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Bringing the Pieces Back Together: An Organic Inquiry Into Women's Spiritual Transformation Through Depression

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Bringing the Pieces Back Together:

An Organic Inquiry Into Women's Spiritual Transformation Through Depression

Jami A. Collins Lillquist, Ann L. Machmeier, and Elizabeth A. Mulvihill

St. Catherine University

May 18, 2016

Abstract

Women experience depression at twice the rate of men. Researchers have focused on biomedical and psychosocial factors in their extensive exploration into the causes and treatments of women's depression. When viewed from a holistic lens of mind, body, and spirit, the spiritual experience of depression is missing in the literature. The purpose of this research study is to describe how a woman's spiritual self transforms through depression. Organic Inquiry incorporates transpersonal psychology and feminist spirituality and was used in this study to collect and analyze the stories of 12 women through unstructured interviews. Results suggest the women's spiritual transformation involved five themes: letting go, change in belief system, finding power within, bringing the pieces back together, and connection to all. For these women, depression was the catalyst for awakening consciousness. Integrating the whole person (mind, body, and spirit) in recovery from depression has implications for how society views, supports, and celebrates women's depression as a transformative experience.

Keywords: depression, women, spirituality, transformation, holistic, organic inquiry

SPIRITUAL TRANSFORMATION THROUGH DEPRESSION

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SPIRITUAL TRANSFORMATION THROUGH DEPRESSION

Dedication

This research is dedicated to our families, especially our children, in the hope that their depression will be accepted, honored, and celebrated as part of a transformational experience in their lives.

SPIRITUAL TRANSFORMATION THROUGH DEPRESSION

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Bringing the Pieces Back Together:**An Organic Inquiry Into Women's Spiritual Transformation Through Depression**

The eye of the storm, black as night
Opens suddenly to suck you in
There is no joy, no light, just pain
This feeling has come before, it is familiar
I have the tools, I know the way out
Will it be different this time?
What message is there to learn?
Who is coming to teach me?
What spirit has awakened this spiritual crisis?
I feel the crow coming with a message
How can that be for it's the season of Spring
Rebirth, reborn, reunite with our greater good
It's time to shed the unwanted baggage of yesterdays
and open to new life of tomorrow, while focusing on today
So much pain and mental torment
The mind like a broken record repeating the same negative song
You know this song - now let's put it to bed and accept yourself as you are
Listening to the same song in your head only continues the pain
Be done with it.
Send it off on a cloud to the heavens and back to the star it originated from
Jami Collins Lillquist, 2014

This poem describes a journey to the underworld to find deep spiritual meaning and metaphor for personal transformation. It is a very powerful example of depression as a transformational experience. The three researchers of this study (hereafter referred to as 'researchers') have experienced depression and the conventional ways of managing and treating their depression, by the use of antidepressants and talk therapy. Conventional treatments offered short-term relief but not a long-term solution. It was not until we went inward and focused on our spiritual selves that relief from depression and a sense of wholeness became a possibility, and therefore led us to this research project.

Depression is common and impacts over 350 million people each year and is the leading cause of disability worldwide (World Health Organization [WHO], 2012). Depression in women

is diagnosed at a rate twice that of men (Kessler et al., 2003; WHO, 2013) and antidepressant use is two and a half times that of men (Pratt, Brody, & Gu, 2011). The reasons for the gender disparities are complex. The literature suggests it includes issues such as gender socialization, gender roles, biology, hormones, genetics, stigma of depression, finances, racism, ageism, and violence against women (Horwitz, 2010; Lafrance & Stoppard, 2006; Lin, Hsiao, Liu, & Chang, 2013; Milman, Sammel, Barnhart, Freeman, & Dokras, 2015; Oakley, Kanter, Taylor, & Duguid, 2012; Salk & Hyde, 2012; Schreiber, 2001; Stoppard, 1999; Ussher, 2010; Vigod & Taylor, 2013; Young & Korszun, 2010).

The conventional standard of care in today's Western culture is a combination of antidepressants and psychological support (WHO, 2012). The National Institute of Mental Health [NIMH] states, "most likely depression is caused by a combination of genetic, biological, environmental, and psychological factors" (NIMH, 2015, para. 10). Research demonstrates an ineffectiveness of antidepressants in treating long-term and recurring depression (Kirsch et al., 2008; Rush et al., 2006; Turner, Matthews, Linardatos, Tell, & Rosenthal, 2008). Only 10% of the people who are impacted by depression worldwide are getting help (WHO, 2012). Patients are frustrated with the ineffectiveness of medication and many find the cost of talk therapy out of reach (WHO, 2012). Despite the increased use of antidepressants, the growing acceptance of talk therapy, and Western culture being more aware of the challenges related to mental health, 10% of the U.S. population continues to be diagnosed with depression (Pratt et al., 2011). This number does not include those who are undiagnosed due to not seeking treatment.

Research into depression has predominantly been focused on biomedical - antidepressants, exercise, nutrition, genetics, hormones (Dash, Clarke, Berk, & Jacka, 2015; Harris Interactive, 2006; Lai et al., 2014; Pratt et al., 2011; Salk & Hyde, 2012; Vigod & Taylor,

2013) and psychosocial - talk therapy, social constructivism, and self-stigma (Crowe, 2002; Fullagar & O'Brien, 2014; Kinnier, Hofsess, Pongratz, & Lambert, 2009; Lafrance & Stoppard, 2006; Mackay & Rutherford, 2012; McMullen, 1999; NIMH, 2015; Oakley et al., 2011; O'Brien, 2012; O'Brien & Fullagar, 2008; Schreiber, 2001; Sherry et al., 2013; Stigsdotter Nyström, & Nyström, 2007; Stoppard, 1999; Stuart et al., 2014; Ussher, 2010).

Keyes and Goodman (2006) summarize the current view of causes and treatments of depression by stating:

Science is reductive, which is at once its strength and weakness. Reductive science reveals increasingly precise findings but does so at the cost of breaking the phenomenon into pieces or parts. When it comes to the scientific study of a phenomenon such as depression, reductive science has broken human life down into multiple pieces, biological (genetic, neurohormonal), psychological (emotional, cognitive, behavioral), and sociological (cultural, social conditions, organizations). We are left with a science of pieces of life. Can this Humpty Dumpty be put back together again? (pp. xvii-xviii)

This reductionist approach to the causes and treatments of depression does not take into account the interconnectedness of the biomedical and psychosocial factors. Also, it completely excludes spirituality as part of a holistic view of depression.

For purposes of this project, we view spirituality as independent of any religious context and, in fact, the physical world. We are aligned with Young & Koopsen's (2011) definition of spirituality as follows:

In addition, spirituality remains a highly subjective, personal, and individualistic concept. To many, spirituality represents a vital essence of life that energizes both thoughts and actions. To others, spirituality is a belief and power operating in the universe greater than

one's self. Still others define it as a sense of interconnectedness with all living creatures and an awareness of the purpose and meaning of life. (p. 9)

For purposes of this research study, we define spiritual transformation as a profound change in the spiritual self.

The research into how depression impacts spirituality finds the following: potential transcendent experience of spiritual emergency and the associated metaphors (Agrimson & Taft, 2009; Bennett & Shepherd, 2012; Bush et al., 2012; Charteris-Black, 2012; Durà-Vilà & Dein, 2009; Fullagar & O'Brien, 2012; Galardo, Furman & Kulkarni, 2009; Heath, 2006; Kasprow & Scotton, 1999; Metzner, 1980; Nixon, Hagen, & Peters, 2010; Pransky & Kelley, 2014; Taylor, 2012), resiliency and spiritual transformation (Houghton, 2007; Johnstone, 2009; Kinnier et al., 2009; Koenig, 2010), meaning-making during recovery from depression (Alter, 1994; Beard, 2006; Carnes & Craig, 1998; Hedelin & Strandmark, 2001; Jobst, Shostak, & Whitehouse, 1999; Maser, 2010; Ridge & Ziebland, 2006; Schreiber, 1998; Skärsäter, Dencker, Bergbom, Häggström, & Fridlund, 2003), and the holistic perspective of depression (Hood Morris, 1996; Rentala, Fong, Nattala, Chan, & Konduru, 2015). With the exception of Karraa's (2013) dissertation on women's spiritual transformation through postpartum depression, we found no research that specifically identifies how a woman's spiritual self transforms through depression.

In the first chapter of this research thesis, we provide a literature review that includes an overview of depression, the common causes and treatments, and the current research on spirituality and the transformative process. In the second chapter, we provide an overview of the theoretical and researchers' personal lenses. In the third chapter, the research method is outlined in detail. In the fourth chapter, we review the research results. In the fifth chapter, we discuss the implications of our findings.

Depression is a complex and multi-faceted issue. The question of how depression transforms a woman's spirituality, and conversely, how spirituality transforms her depression, deserves more attention and research. From a constructivist paradigm, depression is a personal experience grounded in biological, psychosocial, and spiritual factors that influence the experience of and recovery from depression in women. When we combine an understanding of spirituality in women's depression alongside other well-examined psychosocial and biomedical factors, we may achieve a more holistic understanding of depression. Therefore, the purpose of this research study is to describe how a woman's spiritual self transforms through depression.

Literature Review

The purpose of this chapter is to review the literature relevant to the biomedical, psychosocial, and spiritual factors of women's depression. Depression is a universal experience among people, especially women, and referred to as the common cold of psychopathology (Ingram, Scott, & Hamill, 2008). First, in this review of the literature, we outline an overview of depression. Next, we review the common causes of depression. Then, we examine the predominant treatments for depression. After that, we discuss the holistic perspective of treatments for depression. Lastly, we explore spirituality and transformation. This chapter concludes with our research question.

Overview of Depression

We begin the literature review with an accepted definition of depression. Then, we discuss the prevalence of depression in women within our society and worldwide.

Definition of depression. The National Institute of Mental Health (2015) defines depression as the experience of feeling sad, anxious, or hopeless that lasts longer than two weeks. In contrast, most feelings of sadness are occasional and pass within a few days. According to the American Psychological Association (2015), the symptoms and severity of depression differ from person to person, with many experiencing "a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt, and recurrent thoughts of death or suicide" (p. 1). Of the seven types of depression listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (American Psychiatric Publishing, 2015), women exclusively experience postpartum depression and premenstrual dysphoric disorder, and none of the seven are experienced solely by men.

Prevalence of depression in women. The gendered nature of depression as a social and individual problem affects women and men in different ways (Longest & Thoits, 2012; Rosenfield & Mouzon, 1999). The World Health Organization [WHO] (2013) identifies depression as the leading cause of disease burden for women worldwide regardless of income level. Women are twice as likely as men to become depressed (Kessler et al., 2003; WHO, 2013).

The National Comorbidity Survey Replication provides rates for the differences in mental health issues between men and women (Kessler et al., 2003). This large, nationally representative survey of 9,282 English-speaking respondents aged eighteen years and older assessed mental health in the general population by gender differences in treatment for depression. Forty-six million women (29%) suffer from depression over their lifetimes, compared to 28 million men (18%). Also, 54 million women (34%) as opposed to 36 million men (26%) endure some form of anxiety in their lives (Kessler et al., 2003). Longest & Thoits (2012) state that women experience stressors and a lack of protective resources by exhibiting high levels of internalizing health outcomes (e.g., psychological distress and ill health). Rosenfield and Mouzon (1999) characterize women's mental health as turning inward or internalizing in nature, especially with anxiety and depression.

This overview of depression highlights the impact it has on women. Next, we examine the common causes of depression in women.

Common Causes of Depression

In this section, we review the common causes of depression in women from the biomedical and psychosocial factors in our Western culture (WHO, 2013). While there are causes that affect both women and men, such as poor nutrition, grief, drug abuse, and adverse

medical conditions, our focus is on the research specific to the causes of depression in women. First, we examine how the biomedical model defines the causes of depression in women. Then, we explore the psychosocial aspects that cause depression in women.

Biomedical. The biomedical model operates from the perspective that chemical imbalances in the brain or body cause mental health issues (Deacon, 2013). The common causes of depression in women from a biological perspective include but are not limited to: genetics, gene expression/epigenetics, and hormones (Bromberger et al., 2011; Hodes, 2013; Keyes & Goodman, 2006; Lin et al., 2013; Milman et al., 2015; Noble, 2005; Salk & Hyde, 2012; Simonds, 2001; Soares, 2013; Vigod & Taylor, 2013; Young & Korzun, 2010).

Cutting edge research on epigenetics focuses on how external inputs to the individual (e.g., stress or trauma) either turns genes on or off, which then changes the way cells read those genes (Hodes, 2013; Salk & Hyde, 2012). This research demonstrates the difference between gendered experiences of depression, and the differences experienced by the same individual over a period, regardless of gender (Hodes, 2013; Salk & Hyde, 2012).

Biological differences based on gender are apparent, and rapid hormonal shifts for women are quite distinct from men. In epigenetics research, Vigod and Taylor (2013) demonstrate the traumatic effects of stress on both positive and negative gene expression, and thus the resulting depressive episodes. Women preponderantly experience environmental stress such as physical, emotional, or sexual abuse, socioeconomic instability, and relational burdens of child and parent care (Salk & Hyde, 2012; Vigod & Taylor, 2013). These stressors may cause certain genes to be expressed in entirely different ways for women compared to men, resulting in sensitivity to depression (Vigod & Taylor, 2013).

Women are more likely to develop depression than men with the onset beginning during puberty, increasing during childbirth, and again at menopause (Soares, 2013; Young & Korszun, 2010). These are 'windows of vulnerability' for women. Bromberger et al.'s meta-analysis (2011) suggests that women are 2 - 4 times more likely to experience a major depressive episode during the perimenopausal and postmenopausal periods. Lin, Hsiao, Liu, and Chang (2013) confirms this finding that menopause impacts women's increased rates of depression. Young and Korszun (2010) posit that women have a biological stress response and that ovarian hormones regulate cortisol responses to stressors. Depressed women show greater hormonal dysregulation than depressed men (Lin et al., 2013; Young & Korszun, 2010).

Noble (2005) summarizes the biological challenges depressed women face by stating:

Several biological processes are thought to be involved in the predisposition of women to depression, including genetically determined vulnerability, hormonal fluctuations related to various aspects of reproductive function, and an undue sensitivity to such hormonal fluctuations in brain systems that mediate depressive states. (p. 49)

Next, we examine the impact psychosocial factors have in causing depression in women.

Psychosocial. In the psychosocial model, research examines the external realities of social structures and traditions causing women undue burden (Stoppard, 2000). According to Stoppard (1999) research must be grounded in the lived experiences of women in order to understand their depression, rather than formed or constructed by outside 'experts'.

Psychosocial causes of depression in women include but are not limited to: social constructivism (gender roles, socialization, and perfectionism) and lived experiences (child rearing, care of ageing parents, finances, discrimination, and violence against women) (Clarke, 2006; Keyes & Goodman, 2006; Lafrance & Stoppard, 2006; McMullen, 1999; Oakley et al.,

2012; Schreiber, 2001; Schreiber & Hartrick, 2002; Sherry et al., 2013; Simonds, 2001; Stoppard, 1999; Stoppard, 2000; Ussher, 2010; Whitney, Kuznir, & Dixie, 2011). Noble (2005) states “psychosocial events such as role-stress, victimization, sex-specific socialization, internalization coping style, and disadvantaged social status have all been considered to be contributors to the increased vulnerability of women to depression” (p. 49).

Social constructivism focuses on the influence of sociocultural factors, such as economic distress, childbearing, child-rearing, or child-care difficulties, or feelings of powerlessness. All of these factors play a significant role and point to the importance of context for understanding women's depression (Crowe, 2002; Fullagar & O'Brien, 2013; Fullagar & O'Brien, 2014; Horwitz, 2011; Lafrance & Stoppard, 2006; Mackay & Rutherford, 2012; McMullen, 1999; O'Brien, 2012; O'Brien & Fullagar, 2008; Schreiber, 2001; Stoppard, 1999; Ussher, 2010).

Mainstream approaches to depression fail to consider women's voices and women's embodied experiences as legitimate sources of knowledge (Stoppard, 1999). McMullen (1999) find patriarchal Western society's focus on autonomy and living for oneself to be a key contributor to depression in women, stating “mothers and children are often relegated to a low position, devalued for their inability to participate in the important (public) tasks of culture and for their stereotypically conceived lack of autonomy” (p. 109).

Positioning recovery as personal responsibility fails due to gender inequities, particularly for women in midlife, where care of others can be multi-generational (Fullagar & O'Brien, 2014; O'Brien, 2012). Being too nurturing, caring or childlike, does not fit into the autonomy valued in our society and can result in depression (McMullen, 1999). Other significant social factors in a woman's depression are her internal dialogue, oppression, marginalization, and the impact of violence that includes physical, sexual, and emotional abuse (Schreiber, 2001).

The cultural imperative for women to live up to society's ideal image creates fractures in the notion of self during times of high stress (Lafrance & Stoppard, 2006). The societal expectations put on women to play the role of the *good woman* can be unhealthy (Lafrance & Stoppard, 2006). Sherry et al. (2013) state another aspect of this ideal woman is perfectionism, which leaves women vulnerable to depression. This personal, critical interpretation of regular social interactions is high in perfectionistic personality types (Sherry et al., 2013). As a result, perfectionists end up feeling "rejected, excluded, and unwanted by others," making them vulnerable to depression (Sherry et al., 2013, p. 697). As Lafrance and Stoppard (2006) simply state, "living life as a good woman can be bad for women's health" (p. 322). Next, we examine the predominant treatments for depression in women.

Predominant Treatments for Depression

The World Health Organization (2012) recommends a combination of antidepressants and psychosocial support, such as talk therapy, to help treat depression. First, we review antidepressants as the predominant treatment in the biomedical model. Then, we outline talk therapy as the primary treatment from the psychological model.

Antidepressants. The predominant treatment in the biomedical model emphasizes pharmaceuticals to treat the depression caused by biological abnormalities (Deacon, 2013). The medical community finds no meaningful distinction between mental disease and physical disease and utilizes biological treatments in patients with depression (Andreasen, 1985). This approach has profoundly impacted psychotherapy research by applying the empirical science to a bio/psycho/social disease (Deacon, 2013).

A significant diagnostic shift in the medical community away from anxiety diagnoses in the 1950s to increasing depression diagnoses in the 1970s resulted in an exponential increase in

the use of antidepressants (Horwitz, 2010). According to research by Harris Interactive (2006), 86% of patients diagnosed with depression in the United States are prescribed medication. Currently, 11% of the U.S. population is taking antidepressants, and that number is increasing by 400% each year (Pratt et al., 2011). Pratt et al. (2011) go on to say that middle-aged women are the highest users of antidepressants.

Research reflects the ineffectiveness of antidepressants in treating depression. In a meta-analysis study of the antidepressant drug trials filed with the FDA between 1985 and 2007, Kirsch et al. (2008) found that antidepressants are not effective in treating the symptoms of people with moderate to severe depression. Antidepressants impacted only very severe cases of depression. In one of the largest trials of its kind, focused on real-world experiences of patients and antidepressant use, Rush et al. (2006) showed that one-third of patients never got better with four rounds of treatment attempts, which included four different antidepressants.

There is evidence that antidepressant drug trial results may not be accurate and may overemphasize the effectiveness of these pharmaceuticals. Turner et al. (2008) found that among the 74 drug trials registered with the FDA, 31% of them were never published. Also, 94% of the trials published were positive, in contrast with analysis by Turner et al. (2008) showing only 51% were positive. The authors state that "by altering the apparent risk–benefit ratio of drugs, the selective publication can lead doctors to make inappropriate prescribing decisions that may not be in the best interest of their patients and, thus, the public health" (Turner et al., 2008, p. 259).

Regarding recovery, the use of antidepressants can either have no effect on depression or produce adverse side effects that limit or derail the goal of emotional wellness (Fullagar & O'Brien, 2012). The reported emotional numbing effects of antidepressants do not allow the

individual to address deeper issues and may contribute to the future recurrence of depressive episodes (Fullagar & O'Brien, 2012).

Antidepressants are the predominant therapy in the biomedical model, and research indicates an unacceptable level of effectiveness given the high level of prescriptions. Next, we discuss talk therapy as a psychological treatment for depression.

