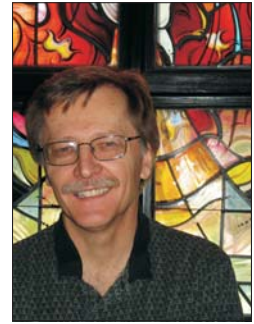


I Sleep a Lot

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“Can you prove to me that the resurrection actually happened?” This was the very first question that was launched at me in September 1997, during the first minute of my first class teaching science and religion at St. Joseph’s College, University of Alberta. Of course, the question caught me off guard because it was completely out of context. I mumbled and stumbled and cannot remember what I said. But I do recall thinking to myself that if this is what teaching theology is going to be like, then I want to cross the street and return to the faculty of dentistry where I had been a clinical instructor for the previous six years. Teaching students how to pull teeth is a lot easier!

Fifteen years later, I am sitting in a campus pub across from the student who asked that very first question, sharing a good laugh about how my theological teaching career began. This is one of the most blessed aspects of being a university professor. A number of our students become life-long friends. Not only that, the irony of teaching such talented young men and women is that they end up teaching their professors as much as their professors teach them.

In that inaugural class, I knew intuitively that this young man was special. And indeed he was. He was incredibly bright, and he was being pursued by the university to go to graduate school in his specialized scientific discipline. But instead, he went off to seminary to study theology. There were more pressing and larger questions that needed to be answered.

Eventually the reality of having to make a living caught up to him. He became a very successful businessman, making six figures a year and working only a few hours a week. Yet, as the theme of the Book of Ecclesiastes reveals, he had come to see the vanity of it all. And he reminds me that I had predicted that he would return to the academy because it is the pursuit of those questions about the meaning of life that beckon the human soul. Sure enough, here we were in a campus pub, where all great decisions are made, and he was exploring the possibility of graduate school in philosophy.

And then in the midst of our conversation, he said it. “I sleep a lot.” For most people, these four words mean very little. But for me, they shout out. It is because I suffer from depression, and the classic sign of this medical condition is that patients sleep a lot. Cautiously, I asked him more about why he slept so much. I revealed to him that this was the main symptom that led to my diagnosis. As he slowly opened this dark region of his life, I felt comfortable asking another question, one that few of us ask our friends, “Ever think about ending it all?”

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Communication

I Sleep a Lot

Yes, the “s” word that no one wants to talk about, let alone admit having pondered seriously, *especially* if you are a Christian. I further disclosed that I had thought about suicide and often yearned that my life would end. In fact, I knew exactly what I would write on the suicide note: “I’m tired of being tired.” But despite the power of these feelings, taking my life was only a thought and never a reality. My faith was my rock. I knew well that if I ever took my life, I would soon be standing in front of Jesus, with absolutely no excuse. Besides, I could not do that to those I love—my family, my friends, and my students, such as this former student in front of me. And then I said to him what I believe needs to be said from the pulpit in every church, “It’s OK to get psychiatric help, and it’s OK to use medication. It is not against God’s will.”

One of the most enlightening aspects of being treated for depression is that a doctor takes an inventory of your life. It is here where I realized that for years I had been doing things that were not healthy for my brain. Though there is a history of depression in my family that few ever talked about, the primary etiological factor of my condition was that I simply had not taken time off from school or work. In graduate school, I earned two masters degrees in twenty-four months and two doctoral degrees in eighty months. To finance my education, I practiced dentistry. So I went from the library or laboratory to the dental clinic and back again without any holidays, assuming that a change was as good as a break. Wrong. The chronic stress in both grad school and dental practice are well known. My brain needed a break. And since beginning my teaching career in 1997, I had never taken a holiday. I had assumed that going to a conference such as the annual American Scientific Affiliation meeting was the same as taking a break. Wrong again. As much as I love being with my pals, Terry Gray, Paul Seely, Kirk Bertsche, and others, we spend most of our time debating the issues of science and religion. And with these guys, you have to be at your academic best ... or else!

The greatest revelation of my psychiatric evaluation was identifying my weekly habits. I will admit that there is a bit of righteous pride in saying that I work for six days and then take Sunday off. But is Sunday really a day off for me? It is not. I might be sitting quietly in a pew listening, but my brain is in

overdrive thinking theologically. This became painfully evident when I looked at my written notes for my book *Evolutionary Creation* (2008). I have pages upon pages of stapled offering envelopes from my church with penciled-in ideas for the book. And this is a problem for many of us in ministry. Sunday is not a day off, and we need to find a day to rest both our soul and our brain. So here is the bottom line: I started graduate school in September 1984, and up until about two years ago, I had not taken a real holiday or observed the Sabbath in any restful way.

