Chapter 6

The Magic of Monologue: Healing Depression Through Drama

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ABSTRACT

In this chapter, the author explores her personal experience with depression and the healing through applied community theater. The author discusses how her autobiographical performance is similar to aspects of drama therapy, mindfulness, and cognitive behavioral therapy. The author explores how four common treatment goals for depression can be addressed through the process of writing, rehearsing, and performing an autobiographical performance. Advice is given to non-clinical practitioners on how to address depression among their clients. Findings from this case study promote that applied community theater, in addition to traditional treatments, can serve as catalyst for furthering the healing of depression.

INTRODUCTION

Depression. It is that deep well of despair that many people suffer with silently and struggle to find relief from without some kind of professional intervention. It can sneak into our lives without us even realizing it, making us feel listless, lonely and longing for hope and the person we used to be. This chapter proposes that in addition to seeking professional clinical services, depressive symptoms can further be healed through the experience of engaging in an autobiographical community theater performance.

In 2017 I experienced a relapse of what some might call, “high functioning” depression, and found that performing with my local community theater was an incredibly healing experience. By high functioning, I mean that I was still able to go to work and show up for my clients, but the moment I came home, I would crawl into bed and cry and “beat myself up” mentally. I had stopped hanging out with friends, and sludged through the paperwork required for my job, often crying while typing. I was living with the phrase, “I’m a terrible person,” on repeat every day and the “shoulds” were deafening. I have struggled with depression since I was young, but, for a time, I had managed to be in remission. In late 2016, however, when a swift wave of grief and life transitions changed the tide, I was knocked back into a familiar hole of excruciating pain. It was subtle at first, and I began noticing that I was more
tired than usual and was struggling to concentrate on tasks. Then came the plummet in self-esteem and my “inner critic” began to tell me the most heinous things about who I was and how I was completely unworthy of my existence. Every bump in the road felt disheartening. Every move felt laborious. The fear of disappointing others and the threat of failure loomed constantly. There were stretches of days where I did not want to get out of bed and thought about taking my own life; doubting the whole time that I would ever recover.

I would tell myself, “you should have known better,” because in the thick of it, this was the most embarrassing part: I am a trained mental health professional. I have a master’s degree in Counseling Psychology with a specialization in Expressive Arts Therapy. I am a registered Marriage and Family Therapist Associate in the state of California. I work in schools, at an addiction treatment facility, and see clients in a group private practice. I work with people struggling with depression everyday. Yet there I was, in the middle of an exceptionally hard season of life, feeling like the biggest imposter. I often worried about what people would think if they found out that I was struggling, too. I was in the deep end of a depressive “spiral of shame.”

Many of the thoughts, emotions, and behaviors I have described in my narrative fit within the clinical criteria of depression set forth by the American Psychiatric Association (2013) in their Diagnostic and Statistical Manual of Mental Disorders (p. 155). The DSM-5, which is the manual used by mental health professionals to diagnose mental health disorders lists nine different types of depression and views depressive symptoms on a spectrum ranging from mild to severe. I will expand on the two types that I have identified in my own experience, Persistent Depressive Disorder (also known as Dysthymia) and Major Depressive Disorder.

In the beginning of my narrative, the characteristics of my depression were that of Dysthymia. The DSM-5 (American Psychiatric Association, 2013) characterizes it by a “depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least two years,” and must include the experience of two or more of the following symptoms: “poor appetite or overeating; low energy or fatigue; low self-esteem; poor concentration or difficulty making decisions; feelings of hopelessness” (p. 168). My Dysthymia gradually worsened and eventually I met the criteria for Major Depressive Disorder (MDD), which is characterized by having symptoms over a two week period that represent a noticeable change in functioning. One of the symptoms is either a “depressed mood” or a “markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day”, and must include four of the following symptoms: significant weight loss or gain; insomnia or hypersomnia; psychomotor agitation or retardation; fatigue or loss of energy; feelings of worthlessness or excessive inappropriate guilt; diminished ability to think or concentrate or indecisiveness; and recurrent thoughts of death, suicidal ideation, or suicide attempt (American Psychiatric Association, 2013, p. 160).

In this narrative, I used the term “high functioning” depression. This is a new term coined by popular culture that to some might mean Dysthymia, but to me, the term feels like it fits my experience with a milder form of MDD. Annie Wright (2017), a psychotherapist and contributor to the mental health blog site The Mighty, explains that the term was created as a way for people to delineate between the stereotypical “crippling depression” and the lived experience of those who are still able to go to work, spend time with friends, are in romantic relationships, etc., yet are struggling to “keep it together” and are “gripped with a challenging set of symptoms invisible to those of us who love and know them” (Wright, 2017). Wright (2017) warns that even though “high functioning depression doesn’t look like
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