

The Darkest Valley  
Rev. Nicole Farley  
First Presbyterian Church of Waukesha  
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**Psalm 23**

<sup>1</sup> The Lord is my shepherd, I shall not want.

<sup>2</sup> He makes me lie down in green pastures;  
he leads me beside still waters;

<sup>3</sup> he restores my soul.

He leads me in right paths  
for his name's sake.

<sup>4</sup> Even though I walk through the darkest valley,  
I fear no evil;  
for you are with me;  
your rod and your staff—  
they comfort me.

<sup>5</sup> You prepare a table before me  
in the presence of my enemies;  
you anoint my head with oil;  
my cup overflows.

<sup>6</sup> Surely goodness and mercy shall follow me  
all the days of my life,  
and I shall dwell in the house of the Lord  
my whole life long.

I began this sermon a month and a day ago, September 10, World Suicide Prevention Day. About two months before that, Scott and I learned that our son, Jim, had been diagnosed with anxiety and mild depression while working at school over the summer. This was familiar territory, knowing my own anxiety, and I was comforted as we talked about how to get him started on medication to help him manage his symptoms. We continued talking openly and, just after school began, he said he was going to contact our family physician about adjusting, and increasing, the dosage of his medication, as they had discussed the possibility when he was home at the end of the summer and was first prescribed. None of this was news. And then, on World Suicide Prevention Day, he posted on Facebook a note meant to encourage those who felt alone or without hope and mentioned he had recently had suicidal thoughts for the first time. This was the first we had heard about this. In the same post, he assured any readers that he was taking medication (which we knew), he was seeing a counselor (which we knew), he had a great support network (which we knew), and he was determined to keep going. I thank God for that.

I reached out to him as soon as I read it, gently expressing how I would have rather heard it from him than “Facebook him,” and he told me he didn’t want to worry me since he had it under control. We

had been openly discussing his struggles; I knew which medicine he was taking; I knew when he made an appointment with the school's counseling center. But he didn't want to tell me when he first contemplated suicide. His post read "I began having my first serious thoughts about suicide..." In our home there is no shame around mental illness, yet there is still more to be done. "Even though I walk through the darkest valley..."

The amount of grief I would feel so vastly eclipses the discomfort of any amount of worry. They cannot be compared. Did I think to say this to him when I first heard he was facing the challenges of depression? No, despite my own counsel to others to openly address suicide with loved ones who were struggling with depression, I figured if Jim was managing his medication with our physician and he was seeking counseling, that we weren't in a place to have that talk. Have that talk. I promise you that saying out loud "My heart would break if you killed yourself; I vow to get you help if you should ever feel that way" will not be the thing that prompts someone to ponder suicide. Are they magic words? Can they guarantee that the illness will not overwhelm? Of course not. But you open the conversation. As scary and awful as it feels to say the words aloud, they've been said and, once they've been said, they can never, ever wield the same fearful power as they did when they were unspoken.

Do you walk through the darkest valley? Does someone you love walk through the darkest valley? "For you are with me." As people of faith we hope that we will recognize that God is with us in that dark valley. The horrible truth is that, when we are in the valley, even God can be doubted. Shortly before Scott's surgery for prostate cancer in late August, I began to feel a sadness which would not go away. A variety of events came together like a multi-car crash on an icy road and the sadness just hung around. Daily events which would not normally affect me made me sad. And I was getting disproportionately angry at random times. And I realized I was in the midst of my own depression. With my doctor I adjusted my anxiety medication to help and it slowly worked. But, before it had kicked in, I began to have trouble seeing God. It was not a conscious choice, far from deliberate. I just kept seeing these sad daily events and wondering, if this is how the world was, how could it be that God was really there. This was so jarring because I had felt secure, confident in my trust that God was with us through everything, and that, if we were consciously looking for God, we would see God in even the worst circumstances. In that time I simply didn't even give God a chance because I couldn't figure out how to.

I do, indeed, believe that "for you are with me" is true, that God is with us. At my core my belief has not changed. But I have come to learn from experience that sometimes God has to speak out loud, through others, for us to hear. Which means sometimes we are the ones who need to let our voices be God's voice for those who cannot hear. **We** prepare a table and **we** anoint with oil. These are deeply intimate activities and, though it is hard, the intimacy called for is an intimacy which has the difficult

conversations, which uses words like “depression” and “suicide” in ways that sound as comfortable as “vanilla” or “toddler.” Saying them out loud does not cause them to happen. Saying them out loud gives others permission to say them out loud, especially those who need to use these words to tell us how they are feeling.

In the late summer I read the fantastic book by Atul Gawande called *Being Mortal*. From both a physician’s and an adult child’s perspective, he writes about how we must have open and honest conversations about aging, about disease, about treatment, and about care. He spoke about a mistake so many physicians make when needing to tell a patient difficult news; he explained “They want to be Dr. Informative. But it’s the meaning behind the information that people are looking for more than facts.” He continues, “The best way to convey meaning is to tell people what the information means to you yourself.” He said someone had taught him three words to use to do that: “I am worried.” In a situation where he had to explain something difficult to a patient, he recalls, “They were such simple words, but it wasn’t hard to sense how much they communicated. I had given her the facts. But by including the fact that I was worried, I’d not only told her about the seriousness of the situation, I’d told her that I was on her side – I was pulling for her.”<sup>1</sup> “I am worried” tells a person that you are on her side, on his side in the midst of a serious situation. “For I am with you...”

Maybe today you are the one who knows someone who needs to hear “I am worried and I am with you.” Maybe today **you** are the one who needs to hear “I am worried and I am with you.” If you feel there’s no one in your life who can or will say that to you, come to me, go to a trusted friend, a mentor, a co-worker, call a help line (which you can find in the bulletin) [1-800-273-8255, the National Suicide Prevention Lifeline or text “GO” or “START” to 741-741] because God is trying to speak to you. God placed you here, today, surrounded by brothers and sisters who have walked the valley or love someone who has. Even though we walk through the darkest valley, God is with us. So it is for you and for me.

Let us pray: Speak loudly, O God, through us and to us, we pray. Amen.

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<sup>1</sup> Atul Gawande, *Being Mortal: Medicine and What Matters in the End* (New York: Metropolitan Books, Henry Holt and Company, LLC, 2014) pp. 206-7.