Talk therapy. The predominant treatment in the psychosocial model emphasizes talk therapy to treat the depression caused by psychological disruptions. Talk therapy treatment for depression includes four main options: cognitive-behavioral, interpersonal, psychodynamic, and group therapy (Harvard Medical School, 2011). Cognitive behavioral therapy seeks to change ingrained negative self-talk and behaviors by examining and reducing critical and ruminating thought patterns. Interpersonal therapy addresses traumatic life events that include: grief or bereavement, conflicts over roles and expectations, the effect of significant life changes, and social isolation. Psychodynamic therapy focuses on identifying learned patterns and discovering how it affects current behaviors and relationships. Group therapy enlists the support of others to facilitate treatment and recovery from depression (Harvard Medical School, 2011).

The conventional standard of care in today's Western culture is a combination of antidepressants and psychological support (WHO, 2012). Two separate meta-analysis studies conclude that the efficacy of various talk therapies is just as effective as antidepressant use alone (Cuijpers, Andersson, Donker, & Van Straten, 2011; Driessen, Hollon, Bockting, Cuijpers, & Turner, 2015). They conclude that the combination of talk therapy plus the use of antidepressants are slightly more effective than talk therapies alone or antidepressant use alone. They also found that the efficacy of psychotherapy is overestimated because of publication bias (Cuijpers et al., 2011; Driessen et al., 2015).

Supportive relationships have an impact on recurrent depression. Stigsdotter Nyström and Nyström (2007) found that hearing from others who have experienced depression is helpful in recovery. Clarke (2006) states that support from groups help women cope with depression. Supportive conversations with other women have a large influence on reducing the symptoms of depression.

Group therapy for women with depression is an alternative to individual psychotherapy. This method draws on support from members of the group to facilitate recovery. Thimm and Antonsen (2014) found that cognitive behavioral group therapy (CBGT) for depression has positive results at both the group and individual level. A meta-analysis of 32 studies investigated the effect of CBGT for depression (Thimm & Antonsen, 2014). The results demonstrated medication alone is insufficient in treating major depression. Findings suggest an immediate and continuous effect of CBGT over the first six months, with effects tapering after that. Implications of this study suggest CBGT therapy reduces depression in the short-term but does not offer long-term solutions.

Reaching out to others for help can facilitate recovery from depression in women (Kinnier et al., 2009; Stuart et al., 2014). But the potential for social stigma of depression keeps many people from reaching out to friends, family, and health care providers for help (Oakley et al., 2011). Individuals experience less fear of social stigma when they share their story of hope and recovery from depression with others (Stuart et al., 2014). Experiential wisdom from others who have experienced depression and successfully worked through recovery is a valuable resource of information to those currently in the depths of depression (Kinnier et al., 2009).

Treating depression by combining antidepressants and talk therapy continues to be the predominant treatment model. Next, we review the holistic treatments for depression.

Holistic Treatments for Depression

Holistic treatments for depression include various complementary and alternative medicine (CAM) treatments and a holistic perspective that includes spirituality in the treatment model. Overall, women use CAM at a rate of 49% as compared to men who use it at the rate of 38% (Eisenberg et al., 1998).

Women seeking relief from depression increasingly use CAM, although it is not the primary treatment option in the United States (Deligiannidis & Freeman, 2010). CAM therapies used for treating depression include, but are not limited to: meditation, bodywork, herbal treatments, vitamins, and nutritional support (Dash et al., 2015; Deligiannidis & Freeman, 2010; Lai et al., 2014; Psaltopoulou et al., 2013; Wu et al., 2007). Wu et al. (2007) found that 54% of women with depression used CAM therapies over the past year. Wu et al. (2007) further illustrate the reasons for using CAM therapies:

Participants' most commonly cited reasons for use of these therapies were wanting treatments to be based on a 'natural approach,' wanting treatments to be congruent with their own values and beliefs, and past experiences in which conventional medical therapies had caused unpleasant side effects or had seemed ineffective. (p. 349)

As depression symptoms worsen or persist, sufferers turn to CAM as an alternative to traditional treatment models (Solomon & Adams, 2015). CAM therapies may increase treatment strategies for those who are wary of standard biomedical treatments or have difficulty tolerating them (Deligiannidis & Freeman, 2010). In some cases, mindfulness-based meditation was as successful at treating depression as medication (Piet & Hougaard, 2011; Segal et al., 2010).

A holistic perspective of treating depression addresses all three components of a whole person: mind, body, and spirit. Rentala et al. (2015) studied 120 adult depressive patients in India

randomly assigned to two different treatment groups. Both groups of patients received antidepressants and talk therapy, but one group also received mind/body/spirit interventions. For the mind/body/spirit intervention group, patients received four weekly treatments over a four-week period. The weekly sessions consisted of four different topics: growth through pain, emotional management, the transformation of self, and love/letting go/forgiveness. Compared with the antidepressants/talk therapy group, the mind/body/spirit intervention group showed significant improvement in several areas: statistically significant decreases in depression and functional impairment, and statistically significant improvement in wellbeing and quality of life after six months (Rentala et al., 2015).

Hood Morris' (1996) work with nurses in a health-care facility resulted in a spiritual wellbeing model that defines the intersection of spirituality and depression as a “dynamic, integrated, unfolding growth process” (p. 443). The primary benefit of the model is to view the patient from a holistic perspective, and in particular, focus on the spirit. Hood Morris (1996) states “holistic care that facilitates spiritual wellbeing calls for an understanding of the integrated, overlapping, bio/psych/social and spiritual antecedents and symptoms of depression that may signify spiritual distress in elderly women” (p. 447).

Research also offers a new psycho-spiritual view of mental health (Durà-Vilà & Dein, 2009; Heath, 2006; Kasproff & Scotton, 1999; Nixon et al., 2010; Pransky & Kelly, 2014). Pransky and Kelley (2014) provide an understanding of mental health grounded in the three principles of Universal Mind, Consciousness, and Thought. The importance of these three principles for the field of psychology lies in how they work together and the impact of how people think, feel, and act (Pransky & Kelley, 2014).

From a holistic perspective, research into treatments addressing the spiritual dimension of depression is scant. Next, we review the literature on spirituality and transformation.

Spirituality and Transformation

Based on the paucity of research, the conventional medical community does not recognize the spiritual aspect of depression as a cause or treatment of depression in women. However, recent studies have found spirituality serves as a resource in coping with psychological and social stress (Koenig, 2010; Leung, Chan, Ng, & Lee, 2009). First, we review the definition of spirituality. Next, we discuss spiritual transformation. Then, we examine spiritual emergency as a possible transcendent experience. After that, we review resilience as a positive attribute in recovery from depression. Next, we examine metaphors that describe depression and transformation. Finally, we review depression as meaning making in a woman's life.

Definition of spirituality. Spirituality is a concept with varying viewpoints and perspectives. It can be understood to be separate from religion. Whereas, religion is the acceptance of a set of particular beliefs, ethics, traditions, and behaviors shared by an organization or institution (Barber, 2012; Hodge & McGrew, 2006), spirituality is connected to the search for meaning and purpose. Pransky & Kelley (2014) define spirituality as one's relationship with their deep inner essence or consciousness. More people are searching for spiritual experiences outside or across religious traditions (Brown, 2007).

Connection is an essential component of spirituality (Hodge & McGrew, 2006; Lauver, 2000; Meezenbroek et al., 2010; Reed, 1992; Young & Koopsen, 2011). Connection encompasses three main dimensions: connection with oneself (inner harmony, inner peace, authenticity, and self-knowledge), connectedness with others and nature (awareness of purpose and meaning of life), and connectedness with the transcendent (universal power greater than

oneself) (Meezenbroek et al., 2010; Reed, 1992). Young and Koopsen (2011) expand on spirituality further:

Spirituality remains a highly subjective, personal, and individualistic concept, defying development of a standard definition. To many, spirituality represents a necessary essence of life that energizes both thoughts and actions. To others, spirituality is a belief and power operating in the universe greater than one's self. Still others define it as a sense of interconnectedness with all living creatures and an awareness of the purpose and meaning of life. (p. 9)

For the purposes of this research project, we have synthesized and adopted the following definition based on available literature: spirituality is highly individualistic yet grounded in connections; with oneself, with others, and with the transcendent. Next, we explore the literature regarding spiritual transformation.

Spiritual transformation. Rosen (2009) defines spiritual transformation as egocide: the death of a false self and rebirth of true self. Taylor (2012) describes this change in self as a spiritual rebirth, change in identity, worldview, and attitude towards life, values, perspectives, and relationships. Clements (2004) defined spiritual transformation as two-dimensional: changes of mind and changes of heart.

Palmer (2000) describes the process of gaining spiritual skills to journey inward toward the source of both shadow and light. Dillard's (1982) definition of authentic spirituality includes a transformative journey:

In the deeps [sic] are the violence and terror of which psychology has warned us. But if you ride these monsters deeper down, if you drop with them farther over the world's rim, you find what our sciences cannot locate or name, the substrate, the ocean or matrix or

ether which buoys the rest, which gives goodness its power for good, and evil its power for evil, the unified field: our complex and inexplicable caring for each other, and for our life together here. This is given. It is not learned. (p. 19)

In this definition, Dillard (1982) described the spiritual journey as going inward and downward, towards the hardest parts of our lives, rather than outward and upward.

The psychospiritual development task of reaching the subconscious, or internal space of emptiness, happens before one can attain a different worldview and experience transpersonal growth (Thomas, 2014). Ruumet (1997) developed a Helical Model of Psychospiritual Development that describes a developmental pathway focused around six centers. This psych/spirit connection is an “ongoing relationship in which both have to grow in tandem to accommodate the unique tasks that each soul faces” (Ruumet, 1997, p. 7). According to Ruumet (1997), we must journey into our past unfinished issues to make spiritual growth possible, as much as one would like to dismiss old wounds. A sense of self is what thrusts us toward spiritual development and "without this raw energy and quest for more we might have never embarked on a psycho-spiritual journey" (Ruumet, 1997, p. 14).

While some people experience a gradual process of growth or transformation, others experience a rapid, dramatic, and enduring transformation in what Miller (2004) describes as quantum change. Such experiences are a spiritual awakening (Miller, 2004). In an initial study of 55 participants experiencing quantum change (Miller & C’de Baca, 1994), the participants' common response to “what has changed?” was “everything” (p. 457). Spirituality became central to many after experiencing their quantum change; many voiced the experience as being interconnected with and part of all of humanity and creation (Miller, 2004).

Karraa (2013) describes the experience of participants' postpartum depression as transformational. This work is the only piece of literature tying depression and spiritual transformation in women. Karraa (2013) states in the summary, the experience of postpartum depression "extended woman beyond recovery, beyond returning to previous levels of psychological wellbeing and encompassed development of wider aspects of self-development, connection to others, sense of purpose, and existential wonder" (p. 259).

Nixon et al. (2010) suggests that, at least for some individuals, the experiences of mental illness can be a major catalyst for transformative spiritual growth. Beaird (2006) suggests society should view, support, and celebrate depression as a transformative experience for women. In addition, there is literature describing spiritual transformation as a result of serious medical conditions (Barskova & Oesterreich, 2009; Cole, Hopkins, Tisak, Steel, & Carr, 2008; Galanter, Dermatis, & Sampson, 2014; Kremer & Ironson, 2009; Samson & Zerter, 2003).

For the purposes of this research project, we have synthesized and adopted the following definition based on available literature: spiritual transformation is a profound change in the spiritual self. Next, we examine spiritual emergencies and its impact on spiritual transformation.

Spiritual emergency. Most doctors and psychotherapists in our Western culture discount the possible transcendent experience of a spiritual emergency (Bush et al., 2012; Durà-Vilà & Dein, 2009; Galardo et al., 2009; Heath, 2006; Nixon et al., 2010; Pransky & Kelley, 2014). Different types of suffering and trauma, such as bereavement, depression, illness, or extreme stress, may precipitate a spiritual emergency (Taylor, 2012). Taylor (2012) defines spiritual emergencies as "suffering-induced transformational experiences (SITES)" (p. 30). During these times, the sense of self transforms during the process of detaching from prior expectations of a person's future life. For instance, when faced with a serious illness a person's imagined future is

disrupted. Taylor (2012) suggests, “that two personal qualities that may increase the likelihood of transformation are *courage* and *realism*” (p. 48). The findings suggest that a courageous individual stepping forward to face the reality of the traumatic situation leads to a transformational experience.

Women with depression may be at a particular risk of spiritual emergency or spiritual crisis (Agrimson & Taft, 2009). Research suggests that spirituality significantly helps depressive symptoms beyond the mediating effect of social support and a positive relationship between spirituality and mental health appears to exist (Bennett & Shepherd, 2012).

Next, we examine the attribute of resilience and the role it plays in recovery from depression.

Resilience. When faced with events in a person’s life that bring sadness or anxiety, Johnstone (2009) considers the resulting depression to be a call from the psyche to pay attention and make changes. A resilient attitude views the disorder as an opportunity to learn more about one’s self or a sign that something needs to change in one’s life (Kinnier et al., 2009). By reframing the experience of depression, “low and anxious feelings are seen not as symptoms of disease, but as signals to be listened to” (Johnstone, 2009, p. 24). In this case, resilience is an attribute that can be useful in recovery, and research suggests it can be a learned attitude (Johnstone, 2009). Cultivating specific strategies, identifying personal strengths, locating outside resources, and gaining personal insights are attributes of resilience (Johnstone, 2009).

Another important dimension of resilience is the optimistic attitude of hope. Houghton (2007) states, “the journey of depression begins with invisibility, silence and hopelessness, and spirals backwards and forwards towards visibility and hope” (p. 7). Hope is essential during the process of recovery from depression. Without hope, the individual is caught in a cycle of limited

recovery and subsequent fear of future depressive episodes. Hope looks towards a future life free from the stigmatizing and crippling effects of depression (Houghton, 2007).

In a systematic review of research, Koenig (2010) followed 865 depressed patients for 12-24 weeks after discharge from the hospital. The study concluded that those who were most involved in spiritual beliefs and activities, such as a spiritual community, reading spiritual materials, and praying or meditating, recovered from depression over 50% faster than patients less spiritually involved. Additional findings of 104 elderly psychiatric inpatients suggest that spiritual coping during psychiatric hospitalization predicted lower levels of depressive symptoms six months later (Koenig, 2010).

Next, we explore the use of metaphors to describe a woman's experience of depression and transformation.

Metaphors of depression and transformation. In analyzing women's narratives from their experiences of depression, Fullagar and O'Brien (2012) identify three key metaphors that women draw on to construct narratives about recovery: the immobilizing effects of depression, recovery as a battle to control depression, and recovery as a journey of feeling alive. Containment as a metaphor for depression is important to women (Charteris-Black, 2012). The premise of containment has three layers: an internal core of sadness, a middle layer of the embodied self, and the external field of depression that contains the rest. The issue of loss of control can take a prominent position for women when discussing metaphors of depression. In a therapeutic setting, "women often express feelings of self-transformation arising from emergence from the container" (Charteris-Black, 2012, p. 212). Metaphors of containment, sense of self-transformation, and feeling alive may be especially relevant to women and their spiritual transformation.

Metaphors that describe the transformation of human consciousness are abstract (Campbell, 1990; Metzner, 1980). Metzner (1980) noted that the evolution of a society or humanity is anchored in the evolution of individuals. He posits that the Higher Self speaks to the ego-personality self in the language of myths and metaphor (Metzner, 1980). From this perspective, Metzner (1980) developed ten classical metaphors for understanding the transformation of human consciousness: from dream-sleep to awakening, from illusion to realization, from darkness to enlightenment, from imprisonment to liberation, from fragmentation to wholeness, from separation to oneness, from being on a journey to arriving at the destination, from being in exile to coming home, from seed to flowering tree, and from death to rebirth (p. 49-61).

Next, we review the literature that describes depression as an experience of meaning-making in a woman's life.

Depression as meaning. Jobst, Shostak, and Whitehouse (1999) propose disease is a manifestation of mental health that is a process of transformation. They suggest that, "instead of being meaningless, people's problems become *diseases of meaning*, enabling people to see that things are not necessarily 'going wrong' but are, in fact, helping them become stronger, to live more fully and with more understanding" (Jobst et al., 1999, p. 495). This perspective is in contrast to viewing depression through a biomedical lens (something is wrong with the woman) or from a social constructivist lens (something is wrong with society).

While it is difficult for an individual to search for meaning during a depressive episode, making meaning of their personal stories has a positive effect on the depth and breadth of that person's recovery from depression (Hedelin & Strandmark, 2001). Recovery from depression is a long-term, self-defined process of creating an authentic narrative as it relates to an individual's

experience of depression (Hedelin & Strandmark, 2001; Ridge & Ziebland, 2006). Women find that reflecting on their experience from both an intellectual and a deeper spiritual level, help them to put meaning to their pain, to their present life, and trust in the future (Skärsäter et al., 2003).

For a woman to view depression as a source of meaning, she needs the time and space to reflect and heal (Beaird, 2006; Carnes & Craig, 1998; Maser, 2010; Skärsäter et al., 2003). Discussing her situation with a strong social network of family and friends is beneficial to a woman with depression (Skärsäter et al., 2003). Women's circles are one way to create space that is safe, empathetic, and supportive for meaning making during transformation (Beaird, 2003; Carnes & Craig, 1998; Maser, 2010). Beaird (2006) found that participation in a women's circle that holds a sacred center serves as a useful process in creating transformational change. Themes emerging from involvement in a women's circle include, but are not limited to: increased feelings of connections, increased spirituality and association with the Feminine Sacred, sense of empowerment, and increased vitality and creativity (Beaird, 2006). Carnes and Craig (1998) state that after several years of participation in women's circles, the women created a sanctuary for themselves and found deeper levels of self-acceptance and affirmation. A women's circle is a credible process for discovering how spirit is meant to manifest a unique life (Carnes & Craig, 1998).

Schreiber (1998) provides another perspective on depression as meaning in a model developed to view the deep work necessary to recover from depression. The 6-part model helps the woman look at all facets of her life including herself before depression, the process of confronting her depression, sharing her story, understanding her story, and the most important step of "clueing-in" (Schreiber, 1998, p. 274). Clueing-in is a shift in a woman's landscape

allowing her to see her wholeness. A key factor in her ability to cope with depression is the capacity to see the past clearly and accept those experiences. The final step in the process is self-acceptance with an understanding of all that has come before (Schreiber, 1998).

Transformation through depression is spiritual, personal, and life altering. Alter (1994) expresses this simply:

When a woman begins to be aware of the divine spark within, she will soon be faced with a decision whether to honor and trust it. . . . She is so accustomed to looking outside herself for authority that the realization of God within is radical and shattering. It changes everything. (p. 25)

Bloggers B. and K. McKay put it best when they ask the question, “Is depression an intrinsic part of one’s true self, a tool to finding one’s true self, or an obstacle to being one’s true self?” (McKay & McKay, 2015, para. 60).

Finally, we summarize the literature review and its biological, psychological, and spiritual components.

Summary

There is extensive research surrounding the causes and treatments of depression from biomedical and psychosocial perspectives (Crowe, 2002; Dash et al., 2015; Fullagar & O’Brien, 2014; Harris Interactive, 2006; Kinnier et al., 2009; Lafrance & Stoppard, 2006; Lai et al., 2014; Mackay & Rutherford, 2012; McMullen, 1999; NIMH, 2015; Oakley et al., 2011; O’Brien, 2012; O’Brien & Fullagar, 2008; Pratt et al., 2011; Salk & Hyde, 2012; Schreiber, 2001; Sherry et al., 2013; Stigsdotter Nyström, & Nyström, 2007; Stoppard, 1999; Stuart et al., 2014; Vigod & Taylor, 2013; Ussher, 2010). Ussher (2010) explains that “interventions that focus on one level

alone – whether this is biomedical, sociocultural, psychological or discursive – will not address the totality of the experiences of women that come to be categorized as depression” (p. 24).

From a holistic perspective, research into the role of incorporating spirituality into the treatment model of depression is limited (Hood Morris, 1996; Rentala et al., 2015). Recent research in defining the cause and treatment of women’s depression suggests the integral importance of spiritual transformation through depression (Karraa, 2013). A different healing scenario for women with depression is possible by including spirituality in the current treatment model. We suggest that depression is an opportunity to grow, learn, and evolve rather than a personal failure or disease. Therefore, our research question is — how does a woman's spiritual self transform through depression?

