

Depression and Soul-Loss

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The re-emergence in the late twentieth century of shamanism -- with its lively and concrete notion of soul -- seems to be a response to a very depressing cultural reality. In the past six or seven hundred years, we have undergone a consciousness-shift of 180 degrees. Formerly soul was our primary reality. Now we have only a body and a rational ego. The material conditions of our lives have improved immeasurably, but we've lost the imaginal and transcendent scope that belongs to the reality of soul. In a situation like this, it is often the depressives among us who are the most realistic regarding the impoverishment of our human existence.

A seriously depressed patient of mine has given me a lot of food for thought in this regard. As she looks out upon the world, this sixty-year-old woman concludes, "I'm not like the other women." In her eyes, other people move about with a purpose, a sense of hope, and a future which seem denied to her. Furthermore her idealizing projection onto me places me as far above "the others" as they are above her. She summarizes this outlook in three propositions. Some people, miserable wretches like herself, have no soul at all. Others, perhaps the majority, "have" a soul. The elite, however, do not merely "have" a soul, they "are" their souls.

She can hardly believe her good fortune, after having lived fifty-some years without a soul to have chanced upon one of the very few individuals on the face of the earth who actually "is" a soul, and that this individual (myself) takes an interest in her, reaches into the "empty cavity" at the center of her soulless being and "touches" her, brings her to anguished life -- if only for a moment in the midst of an hour-long session. She "clings" to my soul, tries to take it with her when she leaves my office. In this way, she hopes to be able to become more like "the others." Someday she may "have" a soul of her own. If she's ultimately successful in her therapeutic work, perhaps she'll actually "become" a soul.

I think no one who meets her casually would mistake this woman (let's call her Joan) for a well-adjusted individual -- much less a wise philosopher. Others of my clients who have encountered Joan on their way into or out of my office have been so horrified and upset by the aura of doom and depression surrounding her that they have asked to change their appointment hour so as to avoid meeting her. Nevertheless, I find her to be one of the wisest and most rewarding of my patients. She has a perspective that is almost shamanic in scope. But I don't dare tell her this. If I tried to describe shamanism to her, she'd think I was speaking gobbledygook; and if she understood only a fraction, she would likely be frightened into one of her several-week-long psychotic episodes.

I'll return to Joan, but let us first reflect on the *experience* of soul. For this is what singles Joan out in her uniqueness. Soul is no quaint theological notion for Joan. It describes a way of life, a dimension of experience -- a realm she believes is closed off to her, even though she intermittently hopes that it'll not stay unattainable forever.

Experiencing Soul

In the Introductory Note to her book, *The Death of a Woman*, Jungian analyst Jane Wheelwright cites an event in the life of Edna Kaehele who had been sent home from the hospital to die of cancer.

She recounts the experience of looking at herself in the mirror and seeing the skeleton she had become. At the same time, however, she was aware of her self being very much there. She wrote, "If this divestiture of the flesh cannot alter the inner life -- can anything? Can time? Can eternity? You know finally, simply, and irrefutably that you exist independent of this flesh; that you will continue to exist as an independent entity through aeons of changing matter (p. 10).

This is a wonderful description of a woman discovering her soul. The mirror's evidence of her body's deterioration contrasted starkly with a persisting and lively sense of herself. After this discovery -- and possibly as a result -- she recovered from the cancer her physicians had declared fatal. From a shamanic perspective we may say she had never really "lost" her soul, but only lost *sight* of it. Her illness, therefore, appears to have been a sort of shamanic initiation of the kind Eliade describes with numerous examples in his *Shamanism*. Edna Kaehele didn't have to go into trance to observe a traditional dismemberment because -- due to the cancer -- bodily destruction was part of her waking experience. She had to *see* her deterioration to know that she was not *it*. She was its observer, much as is the shamanic initiate who watches while the Beings of the Lower World reduce his body to its elements. The experience of soul, we may say, is the encounter with this sort of contrast: time versus eternity, deterioration versus constancy.

On the other hand, when Joan looks into the mirror, as she has often reported, her habitual perception of her own inadequacy is confirmed. "I'm a monster!" she says. She sees a face darkened and rigidified with terror and gloom. She calls herself a "stone" and a "piece of wood," images that speak clearly of lifelessness. She concludes she "has" no soul, because there is nothing in the experience of her isolated self that contradicts her profound emptiness and the unchanging deadness which leads her to speak of a horrifying "cavity" at the center of her being. She perceives that no one would want to meet with her, that she must drive people away with her "monstrosity" -- and she's not wrong.

