensatory behavior patterns which also represent the chosen response of avoidance/denial. Elizabeth identifies such patterns involving food, busyness, and relational co-dependency, in which she engaged in these behaviors as a way to avoid and deny the reality of her damaged self-esteem and its resulting depression, as the following interview dialogue reveals:

Researcher: “What occurs to me, this idea of the self-medicating…and drinking is a pretty obvious form of self-medicating…I wonder about other behavior patterns surfacing.” Food…yeah, that’s a big one…busyness. Researcher: “As a way to what?” Avoid or compensate. Researcher: “I wonder about the response patterns there, in the form of doing for other people. I wonder if maybe that was another way for you to avoid dealing with the reality of how you felt about yourself?” Yes. Researcher: “Again, the depression that came from that?” Yeah. Researcher: “If I can just do enough for other people, then somehow I won’t have to really go into an awareness of what I’m really feeling.” Right, that absolutely fits; right…It served two purposes. Again, compensating, if I do for others then I belong or I’m worthy. I do for others in order to avoid all my feelings of low self-esteem and depression…so a chronic over-busyness, chronic over-extension, at the expense of my own health and well-being…that over-busyness, because I don’t want to go there. I don’t want to acknowledge my depression. I don’t want to stay there. Researcher: “Which leads to a result of worsening depression?” Right, right, yeah…I think by avoiding the depression I never really dealt with it, so it just kind of drug on.

It is clear that these compensatory behaviors represent a chosen response pattern of avoidance/denial, particularly those of over-busyness and over-extension. Elizabeth over-extended herself in meeting the needs of others in order to avoid directly confronting her self-esteem issues and related depression, and she remained very busy as a way to avoid the reality of her depression, both of which resulted in the worsening of her depression.
Healed/transformed self-identity as a redemptive suffering outcome: Letting go, the chosen response of active engagement/working through, and the role of therapy.

The most prominent positive growth outcome resulting from Elizabeth’s depression is a healing transformation that she experienced regarding her damaged self-identity. At a certain point in the therapeutic work of her late 20’s, she began to experience a constructive shift from the negative and destructive self-identity that resulted from the internalization of her father’s and the church’s shaming messages to a more healthy identity based on positive self-affirmation. As we have already seen, she states, “Because in my initial therapeutic work the overarching question was ‘who am I?’, and prior to this work, the guardedness and closed off to myself, and I think that nudged open the door.” Concerning her work with this particular therapist, she states:

I was very defended. I think, you know, the internalized messages of rejection and that I wasn’t worthy, and I didn’t know myself. It was about 3 months into therapy, when he was sitting across from me and he says, “I still don’t know who you are,” and that sort of breaking down the barrier, you know, becoming more real and vulnerable to him…I think it was that motivation to, I want to know myself. I want healing from these, you know, from this darkness, the strong emotional, the depression.

Elizabeth began, in this therapeutic work, to critically examine her internalized shame-based identity, through a strong motivation toward healing her depression by searching for her own true, authentic identity. This involved a choice to alter her avoidance/denial response pattern and become emotionally vulnerable, to accept, confront, and work though the suffering related to her internalized shame.

This initial therapeutic work was an important foundation for a more complete healing of Elizabeth’s self-identity, which occurred in her late 40’s within the context of
intensive psychotherapy. Although she experienced profound grief (“sobbing and excruciating emotional pain”) and suicidal ideation in response to her father’s disclosure, Elizabeth describes a powerfully redemptive outcome that resulted from it. She states, “While that was probably the most difficult thing I’ve ever heard, it was the most freeing…Now, that I’ve worked that all through…It’s been very empowering…hugely liberating…The most painful, but the most liberating.” She was able to experience the pain and suffering inflicted by her father’s disclosure as a source of healing. Indeed, her self-identity was transformed from an identity based on rejection and worthlessness into an identity based on acceptance and value. She states:

So all the years of rejection and abuse that I suffered from him, I could let go of and recognize that that wasn’t ever about me. It was about him, and that again, by virtue of my being created and my purpose in being here, I’m enough. I’m enough in my own personhood.

And also:

The negativity and rejection from my father, I was able to let that go. Because I really understood on a gut level…it was just this internal, just this huge change that it was never about me. So I could let go of the internalized messages of that I’m not enough, I’m not okay, I’m fat, I’m worthless, I’m ugly, really changing those into a positive. I am enough. I am worthy. A strong sense of self, a strong sense of self-importance, not in a narcissistic way, but in a healthy…huge identity shift.

It is evident that Elizabeth experienced a deeply redemptive outcome, in terms of a thoroughly transformed self-identity; her shame-based identity was changed into an identity characterized by a strong and healthy sense of personal value and significance.

The essential factor that contributed to this outcome is Elizabeth’s choice to let go of and change her internalized shame, which demanded a choice to accept and work through the pain and suffering that it caused. One specific manifestation of this is in her decision to write a letter to her father:
I tried to heal my depressions by confronting my father directly…one was write
him a letter, which I did, and I sent it. He would never talk to me about that. I had
to ask him if he got it, and he said “yes.” But we never really talked about it. It
was healing for me in that, you know, it was kind of a catharsis to get some of that
stuff off my chest, and I really tried to just say, look, I’m not going to let his stuff
impact who I am. I didn’t want to be hostage to that anymore, because I was
hostage to that for many years, and the bottom line was I was never going to get
his love and approval.

This represents an intentional way in which Elizabeth chose to confront and work
through the pain of her internalized rejection and shame, actively letting go of its
destructive impact on her life, which then resulted in healing. Her intensive therapeutic
work at this time served a foundational and crucial role in her healing process:

I was grieving…when you’re told that “I never wanted you,” or “you were never
meant to be here,” the pain of that. I just kept talking to my therapist about it. We
kept working on it. I kept getting in touch with my emotions, looking at it from
every angle. That was the body of our work for probably a good 4 months, just
really working on it.

The acceptance/working through pattern, in response to her pain and suffering, is evident
in her firm and direct statement, “Well, I just felt like I needed to do that. I needed to
stick with the pain. I needed to experience it.” In emphasizing the profoundly important
role of therapy in the healing of her self-identity, Elizabeth states, “Now granted, when
you ask me what can I account for that, I mean, it took some good therapy, and the cool
thing about that was that I was in therapy at the time…I had a solid working relationship
with a really good therapist.”

Greater empathy as a redemptive suffering outcome: The choice to approach
personal suffering as an opportunity to help others. Elizabeth identifies greater empathy
as a positive outcome resulting from her depression. In discussing her various positive
outcomes and the fact of common themes regarding these outcomes for people who
experience depression, she affirms a greater ability to empathize with others in their pain.
She states, “I would think a common one too is that it’s certainly made me more compassionate towards other people’s struggles. I mean, that’s one of the reasons that I work in mental health. Yeah, that’s a huge piece…that is very profound.” It is significant that Elizabeth acknowledges this regarding her own personal relationships with people in pain, but also regarding her work as a mental health professional. The process of working through the suffering of her depression has become a source of potential healing for others, even motivating her decision to work in a healing role as a professional.

*Greater strength as a redemptive suffering outcome: Beyond survival and the chosen response of active engagement/working through.* Elizabeth identifies greater strength as a positive outcome resulting from her depression. She affirms becoming a stronger person through the process of working through her painful depression:

Researcher: “Is there a sense for you about being stronger because of going through something so painful?” Oh, definitely. I think it’s, I don’t know if the word evolution, but in my own process, each episode and each engagement in saying, you know in therapy, it’s like I don’t want to live with this emotional pain. I want to deal with it. I want to come out on the other side. Yes, definitely.

She clearly affirms that she has become a stronger person through her experiences with depression, because of her choices in her therapeutic process to engage her suffering and work through it, in order to overcome it. What is particularly striking, here, is that “coming out on the other side” means much more to Elizabeth than mere survival. Indeed, she defines this greater strength as “A very strong center core of who I am, and an integrated wholeness, an awareness of my emotions and feelings, that I’m responsible for my choices.” Beyond just surviving the suffering within her depression, it is evident that, for Elizabeth, getting through it means much more; it means a stronger core self-
identity, self-integration, self-awareness, self-responsibility, even the experience of “wholeness,” which most essentially signifies that one’s suffering has been redeemed.

Greater appreciation for life as a redemptive suffering outcome: Working through death and the gift of life. Elizabeth identifies a greater appreciation for life as a positive outcome resulting from her depression. She discusses her experience of a greater appreciation for and valuing of life, which is based on her experience of the presence of death in depression:

Well, along with the sense of integration, and when I talk about personal authenticity, or self-actualization, I think that’s what it is, just a greater appreciation for who I am as a person and the gift of life, and giving life to others…I think when you’re suicidal you could choose death or you could choose life, and when you’re depressed life doesn’t look good…But, if you keep doing what you need to be doing, doing your work, and you do come out on the other side, then yes, it’s just hugely healing, and a stronger appreciation of life…Life is precious, it’s a gift and if I hadn’t had the episodes of depression, I might not have appreciated it as much…People tell me that I have a, my perspective, pretty much is gratitude, and they will note that, that I seem like I’m a very grateful person and that I’m thankful for a lot of things in my life. I value that. That’s true, and partly the gratitude, I think just comes from my own emotional upheaval and the episodes.

Many elements are important to note here. Elizabeth associates self-integration and self-actualization with a greater appreciation of life, specifically an appreciation for her transformed self-identity. She asserts that life is a precious gift, and it is clear that she came to this understanding through confronting the presence or reality of death while in a suicidal state. The absence of a vital experience of life, and her choice to continue working through her suffering, led to her healing emergence “on the other side” and a profound appreciation for life. Indeed, she affirms that she would not have this sense of greater appreciation without the experience of her depressive episodes. She understands that life is a gift because she knows the experience of not being alive while suicidally
depressed. Her deep gratitude for life has come out of her intense suffering and her process of working through it to find healing.

*Questionnaire Data*

**Essential contributing factor to destructive suffering outcomes: The isolation/self-esteem downward spiral.** In response to the question, “What do you believe accounts for the negative and destructive outcomes that have resulted from your depressive episodes?” she states:

The feeling of isolation, that no one understands what I’m going through, that I’m alone with my sadness and depression; it’s a spiral…the more isolated I feel, the lower my self-esteem, that I’m not worth anyone’s time or caring…and the more withdrawn and further isolated I become.

The experience of being emotionally isolated from others leads to a stronger sense of worthlessness, which then spirals downward into greater isolation and withdrawal. This is significant because it confirms the interview data finding of emotional isolation as an essential factor that has contributed to Elizabeth’s destructive suffering outcomes, while it also reveals the self-destructive dynamic between her damaged self-esteem and isolation, which is not so evident in the interview data.

**Essential contributing factor to redemptive suffering outcomes: Self-exploration and growth in therapy.** In response to the question, “What do you believe accounts for the positive and constructive outcomes that have resulted from your depressive episodes?” she states, “Therapy: the exploration of the dynamics leading up to my depressed state, and the areas in my life I need to change and grow, to lead to optimum mental health.” This is further confirmation of the interview data finding of her therapeutic work as the most prominent factor leading to redemptive suffering outcomes. The active engagement/working through response pattern is evident in her emphasis on
self-exploration, openness to change and growth, which strongly characterizes her healing, therapeutic work.

_Essential contributing factor to the difference between destructive suffering and redemptive suffering outcomes: Personal resilience in therapy._ In response to the question, “What do you believe accounts for the difference between these contrasting outcomes of your depressive episodes?” she states, “My personal resilience which leads me to pursue mental health when I am feeling depressed, primarily in the form of therapy.” Although Elizabeth does not specifically define the precise meaning of her personal resilience, and while in this response an outcome and contributing factor seem to be the same, she does appear to be primarily affirming an approach to her depression that is characterized by a commitment to resilience itself and therapeutically working through the depression.

_The impact of chosen response on destructive suffering and redemptive suffering outcomes: Avoidance/denial and active engagement/working through._

In response to the question, “How has your personal response or attitude toward your suffering influenced these outcomes?” she states:

My personal responses have varied from seeking escape through alcohol, casual sex, over-busyness, etc. on the one hand, and allowing the emotional pain of depression to be a catalyst to seeking therapy and thus being a springboard to greater self-actualization and emotional health on the other.

Elizabeth is not only affirming her chosen response to the suffering of depression as an essential determining factor between the two types of outcomes, she is also unmistakably contrasting the two central response patterns and their corresponding outcomes. This significantly confirms the interview data findings that the avoidance/denial of suffering
resulted in destructive suffering outcomes and the active engagement/working through of suffering resulted in redemptive suffering outcomes.

The impact of social/relational support on destructive suffering and redemptive suffering outcomes: Presence and abandonment. In response to the question, ‘How has social/relational support influenced these outcomes?’ she states, “Hugely; when I perceive social/relational support from friends and family I experience a positive outcome; when I feel abandoned by others, I have felt isolated which in turn has led to more negative outcomes.” This appears to confirm interview data findings, particularly regarding the destructive impact of the absence of such support, while perhaps offering a more explicit indication of the redemptive impact of such support.

The impact of spirituality on destructive suffering and redemptive suffering outcomes: Suffering-free Christianity vs. the dark night of the soul. In response to the question, “Has religion or spirituality influenced these outcomes?” she states:

Yes, both positively and negatively; negatively in messages from mainstream Christian churches that there is something inherently wrong with my faith or belief system if I experience depression; lots of judgment and misunderstandings on the church’s part regarding mental illness. This has led me in the past to feel isolated from God and the church, and to further my feelings of shame, unworthiness, and low self-esteem. That being said, I have also experienced a sense of closeness to God when going through a depression. I have experienced great comfort in reading the scriptures (particularly the Psalms), and scripture takes on a new meaning when I am experiencing a “dark night of the soul” so to speak.

The apparent destructive influence from negative, shaming church messages, here expressed, firmly resonates with findings from the interview data. An orientation that could be termed “suffering-free Christianity,” which is characterized by the assumption that Christians should not suffer from depression, that to do so represents an experience that is inherently un-Christian or fundamentally incompatible with Christian faith, gave
Elizabeth messages that led to destructive outcomes in her spiritual life. However, an important positive outcome of depression in her spiritual life, one not exhibited by the interview data, is evident in the touching description of her depression as a “dark night of the soul,” seeming to indicate its spiritual value.

Posttraumatic Growth Inventory Data

_Destructive suffering outcomes/negative crisis._ For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 14.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that overall Elizabeth has not experienced a significant change in her perception of new possibilities resulting from depression as a negative crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 20.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that overall Elizabeth has not experienced a significant change in her perception of relationships resulting from depression as a negative crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 12.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that overall Elizabeth has not experienced a significant change in her perception of personal strengths resulting from depression as a negative crisis.

For the subscale factor Appreciation of life, comprising 3.0 items, there was a total score of 8.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that overall Elizabeth has not experienced a
significant change in her perception of appreciating life resulting from depression as a negative crisis.

For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 8.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Elizabeth has experienced some significant change in her perception of spiritual change resulting from depression as a negative crisis.

For destructive outcomes/negative crisis, comprising 21.0 items, there was a total score of 62.0, with a mean score of 3.0, corresponding to a “small degree” of change, which appears to indicate that Elizabeth has not experienced a significant degree of posttraumatic growth resulting from depression as a negative crisis.

Redemptive suffering outcomes/positive growth crisis. For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 26.0, with a mean score of 5.0, corresponding to a “great degree” of change in this area. This appears to indicate that overall Elizabeth has experienced a very significant change in her perception of new possibilities resulting from depression as a positive crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 36.0, with a mean score of 5.0, corresponding to a “great degree” of change in this area. This appears to indicate that overall Elizabeth has experienced a very significant change in her perception of relating to others resulting from depression as a positive growth crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 20.0, with a mean score of 5.0, corresponding to a “great degree” of change in this area. This appears to indicate that overall Elizabeth has experienced a very
significant change in her perception of personal strengths resulting from depression as a positive growth crisis.

For the subscale factor Appreciation of Life, comprising 3.0 items, there was a total score of 17.0, with a mean score of 6.0, corresponding to a “very great degree” of change in this area. This appears to indicate that Elizabeth has experienced a very significant change in her perception of appreciating life resulting from depression as a positive growth crisis.

For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 10.0, with a mean score of 5.0, corresponding to a “great degree” of change in this area. This appears to indicate that overall Elizabeth has experienced a very significant change in her perception of spiritual change resulting from depression as a positive growth crisis.

For redemptive suffering outcomes/positive crisis, comprising 21.0 items, there was a total score of 109.0, with a mean score of 5.0, corresponding to a “great degree” of change, which appears to indicate that Elizabeth has experienced a strongly significant degree of posttraumatic growth resulting from her depression as a positive crisis.

Robert

Biographical Sketch

Robert is a 39 year-old Caucasian male who works as the executive director for an orchestra. He holds a bachelor’s degree and has completed some graduate-level work as well. He is single, does not have children, and reports having a homosexual orientation. Robert has a Catholic religious/spiritual background, but refers to his orientation to that tradition as “non-practicing.” He describes his current religious/spiritual orientation in
terms of an open receptivity to spirituality in which he is seeking spiritual connection, 
and explicitly identifies with the traditions/systems of humanism and yoga. His history of 
mental health services includes brief counseling, career counseling, intensive 
psychotherapy, and medication management.

Robert’s experience with depression began in early adolescence when he was in 
the 7th grade. His first episode was relatively mild, characterized by social isolation, a 
feeling of not belonging and not being relationally connected, sleep disruption, and self-
disconnection. He states:

Depression for me was, I think, something that lurked in the background of my 
adolescence. It was one of kind of social isolation…and not belonging and not 
being really connected…I did have a bit of this not sleeping when it was time to 
sleep and then not wanting to get out of bed when it was time to get up…I used to 
always term it “sleep escape,” just not wanting to deal, but I think the feeling, 
more psychologically, was this feeling of kind of disappearance, of not feeling 
comfortable with myself and disconnecting from myself, because being connected to 
myself was too confusing and too unhappy.

This first experience of depression, with its isolation and disconnection, was related to 
Robert’s latent homosexuality. At this time he experienced some bullying, which as he 
described, “was drawing attention to my repressed homosexuality.” Although he was 
apparently able to achieve some sense of belonging with his peers by late high school, it 
was rather superficial and his repressed homosexuality precluded a deeper-level 
emotional connection. He states:

I think I got used to the isolation. I think maybe it was that episode, something where I realized I didn’t really fit in. I think…by like around eleventh grade, 
twelfth grade, I think I found a way to fit in socially that gave a…certain degree of, definitely of social coherence, but not a real emotional connection. I think it was a false persona. It was tied a lot to…knowing on some subconscious level that I was gay but not coming to terms with it because I didn’t come out. I hadn’t self-actualized or self-realized my homosexuality at that point during my teenage years.
Robert remained high functioning, though chronically unhappy and intermittently depressed, until the beginning of his college years.