Method

The purpose of this chapter is to outline in detail the method and procedures used to answer our research question: how does a woman's spiritual self transform through depression? First, we describe the constructivist paradigm and the rationale for its use in this study. Next, we outline an introduction to Organic Inquiry as both a culture of inquiry and methodology. Then, we discuss the rationale behind using Organic Inquiry in conducting our research. After that, we describe the instrumentation used in this research study. Next, we outline the sampling procedures. Then, we discuss ethical considerations in the design and implementation of this study. After that, we outline the data collection and data analysis procedures. Next, we discuss the reliability and validity of this research project. Finally, this chapter concludes with a discussion of design specific strengths and limitations.

Constructivist Paradigm

We chose Organic Inquiry situated in a constructivist paradigm for this research study. Constructivist research postulates that human beings construct their social realities in relationship to each other (Guba & Lincoln, 1994; Lincoln & Guba, 2013; Nelson & Poulin, 1997). In our constructivist worldview, reality is subjective and formed from experience, with the qualitative findings co-created between the researcher and the co-researchers. Our rationale for approaching this research from a constructivist paradigm is because the reality of a woman's spiritual transformation through depression is formed from her own personal experiences. Experiences are subjective and the sharing of these experiences are accessed through the relationship between the researcher and the co-researcher. Situated in the constructivist paradigm, we acknowledged and investigated multiple ways of knowing in order to access the co-researchers' inner, spiritual self.

Organic Inquiry as a Culture of Inquiry

The culture of Organic Inquiry attracts people and topics related to psycho-spiritual growth (Anderson & Braud, 2011; Braud, 2004; Clements, 2004; Curry & Wells, 2006; Romanyshyn, 2013). This culture of inquiry informs the research when exploring a sacred topic such as spiritual transformation. Transformation of the researcher, co-researchers, and readers are co-created through thinking, feeling, sensation, and intuition in this culture of inquiry (Clements, 2004). A significant element of Organic Inquiry refers to participants as co-researchers, indicating their important role as collaborators in the research study. Organic Inquiry is rooted in transpersonal psychology and some specific features of feminist theory and spirituality (Curry & Wells, 2006). Aspects of feminist spirituality, present in Organic Inquiry, operate from *power with* or *power within*, instead of the non-feminist model of *power over*.

Stereotypically, research is usually thought of as subjecting participants, both animal and human, to experiments under double-blind conditions, arriving at a statistically significant result (Curry & Wells, 2006). On the contrary, Organic Inquiry incorporates the idea that research can provide a valid framework that includes spirit, body, and feeling as well as mind (Anderson & Braud, 2011). This culture of inquiry moves beyond the traditional, intellectual, and analytical frameworks to a more holistic framework to include the liminal, the subconscious, the transformation, and the spirit. The aim of Organic Inquiry is to supplement more traditional ways of knowing, rather than supplanting them. Organic Inquiry prefers inclusive, integrated, both/and approaches instead of exclusive, compartmentalized, either/or approaches (Braud, 2004).

Organic Inquiry holds the assumption that all things are sacred and interconnected and allows the researcher to find connections between things that are separate (Curry & Wells, 2006). Since our research focused on personal experiences and interpretations, Organic Inquiry was the

best culture of inquiry as it allowed space for the women's stories of spiritual transformation to emerge from their lived experience and understanding of depression. This approach reflects our personal values of honoring the feminine sacred in everyday life, in the co-researchers' sacred voice, and the sacredness in a woman's personal story.

Organic Inquiry as Method

Organic Inquiry methodology is a dynamic, living process that values transformation as much as information. Through the Organic Inquiry process, researchers not only gather information, but they also invite transformation of the heart and mind of the researchers, co-researchers, and readers of the research as well. Transformational change is defined by a "resulting restructuring of one's worldview that provides some discrete degree of movement along one's lifetime path toward further transpersonal development" (Clements, 2004, p. 26).

The term organic evolved from the notion of growth within the larger context of nature, a process that both includes and transcends human understanding (Clements, 2004). The original model of Organic Inquiry has five essential principles, represented by the growth of a tree. These principles include the sacred (preparing the soil), the personal (planting the seed), the chthonic (the roots emerge), the relational (growing the tree), and the transformative (harvesting the fruit) (Clements, 2004; Curry & Wells, 2006). These five characteristics are cumulative and simultaneous, as opposed to successive and sequential (Anderson & Braud, 2011).

These original principles of Organic Inquiry grew into a three-step methodological model, called the organic model of transformative change (Clements, 2004). This model's three steps start with preparation, moving from the realm of ego-control to engaging the subconscious or the liminal realm (an in-between space), then to inspiration, gathering information and experiences, and finally integration, returning to the rational world to integrate the newly

collected information and experience (Clements, 2004; Curry & Wells, 2006). This three-step process governs both data collection and data analysis.

Using unstructured interviews via storytelling is the fundamental technique of Organic Inquiry (Clements, 2004; Curry & Wells, 2006; Hesse-Biber, 2014). An unstructured interview is a method for gathering co-researcher data, in a non-directive, reflective manner (Clements, 2004; Curry & Wells, 2006). The profoundly sacred nature of the Organic Inquiry research process occurs during personal interaction with the co-researcher (Rubin & Rubin, 1995). Interviewing provides for a more comprehensive understanding of a co-researcher's inner world (Josselson, 2013). Understanding how an individual has spiritually transformed through depression requires a deep level of understanding and interaction. Interviewing is an optimal instrument as it allows access to the “emotional and meaning-making levels of human experience” (Josselson, 2013, p. x).

For this research study, Organic Inquiry is an ideal method to examine spiritual transformation through depression because it enabled us to look at the woman's whole story. It is a holistic approach to research. It is based in feminist spirituality of *power with* instead of *power over*, which is important in making women feel comfortable in sharing such intimate details of their story, and invites further transformation as a result of this research.

Instrumentation

There are five instruments used in data collection for this research study. They include: the Interview Schedule (see Appendix A), the object representing the co-researcher's personal spiritual transformation, the journal reflection written by the co-researcher after the interview, the field notes written by the researchers during the interview, and lastly, we researchers as instruments for guiding and analyzing the interviews.

Interview schedule. An unstructured interview is a method based in a conversational setting to “prompt critical reflection and examination of assumptions” (Curry & Wells, 2006. p. 88). Our goal in developing the Interview Schedule was to create an atmosphere conducive to sharing a deeply personal story of spiritual transformation through depression. This atmosphere was created and enhanced by having a quiet room for the interview, setting up a center of beauty, and sharing a psycho-synthesis meditation. The Interview Schedule was developed after reading the interview protocol from Karraa’s (2013) dissertation, the interview schedule from Angell, Gilchrist, Hermann, Peterson, and Shepard’s (2013) thesis, and the literature written on the interview method (Josselson, 2013; Rubin & Rubin, 1995).

The Interview Schedule outlines the entire interview process and includes the following steps: 1) welcome and introductions, 2) opening the interview session, 3) a psycho-synthesis meditation, 4) the guiding statement to start the interview, and 5) closing the interview session. The first step in the interview included welcoming the co-researcher, introducing the researchers and their roles in the interview, and describing the participant’s new role as a co-researcher. The audio recording is initiated at this point in the interview. The second step is to open the interview and describe the center of beauty that grounded the circle of sharing. The center of beauty included objects that represented the four elements - earth, wind, fire, and water. The third step is a 5-minute psycho-synthesis mediation, to prepare the co-researcher for the deep sharing that happened during the interview (see Appendix A for the meditation script). The fourth step is the interview itself, where the guiding statement is presented to the co-researcher: “Tell us your story of how your spiritual self transformed as a result of living through depression”. As part of her story, the co-researcher shared the object that represented her spiritual transformation. The final step is closing the interview by thanking the co-researcher for her time and willingness to

share her story. The co-researcher received a journal with the reflective question attached. The researchers discussed the transcript reviewal process with the co-researcher. Finally, forms were signed and the object representing spiritual transformation was photographed for documentation purposes.

We maintained reliability and validity by diligently following the Interview Schedule for each interview. We arranged the interview space in the exact same way every time, as much as possible considering the various room settings. The strength in utilizing the Interview Schedule provided a structured process and kept us focused on the guiding statement. As opposed to a structured interview with specific questions, the open-ended story-telling nature of the unstructured interview collected data free from researcher bias. The interview schedule was a limitation due to the extensive time requirements for the researchers, since all three were present at each interview.

We performed two pilot interviews with two adult women volunteers, a fellow student and a friend of a researcher, to test the questions derived from Karraa's (2013) dissertation to ensure that we were getting our research question answered adequately. As a result of the pilot interviews, we learned that the interview questions were not generating the type of data that would answer our question. We modified the interview questions into two guiding statements. In the pilot interviews, volunteers also had a difficult time deciphering between spirituality and religion. Therefore, we defined personal spiritual transformation for the co-researchers before the interview started. As a result of our pilot interviews, we modified our questions into guiding statements as follows: 1) Please share your object/poem/artwork and tell your story about how it represents your spiritual transformation and 2) Tell us your story of how your spiritual self transformed as a result of living through depression.

As part of the Organic Inquiry method, the unstructured nature of the interview process allowed the researchers and co-researchers to modify the questions as the process unfolded (Curry & Wells, 2006). Any follow-up questions posed during the interview were open-ended based on the co-researcher's unfolding story and directed toward the research purpose. Demonstrating flexibility, we changed the timing of the object story during the interview process based on feedback from co-researchers. Initially, we asked the co-researcher to share the object representing spiritual transformation before sharing her story. Thereafter, the co-researchers chose different times to share the object as part of their story of spiritual transformation.

Object. The co-researchers brought an object that represented their spiritual transformation through depression. The objects, as instruments, tapped into the co-researchers' spiritual subconscious since words can be limited in describing a spiritual experience. The co-researcher's interpretation of their object became an integral part of their story of spiritual transformation and became an additional measurement of validity. The strength of this instrument was the opportunity to tap into the co-researchers' spiritual subconscious. The limitation was our ability to accurately decipher and understand the co-researchers' interpretation and how it relates to their spiritual transformation story.

Post-interview reflection. The post-interview reflection asked co-researchers to describe any transformational shift or experience as a result of participating in this study. As an instrument in data collection, the post-interview reflection was another opportunity to gather data on the co-researcher's insight into the nature of her spiritual transformation (Curry & Wells, 2006). The strength of this instrument is the collection of additional data from the co-researchers in a nonverbal format. This information was collected at least two weeks post

interview and provided time for reflection from the co-researcher. Limitations of this instrument include the risk of misinterpreting the co-researchers' words and not being able to clarify their statements.

Field notes. One researcher took field notes during the interviews in order to capture important non-verbal data. This role alternated between the three researchers for each interview. The notes consisted of observations of the researchers and co-researcher's activities, such as body language, changes in voice, tone, or volume, tears, and hand gestures. The field note observations were important during data analysis in order to recreate the sensations and feelings evoked during the interviews. Strengths of this instrument include the ability to review data taken in the moment of the interview. Limitations include the risk of incomplete or inaccurate notes.

Researcher as instrument. In Organic Inquiry, the researcher's psyche is the predominant instrument of the study. Organic Inquiry requires the researcher to have a developed understanding of his or her psyche, both its strengths and weaknesses (Anderson & Braud, 2011). The researcher needs three essential prerequisites: be sufficiently self-aware, be experienced in one's psycho-spiritual growth, and be willing to undergo transformative change through this process (Clements, 2004). To provide reliability as valid instruments in this study, we have drawn from our prior personal journeys of spiritual transformation through depression.

Preparation. Preparation is an important first step in which the researcher moves from their ego-control to the liminal experience. Before the research can start, the researcher needs to reach the liminal space. The first step of preparation is to recognize the researcher's question and intention. The second step of preparation is to encourage the ego to adopt a state of curious ignorance (Anderson & Braud, 2011). This step is where the ego relinquishes control but does

not collapse. The third step of preparation is for the ego to value and respect the process with reverence, cooperation, and mutuality. The final step of preparation is opening to the psyche or liminal experience. Carl Jung's four orientations or functions to life experience - thinking, feeling, intuition, and sensation - describe ways of moving in and out of the liminal experience (Anderson & Braud, 2011).

The researchers met 2-3 times per week to prepare for the interview process. We met around Ann's table discussing our experiences with depression, spirituality, and transformation. We integrated multiple ways of knowing to access liminal space and inform the research in an organic manner: energy work, group discernment through circle process, conversations with other women in our lives, and interviews with wise women. These women were our professors, spiritual advisors, friends, and family members. Several of these women had personal experience with our topic, had knowledge we were seeking, or provided guidance along the way. These women grounded us in the definition of spirituality, and helped us frame our research question and process.

Inspiration. Inspiration is the second step where the researchers work as a group and individually to access the liminal space. The researcher searches for inspiration by stepping over the threshold into the liminal realm (Clements, 2004). Entering liminal space is the process of letting go and not having any control over the outcome. It is a realm of pure possibility and is unpredictable in nature (Clements, 2004). It is a space of relying on the intuition through confirming signals that embody connection to spirit. Examples of these confirming signals are strong feelings of joy, contentment, love, wholeness, or insight. Other physical confirming signals include crying, tingling in the body, trembling, or an expansive heart feeling.

Integration. Integration is the researcher returning to the rational world with newly collected experiences. In this final step, the ego makes meaning of the experience, and reflects on any transformational changes (Clements, 2004). In Organic Inquiry, integration of the transformative changes (data) is analyzed according to the evolution of heart and mind, and the integration of the transformative changes towards self, spirit, and service (Clements, 2004).

Our preparation, inspiration, and integration as researchers using Organic Inquiry were an integral part of the research study. This process continued to evolve throughout the entire project. To prepare our bodies and minds as researchers before entering this liminal space, we used energy work such as grounding, chakra clearing, and meditation. To connect with our essence or spirit before collecting the data, we participated in a group meditation before each interview. Group energy work by a certified Qigong master after several interviews allowed us to focus on our work. It provided us with strength, renewal, and support as we went through the research process. The following is a description of how each researcher prepared her body, mind, and spirit for the interviews.

Jami. I made a personal commitment to hold sacred the stories of the women. Because I am an energetic sponge when it comes to others' lives, I spent a lot of time preparing myself energetically for the task of the interviews. I increased the amount of meditation and self-care including chiropractic and energy healing before the interviews. I relied on the support of family and friends, with attention paid to proper sleep and healthy meals. I was aware of my energy level during the interviews, and would relinquish certain tasks to my research partners when I felt depleted. I reflected on each interview by journaling and meditating.

Ann. Listening to the women's stories was a powerful experience. Due to the sensitive nature of the stories, the interviews were energetically draining, personally challenging, and

physically exhausting. To maintain my balance, I paid attention to my energy level, replenishing it by getting quality sleep, good nutrition, and daily exercise. To internally process the co-researchers' stories I spent time journaling and meditating. Over the years, I have learned the importance of my intuition and therefore listened to it carefully during the interviews and data analysis process.

Elizabeth. As preparation for the interviewing process, I used deep breath work to be present and to focus on the upcoming interview. I used this deep breath work to ground myself in the present moment with an open heart for compassion and connection with the sacred information I received. I meditated on this feeling before starting the interview. During the month of January, while we conducted these interviews, I committed myself to journaling the experience, walking in nature, finding support from family and friends, eating balanced meals, and getting enough sleep. Along with journaling my process on the app called "Day One" on my iPhone in this research process, I also wrote journal entries after each interview. My journaling captured the mood of the co-researchers, my perceptions, insights, intuitions, and bodily feelings (sensations).

Sampling

Our goal was to interview 12-18 women who had experienced a spiritual transformation through depression. In this section, we discuss co-researcher recruitment and enrollment in the research study.

Recruitment. After receiving approval of our research study application from St. Catherine University's Institutional Review Board (IRB), we recruited co-researchers via a purposive snowballing sampling procedure. Organic Inquiry allows for the recruitment of acquaintances for participation in the research. We sent emails using the Email/Social Media

Script (see Appendix B) with the Recruitment Flyer attached (see Appendix C) to classmates, family, and friends, asking them to share the flyer with others. We posted the Recruitment Flyer on our individual social media sites every week until we met the minimum number of co-researchers. Also, we posted flyers in public spaces such as coffee shops, libraries, and grocery stores.

Enrollment. Interested co-researchers contacted us via the email account listed on the Recruitment Flyer. The first contact with the co-researcher was a phone conversation or an email, where we communicated details of the study using the Recruitment Script (see Appendix D) that gave an overview of the study. If the co-researcher was interested in continuing, an email was sent to them with the Self-Screener Form (see Appendix E). This form included the following inclusion and exclusion criteria:

1. Women ages 18-100 that had experienced a self-identified spiritual transformation through depression.
2. Self-identified as having experienced depression at some point in their life.
3. Not currently experiencing depressive symptoms according to their personal assessment within the last six months.
4. Not recently hospitalized for depression within the last six months.
5. Not suicidal within the last six months.
6. Not abused alcohol and drugs within the last six months.
7. Having experienced a personal spiritual transformation through depression.
8. Willing to share, and able to articulate, their transformational experience.
9. Agreed to an oral or written reflection on their experience participating in the study within two weeks after the interview.

10. Accepted the time commitment of approximately 2 to 2.5 hours over the course of the study.
11. Willing to bring an object to the interview that represented their transformational experience and have it photographed.

It should be noted that the Self-Screener Form changed after the initial IRB approval but before the form was shared with potential participants. We originally did not include a question regarding whether a potential participant was currently abusing alcohol or drugs. Our concern was for data reliability and the potential risk to the co-researcher suffering from this issue. In using reflexivity and prior to any co-researcher receiving the form, we changed our screening form to include this question. We re-submitted our revised Self-Screener Form to the IRB. They approved the change and granted permission to proceed with the research study.

If the co-researcher determined she was eligible according to the Self-Screener Form, she received an email with the Information and Consent Form (see Appendix F), which included their consent to publicly share their interview data. Due to the potentially sensitive nature of this research, the co-researcher had 24 hours to review the Information and Consent Form and agree to their participation. After the co-researcher had reviewed the Information and Consent Form, they contacted the researchers with their interest in participating in the study. All parties then agreed on a scheduled meeting date, time, and location. We asked co-researchers to bring an object that represented their spiritual transformation through depression.

Twenty-six women contacted us to participate in this study. Of the 26 potential participants, 14 women were eligible, and we interviewed 13 women (one interview did not occur due to scheduling conflicts). One co-researcher chose to withdraw from the study late in the data analysis process. Of the 12 women who did not participate, 5 determined they were not

eligible based on the Self-Screener Form, and 7 did not respond to the initial email contact from the researchers that included the self-screener form.

Ethical Considerations

The ethical considerations of coercion, respect and dignity of person, beneficence, and confidentiality was paramount when interacting with the co-researchers. The IRB reviewed and approved the research study on January 6, 2016. We discussed the risks and benefits of participating in the study with each co-researcher, first during the recruitment process and again at the beginning of the interview. Because of the sensitive nature of the stories, co-researchers had 24 hours to review the Information and Consent Form and discern whether they wanted to participate in the study. During the discussion of the Information and Consent form, the co-researchers restated the purpose of the study, their role in the study, and the potential risks of participation. This was done to ensure they clearly understood the risks and benefits of the experience. Due to our strong belief in Organic Inquiry's co-researcher model, we were committed to gaining consent to use their data. We requested and obtained approval of their final transcripts and personal stories.

We did not personally invite family and friends to participate in this study to avoid coercion. This non-coercive format was extended to blanket emails and social media posts. To avoid emotional distress, co-researchers had the option to stop their participation in the study at any point in the process. Conversely, the researchers had the option of stopping the interview if the co-researcher's distress appeared potentially harmful. Neither party exercised this option of stopping the interview process. The co-researchers received a list of resources at the time of the interview due to the risk of triggering a negative response from sharing their story of spiritual transformation through depression.

Confidentiality was rigorously maintained due to the sensitive nature of the data. To protect co-researchers' privacy, de-identified data resided in password-protected files and password-protected computers. Discussions regarding confidential data occurred only between the researchers and advisors. To maintain confidentiality, researchers asked the co-researchers to choose their own pseudonyms. We separated the pseudonyms and real names from the rest of the work. After the interviews, we immediately downloaded the audio session to a password-protected computer and deleted the audio from all recording devices. We transcribed all interviews due to the sacred and personal nature of the stories. All original data was destroyed one year after research was finalized and presented on May 18, 2016.