Still there's another dimension of Joan's life -- a realm of experience for which she refuses to take credit -- that deserves the designation of "soul." She says she has begun to know what "intimacy" is through her meetings with me; for there are moments during her sessions when her agitated despair falls away from her and she feels she has been "touched." "No one," she says, "goes as deep as you do." In these moments she perceives that beneath the outward "monstrosity" that encases her like a "casket," there is something that can be "touched." It seems to be an "ecstatic" experience in the sense that the part of her which can be "touched" "stands outside of" her habitual identity.

For Eliade, this "standing outside of" (*ek-stasis*) is the hallmark of shamanism. "The shaman," he says, "is the great specialist in the human soul; he alone 'sees' it, for he knows its 'form' and its destiny" (p. 8). The shaman's diagnoses and cures have to do with seeing that soul is missing in his patient. In trance, he takes leave of his body and makes an ecstatic journey to recover and restore the lost soul. Edna Kaehele's experience, too, is a state of *ek-stasis*, for in seeing the skeletal and deteriorated condition of her body it dawns on her for

the first time that her true identity, her soul, does not stand inside -- trapped by that body she sees in the mirror -- but is separable from it. In a more limited manner, Joan also distinguishes her "monstrous" and "coffin"-like bodily identity from the "cavity" where her soul would be, if she "had" a soul. She longs to "stand outside of" that body and to have an identity that transcends the lifeless "stone" she has become.

But the shaman's experience of soul takes place in two distinct realms. In the first, his initiatory dismemberment, he discovers his own soul when he "stands outside of" the body whose flaying, chopping, and boiling he witnesses. In the second instance, in his healing work, he employs his ecstatic capacity to take leave of his everyday, bodily identity and travel as a soul whose main work is to encounter and retrieve the soul of his patient. In this work the experience which predominates is not so much the ecstatic separability of soul from body as it is the soul-to-soul connection which makes his healing work possible. Typically, he reports the events of his soul-to-soul encounter in the language of vision. He tells us, for example, that he found the soul of his ailing patient "hiding in a melon patch" in the Middle World, or in the Lower World, being "rocked in the arms of her deceased father." Every instance of soul-retrieval reported in the literature of shamanism explicitly reveals this soul-to-soul connection as the essential requirement without which healing is impossible.

Jungian analyst, Robert Stein, has come to a very similar conclusion regarding the therapeutic work of analysis:

The fundamental need of the soul in any relationship is the desire for union with the other person. Resistance develops primarily as a result of the frustrations centering around this need. True communion is not possible without mutual exposure. This means that no aspect of one's soul can be rejected, that the totality of one's being must be fully embraced. The analytical situation constellates this need for exposure, but the patient continues to resist until he realizes that the analyst is not only willing but desirous of a similar exposure. If the analyst does not recognize and accept his own need for communion, it is self-destructive for the patient to expose his soul to the fragmenting distortions of the objective observer. The true nature of soul can only be revealed in communion. I believe that therapeutic resistance, particularly in psychoanalysis, comes largely from the insistence that the analyst maintain his objective stance.

Stein does not mention *ek-stasis* in this passage, but he makes it clear that there is a tension between the analyst's professional identity (his "defenses") and the "soul" by which he encounters the soul of his patient. It is only through this soul-to-soul "communion" that healing takes place. This is the area in which Joan is beginning to discover her own soul -- even though she violently refuses to admit the possibility that even she may "have" a soul. I have already referred to those moments in her sessions with me when she feels herself "touched" with an "intimacy" and "warmth" that has been completely foreign to her sixty years of depressed living. But there is another realm which is even more encouraging. Two or three years ago, her sense that her "inner child" has been neglected and abandoned, very likely since birth, gave her the idea that she should volunteer her time as a sort of "grandmother" to cuddle babies in the pediatric ward of a local hospital. She found herself drawn to "the most in need," and has specialized in a work with handicapped infants and toddlers -- children blind, deaf, retarded, hydrocephalic, and suffering from cerebral palsy.

The difficulties in this work that Joan has undertaken come primarily from the hospital staff which wants to use her to occupy the more active and healthy children in games and distractions that will free them for their nursing chores. Joan has wisely resisted this

pressure, insisting on a one-to-one encounter with the child who is most in pain, most isolated, and most withdrawn. These children have taught her that every hug is a unique experience, redolent of the unrepeatable condition of the child in her arms at a given moment of a given day. She has found that each child needs to be touched in a different way. Some cannot tolerate physical contact, but must be "touched" in a deep and soulful manner reminiscent of her therapeutic encounters with me. She struggles to find words to express the power of these encounters, as she gradually "awakens" a child who had slipped into a depressed retreat from human contact -- apparently the result of a brief lifetime in the care of parents and nurses so intimidated by physical disability that they never think of the child's emotional needs.