During his second year of college, Robert experienced a depressive episode triggered by a family crisis involving his father’s serious illness. He states:

…Then I think I entered back at school with a depression, my first depressive episode, you know, in my early adult life…I think there was a lot of stress. I mean, it was this real feeling of worry. It was just this worry…I think there was this feeling of like everything is going to come crashing down around me, and lurking was this coming out that was starting to come to a head in me.

Robert went to the college counseling center a couple of times, which was not particularly helpful or effective for him. However, he then had an experience that was profoundly therapeutic in its impact on his emotional disconnection from self and others; he had his first intimate sexual experience with a woman, which triggered a direct and healing confrontation with his repressed homosexuality. He states:

I was dating this woman, and I was in bed with her and I was about to lose my virginity, and it definitely tapped into things I had really beaten down…I think there was then this need to be honest, honest to myself, honest to this other person, and the need to then connect to my feelings of my sexuality…this need to be more truthful, but I think it was more to reconnect and come out to her. But much more important than coming out to her, was coming out to myself.

Robert’s decision to come out in this way, directly confronting and accepting his homosexuality, resulted in a deeper and more authentic connection with others as well as within himself. He began to seek this greater relational connection in closer friendships, which helped to effectively counter his isolation and depression.

Robert then decided to study abroad in Germany, which led to an experience of greater freedom and independence, but also functioned as an escape from the demands of reconnection and self-integration. It was a time of sexual awakening for him, involving his first homosexual experience as well as more sexual experiences with women, which
established him as a more sexually confident person. Robert’s senior year of college was characterized by dramatic and tumultuous romantic and sexual interactions with both men and women, and when he was about 21 or 22 he had further progressed in and almost completed his coming-out process.

The next phase of his life, until about 26 or 27, was “a fairly depression-free period because I just kept busy…creating my adulthood, adult identity formation.” However, this formation of his adult identity involved another move to Germany, motivated by some lingering discomfort and awkwardness regarding his homosexuality, which led to a full coming-out and an active gay lifestyle. He moved around a lot and maintained a high level of stimuli to avoid depression and a deeper connection with his true self. This lifestyle perpetuated his self-disconnection, “it perpetuated the idea of a created self as opposed to a genuine self, and I became rather a master of a created self to the point where I didn’t really know where the border was, what was me.”

This situation progressed into an existential identity crisis, at about 26 or 27, which triggered a more serious depressive episode. Curiously and significantly, it came about a year into Robert’s self-realization and growth process, based on the actualization of his genuine and true self. He states:

I would say that’s also when, kind of after the first year or so, that I had my first depressive episode that I really can remember not being able to get out of bed and being really irritable, really putting people off at work, and really being unhappy. I was really being deadened…I felt almost catatonic…and I think maybe the depression was triggered by this feeling of like, I just don’t know what’s real anymore, this feeling of like, what is me? Do I exist? …this feeling that this creation, this isolation and this disconnection have led me on an existentialist basis to really questioning my own existence. Was I just a figment of my own imagination?
Important to note here is the fact that this depressive episode was rooted in Robert’s ongoing experience of self-disconnection, which had finally culminated in an acute identity crisis. What is remarkable about this as well is his belief that the episode was necessary for his growth process, that indeed it was truly self-created. Robert evidently needed his experience of depression to be serious enough to motivate him to directly face and work through it, as he states, “because it was the only way I was going to make my life better and reconnect, but I had to go so disconnected.” He was also in therapy at the time and began taking medication. Robert was able, after and because of this episode, to begin approaching the experience of depression as an opportunity for positive change and growth.

His depressive episodes during the past several years have been milder than his previous severe episode, have primarily been related to over-working, and have actually manifested in the form of physical illness. About 2 years ago, he experienced his last one of these episodes, at a point in his life when he had been completely consumed by work for an extensive period. He states, “…I was fully consumed by work for many, many weeks on end, and no real social life…and I really got depressed. You know, my body was sore. I was just run down. I was completely joyless.” Robert initially dealt with this by verbally lashing out at people in his workplace, while in a state of extreme irritability (“I do have an ability when I’m depressed to be like the darkest storm cloud you’ve ever seen and actually frighten people”), and his supervisor intervened, suggesting that he take a couple days off and get away to rest. Whereas he previously would not have done that, he did decide to go to a retreat center, which helped him to recuperate through a spiritual re-connection with the world via nature. This is a significant example of his developing
ability to utilize the experience of depression as an opportunity for personal growth and healing:

…I think as a person who won’t take that break, or I wouldn’t at that time until I got depressed and really dark and was pulled…I wouldn’t take that break. I wouldn’t do it, and I think the depression, you know, it was necessary for me. Again, it was created by me to say, unless I get depressed, I’m not going to just give myself the break. I’m just going to work myself into the ground, and now, I don’t do that as much…actually, now I just take the break before getting depressed.

During the past year-and-a-half Robert has “been on this road to really growing and putting myself back together and having much, much more shallow downtimes with very high resiliency…to the point where I would say I’m close to depression-free currently.” Concerning the relationship between his depression and sexual orientation issues, it is evident that Robert has experienced growth and healing through a meaningful process of self-acceptance and self-affirmation:

…My depression is, in many ways, a coming out story…I was the isolated outsider who detached, detached, detached, until it impacted everything, became depressed and then had to kind of slowly put it back together…I do think that part of my finding happiness and wholeness has to do with not being so critical about the fact that I did that, just being compassionate towards myself that that was my process, yeah, self-forgiveness.

Interview Data

Self-isolation and conformity as destructive suffering outcomes: Avoidance/denial through emotional disconnection. The experiences of self-isolation and conformity are closely related destructive outcomes that have resulted from Robert’s depression. The painful isolation that was such a central aspect of his first episode became greater as he increasingly chose to isolate himself from others. For Robert, this also coincided with conforming behavior, in which he further repressed his homosexuality and his true self. He states, “I think maybe a negative outcome of that early depression was that I isolated
myself more and conformed, which...delayed my self-actualization.” The negative impact on his process of self-actualization is vividly expressed in his statement, “I think it’s served to sort of beat me down a little bit, beat myself, my internal spirit, my actual me into a degree of conformity.” Concerning the essential contributing factor to these outcomes, it is clearly a chosen response to avoid the pain related to his depression and repressed homosexuality:

...And just saying, well, this hurts so much to feel this way, so why don’t I just not feel? Yeah, and maybe it taught me unfeeling, because that’s really what the isolation is about for me was a disconnection from emotion...Simple kind of Pavlovian response...Pain caused by x, avoid x. Pain caused by being connected and caring what other people think and say...having emotional connection to the world causes pain, therefore don’t have emotional connection to the world.

*Self-disconnection and identity crisis as a destructive suffering outcome:*

*Avoidance/denial through an experience-junky lifestyle.* Robert’s increasing self-disconnection and its resulting identity crisis emerge as destructive suffering outcomes of his depression. Although he does not seem to have experienced identifiable depressive episodes during his time in Germany, there was apparently some level of depression present within him, which he avoided by developing an experience-junky type of lifestyle:

I still had a level of emotional disconnection...I did a lot of this escape thing...I went to Germany and lived there...I moved around a lot...I think moving around so much and so much stimulus, I think I used a lot of stimulus to keep me from being depressed...I was never really happy. I didn’t really experience joy at all. I could experience pleasure, and I could experience lots of things and be highly stimulated...I think I became a little bit of an experience junky, in a way. Travel, new places, new museums, new people, new sexual encounters...it was negative because it never got me that connected to...that kind of place where...peace and happiness are not in experiences of a million things, but they’re just in the moment of existence. Researcher: “Did the experience-junky lifestyle perpetuate the disconnection?” I think it perpetuated it...because there was always this idea of every new place I went I could be a slightly new person...yeah, it perpetuated the idea of a created self as opposed to a genuine self, and I became rather a
master of a created self to the point where I didn’t really know where the border was, what was me.

Robert avoided confronting and dealing with his disconnection and depression. He countered unhappiness and the absence of joy through constant pleasurable stimuli, which in turn resulted in greater self-disconnection and an eventual identity crisis.

Work-related problems as a destructive suffering outcome: The role of narcissism. Robert’s experience with depression has resulted in harmful consequences within his professional life, involving job loss, burnout, and relational difficulties with co-workers. Referring to his depressive episodes he states, “They have sometimes led to really irritable moments and my creating professional situations that are untenable, leading me to having to quit a job because I really burned bridges…” There is a description of burnout in terms of Robert’s physical exhaustion and of his frightening behavior toward co-workers, as he also states, “When I exude negativity, it can just bring everyone else down. I mean even employer abusing, one of my people who I work closest with, she said, ‘it’s just scary, you know’?” Interestingly, he identifies narcissism as an essential contributing factor to this outcome:

I think that the lashing out part and the really, you know, look at me…it has this narcissistic element to it, I think. I think for me, it gets to a certain point where I just need someone to say, “what the f---, you know, relax. It’s not all about you. Just go take a couple days off and everything will still be there, and maybe you’ll be a lot better and you’ll be a lot less destructive, actually, to other people around you.

The clear implication is that Robert’s narcissism, his self-absorption and distorted sense of personal importance, has led to burnout and damaged interpersonal relations in the area of professional work.
Emotional reconnection/self-integration as a redemptive suffering outcome: The healing response of active engagement/working through. Robert’s experience of emotional reconnection and self-integration emerges as one of the most prominent redemptive suffering outcomes resulting from his depression. Following his early adult depressive episode, he was able to experience a deeper level of emotional reconnection, in relation to both self and others. He states:

I think a positive outcome of that period was, I think I allowed myself to settle into a small circle of friends…that I could be more open with, that I could start expressing my real feelings. I think it was a switch from, whereas previously, maybe I felt that the solution to the terrible feeling of this kind of like low depression was more isolation and more disconnection. I think at this point I sought more connection and a greater depth in friendship.

Robert chose to change his response pattern toward depression; whereas his prior response pattern had been based on avoidance/denial of the pain within his depression and related issues, he is now beginning to choose to openly accept and process his emotional experience, within the context of meaningful relationships.

This outcome is most powerfully represented by Robert’s response to the serious episode during his mid-late 20’s. Referring to the existential identity crisis that was intensifying within him, he states:

This was in a period that I had been going through some talk therapy for quite a while, because I felt this always lurking that there was this problem…I mean, honestly, because I felt all this lurking, I felt I needed it. I felt like this was going to help me at some point, and then finally, I think I needed to have that depressive episode really bad in order to finally agree to take drugs, to take antidepressants, and that was a real positive outcome…it’s possible that I myself made it happen because it was the only way I was going to make my life better and reconnect, but I had to go so disconnected. I remember when I was younger, even when I was in college, I felt like depression was something I never attained but definitely looked at. It was like looking into the abyss and not jumping in, and then finally, my ex pushed me away, or, the situation I created of complexity and hysteria pushed me over the abyss, and that was a good thing. Researcher: “You needed to go into the abyss…” Yeah, I needed to come to terms…I wouldn’t say I jumped into it
willfully then, but I finally went in, I got in there...the positive outcome was that, okay, it’s now bad enough that something has to be done.

This is a profound example of Robert’s evolving active engagement/working through response pattern. Whereas he had previously avoided fully engaging and processing his depression (“I was too controlled, it just kind of lurked there...it was like this chasm, and I would stay focused on it, but I would be on the edge of it, kind of circle it...but I wouldn’t actually be in it”) he now chose to “go into the abyss” and to view doing so as a constructive decision. Remarkably, he chose to approach his depression as an opportunity for potential growth and healing and, because of this choice, it became a source of positive transformation for him. Robert discusses this as an essential aspect of his self-realization/integration process, stating, “Now I think it really is a tool for me...I think I view that now my depressions in...adult life, age twenty and onward, they’ve been a catalyst for change, a catalyst for action.” It is also important to note the significant roles of therapy and medication as well.

*Personal renewal/spiritual reconnection as a redemptive suffering outcome:*

*Overcoming narcissism through depression, humanism, yoga, and nature.* It is evident that Robert experienced personal renewal as well as spiritual reconnection as results of his most recent depressive episode, because he approached depression as a tool and opportunity for growth. He states:

I went to Breitenbush, just kind of a day retreat out there and just got to kind of reconnect with the world a little bit...Any spirituality I have is...now it’s a little more humanism, but it’s also more kind of a nature-based thing and connection to the world through nature...I just needed to take a day off. I wouldn’t take that break. I wouldn’t do it, and I think the depression was necessary for me. Again, it was created by me to say, unless I get depressed, I’m not going to just give myself a break. I’m just going to work myself into the ground.
Robert also experienced his depression as an opportunity to overcome his narcissism, which is central to his taking a break from work, resulting in an experience of healing integration. He states:

I think the important thing for me is to become a little less selfish, a little less self-centered...and at a certain point, the more positive outcome is just saying, you know, the world is going to keep moving on its axis if I take a day off and go to Breitenbush. It’s not all about my obligations...in a way I think I’ve found myself a little bit more by thinking a little less of myself. I think also that a lot of my connection and happiness now has been more coming from yoga and from humanism, where it’s not a self-centered thing...it’s more the idea of an oversoul, or a totality, and that I’m just this speck of dust and not even that. Yeah, and I can be a very, very happy speck of dust, because it just is...you can just be.

Indeed, Robert’s humanistic therapy and yoga practice have primarily contributed to a significant decrease in depressive episodes during the last 2 years, as he states, “I would say the two things that have played the biggest recent role in my having almost no depressive episodes in a couple years have been...intensive, productive, humanist counseling and yoga practice.”

Greater empathy as a redemptive suffering outcome: Self-compassion and compassion for others. The positive outcome of greater empathy has resulted from Robert’s experience with depression, although its meaning for him assumes a uniquely personal form. Rather than a more general reference to increased empathy because of his own pain, he specifically affirms a greater compassion for others that is rooted in self-compassion and overcoming harmful self-criticism. He states:

So it does come back to compassion toward myself. I think where it comes is I think I can have a lot of compassion for other people when realize that so much of their unhappiness is maybe caused by their own self-criticism and not just accepting. So, I think that has helped me to grow to be more forgiving of other people, more compassionate for other people, to understand that I can make myself so unhappy just by being so hard on myself.
The suffering within Robert’s depression, directly related to his struggles with self-acceptance and self-criticism, has led to a growth outcome in terms of greater compassion for others based on his identification with their similar struggles and his own developed self-compassion.

*Greater strength as a redemptive suffering outcome: Experiencing depression as a growth process.* While Robert does indicate that a sense of greater strength has resulted from his depression, he discusses this also in a uniquely personal way. As he contrasts his own experience of depression with those whose suffering represents more of a severe episode, he states:

But for me it feels like a growth process, and I suppose I feel stronger through growth. I suppose I feel like a stronger person through having to learn the methods by which I cope with depression…I think that the, not the experience of depression itself, but the discovery of positive outcomes has made me feel stronger as a person.

It is significant, that for Robert, his sense of greater strength has not resulted from merely surviving his painful depression, but rather from his growth process, based on the actualization of positive outcomes. Two important points are apparent here: that for Robert, greater strength and growth are closely related, and that becoming stronger through depression depends on experiencing growth through it. The active engagement/working through response pattern is also evident in his reference to learning coping methods; he has become stronger by directly processing and working through his depression.

*Greater appreciation for life as a redemptive suffering outcome: Valuing life through experiencing its absence.* Robert acknowledges that a greater appreciation for
life has resulted from his depression. He values life more, because he has experienced the absence of a vital and meaningful life:

Researcher: “Is there a contrast between not feeling alive when depressed and a greater appreciation of life?” Yeah, I mean, I think that what you said rings true. I mean, the idea that…being depressed, that feeling of kind of hopelessness…life feels like a burden and not something to be appreciated, it’s joyless. I think at its worst, with major depression, you wish to be without it, you wish to be without life. I think coming out of it is acceptance of the ups and downs and compassion for self and situations. It just makes you much more appreciate every breath you take…I think I love life a lot more than I used to.

Significantly, there is an apparent association here between greater appreciation for life as a positive outcome and an active engagement and working through of the process of depression. Robert again expresses his own unique perspective regarding this outcome by stating, “I wouldn’t necessarily say that depression helped me appreciate life, but appreciation of life helped me to be without depression.” Therefore, while he clearly does appreciate and value life more because of his experience with depression, this seems to indicate that the outcome is more meaningful for him in terms of its role in effectively countering his depression.

Questionnaire Data

*Essential contributing factor to destructive suffering outcomes: Disconnection from self and others.*

In response to the question, “What do you believe accounts for the negative and destructive outcomes that have resulted from your depressive episodes?” Robert states:

Considering that the negative and destructive outcomes for me related to isolation, withdrawal, escape and irritability, I think that a lack of very close emotional and physical connection between me and the outside world. I become totally consumed by my brain and words. I think a lack of self-awareness and spirituality and self-love contributes and an intense attempt to connect to others, but not myself, has led to these types of negative/destructive outcome.
This appears to confirm interview findings in terms of the emphasis on the destructive impact of Robert’s choices to disconnect from himself and others, which also seems to imply his avoidance/denial response pattern.

**Essential contributing factor to redemptive suffering outcomes: Active engagement in growth/healing process.** In response to the question “What do you believe accounts for the positive and constructive outcomes that have resulted from your depressive episodes?” he states:

My taking control and positive action to better my mood has led to the positive constructive outcomes: these actions include, seeking good, constructive counseling; seeking medical (pharmacological) treatment; Exercise, in particular yoga; activities that yield tangible products and/or allow me to express my feelings and ideas: crafts, music making.

This appears to confirm interview findings in terms of the emphasis on Robert’s choices to engage actively in the process of working through his depression toward growth and healing, in these particular ways and the previously unreferenced source of personal creative work.

**Essential contributing factor to the difference between the contrasting outcomes:**

**Engaging in the process of change and self-acceptance.** In response to the question, “What do you believe accounts for the difference between these contrasting outcomes of your depressive episodes” Robert states:

The major variable for me relates to my ability and strength to change my patterns of behavior rather than wallowing in my depressed state; most notably, to breathe (yoga) and not take myself and my situation so seriously or be so tortuous of myself. In other words to simply accept who I am and where I am at a given point in time.

This appears to confirm interview findings in terms of an emphasis on his choices to engage actively in the process of working through his depression by learning effective
coping strategies and embracing self-acceptance, rather than perpetuating avoidance/denial through narcissism.

*The impact of chosen response on the contrasting outcomes: Self-compassion vs. narcissism.* In response to the question, “How has your personal response or attitude toward your suffering influenced these outcomes?” Robert states:

If I recognize or label it “suffering” then it is suffering. But if I take a lighter attitude and response to my given circumstances, (i.e. “just lighten up and be easier on myself”) then a positive outcome seems more likely. When I show myself more self-compassion, and place myself as a small being in a larger world, the outcome is better. When I become narcissistic and totally self-centered, then the outcome is negative.