Data Collection

As part of Organic Inquiry, we invited the co-researchers to share their story during an unstructured interview process where the co-researcher and researchers could be together in a supportive (*power with*) rather than a traditional researcher-led (*power over*) interview session. We collected data from 13 interviews, but one co-researcher chose to withdraw from the study late in the data analysis process. The results and discussion do not include this co-researcher's data. All three researchers were at each interview where we alternated roles between guiding the interview, taking field notes, and timekeeper. We did not take the role as the guide for any interview with personal family or friends. If a co-researcher was uncomfortable sharing in front of a known researcher, they had the option to ask that researcher to withdraw from the interview process. None of the co-researchers made this request. All three researchers attended every interview session to observe the co-researcher's energy, body language, and emotion.

Each interview lasted 1-2 hours. All interviews occurred in either a yoga studio or a library study room. The room was set up by creating a circle of chairs, most often with a small

table in the center. We used ambient lighting and a center of beauty (with rocks/crystals, water, sage, and a candle on a scarf) to create a sacred and welcoming atmosphere at each interview. A single bottle of water was present at each interview, collecting the energy and stories of the women (Emoto, 2005). We returned the water from this bottle to the Earth at the completion of the research study.

The next contact involved an audio-recorded unstructured interview with three researchers. First, we discussed the Information and Consent Form, where the co-researcher restated the purpose of the study in her words, her role in the study, and the potential risks of participation. The co-researcher then signed the Information and Consent Form. Next, the co-researcher chose a pseudonym for this study and signed the Pseudonym Form (see Appendix G) indicating their choice. They also received a copy of the Resources Form (see Appendix H) in the event that any negative emotions emerged after the interview. We then provided the co-researcher with a gift of a journal to record her reflection on this final thought, 'describe any transformational shift or experience you had as a result of participating in this study.' We photographed the signed forms for documentation purposes and the originals were returned to the co-researcher.

We recorded the interviews using two Sony ICD-UX533 handheld audio recorders. We shared a short psycho-synthesis meditation to ground all interview participants. Next, we invited the co-researcher to share her object representing her spiritual transformation. Some chose to share the object during the interview rather than before. We then asked the co-researcher to share their story based on this guiding statement, 'tell us your story of how your spiritual self transformed as a result of living through depression.' We utilized clarifying questions to bring the co-researchers back to the original guiding statement.

We practiced reflexivity and flexibility during the interviews. There was a conscious effort to observe the energy of all participants. For example, when the guide was finding it difficult with the flow of the interview, the others would step in when needed and help guide at that point. When a co-researcher was showing signs of emotional distress during difficult moments of their story in the interview, we gently offered a pause or breath to reassure the co-researcher of the present moment.

After the conclusion of the interview, we took a photograph of the co-researcher's object representing spiritual transformation. We shared a light snack and conversation to ground the co-researcher after sharing her personal story. We reiterated the request for feedback, referring to the journal and reflection of the interview process. After the co-researcher left, we debriefed as a team and reflected on our initial thoughts, feelings, intuitions, and sensations related to what we experienced during the interview.

We transferred the audio recordings immediately after each interview to a password-protected computer and deleted it from the recording device. We photographed all documents and objects using an iPhone. Photos were immediately deleted from the iPhone. No photos were connected to any cloud based storage. Only the researchers and our advisors had access to this information. We destroyed all identifiable data on May 31, 2016. The researchers will retain the de-identified data for potential future research purposes.

Within two weeks following the interview, the co-researcher spent up to 30 minutes writing a reflection on her interview experience and any transformational shifts experienced because of participating in this study. The next contact with the co-researcher during this phase was requesting a review of the transcript for accuracy and proper reflection of her story. We asked her to review the transcript within two weeks of receiving it, and this step was optional for

the co-researcher. The final contact with the co-researcher was for her to review her condensed story synopsis that would be used in the thesis. All co-researchers approved their story synopsis.

Data Analysis

Organic analysis is based on Organic Inquiry's four principles of thinking, feeling, intuition, and sensation (Anderson & Braud, 2011; Clements, 2004). We used this methodology to analyze the co-researchers' individual stories, their group story, and our personal transformation during the research process.

Due to the sacred nature of the co-researchers' stories and our desire to maintain strict confidentiality, the researchers personally transcribed all of the interviews. Verbal habits such as 'like', 'ah', and 'um' were edited and removed from the transcripts. Ellipses delineated separate thoughts within the quotations. Password-protected computers stored the password-protected transcripts. Each co-researcher received her password-protected transcript via email for review. Ten co-researchers granted approval, and two co-researchers responded and asked for minimal changes.

After the transcripts were approved, we used Organic Inquiry's principles of thinking, feeling, intuition, and sensation for data analysis. We utilized our thinking brain to analyze words and phrases. We relied on our emotions in explaining the feelings evoked by the interviews. We were aware of our body sensations and that of our co-researcher during the interviews. We used our intuition to discern underlying themes and connections. During the analysis process, we began by reading a transcript in a group setting, quietly and individually. This process was limiting and did not include critical data such as the inflection in the co-researcher's voice, tears, body language, and other relevant data centered on feelings.

After reading the first transcript, we altered the process to recreate that sacred moment when we first heard the co-researcher's story. We created a center of beauty in our research space, and allowed the Universe to aid in the order of transcript review. We listened to each interview's audio recording as a group while individually reviewing the transcripts. Each researcher took notes on their copy of the transcript, highlighting and coding key words and phrases based on thinking, feeling, intuition, and sensation. As we listened to each interview, we paid attention to our emotions and body sensations. This allowed us to go back to the liminal space and recreate that sacred moment in time. We read each transcript once until we had reviewed all twelve of them.

In our group discernment process, we discussed interview notes during individual transcript analysis. We did thematic analysis by recording keywords and phrases based on our thinking senses. We wrote one keyword or phrase on separate Post-It® notes. We placed these notes on larger pieces of paper on a wall in the initial stages of data analysis. We intuitively divided the data into five categories: the process of recovery, access to spirituality, causes of depression, descriptors of depression, and spiritual transformation. In order to reduce our bias, we individually analyzed each co-researcher's data before collectively discerning the group themes. We added co-researcher initials to previously stated Post-It® notes of a similar theme.

Our next phase shifted to intuitive analysis of co-researchers keywords and phrases representing their transformation. We included relevant quotes that intuitively called to each of us from the co-researcher's interview. The results chapter quotes are edited by the removal of verbal habits such as 'like', 'ah', and 'um'. This synthesized data in the form of notes for each co-researcher was kept in individual Word files. Each researcher individually used thematic analysis to analyze these quotes. We created the co-researcher's story synopsis from the synthesis notes.

We did not perform data analysis of the objects since they are simply a visual representation of the women's experience of spiritual transformation through depression. A photo of the object is included in the Results Chapter for each of the co-researcher's individual stories.

All co-researchers had the opportunity to review their individual story. Based on this, one co-researcher chose to withdraw from the study. By honoring and respecting her decision, we adhered to a basic principle of Organic Inquiry that both researchers and co-researchers have the same power level within the research process. Twelve co-researchers gave final approval of their individual story.

The final phase of our analysis utilized our feeling and intuitive senses. As a group, we meditated to access our liminal space, allowing the discernment process to quickly flow, with energy and a collective, unified consciousness. Group themes emerged clearly and swiftly. We shifted, moved, and regrouped the Post-It® notes as we arrived at the 5 major group themes. While each woman had her own story of spiritual transformation, not all of the women are represented in each of the collective themes. We discerned five themes related to women's spiritual transformation through depression: letting go, change in belief system, finding power within, Bringing the pieces back together, and connection to all. At the conclusion of this phase of data analysis, we discussed our personal transformation stories that evolved from participation in the analysis process.

Reliability and Validity

Trustworthiness of this study increases with quality reflexivity, reliability, and validity. In this section, first we examine the reliability of this research study. Next, we review the validity indicators throughout the process.

Reliability. An important criterion for evaluating reliability is clearly documenting and explaining the steps taken in the research process. When another researcher can follow what has been done, understand the process of decisions and be guided by them, and arrive at the same general conclusions, then the standard of reliability is met (Curry & Wells, 2006). We met the standard of reliability for this study by clearly outlining the methods used in instrumentation, sampling, data collection, and data analysis processes.

Validity. Heron (1996) advocates that a procedure or study has validity when it can be guaranteed to measure what it purports to measure. Validity applies more to positivist and/or post positivist paradigms than other inquiry paradigms in qualitative research (Braud, 2004). Organic Inquiry's unconventional way of gaining validity seeks to paint a richly descriptive picture of a particular experience (Curry & Wells, 2006). In this research method, textual authority rather than numerical accuracy demonstrates validity (Clements, 2004).

Validity indicators are questioned because Organic Inquiry focuses on 'experiences' rather than on 'objective reality'. The process cannot be understood using intellectual and analytical frameworks (Clements, 2004). Clements (2004) goes on to say, "because of working subjectively and in partnership with Spirit, both the procedures and the outcome must be questioned" (p. 43). Because the researcher is the instrument of the study, distortions, whether intentional or unintentional, are possible. The researcher needs integrity and critical thinking with this type of validity (Curry & Wells, 2006).

Scrupulous self-examination, careful reporting, and high levels of consciousness increase validity (Clements, 2004). Analyzing material from a variety of perspectives invites validity as the researchers analyzed three views of the same data: co-researcher's stories, the group story, and the reflective question. From a validity and reliability perspective, we recorded interview

details accurately on all four levels of Jung's four functions of thinking, feeling, sensing, and intuition.

Another example of validity was our decision that all three researchers attend every interview. This ensured a rigorous effort to capture all significant data when listening to the co-researcher's story from three perspectives of the same data for consensus and coherence. We paid careful attention to our internal validity during the study while sharing our own personal stories and during the interview process using confirming signals from the experience such as chills, body sensations, feeling of intuitively knowing, or tears. After each interview, the researchers debriefed and documented personal body sensations, gut feelings, and any other confirming signals.

Subjective validity, according to Rode (2000), becomes the result of the researchers' and co-researchers' independent and interdependent ability to exercise self-reflective observation. Consistently checking in with our subconscious and liminal spaces, and triangulating these intuitive perceptions between the three researchers evidenced this validity. From a normative qualitative perspective, the process surrounding co-researcher selection, interviewing, data gathering, and data analysis is consistent and thus reproducible by subsequent researchers. Any changes to the process as a result of organic analysis is clearly documented. The self-reflective observation is subjective in that we only know what we have the capacity to know.

The co-researchers received their transcripts and individual story synopsis in order to validate the information and make any necessary changes. Rode (2000) refers to this as objective validity. The co-researchers provide objective validity by revising and validating their personal stories of their experiences.

Design Specific Strengths & Limitations

Like all research designs, Organic Inquiry is subject to strengths and limitations. First, we examine the strengths of Organic Inquiry and the design of this research study. Second, we review the limitations of Organic Inquiry and the impact on the study's data collection, analysis, and findings.

Strengths. Given the topic of women's spiritual transformation through depression, the characteristics of Organic Inquiry provided a holistic framework for research that includes the spirit, body, and feeling (Anderson & Braud, 2011). Data collected using Organic Inquiry provide an in-depth, thick, rich description of a spiritual phenomenon. The relationship with the co-researchers allows for flexibility and co-creation in the research process and outcome. Each co-researcher was actively involved in the presented results by reviewing her transcript and personal story synopsis. The process calls for the presence of spirit. By utilizing meditation and a ritualized space during the interview, we were able to access the liminal/spiritual realm. We co-created a sacred space with the women; a place to value and honor the power of their stories.

Within this methodology, we were the primary instruments of data collection and analysis. All three researchers were present at every interview and at each step of the data analysis process. This enhances the reliability and validity of the study. Our combined personal experience of depression and spiritual transformation enhanced the strength of the study. Our individual life experience and perspective provided different viewpoints of the data derived from the stories of the co-researchers. Our role as instruments during the interviews is to enter into the woman's liminal space to gather data. Based on feedback from the co-researchers, they felt safe and supported to reveal their spiritual transformations and answer our research question.

Familiarity with the researchers outside the interview setting provided safety for the women as

they shared highly personal stories. We created this moment in time together, framed in feminine spirituality of *power with* instead of *power over*.

From a personal perspective, Organic Inquiry is demanding physically, emotionally, and spiritually. In order to allow for transformation, it requires passion, commitment, and dedication to the process. Both researchers and co-researchers must be willing to engage in a deep way, which is a demanding experience. While others may view this demanding process as a limitation, we consider it a strength of the methodology. The resulting data is deep, rich, and worth the effort of utilizing Organic Inquiry.

Limitations. There are several limitations to the design of this study. First, almost half of the co-researchers reside in the same rural commuter community. This could lead to a similarity and conformity within the findings. Second, 9 of the 12 women were familiar with the researchers. This familiarity could reinforce preconceived bias for the researchers and run the risk of including undisclosed data learned outside the interview process. Third, the small number of co-researchers (12) inhibits us from arriving at generalizations. Finally, the research design was limited to participants who experienced a spiritual transformation through depression. Also, 12 of the 26 women self-determined they were not eligible to participate in the study. This may exclude relevant data from those who are in the midst of depression or extreme suffering.

Lenses

The purpose of this chapter is to articulate the relevant research lenses that have influenced the development, implementation, and interpretation of this study. Articulating our lenses gives us the opportunity to help clarify any biases that may directly or indirectly impact the design and analysis of this study. Providing this transparency encourages critical thinking regarding how our assumptions may affect our research. This full disclosure allows the reader to assess the reliability and validity of this study's findings.

First, we elaborate on how our research paradigm and culture of inquiry frames this research study. Next, we describe the theoretical lenses guiding our study. Finally, we articulate our professional and personal lenses.

Research Paradigm and Culture of Inquiry

All three researchers perceive reality from the constructivist paradigm. In this model, people construct their understanding and knowledge of the world through experiencing things and reflecting on those experiences (Guba & Lincoln, 1994; Lincoln & Guba, 2013; Nelson & Poulin, 1997). The reality is subjective and experiential, and people are active creators of their knowledge (Gillett, 1998). In our constructivist paradigm, with its relativist ontology and its subjectivist epistemology, we concluded that Organic Inquiry culture and method was most appropriate for this study. Organic Inquiry as a methodology attracts topics of psycho-spiritual growth and invites transformative change (Clements, 2004). This research focuses on the spiritual transformation through depression of the participants with stories based on the women's reality and experiences.

Theoretical Lenses

Three theoretical frameworks provide the necessary conceptual grounding for this study: feminist theory, transpersonal theory, and holism theory. We summarize each and make specific connections to this particular research study.

Feminist theory. Feminist theory understands the inequalities women experience, and by listening to their stories acknowledges a woman's way of knowing (Bell, 2010; Curry & Wells, 2006; Hesse-Biber, 2014; Kolmar & Bartkowski, 2005). Feminist research focuses on new perspectives and understanding based on women's lived experience (Hesse-Biber, 2014).

Feminist theory best frames our study of women's depression and spiritual transformation. We know that women experience depression at twice the rate of men (WHO, 2013), but there is scant research on the spiritually transformative aspect of depression from a woman's perspective. Feminist theory that acknowledges and honors women's voices and stories informed the decision to conduct interviews with the co-researchers (Hesse-Biber, 2014). Organic Inquiry is deeply grounded in feminist theory, especially in the aspect of *power with* versus *power over* (Curry & Wells, 2006).

Feminist theory influenced how we set up our interviews, how we communicated with the women throughout the process, and the inclusion of the women in the review process of their stories multiple times throughout the project. Feminist theory was the basis of our research in studying women and transformation as a result of depression.

Transpersonal theory. While Organic Inquiry has roots in feminist theory and spirituality, it also has roots in transpersonal theory (Clements, 2004). Transpersonal theory proposes that there are developmental stages of human growth beyond the adult ego. These

developmental stages in healthy individuals can engender the highest human qualities, including altruism, creativity, and profound feelings of connectedness (Kaspro & Scotton, 1999).

Carl Jung's theory emphasizes a model of self-transcendence for the personal and collective transformation that "arises from the union of conscious and unconscious contents" (Clements, 2004, p. 69). Clements (2004) described moving in and out of the unconscious mind by orientating to life through four functions: thinking, feeling, intuition, and sensation. The focus of transpersonal research is to invite transformative change, which includes not only information but also the transformation of both the mind and heart of the researcher, co-researcher, and reader. Transpersonal theory, as applied to this study, provided a space for the three researchers and co-researchers to access their unconscious (liminal) mind, both during the interviews and later during the researchers' data analysis process. It influenced the interview design, as we created a sacred space for accessing the liminal mind using a psycho-synthesis meditation. Due to its focus on transformative change, transpersonal theory informed all aspects of the design of this study: from the interview schedule, guiding statement, data collection and analysis, to the final reflective question for the co-researcher.

Holism theory. Holism theory is the belief that humans are composed of a mind, body, and spirit integrated into a dynamically, interactive whole. The whole is in a dynamic relationship within itself, among other humans, and with all that is in the universe (Erickson, 2007). Health and wellbeing depend on attaining harmony and balance in these relationships. Micozzi (2001) states that "a change in one part causes a change in every part; therefore, the study on one part must be integrated into the whole, including the community and biosphere" (p. 308).

Holism theory impacted our study in many ways. We viewed our research through a holistic framework based on inter- and intra-connection of the mind, body, and spirit in studying the impact depression had on spiritual transformation. Our mindset throughout the process was one of a holistic view, accessing the data from various angles. In the interview process and data collection we sought to access all parts of the woman: mind, body and spirit. This included gathering data verbally (interview), non-verbally (written reflection) and subconscious (explanation of object). In data analysis we viewed the data from multiple angles including the individual story, group story and our own personal transformation.

Professional and Personal Lenses

We realize that we are important instruments of data collection and analysis for this study. We have relevant professional and personal experiences that contribute to how we see depression in women. A shared personal lens is that all three of us are in our last year of seeking a Master of Arts in Holistic Health Studies at St. Catherine University. Our studies included a variety of holistic health and healing modalities. Throughout our discussions with each other, we discovered a shared worldview of healing and transformation through the interconnection and balance of the body-mind-spirit. In knowing that we are necessary instruments of data collection and analysis, next we describe our professional and personal experiences and how they influenced our research process.

Elizabeth. As a middle-aged woman, I have experienced the depths of depression on three occasions, one being a major depressive episode. The first episode was in my early twenties while dealing with coming out of the closet. I dipped my toes into depression and said, "hell no, I am not going down there." I turned to athletics and, temporarily, alcohol abuse. The second episode of depression was life threatening. I utilized the conventional treatments of

antidepressants and talk therapy. In retrospect, my transformation from that depression resulted in a rejection of the rules and dogma of the Catholic church of my childhood. I turned to a personal spirituality and challenged the expectations of being a woman in our patriarchal society, along with adopting a more holistic worldview and embracing my feminism and sexuality. The third depressive episode, I was recovering from a sudden life-threatening illness that launched me deep into a depression where I experienced spiritual transformation; I found my purpose in life. I used medications for depression and anxiety during this episode, but not talk therapy. As dark and painful as depression was to me, the spiritual transformations impacted my life's choices on so many deep levels. I chose to leave toxic relationships, learned to take more risks, became a social activist, a mother, and an organic farmer. Finally, I quit my career in teaching to pursue a Master of Arts in Holistic Health Studies from St. Catherine University.

This is my story of depression. My multiple experiences of depression impacted how I viewed depression for this study. I feel women's stories are sacred, and are medicine; especially to other women. That medicine embodies strength, courage, love, and guiding wisdom. This influenced my choice to collect the stories of spiritual transformation through depression to help guide others through it. I was curious about the gendered nature of depression and why women suffer from depression at twice the rate as men. My personal bias is that depression must be studied through a holistic lens of the mind, body, and spirit and within the context of a women's lived experience.

My professional background includes a career in teaching and coaching. I taught physical education and health in the Minneapolis Public Schools for sixteen years. I have a Master's of Education from the University of Minnesota in developmental/adapted physical education, a Bachelor of Science in physical education and health education, and minor in biology. In my

years of teaching, I experienced many students dealing with depression. This influenced my desire to research the depths of depression in order to support future students as they move through it.

Ann. I am a woman in midlife who has experienced depression multiple times and most recently survived a major depression. I eventually sought help from traditional medical communities but found no satisfying long-term solution. My personal frustration with the current model of treatments for my personal journey with depression informs this research.

As a young feminist of the 1970s, I experienced the challenges that a patriarchal society imposes on women. I attempted to live up to the ideal of the good woman for much of my adult life. My goal with this research is to shed light on the burden women face in adding one more responsibility to her list; namely, dealing with depression.

