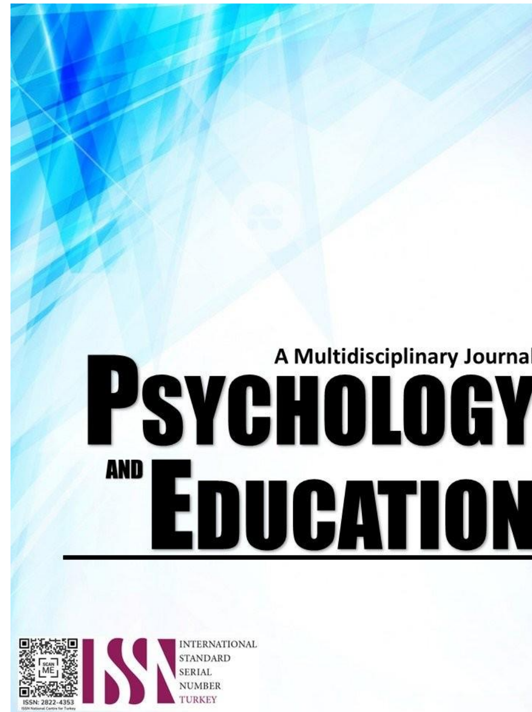
SIMILARITIES AND DIFFERENCES OF CLINICAL DEPRESSION AND DARK NIGHT OF THE SOUL: A SYSTEMATIC REVIEW



PSYCHOLOGY AND EDUCATION: A MULTIDISCIPLINARY JOURNAL

2023
Volume: 14
Pages: 41-50
Document ID: 2023PEMJ1236
DOI: 10.5281/zenodo.8383462
Manuscript Accepted: 2023-27-9

Psych Educ, 2023, **14**: 41-50, Document ID:2023 PEMJ1236, doi:10.5281/zenodo.8383462, ISSN 2822-4353
Research Article

Similarities and Differences of Clinical Depression and Dark Night of the Soul: A Systematic Review

Christian Khiel P. Unto*
For affiliations and correspondence, see the last page.

Abstract

Dark Night of the Soul is a description of the Catholic mystic St. John of the Cross about a spiritual process in which an individual experiences spiritual dryness. There seems to be an overlap of the said spiritual process with clinical depression, hence, this study aims to systematically review the similarities and differences of the two indicated variables. Google Scholar and Ebsco databases were used in searching. Journal articles and dissertations were included for the systematic review. The review revealed that individuals suffering the Dark Night of the Soul evidently present symptoms of clinical depression. However, these symptoms are only within the context of their spirituality and they're able to maintain vitality in other aspects of their lives. While the clinically depressed often present suicidal tendencies and the desire to quickly end their suffering, those who undergo the Dark Night have a stronger desire to live and to prolong their suffering for the sake of purification. Both the clinically depressed and those undergoing the Dark Night show profound irritation, but the former display irritation that deliberately affect their functioning and social life. The presented similarities and differences are but few of the notable comparisons between the two. However, there often seem to be a thin line between clinical depression and the Dark Night of the Soul, and professionals are suggested to properly evaluate whether an individual who reports depression needs spiritual care, psychological intervention, or both. With this being said, further researches about the two variables are warranted.

Keywords: *clinical depression, dark night of the soul, systematic review*

Introduction

In the 16th century, the Spanish Catholic mystic and doctor of the Church, St. John of the Cross, wrote the poem, "Dark Night of the Soul". Following his poem, the saint wrote two book-length commentaries on his work, namely the "Ascending Love" and "The Dark Night". The works of St. John of the Cross, particularly the "Dark Night of the Soul, " describes the process of spiritual purification of a person. This spiritual process often involves feelings of spiritual dryness, abandonment by God, and the constant thought that God doesn't exist (John, 2007).

While the topic on the Dark Night of the Soul is highly theological, psychologists have also taken interest in the matter. The primary reason for this is because certain researches suggest that the experiences of individuals undergoing the Dark Night of the Soul are similar to those suffering clinical depression (May, 2004). Furthermore, researches suggest that in many instances, individuals, especially the religious, interpret their sufferings as a mere part for spiritual growth and purification despite the toll of the challenges weighing on their health (Pritchard, 2014).