This is consistent with interview findings in terms of a negative outcome resulting from a narcissistic response pattern, and a positive outcome resulting from a response pattern characterized by self-acceptance.

*The impact of social/relational support on the contrasting outcomes: Being other-directed vs. being self-directed.* In response to the question, “How has social or relational support influenced these outcomes?” Robert stated:

Strangely, the more I talk to friends about my depressive episodes, the more likely I become more entrenched in it and the more likely a negative outcome (escape, irritability) will result. It seems that a greater sense of being within myself, through meditation, yoga, etc., and less through seeking the approval of others has had a more positive influence on these outcomes than simply social or relational support.

It is noteworthy that for Robert the factor of social/relational support has apparently resulted in a more negative outcome. An other-directed orientation, in which he seeks the approval of others regarding his experience with depression, has clearly led to a harmful influence; while a self-directed orientation through meditation and yoga has led to a more positive outcome.
The impact of religion/spirituality on the contrasting outcomes: Organized religion vs. personal spirituality. In response to the question, “Has religion or spirituality influenced these outcomes? If it has, please describe this influence.” Robert stated:

Religion has not influenced these outcomes in a traditional sense because I am quite emphatically opposed to including any kind of organized religion in my life. Perhaps because of this, a conscious pushing away of religion and thereby spirituality has led to more isolation and more negative outcomes for me. As I become more able to experience positive outcomes, I find myself attaching a bit more to a very personal spirituality of compassion, love of nature, and appreciation of the world around me. If anything, I think the experience of more positive outcomes, through self-awareness, yoga, ongoing humanist counseling, is leading me to a more spiritual sense of being.

He is distinguishing sharply between the impacts of traditional, organized religion, which has resulted in negative outcomes, and a personally meaningful spirituality, which he associates with positive outcomes. It is interesting, as well, to note that Robert seems to indicate that his evolving spirituality is a result of positive outcomes, rather than the other way around.

Posttraumatic Growth Inventory Data

Destructive suffering outcomes/negative crisis. For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 15.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that overall, Robert has not experienced significant change in his perception of new possibilities resulting from depression as a negative crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 19.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that overall, Robert did not experience significant
change in his perception of relating to others resulting from depression as a negative crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 14.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Robert did experience some significant change in his perception of personal strengths resulting from depression as a negative crisis.

For the subscale factor Appreciation of Life, comprising 3.0 items, there was a total score of 7.0, with a mean score of 2.0, corresponding to a “very small degree” of change in this area. This appears to indicate that Robert did not experience significant change in his perception of appreciation of life resulting from depression as a negative crisis.

For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 2.0, with a mean score of 1.0, corresponding to “no change” in this area. This indicates that Robert did not experience any change in his perception of spiritual change resulting from depression as a negative crisis.

For destructive suffering outcomes/negative crisis, comprising 21.0 items, there was a total score of 57.0, with a mean score of 3.0, corresponding to a “small degree” of change, which appears to indicate that Robert has not experienced a significant degree of posttraumatic growth resulting from depression as a negative crisis.

Redemptive suffering outcomes/positive crisis. For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 21.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate
that Robert has experienced significant change in his perception of new possibilities resulting from depression as a positive crisis.

For the subscale factor Relating to others, comprising 7.0 items, there was a total score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Robert has experienced significant change in his perception of relating to others resulting from depression as a positive crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 21.0, with a mean score of 5.0, corresponding to a “great degree” of change in this area. This appears to indicate that Robert has experienced significant change in his perception of personal strengths resulting from depression as a positive crisis.

For the subscale factor Appreciation of Life, comprising 3.0 items, there was a total score of 17.0, with a mean score of 6.0, corresponding to a “very great degree” of change in this area. This appears to indicate that Robert has experienced very significant change in his perception regarding appreciation of life resulting from depression as a positive crisis.

For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 5.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that Robert has not experienced a significant change in his perception of spiritual change resulting from depression as a positive crisis.

For redemptive suffering outcomes/positive crisis, comprising 21.0 items, there was a total score of 90.0, with a mean score of 4.0, corresponding to a “moderate degree” of change, which appears to indicate that Robert has experienced a significant degree of posttraumatic growth resulting from depression as a positive crisis.


Anne

Biographical Sketch

Anne is a 54 year-old Caucasian woman who is on permanent disability from her career as an occupational therapist. She holds a bachelor’s degree, is currently going through the process of divorce, and has a twenty-three year old adopted son. She has a Catholic background, but currently is a strongly devoted practitioner of Tibetan Buddhism. Anne’s history of mental health services includes seeing a psychiatrist, psychologist, licensed clinical social worker, active participation in a depression support group, and medication.

Anne’s experience with depression began at a very young age. Her mother suffered from bipolar disorder and as a young child she had direct and extensive exposure to her mother’s episodes and hospitalizations. Anne’s first depressive episode occurred at 10 years old, characterized primarily by withdrawal. Although she asserts that it was mild and lasted about 3 months, her vivid description suggests an intensely frightening experience for a child of that age:

My experience was that everything had suddenly become black, and I remember feeling like there was this black, tarry monster that was always around, and that I couldn’t pick my feet up or get away from him and the only thing I could do was crawl up in bed and stay there, and didn’t want to come out… I also thought the world was going to end and I remember wishing, at times, that this black monster would come and get me and put an end to it.

This appears to be her first experience of what would later become severe suicidal ideation.

Anne experienced her next depressive episode at the age of 14 when she began high school. Her mother’s condition was worsening, which made it difficult to go to school. Her mother then died in a fire caused by her mental illness, and as she lived with
just her mother, this left her alone. Anne went into a depressive episode for a couple of
months, involving intense grief, suicidal ideation/tendencies, and an inability to attend
school. She states:

Then I went into a depression that probably lasted a couple months. I was still
functional, but I wasn’t able to attend school, and I think was also just processing
a lot of grief…I think the negative outcome was that I was sent to see a
psychiatrist, and diagnosed as schizophrenic and put on medication that was
absolutely horrid, and I wasn’t schizophrenic. So, I gained a real distrust of the
mental health professions.

This initial, negative experience with the mental health system is significant, particularly
in influencing the outcome of her next episode.

After her mother’s death Anne’s father, whom she had not seen in years, showed
up and she lived with him for a few months, before moving out on her own. She got a job
and an apartment and supported herself from the age of 15 to 17. When Anne was 17, she
experienced a severe depressive episode that led to a suicide attempt:

The depression got so bad that it got to what I call the point of no return, where
there’s no reason. It’s just all so black and dark that the world’s better without
you, and you’d be doing everybody a favor and there’s no way to see through
this…The only answer was to make the world a better place and kill yourself, and
so I tried to commit suicide, which I think that was a real positive thing. The
friend’s house which I tried to do that connected me with her brother, who was a
fireman. Instead of putting me into the mental health system, they both worked
with me and watched me very closely, and I was able to come out of the
depression and get back to life and to school. It turned out to be a real positive
thing, and I went and got an apartment and a job and took classes at night.
Researcher: “That sounds like a young age to have that sort of experience.” Yeah,
I didn’t think about any of that…other than I knew that I was not going to go to a
hospital…or to see another psychiatrist…and so I was very fortunate, and I think
the outcome could have been much different had I been thrown back into the
system…and their support was immense.

Because of this tremendous support and being able to stay out of the mental health
system, Anne was able to make it through that severe episode/suicide attempt and resume
a productive, self-sufficient life.
Anne’s next depressive episode occurred at the age of 26, during a very positive time in her life in which she had gone back to school for a career change, was doing a lot of volunteer work, serving on committees, playing softball, a time that she describes as “productively manic.” She states:

I think the first thing I noticed was that I felt sad and I wasn’t sure why…then I started to lose energy, and of course, that interfered with my schedule…it got to the point where I couldn’t keep up with work and school and I was missing appointments. I was managing a softball team and wasn’t showing up for games, and then it just seemed like everything that I did was wrong, and I started going downhill at that point.

Anne began taking medication, which helped to bring her out of this episode and resume work and school, a process that lasted about 2 months. After this, she was relatively symptom-free and productively hypo-manic until around the age of 35.

At 35, Anne went into a depressive episode that has led to her going in and out of depression on a continuous basis up to the present, and for the last 10 years she has experienced a constant state of low-grade depression. Around the age of 48 or 49, she went into another severe depressive episode that culminated in another suicide attempt.

She states:

…It started very lightly…I just noticed that, oh, I’m normally a very cheerful person, and that things were a little gloomy, and then I found that I didn’t want to go to my son’s football games or a lot of his activities…and it just progressed from that to crying and then this darkness that came back again, and then I just wanted to curl up in a corner. I really didn’t want much interaction with anyone…and then I got back to this point where…I was a burden to everyone, including my son, and that I could solve all those problems if I just died…and then I tried to commit suicide.

Anne’s son was instrumental in stopping her suicide attempt, which they processed together through honest and difficult conversations, involving the essential question from
her son, “How could you do that to me?” and Anne explaining her “point of no return.”

This also helped her son to identify and seek treatment for his own depression.

Since this last severe episode and suicide attempt Anne has not been actively suicidal, but has experienced severe episodes characterized by isolation and withdrawal, involving both situational and medication-based causes. During the last 6 years or so she has not been able to stabilize her brain chemistry and has remained in a state of constant low-grade depression. She states:

I’ve not got above ground; I’ve stayed on the negative part of the scale for at least the last 6 years, and so I still haven’t been able to get the brain chemistry back. So there’s always this low-grade depression, and then there are times where it dips down and goes lower, and then it comes back up, but it never gets to the point where I’m out of depression at all.

However, even within these circumstances she has been able to pursue many productive and meaningful activities that improve the quality of her life as well as the lives of others. She has publicly shared her experiences with depression through participation in a television interview, writing a personal history for list serves, and participation in a depression support group, which has been especially important for her. She has been involved with fundraising for a national mental health group, and because of her own experience has been able to help friends and their families who struggle with depression. She has also developed a very strong spirituality grounded in the practice of Tibetan Buddhist meditation, which helps her to work through her depression and provides a profoundly meaningful foundation for her life.
Interview Data

Isolation and a shame-based identity as destructive suffering outcomes: Shaming messages and negative self-definition. It is very clear that negative, shaming messages have been a prominent source of destructive impact on Anne’s depression:

I think probably the biggest detrimental and negative experience that I’ve had that I can’t see any value in at this point in time is having that attitude from people about, oh, why can’t you get up? Or, why can’t you get out of the house? Or, why would you consider killing yourself? Or, you’re just worthless for that.

She has struggled throughout her life with a strong sense of self-shame, relating to such messages, which has led to isolation and withdrawing from personal relationships. She states, “I think the shame was extremely strong. Mainly, I had a mother who also was, I’m pretty sure, manic-depressive, in and out of the hospital a lot, and there was a lot of negative. So, the shame really had instilled in it, it just didn’t change.” She also states:

I think the shame adds to the isolation. I was afraid to tell anyone about my depression, and I only had one close friend that I would even be around when that happened…when you can’t get out of bed, you don’t want to leave the house, you know, everything looks like dark, black muck. People don’t want to be around you…most people will gravitate away from that, because people are drawn to positive not to the negative. So I would usually isolate, which was very destructive for myself. It was very negative because…some people would think, oh, she doesn’t want to talk to me anymore because I wouldn’t return calls and wouldn’t have communication for long periods of time.

The shaming messages and responses of others regarding her depression, as well as the experiences with her mother’s condition, influenced the development of a shame-based identity; her sense of shame about her depression led her to isolate and withdraw from personal relationships, damaging them.

While to a certain extent the shaming messages and responses from others are in themselves a contributing factor to Anne’s shame-based identity and isolation, another
important factor is her own chosen response to the situation of her depression. Although
certainly understandable and perhaps at times even unavoidable, she did choose to isolate
and withdraw, which may indicate an avoidance/denial response pattern. Yet, more
significantly, she acknowledges a choice to define herself in terms of shame and to
embrace a shame-based identity, saying in effect, “I’m so depressed. I am just this
terrible depressed person, and that’s what you identify with, and that can be a
negative…”

_Arrested growth process as a destructive suffering outcome: The cost of the_
avoidance/denial response pattern. It is evident that Anne’s growth process was blocked
and prevented at certain points, a particular aspect of which related to her identity
transformation. When she chose to maintain a shame-based identity, she did not move
forward in growth. This is apparent within the context of Anne’s gradual shift in identity
and the role of her depression support group in this process, as she states, “…at one point
I didn’t say anything to anyone. I was ashamed of my depression and felt it was a
weakness and a fault…and then I think that’s where having been in the depression
support group, I became more open…” The depression support group has been a central
element in her growth process, in helping her to transition from a negative, shame-based
identity to a more constructive identity regarding her depression; before her participation
in the group, her predominant tendency was to avoid/deny her depression, which
prevented this healing transition. Anne’s avoidance/denial of her depression also
specifically relates to her self-identity, presenting a significant relationship with her
shame-based identity and the prevention of her growth:

…It’s sort of like a double edged sword. You can go, no, I’m not a depressed
person, and that can be very negative because you’re denying it. Then the other
side of the sword can be...I am just this terrible depressed person, and that’s what you identify with, and that can be a negative side of the sword too...I am my depression, or I’m not a depressive person. I think both extremes are real negative, and they keep you locked in, or at least it kept me locked in to that.

Avoiding/denying her depression kept Anne stuck in a place where she could not move forward in her growth process.

“The point of no return” as a destructive suffering outcome: Avoiding the warning signs of suicide. A central experience in Anne’s history with depression is what she calls “the point of no return,” an allegedly biochemical condition and a suicidal state that has resulted in her attempts to commit suicide. She states:

…My thought over the years is that there’s a chemical place that I call a point of no return, where my chemical balance gets shifted to the point that no matter how much I love life and would not ever want to die, that when that happens the only thing I can see is that death is the only answer.

The element of personal control and choice is significant here, and Anne indicates that depression in this condition is not controllable, while she is able to make a choice and influence this outcome before this condition is established. She states, “I think there’s a difference between depression that is controllable and depression once the chemicals get so far out of whack that...I don’t have control over the outcome. The key is just to stay away from that point of no return.” It is apparent that when Anne has not actively engaged in the process of noticing the “red flags” or warning signs of this suicidal condition, she has gone past the point of no return and attempted suicide. She states, “…and with the chemical depression, when my chemistry just gets off whack, then I just drop, and if I don’t catch the red flags or the signals and go in and change it, then I end up in that point of no return...I can’t take care of it myself.” Clearly, prior to the point of no return, Anne is able to exert a significant degree of control that can prevent that
outcome, but if she does not engage in and work through the warning signs within her depression, she becomes dangerously suicidal.

This is evident within her episode and suicide attempt at 48 or 49:

I really didn’t want much interaction with anyone, which was hard on my son, and I didn’t realize how hard at the time. I had friends who would ask me and I said, no, I’m just fine, and then I got back to… the point of no return…then I get to the point where I just agree with people. They’ll say, well, you should do this, you should do that, and I’ll become dishonest and say, yeah, I will do that, and I just want them to go away. Researcher: “Right. It’s a way of coping?” Yes absolutely, which is not beneficial for anyone either, and then the isolation just becomes worse, and as that happens, you know, it’s a slippery slope downhill, and then I tried to commit suicide.

There appears to be an avoidance/denial pattern in response to the warning sign of concern from friends, which led to the point of no return and her eventual suicide attempt. Although Anne’s other avoidance/denial behaviors of dishonesty and isolation occurred after her point of no return, and while these are certainly understandable behaviors that may be beyond personal control in that situation, as coping strategies they seem to suggest a degree of personal choice and control.

*Personal growth/healing and identity transformation as redemptive suffering outcomes: The active engagement/working through response pattern, relational support, and spiritual practice.* The most prominent positive outcome of Anne’s depressive episodes is her own and others’ personal healing through depression, often involving a constructive self-identity transformation. As she began choosing to actively engage in and work through her depression, she experienced growth/healing and was able to contribute to the growth/healing of others. When she chose to face and process her depression, she experienced a powerful identity shift away from self-shame and toward a sense of value, which enabled her to help others in the transformation of their negative
identities. The depression support group has been essential to her growth process and her ability to contribute to the growth of others; referring to her choice to talk openly about her depression, she states:

…it gave me a sense of that I was able to help other people, that my difficulties with mental illness could help someone else, and so that was all very positive. Researcher: “But of course, to get to that point, right, you have to be honest with yourself first, and you talked a lot about that, just that acceptance.” Yes, and to get to that point…a very large part of it was the depression support group. I would not have got to that point, I don’t think, without the depression support group…The first few months I hardly talked, and that was the first time I actually, publicly, said anything about it.

Honestly accepting and choosing to work through her depression resulted in a more positive self-identity and the ability to contribute to the growth/healing of others.

Anne’s choices to directly face and work through her depression, with the help of the depression support group, led her to participate in a television interview about depression:

Then I think that’s where having been in the depression support group, I became more open and even did an interview with one of the local TV stations about depression, which was a big step for me, because then you’re going totally public. So, I went from being totally private with this, but also seeing the benefit of the conversations of being open, honest and direct with my son, rather than trying to cover it up or say it was something other than what it was. The benefits I saw of that, I think, is what led me to be so public…I had multiple phone calls and probably developed ten, twelve really close friendships out of that, of people that I see a few times a year, but also know that when they get in trouble they call, and so that’s been very positive.

Anne’s transition from an avoidance/denial response to an active engagement/working through response toward her depression resulted in growth/healing for others. An important aspect of this is evident in relation to her son’s depression, as she states:

I think that my experience prior to his was beneficial in the sense that when I asked him about it…and at first it was, no, and then did a contrast and compared things, and he agreed. I don’t think he would have done that had I not had that episode just prior where I was suicidal and we were very open and talked a lot
about depression…So I think that could have been much different if he had not
gone through that with me and I’d not been honest.

She has also experienced significant growth/healing as a result of engaging and working
through her depression within the context of her spiritual practice. Referring to the
process of honestly accepting her depression, she states, “To get to that point, part of it
was my spiritual practice.” Anne affirms that the Buddhist perspective of valuing an
active engagement/working through of suffering, rather than its avoidance/denial, has
positively influenced the outcomes of her depression:

Researcher: “Do you see a connection between the Buddhist perspective on
suffering…a real value toward acknowledging and going into it, processing it,
experiencing it directly as opposed to the denial…and outcomes for yourself in
depression?” Yeah, absolutely. In the beginning it was harder…because the point
is to sit with whatever the situation may be and then go in as far as you can, until
you’re uncomfortable and then go a little bit further, and then just watch it and see
if there are any changes. Well…I always thought it would either send me into a
massive depression or kill me…and so my spiritual teacher actually sat with me
through two of the times that I got a little bit close in, and I was really amazed,
because what I found was those things didn’t happen, and there was a shift, there
was a change. Every time I got a little bit closer and a little bit closer to it, there
was this little shift and this little change. Then, on two particular major issues that
I had a lot of post-traumatic stress about, over a six month period of just sitting
and working on that and looking at it, the shifts all added up. So, yeah, I think it’s
been profound.