In the early stages of working on this study, I was reticent about sharing our research topic with others. But as I gained confidence and openly talked about depression, others shared their experiences as well. I am shocked by the number of family and close friends who have admitted over the past year to living through depression. I have seen great relief in their eyes as they sense our kinship of shared pain. Not only does the physical, emotional, and spiritual pain drag someone down to the depths, but the societal stigma of depression hinders recovery and wellness. These experiences have revealed to me the importance of this research for so many other women who suffer from depression.

I have a Bachelor of Science in Home Economics from the University of Minnesota, with a major in Interior Design. I spent my professional life in the credit union industry in Accounting and Finance. Although I am comfortable working with numbers, my constructivist worldview

searches for deeper meaning. The responsibility of managing, mentoring, and working with people was the most satisfying and challenging aspect of my job. Their stories mattered to me.

I was attracted to Organic Inquiry, since it values the sacred nature of our personal stories. This method of collaborating with women in the research process appealed to my feminist values as well. I feel a keen sense of responsibility to treat their stories with care and sensitivity. It is my hope that our research findings help women understand depression from a different perspective, and welcome the experience as an opportunity for spiritual transformation.

Jami. As a woman who has personally experienced the depths of depression, I am aware of some personal biases related to this topic. I am a middle-aged woman who has experienced depression on more than one occasion. My transformation through depression impacted the work presented here, not only in the decision to research women and depression but also in framing the research question and the chosen method. Organic Inquiry values the stories and transformative experience of the co-researchers. Just as my depression story is unique and valued, so are the stories of our co-researchers.

I spent my professional life in various marketing roles for medical device manufacturers. I was heavily involved in the inner workings of the biomedical landscape. Experiencing the biomedical model for twenty years allowed me to see the good, and the bad, of this model and has steered me towards a more holistic viewpoint. This experience influenced our research and in particular our literature review, where we examined depression from biomedical, psychosocial, and spiritual aspects.

I have a Bachelor of Science degree from the University of Minnesota in Applied Design and Visual Communication, have taken coursework in a Master of Business Administration program, and have completed Wellness Coaching training. My diverse schooling and training

shaped my approach to design and data analysis. My training in Wellness Coaching provided a grounded framework for supporting the women during the interview process.

All of my experiences have culminated into who I am — a healer, a fighter, and a counselor. I have lived a life of middle-class privilege but have not escaped the misery and despair of depression. As a feminist, I wanted to understand why women have twice the rate of depression as men. As the mother of a daughter, I wanted to find a way to support women as they go through this transformational process. My hope is that our daughters' depression will be accepted and understood as a transformation in their lives, and not as a disease, a burden, or something to be medicalized.

Results

The purpose of this chapter is to describe in detail the results of the qualitative data collected from 12 co-researchers to answer our research question — how does a woman's spiritual self transform through depression. First, we start with a description of the co-researchers. Second, we review the observational data. Third, we present the individual co-researcher's stories. Fourth, we summarize the collective themes. Next, we share the co-researcher interview reflections. Finally, we share the three researcher's transformations as a result of participating in the research process.

Description of Co-Researchers

While we purposely did not ask for demographic information from the women we interviewed, all of them told us their age (range 25–73). Their spirituality has evolved from one defined by a formal religion to a broader understanding of a universal spirit and connection to all. The younger women had recent episodes of depression while the older women experienced multiple episodes over a longer period. Eight of the 12 women experienced significant trauma that caused their depression, from grief and bereavement to sexual, physical, and emotional abuse. All of the women expressed a grateful attitude towards their depression experience that resulted in the awakening of their spiritual selves. Their motivation for participating in the study was to pay it forward, help others, and heal a society that perpetuates depression.

Observational Data

In this section, we outline the observational data collected during the interviews. First, we discuss significant observations related to the nature of the interviews. Next, we highlight the objects representing co-researcher's spiritual transformation. Finally, we discuss the observations related to the follow-up journal reflection.

Nature of the interviews. Co-researchers approached the interviews with various levels of comfort and ease. Some were eager to share their stories while others showed apprehension. After the opening meditation, the co-researcher settled in and appeared comfortable with the process. The majority of the women shared their depression story first before answering the research question, even though we did not ask them to. This allowed for a more meaningful and rich overall understanding of their transformational experience. All of the co-researchers cried at some point while sharing their story. One woman closed her eyes during the entire interview. Co-researchers expressed gratitude for having the space to share their story and appreciated the center of beauty and opening meditation before the interview.

Objects representing co-researcher's spiritual transformation. We asked the co-researchers to bring an object that represented their spiritual transformation through depression. The women had the option of opening the interview describing the object or sharing the object as part of their story. The objects the women brought included the following: jewelry, a pocket blanket, crystal prism, painting, a book written by the co-researcher, basket of personal healing notes, poem, personal tattoo, feather, mala beads, notebook, musical instrument, and a wrapped gift.

Follow-up journal reflections. We asked the co-researchers to reflect on and describe any additional transformational shift or experience that may have happened as a result of participating in the interview. We requested they complete the follow-up reflection within two weeks of the interview. A few women responded within the two week timeframe while the majority responded after two weeks with some taking up to a month. Every woman responded to the question via email even though they were all given a variety of ways to respond including a

phone call, mail, or email. All of the women acknowledged some aspect of a change or shift in their spirit because of participating in the interview.

Individual Co-Researcher Stories

The following section includes each co-researcher's story supported by their personal quotes, researcher-as-instrument observations, and a photo of their object representing spiritual transformation.

Angela is a teacher and grandmother who experienced deep depression because of the deaths of numerous loved ones in a short period. Angela shared a finch feather representing the synchronicities in her life, a mala bead bracelet representing her dedication to yoga, and a heart with the word hope on it that represents the work she has done at opening her heart. Tears came to our eyes and chills went up our backs as we listened to her story of synchronicities in her life.

Angela supports her evolving spiritual transformations through nature and gardening, along with Buddhist/Zen/Tao philosophies. As gardeners, we connected with the story of her brother's death and the resulting garden she created at the homeless shelter. Angela described her spirituality using metaphors of soil, darkness, breaking open, and growth. She healed her body through yoga practice and Reiki energy work.



When I was a child I did not like to weed the garden, but I made it a meditation. Plucking out things that no longer serve, plucking out things in me that no longer serve, thoughts, ruminations and then to see, the work done and to feel the soil.

Angela's religious faith is grounded in a traditional Catholic family and upbringing. Depression through grief challenged this faith and led her to search for other answers. On this journey, she found comfort in rituals of remembrance of loved ones. In the process of her

bereavement, her relationship with spirit fundamentally changed: *I was introduced to Reiki and . . . just looking at my spirituality in a whole different way. And it really opened my mind up to other possibilities.* Angela goes on to discuss what spirituality means to her: *So many people fight about religion or beliefs, or spirituality, and so much of what I've learned is that we all want the same thing. Love. Compassion. Forgiveness. And it's in all of those places.* She continues with a personal motto: *When you pray you talk to God, when you meditate you listen to God.*

For every death of a loved one, Angela experienced a new transformation. She describes the experience of each death as a transformational moment of breaking open to let the light in. This light has allowed Angela to be more open to life and take what life gives her.

To see that your soul can be ripped open or your heart. And I have come to realize that in the breaking of my heart, the light comes in. And I even learned the richness of that, that soil, that darkness, the darkness before the dawn.

With each loss, Angela not only transformed herself but she also helped others process the death. She reframed depression with quick wit and humor, laughing as she described depression as a *black package*. We laughed right along with her, and then found ourselves crying with her in the next moment. Angela was not afraid to share her experiences of grief in the hope of helping others.

The package, the present, I didn't want. I've helped so many people and maybe that is what it is. Maybe that's why I have to go through this and keep going through it. I've helped a lot of people . . . So guess I'm here to shine a light on all this shit.

Angela found herself more awake and aware and able to connect with her true essence saying: *I'm listening to my body and my awareness has opened up and my sensations.* Angela tells of journeying inward to find herself: *where I can get quiet and wouldn't it be something if God hid it in here (gestured with her hand to her heart). We'd search everywhere, but it's here.*

Dolores is a young woman who experienced depression after the death of a loved one.

Dolores shared a painting she purchased of an unfinished woman's dress with a message that reminds her to follow her dreams: *And it says, "Not all of her dreams came true, but she was never sorry she had them." So I love it!*



Dolores entered the room a strong, confident, no-nonsense businesswoman. However, her persona changed dramatically as the interview started. The strong face she shared with the world was in tears, her body language changed to protective, and her voice softened within 5 minutes of beginning the interview.

I had to make sure I could survive. You know . . . be a working, functioning woman because that was never an option to have anyone take care of me. I had to take care of myself. That's just who I am.

Dolores' depression was the result of the death of her boss and the loss of her workplace. When the business closed, Dolores had to stay strong to survive. Through her depression and spiritual transformation, she found inner strength to carry on and open her own business. As part of her spiritual transformation, she found a deeper, more authentic inner strength: *I guess I am thankful for it because it's made me a strong woman, a businesswoman, a woman who can get out there and do it on her own.* Dolores spoke about the impact depression had on making her a stronger person: *It's crazy and you don't wish it upon anyone but it also makes you a better, stronger person as you evolve.*

Dolores used Qigong to facilitate her physical healing from depression. One Qigong session in particular was both a physical and emotional moment that led to her spiritual transformation:

So when I left [the session], I felt very strong, physically very powerful. I felt taller, you feel . . . I don't know more, like more engaged per se. But then also when you leave

there's a rush of emotions because it's those . . . meridians or whatever that you have blocked for so long. . . . I felt strong but also emotionally there was a rush of emotion.

Through her spiritual transformation, Dolores took control of her life and choices:

So maybe for me, my spiritual transformation was knowing or just figuring out that I'm in charge of my own happiness or my own being. I am in charge of it . . . that's my choice. . . . I'm in control of my entire everything.

She expressed her change in beliefs simply: *I tend to value things less and people more.*

Dolores' spiritual transformation allowed her to expand her viewpoint and connection with all. She searched for the right words to emphasize the importance of this aspect of her transformation. It was an honor to observe a young, wise woman emerging from the soil of her intuition: *There is something greater, some greater energy . . . whether it's Mother Nature or if it's God or if it's all the same thing. To me it is . . . It works together.*

Darla currently works out of the home supporting her husband's business and their children. She found her spiritual transformation while recovering from alcohol abuse and depression in midlife. Her family is the most important thing in her life and tears came to her eyes as she talked about them. She finds spiritual strength in her family and her face lights up as she speaks of them: *I believe in God but that isn't necessarily my Higher Power. My Higher Power, I would say, is my family . . . I try to live my spirituality through them as well.* Darla shared rings and a watch that belonged to her maternal ancestors who *would want me to be happy.*



Darla described herself as a perfectionist, as evidenced by her perfectly manicured nails and flawlessly executed handcrafts. Her eyes hold the pain of her life experience, and her eyes

were glassy with unshed tears: *I just sent off a gift and it by far wasn't my best work. And . . . it was kind of letting go of that perfectionism, letting go again.*

Darla transformed by letting go of her need to be perfect: *If I get stressed about having to be somewhere, then I don't feel like I'm in my true self and in my true spirit. Just say no and letting it go.* She described her need to control the urge to obsess over creating perfection, whether in her life or handcrafts: *And yes, letting it go is a big part in that is something I have to work at every single day. Because I tend to be too hard on myself.* Darla is no longer afraid of appearing imperfect:

I used to hide and I would never tell anybody I was depressed or that I had an alcohol issue. But now I have no problem telling anybody. Walk by me on the street and I just might tell you (laughter) . . . whether you like it or not.

Darla connected with her inner feelings and took steps to get healthier: *For me, it's a connection with my true inner feelings and realizing who I am. And my change came when I started to take the steps to make myself healthier physically and emotionally.* By paying attention to her spirituality, she found self-awareness:

I realized I had to look deeper into myself and really think things through spiritually. Or my spirituality. And that you can get your spirituality from all kinds of places . . . it just really brought me to much more awareness of who I am, more accepting of who I am . . . I do a lot of meditations, so just really reflecting and realizing . . . what things spiritually call to me.

She went on to discuss self-acceptance: *I am who I am. This is what you get inside and out.*

Darla has a deeper appreciation of life and finds her spirituality everywhere. She attends to her spiritual exercises on a daily basis to ensure her continued health: *I don't think if I would have never gone through depression I would have ever thought so deep and reflected on myself as much. And just seeing spirituality in many different forms.*

Sam is a young woman who went through her depression at the onset of puberty. Sam shared two objects that represent her spiritual transformation: a journal and a tattoo. She carries the journal every day to record inspirational quotes. The tattoo of “Ohm” on her left arm reminds her of the instant transformation she had while meditating. This powerful moment of hearing “Ohm” awakened her to a connection with everyone and everything:

I mean I'm trying to quiet my mind, and I heard 'ohm'. The sound coming . . . into my left ear. And it felt like I could hear the whole universe. It was the weirdest thing and the coolest thing. And that was a profound moment for me . . . where I'm like, ok whoaaaaa. You know, I thought this was real but now I know it's real. That was a moment.



Sam's depression occurred when she was 11 years old and she described it as a black box with no light. The thought of a girl suffering from depression at such a young age brought tears to our eyes. We found it hard to maintain our composure as Sam described her depression:

It was essentially that my depression had me in a box. And it was dark, no light. And as I came out of that it was as if the walls (pause) . . . disintegrated slowly. It's kind of like I imagine somebody who's been blind their entire life and all of a sudden can see? I felt nothing. Absolutely nothing, not good not bad. Oh, see here it's bubbling up (tears).

Sam came to recognize sparks of light as her intuition and learned to pay attention to these significant moments. She was sobbing during the interview when she realized the impact the spark of intuition had on her life:

I figured out that I need to hold on to that spark. Cuz at least it was something, I didn't know what it was necessarily. It wasn't always a good feeling, it wasn't always a bad feeling, it was just a feeling of some kind. And so I would hold onto that. And then the more I held on to that, the more it happened. And then . . . it kind of dissipated, it dissolved slowly [depression] because I would gravitate towards things that made me feel good. And it was literally like opening my eyes.

Sam went on to share additional thoughts about the impact the *sparks* had in her life: *As I held on to these little sparks . . . it was like more thoughts and feelings and emotions just*

gradually started coming around more. Sam came to love herself and know herself through her spiritual journey: And then I let the light in and now I recognize aspects of who I am that make me unique. And I love them! I think they're kinda cool; I think I'm kinda cool.

Because of her spiritual transformation, she is more willing to pursue new things and share her creativity through photography, film, and writing: *I'm much more willing to try new things and see what happens. And I'm more accepting of pursuing the things that I do love.*

While her depression was a terrible experience, the process of sharing her story brought an 'aha' moment of clarity:

During that time in my life . . . yeah, it's crazy I didn't make this connection until just now. (tears) I would draw this 'ohm' on my arm, over and over and over as a way to escape . . . as a way to get out of the box. And I eventually figured it would save me money if I just got a tattoo, cuz I'm going through pens like crazy. It's on my left side, I heard it in my left ear, I mean my goodness. I mean, my gosh, this is intense guys (sigh) (tears) (exhale) (long pause). Oh my goodness. The lowest point in my life brought me to the highest point in my life.

Upon hearing this last comment, one of the researchers experienced an energetic vibration within her body. The researcher paused, took a deep breath, and mindfully rejoined the interview. That moment of clarity was profound for both Sam and the researchers witnessing her story.

Elise is a teacher and mother of teenage children. Elise finds strength in her children, the children she teaches every day, and the creative endeavors of the theater. Elise shared an object of a tiny pocket blanket she received from a beloved therapist that she carries every day:

She was my therapist for seven years. She kept a bowl on her side table and she said you always have me with you . . . You can carry this in your pocket and cover yourself with whatever you need. It's your blanket. I always thought it was really cheesy . . . until she passed away. Because . . . she saved my life on numerous occasions.



Elise came into the interview expressing her uneasiness about sharing her story of depression. Her persona was quiet and reserved, and very soft spoken. Even with her soft words, the impact of her story was overwhelming. We felt the pain of her story in a physical way within our bodies; with tears, muscle tension, and fear:

You know I think back I should have died any number of times. How many cars did I ruin? How many bottles of lithium did I take? Once when my kids were little I was manic, I was crazy. I took a whole bottle of lithium when they were home. I got flown up to HCMC or no Methodist. You know my daughter had to run across the street and get help and, I mean . . . I've been as low as you can get. Social services had to come and visit. "You attempted suicide with your kids in the house. Wow, you're a special kind of smart (laughs) lady." But here I am. If . . . all along the way people have said, "Elise you have something to live for" and . . . finally, something at Mayo clicked and I learned to say, "I do." And I grabbed every single hand that reached out for me. (tears) I believed every word they said.

Elise found the *right people at the right time* to help her through her spiritual transformation while in the depths of her depressive episodes. In her past, she was shamed for her illness, and we felt the remnants of that shame in the energy of the room. We continued to hold sacred, non-judgmental space as she shared devastating life experiences. We felt an overwhelming sense of her courage and tenacity during the whole interview.

Elise learned to let go and surrender as part of her spiritual transformation, and explained: *And maybe it's a little bit of . . . just giving up and letting it go.* As she said, because I was *tired of fighting it.* She was able to relax and enjoy the ebb and flow of her own life: *Everything's just moving in its own time . . . I don't try to push anything.*

In Elise's transformation, she learned to accept herself and her state of being: *I couldn't figure out what was wrong with me. Now I accepted it.* Her story helped us to reframe our personal bias against medication. Just as she accepted her mental illness, we acknowledged that medication is necessary to maintain balance and wellness for some women with depression: *I didn't look at it anymore as something terrible . . . It was something I could manage.*

Elise has found joy and happiness in her life. She shared her story with frankness and courage, by opening up and being vulnerable:

Because if you saw . . . whoa . . . all the suicide attempts, the car crashes, the . . . awk. Who I was? . . . yuck. Yeah . . . I should not be here. I have two beautiful, talented children . . . I have a new job that I love. You know . . . I'm happy. I have great friends . . . and I feel like I can walk down the street and just say, "Hey, how you doing?" And she'll say, "Hey", and I can do that in town and I don't feel embarrassed anymore.

Nancy is a natural storyteller and shared her deep story in a humorous manner. We shared a lot of laughter during the interview despite the emotional topic. However, it was clear she experienced significant pain and loss as the result of numerous deaths of close family members, including her elderly parents, friends, and beloved pets: *I've had a lot of dark nights of the soul, and yes, they always precede a huge transformation for me. Always.*

Nancy shared a locket that represents her relationship with her beloved pets:

And I had gotten a dog. I named her Miss Alma, and Alma means soul. And... she was just a little gold, Havanese, just adorable, we were just like peas and carrots, you know. And... she just helped me lift up a lot of stuff after that broken heart.



Nancy learned to let go: *I was always anxious about this or that and my anxiety would flip into depression. You know . . . I've kinda learned to just let it go.* She relies on moments of spiritual transformation to get her through the dark times in her life: *My depression and anxiety just isn't really there. And if it starts creeping back in . . . it goes . . . I think back to those moments [spiritual transformation] and it goes away.*

But Nancy made the choice to take control of her life: *There's a shift in my consciousness, maybe that's a good way to explain it. I mean I still get down, but it's not*

depression. You know, it's not the same. And I've just taken control of my life. Through all of the pain and loss, Nancy has learned to put herself first:

I'm more compassionate with myself and probably a little less with other people . . . I kind of feel like I've done my duty. It's gonna be about me getting healthy, cuz I really put myself on the back burner for years. To take care of everybody else, and I'm not doing that anymore.

Deb experienced a life changing divorce in her mid-40s that caused a deep depression.

This experience was the catalyst for a deep spiritual journey:

Mine [spiritual transformation] seemed to go pretty fast once I hit rock bottom so hard that there was no place to go but up. So I think I had to, God, or whoever you say is in charge of things, I had to get shook so hard out of my complacency. I mean there was no place else for me to go.