It must be noted that clinical depression is a mental disorder diagnosed by a psychologist upon careful assessment and evaluation. In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), clinical depression or major depressive disorder (MDD), is defined as a mood disorder in which a person is experiencing five or more symptoms of MDD for at least two weeks. Symptoms of MDD may include the person experiencing anhedonia (lack of feeling pleasure), disturbance in eating and sleeping patterns, feelings of worthlessness or excessive guilt, and recurrent thoughts of taking one's life among others (American Psychiatric Association, 2013). Interestingly, several accounts of those suffering the Dark Night of the Soul manifest some of the depressive symptoms. A perfect example would be Saint Mother Teresa of Calcutta. After her death, several of her writings were revealed in the media that revealed 40-year-period of spiritual struggles that included the feeling of being abandoned by God. She also experienced an "unbearable suffering" and she hated the experience (Dura-Vila and Dein, 2009). For this reason, psychologists have also taken a significant effort in further understanding the Dark Night of the Soul.

Despite the interests of mental health professionals on the matter, only a limited number of researches tackled the Dark Night of the Soul from a psychological perspective and made a comparison to its similarities and differences with clinical depression. As reiterated by Dura-Vila and Dein (2009), the methods that can be employed to study the Dark Night of the Soul from a

psychological perspective are often rigorous and time-consuming. An example would be a participant observation study, which requires researchers to study their participants by being a part of their regular activities. In addition, only a handful of researchers were able to integrate a psychological and theological perspective in understanding the Dark Night of the Soul. While there is an abundant literature about the matter from a theological perspective, there seems to be a lack of an integrative approach in studying about the said spiritual experience—particularly, a detailed, integrative psychological and theological approach in studying the origin, experiences, and interventions for people suffering the Dark Night of the Soul and clinical depression.Considering this matter, a systematic review on the similarities and differences of clinical depression from Dark Night of the Soul may contribute to the limited papers about the said topics. Furthermore, a systematic review can give a clear overview not only on the distinctions of the two, but also on possible interventions for people who are suffering either clinical depression or Dark Night of the Soul, or even both.

Research Objectives

The study sought to identify and understand the similarities and differences of clinical depression and Dark Night of the Soul both from a psychological and theological perspective. Specifically, the study aims to understand their similarities and differences in terms of their:

1. Key features
2. How they are assessed or diagnosed; and
3. Interventions for individuals suffering either one of them or both.

Methodology

A systematic review of the qualitative studies pertaining to the similarities and differences of clinical depression and Dark Night of the Soul was conducted. Guidelines from Siddaway, Wood, and Hedges (2019) and Cooper, Hedges, and Valentine (2009) were followed to perform this systematic review. Guidelines provided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) were also observed in identifying and reporting studies that were included in systematically reviewing the aforementioned topic.

Databases Searched

Two databases were utilized in order to identify the journal articles relevant to the similarities and differences of clinical depression and Dark Night of the Soul. The two electronic databases are Ebsco and Google Scholar. Parameters for the studies' date of publication were calibrated to years between 2000 and 2020.

Inclusion and Exclusion Criteria

Following the protocol in conducting a systematic review, inclusion and exclusion criteria were set to serve as a guide in identifying and selecting papers to be included in the review (Siddaway, Wood, and Hedges,2019; Cooper, Hedges, and Valentine, 2009). The following inclusion criteria we included: 1) Peer-reviewed articles published from 2000 to 2020; 2) Studies that compared or utilized both concepts of clinical depression and Dark Night of the Soul; 3) Studies that tackled clinical depression with an operational definition based on DSM-5; 4) Studies that tackled Dark Night of the Soul with an operational definition based on the works and writings of St. John of the Cross; 5) Research design of the studies is qualitative; 6) Studies should be published in the English language; and 7) Only journal articles, dissertations, and other forms of research will be included in the systematic review.

Meanwhile, the following are the exclusion criteria: 1) Studies that discussed either clinical depression or Dark Night of the Soul alone; 2) Studies that discussed clinical depression with an operational definition not based on the DSM-5; 3) Studies that discussed and defined Dark Night of the Soul in a description not based on St John of the Cross; 4) Studies that compared Dark Night of the Soul with mental health issues, but lacks comparison with clinical depression; and 5) Studies that employed quantitative methods in discussing clinical depression and Dark Night of the Soul.

Search Terms

In order to identify eligible articles relevant to the similarities and differences of clinical depression and Dark Night of the Soul, the following search terms were utilized: Depression AND Dark Night of the Soul; Clinical Depression AND Dark Night of the Soul; Clinical Depression AND Dark Night of the Soul AND Catholic OR John of the Cross.