Anne has clearly chosen, through her spiritual practice, to directly engage and work
through her depression-related trauma, which has resulted in profound growth and
healing in her life.

Greater empathy as a redemptive suffering outcome: Humility and the role of the
“wounded healer.” Greater empathy for others is a positive outcome that has resulted
from Anne’s experience with depression and suicide. She apparently has a deepened
sense of humility, choosing to learn from her experiences and recognize how much she
does not know or understand concerning the experiences of others. She states:
The positive aspects that come out of it are that I think every time there’s growth and you learn a little bit more about yourself. You learn more and gain a greater understanding of other people, and so you gain compassion for others…I realized that there’s so much I don’t know. At one point I was also really critical of people who would try to attempt suicide, and now I have a much better understanding of that…I had a friend’s son who committed suicide last year. I also had my lawyer commit suicide last year. One of the benefits of having experienced all the depression… was that I…volunteered to have conversations with people who couldn’t understand…suicide…and at the service…tried to help those who were left behind experience that, and I could have never done that without my own experience.

Anne has chosen to utilize her painful experiences as opportunities to develop greater humility and empathy toward others; she views her depression as valuable because, based on her own process of growth and self-knowledge, she has been able to help others in their experience with depression.

*Greater strength as a redemptive suffering outcome: Self-competence and empowerment.* Anne affirms a sense of greater strength that has resulted from her depression, a stronger sense of competence and empowerment because of valuable learning, experience of positive growth, and not allowing negative messages from others to influence her:

Researcher: “Is there a sense for you of, I’m a stronger person because of what I’ve come through, do you see that as a positive outcome?” Oh yeah, absolutely. Yeah, and I’ve learned that I can do a lot of things I didn’t think I could do before. I don’t think that people’s negative attitudes have had any bearing at all on that. I think it’s been more the things that I’ve learned and the positive outcomes, and being associated with other people who have been majorly depressed, that was real beneficial in there.

*Questionnaire Data*

*Essential contributing factor to destructive suffering outcomes: The lack of social support.* In response to the question, “What do you believe accounts for the negative and
destructive outcomes that have resulted from your depressive episodes?” Anne states, “Other people’s response to my lack of interest in life and to them during depression, plus a lack of understanding about chemical depression.” This appears to confirm the strong interview data findings regarding the destructive impact of other people’s insensitivity and non-supportive responses to her depression.

*Essential contributing factors to redemptive suffering outcomes: Greater honesty and understanding.* In response to the question, “What do you believe accounts for the positive and constructive outcomes that have resulted from your depressive episodes?” Anne states, “I gained a better understanding of depressive episodes and I was willing to be honest with others about my experience.” This appears to confirm interview data findings regarding the positive impact of her learning process concerning depression and of her choices to honestly face and work through her depression with others.

*Essential contributing factor to the difference between the contrasting outcomes: Non-supportive responses from others.* In response to the question, “What do you believe accounts for the difference between these contrasting outcomes of your depressive episodes?” Anne states, “Others’ statements of ‘How could you do that?’ ‘Don’t you care about anyone other than yourself?’” This appears to confirm interview data findings regarding the crucial role of other people’s responses to her depression, implying that non-supportive responses have resulted in destructive outcomes, while supportive responses have resulted in constructive outcomes.

*The impact of chosen response on the contrasting outcomes: The active engagement/working through response pattern.* In response to the question, “How has your personal response or attitude toward your suffering influenced these outcomes?”
Anne states, “My personal understanding has had a positive influence on my self-acceptance and given increased awareness of warning signs of minor depression, so I can make changes in my life or medications before it becomes a major depression.” This appears to confirm interview data findings regarding the elements of self-awareness, self-acceptance, and the change process; her choices to engage and understand her depression have resulted in greater acceptance and awareness of it, as well as an ability to change its course.

The impact of social/relational support on the contrasting outcomes: The safety net of close relationships. In response to the question, “How has social or relational support influenced these outcomes?” Anne states, “Close friends that are willing to learn about depression and suicide now have my permission to ask if they see changes in behavior I may be missing, plus our relationships have become closer.” This appears to confirm interview data findings regarding the positive impact of close friends, and particularly indicates her openness to feedback from trusted friends about concerning behavior, as a way to protect her safety.

The impact of religion/spirituality on the contrasting outcomes: The positive influence of spiritual practice. In response to the question, “Has religion or spirituality influenced these outcomes?” Anne states:

My spiritual practice has had a very positive influence on the following: fewer depressive episodes; I no longer go into that deep, deep darkness and require less help from mental health professionals; due to my two hour daily meditation practice I also notice when my depression is returning soon, so I can make changes in my life style or medications.
This appears to confirm interview data findings regarding the profoundly constructive impact of Anne’s spiritual practice, specifically indicating protective outcomes that are present in the interview data but not reported in the findings.

Posttraumatic Growth Inventory Data

Destructive suffering outcomes/negative crisis. For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 11.0, with a mean score of 2.0, corresponding to a “very small degree” of change in this area. This appears to indicate that Anne has not experienced a significant change in her perception of new possibilities resulting from depression as a negative crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 26.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Anne has experienced a significant change in her perception of relating to others resulting from depression as a negative crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 15.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Anne has experienced a significant change in her perception of personal strengths resulting from depression as a negative crisis.

For the subscale factor Appreciation of Life, comprising 3.0 items, there was a total score of 10.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that Anne has not experienced a significant change in her perception of appreciation of life resulting from depression as a negative crisis.

For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 9.0, with a mean score of 4.5, corresponding to a balance between a “moderate
“significant degree” and a “great degree” of change in this area. This appears to indicate that Anne has experienced a significant change in her perception of spiritual change resulting from depression as a negative crisis.

For destructive suffering outcomes/negative crisis, comprising 21.0 items, there was a total score of 71.0, with a mean score of 3.0, corresponding to a “small degree” of change, which appears to indicate that Anne has not experienced a significant degree of posttraumatic growth resulting from depression as a positive crisis.

Redemptive suffering outcomes/positive crisis. For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 18.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Anne has experienced a significant change in her perception of new possibilities resulting from depression as a positive crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 28.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Anne has experienced a significant change in her perception of relating to others resulting from depression as a positive crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 17.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Anne has experienced a significant change in her perception of personal strengths resulting from depression as a positive crisis.

For the subscale factor Appreciation of Life, comprising 3.0 items, there was a total score of 12.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Anne has experienced a significant
change in her perception of appreciation of life resulting from depression as a positive crisis.

For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 6.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that Anne has not experienced a significant change in her perception of spiritual change resulting from depression as a positive crisis.

For redemptive suffering outcomes/positive crisis, comprising 21.0 items, there was a total score of 81.0, with a mean score of 4.0, corresponding to a “moderate degree” of change, which appears to indicate that Anne has experienced a significant degree of posttraumatic growth resulting from depression as a positive crisis.

Jennifer

Biographical Sketch

Jennifer is a 30 year-old Caucasian woman who is a full-time student in a nursing program, works as a medical assistant, and holds an associate’s degree. She is single and has been through two divorces, with no children. She identifies herself as a Protestant-Evangelical Christian; this religious/spiritual tradition was important in her upbringing, involving active church attendance, and it is important and central in her current life. Jennifer’s history of mental health services includes child-counseling, brief adult counseling, and seeing a psychiatrist for medication management.

Jennifer first experienced depression as a child, and while she does not identify actual depressive episodes that occurred during her childhood, her symptoms and behavior represent significant struggles with depression. She states:

I wrestled with some of it even as a child, not to, necessarily, to suicide. I didn’t really know that that was an option as a kid, and even as a teenager it wasn’t an
Her depression and acting-out behaviors related directly to abusive dynamics from her father. As the oldest child, she felt that she had to protect her mother and younger sisters, and experienced strong anxiety and a sense of helplessness because of her inability to do that. She states:

I had that hopeless feeling and not knowing what to do…I had this burden of protecting my sisters and wanting to protect my mom and not being able to do a lot of those things…just feeling a lot of anxiety and this deep sadness to the point of, I would just cut my clothes, take the scissors and cut them or do things like that.

Jennifer also seems to have experienced some depression and significant disruption in daily functioning while in high school.

Jennifer began to experience a more serious level of depression during her first marriage, in her early 20’s. Contrasting the severity of disrupted functioning between childhood and as an adult, she states, “…I wouldn’t say until my early, or until my twenties when I was going through the first marriage, I definitely struggled with depression but not, necessarily, the suicide, but really a sense of hopelessness.” Her daily functioning was disrupted to the extent that there were days where she could not get out of bed and go to work. She began to fantasize passively about suicide as a way to gain a sense of control over her life (“It was something I could choose. I choose when I was going to die…I could somehow manipulate it”) but with no intention of acting on her thoughts:

I wouldn’t necessarily think about suicide, but…on the way home I would kind of imagine myself being in a car accident, or running into a pole, and how it would
probably look like an accident…I’d see a pole and go, hmmm…I have life insurance, things would be taken care of…and then, every time I went past that pole, I might think about it…and then, you know, on bad days, sometimes I would find myself kind of wishing it would happen or just praying it would happen, but not necessarily thinking that I would do anything to cause it.

Jennifer experienced some depression as well during her second marriage and the divorce process regarding this marriage, as well as the discovery that her ex-husband from the first marriage was remarrying, triggered a depressive episode and quasi-suicide attempt at the age of 26. Prevalent symptoms included “absolute hopelessness, just complete despair and self-loathing, and I just never got a shower for days. I didn’t get out of bed for days.” She also vividly describes her subjective experience as “a choking feeling…It was pretty awful that drowning feeling sensation, which a lot of my dreams, actually, tended to be that way during that time…I could never see whatever was choking me, I could never see it.” Jennifer’s roommates were not at home when she decided to play around with some pills, not enough to kill her, but to prepare for a later serious attempt:

It wasn’t a serious attempt at first, because I wanted, if I was going to do it, I wanted to make sure I really did it right…and I didn’t want it to be horrible, and wanted to plan it where nobody who loved me found me…so I kind of played with some pills just to see how far I could take it, and then really make sure that the next time, I didn’t wake up type of thing…The end result just kind of made me feel better just to think I was even getting closer to it.

After she had taken the pills, her stepfather had a strong feeling that something was wrong with her and told her mother to call her. Her mother called, but she lied and said everything was fine; her stepfather did not believe it, so he called and prayed for her, which was helpful, and sent her mother from Idaho to stay with her.
Her mother’s visit greatly helped Jennifer to come through that episode, particularly, her mother’s emotional and physical presence was a powerful source of healing for her:

My mom was definitely instrumental, at least, even making me eat even when I wasn’t wanting to eat…just saying, “Go take a shower, fix your hair, go take a shower,” almost making…it was actually really helpful, just even having her there, and not having to talk about anything. I could just lay in bed, and she just sat there with me in the quiet, just sat there for hours with me…she even just having me laying on her lap with my head on her lap, and she pet my head like she did when I was a little girl, and it was really sweet…She was there for about four days…and I was able to actually function after she had been there, and function enough and think through things enough to know that I needed to see a doctor or find out what to do.

Jennifer began taking medication, which quickly stabilized her mood, for about 8 months, and then functioned fairly well for about 1.5 years without medication.

She then experienced another depressive episode about 1.5 years ago. She was a full-time student and was working part-time, and the episode significantly disrupted her daily functioning as she struggled to make it to her classes. While there does not appear to be an identifiable external trigger for this episode, she was clearly having a very difficult time coping with general stress in her life. The situation progressively worsened over several months until Jennifer was experiencing almost constant suicidal ideation. Her difficulties with coping led to the belief that suicide was her only option, and again, thoughts of suicide gave her a sense of control. Comparing this experience to suicidal thinking in her first episode, she states:

I would say it was pretty similar as far as the obsession and really wanting to do it and feeling like…that was one thing I had control over…for some reason I just felt like I almost didn’t have a choice…that was the only thing I felt relief in, just even thinking about it…I really felt like I couldn’t deal with life, really, that was my only choice.
However, there is clearly a conflict here between control and non-control, as she states, referring to her suicidal thinking, “Something I thought, maybe, I had control over, but I really didn’t have control over it. It was a vicious cycle. It was a Catch-22.” What she believed she was controlling was really controlling her. Jennifer met with a psychiatrist, resumed medication, and rather quickly began to experience a significant decrease in the frequency of her suicidal thoughts.

Regarding her current functioning she states, “I’m able to, definitely, able to function. But, I need to stay medicated, because even if I start to go off for a few days, I don’t necessarily start thinking about suicide, but I feel different. I don’t feel normal.” Referring to her depression, she states:

I’m fine talking about it…it probably does help to get some of it out, but as far as what’s going to help me function on a day to day basis, it wouldn’t be talking about it. It would actually be the medication. I absolutely feel like I can’t go without it, I mean, and function the way that I do now. I don’t want to. I don’t even try it yet because it’s so awful when I’m not on it.

Jennifer clearly believes that medication is effective and necessary to manage her depression. She also believes there is a genetic basis for her depression and that this is a further reason for her need to remain on medication, stating, “…my natural father is schizophrenic and bipolar. Both sides of the family have schizophrenia…I have an aunt who’s schizophrenic on my mom’s side…I have two other sisters who really fight with depression.” What is particularly interesting to note, here, is that Jennifer affirms that medication is more helpful in maintaining her daily functioning and health than verbally processing it, presumably either through therapy or personal relationships.

Finally, it is important to emphasize that Jennifer did not make a serious suicide attempt and to understand her motivation for this decision. It is apparent that she
experienced substantial guilt concerning her suicidal thinking, because of negative views about suicide from her Christian tradition and upbringing. Whereas she has previously struggled with this as a more destructive type of guilt, she seems to affirm a type of constructive guilt concerning the impact of suicide on her family, which appears to be the central motivation for her decision not to commit suicide. In thinking about the impact of her suicide and its meaning for her family, she states:

That’s been kind my guilt…I feel like somehow I’d be letting them down…I’d feel like I’d let life down, the life that God gave me…What am I saying? What is my legacy then…not that I’m really into my legacy. But, you know, what kind of example would I be leaving for my…What would I be saying to my sisters with my death and my life?...It’s a huge piece for me… that was a huge, huge weight for me not to do it…I won’t say the only, but the biggest…For me personally, what does that mean, and that affect on family, so it is intertwined in there.

Jennifer clearly values her family and the meaning of her life for her family; she chose not to end her life, to remain in life and work through her depression and suicidal tendencies, because she wants the meaning of her life to be constructive and to positively influence her younger sisters.

Interview Data

Self-condemnation/isolation as a destructive suffering outcome: Guilt and choosing against self-forgiveness. Self-condemnation is an essential destructive outcome resulting from Jennifer’s depression. In response to negative, shaming messages about suicide from her Christian tradition and upbringing, she experienced a sense of guilt and shame because of her suicidal thinking. Reflecting on her struggles with this guilt/shame and the process of self-forgiveness, she states:

I’m a good enemy for myself sometimes, you know. I’m my worst enemy…I can kick myself pretty hard. Researcher: “When you’re doing that self-condemnation, whatever, however you would term it, what does that look like when you’re in that place?” Ugh, it’s very isolated. I’m just very…I love the word condemnation
because that’s exactly what it is. You’re condemning yourself to this 
isolation…When I’m in that state, there is no forgiveness in some ways, in that 
state…I’ve made it such a part of my life to be hard on myself and hate 
myself…it is a habitual pattern.

Jennifer’s habitual response pattern of choosing against self-forgiveness has resulted in 
the destructive experiences of self-condemnation and isolation; indeed, she condemns 
herself to isolation.

*Consuming depression and arrested growth/health decline as destructive 
suffering outcomes: The cost of the avoidance/denial response pattern.* Another 
prominent destructive outcome resulting from Jennifer’s depression is a consuming 
depression and decline in health, a perpetuation of her suffering and its manifestation in 
arrested growth and health decline. She states:

It consumes me more than just allowing myself to go through it, because where 
fighting it, it’s constantly, it’s constantly there tapping on my shoulder. It’s 
constantly on my mind because I’m constantly trying to escape it…when you’re 
trying to hide from it, you’re going in circles, you’re going wherever, and you’re 
here, there, zigzag. You’re just trying to hold it off for a little time, to buy 
yourself a little bit more time, that’s all you’re doing, you’re not going anywhere.

The avoidance/denial response pattern is evident here as an essential contributing factor; 
when she attempted to escape facing the reality of her depression it worsened and became 
more consuming, preventing her from growing beyond it. The manifestation of this 
consuming depression in terms of a decline in Jennifer’s health is strikingly apparent:

When I’ve chosen not to deal with it or tried to get away from it, it eats, it does it 
on me, you know, mentally, emotionally, physically, it does eat on me…eating, 
basically, my time through the day…it’s taking parts out of my day, or my 
thoughts are with it. Even when I’m not thinking about how it’s affecting me, it’s 
affecting me in my dreams, because I choose not to think about it during the day. 
So, it has to come out, and sometimes it will come out in my dreams or in my 
appetite…My appetite will change one way or the other, usually it changes it 
where I just kind of can’t eat, and it becomes kind of a physical thing where I’m 
run down…where I’m more tired, because I’m not eating. I’m not taking care of 
myself…I’m just kind of escaping. Because I think if, when you’re trying to
escape one, if one part of your life is not balanced, then it comes back, and it kind of takes the other parts of your life out of balance.

This is a vivid description of the process of avoidance/denial, compensation, and the resulting harmful impact on Jennifer’s health; the avoidance/denial response toward her depression resulted in a destructive process of compensation in which her life became pervasively unbalanced, harming her mental, physical, and emotional health.

Overcoming guilt as a redemptive suffering outcome: The process of healing and choosing self-forgiveness. Jennifer’s overcoming of guilt is an essential positive outcome resulting from her depression. She has been able to experience significant healing from the guilt/shame that she internalized from her Christian tradition and upbringing.

Referring to the factors that have contributed to her overcoming of guilt, she states:

Time, in a way that I’ve been able to see, over time, healing through my relationship with God and healing that I’ve seen come from my depression, you know, in other people. I think that, as time goes on, the more positive things that I’m able to glean, that other people are able to glean, that guilt really does loosen...It gives way to more positive things in life...the positive and the healing is that, as that consumes, or as that envelops more areas of my life, the guilt kind of loses its place more and more...there’s not much room for it.

For Jennifer, her process of healing over time has become so pervasive that there simply is not much room left in her life for guilt. The positive outcomes resulting from her depression seem to have naturally removed guilt from her life.

