LACING UP FOR MY TURN: ONE SOCIAL WORKER’S RECKONING WITH DEPRESSION AND FAITH

Michael S. Kelly, Ph.D., Loyola University, Chicago

The following narrative describes the author’s battle with a “bully:” the clinical depression that disrupted his personal and professional life for what seemed like an eternity.

Clinical depression doesn’t always lend itself to precise descriptions, even when you’re the one feeling it. Here’s the best I’ve come up with based on my own experience of depression: it was like a big bully sitting on my chest, his big frame weighing on me as I tried to go about my day. All the while, the bully was casually telling me that he’s happy where he is and isn’t going anywhere. He tells me, sometimes in a voice that almost sounds affectionate, that he was meant for me and knows that he is home now. To protect my chest and all this weight I’m feeling, I gradually clear out the things I have in there: my lungs, my guts, and my heart. I move them to undisclosed locations in myself and visit them only periodically. All that’s left in my chest is a dull ache that feels like a feeling sometimes but mostly just feels like the bully’s weight. Meanwhile the bully just stays and stays, and the more tired I get, the more comfortable he seems to get with his surroundings.

The bully again:

Ok, so now’s your big chance to make sense of these things in your head. For you and the people reading this, got it? I guess you should be able to do this; you’ve had these things clanging around in your head all your life. And besides, you’re a social worker, or a therapist, or something, right? You make sense of the things in other people’s heads for a living! This should be easy. Talking to these people about your depression—no problem.

Christmas 1999: My Reckoning Begins

December 1999 was busy but completely normal for my normally hectic life as a school social worker and part-time family therapist. My school entered December with minimal upset, my private practice clients had no major flare-ups, and I was going to San Francisco for a vacation with my wife to visit her family in the Bay Area. Before we got to San
Francisco, the only indication of the bully’s presence were my persistent headaches that I had been popping ibuprofen for, despite not having any cold or flu symptoms. In the usual blur of clinical work, I had assigned these headaches to regular holiday stress and had pressed on.

In San Francisco, my darkness was thrown into starker relief, with the natural beauty and easygoing vacation time all around me. I had no work stress to blame my headaches on, and now I was waking up early, usually between four and five each morning, groggy and a little frantic. It was too dark to go outside and do my regular five-mile run, so I slipped down to the hotel lobby with a book and eavesdropped on the friendly night receptionist talk to his insomniac friends. (I didn’t talk to him much myself; like a lot of people in depression, interacting with others just felt like too much work.) When the sun started to fight its way into the sky, I would lace up my Asics and run around the streets of San Francisco. Just me, the bully, and people who were either sleeping in the streets or coming home from work.

**San Francisco: Crying Out for Something**

One morning during that trip, I found myself running into a Catholic church doing an early morning service called the “Liturgy of the Hours.” I lunged in from my run, sweaty and feeling slightly less burdened by the bully and took a seat towards the back. In front of me sat five parishioners, and at the altar three priests who were quietly reading the prayers aloud.

> O God, come to my aid.
> O Lord, make haste to help me.
> Glory be to the Father and to the Son and to the Holy Spirit,
> World without end.

The word “broken” occurred to me in this church and my own sense of feeling as if I was broken. My soul felt like it was creaking under the weight of the bully, as though I had been smashed under his weight and had stopped growing and feeling things in any normal sequence. How can a person feel mangled without any outward physical signs? I never knew until that day, but that morning I felt gnarled and misshapen on the inside, with little hope that I would ever feel any different.

Faintly, I felt something stir as I listened to these men say such beautiful, restful prayers so early in the morning. I couldn’t say these prayers in my own heart, but I appreciated someone else saying them for me. Depression can impose its own reality on events for a person who has depression; things that should be moving and beautiful aren’t, even though around you others seem to be feeling the appropriate emotions. And even though my bully was ever present, he seemed to really excel at moments like this, allowing me to float above and around others’ emotional connections, just to remind me that I couldn’t connect, that I couldn’t hope to feel what they’re feeling.

The three men continued praying in a cadence that was so comforting to some distant part of me that I started to cry. Crying in church wasn’t unheard of for me; I’m usually not dressed in running clothes and bleary-eyed to begin with, however, and I’m usually not anywhere near a church at sunrise. Or maybe this morning was a more accurate reflection of my inner faith life at that time than I wanted to admit. My inner and outer soreness was there for me and for God to see: bleary-eyed and spiritually aching blurred together, and I wasn’t sure who or what I was crying for.