In my view, Joan is operating in the hospital very much in a shamanic manner. She is making soul-to-soul contact with infants and toddlers suffering from soul-loss. The "awakenings" she reports appear to be instances of soul-restoration. But if I point this out to her, she responds with shock and even anger -- as though I do not appreciate how crippled *she* is. It is not *her* soul that reaches those children, she claims, but *my* soul. She would never be so arrogant as to think *she* was doing anything at all. Rather she "calls upon" *my* soul to reach those children. Only someone who "is" a soul could accomplish what she observes occurring before her eyes in those powerful encounters she has. She relents in only one respect. She's willing to admit that, as the one who "calls" my soul into operation, she is indeed present and effective.

In three or four instances, the shamanic dimension of Joan's work with the children has been unmistakable. Children with whom she has established a deep bond have died in the pediatric ward while she has been there. She has discovered that, even after they have slipped into a coma, a period of time remains in which she can still establish connection with their souls. She reports no visionary experiences such as the literature of shamanism might encourage us to expect. Rather she talks about an emotional "knowing." She knows the child's soul is still present in the room and reports a deep satisfaction at having made contact. If the child had had a favorite song or record before the onset of the coma, Joan might play that music while she sits with him. Sometimes she learns from the child's "soul" that the music is no longer desired, so she stops playing it. She has also found to her sorrow that there comes a time shortly before death, when she can no longer reach the child's soul. At this point, the agony of being present to a body whose soul cannot be reached becomes intolerable for her, and she can no longer visit the child.

I conclude from all these experiences that Joan is learning to "have" a soul. Intermittently, indeed, she must already "be" a soul. In her mind, however, these are still exceptional moments. It terrifies her to think of returning to the way life used to be; for she has enough of that day-in and day-out -- and especially on weekends when she can see neither me nor the children. She is "alive," and her life is "filled with meaning" only in those moments when a soul-to-soul connection has been made. She insists that it is not *she* who makes these connections. She is not the agent. These are moments of "grace." A "gift" has been given. Perhaps it is my soul that does the giving. It is patently not hers, for she "has" no soul.

Although her depression is still speaking when she talks this way, it seems to me that from a shamanic perspective she is not wrong. She's attuned to a reality that induces shamans to speak of "spirit guides." For the shaman, it is not his own genius or wisdom that leads him to

the lost soul of his patient or that knows what to do with that soul when it is found. Some ego-dystonic entity, a "spirit" with knowledge and wisdom beyond that of any mere mortal, directs the cure. Thus I conclude that Joan's healing process is shamanic in nearly all respects. She is a shaman apprentice who lives her soul's reality even though she's still unable to acknowledge that she "has" a soul.

This inability raises another question. What is it about depression that makes the experience of soul so problematic? We may learn something about this if we consider some of the *images of depression* to be found in the literature of psychology.

Images of Depression

Image #1. Although largely unknown in the English-speaking world, Fritz Riemann's phenomenology of depressive experience provides an excellent starting point. As Riemann sees it, the depressive individual clings for dear life (shades of Joan) to an other who gives life all its meaning. Being accepted and cherished by this significant other is so much the focal point of life that the depressive is wholly unable to take up the challenge of becoming himself. He suppresses all his own feelings and desires in order to retain his life-giving connection. He is depressed because he has no life of his own and tries in his passive manner to control the other by anticipating her needs and wishes with an implicit claim to a cherishing reciprocity. Because this is not a "real relationship," the depressive never finds an other to fulfill his requirements and is therefore always frustrated and remains depressed.

Image #2. Riemann's view is quite compatible with Freud's. Sigmund Freud contrasts the healthy process of mourning with the pathological condition of depression (melancholia). In mourning we grieve for and eventually free ourselves from an attachment to a significant other. In depression, this healthy process is aborted. The depressed individual cannot relinquish the other who has departed or disappointed him and, instead, identifies with that lost other in a manner characteristic of the infant's inability to distinguish himself from his mother. This "narcissistic" identification turns the lost other into a part of himself, and insures that she will never be lost. He turns all his frustrated love and rage (the very emotions that are "worked through" in mourning) against himself. He hates himself and cannot move forward in life because he cannot relinquish the past.