Something had to snap. But depression is not like a broken leg. Many times it slowly creeps up on you. There is not a specific day that I can identify as the day I became depressed. I knew that I was tired when I finished graduate school, but I thought that this was normal and assumed that the tiredness would go away. But it did not. The stress also continued: first, in establishing the first tenure-track position for Science and Religion in Canada, and then, in competing for tenure at a research university. Sleeping during the day began around this time. It started with a twenty-minute nap at lunch. Then it extended to an hour, then two hours, and then up to four hours—and I was also sleeping eight to nine hours at night. The breaking point came when I began to sleep for an hour after supper. That hit me hard. I knew that there was something terribly wrong. My parents are in their mid-80s, and they only needed a one-hour nap after lunch. But I was in my mid-50s, and I needed to sleep twice a day to function. And even after all this sleeping, I still felt tired.

Having many friends in medicine, I went to them and was tested for everything that they could imagine (seems like they drew gallons of blood!). But all the tests came back negative. Then my general practitioner (GP) suggested that I might be depressed. I quickly wrote off that diagnosis by insisting that I was not unhappy. I was just always tired. Nevertheless, he told me that when I was ready to accept that possibility he would refer me to a psychiatrist. As a former clinician, using medication is, in principle, not a problem for me. Yet I had reservations about psychiatric drugs; I did not want to become addicted to pills. Besides, I did not for a second believe that I was depressed. I was living my professional dream—teaching and researching science and

religion in a public university. But, in fact, I was depressed, and worse, I did not know it, despite being told that it was probably the cause of my tiredness.

So how did I end up in the psychiatrist's office? It was the personal testimony of friends who had suffered from depression and who have been and are being successfully treated by medication. It is worth underlining that all of them are wonderfully committed Christians. Looking back now, I believe that the Lord started sending messengers (angels) my way. The first was a university professor in the medical school who seemed to be one of the happiest people I knew. This person shared stories of not being able to function without medication. Another was a professor whom I met at an ASA meeting who revealed to me that their family tree was dotted with suicides. A third was a personal friend, one of the most stable individuals I have ever met. She is a clinician who was put on medications following graduate school and who told me that they saved her marriage. Lastly, a dental classmate, who was instrumental in my coming to Christ, came forward. He is also one of the most energetic people I have ever known. But his story of depression, reducing him to a shadow of a man, hit close to home, because at the time that he shared his story with me I was working no more than four or five hours a day. It was at that point that I phoned my GP and asked him for a referral to a psychiatrist. And I have never regretted that decision.

I think that it is worth sharing a bit about my experience with the medications, and, of course, this is only *my* experience because people react differently to them. It took eight months and seven different drugs before finding one that worked. Some of them made me incredibly nauseous and gave me pounding headaches. I was within three weeks of handing in my resignation at Christmas 2010, before a drug started to have a positive effect. The change was gradual and very subtle. The naps in the afternoon became shorter and shorter, until after one month, they stopped completely. It is worth noting that I had no sense of feeling "high" or "jacked up." Surprisingly—and this may seem hard to believe—I had forgotten what it was to feel rested. This is the main "feeling" I have experienced while on medication.

About eight months into the treatment, I slipped a bit, and the psychiatrist placed me on a second medication. This often happens. Now my only restrictions are that I have to take the drugs on schedule and be in bed about the same time every night. This past summer I was slowly removed from one of the antidepressants, and this coming summer, we will try stopping the second. But my psychiatrist thinks that I will probably be on this one for the rest of my life. So be it. At least I have my life back.

One of the most revelatory moments of my battle with depression came when my pharmacist replied to a comment I made after the first drug had started to work. I told him that I probably should have been on antidepressants ten to twelve years ago. He said, "You have no idea how many people say this the first time a medication works." Then he added, "It's the stigma of depression within our culture that stops us from seeking treatment."

Roughly 20–25% of us will suffer from depression requiring medication, but regrettably many will suffer without knowing help is near. And this is the reason that I wrote this short testimonial. The stigma about depression needs to be destroyed. And those who have benefited from antidepressants need to stand up and be heard.

For me, it was the testimony of Christian friends that was critical in my seeking treatment. I am quite passionate about this topic. In my science and religion class, there is a point when I put my antidepressants on an overhead and tell the students that I would not be teaching if it were not for the medication. It gets pretty quiet in the classroom. It is a poignant and holy moment. Thankful emails from students on medication quickly arrive. Most are from Christians who feel "guilty" and "damaged" for being on medications. I assure them that it is not against God's will. Rather, we should praise the Lord that we live in a time when the blessing of psychiatric science can help heal our brains and our souls. ○

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