> O God, you are my God, I wait for you from the dawn.
> My soul thirsts for you, my body longs for you.
> I came to your sanctuary, as one in a parched and waterless land, so that I could see your might and your glory.
> My lips will praise you, for your mercy is better than life itself.
> Thus I will bless you throughout my life, and raise my hands in prayer to your name; my soul will be filled as if by rich food, and my mouth will sing your praises and rejoice. I will remember you as I lie in bed, I will

**REFLECTIONS - WINTER 2008**
think of you in the morning, for you have been my helper, and I will take joy in the protection of your wings (Universalis, 2006).

To this day I want to refer to my church service in San Francisco as a turning point for me, as a reaching out to God and anyone else to tell the bully to stop pinning me down. But it wasn’t a turning point; it was more an acknowledgment that someday I might make such a plea to God, but not yet.

I was after all, a social worker. I was one of the healthy, one of the normal, one who helped others with messy things like depression. I wasn’t there yet, but soon I would reach the nexus between my clinical work and my own depression. Until then, I remained pretty much detached from myself.

To some extent, this detachment is helpful for a therapist. Nobody wants to go to see a therapist who reacts emotionally to everything you tell them—you’re there to cry if you need to, not to hold the therapist’s hand. In a way, my depression made me well-suited for clients who needed heavy emotional lifting. I had always considered my own feelings to be like interesting museum pieces: pretty, under glass, and to be handled only under special circumstances. To not feel things organically and unmediated is one of depression’s great tricks, because it is ultimately the distorted thoughts and feelings that we do experience that makes depression so debilitating.

But this experience of having detached or distorted feelings is also one of psychotherapy’s occupational hazards, as well; practicing therapists are in so much daily contact with emotional pain that it becomes necessary for a good therapist to manage his or her own feelings in order to put the client’s needs first. The emotional self-protection required to do therapy well carries with it a fair amount of selective repression, an ability to notice feeling states in oneself and to postpone the full experience of those feelings until they can be shared with a supervisor or a trusted colleague.

Bully: Well that’s tidy, isn’t it, you getting to chalk up your depression to your chosen profession. If this is true, then why did you choose to do therapy anyway—to fix yourself? To make yourself feel better by comparison to your sorry clients?

Being Horribly Awake

There was more early morning waking upon our return from San Francisco to Chicago, and I was feeling more unsettled and despairing throughout the entire day now. This was clearly Depression 101, but I still clung to the curious idea that therapists don’t just “get” the stuff their clients have, even though I had often told friends that the best part of being a therapist is that it makes you deal with your own emotional problems. My second semester at school started conventionally enough, with a full roster of kids in conflict and teachers knocking on my door. My sleeping was down to four or five hours a night, but I was so thoroughly caffeinated at that point in the school year that I was able to soldier through, even telling myself that I felt some kind of jetlag coming back from the Bay Area. Late in my first week back I realized that I wasn’t getting even four or five hours of sleep anymore, more like two or three, and my wife was getting worried. I was starting to affect her sleeping too, keeping her up late and talking in increasingly weary, disconnected sentences about the things I had to do the next day.

Many great writers from Shakespeare to Dickinson had insomnia (Spaar, 1999), so I’m not sure I can top them in trying to characterize how serious my sleeplessness was for me. But I have to try, because for my depression there was nothing more damning or frightening than the early morning waking I was experiencing. To go to bed relatively unencumbered emotionally and to then wake up a few hours later painfully alert and aware of everything that’s wrong is one of the true horrors of depression. To be so wrongly awake and to know that everyone else I loved was snoozing or dreaming made me feel cosmetically alone. I usually sat in our big chair, teary and yawning,
try to find a book that was soothing and
date somehow make me sleepy again. I
finally settled one night on the Arabian Nights.
It was a book that had the advantage of being
written in short bite-size bits but that also had
a dreamlike narrative that swept me away for
a few precious moments. If I couldn’t be
asleep and dreaming, at least I could try to
imagine some magical dreamworld while I
was awake.

I want to say that there was one night,
one moment, when I knew that I had to stop
this depression from getting any worse. No
chance. Though looking back, it’s probably
good for me that I can’t identify one moment
that turned everything around, and instead
have to acknowledge that it was a process
that forced me to rely on God and my family
and friends to help me. My depression is one
that has black-and-white thinking as its
foundation. I wanted to feel one hundred
percent better, no space for difficult depressive
feelings. So in keeping with my depressive
thinking style, I should have had a road to
recovery that started with one big “rock
bottom” moment, followed by a big move to
health again. No, the bully didn’t get up off
me that way.