Image #3. Alfred Adler agrees with Freud and Riemann insofar as depression (melancholia) represents a failure to become oneself. According to Adler, the "categorical imperative" of life is to become the superior being that is one's own individual destiny by meeting the challenges that life presents. The depressive, however, is afraid of life, afraid of the world, and afraid of himself. Instead of genuine "superiority," he strives to have power over others. He uses his own fears and inabilities to demand sympathy and care-taking from those in his immediate environment. He tyrannizes them with his weakness. This enables him to remain static and console himself with phony power plays to make up for his failure to have a real life in a real world.

Image #4. Pierre Janet agrees that the depressive individual is afraid of life. Specifically, the depressive is afraid to act. Whenever a "tendency to act" emerges in him, it is immediately opposed by secondary, inhibiting tendencies which cut off the primary tendency before it can be carried out. These inhibitions, working unconsciously, strike at the root of the intended

act, dissolving desire, the emotional charge that drives the act. Consequently the depressive becomes overwhelmed by the inhibiting tendencies to the point that he comes to hate himself for his own impotence and stagnation. He may even identify with the inhibitions to such an extent that he can take his own life.

Image #5. Ludwig Binswanger singles out the depressive's (melancholic's) inability to act and to have a future. He says that melancholia is characterized by an "unhinging of the temporality of human existence." Every normal human act presumes a past out of which I am emerging and a future into which I am becoming. The past is finished and determined. Only the future lies open to new possibilities. But the depressive individual reverses past and future, obsessing on impossible "if onlies" that look for change in the past. He thinks, "If only such and such had (or had not) happened, I would not have fallen ill; I would have a future to look forward to, etc." Time is turned inside out. The future is non-existent.

Image #6. C. G. Jung says life moves forward until we meet an obstacle we cannot handle with our established conscious attitude. Depression is the natural process of psychic energy draining away from conscious life into the unconscious, producing a "standstill" that persists until the regressed energy re-emerges as a symbolic and irrational solution to the problem. When we resist the regression, the depression persists. Only conscious "cooperation" with this painful process enables the unconscious psyche to produce a solution that "transcends" the conscious conflict. Jung calls this unconscious principle of novelty the "transcendent function."

Soullessness in Depression

Two hallmarks of depression emerge from this material. (a) Impotence in the face of a future whose very emptiness is a threat. A way forward cannot be imagined. Any inkling of what might be done is immediately overwhelmed by unconscious forces that remove all desire and credibility from the impulse. (b) Personal isolation threatens to become absolute in the frustrated and impossible search for a cherishing other who will remain as static and rigidly defined as the depressive's futurelessness requires. Having eliminated all change and spontaneity from his life, he has foreclosed all relationship as well. In short, the depressive condition appears to be an exaggerated instance of our cultural situation which grants us only a material body in a world dominated by technology, and a rational ego which "thinks, therefore it is." Evidently the depressive individual accepts the implicit soulless proposition that characterizes modern Western culture. Perhaps those of us who are not depressed have found a way to smuggle some fragments of soul into our daily lives in an unconscious manner.

For the shamanic notion of soul, as we have seen, addresses precisely the issues which the depressive cannot solve. Soul, in the first instance, is characterized by its separability from the fixity of the body and its confinement to a material world which appears to the sense organs and can be manipulated by rational measurement (technology). Having departed the body in the shamanic journey, the soul enters a world where nothing is predictable. Every journey enters an imaginal exuberance, filled with what cannot be seen with the sensory eyes and what cannot be heard with the fleshly ears. The experience of soul is above all a voyage into imagination and novelty. Contrary to our cultural position which devalues imagination as the epitome of the merely private, arbitrary, and frivolous, the shamanic imagination of

soul proves its objectivity by effecting cures. It proves that what isn't there for our retinas is nevertheless real and powerfully significant. What is imagined extends immeasurably beyond what can merely be "thought" by the rational ego. In this way, the separable soul of imagination is not confined by the depressive's impotence in the face of an empty future.

In the second instance, soul has an affinity for communion with other souls. As we have seen, this is the necessary condition for all shamanic healing. The shaman can "see" that the soul is missing from his patient only because, in his altered state of consciousness, he has "become" his own soul. And traveling *as* soul, he is able to find and restore the lost soul through establishing a soul-to-soul connection. There is nothing confining, static, or rationally determined in the communion of soul with soul. This encounter belongs not to the past -- as the depressive tries to enforce -- but takes place in a "now" which is open to a boundless future. It is an enlivening moment of profound intimacy which can only be attained when the shaman (or therapist) has shed his everyday roles and "defenses." The soul of the shaman must be as exposed as the soul of his patient. In this way, the shamanic experience of soul-to-soul communion satisfies in a radical and wholly irrational manner the depressive's longing for a cherished other. Refusing to define and rigidify the unmet other, the shaman's soul is prepared to embrace the unique, unanticipated, and ineffable reality of the other's deepest identity.