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Results

Study Sample

Initial database search from Google Scholar and Ebsco revealed 1,030 potential studies that were identified using the aforementioned search terms. An iterative process suggested by Moher, Liberati, Tetzlaff, and Altman (2009) was followed in locating eligible studies for the systematic review. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) was also adopted in doing the iterative process and it is portrayed in the Flow Diagram depicted in Figure 1.

First, an initial review of the titles and abstracts of the studies revealed duplicates. A total of 37 studies were removed with the help of a third party software.

Second, a total of 919 studies were removed based on the irrelevancy of their titles and abstracts to the topic. Only 74 studies remained after the initial review. However, of the 74 studies, only 25 of them have full-text available.

Third, the remaining 25 studies were thoroughly evaluated with a full-text review. Fourteen out of the 25 studies were removed after failing to meet the inclusion-exclusion criteria. The fourteen studies were dropped for the following reasons:

1. Four studies were removed because they examined the Dark Night of the Soul and compared it to mental health issues except clinical depression.
2. Three records were excluded since they were discovered to be book chapters or excerpts, in violation to the inclusion-criteria that only research papers will be included in the review.
3. Four records were dropped since they were article reviews of either studies or book.
4. Two studies was excluded because it failed to properly expound on the comparison of depression and Dark Night of the Soul.
5. One study was dropped because it doesn't have any version available in the English language.

Hence, only eleven (11) of the 1,030 studies qualified for the systematic review. The PRISMA diagram presented below portrays the iterative process followed.

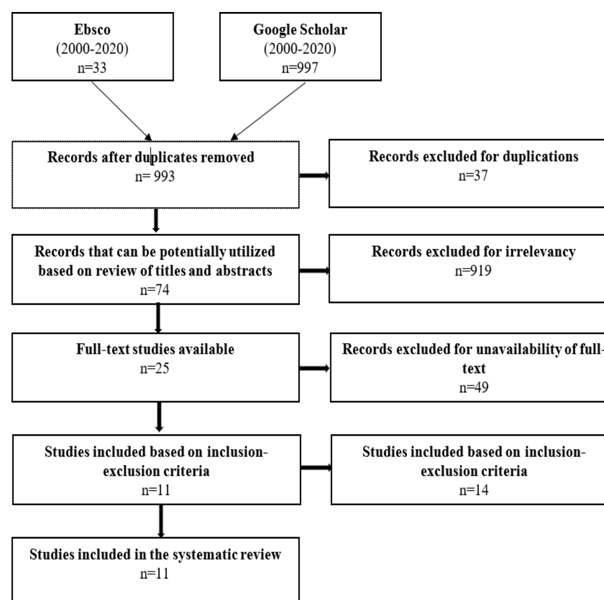

Figure 1. PRISMA Flow Diagram for Studies Screening and Inclusion-Exclusion Process

Data Extraction and Coding

The eleven (11) studies that met the inclusion-exclusion criteria were coded and were divided in three major domains of interests. These domains are the descriptive information of the studies which included the authors' names and the year of the studies' publication, the similarities of clinical depression and Dark Night of the Soul, and the difference of the two. Since this study aims to compare the 1) key features of the two, 2) how clinical depression and Dark Night of the Soul are assessed and diagnosed, and 3) what interventions are utilized to alleviate the suffering experienced by a person afflicted by either of the two, the data extracted from the studies are delineated in three tables.

Similarities and Differences of the Key Features of Clinical Depression and Dark Night of the Soul

All eleven studies that met the inclusion-exclusion criteria presented both key features of clinical depression and Dark Night of the Soul. While the abundance of information allowed the comparison of the two, it is notable that several studies indicated very similar results.

Nine studies (Fillingham, 2019; Sweeney, 2019; Gray, 2017, Lang, 2016; Dura-Vila, 2015; Pritchard, 2014; Wang, 2011; Dura-Vila, Dein, Littlewood, and Leavey, 2010; Dura-Vila and Littlewood, 2009; and Coe, 2000) indicated that both clinical depression and Dark Night of the soul manifest depressive symptoms. These depressive symptoms may include lack of motivation, loss of energy, intense and prolonged