Bully: Sorry my friend, there’s no miracle
story here. I’ve been here too long for you to
get rid of me that easily. Besides, when you
think about it, what would you do without me?

Running and Aching
It was 3:59 a.m on a January, 2000
morning, and I was lacing up my Asics running
shoes to go outside and run. I had slept exactly
one hour and 15 minutes, and had lain on my
couch consumed by a mixture of outer and
inner soreness. The outer soreness was easy
enough to describe; I hadn’t slept more than
three hours a night for the last month and my
body was aching and creaking in response.
My eyes had a caked glaze of pressurized pain,
my arm joints felt like I had torn something
lifting too many weights, and my legs churned
with the lactic acid that I usually experienced
after running a marathon. At times I was
speaking in voices and tones that I didn’t
recognize: low rasps that hinted at how
exhausted I was, and fast, clipped sentences
that often spiraled into vague ness and outright
incoherence. All the time my throat hurt, like
the words I was speaking hurt to say or even
to form in my mouth. What was happening to
me? The inner soreness was harder to place.
I just wanted the soreness to go away.

During those awful nights in January 2000,
I do remember hearing myself tell God out
loud that I was broken and that I needed to be
cared for. I had put down Arabian Nights
and was trying to find a comfortable spot on
our big living room chair. I was really trying to
find another kind of comfort that night, too. I
felt teary inside but the tears had stopped a
few days ago. Instead it was just me, audibly
mumbling to no one else that I wished that
God would make sense of this for me. I didn’t
hear anything back, but maybe I wasn’t
listening.

I went back to school the next day, and it
was one of those arctic January days that
Chicago specializes in. I wore a spring coat
without thinking about it and got several
puzzled looks fi-om friends at school. I joked
about my spaciness but I knew the real reason:
I felt so cold inside of me already that no winter
could make it worse. I had to make the cold
and the soreness go away. I had to do
something.

I remember the call to my primary care
doctor vividly. It was the closest I’ve ever
come to an out-of-body experience. I saw
myself dialing the phone, saw myself tapping
my pen as I waited for the doctor’s receptionist
to put me through. I heard my voice and felt
detached from it, as though I was listening in
on someone else’s conversation. I recited my
symptoms to the doctor, casually without
feeling, as though 1 was dictating a patient note
to her. I asked her to put me on an
antidepressant and to authorize me to go see
a therapist in our managed-care network. I
looked at myself in this out-of-body way, seeing
somebody hunched over his desk, making a
decisive move towards getting better, but
feeling no pride, no relief, nothing. I must have
been persuasive, as she didn’t ask me many
questions. Or maybe I was just one of fifteen
patients she needed to talk to that morning.
She told me that a prescription for a daily 50
milligram dose of Zoloft would be waiting for
me at the local pharmacy that evening. She also authorized me to go for therapy, and I made an appointment to see a therapist the next day.

Zoloft. Here I was becoming a patient. I didn’t even call my own clients patients, and here I was about to go on medication like a psychiatric patient. This whole experience of going on meds turned out to be less of a watershed moment for me as a therapist than I had feared. Unlike many therapists I worked with, I neither revered nor scorned medication for my clients. I had seen it help plenty of people in my practice, and while I was concerned about our tendency in schools to overmedicate kids, I knew that medication had shown some good results for adults with a variety of DSM diagnoses. I also knew what the research said about meds plus therapy being the best treatment for adults with depression (Keller et al., 2000). Now I was about to find out if this treatment was going to help me.

Being that I was essentially self-diagnosing and treating myself at this point, I had neglected to ask my doctor about when to take the Zoloft. Unthinkingly I settled into a routine of taking the Zoloft with dinner, as the bottle’s instructions said to take it with food. I remembered the doctor saying it would take two weeks to kick in, so I hunkered down and waited for the meds to work. I made a good connection with a senior therapist at the local community mental health center and, as with so many of our clients, having the chance to be heard in a safe place already made a difference to my depression. The only problem was that while the therapy was immediately helpful to my mood, the Zoloft at night was making me even more sleepless, so I was even more exhausted than before. Now I had two reasons to be sleepless, and the intense energy boost the Zoloft gave my brain made me even less coherent as I tried to cope with my insomnia.