Her chosen response of self-forgiveness toward her depression/suicidal thinking is an essential contributing factor to her overcoming of guilt. Her choices to forgive rather than condemn herself have enabled and empowered her to overcome destructive guilt.

She states:

I would say, the biggest part for me as far as my own choice in it is allowing to forgive myself...I need to also allow myself to forgive myself, so that I release myself from that guilt, and the only way I can release from that guilt is...through
my relationship with God, or I feel that my capacity for forgiveness is related to him, is linked to him…the more I’m able to give up, just let go of and allow to be healed and allow myself to be forgiven by myself, that the easier it is for the guilt to fall away.

Jennifer’s capacity for self-forgiveness is rooted in her relationship with God; as she allows herself to experience divine healing and to forgive herself she is able to overcome that damaging guilt.

*Beauty/“pearl of compassion” as a redemptive suffering outcome: Transforming ugliness and the active engagement/working through response pattern.* A central positive outcome that has resulted from Jennifer’s depression is simply beauty or what she refers to as a “pearl of compassion.” She has experienced the transformation of her depression and its ugliness into something beautiful, something of value and worth for herself and others. What has made this transformation possible is her choice regarding what she does with the ugliness of her depression. She states:

That is a big deal to me because…of the legacy of life kind of thing. That’s actually been, definitely, a defining moment as far as how do I want to take it, because I can’t erase the depression…and so, what am I going to do with that? I can either run from it for the rest of my life or never deal with it, which I’m dealing with it by not dealing with it. So there is that option which is just, I don’t want to do that…Or, I guess my other option, and this is the one I’ve chosen…I do revisit it. I can’t help it. The scars are still there…But…how am I going to let this affect me? It’s had a nice chunk of my life already. How much more of it am I going to give in to the pain of it all, or give in to the ugliness?...Instead I want to take the ugliness and use it for something beautiful…turn the ugliness of this pain and guilt and suffering into a pearl of compassion…I want to take that…and turn that into, or allow it to be turned into something beautiful and like a pearl of compassion and grace for myself and for somebody else…something that’s actually worth something…and that’s actually a treasure…as opposed to this badge of ugliness…I don’t want my legacy, what I have to express in my life, what I have to share with other people, I don’t want it to be this gritty, ugly, sandy…the pre-products of a pearl. I don’t want to pass something off to somebody else, and even continue to give to myself or feed myself something ugly.
This is a powerful affirmation of Jennifer’s commitment to transform the suffering within her depression into a source of healing for herself and others, of her ability to choose how she will respond to her depression and what it will mean for her life. This commitment is the basis of her choice to engage and work through her suffering, rather than avoid/deny it, which results in its transformation into a valuable and beautiful source of healing compassion.

*Greater empathy as a redemptive suffering outcome: Working through personal pain and caring for the pain of others.* Jennifer has experienced greater empathy as a positive outcome resulting from her depression. Through her processing of her own pain and suffering, she has gained a greater ability to empathize with the pain and suffering of others. She states:

> Having gone through a depression and considered suicide, I think one thing that’s been positive for me is my ability to be compassionate towards other people…greater compassion for other people. I’m able to listen to somebody without having that judgment, and also, having gone through it, I know how to just listen…I think it’s been good for me and positive for me in that aspect, that it’s opened my eyes to pain and hurt…had I not gone through it…I’d have a very, very limited amount of understanding in ways.

Jennifer affirms that because of her own painful experiences with depression and suicide she has a deeper and more compassionate understanding of the pain of others. Referring to her decision to face and work through her own pain, she states:

> I can’t honestly see any other way, how not to have faced it and really dealt with the experience of it…I don’t think I would have been able to carry it over in my own compassion and understanding, I don’t think I would be able to carry it over to somebody else having not faced it first and walked through it.

She is able to be more deeply empathic toward the suffering of others because she has chosen to engage and work through her own suffering.

*Greater strength as a redemptive suffering outcome: Coming back from the dead.*
A greater sense of strength is a positive outcome that has resulted from Jennifer’s depression. She affirms becoming a stronger and more courageous person through the choice not to give up and to keep pushing through her painful depression. She states:

Even not giving up, it’s something that depression has taught me. I mean of course, our choices that we make, but it’s given me something, some sort of strength and courage that’s allowed me to just push on…and so it’s given me a sense of courage and strength and self-confidence…I feel like I’ve been in that dark place where failure has consumed me. It’s beaten me up and left me for dead, and I feel like it’s had its way with me, and I’ve been able to come back from that. I feel like it hasn’t taken the best from me…I feel like it hasn’t taken all of me…and I hold that part of me very, that’s very dear to me. I just feel like a kind of resilience, I guess.

This is a powerful description of how she has become stronger through the experience of her depression (“a beat up, but transformed and stronger person”), of the profound strength and courage that has resulted from her choices to engage and work through her depression.

Greater appreciation for life as a redemptive suffering outcome: Valuing life through the experience of death. A greater appreciation for life is a positive outcome that has resulted from Jennifer’s depression. She values and appreciates life more because she has experienced the deadening effects of depression. She states:

I feel like I get out of life a lot more. I feel like I appreciate things like the sky better, or more. I feel like I appreciate things about my life and living more…I feel like…I’ve been in a place where I feel dead…I feel like I definitely experienced that, where parts of me are deadened. I think of…like a starfish…when you cut off their legs they will eventually grow back. There’s something that regenerates there, and sometimes they grow back in different colors…and I feel like that’s kind of been my thing with my life…In a sense that I’ve got this part of me that has been deadened by depression, that somewhere along the path of recovery from it, those parts of my life that were deadened have grown back and maybe possess different colors…it’s always been a part of my life. It’s just transformed into something that looks different and not necessarily ugly, something that can be very beautiful, in fact, a different color.

And also:
I think that I do value it more… Whereas before, I just feel like I did take it for granted, and I was ignorant to pain and ignorant to suffering, and now, having those parts deadened, and then come back to life, only to be transformed into something more wonderful, I think, wow, I really do possess a gift, something that I really should preserve, and it’s given me that greater desire to preserve life, not just for me, but to help other people preserve it for themselves, to recognize how important it is and how beautiful it is in that, it is something worth treasuring, even the deadened parts.

These remarkable statements exhibit the great extent to which Jennifer values and appreciates life more because she has experienced the deadening absence of life through depression. She affirms having previously taken life for granted, when she was “ignorant to suffering,” but now, due to her own suffering, she experiences life as a treasured gift, and even more significantly, this motivates her to help others gain a greater appreciation for life and to value its deadened elements.

Questionnaire Data

Essential contributing factors to destructive suffering outcomes: The nature of depression, self-pity, and the avoidance/denial response pattern. In response to the question, “What do you believe accounts for the negative and destructive outcomes that have resulted from your depressive episodes?” Jennifer states:

My personal experience with depressive episodes leads me to believe that the nature of depression is complete wreckage. Like a disease that ravages the body, so does depression ravage the soul- often leaving scars in its place. For me, these scars sometimes act as a haunting reminder of a time when hopelessness was the only air I breathed and tears the only food I ate. It is only when I re-visit these times in my life (when I experienced these depressive episodes) for the purpose of something other than the remembrance of my own pain and suffering that it becomes something other than a solely negative and destructive result.

This response seems to indicate 2 findings that are present, although not explicitly reported, in the interview data. One finding is that the nature of depression itself leads unavoidably to destructive outcomes (“Just having gone through it, even having some of
those thoughts of suicide in my mind, I don’t think that you ever totally get over them, at least, in my experience, I haven’t…it’s always there…it’s taken form in my life”). The other finding is that her chosen response of self-pity leads to destructive outcomes (“I can either run from it for the rest of my life and never deal with it…I can take all these scars and show them off, get a lot of sympathy…just keep revisiting them and thinking, oh god, they hurt so bad…do I want to just keep revisiting them and just feeding this sickness?”). Jennifer’s avoidance/denial response pattern appears to be related directly to her self-pity response and its resulting destructive outcome.

Essential contributing factor to redemptive suffering outcomes: Searching for the positive, and the active engagement/working through response pattern. In response to the question, “What do you believe accounts for the positive and constructive outcomes that have resulted from your depressive episodes?” Jennifer states:

I try to make a conscious effort to look at (what I would refer to as) negative experiences, with destructive outcomes, in a more positive light. This grants me the authority to strip away any power claimed by these negative experiences and use it as a commanding source that will benefit my life, as well as the lives of others, in powerful and positive ways.

This appears to confirm interview data findings regarding the constructive impact of her choices to actively engage her depression and define it as a source of positive transformation for both herself and others.

Essential contributing factor to the difference between the contrasting outcomes: Choosing to determine the impact and define the meaning of suffering. In response to the question, “What do you believe accounts for the difference between these contrasting outcomes of your depressive episodes?” Jennifer states:

I believe that it is a conscious decision that one makes to take what is adverse and destructive and find in it something that is purposeful, beneficial, and
constructive. By making the choice to choose how you will be affected by these depressive episodes, you are taking back some control over your life that may have otherwise been “lost” to depression.

This appears to confirm interview data findings regarding her choice to determine the impact and define the meaning of her suffering; actively engaging/working through her suffering in search of constructive possibilities results in a positive outcome, while not doing so results in a destructive outcome.

*The impact of chosen response on the contrasting outcomes: Approaching depression as a destroyer or a catalyst for positive transformation.* In response to the question, “How has your personal response or attitude toward your suffering influenced these outcomes?” Jennifer states:

When I dwell on my depressive episodes and only focus on how my suffering has affected me in negative ways I feel more depressed, out of control, and hopeless. The opposite is true when I try to view my experiences in a positive way. It is important for me to try and re-direct my energy toward the positive influences that my experiences have had in my life. This focus gives me back a sense of control and accomplishment because I am able to take something that has devastated my life and turn it into something that has the potential to build character and hope, making me a stronger and hopefully a better person in the end.

This appears to confirm interview data findings regarding the destructive impact of her choices to approach her depression as only a damaging force, and regarding the constructive impact of her choices to approach her depression as a potential catalyst for positive transformation.

*The impact of social/relational support on the contrasting outcomes: The healing presence of listening and understanding.* In response to the question, “How has social or relational support influenced these outcomes?” Jennifer states:
These support systems have influenced my life in very positive ways. Knowing that I had people around me that were willing to talk to me about the depression I was experiencing lessened my stress and made me feel that I was not all alone. Whether personal or professional contacts, I found it exceptionally helpful just in knowing that somebody was willing to listen to me and try to understand my position.

This appears to confirm interview data findings regarding the healing influence of someone genuinely listening and trying to understand her experience of depression, in both personal and professional relationships.

*The impact of religion/spirituality on the contrasting outcomes: A greater purpose for suffering in its constructive possibilities.* In response to the question, “Has religion or spirituality influenced these outcomes?” Jennifer states:

I believe that spirituality has influenced these outcomes. I believe that all life was created with a divine purpose. This purpose is not so that we are to be consumed by pain and suffering, although many in life will have experienced this in their life time. I believe that life was created for good and that good things can come from pain and suffering to serve a greater purpose….a purpose greater than ourselves. This focus helps me to remember that pain and suffering is temporary and that my purpose in life is for something greater and that good can come from my suffering if I allow it. All of this has helped get me through some of the most challenging times in my life as well as allowed me to touch the lives of others who have faced or are facing similar challenges.

This appears to confirm interview data findings regarding the healing impact of her relationship with God, her choice to participate in divine healing, and to believe that her suffering has a constructive purpose.

*Posttraumatic Growth Inventory Data*

*Destructive suffering outcomes/negative crisis.* For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 8.0, with a mean score of 2.0, corresponding to a “very small degree” of change in this area. This appears to
indicate that Jennifer has not experienced a significant change in her perception of new possibilities resulting from depression as a negative crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 15.0, with a mean score of 2.0, corresponding to a “very small degree” of change in this area. This appears to indicate that Jennifer has not experienced a significant change in her perception of relating to others resulting from depression as a negative crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 15.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Jennifer has experienced a significant change in her perception of personal strengths resulting from depression as a negative crisis.

For the subscale factor Appreciation of Life, comprising 3.0 items, there was a total score of 6.0, with a mean score of 2.0, corresponding to a “very small degree” of change in this area. This appears to indicate that Jennifer has not experienced a significant change in her perception of appreciation of life resulting from depression as a negative crisis.

For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 6.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that Jennifer has not experienced a significant change in her perception of spiritual change resulting from depression as a negative crisis.

For destructive suffering outcomes/negative crisis, comprising 21.0 items, there was a total score of 50.0, with a mean score of 2.0, corresponding to a “very small
degree” of change, which appears to indicate that Jennifer has not experienced a significant degree of posttraumatic growth resulting from depression as a negative crisis.

**Redemptive suffering outcomes/positive crisis.** For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 28.0, with a mean score of 6.0, corresponding to a “very great degree” of change in this area. This appears to indicate that Jennifer has experienced a very significant change in her perception of new possibilities resulting from depression as a positive crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 35.0, with a mean score of 5.0, corresponding to a “great degree” of change in this area. This appears to indicate that Jennifer has experienced a strongly significant change in her perception of relating to others resulting from depression as a positive crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 14.0, with a mean score of 3.5, corresponding to a balance between a “small degree” and “moderate degree” of change in this area. This appears to indicate that Jennifer has experienced some significant change in her perception of personal strengths resulting from depression as a positive crisis.

For the subscale factor Appreciation of life, comprising 3.0 items, there was a total score of 15.0, with a mean score of 5.0, corresponding to a “great degree” of change in this area. This appears to indicate that Jennifer has experienced a strongly significant change in her perception of appreciation of life resulting from depression as a positive crisis.
For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 8.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Jennifer has experienced a significant change in her perception of spiritual change resulting from depression as a positive crisis.

For redemptive suffering outcomes/positive crisis, comprising 21.0 items, there was a total score of 100.0, with a mean score of 5.0, corresponding to a “great degree” of change, which appears to indicate that Jennifer has experienced a strongly significant degree of posttraumatic growth resulting from depression as a positive crisis.

Dave

Biographical Sketch

Dave is a 53 year-old Caucasian man who works as a respiratory therapist and holds a bachelor’s degree. He is currently married, has been through 2 divorces, has 3 biological children, and 4 stepchildren. His religious/spiritual orientation is Protestant-Evangelical Christian, which is very central and important in his current life, identifying himself as a “disciple of Jesus.” Dave’s history of mental health services includes brief counseling, pastoral counseling, Christian counseling, brief marital counseling, and medication management.

Dave’s experience with depression began as a young child. His home environment involved alcoholism and verbal/physical abuse from his father and insecurity/unhealthy dependency from his mother. Referring to his family’s low socio-economic status in their community, he states, “I remember being depressed about how that was…and thinking that, man, boy did I get the wrong family, and feeling very
inferior. Concerning his experience of depression and other specific family dynamics, he states:

I remember feeling…For a 6 year-old to walk around with his head and shoulders slouched and his head hung down, I think that things had to have been, felt pretty awful for a 6 year-old…I remember at 7, my mother telling me that if it wasn’t for me and my brother and sister, she could leave…even though it never happened to me, the fear, the threat, the insecurity of not knowing, day to day, whether she was actually going to come back was always there…When I was 8 we had moved away, and then, because my father couldn’t find real good work, he had moved back to Montana. Well, we were still in Texas, and my mother just knew that he was cheating on her…and at that moment she started leaning on me as an equal and crying on my shoulder and divulging all of her wounds and all of her worries, at 8 years old. So, that became a very heavy load to be brought up to partner status…I was depressed all the time…I became every adept at seeming to be a very outgoing and gregarious person…and inside it was like fear and insecurity…at 10, I was so depressed.

Along with the damaging messages from his mother, Dave also received negative value messages from his father, as he states, “My father used to call me a worthless, fat-assed son-of-a-bitch.” Throughout his childhood, Dave hardly had any friends and struggled greatly with emotional isolation. However, at the age of 10 some classmates invited him to their church, in which he became involved and was able to experience caring relationships. He became a Christian at a summer camp and had the “amazing revelation…that there was somebody who loved me enough to never leave and never abandon me.” Yet, his depression persisted and he became disillusioned regarding his conversion experience. He began to experience suicidal ideation at the age of 7 in response to damaging value messages from his mother. He states:

But all this time, even at the age of 7, I started having suicidal ideation. When my mother would say, if it wasn’t for you and your brother and sister, I could leave…and go find someone who would take better care of me…and so, I started thinking, well, if I was dead…even at that early age, even at 10, I started concocting.

This became a foundation for a lifetime of dealing with suicidal depression.
Dave was 18 years old when he made his first suicide attempt, and while it was not as severe, and does not appear to be as centrally important as a later attempt, it is of course significant within his history of depression and suicide. He states:

I was 18 when I made my first attempt at suicide. It was like, okay, if you drown yourself in oblivion in alcohol, and then you put yourself face down in a bathtub just before you puke, just before you pass out, you can pass out and you won’t, you’ll be okay, right? You’re in oblivion and whatever happens, happens. Well, we were having a party, and I locked myself in the bathroom and did that. Well, some silly person kicked the door in and saved me…one of the people that we were partying with.

Also at 18, he entered a marriage in which he and his wife were both trying to find security in one another, which did not work, and she tried to find security in other men. He became an alcoholic as the marriage progressed, and as he states, “And so, the depression mounts, and it’s just a lifestyle. It’s no longer one instant over another. It’s just constant, constant depression.” He began riding with bikers and assumed a mean, nasty facade in order to keep people away and protect himself from being hurt. At this point, between the ages of 24 and 30, he met some people who were controlling things and others through witchcraft and Druidism, in which he became involved because of a sense that it could be a stabilizing force in his life. Regarding this involvement, he states, “This might be able to stabilize. I might be able to stabilize things…because this front is keeping people at bay. But…that façade never stayed in place, and I’d always feel depressed.”

At 30 years old, Dave experienced his most severe depressive and suicidal episode. He states:

The worst depressive moment was when I realized, at 30, that I was no longer controlling everything through witchcraft and Druidism. That, I had become a slave to the power that I was trying to control, and all of a sudden, I went into a place that nobody should go into…I felt like I was in a bottomless cavern, and
there were no shadows, just darkness all around and suffocation, suffocating darkness where breathing is impossible…and I thought, I’m done. I’m done. I can’t control this. I can’t control that. I can’t control anything in this life, but I control one thing, whether I live or die. So, I decided to opt out.