Deb's objects include a poem from her uncle and a prism that represents *striving for clarity*:

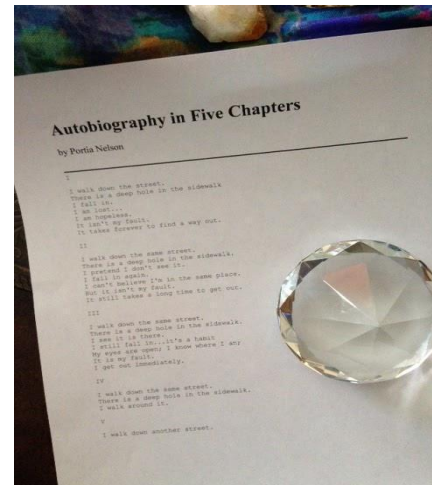
So one was a poem that...my uncle told me about when I was going through my depression and I didn't completely understand it at the [time] . . . but it really resonated with me. And after I went through all of the growth and changes I did, now it makes so much sense.

Deb's experience of depression was not only

emotional but also physically painful. She experienced healing by incorporating yoga into her daily life:

I know it's in here, but I hurt so bad physically in my body I just want out. It hurts too bad to stay in here. And still unless you're in that situation you still can't quite wrap your mind around it but I can still remember what it's like. I . . . didn't want to be in my body. I wanted to pull my hair out.

She explains how practicing yoga continues to be a positive influence in her life: *It was like I was making friends with my body by breathing.* Through this process, Deb created a new relationship with herself: *Because it had always been outside of me and doing everything for*



everyone else. Now I started connecting within. I didn't know that's what it was at the time but it was starting [to] learn about myself.

Deb's transformation included learning to respect herself. We identified with her need to wake up every morning for her children. We all felt her deep mothering instinct and the need to survive for her children's sake: *I learned to take care of myself and protect myself and that I was important. And then if I was going to teach my daughter and my son to respect themselves, I had to learn to respect myself.* She realized she was worthwhile:

But I kept working at these things and so I think that helped me internally, it helped me mentally to start realizing, "Geez, you're worthwhile." Just the fact that you're born, that you're placed on this Earth, that you're here. You're worthwhile. You're perfect the way you are. You always have things that you want to work on but you're worthwhile because you are.

Deb's change in her beliefs transformed her into the woman she is today:

So that started helping me to separate myself from what other people thought and from the rules that are passed down . . . So it caused me to begin questioning things. And I learned that it was okay to question things and I wasn't going to get struck by lightning. What that opened up for me was curiosity and . . . my favorite saying came to be, "One God, many paths."

Mary is a woman in midlife who experienced trauma as a child, which resulted in numerous depressive episodes throughout her life. Each episode led to a spiritual transformation and she now considers herself *fully complete*:

I really don't know when I truly knew what I was dealing with was depression. And I do feel for me very grateful that I hadn't labeled it anything. To me, it was just a . . . dark, dark time to be inward, like a child would go into a closet or person would go into a cave . . . So sometimes I could come out, and everything was fine and maybe for years everything was fine and then I would be pulled back in or I would be asked to step back in. So . . . to be clear about that, when I speak about depression I talk about a time when for self-safety . . . or self-preservation . . . I was called into a dark, cold place. And so it would come and go for me. I think the first time I realized what I was dealing with was depression was when I was diagnosed by a therapist. It was a layer [of] healing. I have to say maybe this year is when I was fully complete. Each layer was easier . . . and each layer held gifts for me and each layer was also difficult. So what I noticed was a pattern

for me of you go into the deep darkness, you do what you need to do, and you get a gift and you come up and you're a step higher.

Mary realized reflecting back on her life that her spiritual transformation started at a young age during a conversation with her parish priest:

For me . . . the transformation that occurred when . . . I knew he wasn't telling the truth. So to be that young, I think I was seven, and to all of a sudden be aware of what you know, at such a young age . . . that has stuck with me for a really, really, really long time. You can't make that go away. And . . . you can't not believe it. It becomes your true essence. When you're up against something . . . so contrary to who you are and you're able to touch the truth in yourself, it stays with you forever.

Mary shared a heart candle that represents her journey of bringing light back to her heart. Her eyes filled with tears as she spoke of this gift from her daughter: *To transform spiritually, completely, means to have all the parts of your heart back and that again would go back to the little, the little red heart there.*



Mary described her spiritual journey as moving through the physical pain of depression and to integrating her spirit back into her body:

I was very sick. And . . . I had to wait, to see what was coming . . . That's when I started qigong . . . to help me physically . . . heal. And after ten years of that, I get 'you're done'. . . And then . . . the next years were all about integration. Integrating the spirit in the body . . . I think that is when the integration started occurring, the physical and the spiritual.

Mary defines the importance of listening to her heart: *Transformation spiritually to get to this place where you're working one-on-one with your spirit. Listen to my heart and not my head because my head was making me sick.* Mary continually transforms by listening to and reconnecting with her heart. One of the researchers was hypersensitive to her heart chakra

during the whole interview. Mary maintained strong eye contact with the researchers as she carefully spoke of the transformations experienced during her life:

Depression to me has so much to do with the heart and . . . the light going out of the heart or the light being dimmed in the heart . . . I think it was guiding me . . . all this time and . . . now is shedding its light with us today.

Mary believes the heart and depression are connected: *Spirituality has everything to do with the heart for me. Depression takes us a little bit away from that. Dulls those senses of the heart.*

Mary discusses the importance of trusting yourself:

So the ability for women during their transformations to trust themselves, trust that they're keeping themselves safe by following their heart is really vital . . . is really vital. And that they will get there, there's no way they're not, it's just impossible.

Mary uses her years of wisdom and her soul's journey to help others heal from depression. She did that with us as well. During the interview, we could all sense her higher level of consciousness, and we felt energetically connected to her. It was a connection without words.

Mary's thoughts about depression come from a very different perspective: *I think depression's a cloak. So it's something you wear until you're ready to reveal who you are.* Mary goes on to explain the cloak she's carrying is for all the children who have suffered trauma in relation to the church. We had a physical reaction that felt like a punch in the gut as she shared this part of her story:

I have learned through this [what] has transformed my being is knowing . . . that cloak is not just for me. You know it might be for others too . . . that's where service comes in . . . If I know I'm wearing that cloak for others . . . it just makes it lighter. And . . . if I know [that] I can wait a couple years . . . for others that are not ready I'll carry it . . . if people know that I think it would change the face of depression . . . The statement that I'm gonna make is that if I carry that cloak for all those kids, and if me taking it off now . . . has allowed all this to happen, that's how powerful we are.

The Gift is a deeply religious woman who experienced depression because of abuse she suffered as a child. The Gift began the interview by asking permission to close her eyes as she shared her story. Her voice changed at times during her recounting, and tears came as she described her life:

I was the invisible child. I felt if I closed my eyes no one would see me either . . . I came deeper and deeper inside myself. And I grew up not having a lot of friends. But no one noticed. (tears) Every day I felt darkness.

Our intuition felt that there was more to her story, with levels of pain that were unspoken or unnamed. There was a profound moment at this point in the interview. One of the researchers asked permission to hug The Gift. As they exchanged the hug, The Gift whispered in the researcher's ear, *I'm not lying*. At that moment, the researcher viscerally felt the fear and pain of the little girl, who was never listened to or believed.

The Gift's object was a wrapped package that represented the gift of depression that has allowed her to break open to new possibilities:

This experience of depression, of breaking open, it's not a breakdown, it's a breaking open, is the greatest gift that you will ever receive in your life. You will know things that most people don't know. You will see things that most people don't see.



The Gift experienced a profound 'aha' moment when she realized the connections between the painful and healing stages of her life experience. As she expressed in her story, there were three men who caused her pain in her life, and three men that influenced her recovery:

Three significant men that had different aspects. That's God to me. The therapist said, "gift." The priest spoke "gift". My husband told me I was a gift (tears). At this point in her life, she

deepened her connection to the divine: *I was religious; I was drawn to it, but it wasn't in my soul. It became in my soul.*

The Gift found a new definition of spirituality and described how it intersects with religion:

Religion is a way of expressing a spirituality. So spirituality happens within yourself. What you perceive and understand. And the religion is hopefully . . . a vehicle to enhance that. So it's first spirituality. And your relationship with God and your relationship with yourself and your relationship with other people.

She discusses the power of God, in a way that expands out to a future beyond this world:

I sense something deeper that's beyond . . . I've been developed into sensing that. But a future world or future something beyond this . . . A lot of us were raised there is life after death type of thing but it's even more than that . . . I'll see glimpses of it. I'll find the power of God that's even beyond what we're experiencing . . . It's different than what I have been experiencing (pause) goes deeper.

Her spiritual transformation led to heightened creativity, where she expressed herself as a scholar, writer, and dancer: *I finished my Master's, I became a published writer, I became a liturgical dancer. It just flowed. It just came right out of me. I could do interpretive dancing . . . all this stuff just kept coming.*

The Gift's broken persona transformed into a woman of great caring and sensitivity, working with others in need to change their lives:

Thirty years of working with people in every walk of life. I calculated one day I worked with over 30,000 children and teenagers. I particularly looked for the invisible children. (tears) I work with homeless people. I work with people that have suffered addiction. Anybody that has been broken I've been there. I know what to do. (tears) And to how to be.

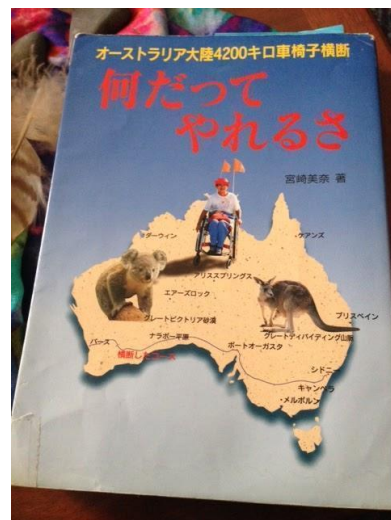
Mina experienced a tragic accident as a young woman that caused a deep depression. She experienced a quantum spiritual transformation shortly after the accident of seeing a light, feeling energized, and realizing infinite possibilities:

That's a bright; I think it's a light for me. The first time when I transformed . . . I see the bright light here (hands to her dantian). It's all over . . . Joy that comes from inside and joy and the light that I see . . . And that's a great feeling.

Mina's description of her instant transformation left the researchers feeling a great sense of awe and wonder. She resorted to using sounds, hand gestures, smiles, and her eyes lit up. We had a glimpse into that sacred moment, and it energized us as well.

Her spiritual transformation led to an ultimate athletic challenge of wheeling across Australia, a move to another country, and the pursuit of a graduate degree. Mina shared a book she authored that represents finding her inner strength after her accident:

It made me stronger . . . I'm the person not real challenged . . . before when I was teenager. I tried to . . . walk the safe path, and then this major (pause) accident happened. And then I was really depressed. Basically had to give up everything. I can't walk and I was really athletic, I like sports. I did many things, physically. And all of a sudden, nothing I could do. And I thought my life is over. But when I was hospitalized my father brought me a newspaper article . . . about the 43-year old Japanese man. He was paralyzed because of the accident, and he wheeled across Canada. . . He didn't give up all . . . hope and that gives me courage, and gives me hope and dream, to try over. Maybe I can do something still physically. Even though half of my body's gone. And then I train after 10-month hospitalization.



Mina experienced her spiritual transformation first in a single, highly charged moment: *And then something happened. Woofffff! (gestures hands outward) . . . So energy came out . . . from the inside and (deep breathe in) Yeah! Woofffff!* She goes on to explain in greater detail what happened during the moment:

I didn't try it just happened from inside . . . and then it affects your mindset and everything . . . It's maybe part of my will, I want to change. Is it a burst of energy? . . . It just click[ed] . . . Something out there that helps me transform. I don't think counselor can do that either . . . It's definitely something to do with interaction too, but something out there to (pause) help my spiritual transformation. But I don't know what (sighs) I can't see it. I can feel it.

Mina found inner strength as she learned to live with her new reality:

I guess I learn a lot from depression. I guess the main thing is to make me stronger . . . and I guess when you overcome depression your view is more positive compared to before you had depression, for sure. Because you overcome major thing.

Mina went on to discuss her inner strength:

I can certainly say before it was kind of weak [her spirit]. And I can get hurt easily. After going through this depression (pause) I can ground myself . . . I am stronger, that's for sure. That's the only word that I can think of. My spirit is stronger and more hopeful. My spirit hope for the best. Before my accident, I [was] still . . . kind of a negative person but . . . I can adjust everything faster than before, for sure. That strength keeps me going. Even after this hardship. I can't say it's a good thing but certainly makes me stronger.

Mary K. is a retired teacher who experienced severe childhood emotional, physical, and sexual abuse that she repressed for years. Mary K. shared a basket of healing notes that spanned 25 years that represents her work healing her

past:

I give myself homework . . . This basket contains (laughter), I do not know if it is all 25 years of homework . . . And, every time I go [to the kinesiologist], there is . . . some part of my body that is talking hardest, and it is some kind of weirdly expressed thing that's happening, it usually begins with clarification . . . and then some assignment I give myself.



When she sought help for a weight problem in her 40s, she was able to name her illness as depression:

I had absolutely no awareness that there had ever been (pause), I knew I had been physically abused as a child by my father, and I knew . . . my mother hated me . . . And I knew that there was a lot of emotional abuse, (pause) no respect for me as a woman . . . I never could do anything right at home . . . I had made a determination at some point in my life to just live my own life, which I totally understood after the memories started . . . I had to make it, a choice, to survive on my own with absolutely no support. So that began a huge journey of memories of things.

The story surrounding her abuse as a child deeply affected us, the researchers. We felt a range of negative emotions as we listened to her story of abuse: nausea, anger, deep sadness, and horror, all of which gave way to tears. In fact, we had to pause the interview for a moment for us all to regain our composure. This interview was physically, emotionally, and spiritually exhausting. Each of us went home to recover from the experience of the interview.

She described her spiritual transformation as a quantum moment when her spirit joined her body again:

When things got safe enough and when I got far enough along with the memories and the horror . . . just coming to terms with the horror of it . . . my soul, my spirit, (clapped hands together) joined my body again. That was one of the more profound moments for me.

She reframed depression as a gift, something that changed her awareness to the healing process going on inside:

I think depression is . . . anyone being given a chance to untamp, to scrape off some of the crap. That is . . . depression is a gift. The trouble is, you know when those feelings start to come up, in our culture we have been taught not to think they are ok. That something has to handle them. And, so, people don't deal with what is coming up.

Mary K. realized through her spiritual transformation a connection to all: *I feel much more connected to everything now than I did . . . the world . . . the universal spirit or whatever . . . people would call it God . . . But I feel the connection to the living things in the core of things.*

Mary K.'s interview affected the researchers in a profound way. Her strength and tenacity to survive, resiliency to thrive against terrible circumstances, and move forward with an attitude of compassion and gratefulness was inspirational. This interview will stay within our hearts for years to come.

Sage is a young woman who experienced depression while pregnant and trying to balance the demands of being a young mother. She brought her toddler to the interview and paid loving attention to her daughter's needs the entire time. As parents, we felt that maternal pull and were distracted at moments by the interaction between the two of them. She explains her life during that time:

When I was depressed . . . (deep sigh) . . . I was pregnant with my daughter and . . . I remember feeling like nobody cared, and nobody was there, and not knowing how to ask for help. And . . . not really knowing and understanding how important support, having a good support group is and I spent my time with the same people and . . . the same people weren't any more supportive the next day then they were the day before. And . . . so it made it . . . hard to get out of there. Music was something that really helped me . . . remind myself . . . I can still move forward.

Sage's transformational moment was euphoric and her face and manner lit up as she shared her story:

It was almost . . . like feeling high. I was on some, psychedelic drugs or something. I mean it was like I felt this incredible warmth throughout my body . . . I've never felt so loved in my life . . . I felt like I was radiating light . . . I couldn't help crying. It was like the emotional took over my whole body . . . and it was like I could feel it everywhere, in every part of my being, not like in my body, but . . . you know, like in my soul or my heart or whatever you want to call that.

Sage's guitar and music represent her moment of spiritual transformation. Her love of music helped her find her voice and path in life:

I think the reason it symbolizes transformation for me is because music has always been a huge

part of my life. She went on to describe a moment when playing the guitar reminded her to care for herself:

I remember one time I was . . . feeling really down and . . . crying. And you know, I had my kids to sleep and I (pause) . . . ended up pulling it out and playing music, and it really



lifted me up. Reminded me of how important it is to take care of myself and my needs. You know, do things I love to do . . . to make me feel I matter.

Sage found the ability to love herself after experiencing her spiritual transformation:

Because I'd never, I don't think I'd ever done anything like that for myself in my whole life! A moment of taking care of myself and putting myself and my emotions first. And that was so huge for me; it was so huge. And still to this moment I'm grateful for that moment.

She wanted to share this secret with others:

It was an incredible experience. I remember I couldn't wait to share it with the world. It was . . . I have to tell everybody! Because you know that the answer, all we have to do is to love ourselves to get us out of the depressive, mode and phase . . . I mean it's a secret.

As part of Sage's spiritual transformation, she made clear choices in how she now lives her life:

If I'm feeling down I have the choice to continue to feel that way or I have a choice to, literally pick myself up and do something to cheer myself up. And there's always a choice and I think our choices are motivated by how down we're feeling. I really think that you kind of need to hit rock bottom and really feel that emotion in its fullest and its entirety. You really gotta feel the absolute worse you can to really understand.

Collective Themes

As a result of organic data analysis, we discerned five themes related to women's spiritual transformation through depression. The five collective themes are: letting go, change in belief system, finding power within, Bringing the pieces back together, and connection to all. While each woman had her own story of spiritual transformation, not all of the women are represented in each of the collective themes.

Letting go. The process of letting go is a multi-faceted transformative process. It includes releasing past traumas, beliefs, judgments, patterns, and experiences. The women shed their old personas and perception of themselves: *Nothing's the same. I've changed all of my friends, my faith community. I think I've just kind of shed what I thought. My haircut, I mean it*

just seems I'm not that person I was when I was sick. Their self-perception changed during their spiritual transformation:

It's that process of bringing in what I need for myself and then learning that it's okay to let go. My perception has changed. That doesn't mean that what I learned, that that's bad or it's wrong . . . It's just changed, it's shifted for me and so I've gotten into a place where it helps me personally to not judge things.

For the women to learn to let go, they needed to embrace aspects of themselves: *I feel like now I can, embrace aspects of myself that I was never able to do before. Or didn't know how. It's like I'm awake enough to even begin to get to know myself.* They also found they needed to love themselves: *I don't think it was any one person or one thing that really made that experience incredible. Other than the fact that I was taking care of myself and really showing myself that I loved myself.*

The process of letting go reframed a new definition of wholeness for the co-researchers:

But when my world got turned upside down nothing was safe so it gave me the space to question things. And, so it just started little shifts and ripples and I realized that the person that I put my whole life in, he was gone and I had done my best to be everything he needed . . . me to be. And I realized, "Wow, it took me a long time, but I'm perfect the way I am."

Change in belief system. The women spoke about first questioning their limiting belief systems, deciding their beliefs were limiting, then changing their belief systems, and ultimately their worldview. For a majority of the co-researchers, this was an important transformational moment: *So a lot of my transformation that I've experienced was from changing my beliefs about certain things . . . certain ideas that I had before that were kind of limiting.* Another co-researcher simply said: *Money's not important anymore.*

One of the foundational beliefs that evolved or changed during their spiritual transformation was their view of religion: *So I . . . stepped away from God . . . These beliefs that*

I'm taught don't make sense to me anymore. So apparently that's not working. Another co-researcher put it this way:

I just threw out the Catholic church from a really early age. I liked the music and I liked the ritual but I never bought one thing they said and I knew to do that . . . This doesn't make sense . . . but soon as I could, I was done with them.

Ultimately, the women's worldview went through a significant shift. Their value systems changed in a deep and profound manner: *It enlightens you to know that there's more.* They explained their limited worldview: *I think as far as my view of the world, it's much less compartmentalized, like it used to be. It's more . . . all encompassing?* And another viewed this spiritual transformation as an experience filled with hope: *That gives me hope and . . . opens up my new way of seeing the world.*

Finding power within. As part of the women's spiritual transformation, they found power within: *So part of my transformation involved me removing that aspect that someone else is to blame. My transformation involved me taking responsibility for my situation in the way that it was; I had the power to change it.* They found the courage to stand up for themselves: *And then I remember the first thing where I stood up for myself and couldn't even believe it.* The women found inner strength through their spiritual transformation: *But I have come to know that tears are strength, and vulnerability is strength. I don't see them as weaknesses at all.*

The women made a choice from being a victim of their depression or outside forces, to taking charge of their lives: *But then . . . from that point forward I also knew no one else could allow me to, no one else could make me feel this way unless I allowed them to . . . I'm in control of my entire everything.* While the loss of control was disconcerting, it was also motivation to change: *I guess that feeling of, that loss of control, is maybe what motivated me the most. Because there was a turning point when I realized I have more control over this than I believe I*

do. It wasn't just about them, but about their children too: Am I going to roll over and die? Or am I going to get on my feet and help my kids? Many of the women changed from being victims of circumstance to being in charge of themselves: I'm the one in charge of . . . my healing, and I maybe don't need the medication sometimes.