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periods of sadness, somatic symptoms, and feelings of guilt among others. However, these nine studies also indicate that while the depressive symptoms in clinical depression spread in all aspects of a person's life, depressive symptoms of the Dark Night of the Soul are only confined within one's spiritual life. While clinical depression is warranted as a mental illness, Dark Night of the Soul is considered as a non-pathological spiritual process of transformation that involves meaning-making. Those with clinical depression present hopelessness and are at risk for suicide, in contrast to the Dark Night of the Soul, where a person always maintains a firm hope and never resorts to taking one's own life. The guilt present in clinical depression is excessive and are considered pathological, however, the guilt present in the Dark Night is healthy and is a loving feeling to repair whatever evil has been inflicted. A person with clinical depression diminishes social interaction and isolates oneself deliberately. Meanwhile, a person suffering the Dark Night has an improved social relationships and sense of relationship to others. It is also notable that while clinical depression is often attributed to etiological and physiological causes, the Dark Night of the Soul is attributed to the Spirit's movement in behalf of the believer.

Meanwhile, Fox (2014) reiterated that both clinical depression and Dark Night of the Soul starts when a person longs for deeper meaning and transcendence. The difference, however, is that those suffering clinical depression suffer a neurotic form of meaningless and their suffering doesn't transform their soul. On the other hand, those suffering the Dark Night may find their experiences as liberating and they can find themselves engaged in more meaningful, connected life.

As for Pritchard (2014), he argues that both clinical depression and Dark Night of the Soul are detrimental to one's health. It is for the same reason that Pritchard (2014) explained why people with clinical depression desire to recover and end their suffering as quickly as possible. Interestingly, Pritchard (2014) described that those in the Dark Night never cries for deliverance, in belief that the suffering is meant to lose their self-illusions and attain one's true self. To put it simply, depressive symptoms in clinical depression are signs of pathology, while depressive symptoms in Dark Night of the Soul are signs of spiritual transformation and maturity. Table 1. *Summary of Findings on the Similarities and Differences of the Key Features of Clinical Depression and Dark Night of the Soul (see appendix)*

Similarities and Differences of Assessing and Diagnosing Clinical Depression and Dark Night of the Soul

Three (Dura-Vila, 2015; Pritchard, 2014; Dura-Vila and Dein, 2019) of the eleven studies included in the review identified methods in assessing and diagnosing either clinical depression or Dark Night of the Soul in a person.

Dura-Vila (2015) implied that assessment of a person's level of hope and suicide risk is necessary to determine if a person is suffering from depression or the Dark Night. Dura-Vila (2015) explained that those with low levels or complete absence of hope are prone to high suicide risk, hence, it could be ruled out that with hopelessness, a person is suffering from clinical depression. On the contrary, if a person maintains high levels of hope and is at low risk for suicide, one's depressive symptoms may be indicative of Dark Night of the Soul and not clinical depression.

Meanwhile, Pritchard (2014) recommended assessing the loss of motivation and lack of pleasure in individuals to detect the presence of either clinical depression and Dark Night of the Soul. However, Pritchard (2014) emphasized that individuals with clinical depression experience loss of motivation and pleasure in all aspects of their lives, contrary to those experiencing the Dark Night, who only experience such loss of motivation in their spiritual lives. Pritchard (2014) also identified two possible ways to rule out if a person is suffering from clinical depression or Dark Night of the Soul. The first is identifying the desired outcome of the suffering person. If the desired outcome is recovery and restoration of one's emotional life as soon as possible, it could be ruled out as depression. But if the desired outcome of the person is transformation, the person is most likely suffering the Dark Night of the Soul. The other method that Pritchard (2014) mentioned is possibly interviewing the people surrounding the person suffering. If people feel frustrated, annoyed, or burdened by the presence of the suffering person, Pritchard (2014) noted that it could be clinical depression. However, if people feel consoled and grace over the person's presence, then, the person is probably suffering the Dark Night. These aforementioned methods are the highlights of Pritchard's (2014) differential diagnosis of Major Depressive Disorder (MDD) and Dark Night of the Soul.

On the other hand, Dura-Vila and Dein (2009) indicated that feelings of sadness are both present in

people suffering depression or the Dark Night. However, Dura-Vila and Dein (2009) that excessive sadness accompanied by dysfunction and impairment can indicate clinical depression. On the contrary, if the sadness of a person doesn't result to impairment and becomes an avenue for spiritual transformation and meaning-making instead, it is deemed that the person is experiencing the Dark Night of the Soul, instead.