Bully: Oh those were the days. All day and all night, having free reign over you. Tell them about the weekend in January when you really lost it.

6 a.m.: “It’s not your turn”

A week after going on the meds and starting therapy, the bully in me took his punishment to a higher level. Jealousy and envy exploded in me and, combined with the self-loathing that I already had underway, made it hard for me to function.

The jealousy episode was triggered by an article in our local newspaper. A dear friend of mine since childhood had just published a huge article in the paper on a project he had worked on for months. I knew the article was coming out, and our circle of friends had cheered him on through the many revisions he had completed. I was so deep in my fog that I forgot about the article until I saw it on the front page of our Sunday paper. I traipsed downstairs to get the paper, read his headline, and a part of me collapsed inside. I stumbled upstairs, my eyes aching from no sleep and my mind blazing with incoherent, half-finished thoughts.

The Bully said: You are nothing. You’re nowhere. This article is just one more sign that you’re lost and not coming back. Just forget trying. Blah, blah, blah. Thinking about getting yourself out of this is a waste for you. Just accept that you’ll never be anything.

This blizzard of mental debris had come before, but never as fiercely. By all rights, I should have felt thrilled for my friend, not filled with envy and self-hatred. This was a great day for him and for his career and was definitely not a day about me. But depression has a way of making me fixate on things as though they are about me, if only to just confirm that life isn’t going my way. And won’t go my way again. Ever.

Research on people who commit suicide shows that some who actually succeed in taking their lives kill themselves as they are emerging from a deep depression (Klein, Schwartz, & Rose, 2000). This research had always intrigued me as a clinician, this idea that people could feel so depressed that killing themselves seemed like too much work. Only in beginning to feel better could some suicidal people muster the energy to end their lives. Now this Sunday morning I instantly felt this to be true in my bones: this morning had confirmed for me that there wasn’t anything
left to live for, but I couldn’t imagine doing anything about it. The bully wasn’t going to let me leave him, even if it meant my dying in the process.

So I did what I often did at these moments, somehow: I laced up my Asics and ran. January in Chicago is hardly good running weather, with icy sidewalks and bitter winds that chapped my face. I didn’t care. I just knew that if I could run for thirty minutes in a row some small part of my brain would tell the rest of me to feel good for a few minutes. Those few minutes were all the good that I could count on, and I needed to go get it.

The running route I had chosen reflected my constricted view of life. I simply ran around the block clockwise, angling for all the dry sidewalk patches and trying to avoid people getting into their cars to go to church. I didn’t always succeed at avoiding pedestrians; a few times that day I got so foggy that I nicked people going to their cars and was too overwhelmed to do anything but yell “sorry!” as I plowed past them.

It was the longest thirty minute run of my life. The chill of the wind bore itself into me, making me run faster to try to warm up. Each step hurt, each turn at the corner felt like I was farther away from my home. But even during this run, I noticed a small fire kindling in the back of my mind, warming a small part of me. I knew the fire was there, but I couldn’t feel its warmth yet.

During the final approach to my house, my body felt turgid and empty, but at least I had started sweating. The thirty-minute trail around the block had given me some endorphins and hopefully a few non-miserable minutes, but what else? Would it mean the bully would be back even stronger? Would I get reassurance that everything wouldn’t be this numb and awful forever? Some sign from the divine being that might have been on call that morning?

It was a few minutes after I returned to my apartment, as I peeled off the layers of running clothes from my arctic run, that I got the divine sign. This wasn’t the distant call and presence I sensed at the church service in San Francisco; this was unmistakably coming from somewhere new. The sign was

for my envy, for the crippling sense that I had that things weren’t going my way and wouldn’t ever work out. I looked in the mirror, looked down, and felt compelled to repeat in my mind this thought: It’s not your turn; I have something for you. I felt strangely reassured by this message, as though all the severe deprivation I was feeling had finally given way from the bully to this spiritual presence, if only for a few moments, if only for me to get this thought, this curious gift.

It’s not your turn; I have something else for you. My hard work was just beginning. I loved the peace of this message but I had no idea what it meant. And the bully in me was happy to talk me out of analyzing the message: he promptly reasserted his presence and I spent the remainder of that Sunday moving from couch to chair to bed, trying to keep myself awake so that I would sleep that night.