He deliberately took care of final practical tasks; he quit his job, paid his bills, called and lied to his family, telling them that everything was going great. Dave gives a vivid and striking account of his actual attempt, which is very important for understanding his survival of it, the aftermath and recovery process, and the profoundly determining experience that it represents in his life. He states:

I remember semi-vividly saying, God, I don’t know if you exist…But if you exist and you want me to stay, you’re going to have to give me the courage. You’re going to have to give me the strength. Whatever it’s going to take, you’re going to have to do it, because I’ve already made my decision…It’s all up to you now. I can already feel, you know, in my mind I’m thinking, I’m already bleeding out. The drugs are already taking affect…I’m done, and to wake up twenty-eight hours later, and to see the blood in the water, to see the bloody knife on the bed, to know that I took fifty pills, because I took those before I cut my wrist. To know that I’m still in the same bed, what a revelation that was that he said he would never leave me, never abandon me, and he didn’t…It was like a one-eighty, okay, now what? Well, I felt that I needed to discover who God was to me…

Dave went to the motel in front of his apartment building, snuck into one of the rooms, and stole a Gideon’s Bible. He spent the next 7 months, for about 12 to 14 hours a day, reading the bible and developing a strong relationship with God.

Since this attempt Dave has experienced deep healing through his relationship with God, specifically concerning his self-identity; whereas it previously represented a negative and damaging sense of worthlessness, it became and is now characterized by a positive and healing sense of value and worth. At 35, Dave married his current wife, who has been a great source of strength and healing for him; indeed, he believes that God has powerfully healed his insecurity and destructive self-identity through her faithful and supportive presence in his life. She continues to show him unconditional love, confirming
for him that she will not abandon him. He states, “I can’t emphasize enough what God has done to heal that 7 year-old’s insecurity, depression, inferiority, and death wish though this marriage. Moment by moment by moment, year after year, she has never left me…She always affirms that I am the love of her life.” Dave has continued to experience depression and suicidal ideation over the past 23 years, though not as severely as his earlier episodes. He has been on medication for the past 2 years, which stabilizes his mood and keeps him from serious depression. He maintains a passionate commitment to utilize his painful experiences with suicidal depression as opportunities to contribute to the healing of others, particularly his four stepdaughters.

**Interview Data**

“Worthless” self-identity as a destructive suffering outcome: Choosing to internalize negative value messages. A self-identity based in a sense of non-value and worthlessness is a destructive outcome that resulted from Dave’s depression. The negative value messages that he received from his parents during childhood contributed to the development of this damaging identity throughout his life. Of course, to a certain extent this outcome is likely unavoidable for a child within such a home environment. While he does acknowledge the developmental limits of choice, he does affirm both childhood and adult choices as contributing factors to this outcome. He states:

…It is not just their influence over me that caused all this to occur. It was my choices. It was my choice. I choose to feel sorry for myself. Now granted, a 7 year-old doesn’t have a lot of choices. But, a seven year-old can say, well, maybe things would be better if mom left dad and I was left here…my choice was to be totally insecure.
Dave’s choice to dwell on and internalize the negative value messages resulted in a self-destructive pattern that maintained a harmful identity. Reflecting on his chosen response to the pain and hurt of those messages, and resulting depression, he states:

> Well, to me, self-evaluation is a wonderful thing. But, if you dwell on it, if you start over-evaluating and saying, oh my gosh, I am…If you over-evaluate and you spend time dwelling on what those loud, negative voices say, well, it does nothing but heap on you and just keep on and keep on and keep on until you’re bent over, and to me, you can’t even see God because you’re so bent over.

The choice to accept an identity based in worthlessness, and its resulting harmful impact, is particularly evident in the following statement, in which Dave refers to his depression-related self-destructive behaviors as “garbage”:

> To me, that’s the same as it is with the garbage we choose to put ourselves through, in many cases. Now granted, we may not see the choices as being different or better. I mean, if you already know you’re worthless, and so any choice you make is worthless. So okay, I’ll just choose the worthless, obviously. I’m going to think positive expression and positive choices are so far out of my reach, I’ll just choose the least negative. What kind of life is that? It’s harmful. It’s a total, like chronic depression.

**Arrested growth process/worsening depression as a destructive suffering outcome: The cost of the avoidance/denial response pattern.** An essential destructive outcome that has resulted from Dave’s depression is an arrested growth process and the worsening of his depression. The result of worsening depression is vividly evident regarding Dave’s substance abuse behaviors. These statements immediately follow the previous quotation, repeating its last sentence:

> It’s a total, like chronic depression. Okay, do I drink a case of beer today or just a twelve pack? Well, if I drink the whole thing today, I won’t have any for tomorrow…and then, you wind up drinking the whole thing anyway. Because I think that in my situation, alcohol is a catalyst for more and more and more negative, is an extreme catalyst. Drugs of a depressive nature are an extreme catalyst. Drugs of an amphetamine nature, uppers, in their own protracted way, are a catalyst, because you’ve got to come down. Researcher: “Right, and what happens when you come down?” Completely, completely depressed. I don’t even
have any way to get more, and so you spend weeks and weeks and weeks in oblivion. Researcher: “What’s that really all about at the core?” Keeping the pain at bay. I’m not in pain. Researcher: “Numbing, escaping the reality of pain.” Exactly. I remember a 3 week time where me and three other guys were doing cocaine, amphetamines. We were smoking pot. We were doing downers and drinking hard alcohol, 3 solid weeks, we never slept, 3 solid weeks of oblivion.

It is clear that prior to Dave’s transformative shift following his suicide attempt at 30, he was more predominantly exhibiting an avoidance/denial response pattern toward his depression, which both worsened the depression, culminating in the suicide attempt, and prevented his growth and healing. This is vividly expressed in the following:

There’s a line from a movie, and the line is “All of us, at one point or another, have to choose what is right and what is easy,” and it is so true, that is such a revelation. I mean, people think we’re choosing between what’s right and what’s wrong. No, what’s right and what’s easy…Researcher: “Would it be accurate to say, Dave, that pre-thirty shift, you were choosing the easier way in terms of stuffing down, not dealing with the pain from past history associated with the depression?” Absolutely….Researcher: “Because to me it seems like, ultimately, it’s easier, even though in the end it’s more painful, to stuff the depression and not go there and not deal with the pain and the root of the depression. It’s easier to do that even though, ultimately, it’s going to cause you more pain and it just makes it worse, right?” Yes, absolutely.

Referring to his divinely guided growth/healing process, Dave states:

Because, if you allow him to bring that pressure to bear, he’s going to bring all that stuff up…and it’s going to hurt…and there are days, it’s going to be really, really ugly…Because you’re going to get depressed, and you’re going to walk around feeling, God, I can’t believe I feel so worthless and so helpless and so hopeless…Researcher: “But, if you keep pushing it all down and not dealing with it when it comes up, what’s the outcome?” You’re just going to be, really, a messed up individual. Researcher: “Depression is going to be worse.” You’re probably going to try to commit suicide again and again, or you’re going to go a different way and do protracted suicide…if I just drown myself in enough alcohol, I’ll die…Researcher: “Right…That’s my sense of hearing your description of pre-shift for you, at thirty. It sounds to me like that’s what you were doing. That’s the road you were on, right?” Yeah. Right. Oh, yeah.

Dave’s choices to avoid/deny his painful depression resulted in worsening depression and his suicide attempt, as well as the prevention of his growth and healing.
Transformed identity/healing process as a redemptive suffering outcome: The engagement/working through response pattern, constructive self-definition, and Divine empowerment. Perhaps the most prominent positive outcome resulting from Dave’s depression is the transformative identity shift and healing process that began after his suicide attempt at 30. Rooted in God’s power and guidance, he has gradually been experiencing a powerful transformation of his destructive worthless-based identity into a profoundly healed identity based on value and worth. He states:

This 23 years has been a whole different life…Yes, there’s been depression, and yes, there’s been that feeling of lack of worth. But, God didn’t say believe in me and I will change it today. He said, believe, and I will help you through it. I’ll be there for you, and if you volunteer, if you make the choice, I will prosper you. Well, prospering me doesn’t mean financially, to me. I’m prospering because my outlook has gone from a totally depressed, totally worthless, totally inferior, self-deprecating life to a life that actually sees that I have worth, that I’ve had worth…

Referring to the process of his identity transformation, he states:

I think from the moment that I woke up, I think it was 1 percent new identity, 99 percent old identity, and over the 23 years…God has just been healing and changing and increasing my value to him in my eyes, not in his eyes. In his eyes I have always had this kind of value. My way of seeing myself, my value in my eyes has gone up…All it’s been is my choice…to see me as he sees me.

Dave’s self-identity was positively transformed because of his choice to participate in God’s healing process within him, which essentially involved his choice to define his identity in terms of the worthy and valuable person whom God created him to be.

Dave’s participation in this healing process is powerfully expressed in his prayer to God at its beginning, which reveals his commitment to engage/work through the pain of his depression:

…When I first came back to my commitment to God, and I realized that I needed to make choices, I made a choice, and I prayed…Lord, bring all your pressure to bear to change me to be more like you. Researcher: “Be careful what you pray for, right?” That is just wrong. Because, if you allow him to bring that pressure to
bear, he’s going to bring all that stuff up…it’s going to be like dredging up a harbor, and it’s going to hurt, and it’s not going to feel pretty, and there are days, it’s going to be really, really ugly. You’re going to have to start all over again everyday when that stuff comes up.

Dave’s strong commitment toward engaging in and working through the suffering of his depression is clearly an essential contributing factor to his growth/healing process. This is also exhibited vividly in his “garbage metaphor,” in which the suffering related to his depression, and the processing of it, is described in terms of dealing with garbage. After describing his worst moment of depression, before his suicide attempt, he states:

I’ve experienced a number of them since where I failed to be the perfect Christian, and I feel like I’ve endangered my family, I’ve endangered my job. Now, I’m going to go through a month of hell…I don’t understand that. Okay, never mind. God is here. God is going to get me through it. I just have to walk through this and get out of it. But, you have to walk through it, and you have to choose to walk through instead of around, instead of ignoring. Instead of saying, well, okay, we’re not going to go there. We’re going to go back. Walking through the garbage, you have to get in the middle. I worked as a garbage man for awhile. You have to get in the middle of it to dig out of it. You can’t stand away from it and expect the…nowadays you can. But, you can’t expect the truck to just take care of it for you. You got to get in there, and you have to smell the stink, and you have to feel it, and you have to know it.

Dave’s engagement/working through response pattern is also apparent in his choices to process the pain of broken relationships with his biological children, which is a primary source of his suicidal depression. Whereas he previously compartmentalized it, which led to estrangement and damaged relationships, he now chooses to deal with it directly, which to some extent, is resulting in the healing of some of those relationships. He states:

But, even four years ago, I’ve got to try. I’ve got to open those doors and give us the opportunity to try…I leave that open, and that pain is real…everyday, that pain is the most predominant that would cause me to see that shadow [his suicidal thinking]. But, I don’t close those doors because I want…if at some point, the two girls decide, okay, I give up, I’ll talk to him. I want that to be open, and with my son, I want to leave that open so that he and I can continue. But, still that pain is
there. But, I have to believe, I have to choose that there’s a reason. There’s a reason for everything, and it’s not a matter of it’s all wonderful and glorious once you become a Christian…once you open those doors and let that pain…deal. It’s still going to hurt…But, you have to choose to allow it to get in.

This not only demonstrates Dave’s commitment to work through his suffering, but also reveals his vital need and choice to find a constructive and transformative meaning within it.

*Greater empathy as a redemptive suffering outcome: Wounds that heal.* Greater empathy is a constructive outcome that has resulted from Dave’s experience with depression. He has been able to identify more with the pain of others and contribute to their healing because of working through his own pain. This is evident in his professional work and his personal relationships with his stepdaughters:

Well, I go into patients’ rooms…and there’s…a family. They’ve got an 87 year-old grandma dying, and they can’t let go…all the guilt and all the pain…and I feel for all of them. I empathize with all of them…and I say, you know, this situation is so awful for you guys, and I don’t understand everything that’s going on with you guys. But…wouldn’t it be better, now, while she’s still here and still able to say goodbye, rather than to wait until she’s in a drug-induced coma and you can’t resolve issues? I say this with a certain amount of reservation because what would that mean? What would this mean if all the pain that I went through all just culminated in one act of empathy?…What would that mean if my whole life of garbage just meant that one moment?...and God would say, that’s what I did. That’s why I brought you out of it…You chose to call out my name, and I said, okay, I hear your voice, and now we’re going to use what happened to you for the benefit of these four daughters…God’s purpose is to say, you have these gifts, now pour them out into these four girls…It is huge, because the healing…from the relationship they had with their father and all the negative that happened, and all the difference that my presence with God’s help has made to overcome most of that, it’s been enormous…the difference it’s made in their lives is priceless.

Dave clearly approaches his painful experiences with suicidal depression as a source of potential healing for others.
Greater strength as a redemptive suffering outcome: A stronger person through the strength of God. Greater strength, that is, a sense of becoming a stronger person, is a positive outcome that has resulted from Dave’s depression, although he does not believe he is a stronger person solely in himself. He states, “I chose to commit suicide, and it wasn’t me who brought me out of it…apart from God, apart from…that relationship and the strength that that brings to me, I could just as easily do it tomorrow, today.” However, he does affirm being a stronger person through God’s healing and restoration in him:

Researcher: “Is there a positive, constructive outcome in terms of because of the… healing power of God in you, and you choosing to participate in that…is there a sense of being stronger?” Yes, in that relationship there is. It has brought me through twenty-three years of what I didn’t think would ever happen…ministry and doing the things I felt God was asking me to do for family and friends…his strength has wrapped me up…It has given me that strength. So, if he wasn’t there, I doubt that the strength would be there…The identity I have in him is a much stronger person.

Greater appreciation for life as a redemptive suffering outcome: Valuing life through a sense of purpose. A greater appreciation for life is a positive outcome that has resulted from Dave’s depression. Again, this appreciation for life, and valuing of life, is grounded in his relationship with God and the healing process that God has worked in his life:

Researcher: “Would you say that, in your relationship with God, your true identity in Christ and that shift in identity with depression, would you say there’s a greater sense of value of life, post-suicide attempt, since then and the growing and the identity that you’ve described?” Oh, definitely. Yeah, before my life was pointless. After, it has a point. There is a point…that moment where things just changed…yes, there’s a greater appreciation for what is possible. Whereas before, it’s like, well, nothing’s possible. This is just garbage. It’s pain and suffering. There’s still pain and suffering, but there’s hope that each day is different. Even though there might be pain in how I feel at this moment…There is a difference…I enjoy the life I live…It’s like, okay, what’s God got in store?…I enjoy the excitement of seeing each day, what kind of cool stuff is going to happen. So, in
that way, I guess you’re right. I do find a positive outcome, and I do find a value in life more than I did.

Dave has experienced a greater appreciation for and valuing of life through his suicidal depression because through his healing process his life has become meaningful, containing a purpose and possibilities that did not exist before.

Questionnaire Data

Essential contributing factor to destructive suffering outcomes: Choosing against life and healing. In response to the question, “What do you believe accounts for the negative and destructive outcomes that have resulted from your depressive episodes?” Dave states, “My unwillingness to reach for God; My choice to remain feeling sorry for myself; the decision to ‘die and eat worms.’” This appears to confirm interview data findings regarding the destructive impact of his choices against a healthier life rooted in God.

Essential contributing factor to redemptive suffering outcomes: God-given strength and courage. In response to the question, “What do you believe accounts for the positive and constructive outcomes that have resulted from your depressive episodes?” Dave states, “God’s strength and courage.” This appears to confirm interview data findings regarding the constructive impact of God’s empowerment through giving him strength and courage to change his destructive patterns.

Essential contributing factor to the difference between the contrasting outcomes: Personal choice, God’s presence, and medication. In response to the question, “What do you believe accounts for the difference between these contrasting outcomes of your depressive episodes?” Dave states, “My choices, God, and medication.” This appears to
confirm interview data findings regarding the central importance of his choices, God’s presence, and medication.

The impact of chosen response on the contrasting outcomes: Choosing toward God’s healing process. In response to the question, “How has your personal response or attitude toward your suffering influenced these outcomes?” Dave states, “By choosing not to dwell on the depression, I give God control and allow him the access to lead me out of the ‘swamp.’” This appears to confirm interview data findings regarding his choices to participate in God’s work to heal him rather than the negativity of his depression.

The impact of social/relational support on the contrasting outcomes: The role of divine support. In response to the question, “How has social or relational support influenced these outcomes?” Dave states, “Relationship with God.” This appears to confirm interview data findings regarding the foundational role of his relationship with God in determining these outcomes.

The impact of religion/spirituality on the contrasting outcomes: The foundational, healing presence of God. In response to the question, “Has religion or spirituality influenced these outcomes?” Dave states:

God led me out of my darkest, most tragic moment. Even though depression and suicide continue to haunt my days, it is God that guides me through “The valley of the shadow of death.” It is the hope of seeing Jesus that keeps me on track. When depression comes and I bottom out, I look to him for my strength & courage.

This appears to confirm interview data findings regarding the foundational role of his relationship with God, which empowers and sustains him through depression and suicide.
Posttraumatic Growth Inventory Data

Destructive suffering outcomes/negative crisis. For the subscale factor New Possibilities, comprising 5.0 factors, there was a total score of 6.0, with a mean score of 1.0, corresponding to “no change” in this area, indicating that Dave has not experienced any change in his perception of new possibilities resulting from depression as a negative crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 9.0, with a mean score of 1.0, corresponding to “no change” in this area, indicating that Dave has not experienced any change in his perception of relating to others resulting from depression as a negative crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 4.0, with a mean score of 1.0, corresponding to “no change” in this area, indicating that Dave has not experienced any change in his perception of personal strengths resulting from depression as a negative crisis.

For the subscale factor Appreciation of Life, comprising 3.0 items, there was a total score of 3.0, with a mean score of 1.0, corresponding to “no change” in this area, indicating that Dave has not experienced any change in his perception of appreciation of life resulting from depression as a negative crisis.

For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 2.0, with a mean score of 1.0, corresponding to “no change” in this area, indicating that Dave has not experienced any change in his perception of spiritual change resulting from depression as a negative crisis.
For destructive outcomes/negative crisis, comprising 21.0 items, there was a total score of 24.0, with a mean score of 1.0, corresponding to “no change,” indicating that Dave has not experienced any degree of posttraumatic growth resulting from depression as a negative crisis.

Redemptive suffering outcomes/positive crisis. For the subscale factor New Possibilities, comprising 5.0 items, there was a total score of 28.0, with a mean score of 6.0, corresponding to a “very great degree” of change in this area. This appears to indicate that Dave has experienced a very significant change in his perception of new possibilities resulting from depression as a positive crisis.

For the subscale factor Relating to Others, comprising 7.0 items, there was a total score of 28.0, with a mean score of 4.0, corresponding to a “moderate degree” of change in this area. This appears to indicate that Dave has experienced a significant change in his perception of relating to others resulting from depression as a positive crisis.