Table 2. *Summary of Findings on the Similarities and Differences of Assessing and Diagnosing Clinical Depression and Dark Night of the Soul*

Author(s) and Year of Publication	*Similarities*	*Differences*	
		Clinical Depression	*Dark Night of the Soul*
Dura-Vila (2015)	Assessment of an individual's hope and suicide risk is necessary to detect clinical depression or Dark Night of the Soul.	There are low levels or complete absence of hope in individuals suffering clinical depression, and such low or complete absence of hope is associated with high risk for suicide.	High levels of hope is maintained among individuals suffering the Dark Night of the Soul. Their hope is highly rooted in their religious beliefs.
Pritchard (2014)	Assessing the loss of pleasure and motivation of an individual is helpful in detecting either clinical depression or the Dark Night.	A desired outcome for an individual suffering clinical depression is recovery. Interviewing people surrounded by clinically depressed individuals reveal that they feel frustrated, annoyed, and resentful over the presence of the depressed person. Lack of motivation spreads to all areas of a person's life.	Transformation, not recovery, is the desired outcome of a person suffering the Dark Night of the Soul. People surrounded by someone suffering the Dark Night feels consoled and even graced by their presence. Lack of interest is confined with anything related to God or religious activities.
Dura-Vila and Dein (2009)	Detecting feelings of sadness can be a springboard to diagnose a person to be suffering either clinical depression or the Dark Night of the Soul.	Diagnosis of clinical depression on a person requires that the person is feeling sadness and there must be psychiatric implications of depression, evident with a person's dysfunction and impairment.	Diagnosis of the Dark Night of the Soul requires that a person is feeling of sadness, and one's suffering is interpreted through meaning making, allowing such difficulties become spiritual experiences and also allowing the person to retain healthy, normal functioning.

Similarities and Differences of Interventions and Treatment for Clinical Depression and Dark Night of the Soul

Of the eleven studies, four papers compared interventions and treatments for people suffering clinical depression and the Dark Night of the Soul. It is interesting to take note that three of these studies are the same papers that suggested how to assess and diagnose either MDD or the Dark Night in a person.

The interventions described by Dura-Vila (2015) and Fox (2014) bear semblance. First, they mentioned that intervention for both clinical depression and Dark Night of the Soul involves processing the person's suffering. A therapist normalizes the problems, helps the person find solutions, and becomes a source of hope. Listening and speaking are the main therapeutic tools. However, both Dura-Vila (2015) and Fox (2014) mentioned that prescription of medicine from a psychiatrist or psychotherapy from a therapist are the primary methods for treating clinical depression. Interventions for the Dark Night of the Soul, on the other hand, primarily focuses on meaning-making in the context of one's faith. There is also a big emphasis on encouraging the person to persevere in one's hope in God. It is important to highlight that prescribing anti-depressants in individuals suffering the Dark Night are highly discouraged by Dura-Vila and Dein (2009). Prescribing medications entail that a person is merely suffering from an illness, instead of undergoing a transformative process (Dura-Vila and Dein, 2009).

Dura-Vila and Dein's (2009) recommended interventions are similar with the aforementioned approaches. However, Dura-Vila and Dein (2009) emphasized that proper accompaniment from the appropriate professional/expert is one vital intervention strategy for a person suffering either depression or the Dark Night.

Among the four papers that suggested interventions, it is notable that Pritchard (2014) offered a rather integrative approach. Pritchard (2014) offered interventions that targets both depression and Dark Night of the Soul at the same time. This is what Pritchard (2014) calls a spiritual-psychotherapy approach. Despite such integrative approach, Pritchard (2014) still recommended distinct approaches if a person is primarily affected by clinical depression or by the Dark Night of the Soul. For those suffering clinical depression, Pritchard (2014) suggested mindfulness, art, music therapy, focus therapy, and a

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contemplative spirituality to address the depressive symptoms. Meanwhile, Pritchard (2014) suggested a spiritual care approach in helping individuals suffering the Dark Night of the Soul. Spiritual care approach is best recommended when addressing the Dark Night of an individual. This entails actively understanding the spiritual perspectives of the person, identifying the person's Dark Night moments, and actively engaging in awe moments of the person regarding his/her experience. Prichard (2014) also explained that unconditional positive regard, acceptance, and normalizing the person's spiritual questions are also part of the spiritual care approach.