Bringing the pieces back together. In the interviews, the women focused on the spiritual aspects of bringing the pieces back together. The experience of bringing the pieces back together involved the process of reintegration:

A lot of things in my life that I had never truly understood, which are like little snippets of film, all of a sudden start getting edited together, all of a sudden the film . . . becomes complete and so many things were explained to me . . . I was whole in a way that I hadn't been.

For some of the co-researchers, reintegration was a quantum and instant moment:

And so one the most profound moments for me was . . . if you visualize it, there was kind of a film of me trailing along behind the physical body . . . and it FLAPPED (slapped hands together) when things got safe enough and when I got far enough along with the memories and the horror (starts crying) you know, just coming to terms with the horror of it . . . my soul, my spirit, (clapped hands together again) joined my body again. That was one of the more profound moments for me.

The process of becoming whole involved mind, body, spirit, and emotions:

We are mind, we are body, and we are emotions . . . we are all of those things and we are spiritual. And we, they get joined together so that we are more present and authentic . . . I am wanting to really be in touch with who I really am at my core and keep scraping off the stuff that has made me sick.

Another co-researcher describes becoming whole this way:

I was learning to be whole, and it wasn't just the psychological. It was the social. It was the physical. It was everything working together. When one part is hurting the other parts are going to be tumbling. You know, so. All of that. But something had to happen. Something had to break loose here. You know. Something dramatic.

The women shared specifics related to bringing the pieces back together. The women found the spiritual connection with the heart had a big impact on their transformation: *The spirit that's in your heart is at home with you and you're at home with that spirit. You're together.*

This co-researcher went on to say: *listening to your heart is so important because it will guide you.*

The women found that listening to their intuition was an important part of their transformation: *I think . . . it's brought me to a point where . . . it was almost as if the sparks were my intuition talking to me and now I know how to recognize that and follow it.* By listening to their intuition, they noticed other changes within:

So now I'm hearing more, my thoughts are starting to change in my mind and it's really cool because it's almost like it's happening on its own. Now that I've had that transformation, it happens. And when I'm listening, it's easier to notice.

To bring the pieces back together, the women went inward to find the answers: *Where I can get quiet and wouldn't it be something if God hid it in here (gestured with her hand to her heart). We'd search everywhere but it's here.* For some, it was a gradual process rather than a quantum moment: *It's just gradually from inside. It's just happening and then it affects your mindset and everything.* By going inward, they made a new connection:

A new relationship with myself. Because it had always been outside of me and doing everything for everyone else. Now I started connecting within. I didn't know that's what it was at the time but it was starting, you know, learn about myself.

The women learned to be present, aware, and trust what they were feeling to put the pieces back together: *I'm listening to my body and my awareness has opened up and my sensations.* By being present and aware, one woman said, *I could see myself for the first time.* And with awareness comes the ability to trust themselves: *I need to go sit with it and see what feels right for me inside. So learning to trust myself . . . and then just to be more open. Not to be afraid.* By looking deeply within, the women accepted themselves:

I realized I had to look deeper into myself and really think things through spiritually. Or my spirituality. And that you can get your spirituality from all kinds of places. So . . . yeah, it just really brought me to much more awareness of who I am, more accepting of who I am.

Through the process of depression, women found their spiritual selves, their authentic core, their voice, and their strength. The women defined this transformation theme in many ways: listening to their inner voice or intuition, being present, healing the heart, going inward to find answers, becoming expansive by opening up, being awake to changes within themselves, and seeking clarity.

Connection to all. The women found a deep connection to all living things after their spiritually transformative experience: *The connection that everybody has with everyone and everything.* By being connected, we gain strength: *So, like my mind, your mind, all of our minds, is so powerful, so connected.* For some, that moment of connection was overwhelming: *That moment was all, every color, energy, everything all mixed together . . . It felt like everything all at once. It was almost too much to handle.*

The women experienced the transformative moment of connecting to the universal spirit in both a physical and spiritual way: *And it felt like I could hear the whole universe. It was like, it was like I dialed into the Internet for the first time.* And for others, this deeply felt connection was supportive and comforting: *So I think that, what I have done, is created a deep belief that no matter what happens there is . . . a connection to something that saves me . . . that is protecting me and supporting me.*

To summarize the themes, this poem is based on the collective voice of the 12 women in this research study. We created the poem after a long, trying day of data analysis and spending hours of time in our thinking brains. We took a moment, found quiet space, and meditated. The words flowed out as one long poem and the results of this flow have not been altered in any way.

I descended into the deep dark hole known as depression
 At a point there was a spark of light, burst of energy, and my spirit was awakened to new
 possibility in my life
 I had to shed and let go of many things
 My way of being in the world
 My past abuse
 My good woman persona
 The rules imposed on me by family and religion
 I was forced to reevaluate my own belief systems in order to find who I truly was
 My religion no longer served me
 My good woman persona had to die
 I needed to find a new way of being
 All the pieces seemed scattered and fragmented
 It was a puzzle to bring them all back together and find my wholeness
 And through that process I found a connection to all, to others who were suffering with a similar
 story of depression
 All of humanity
 For within them I found strength within myself
 I found the strength and the power within myself
 To find my own voice, to stand up for what I believe in
 And now I know my true essence
 ~Collective Voice 2016~

Co-Researchers Interview Reflections

The co-researchers reflected on any additional transformation that happened because of participating in the interviews. One woman expressed a transformed view of depression as a tool of discovery in her life:

I became fully aware that yes, indeed, I was done needing to use depression as a teacher and tool to steer me to my life purpose. The interview gave me the space to say, "I am free". It was a life changing moment.

Another woman expressed wonder at sharing her story from beginning to the end. She felt whole and healed:

Following the interview I would say what I noticed most was a feeling of healing. From sharing my story with you, it was the first time I had spoken from beginning to the present of my experience with, and transformation through, depression. Thinking back to when I was in my depression and not wanting others to know how much I was suffering and coming full circle to where I am happy to share, was quite cathartic and helped me to realize how much I've changed. In some ways, it felt like "reading" my own story for the first time and having it tied up in a beautiful bow. It truly felt like a gift!

The co-researchers experienced a shift in their perspective of whether depression was good or bad. In fact, one of the women is looking forward to the next depressive episode as she believes it will most likely result in another transformation. Her fear of depression is gone:

My entire perspective on whether depression is a "good" or "bad" thing to experience has completely shifted. I have known for a while, on some level, that I was likely to experience it again at some point in my life. Whether it would be of the same intensity? I don't know. But realizing that my "high" point and my "low" point are so connected changed it from dread to anticipation (for lack of a better adjective). I am now curious as to what the experience will be like, and in a way I am looking forward to the new transformation that would come along with it. I feel more confident now in moving through the next "cycle" because the depression itself is a spiritual experience. The Fear of it is gone.

The experience of participating in the interview was reinvigorating for one of the women:

This experience has inspired me in ways that I haven't felt in years. Something inside me "unlocked" as a result. I experienced a new "spark" and I know that I mustn't let it burn out, it's too bright. I have come to understand that my life is in need of its own transformation. It's scary, and exciting, and invigorating . . . I have rediscovered my passions, woken myself up from a long overdue nap, and decided not to let anything get in my way.

The women felt energized after going through the interview process and tapped into their personal creativity. For some, it was a motivational moment: *I'm feeling more motivated to reconnect with myself, and to start living my life with more music, more passion, and more enthusiasm!* They welcomed the energy flowing through them:

I immediately began writing in the journal that was given to me. It had been a very long time since I had been inspired to write. Words are one of my favorite things . . . and there were moments where my pen couldn't move fast enough. I could feel energy in my hand, violently and passionately trying to get on the page. I haven't felt that way in years.

The co-researchers expressed the transformative power of sharing their stories in a sacred space within a circle of women: *The work that you are doing is beautiful, it is relevant, it is healing and it is sacred. Thank you for offering a sacred space for women to speak their truths of*

darkness to spiritual transformation. Some commented on the beautiful setting for the interviews:

I enjoyed your opening meditation. I loved the circle. The intimate touches you included with the candlelight, all of the elements were beautifully represented and laid out on the lovely, feminine scarves . . . reminded me of my peace medicine tribe, reveals the mystery of life and reminds me of the ever-present light in my soul.

The women were grateful and felt blessed by participating in the interview experience: *I think, reflecting back, our conversation made me grateful. Grateful for having met you, of course :) but grateful in that I could look back and see where I have been and that I am blessed.*

The co-researchers felt supported by the open space of the interview. It helped them understand their depression experience and resulting spiritual transformation: *I was given the space to declare that I indeed was done. I was also given the space to understand and then describe what depression was to me, how it was a teacher and a compass. By their very questions about my process, I was able to express the unexpressed.* As one co-researcher simply said: *We dig deeper together.*

The process of listening to their own stories helped the co-researchers gain new insights:

This interview was not about what I knew coming into that room, but about what I now know. Since the interview I have been integrating all the understandings [and] knowledge that their questions ignited. I am so grateful for the space they held during the interview. Because it felt non-judgmental, my voice could really be the voice of my deepest heart. It was the first time I have ever truly heard my heart speak through my voice.

The women gained pride of ownership of their stories. Their connection to the researchers during the interview reinforced a universal connection to all:

I have realized how important telling my OWN story is, and how important it is to find someone or a group (you) to actually listen. It made me feel much more connected to the Universe and to myself. It made me remember that feeling of connectedness.

Researchers' Transformation

As researchers, we experienced several transformations worth noting. The findings deeply challenged our bias against medication. The experiences of a co-researcher's bipolar depressive episodes, which require a daily regimen of medication to maintain balance, have helped us acknowledge that medication is necessary. There is no doubt that antidepressants have been beneficial for some women in other instances. This change in viewpoint meant that we restructured our literature review after collecting data to focus on a more holistic view of depression.

This research process has been a challenge emotionally, physically, and spiritually, because we were going through our transformation process at the same time. We experienced transformation within the group and individually as we learned to trust our co-researchers and each other. This shift happened along the way, as we became more comfortable with the process and as the stories unfolded. Listening to these women was a humbling experience. We swept judgment aside to hear clearly the transformational moments framed from the women's life experiences.

Our viewpoint of the stories changed significantly. We had a range of emotions during the entire process: our fear for the women as they shared deeply disturbing stories of depression, many moments of shared tears with our co-researchers as we listened to stories of abuse, quiet moments during the interview to pause and internally process the deep sharing, laughter at the funny stories, and we had our tears in our process of transformation. By the end of the process, we understood clearly the sacred nature of the women's stories. At first, we were willing to hire a transcriptionist to convert the recordings into text but quickly realized that the stories were sacred and special, and must be treated with reverence and care. So we determined the best

action was to transcribe them ourselves. We were committed to the integrity of this process, even when we were challenged for time and energy. As a group we decided to complete this entire project as a team and did everything together including interviews, analysis, and writing. We wrote most of the project together, rather than separately, to ensure that the voices of the co-researchers came through authentically.

In retrospect, we realize we've traveled the same path that our co-researchers have traveled through the five collective themes that emerged. We let go of due dates and our thoughts of how things were supposed to be. We let go of our limiting beliefs, such as perfectionism and our need to control and surrendered to following the process of this research. We have changed our belief system, especially our ideas related to Western medicine. We echoed the theme of Bringing the pieces back together by our deepened awareness of our intuition, by being open and trusting our authentic selves. We have found pieces of our stories in each of the co-researchers, which in turn strengthens our connection to all.

Most of all, we found our power within. We found our personal voice, our group voice by working together within this process, and our collective voice to speak for the women who have so graciously shared their transformation stories. This process has allowed us to find our true essence, our true beliefs, and values of who we are as women and researchers who have spiritually transformed through depression. As the women have healed through this process, we too have found our healing.

Discussion

In this chapter, we interpret the results of this study to answer our research question — how does a woman's spiritual self transform through depression? First, we discuss our findings that are supported by the literature. Next, we discuss the unexpected findings of this study. Then, we consider the implications of the study for holistic health and future research. We end this chapter with a conclusion.

Findings Supported by the Literature

For the women in this study on depression and spiritual transformation, depression was the catalyst to a natural process of awakening consciousness, a rebirth of the spiritual self. As Karraa (2013) found, depression shifts to a disease of meaning for personal and spiritual growth. In this section, we further relate the collective themes found in our study to the literature. The collective themes are: letting go, change in belief system, finding power within, bringing the pieces back together, and connection to all.

Three of the five collective themes parallel the research on social constructivism. These themes are letting go, change in belief system, and finding power within (Agrimson & Taft, 2008; Crowe, 2002; Fullagar & O'Brien, 2013; Fullagar & O'Brien, 2014; Karraa, 2013; Horwitz, 2011; Lafrance & Stoppard, 2006; Leung, 2009; Mackay & Rutherford, 2012; McMullen, 1999; O'Brien, 2012; O'Brien & Fullagar, 2008; Schreiber, 1998; Schreiber, 2001; Sherry et al., 2013; Stoppard, 1999; Taylor, 2012; Ussher, 2010). These three themes are significant first steps in the process of the women bringing the pieces back together of their physical, psychological, and spiritual selves. Ultimately, some of the women found a spiritual connection to all. Just as the women could not separate spirit from the whole, the themes are not isolated processes. The themes are interwoven, inseparable, and integral to each other in spiritual

transformation. The women spoke of their journey as a dynamic, continuous, and ever-evolving process.

Letting go. The women let go of relationships, marriages, grief, religious beliefs, perfectionism, and their socially constructed *good woman* personas. Leung (2009) states that an “attitude of acceptance and letting go is the basis of non-attachment and non-aversion, and is beneficial for attaining peace of mind and mental health in individuals” (p. 305). The literature affirms the importance of letting go of socially constructed personas and roles in recovery from depression (Lafrance & Stoppard, 2006; Leung, 2009; O’Brien & Fullagar, 2008; Sherry et al., 2013).

Our research found that the co-researchers accepted themselves and their current life by letting go of events from the past. Schreiber (1998) confirms this acceptance by finding a key factor in a woman coping with depression is accepting her past experiences. The co-researchers let go of past traumas such as sexual, physical, and emotional abuse. Taylor (2012) found that intense stress, upheaval, or depression results in permanent and positive psychological transformation.

Change in belief system. The process of transformation included the co-researchers questioning what they describe as their limiting belief systems and worldview. The co-researchers’ spirituality evolved from one defined by a formal religion to a broader understanding of a universal spirituality. They moved from a set of religious rules and beliefs to the placement of themselves at the center of spiritual reflection and practice. Taylor (2012) expressed the transformative experience of participants as “they felt reborn, that they had taken on a different identity, with a different perception of and relationship to the world, a different attitude to life, new values and perspectives, and different relationships” (p. 37). Karraa (2013)

found women who transformed as a result of postpartum depression had a different outlook on life. Agrimson and Taft (2008) found that experiencing a spiritual crisis, such as depression, can change the way an individual views life. In research on women's experiences with depression, Schreiber (2001) found that when women challenged their previous beliefs they were able to empower themselves and change their course in life.

Finding power within. Many of the women gave their power away to others at some point in their life: husbands, partners, parents, teachers, churches, or authority figures. There is extensive literature to support this finding (Crowe, 2002; Fullagar & O'Brien, 2013; Fullagar & O'Brien, 2014; Horwitz, 2011; Lafrance & Stoppard, 2006; Mackay & Rutherford, 2012; McMullen, 1999; O'Brien, 2012; O'Brien & Fullagar, 2008; Schreiber, 2001; Stoppard, 1999; Ussher, 2010). Fullagar and O'Brien's (2013, 2014) research confirms that feeling powerless is a result of sociocultural factors such as economic distress, childbearing, and child-rearing. The women found their power within through inner confidence and strength, and taking charge of their lives. Karraa (2013) found in research on women's transformational experiences with postpartum depression, that confidence manifested itself through new strengths and power.

Bringing the pieces back together. The women expressed how they brought the fractured pieces of themselves back together to find wholeness. Metzner's (1980) ten classical metaphors for understanding the transformation of human consciousness includes the process of reunification of fragmented pieces:

From fragmentation to wholeness Frequently we encounter the mythology and symbolism of the human condition as fragmented, scattered, dispersed, and the necessity to find ways to bring about unification, collection, wholeness. This is connected to the process of healing: health, hale and whole are all related concepts. (p. 54)

The women's wholeness included physical, emotional, and spiritual pieces. Erickson (2007) defines holism as a dynamically integrated whole and integration of the parts is necessary to achieve balance, harmony and wellbeing.

Schreiber (1998) defines a shift in a woman's landscape as *clueing-in*, allowing her to see her wholeness. Lafrance and Stoppard (2006) confirm the significance of women being present and awake to their lives in recovery from depression, which is reflected in our findings. Crowe (2002) found in research on women's personal narratives on depression, that the ability to turn inward helps in reconstructing the self. Our findings suggest turning inward, being present and awake, clueing-in, and integrating the fragmented pieces into the whole are necessary for women as they spiritually transform through depression.

Connection to all. Spirituality is grounded in connections (Beaird, 2006; Hodge & McGrew, 2006; Karraa, 2013; Lauver, 2000; Meezenbroek et al., 2010; Reed, 1992; Taylor, 2012; Young & Koopsen, 2011). The women found a deep connection to all living things and universal spirit after experiencing spiritual transformation. Taylor (2012) confirms that a sense of connection or oneness is one characteristic of an "enlightened or spiritually awakened state" (p. 43). Karraa's (2013) research on transformation and postpartum depression, found that women had a greater connection and sense of purpose after their recovery.

Underlying every woman's interview were the transformational moments of finding and revealing her spiritual self. Pransky and Kelley (2014) confirm the experience of journeying inward to a source of pure energy or spirit:

There exists within, throughout, and behind all things, including human beings, a formless life force, spiritual energy, and intelligence referred to in this understanding as 'Mind.' If it is possible for the essence of this pure energy to be directly and 'purely'

experienced within human consciousness, it would be experienced as a state of pure peace, pure love, and the source of pure wisdom that appears to come to people as insights from beyond what they already know. This state is always present in people whether they know it or not and can never leave them, for it is the essence of who they are. (p. 56)

Unexpected Findings

Unexpected findings are those not concurrent with the literature and outside the research question of this study. These unexpected findings include: 1) renewed creativity as a result of spiritual transformation through depression, 2) additional transformation as a result of participating in the interview, 3) not being able to separate spirit from the whole, and 4) describing the experience of depression as a gift.

First, the co-researchers reported renewed and heightened creativity because of their transformation through depression. The women gained access to their inner core, or source, through their depression. This change opened up new and heightened expressions of creativity such as writing, photography, interpretive dance, music, and going back to school.

Second, the co-researchers reported additional transformation as a result of participating in the interview. This unexpected finding suggests that storytelling during the interview was an important part of the healing process. Storytelling allowed the women to see their transformation and journey to wholeness from an outsider's perspective, reframing the experience and bringing additional transformation.

Third, the unexpected finding that spirit cannot be separated from the whole confirms holism as a theory. The researchers' intuitive belief that spirit was an important component of recovery from depression is the basis for this research study. We concluded that spirit did not

operate in isolation, but must be acknowledged and brought into the circle of wholeness. We could not study spirit by itself as we learned the woman's spirit was enmeshed, embedded, and essential to her whole life experience.

Finally, the women spoke about depression being a gift, a present, that allowed them to find their true self through their spiritual transformation. In some cases, this lessened their fear of depression as they experienced the positive result of a spiritual transformation. This unexpected finding implies that depression as a transformative process should be considered a positive experience in a woman's life and thus reframes the current biomedical/psychological definition of depression.

Implications for Holistic Health and Future Research

From a holistic perspective of mind/body/spirit being in balance, the spiritual component of depression deserves further attention. The findings suggest depression can be a catalyst in awakening the spiritual self and thereby improve overall wellbeing. It implies that the current treatment model is not only deficient in its attempt to cure depression, but also ignores the spiritually transformative power of depression. These implications enhance the dialogue about how we view, celebrate, and support depression. For the medical and psychological communities, we suggest a new framework in treating women's depression that includes spirituality with the current biomedical and psychological interventions.