For the subscale factor Personal Strengths, comprising 4.0 items, there was a total score of 10.0, with a mean score of 2.5, corresponding to a balance between a “very small degree” and a “small degree” of change in this area. This appears to indicate that Dave has not experienced a significant change in his perception of personal strengths resulting from depression as a positive crisis.

For the subscale factor Appreciation of Life, comprising 3.0 items, there was a total score of 10.0, with a mean score of 3.0, corresponding to a “small degree” of change in this area. This appears to indicate that Dave has not experienced a significant change in his perception of appreciation of life resulting from depression as a positive crisis.
For the subscale factor Spiritual Change, comprising 2.0 items, there was a total score of 12.0, with a mean score of 6.0, corresponding to a “very great degree” of change in this area. This appears to indicate that Dave has experienced a very significant change in his perception of spiritual change resulting from depression as a positive crisis.

For redemptive suffering outcomes/positive crisis, comprising 21.0 items, there was a total score of 88.0, with a mean score of 4.0, corresponding to a “moderate” degree of change, which appears to indicate that Dave has experienced a significant degree of posttraumatic growth resulting from depression as a positive crisis.

Cross-Case Analysis

Participant Demographics

The participants for this study were 3 females and 2 males; 1 participant is in her early 30’s, 1 participant is in his late 40’s, and 3 participants are in their early to mid 50’s; all of the participants are Caucasian. All of the participants are college educated; 4 participants have bachelor’s degrees, 1 participant has an associate’s degree and is completing a bachelor’s degree, and 1 participant has a master’s degree. 1 participant is single, has not been married, and has a same-sex orientation; 2 participants are currently married and have been through prior divorce; 1 participant is currently going through a divorce; and 1 participant is single, having gone through prior divorce. Three participants identify with a Protestant-Evangelical Christian religious/spiritual orientation; 1 participant identifies with a Tibetan Buddhist religious/spiritual orientation; and 1 participant does not explicitly identify with a religious/spiritual orientation, but does exhibit a spirituality based in yoga, humanism, and nature. Each participant’s mental health history includes multiple professional services and medication management; the
importance and effectiveness of counseling/psychotherapy varies within the participants’ histories, but all substantially affirm the effective role of medication within their depressions. Four participants dealt with active suicidal ideation, while 1 did not; 2 participants have seriously attempted suicide, 2 participants have never attempted suicide, and 1 participant has acted on suicidal thinking in a sort of quasi-preparatory attempt.

Essential Converging and Diverging Themes

Worthless/Shame-based Identity/Identity Crisis as a Destructive Suffering

Outcome: Internalized Shame, Avoidance/Denial, and No Self-forgiveness. A central destructive suffering outcome that emerged for all participants is a harmful impact on self-identity, either in the form of a pervasive sense of worthlessness or shame or of a foundational crisis. Elizabeth’s self-shame originated in negative value messages from her father about her weight and appearance, which became a basis for shaming messages from the church about her depression. Robert’s identity crisis originated in his pattern of self-disconnection in response to his repressed homosexuality, was impacted to some extent by shaming messages from a bully, and seems to involve some implicit self-shame. Anne’s self-shame originated in her childhood experience with her mother’s depression and in shaming messages from others regarding her depression. Jennifer’s self-condemnation originated in shaming messages from her Christian tradition and upbringing about suicide. Dave’s sense of worthlessness originated in negative value messages from his parents and a constant threat of abandonment. While the sources of these difficulties with self-identity vary between participants, each participant experienced a harmful impact on self-identity resulting from depression.
The contributing factors to this outcome also vary among participants. For Elizabeth, Anne, Jennifer, and Dave, there is a certain extent to which it is unlikely that they could have avoided experiencing a harmful impact on their self-identities, given their developmental circumstances as children and the fact that, even for adults, shaming messages do perhaps result in some unavoidable internalized shame. However, it is also apparent that the factor of chosen response is essential for each participant. Elizabeth, Anne, and Dave chose to internalize or accept a negative, shame-based identity; Robert chose to avoid/deny his self-disconnection and identity crisis; Jennifer chose not to forgive herself for actively contemplating and preparing for suicide. While it is certainly important and necessary to acknowledge factors beyond the participants’ control, their chosen response does emerge as the most essential contributing factor to this destructive outcome of their depression.

*Isolation as a Destructive Suffering Outcome: Absence of Support, Avoidance/Denial, and No Self-Forgiveness.* Isolation is a destructive outcome resulting from depression that most participants experienced. For Elizabeth and Anne, isolation resulted from the absence of relational support concerning their depression, particularly through the misunderstanding and insensitivity of others and their shaming messages, relating directly to problems with self-identity. There also does appear to be an element of chosen response for each of them, in terms of choices to isolate and withdraw from relationships. Robert’s isolation is intimately connected with conforming behavior, and while the absence of relational support may be implicitly involved, he chose to avoid/deny the pain of his repressed homosexuality and related depression through emotional disconnection. Jennifer’s isolation resulted directly from her choices against
the process of self-forgiveness regarding guilt/shame from being suicidal. Although the experience of isolation is present within Dave’s history of depression, it apparently has not been a destructive outcome for him. The essential contributing factors to the destructive outcome of isolation for Elizabeth, Robert, Anne, and Jennifer, are clearly the absence of relational support and their own chosen responses.

*Worsening Depression/Arrested Growth as a Destructive Suffering Outcome: The Avoidance/Denial Response Pattern.* Most participants experienced a worsening of their depression or the prevention of their growth process as a destructive outcome of their depression. Elizabeth’s depression became worse when she chose to avoid dealing with it. Anne was prevented from moving forward in her growth process, the transformation of her negative self-identity, when she chose to avoid/deny the reality of her depression. Jennifer experienced both the worsening of her depression and the prevention of her growth, manifested by a marked decline in her health, when she chose to avoid dealing with her depression. Dave’s depression became worse and his identity transformation was prevented when he chose to avoid/deny his depression. Although the destructive outcome of arrested growth does seem to be implicitly present in Robert’s experience, in the sense that his process of self-integration was prevented by avoidance/denial behaviors, it is not explicitly identified.

*Transformed Self-Identity/Healing Process as a Redemptive Suffering Outcome: The Active Engagement/Working Through Response Pattern, Self-definition, Social/Relational Support, and Spirituality.* Each participant experienced a transformative healing process as a constructive outcome of his or her depression. For Elizabeth, Anne, and Dave, this specifically involved a profound change in self-identity, away from a
negative identity characterized by shame and worthlessness and toward a positive identity characterized by value and worth. Robert’s healing process also involved his self-identity, although not the same type of identity transformation, but rather a greater self-integration. While Jennifer’s healing process does not explicitly involve self-identity, value and worth are its central aspects, in terms of finding them within the ugliness and transforming it into something beautiful. Regarding the contributing factors to this outcome, the most essential appears to be the active engagement/working through response pattern. The choice to engage and work through depression-related suffering emerges for each participant as the central factor that contributed to this outcome. However, other essentially important factors include self-definition: Elizabeth and Dave chose to let go of negative value messages and positively define their identities; social/relational support, in the form of therapy for Elizabeth and Robert and personal relationships/support group for Anne; and spirituality, in the form of humanism, yoga practice, and nature for Robert, Tibetan Buddhist meditation for Anne, and a personal relationship with Jesus for Dave.

*Greater Empathy as a Redemptive Suffering Outcome: Healing Wounds and Compassion toward the Suffering of Others.* All participants experienced greater empathy for the suffering of others as a positive result of their depression. They each have developed a greater sense of compassion toward others in pain because of their own painful experiences, although its meaning and expression vary among the participants. For Elizabeth, this was a strong motivation to become a mental health professional. For Robert, his own struggles with self-acceptance are a foundation for compassion toward the struggles of others in this area. Anne has utilized her own suffering as a source of
healing for others through public outreach activities. Jennifer utilizes her own “pearl of compassion” to help create pearls of compassion for others. Dave views his suffering as a divine gift that he accepts and uses to participate personally and professionally in the healing of others. While the individual meaning and expression of greater empathy is different and unique for each participant, the essential and underlying foundation for all is the process of working through their own suffering, which then leads to greater empathy for others.

*Greater Strength as a Redemptive Suffering Outcome: Beyond Survival to Self-Empowerment.* Every participant has experienced greater strength as a positive outcome resulting from his or her depression. Although the particular meaning of this greater strength is highly personal and varies among them, it is clear that all participants have experienced a sense of becoming a stronger person, that is, of being empowered toward further growth and self-competence. Elizabeth has become stronger by choosing to engage and work through her suffering in therapy. Robert has become stronger by experiencing his painful depression as a growth process, by working through it to discover positive outcomes. Anne has become stronger by actively learning positive things through her depression. Jennifer has become stronger by choosing not to give up and by overcoming the suffering of her depression. Dave has become stronger by participating in his relationship with God, in God’s healing work in and through him. The essential element here is the chosen response of each participant toward his or her depression, specifically the choice to work through and process it. It is also apparent that this sense of strength means much more than mere survival of depressive episodes, that it is, indeed, based on the experience of constructive growth beyond depression.
Greater Appreciation for Life as a Redemptive Suffering Outcome: Valuing Life through Experiencing its Absence. The majority of participants have experienced a greater appreciation for life as a positive outcome resulting from their depression. Elizabeth has a deep gratitude for life and values it more as a gift because of her painful depressive episodes. Robert appreciates life more through experiencing the absence of a vital and meaningful life in depression. Jennifer appreciates and values life more as a gift through experiencing the deadening effects of depression. Dave appreciates and values life more through the experience of meaninglessness in his depression. The essential element here is the powerful contrast between the deadness and meaninglessness within depression and the meaningful vitality of life without depression; there is a greater appreciation for life through the awareness of what it is like not to feel vitally and meaningfully alive while depressed. Also evident is a chosen response to view the experience of depression as an opportunity to gain a greater appreciation and value for life. Anne is the only participant who does not seem to have experienced a greater appreciation for life as a positive outcome of her depression. She does acknowledge a great appreciation for life when emerging from a suicide attempt, “being thankful that there was an intervention or that I could call for help, that I was still alive, because I wouldn’t be.” However, she also states, “I don’t know that I can say that my appreciation for life, in general, overall increased because I’ve always loved life…It’s there that, yes, I still have life, but my appreciation of life isn’t greater.”

The Essential Impact of Chosen Response: Meaning-Creation, the Avoidance/Denial Response Pattern, and the Active Engagement/Working Through Response Pattern. Many factors have contributed to destructive and constructive
outcomes resulting from the participants’ experiences with depression. Social/relational support has emerged as a prominent factor; in general, for most participants, the presence of supportive relationships has contributed to positive and constructive outcomes, whereas the absence of supportive relationships has contributed to negative and destructive outcomes. Professional mental health services have significantly influenced these outcomes for participants; medication is believed to have played an important and effective role by all participants, psychotherapy for Elizabeth and Robert, and a therapeutic support group for Anne, have occupied important and effective roles as well. Spirituality has been a prominent factor for all participants; regardless of its particular form, it has contributed to positive and constructive outcomes for each participant.

While these contributing factors are central and important, the most essential contributing factor to the destructive suffering and redemptive suffering outcomes of participants’ depressive episodes is their chosen response toward depression and its related issues. Each participant strongly affirms the foundational role of their chosen response in determining these two contrasting outcomes of their depression, and implicit within this response is a choice regarding the meaning of painful depression, how the suffering of depression will influence the participant’s life. When participants chose to define their painful depression in purely negative terms, viewing it as something that is only damaging and thus avoiding/denying it, destructive outcomes resulted. When participants chose to define their painful depression in more positive terms, viewing it as a source of potential growth and thus actively engaging/working through it, it became redemptive and constructive outcomes resulted.
Elizabeth states, “Well, as painful as depression is, it’s what’s been my springboard for self-discovery, and the motivation to grasp mental health…the duality of the thing that’s been the most painful to me, but that has been my springboard to seeking out health…” Referring to the fundamental difference between avoidance/denial and engagement/working through responses toward depression, she states, “The way out is through.” Robert states, “I think choice plays a role when the depressed person decides, I’m going to grow and move past this, or I’m not…I think then, the choice element is very crucial when you decide whether you are really going to grow beyond it or not;” “Maybe some people choose to go further and to actualize themselves further. I think there’s a degree of free will in it also. I didn’t have to go this path. I could have just stayed the person I was…But I think I have chosen to undertake it…” The following interview exchange occurred with Anne:

Researcher: “My intuitive sense is that that choice to go into and deal with and face the depression…that the choice to do that in response to it as opposed to the escapism, the denial…” Makes a lot of difference. “…that that really is a strong contributing factor to a more positive growth outcome as opposed to more the negative harmful outcome.” I think it is. I think it also reduces the length of time of the depression and its severity, because you’re going into it and you realize…I’m under a lot of stress…and so my schedule gets off…and so I start noticing things…then what I need to do is make sure I stay with the schedule. Or, maybe I need to have smaller practice sessions more often throughout the day to compensate for that added stress, which I’ve done…and that stops from going into that depression. So facing it, I think, makes a total difference.

Jennifer’s previous quotation in which she discusses turning the ugliness of depression into a pearl of compassion powerfully represents the role of chosen response and the two response patterns: “…I can’t erase the depression…and so, what am I going to do with that?...how can I make this for good? How am I going to let this affect me?” In addition to this, she also states:
I definitely feel like I have a choice. To me the depression…has made me realize I
do have more choices in life…having gone through the depression and chosen,
you know, at that fork in the road, having chosen to go in a certain direction,
those choices have helped me to see that I do have more control over my
life…and so, it’s given me a sense of courage and sense of strength and self-
confidence…

Dave’s previous quotation, representing the redemptive suffering outcome of greater
empathy, vividly demonstrates the role of chosen response; he also states:

So, that is a positive outcome from all this pain and all this lifetime of bad
choices, is that now, I choose to take all that and say…How can I help you from
what I’ve experienced?…It is the choice to take the negative that happens in your
life and say, I can turn this around…It’s instead of just staying depressed trying to
find an avenue to building something positive.

There is a paradoxical duality within a redemptive suffering outcome; that one’s suffering
can become a source of growth and positive transformation if one chooses to work
through rather than avoid/deny it, defining its meaning in terms of constructive rather
than destructive possibilities and outcomes.

*Posttraumatic Growth Inventory Data*

No participants appear to have experienced a significant degree of posttraumatic
growth within the destructive suffering outcomes resulting from their depression. Results
for Elizabeth, Robert, and Anne exhibited total mean scores of 3.0, indicating a “small
degree” of PTG; Jennifer’s results exhibited a total mean score of 2.0, indicating a “very
small degree” of PTG; Dave’s results exhibited a total mean score of 1.0, indicating no
degree of PTG. However, all but one participant appear to have experienced some
significant degree of PTG in one or more of the subscale factors regarding destructive
suffering outcomes. Elizabeth’s results indicate some significant degree of PTG in the
factor of Spiritual Change. Robert’s results indicate some significant degree of PTG in
the factor of Personal Strengths. Anne’s results indicate some significant degree of PTG
in the factors of Relating to Others, Personal Strengths, and Spiritual Change. Jennifer’s results indicate some degree of PTG in the factor of Personal Strengths. Dave’s results indicate no degree of PTG in any of the five factors.

All participants appear to have experienced a significant degree of PTG within the redemptive suffering outcomes resulting from their depression. Results for Elizabeth and Jennifer exhibited mean scores of 5.0, indicating a “great degree” of PTG; results for Robert, Anne, and Dave exhibited mean scores of 4.0, indicating a “moderate degree” of PTG. However, all but one of the participants appear not to have experienced a significant degree of PTG in at least one of the five subscale factors. Robert’s results indicate a small degree of PTG in the factor of Spiritual Change. Anne’s results indicate a small degree of PTG in the factor of Spiritual Change. Jennifer’s results indicate a small/moderate degree of PTG in the factor of Personal Strengths. Dave’s results indicate a small degree of PTG in the factor of Appreciation of Life and a very small/small degree of PTG in the factor of Personal Strengths. Elizabeth’s results indicate only a strongly or very significant degree of PTG in the five factors.
CHAPTER 5: DISCUSSION

Posttraumatic Growth Inventory Data

The Posttraumatic Growth Inventory data are significant because they do establish foundational support for the destructive suffering and redemptive suffering outcomes. The finding that all participants experienced a significant degree of PTG within their redemptive suffering outcomes indicates substantial resonance between these constructs, offering a legitimate and meaningful basis for the redemptive suffering outcome as a resiliency construct. Therefore, the concept and reality of redemptive suffering does seem to parallel and be supported by the concept and reality of PTG. This is especially relevant given the apparent tendency within the resiliency literature to view resiliency in terms of mere survival and the reestablishing of normative or pre-crisis functioning. The redemptive suffering outcome construct, supported by the construct of PTG, demonstrates an expanded understanding of resiliency in terms of growth and constructive transformation: The perspective that one’s suffering can be redeemed and transformed into a source of meaningful growth seems to offer greater hope and a life-giving insight that mainstream conceptions of resiliency generally cannot provide.

While acknowledging that the PTG literature does not appear to exhibit a direct counterpart to the destructive suffering outcome, its strong emphasis within this study is viewed as a unique and important contribution to the PTG literature and to the predominant resiliency literature in the field. A particular strength of this study is its capacity to reveal factors that also prevent resiliency, factors that the researcher believes to be as significant as those that promote resiliency. Therefore, the finding that no participants experienced a significant degree of PTG within their destructive suffering
outcomes does at least suggest a basis for the latter as a resiliency construct, as it indirectly corresponds to what may be considered to be the opposite or absence of PTG. The apparently contradictory findings regarding the presence of PTG in subscale factors for destructive suffering outcomes and the absence of PTG in subscale factors for redemptive suffering outcomes are somewhat surprising. These findings may be due to participant misunderstanding regarding certain items; participants may have perceived some items within the framework of the opposite suffering outcome than that within which they were supposed to respond. The researcher does acknowledge that for the purpose of this study the PTGI was utilized in a unique and somewhat different way than that in which it seems to be typically used. These findings may also simply represent the fact, as counter-intuitive as it may seem, that these participants did experience some significant PTG regarding their destructive suffering outcomes and did not experience some significant PTG regarding their redemptive suffering outcomes.

Destructive Suffering Outcomes

It is important to evaluate critically the extent to which the negative and harmful outcomes indicated by the results accurately represent and support the construct of destructive suffering outcome, as defined in this study.

Worthless/Shame-based Identity/Identity Crisis

The negative outcome of a worthless/shame-based identity or identity crisis does appear to indicate the presence of destructive suffering. The participants’ experience of a worthless/shame-based identity or identity crisis clearly demonstrates a sense of brokenness, of a broken or damaged self-identity in which health or wholeness is
disrupted. The suffering within their depression became destructive in the form of a broken self-identity.