Table 3. *Summary of Findings on the Similarities and Differences of Interventions and Treatment for Clinical Depression and Dark Night of the Soul*

Author(s) and Year of Publication	*Similarities*	*Differences*	
		Clinical Depression	*Dark Night of the Soul*
Dura-Vila (2015)	Normalizing one's suffering, finding solutions, being a source of hope, and giving fresh perspectives on one's suffering are a few ways that one can employ. Listening and speaking are the main therapeutic tools.	Primary intervention is for a psychiatrist to prescribe medicines and/or for the therapists utilize psychotherapy. Other stressors such as family problems and professional problems are considered in addressing clinical depression.	In the absence of any mental illness, addressing the person's Dark Night of the Soul is focused primarily in making meaning out of the suffering, and putting a big emphasis on hope and faith. This also involves taking inspiration from the suffering of Christ and the Dark Night experiences of some saints.
Pritchard (2014)	Spiritual-psychotherapy can be helpful in both clinical depression and Dark Night of the Soul. An integrative approach is especially recommended when depressive symptoms are prominent in the patient. Compassion is an important characteristic when dealing with a patient with either experiences of clinical depression or Dark Night.	Contemplative spirituality, mindfulness model, music therapy, art, and focus therapy can be employed to address the clinical depression of a patient.	Spiritual care approach is best recommended when addressing the Dark Night of an individual. This involves actively understanding the spiritual perspectives of the person, identifying the person's Dark Night moments, and actively engaging in awe moments of the person regarding his/her experience. Unconditional positive regard, acceptance, and normalizing the person's spiritual questions are also part of the spiritual care approach.
Fox (2014)	The process of conscious suffering is essential to contain a suffering person.	Antidepressants are prescribed to alleviate clinical depression. The therapeutic goal is to recover from unhappiness as quick as possible.	Much of the work with the client is teaching him/her how to suffer. This involves but not limited to fully accepting the client's painful feelings and helping the client find meaning to one's suffering.
Dura-Vila and Dein (2009)	Accompaniment and guidance of professionals/experts are needed to address either clinical depression or the Dark Night of the Soul.	Prescription of antidepressant medication, and primarily seeking the help of psychiatrists.	Medicalization is not recommended. Prescription of medicines can turn their spiritual experience and meaning-making opportunities into mere illness. Primary expert who can help is a spiritual director.

Discussion

In this systematic review, the similarities and differences of clinical depression and Dark Night of the Soul have been presented in terms of their 1) key features, 2) assessment and diagnosis, and 3) treatment and intervention. Based on the results of the review, two overarching themes were discovered. Namely, they are 1) Depressive symptoms are both present in clinical depression and Dark Night of the Soul, but in the latter, these symptoms only affect one's spiritual life, 2) Clinical depression is a pathology characterized by hopelessness and a risk for suicide, in contrast with the Dark Night of the Soul, a non-pathological spiritual transformation that is characterized by adhering to hope and meaning-making.

It is interesting to take note that most authors of the studies included in the review are either trained mental health professionals or individuals with solid background in theology. This implies that professionals in mental health and in religion have long since recognized the existence of a pathological and a non-pathological depression. Professionals from both fields have been attempting to draw the line between clinical depression and Dark Night of the Soul. As Pritchard (2014) mentioned, it is nothing new among the practice of spiritual leaders and psychiatric leaders to differentiate the two. While there seems to

be a clear distinction between the key features of clinical depression and Dark Night of the Soul, what seems to lack, however, is a standardized differential diagnosis between the two and a standardized set of interventions that can serve as a guide for both mental health professionals and spiritual leaders.

Some studies included in the review, such as that of Dura-Vila and Dein (2009), have proven why it is necessary to have a standardized set of diagnosis and interventions for either depression or the Dark Night. A misdiagnosis can lead to the application of wrong interventions, which in turn, can worsen the suffering of the person. Dura-Vila and Dein (2009) made an example of how the medicalization of the Dark Night of the Soul can bring more harm than good. Doing so prevents opportunities of meaning-making for a person in the Dark Night. This entails that what is supposedly a transformative spiritual process can end up being perceived by the suffering person as a mere illness that requires antidepressant medication (Dura-Vila and Dein, 2009).

While there are instances of clinically diagnosed individuals being dismissed that their mental illnesses are a result of their “lack of faith” (Farrow, 2017), Dura-Vila and Dein (2009) contended that there are those suffering the Dark Night of the Soul that are dismissed by psychiatrists that they are clinically depressed and they just need to take antidepressants. Hence, it is vital to set a standardized set of diagnosis that will differentiate the two.The closest thing to standardized differential diagnosis found by the reviewer was a model proposed by Pritchard (2014). While Pritchard’s (2014) model included assessment, diagnosis, and intervention for both clinical depression and Dark Night of the Soul, the model proposed was specifically tailored for patients in the palliative care. However, Pritchard’s (2014) model can serve as a standardized basis for detecting and differentiating a case of depression or Dark Night in a person.