All of the co-researchers commented on the power of telling their story from beginning to end. This unexpected finding implies that creating space for women to share their stories has additional transformative power. We did not anticipate the benefit of providing space for women to tell their stories of transformation through depression. These findings have implications for

improving treatment options within the holistic health and traditional health science communities.

Our experience conducting the interviews revealed the transformational power embedded in the storytelling. We witnessed and honored their stories, celebrating together their spiritual transformation. Women's circles are one avenue for facilitating a safe space for deep sharing (Beaird, 2003; Carnes & Craig, 1998; Maser, 2010). These findings suggest communities of women are needed to support other women going through depression. The group theme of connection to all implies that connections with others is healing. Perhaps depression is a simple call from the psyche for connections, to our spiritual self, and others. Taking the time and space to sit with women experiencing depression, without judgment, can enhance a woman's overall wellbeing and recovery. Family and friends can offer support to the woman suffering with depression, by simply being available and supportive. This is a low-cost alternative to the current treatment model of antidepressants and talk therapy. Our findings suggest that a circle of women witnessing another's depression may facilitate further healing and transformation.

Spiritual transformation is a constant, continuing evolution based on what we learned of the women's personal experiences shared in this study. Expanding on this research study should include following the same co-researchers over a period of years to monitor for additional transformation or recurring depression. In addition, we suggest future research include: sampling a larger number of women, including more diversity, studying the impact of women's circles on recovery from depression, and collecting data from women who have not spiritually transformed through depression.

Conclusion

Depression is a complex, multi-faceted issue, affecting over 350 million people worldwide. The World Health Organization (2013) identifies depression as the leading cause of disease burden for women worldwide regardless of income level. In addition, women experience depression at twice the rate of men. Researchers have focused on biomedical and psychosocial factors in their extensive exploration into the causes and treatments of women's depression. The reasons for the gender disparity are complex and include biomedical (genetics, gene expression, hormones) and psychosocial (social constructivism, gender socialization, disadvantaged social status, gender roles, self-stigma, violence against women) factors. This reductionist research does not consider the interconnectedness of biology and psychology, and there is scant research on the spiritual component of depression. The conventional standard of care in Western culture is a combination of antidepressants and talk therapy. Women use antidepressants 2.5 times more often than men, and middle-aged women are the highest users of antidepressants. Research suggests that these treatments help alleviate depression for some in the short-term, but offer no long-term solution.

The spiritual experience of depression is missing from the literature when viewed from a holistic lens of mind, body, and spirit. The purpose of this research study was to describe how a woman's spiritual self transforms through depression. Organic Inquiry incorporates transpersonal psychology and feminist spirituality and was used in this study to collect and analyze the stories of 12 women through unstructured interviews. Results suggest the women's spiritual transformation involved five themes: letting go, change in belief system, finding power within, bringing the pieces back together, and connection to all. These transformation themes are supported in the literature on spirituality and spiritual transformation.

The process of letting go involved releasing past traumas, beliefs, judgments, patterns, and experiences. The women shed their old personas and perception of themselves. They changed their belief system by creating a new relationship with the world and universe, resulting in a stronger, more authentic spirituality. The women found power within by standing up for themselves and taking charge of their lives, rather than being victims of their depression or life circumstances. They found inner strength through their spiritual transformation. The women described bringing the pieces back together in many ways: listening to their intuition, being present, healing the heart, and going inward to find answers. This process involved reintegration of themselves and becoming whole. Finally, the women found a deep connection to all living things after their spiritually transformative experience. They connected to the universal spirit in both a physical and spiritual way finding strength, support and comfort. Ultimately, the women found their spiritual selves, their authentic core, their voice, and their strength through this process of spiritual transformation.

From the researchers' constructivist paradigm, depression is a personal experience grounded in biological, psychosocial, and spiritual components. We will achieve a more holistic understanding of women's depression when spirituality is combined with other well examined psychosocial and biomedical factors. For the women in this study, depression was the catalyst for awakening consciousness. The findings suggest that attempting to cure depression via medicines (body) or talk therapy (mind) alone not only leaves the cure incomplete, but also leaves the transformative power of the disease unused.

This research touched us in a deep and profound way, revealing the urgent need to start the dialog of how women's depression is viewed and treated. The stories the women shared can not go unacknowledged, for they hold the experiences and truths of women throughout the

world. To that end, we propose a new framework in treating depression that must include the woman's spirit into the current biomedical and psychological interventions. Our findings suggest that further healing and transformation is facilitated by reaching out and connecting to others, through family, friends, or a women's circle. Integrating the whole person (mind, body, and spirit) in recovery from depression has implications for how society views, supports, and celebrates women's depression as a transformative experience.

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Appendix A

Interview Schedule

Welcome:

- Introductions
- Description of the researchers' roles (interview guide, observer 1 taking field notes, and observer 2 recording audio and 'holding the space')
- Describe the role the participant, now referred to as co-researcher, in this study's methodology.
- Final review of the Information and Consent Form with the co-researcher, who will sign the form before proceeding with the interview.
- Restate that researchers and co-researchers have the option to stop the interview at any time.
- If the co-researcher decides to use a pseudonym, they will choose one and sign the Pseudonym form.
- If co-researcher indicates at the beginning of the interview that they are currently experiencing depression or suicidal thoughts, researchers will stop the interview and provide Hotline phone numbers.
- All participants will receive Hotline phone numbers before the interview starts.

Opening:

- A center of beauty has been created to ground the circle of sharing for the interview.
- Included are objects to represent the 4 elements - earth, wind, fire and water.
- A short, psychosynthesis exercise/meditation will be shared to further set the stage for deep sharing of the spiritually transformative experience of the co-researcher.

Meditation:

- Take a moment and get comfortable in your chair, placing your feet flat on the floor. Close or soften your eyes, whatever feels most comfortable to you.
- Take a few deep breaths. . . *pause*...
- First, thank your mind for being such an important tool of discovery and expression. Be thankful for all your mind does for you every day. And say to yourself, "I have a mind, but I'm not my mind, I'm more than my mind." "I have a mind, but I'm not my mind, I'm more than my mind."
- Next, thank your body for all the things it does for you every day. Be thankful for all of the sensations your body shares with you. Say to yourself, "I have a body, but I'm not my body, I'm more than my body." "I have a body, but I'm not my body, I'm more than my body."
- Now, thank your emotions for being the lens through which you experience the joys and sorrow of your life. All of life's ups and downs, highs and lows, happiness and sadness. Tell yourself, "I have emotions, but I'm not my emotions, I'm more than my emotions." "I have emotions, but I'm not my emotions, I'm more than my emotions."

- Now take a deep breath and say to yourself, “I am a center of consciousness, I am a center of consciousness, I am essence.” “I am a center of consciousness, I am a center of consciousness, I am essence.”
- Take 3 deep breaths and open your eyes when you’re ready

Questions:

- Please share your object/poem/artwork and tell your story about how it represents your spiritual transformation. We will take a photograph of your object/poem/artwork.
- Tell us your story of how your spiritual self transformed as a result of living through depression.

Closing:

- Researchers will close the interview session by thanking the co-researcher for her time and willingness to share her story.
- Discuss if the co-researcher would like to write about her reflective experience or contact us directly.
- Discuss reviewing the transcript.
- The following items will be given to the co-researcher at this time: Resources form, Gift journal including Reflective Question, and contact phone numbers and email for the researchers.

Appendix B

Email/Social Media Script

Subject Line: We want to hear your story!

Body of email/posting: A woman's voice is all too often missing from research into depression. We want your voice included in our research on a woman's personal spiritual transformation through depression. For purposes of this study, spiritual transformation is defined as a profound change in the self.

We feel your story is powerful, empowering and should be CELEBRATED and honored. We will provide that sacred space for you to be heard. YOUR STORY is medicine to many women of today and for our daughters coming into womanhood tomorrow.

Your story can help provide new insights beyond the medical framework of depression into an alternative understanding of depression in women. If you are a woman between the ages of 18-100 who has experienced a personal spiritual transformation through depression, we want to hear from you!

Please consider taking the time and being an important part of this body of research. Getting the word out about this research study is important so please share with all of your family and friends.

See the attached flyer for more information and contact us at transformationresearch2016@gmail.com

Jami Collins Lillquist, Ann Machmeier, & Elizabeth Mulvihill are doing this study as part of the research requirements for the Master's degree program in Holistic Health Studies at St. Catherine University, under the supervision of Carol C. Geisler, PhD.

Appendix C

Recruitment Flyer

Spiritual Transformation & Depression in Women

REQUEST FOR RESEARCH PARTICIPANTS



A seed sprouts in the deep, dark soil and transforms into a bright green, living plant.

Our soul could be likened to that seed cracking open, reaching upward to the light, and depression is the deep, dark soil.

If you have experienced a personal spiritual transformation through depression, we want to hear your story.

If you are a woman between the ages of 18 and 100 who:

- Self-identifies as having experienced depression at some point in your life and is not currently experiencing depressive symptoms
- Has experienced a personal spiritual transformation (profound change in the self) as a result of depression
- Is willing to share your transformational experience
- Agrees to be interviewed and write a reflection on your experience
- Agrees to be audio recorded about your experience
- Time commitment: 2 to 2.5 hours

We want to hear from you!

Please email transformationresearch2016@gmail.com for more information and to see if you are a candidate for participation in this study.

This study is part of the research requirements for the Master's degree program in Holistic Health Studies at St. Catherine University, under the supervision of Carol C. Geisler, PhD.

Appendix D

Recruitment Script

You are invited to participate in a research study investigating women's personal spiritual transformation through depression. We are conducting this research as a result of our own personal interest and experience with depression. For purposes of this study, spiritual transformation is defined as a profound change in the self.

What does it mean to participate in the study?

You can anticipate an interview and post-interview reflection. Total time commitment is estimated at 2 to 2.5 hours.

Interview

- The unstructured interview will be conducted at a location and time that is mutually convenient for you and the researchers. The location will be in a public space's study room (i.e. library) for confidentiality purposes.
- We would like you to bring an object/poem/artwork that represents your spiritual transformation through depression. This object will be photographed.
- You will be asked to share your personal story regarding spiritual transformation through depression.
- Estimated time is 1.5 to 2 hours.
- Interview will be audio recorded.
- Three researchers will be present: one researcher will guide the interview, one will be taking field notes, one will be observing and 'holding the space'.
- If you know one of the researchers on a personal basis, you will have the choice of whether they are present for the interview or removed from the process. Your choice will not preclude your participation in the study.
- You will sign the consent form and choose a pseudonym for the purposes of this study and to maintain your confidentiality.

Post-Interview Reflection

- Within 2 weeks of the interview you will be asked to reflect on the interview process and if you experienced a transformational shift as a result of participating in this study. You will then share your thoughts via a written reflection or phone call with the researchers.
- Estimated time is 30 minutes.

We request that you read your transcript for any needed clarification or revisions, and return it to the researchers within two weeks of receiving the transcript.

What are the risks and benefits of being in the study?

This study has limited risk. Although the focus of the interview questions will be on what happened after the depressive episode, namely the transformation of the spiritual self, potential emotional distress may be experienced due to recalled memories of a depressive episode. You are free to stop participating at any time.

There are no direct benefits to you for participating in this research.

Is there any compensation?

There is no monetary compensation for participation in this research study. If you decide to participate, you will receive a journal as a thank you gift.

Voluntary nature of the study:

Participation in this research study is voluntary. If you decide to participate, you are free to stop at any time.

Screening Questions:

You will be asked to review screening questions on your own to maintain your confidentiality. The form will indicate if you are or are not eligible to participate.

If you are eligible and wish to participate, please contact us at transformationresearch2016@gmail.com. Thank you!

Appendix E

Self-Screener Form

- | | | | |
|-----|--|-----|----|
| 1. | Are you between the ages of 18 to 100?
<i>(If no, you're not eligible to participate)</i> | Yes | No |
| 2. | Have you experienced depression at some point in your life?
<i>(If no, you're not eligible to participate)</i> | Yes | No |
| 3. | Have you experienced a depressive episode within the last 6 months?
(self-identified or medically diagnosed)
<i>(If yes, you're not eligible to participate)</i> | Yes | No |
| 4. | Have you been hospitalized within the last 6 months for depression?
<i>(If yes, you're not eligible to participate)</i> | Yes | No |
| 5. | Have you been suicidal within the last 6 months?
<i>(If yes, you're not eligible to participate)</i> | Yes | No |
| 6. | Have you abused drugs or alcohol within the last 6 months?
<i>(If yes, you're not eligible to participate)</i> | Yes | No |
| 7. | Have you experienced a personal spiritual transformation
(profound change in the self) as a result of your depression?
<i>(If no, you're not eligible to participate)</i> | Yes | No |
| 8. | Are you able to articulate and share your story in a circle of sharing
format (interview) with 3 researchers: (one researcher will guide the
interview, one will take field notes, one will be holding the
space and observing)? <i>(If no, you're not eligible to participate)</i> | Yes | No |
| 9. | Do you agree to a 2-2.5 hour total time commitment over the
course of this study? <i>(If no, you're not eligible to participate)</i> | Yes | No |
| 10. | Do you agree to an oral or written reflection on your experience of
participating in the study within 2 weeks after your interview?
<i>(If no, you're not eligible to participate)</i> | Yes | No |
| 11. | Are you willing to bring an object to the interview that represents
your transformational experience and have it photographed?
<i>(If no, you're not eligible to participate)</i> | Yes | No |

If you are eligible and interested in participating in this research project, please contact the researchers at transformationresearch2016@gmail.com.

Appendix F

Information and Consent Form

Introduction:

You are invited to participate in a research study investigating women's spiritual transformation through depression. This study is being conducted by Jami Collins Lillquist, Ann Machmeier, and Elizabeth Mulvihill, graduate students at St. Catherine University under the supervision of Carol C. Geisler, Ph.D., a faculty member in the Department of Holistic Health Studies. We are conducting this research as a result of our own personal interest and experience with depression and spiritual transformation.

You were selected as a participant in this research because of your experience of a personal spiritual transformation as a result of living through depression. For purposes of this study, spiritual transformation is defined as a profound change in the self. We, as researchers, are interested in hearing your personal story. Please bring a small object/poem/artwork that represents your personal spiritual transformation through depression to the interview. This object/poem/artwork will be photographed.

The interview will be conducted at a location and time that is convenient for you, the participant, and agreed upon by the researchers. Estimated time is 1.5 to 2 hours. This unstructured interview will be framed by these questions:

1. Please share your object/poem/artwork and tell your story about how it represents your spiritual transformation.
2. Tell us your story of how your spiritual self transformed as a result of living through depression?

Follow up question (within 2 weeks after the interview):

The co-researcher will be asked to describe any transformational shift or experience they had as a result of participating in this study.

Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is to describe how a woman's spiritual self transforms as a result of living through depression.

Procedures:

We are recruiting 12-18 women to participate in this research. Participants can anticipate an interview and a post-interview reflection. Total time commitment is estimated at 2 - 2.5 hours.

Interview

- Interview will be audio recorded.

- Three researchers will be present: one researcher will guide the interview, one will be taking field notes, one will be holding the space and observing.
- We would like you to bring an object/poem/artwork that represents your personal spiritual transformation through depression. This object/poem/artwork will be photographed.
- You will choose a pseudonym for the purposes of this study.
- You will be asked to sign the consent form.
- You will be asked to share your personal story regarding personal spiritual transformation through depression.

Post-Interview Reflection

- Within 2 weeks of the interview you will be asked to reflect on the interview process and how you may have additionally transformed during the process by answering this question: *Please describe any transformational shift or experience you had as a result of participating in this study.* You will then share your thoughts via a written reflection or phone call with the researchers.

You will have the option to review the transcript of your interview. Upon receipt of your transcript you will have two weeks to review and modify your interview and return to the researchers.

Risks and Benefits of being in the study:

This study has limited risk. Although the focus of the interview questions will be on what happened after the depressive episode, namely the transformation of the spiritual self, potential emotional distress may be experienced due to recalled memories of a depressive episode. Mental health hotline phone numbers will be provided to you before and after the interviews. In addition, you will have the option to stop your participation at any point in the process. Researchers will also have the option of stopping the interview if in their opinion your distress is observed as being potentially harmful. As there is a minimal risk of psychological distress, any health related costs will be your responsibility.

There are no direct benefits to you for participating in this research.

Compensation:

There is no compensation for participation in this research study. If you decide to participate, you will receive a journal as a “thank you” for your participation that is yours to keep.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. You will be allowed to choose a pseudonym, which will be used to reference your story and any quotes used from your interview. After you have reviewed the researchers’ analysis of the interview and confirm that the meaning you intended to express was conveyed correctly, your identity will be completely disassociated from the data and the data will be connected only to the pseudonym. The pseudonym will be the only thing associated to the data in any written reports or publications in which direct quotes are used.

If you know one of the researchers on a personal basis, you will have the choice of whether they are present for the interview or removed from the process. Your choice will not preclude your participation in the study.

We will keep the research results in a password-protected file within a password-protected computer. All audio recordings will be immediately downloaded to a password-protected computer that is only accessible to the researchers and faculty advisor named in this form. The professional transcriptionist will have access to the audio recordings and will sign a confidentiality agreement. Original audio recordings will be deleted immediately from the recording devices after the download to the computer has been completed. Researchers will finish analyzing the data and present the research publicly by May 31, 2016. We will then destroy all original reports and identifying information that can be linked back to you.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting this relationship.

Screening Questions (form):

Participant acknowledges that they have confidentially reviewed the Self-Screener Form and based on those questions, is eligible to participate in the research study.

Contacts and questions:

If you have any questions, please contact one of us: Jami Collins Lillquist at (XXX) XXX-XXXX, Ann Machmeier at (XXX) XXX-XXXX, or Elizabeth Mulvihill at (XXX) XXX-XXXX. We can also be reached at transformationresearch2016@gmail.com. You may ask questions now, or if you have any additional questions later, the faculty advisor, Dr. Carol C. Geisler at (XXX) XXX-XXXX, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researchers, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (XXX) XXX-XXXX or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study and I agree to be audio recorded.

Print Name of Participant

Signature of Participant

Date

Signature of Researcher

Date

Appendix G

Pseudonym Form

- I participated in the pseudonym designation process as used in this research study and approve of my pseudonym chosen today.
- This pseudonym will be used to protect my identity when the research study is made public as of May 31, 2016.
- Any data that directly connects my name to my pseudonym will be destroyed as of May 31, 2016.
- In addition, I agree to allow direct quotations from the interview to be used in the research report as long as my identity is protected via the use of my pseudonym.

Print Name of Participant

Signature of Participant

Date

Pseudonym given name for research documents

Date

Signature of Researcher

Date

Appendix H

Resources

Amherst H. Wilder Foundation
451 Lexington Parkway North
Saint Paul, Minnesota 55104
Phone: 651-280-2000
<http://www.wilder.org/Pages/default.aspx>

Crisis Connection via Canvas Health - 24 hour crisis care
Phone: 612-379-6363 or 866-379-6363
<http://www.canvashealth.org/crisis-support/crisis-connection/>

Hennepin County Community Outreach for Psychiatric Emergencies
Phone: 612-596-1223

Mental Health Crisis Phone Line
Phone: 1-952-442-7601 or 952-442-4437

Mental Health Association of Minnesota
475 Cleveland Avenue North
Suite 222
Saint Paul, Minnesota 55104
Phone: 651-493-6634 or 800-862-1799
<http://www.mentalhealthmn.org/>

Mental Health Crisis Alliance
Urgent Care for Adult Mental Health
402 University Avenue East
Saint Paul, Minnesota
Phone: 651-266-7900
Dakota County Phone: 952-891-7171
Washington County Phone: 651-777-5222
Hennepin County Phone: 612-596-1223
<http://mentalhealthcrisisalliance.org/crisis-lines/>

MN Department of Human Services
Phone: 651-431-2000
<http://mn.gov/dhs/>

National Suicide Prevention LifeLine
Phone: 800-273-TALK (8255)

Ramsey County Crisis (mental health)
Phone: 651-226-7900

United Way

Phone; 211 (from land line), 651-291-0211 (from cell phone), toll free - 1-800-543-7709

Walk-in Counseling Center (no appointment necessary)

612-870-0565