Isolation

The negative outcome of isolation does appear to indicate the presence of destructive suffering. The participants’ subjective experience of painful isolation certainly reflects a sense of brokenness, of broken relationships and a separation from others as well as from and within oneself. The suffering within their depression became destructive in the form of isolation.

Worsening Depression/Arrested Growth

The negative outcome of worsening depression/arrested growth does appear to indicate the presence of destructive suffering. The participants’ experience of their worsening depression and arrested growth strongly represents a sense of brokenness, a further breaking down of their health and the prevention of their growth/healing process. The suffering within their depression became destructive in the form of worsening depression and arrested growth.

Redemptive Suffering Outcomes

It is important to evaluate critically the extent to which the positive and constructive outcomes indicated by the results accurately represent and support the construct of redemptive suffering outcome, as defined in this study.

Transformed Self-Identity/Healing Process

The positive outcome of a transformed self-identity and healing process does appear to indicate the presence of redemptive suffering. The participants’ experience of a constructive transformation in their self-identity and of a continuous healing process
powerfully represents a sense of greater wholeness, the overcoming of the brokenness within their identities and the prevention of their healing/growth. The suffering within their depression became redemptive in the form of a transformed self-identity and healing process.

**Greater Empathy**

The positive outcome of greater empathy does appear to indicate the presence of redemptive suffering. The participants’ experience of a greater ability to empathize with the suffering of others clearly reflects a sense of greater wholeness for both themselves and others, the overcoming of brokenness through contributing to the healing of others. The suffering within their depression became redemptive in the form of greater empathy.

**Greater Strength**

The positive outcome of greater strength does appear to indicate the presence of redemptive suffering. The participants’ experience of greater personal strength certainly demonstrates a sense of greater wholeness, overcoming the brokenness of perceived weakness through an enhancement of self-competence and self-empowerment. The suffering within their depression became redemptive in the form of greater strength.

**Greater Appreciation for Life**

The positive outcome of a greater appreciation for life does appear to indicate the presence of redemptive suffering. The participants’ experience of a greater appreciation for life strongly reflects a sense of greater wholeness, that the brokenness of a devaluing of life has been overcome through a deeper appreciation and valuing of life. The suffering within their depression became redemptive in the form of a greater appreciation for life.
Essential Contributing Factors

Social/Relational Support

It is not surprising that the absence and presence of social/relational support has emerged as an essential contributing factor to the two contrasting outcomes, and that specifically, the absence of such support is directly associated with destructive suffering outcomes, whereas the presence of such support is directly associated with redemptive suffering outcomes. Intuitively, one would expect this, particularly concerning the experience of depression. It is significant that almost all of the resiliency studies cited in the literature review confirm and support this finding. Meek, et al. (2003), Ridgway (2001), Campbell and Demi (2000), McLaren, et al., (2007), Gillham, et al. (2006), and Coker, et al., (2005) discussed the importance of social/relational support as a significant factor that promotes resiliency, and each of these studies, except for the first cited, involve participants who had experienced depression.

The presence of social/relational support has been important for all participants, directly corresponding to redemptive suffering outcomes. However, the particular form of this support varies among participants. While it involves relationships with other people for Elizabeth, Anne, and Jennifer, for Dave, it primarily involves his spiritual relationship with God, although support from his wife has also been a critical factor. It is interesting that Robert clearly indicates the opposite, namely, that such support has not resulted in positive but rather in negative outcomes. Yet, his questionnaire response concerning this factor doesn’t necessarily seem to suggest this; his description of relational interaction, specifically the central element of “seeking approval,” doesn’t appear to suggest the presence of relational support, but rather something that may perhaps impede such
support. Social/relational support has been an essential factor for Robert, however, in the form of a helpful therapeutic process, as well as for both Elizabeth and Anne.

*Spirituality*

It is highly significant that spirituality has been an essential contributing factor to the contrasting outcomes for all participants, although its particular form also varies among them. This diversity in spiritual orientation, including Protestant-Evangelical Christianity, Tibetan Buddhism, and humanism/yoga practice/nature, significantly broadens the applicability of results, certainly more so than if there was only uniform representation; this representation involves Western, Eastern, and even secular forms of spirituality. Given that spirituality emerged as an essential factor for all participants, it is not particularly surprising that it has contributed to redemptive suffering outcomes for them. Meek, et al. (2003) support the direct correspondence between spirituality and redemptive suffering outcomes, which is significant in light of the fact that the participants in their study were Protestant Evangelical pastors and that three of this study’s participants are Protestant Evangelical Christians. Kierkegaard (1849/1974) supports this as well. However, what is perhaps more surprising is the fact that it has also contributed to destructive suffering outcomes for some participants. This may not be quite so surprising in the case of Elizabeth, given the prevalence of negative and judgmental views of depression from Protestant Evangelical Christian traditions, which are also implicitly present in Dave’s history, or in the case of Robert, given the sharp distinction between organized religion and personal spirituality. Indeed, it is the former and not the latter that appears to be directly associated with destructive suffering outcomes, a tragic fact that unfortunately seems to be prevalent in our society and culture.
Chosen Response: Meaning-Creation, Avoidance/Denial, and Active Engagement/Working Through

The fact that the chosen response of participants emerged as the most essential contributing factor to the contrasting outcomes is tremendously significant. It is vitally important because it demonstrates the living reality of freedom and choice within the experience of depression. Given the crushing and devastating impact of depression on the psychological health of individuals, the depth of suffering inflicted through severe despair and hopelessness, this is an extremely liberating insight. It is true that depression is inherently destructive and causes a certain degree of unavoidable suffering, even if experienced as something positive or potentially constructive. As Jennifer states:

It’s still negative, on the other hand too, because it’s still there, and even though I can put it towards something positive, it’s still a scar…It may not hurt the same as when I was first wounded, but it’s a reminder of an ugly time…I keep saying that there are positive things I can glean from that, but it’s still ugly nonetheless, it still hurts nonetheless. So, I would think that’s still a negative. It’s a positive and a negative.

The stronger emphasis on the redemptive potential within depression must not obscure this fundamental truth. However, the crucial truth exhibited by this research is that while depression does involve unavoidable suffering, it is possible to make choices that determine the ultimate impact of this suffering, that is, whether it is merely and only destructive or whether it is redemptive, leading to constructive transformation.

The chosen response that determines the essential difference between these outcomes is not just any chosen response; it is the chosen response to decide the meaning of the suffering within depression, that is, how it is experienced and how it affects the life of the depressed person (Kiser, 2004). This is an astounding revelation given that the nature of depression is defined by a crippling sense of meaninglessness, by an
excruciating sense of lost freedom and the ability to make meaningful choices. The work of Frankl (1946/1985) powerfully supports this, and it is significant to note that Robert explicitly referenced Frankl’s life and work as an important inspirational source for his ability to choose a response toward his own suffering. Siebert’s (1996) work on the *survivor personality* also strongly supports the factor of chosen response, viewing adversity as either a solely negative and damaging experience or as a meaningful and valuable opportunity for growth, as determining negative and positive resiliency outcomes. The specific intention within this chosen response is no less astounding, toward the choice either to avoid/deny or actively engage/work through the suffering of depression. The reality of meaningful and valuable suffering is inconveniently disturbing, if not even shocking and scandalous, in a culture predominantly defined by an addiction to false comfort/security, the path of least resistance, and excessive superficial pleasure.

In a society that generally views suffering as an inherent evil to be avoided and eradicated at all cost, the choice to experience it as a process of constructive transformation is a startling and unwelcome challenge.

It is precisely this challenge that constitutes the importance and value of this research. Some participants explicitly acknowledged these dynamics in their interviews; Elizabeth states:

> I think that’s the beauty of your research, if you can get that message out to people. It’s okay to lean into it, work through it. Well, you know, as you’re aware, we’re not in a culture that really values that. We’re in a culture of denial and shallowness and superficiality. So, it takes swimming against the stream.

Participant interviews also exhibit references to the counterintuitive nature of this paradoxical duality; that one’s suffering contains positive possibilities and can become a source of constructive transformation. That is the wonder and the mystery of suffering;
that it can remain solely destructive or it can become redemptive, and that often it
simultaneously is and becomes both destructive and redemptive. One can choose to avoid
and deny fully processing the suffering of depression, viewing it only as something
harmful and damaging, as something to be endured and as quickly as possible hidden and
forgotten, but then it becomes self-destructive. One can choose to actively engage and
work through the suffering of depression, viewing it as something potentially
constructive and transformative, as a meaningful source of growth and healing, and then
it becomes redemptive (Bugental, 1980). It is important, here, to note that the work of
Kierkegaard, Nietzsche, and May strongly supports these chosen response patterns as the
most essential contributing factors to the destructive suffering and redemptive suffering
outcomes. In the participants’ descriptions of these response patterns we hear confirming
echoes of Kierkegaard’s being “educated by possibility,” the “school of suffering,” and
the both destructive and redemptive process of the “sickness unto death”; of Nietzsche’s
suffering from the “over-fullness of life” and the “impoverishment of life,” the dual
dynamic of the “eternal recurrence,” and transforming ugliness into beauty through
“amor fati;” and of May’s response toward illness, the process of “self-transcendence,”
and destructive/constructive responses toward suffering and anxiety. The choice and
ability to grow through suffering is particularly important regarding the experience of
depression in a culture that harbors and supports a strong negative and shaming bias
against it, with the resulting and often paralyzing stigma inflicted upon those who
struggle through it (Bugental & Bugental, 1984). The empowering freedom and capacity
for chosen response is also critically important for depressed individuals whose range of
freedom and choices is often restricted to medication and short-term crisis intervention skills.

While so strongly emphasizing a person’s freedom to choose his or her response toward the suffering of depression, it is also necessary to acknowledge the limits to this freedom. The capacity for choice, and particularly the choice toward experiencing transformative growth, is inherently restricted within the experience of depression. Indeed, when someone is acutely and severely depressed, freedom and choice are questionable at best. As Anne states, “It’s hard when you’re depressed to have that ability, if you’ve not done it before, to accept your depression and look at it.” Speaking of the choice toward growth, she states, “…it’s a real mental shift, and it’s hard to do that when you’re depressed…I think you have to have the chemicals in balance and at least one supportive person.” In addition, not everyone has the same degree of freedom or ability to make those choices. As Robert states, regarding his choice to pursue growth through his depression:

…I feel privileged to be able to undertake it. I’m not so weighed down by a need for food or water and safety that I only can focus on those things, and maybe that’s part of the Western condition here that, you know, we do have a lot of those things taken care of, or we feel we do, and then we’re able to put a little more energy into the next thing for better or worse…I’m willing to believe that there are people who aren’t able to make that choice either because their chemistry is such or their damage is such that it’s not an option…I think for some people…maybe they’re not able to choose, but maybe that’s the problem. Maybe that’s where they have to be led to be able to choose…

This is an important and necessary point within the context of discussing freedom, choice, and depression. We must honor the fact that many who suffer from depression are not able to choose their response, and specifically a response toward growth. It seems to be especially true that the freedom of many people is limited because of living conditions
and cultural dynamics outside of their control; indeed, we must remember that often individuals in Western industrialized cultures enjoy opportunities to exercise freedom and choice that are not available to those in other cultures. While hopefully all or most people who experience depression can at least be “led to choose,” this may not be the case. It is also important to acknowledge the possibility of guilt and shame resulting from such a strong emphasis on personal choice and responsibility. Although the purpose of the research is to promote and affirm this emphasis, its purpose is not in any way to induce guilt or shame in those who cannot embrace self-responsibility or have chosen not to do so. However, when the capacity for self-responsibility is present and denied, this research may contribute to appropriate and healthy existential or ontological guilt, providing motivation for future redemptive outcomes.

Limitations

The results of this study are limited in view of the fact that the researcher was the sole interviewer and conductor of data analysis. The data was collected and interpreted by him alone and therefore cannot be validated or confirmed against another researcher’s perspective. The findings concerning the proposed resiliency outcomes are limited due to their divergence from traditional conceptions of resiliency found in the cited resiliency studies. Since there are no prior resiliency studies that have focused explicitly on “destructive suffering” and “redemptive suffering” as distinct resiliency outcomes, there is no existing standard against which to evaluate these constructs. This applies generally to the resiliency literature as a whole, as well as more specifically to the literature on resiliency and depression, although the researcher does believe that this study has great potential to expand current conceptions of resiliency due to these proposed constructs.
Beyond these considerations, the methodologies employed further confound the study’s capacity to generalize its results. Case study methodology and phenomenological methodology are both qualitative and primarily concerned with illuminating subjective experience, not with manipulating objective variables in a controlled environment.

**Delimitations**

The results of this study are necessarily limited due to its unique participant sample characteristics. The chosen sample of five participants is small and so cannot adequately represent any particular population. The participants are all United States citizens, so the findings cannot be generalized to citizens of other countries; and, as the sample is comprised of only Caucasian participants, findings cannot be generalized to members of other racial and ethnic groups. The age range of the sample also limits the applicability of the study’s results. As the youngest age represented in the sample is 30, the findings are only directly relevant for adults who are 30 or older, which excludes applicability to children, adolescents, and young adults under the age of 30. As the oldest age represented in the sample is 54, the findings are only directly relevant to adults who are 54 or younger, which excludes applicability to senior citizen populations. The socioeconomic and educational status of the sample limits the study’s applicability as well. The socioeconomic status of each participant appears to be somewhere between the extremes of wealthy upper-class and poor lower-class, and thus results cannot be applied to either of those populations; as each participant has attained a college level education, results cannot be applied to populations that are not college-educated. Further, findings concerning the destructive and redemptive suffering outcomes apply directly not only to a population that matches these demographics, but one also distinguished by the experience...
of clinical depression. Therefore, while these findings may make a significant contribution to the resiliency literature, they are most clearly relevant to the phenomenon of resiliency within the context of depression.
Conclusion: Implications for Further Research

This research study is important because it demonstrates that the suffering of depression can become a source of growth and constructive transformation, that profound healing and a greater wholeness can emerge from such a crushing and paralyzing darkness. It reveals the tremendous power of the human will, our awe-inspiring freedom to choose the impact and meaning of such a devastating experience within our lives; there is something foundational at stake here, the potential brokenness or wholeness of a person’s life, and therefore much depends on the way in which this freedom is exercised.

In light of the fact that people who experience and are treated for clinical depression often seem to be given little more than medication, surface-level coping strategies, and a survival-based maintenance plan, this is a reminder that our culture desperately needs.

This study provides a step in the direction of a deeper-level, growth and transformation-based approach to the suffering inflicted by depression. Future research on resiliency and depression must pursue this more liberating approach, focusing on transformative growth and more than mere survival or a reestablishment of baseline functioning. This study has offered an expanded view of resiliency through its constructs of destructive suffering and redemptive suffering outcomes and further research is necessary to either confirm or challenge it. The researcher’s belief is that ultimately people need and yearn for more than baseline survival, that they long for their suffering to become redemptive and to transform their lives. Indeed, destruction and redemption alone seem to affirm the inherent dignity of our freedom and capacity for choice; in the end, isn’t destruction even a preferable alternative to the mere survival and enduring of the suffering within depression? It remains for future research to critically examine the
predominant conceptions of resiliency related to clinical depression and evaluate them in light of these questions. For the time being, may this study serve as a testimony of the strength and courage of those who search for the light in their darkness, and as a hopeful promise to those in darkness that they will find their light.
References


Siebert, A. (1996). *The survivor personality*: Why some people are stronger, smarter, and more skillful at handling life’s difficulties…and how you can be, too. New York: Perigee.


Appendix A: Self-Report Questionnaire

1) What do you believe accounts for the negative and destructive outcomes that have resulted from your depressive episode(s)?

2) What do you believe accounts for the positive and constructive outcomes that have resulted from your depressive episode(s)?

3) What do you believe accounts for the difference between these contrasting outcomes of your depressive episode(s)?

4) How has your personal response or attitude toward your suffering influenced these outcomes?

5) How has social or relational support influenced these outcomes?

6) Has religion or spirituality influenced these outcomes? If it has, please describe this influence.
Appendix B: Recruitment Ad

Are you someone who has experienced clinical depression?

Have you experienced both positive/constructive and negative/destructive outcomes of your depressive episodes and not understood why?

Would you like to discover how you can avoid a negative or destructive outcome and how you can achieve a positive or constructive outcome of a depressive episode?

If you are answering “yes” to these questions and want a greater understanding of how to cope effectively with depression, then consider participating in an exciting and innovative research study, the goal of which is to contribute to a further understanding of what inhibits and promotes resiliency within the experience of depression.

I am a doctoral student who is passionate about transforming the suffering within depression into a source of healing and greater wholeness. Based on my own personal experience, I believe that this is not only possible, but that those of us who struggle with depression are likely more capable of achieving this outcome than we often realize.

Your participation in this research study will result in a greater understanding of what contributes to negative/destructive outcomes regarding your depression, as well as of how you can contribute to positive/constructive outcomes regarding your depression. You will be better able to avoid a destructive outcome and to achieve a constructive outcome regarding your experiences of depression.

If you are interested in participating in this research study, and would like further information concerning the specific requirements of participation, please contact Scott Kiser, M.A., at (xxx) xxx-xxxx.
Appendix C: Posttraumatic Growth Inventory

Posttraumatic Growth Inventory
Richard G. Tedeschi and Lawrence G. Calhoun

Indicate for each of the statements below the degree to which this change occurred in your life as a result of your crisis. Using the following scale, circle the number to the right of each statement that best represents your answer:

1 = I did not experience this change as a result of my crisis.
2 = I experienced this change to a very small degree as a result of my crisis.
3 = I experienced this change to a small degree as a result of my crisis.
4 = I experienced this change to a moderate degree as a result of my crisis.
5 = I experienced this change to a great degree as a result of my crisis.
6 = I experienced this change to a very great degree as a result of my crisis.

1. My priorities about what is important in life.
2. I’m more likely to try to change things which need changing.
3. An appreciation for the value of my own life.
5. A better understanding of spiritual matters.
6. Knowing that I can count on people in times of trouble.
7. A sense of closeness with others.
8. Knowing I can handle difficulties.
9. A willingness to express my emotions.
10. Being able to accept the way things work out.
11. Appreciating each day.  
12. Having compassion for others.  
13. I’m able to do better things with my life. 

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3 = I experienced this change to a small degree as a result of my crisis.  
4 = I experienced this change to a moderate degree as a result of my crisis.  
5 = I experienced this change to a great degree as a result of my crisis.  
6 = I experienced this change to a very great degree as a result of my crisis.  

14. New opportunities are available which wouldn’t have been otherwise.  
15. Putting effort into my relationships.  
16. I have a stronger religious faith.  
17. I discovered that I’m stronger than I thought I was.  
18. I learned a great deal about how wonderful people are.  
19. I developed new interests.  
20. I accept needing others.  
21. I established a new path for my life.  

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