What is interesting about Pritchard’s (2014) proposed model is that it is also tailored for clinician use. As explained by Dura-Vila (2015), psychologists, psychiatrists, and other mental health professionals are often enclosed in the biological and etiological causes of mental health concerns such as depression, ignoring the other dimensions of a human being such as a person’s existential questions. This, in turn, prevents mental health professionals from recognizing spiritual-related concerns of a person such as the Dark Night of the Soul. But with the model utilized by Pritchard (2014), clinicians can understand and properly intervene with the Dark Night experiences of their patients through what Pritchard (2014) calls as a spiritual care approach.

While in the model proposed by Pritchard (2014) as well as other studies in the review (Fillingham, 2019; Sweeney, 2019; Gray, 2017, Lang, 2016; Dura-Vila, 2015; Wang, 2011; Dura-Vila, Dein, Littlewood, and Leavey, 2010; Dura-Vila and Littlewood, 2009; and Coe, 2000) indicated that a person’s hope and meaning-making may rule out a case of Dark Night of the Soul instead of clinical depression, certain cautions must still be undertaken. While it is true that hope and meaning-making are always present among individuals suffering the Dark Night (Dura-Vila, 2015; Pritchard, 2014; Dura-Vila and Littlewood, 2009), this doesn’t mean that depressed individuals don’t persevere on hope and in making sense of their suffering. This is what Pritchard (2014) contended, explaining that meaning-making doesn’t mean it can end depression as an illness, transforming it to an experience of a Dark Night of the Soul. In fact, Pritchard (2014) even commented that this can be a direct departure to the classical definition of St. John of the Cross regarding the Dark Night. Pritchard (2014) noticed this with Dura-Vila and Dein’s (2009) study among nuns. As Pritchard (2014) stated, what Dura-Vila and Dein’s (2009) lacked was an emphasis on Divine agency. Dura-Vila and Dein’s (2009) may have presented the Dark Night of the Soul as a mere “religious coping strategy,” which is very far from the transformative spiritual process that St. John of the Cross referred to as the Dark Night of the Soul.

This implies that meaning-making in people suffering the Dark Night of the Soul relies heavily on one’s faith and Divine agency. One’s hope is also highly rooted in the Divine agency, or more specifically, to God who St. John of the Cross referred to as the “Other” (Pritchard, 2014). Making sense of the suffering alone can’t make one’s struggles count as a Dark Night of the Soul. This is in line with what Fillingham (2019) mentioned that it takes both the creative response of meaning-making as well as having faith in the Divine to be in an experience of the Dark Night. This is another clear distinction between Major Depressive Disorder and Dark Night of the Soul that Pritchard (2014) mentioned in his proposed model.

This systematic review presented the comparison between clinical depression and a transformative spiritual process called the Dark Night of the Soul. The Dark Night is often comprised by spiritual dryness, however, it must be noted that the Dark Night of the Soul is deeply rooted in Christian context, particularly, the Catholic faith (Wang, 2011). This means that while

this paper compared a pathological form of religious depression and a salutary form of depression (Dura-Vila, 2015; Dura-Vila and Dein, 2009), the comparison is limited within the context of the Catholic-Christian spirituality. There are other similar experience of spiritual dryness such as Joseph Symond's Spiritual Desertion, which was also mentioned in Wang's (2011) study. Other forms of spiritual dryness such as the aforementioned one were not included in the study. Furthermore, it must be noted that studies included in the systematic review only considered papers whose definition of the Dark Night of the Soul heavily relies on St. John of the Cross' writings. Any description of the Dark Night aside from the Spanish mystic's definition were excluded in the review.

Conclusion

Attempts have been made by professionals in mental health and spirituality in order to properly differentiate clinical depression and Dark Night of the Soul. These attempts included devising ways to assess, diagnose, and intervene in a case of a Major Depressive Disorder or a Dark Night. However, there is a lack of standardized set of guidelines that both clinicians and spiritual leaders can use to distinguish the two. As Dura-Vila and Dein (2009) explained, referring a person suffering from either a clinical depression or the Dark Night of the Soul to the inappropriate expert can do more harm than good. It is therefore also important for both mental health professionals and spiritual leaders to be knowledgeable and aware in both the clinical and spiritual dimensions of an individual's suffering.