Only one of the above images of depression (Jung's) can imagine a way out of the melancholic impasse. Jung accepts the depressed individual's assessment of his plight. No rational arguments and no pep talks can stir up conscious will-power to encourage the depressed person to step forward into the future. It is evident that the patient has no idea what to do. Jung begins with this impotence and urges his patient to accept the situation. Finding a way out is beyond his rational powers. Only the irrational soul, with its "transcendent function" (i.e., imagination), can find a way forward. Leaving behind the world of materialistic determinism, rationality, and the isolation of conscious ego from conscious ego, Jung would have the depressed individual let go of his conscious efforts and fall into the unconscious, where the exuberant power of imagination lies latent. Only the *experience* of soul. Only the discovery that I "have" a soul and can even "become" my soul offers any solution for the depressed condition.

The Shaman's Sickness

The earliest literature on shamanism was filled with speculations on what sort of psychopathology could "explain" the shaman's behavior. Epilepsy, hysteria, schizophrenia, "arctic sickness," and even syphilis were proposed. Eventually, however, the thesis of Eliade's classic, *Shamanism*, has been broadly accepted: "The shaman is not only a sick man; he is, above all, a sick man who has been cured, who has succeeded in curing himself" (p. 27). "For if they have cured themselves and are able to cure others, it is, among other things, because they know the mechanism, or rather, the *theory* of illness" (p. 31).

Evidence that an individual has been "chosen by the spirits" to learn the shamanic techniques of ecstasy invariably takes the form of a serious mental disturbance. The future shaman's life-course is brought to a halt, apparently deprived of a future, by symptoms of a psychotic nature from which there is no escape -- save by plunging to the bottom of them. His illness is the beginning of his initiation. For only by a visionary encounter with the electing spirits

who dismember his body and reassemble it in a new and more marvelous manner is he freed of his symptoms. By this means he learns the nature of the soul and of its illnesses. Only by "curing himself" is he prepared to begin his work of healing others.

Even then many shamans are not free of recurring sickness. For as numerous anthropologists have reported, shamans tend to fall ill all over again if they go too long a time without an opportunity to practice shamanism.

The famous Yakut shaman Tüspüt (that is, "fallen from the sky") had been ill at the age of twenty; he began to sing and felt better. When Sieroszewski met him, he was sixty and displayed tireless energy. "If necessary, he can drum, dance, jump all night." In addition, he was a man who had traveled; he had even worked in the Siberian gold mines. But he needed to shamanize; if he went too long a time without doing so, he did not feel well (*Ibid.*, pp. 27f).

Because the shaman's work involves identifying with soul, journeying through the landscape of soul, and attaining soul-to-soul connections with other individuals, it seems evident that the shaman's sickness -- both the initiatory illness and the disease into which he falls when prevented from shamanizing -- is a consequence of being out of touch with soul. In the first instance, he has no choice but to become a shaman because for some reason his soul insists upon being experienced. He must take leave of his body and "become" a soul if he is not to remain hopelessly sick. And in the second instance, he falls sick all over again if he does not have regular, direct experience of soul.

This is the context in which I understand my patient Joan. She continues to see me because she cannot feel well without the soul-to-soul connection that intermittently occurs during our sessions. She has increased her time at the hospital to four or five hours a day because she feels alive and purposeful only through the soul-soul communion that occurs between herself and the children. During the other eighteen or nineteen hours of the day, when the experience of soul is unavailable, her life is impoverished, futureless, and isolated. The weekends are intolerable. When she says she wants to "have" a soul, she means she wants to be able to be in touch with soul twenty-four hours a day -- even when she's not "shamanizing."

This, it would seem, is the best description of superior psychological health and vitality -- to live a life that is in continual connection with soul. The shaman who needs to shamanize, like Joan, appears to live in two worlds alternately: the dead, material, rational world where he falls sick, and the world of soul where he is revitalized. To bring soul into the everyday world is the ultimate achievement. Joan is right. An individual who learns to integrate the eternal with the temporal, the rational with the irrational, and the unique with the universal, doesn't merely "have" a soul. Such a person "is" a soul.