Though I was sleeping no more than two hours a night and must have looked like hell, my clients and colleagues didn’t seem to notice. If anything, I did some really good work, more than I thought was possible. One of the most perverse aspects of being a therapist with depression is that for at least a while, I could actually engage certain clients better because I felt terrible. The teens that stared off into the distance in my office didn’t seem to know that I was staring off into my own distance. They just seemed to appreciate that I was quiet and with them. And because it was taking so much effort to think and process my own thoughts and feelings, I was making very clear and concise statements to my clients that seemed to make sense to them. But this might be happy hindsight; during that month, I remember worrying constantly about messing up my clients. Oh yeah, you were worried about your working with your clients, and with good reason. Were they getting, what, like thirty percent of you each time you saw them? (I had the other seventy percent.) No way that they couldn’t have known that you were out of it.

But the crazy thing is that a lot of people close to me didn’t seem to know. Though I was in a private practice with four other experienced therapists, and in a school with a number of good friends and caring people, none...
of them once asked me about how I was doing and whether I was okay. I don’t want to sound bitter about this, because it reflected who I was at that time: a therapist who was seriously vested in maintaining my veneer of stability and optimism. What’s remarkable is that I wasn’t even trying to put on an upbeat front at this point; I was just numbly getting through my days. Because my depression didn’t involve lots of crying or overtly erratic behavior (I just looked terrible and was thinking awful thoughts about myself), I was able to draw on a reserve of benign goodwill from my colleagues. I wasn’t asking for help, and they weren’t offering, because why would they? I could handle myself, I always had...

Art Appreciation from the Inspiration Café

I somehow did my job that month, largely because of my wife’s stable presence and love and my runs around the block (I was never running more than thirty minutes—I was too tired to run any farther).

I made it also because of a lesson in art appreciation that saved me. My art instructor and spiritual advisor was Carl (not his real name), a man who was homeless that I had met at the Inspiration Café. The Inspiration Café was a social service agency-restaurant in Chicago that served gourmet meals to the homeless and offered job training and other social services to help get them back on track. My wife and I started volunteering there in fall of 1998 and had met Carl our first day there.

Carl was a striking, middle-aged, African-American man with a thick head of hair and a beard with a few distinguished dollops of gray. And distinguished he was: he spent his time at the Café holding forth on his many interests, mostly art, biology, and politics. He was a former small businessman who had lost his family, his work, and his home to drugs and alcohol abuse. Though he told me that he had been sober for a year, he had so many financial problems that he still hadn’t found housing. He also had serious anger problems that had produced violent incidents with his girlfriend and with some other homeless people in the neighborhood. I never saw his violence, just his wit and piercing intelligence. He loved to read and was always telling me about a new article or book he had just read. Eventually I was bringing him last month’s National Geographic and staying after our volunteer time to talk to him about the latest political gaffe in the news.

Bully: Oh no, not the Carl story! He was one that I couldn’t touch. He really did take you away from me.

At my therapist’s advice (“take this time slow and be good to yourself”), I took a day off of school and went to see some art. I felt called that day to go to Chicago’s Art Institute and to spend some time basking in the glow of the blue Marc Chagall stained glass windows. These windows are so warmly blue, and so lovingly constructed, that I knew that viewing them would be enable me to get some relief from the turmoil in my head, if only for a few minutes.

The Chagall windows comforted me. They always had. Staring at the myriad of people and American icons portrayed in the stained glass, I remembered all the times over the years that I had sat looking at these windows. When I was a child, this was where my parents would stop after all the excitement of entering the museum to get us organized to go see other exhibits. Then in college, the windows became a place to take girlfriends, to try to impress them that I knew something about art (I didn’t know much really, but I hoped that the beauty of the place would somehow earn me some points anyway). Now as an adult and a practicing therapist, I made five or six pilgrimages to these windows each year, to recharge myself and to meditate on a particularly challenging case.

Today the meditation wasn’t going so well; maybe it was because this time I was “the case.” The few minutes of muted joy I had
hoped for at the windows soon dissolved into self-loathing. I suddenly felt so self-indulgent that I had taken a "mental health day" to go look at art, especially when I knew that I was going to be exhausted all day, fall asleep at ten, and be up at midnight for the rest of the night. The bully had a point, as much as I hated to admit it; what good was this doing my mental health if I still couldn’t sleep?