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Affiliations and Corresponding Information

Christian Khiel P. Unto
Holy Angel University, Philippines

Table 1. *Summary of Findings on the Similarities and Differences of the Key Features of Clinical Depression and Dark Night of the Soul*

Author(s) and Year of Publication	*Similarities*	*Differences*	
		Clinical Depression	*Dark Night of the Soul*
Fillingham (2019)	Depression and Dark Night of the Soul includes physical and mental pain.	St. John of the Cross defined this as "melancholia", a physiological illness that requires medical treatment.	This involves an inflow of God, a spiritual-related "darkness" comprised by suffering, loss, and confusion. Faith and acceptance is a creative response to the Dark Night of the Soul.
Sweeney (2019)	Clinical depression and Dark Night of the Soul involves aridity in some of the person's activities.	It involves a lack of motivation. It is universal, in a sense that it affects all other aspects of one's life.	A person in a Dark Night of the Soul may experience loss of motivation in spiritual things, but most of the person's other areas in life remain unimpacted.
Gray (2017)	'Over-sadness' is often felt in both cases.	A psychological sickness and a mood disorder that a person tries to endure and get through.	A spiritual process in which one's soul is refined and one's intelligence is deepened.
Lang (2016)	Depressive symptoms often accompany either clinical depression and Dark Night of the Soul.	It causes dysfunction to the general, ordinary life of a person.	It is a transformative process leading to spiritual maturation, that includes the process of being "wounded and healed."
Dura-Vila (2015)	Both experiences inflict intense emotional suffering and may cause depressive symptoms to appear. It is highly encouraged that both experiences are not romanticized.	It is considered abnormal and pathological that makes a person prone to risky behaviors such as suicide and substance abuse. There is hopelessness in one's situation and everything doesn't make sense for the person.	A painful and unsettling non-pathological spiritual process often experienced solely by the holiest people and mystics, designed for the person's maturation that doesn't impair the person's general effectiveness. Hope is maintained and there's an avenue for meaning making.
Fox (2014)	Clinical depression and the Dark Night of the Soul may stem from a deep longing of a person for meaning and transcendence. Both involves loss and grief from a major	Clinical depression always involves depressive symptoms and it gives a neurotic sense of meaninglessness that doesn't transform the soul.	Depressive symptoms are not always present, and most of the experience can be liberating. It is a personal transformation that allows a more meaningful, connected life.

	life-turning event.		
Pritchard (2014)	Both cases can have a negative impact on the health of a person.	Clinical depression involves despair and a disintegration of the self, leading a person for a desired outcome of therapeutic recovery and restoration of one's emotional life. It also involves loss of hope and meaning.	Those experiencing a Dark Night of the Soul doesn't involve a "pleading for help," and a "cry for deliverance," for it involves a sense of rightness and losing an illusion of oneself to become one's true self.
Wang (2011)	Both 'melancholy' and Dark Night of the Soul can make the same symptoms appear.	This is usually caused by physiological causes.	A state of spiritual dryness where three conditions must be met to be verified that it is a Dark Night of the Soul.
Dura-Vila, Dein, Littlewood, and Leavey (2010)	Depressive symptoms are common in both, such as tearfulness, loss of appetite, low mood, and lack of volition.	Also called a 'pathological religious depression,' which is in the psychiatric domain. Depressive symptoms are signs of a clinical problem.	Also called as a 'salutary religious depression', which involves meaning making. Depressive symptoms are signs of an individual's spiritual growth.
Dura-Vila and Littlewood (2009)	There can be passivity and slowness in speech and activity. An individual poses negative self-evaluation. Depressive symptoms and somatic symptoms of depression are present.	An individual suffering clinical depression has excessive and pathological guilt. An individual also runs away from social interaction, isolates him/herself, and interpersonal relationships are not maintained. A person may also have constant bouts of hopelessness, and this can lead to suicide.	A person under the Dark Night of the Soul has healthy guilt that causes loving feelings to repair any evil caused. Social interaction is maintained, and there is an improved sense of interpersonal relationships and service to others. A person never loses hope and never considers suicide.
Coe (2000)	Depressed mood is present in both depression and Dark Night of the Soul.	This stems from a biological or etiological roots. This doesn't involve any particular focus of object, and often involves lack of feeling pleasure, sleep difficulties, and overall energy loss, affecting all aspects of life.	A movement from the Holy Spirit in behalf of a believer, with a refined focused to God. A believer under the Dark Night is more energized with life activities.