Then Carl came over to me. That day he was with other Inspiration Café clients, taking a field trip to see art. He wasted no time in dispatching the bully. “Hey there Mike, you love these windows too?” I realized that even in all my fog, I was staring in wonder at the glass, smiling.

“Yeah, this is my favorite place in the whole museum,” I said, forgetting that I might want to actually say hello first and acknowledge him.

“Well, I have to say Mike, it’s one of my favorites too, but I’ve got something else for you,” Carl said.

“Huh?”

“I said, I have something else for you. Come on with us upstairs.” This was the same phrase that I found myself “saying” a few weeks earlier as I finished my run. I lurched forward off the bench, nearly slipping onto the ground.

There have been times that I sat in church and heard the scripture passages talking about how blessed the poor are, how closer to God they are, and how much Jesus loves them. I have often felt that Jesus was either kidding or at least working the crowd a bit for support. I didn’t feel that now.

Carl took me by the shoulder and guided me up to the wing with all the Impressionist paintings. We stood in front of Van Gogh’s painting of his room at the mental hospital in Saint Remy, “The Bedroom” (1889). It’s a simple painting, especially for a Van Gogh, relatively unadorned with his trademark swirls and blasts of yellow. The painting has four pieces of furniture in it: two chairs, a table, and a twin-sized bed. The painting’s perspective views everything in the room from a distance and a bit on high, as if Van Gogh had knelt down on the floor to paint the scene. There are paintings on the walls, but nothing of note, as Van Gogh is more interested in creating the overall comfortable effect of this modest room. This is the room that Van Gogh stayed in during one of his many battles with mental illness.

It was the next-to-last hospital stay of his short life. He would be dead of a self-inflicted pistol wound in July of 1890, roughly a year after he painted his room at Saint Remy. The art critic Uhde (1998) wrote that Saint Remy gave Van Gogh peace one more time, and it’s clear from this painting what he means. There’s nothing special in the room, but enough there for it to feel like a home.

Carl stood next to me, looking at the picture, intensely, reverently. He spoke softly to me, still holding my shoulder. “This picture is what I imagine for myself, when I get real down. I think of having a room of my own again, and I look at this painting and I just know it will happen. I can do it, if I just keep trying.” He gripped my shoulder tighter.

I stared at this beautiful colorful room of Van Gogh’s, tears building inside of me, trying to think of something to say. I didn’t have any words to say, but for the first time in a long time, neither did the bully.

Carl wasn’t finished talking. “Look at the colors. The chunks of paint, look how badly he wanted to paint this. I love this painting.”

Carl was right. Van Gogh’s swirls and colors had always made me love his work, but today I was feeling the thickness of his paints, the ways that the colors insisted on their own presence and dignity. The colors had purpose and confidence and power. I felt myself absorbing their energy, as Carl went on praising the picture.

Minutes, or maybe hours, went by. Carl and I didn’t look at any other paintings. For the first time in six months, I wasn’t aware of time because I was finally feeling present and alive. The meds would kick in sometime in the next week (I had finally stopped taking them in the evening), and I would start sleeping through the night. But that day I made my real move out of the dark. I knew that I was going to make it even if the bully still lived near me and came over to bother me sometimes. He didn’t live in me anymore.
Someone from the Inspiration Café came and told Carl the group was leaving. He shook my hand, smiled, and said seemingly out of nowhere, “Thanks for all that you’ve done for me.” I never saw Carl again. The next week he was ejected from the Café program for relapsing into drinking and threatening a staff member. I walk around Chicago hoping to see him again and praying that he has found his own room at Saint Remy.

Meanwhile as the meds started to work for me, and I began to finally sleep through the night. The long dark days gave way to days that had small pockets of light. I told my therapist that I was finding “daylight” and that my feelings of being broken and lost were fading. It took about six months before I felt like myself again, but I never felt the bully as fiercely as I did for those two months at the turn of the century.

My reckoning with depression wasn’t over, though. I had just begun to set some new terms of engagement with the bully, terms that were more favorable to me as a social worker and as a person. The bully was still hanging around in the corners of my mind, eager to snicker at me and push my buttons. Only now he didn’t have my full attention; he had to work hard to get me to notice him. I was too busy seeing all the colors in my own room. It was my turn now.

References

Michael S. Kelly, Ph.D., is an Assistant Professor in the Department of Social Work at Loyola University, Chicago. Comments regarding this article can be sent to: mkell17@luc.edu.