



Twentieth Sunday in Ordinary Time August 14, 2011 A

What Faith Can Do to Ease Depression's Pain

The following article is by Kathleen Hockey, a family therapist who herself struggled with depression.

Depression: the facts

To be able to support loved ones who are coping with depression, we must first know what depression is—and what it isn't. Depression is a debilitating condition that leaves those affected by its finding that the business of living is very difficult, if not impossible. They can feel as though they are trudging uphill in knee-deep mud. Depression is not easily remedied by exercising, talking to friends, praying more, or doing charity work; it requires psychological treatment and support from others.

Contrary to the way the word is often used in colloquial speech, depression is not self-pity or “the blues,” which usually lasts less than two weeks. The blues is a mild down mood that still allows a person to complete daily tasks without much difficulty. While both depression and the blues can be triggered by a disappointment, instead of feeling down only when thinking about the disappointment (the blues), a person with depression cannot enjoy anything at all.

Worldwide, depressive illness is a leading cause of lost years due to disability. No race, gender, economic status, or age is immune to its effects. And while suicide is one of the leading causes of death for teens, even children under twelve attempt suicide. As a clinician, I know of two this year, both under the age of ten. One survived. One did not. It's clear that depression affects men, women, the elderly, adolescents, and yes, children.

Contrary to popular belief, depression's pain is not limited to sullen moods. It affects a more wide-ranging spectrum of a person's life, including the ability to concentrate, think clearly, make reasonable decisions, sleep properly, and manage weight. It compromises the immune system, contributing to the onset and maintenance of other illnesses and diseases. Studies even suggest that depression can reduce the survival rate of those recovering from heart surgery.

The illness can strike with a vengeance—seemingly from nowhere—or it can develop gradually. When it develops gradually, it is usually because the person does

not recognize that, taken together, a persistent low mood, lack of concentration, irritability, loss of appetite, and an inability to sleep are warning signs that the illness may be in its early stages.

Depression creates a sense of isolation. Even during a crowded Sunday Mass, a person with depression can look around and feel totally alone. In a congregation of five hundred, up to twenty-five adults could be struggling with depression—usually silently. How comforting it would be if those twenty-five could find one another! They could hold hands and lift up their broken hearts together as people of faith and hope.

Depression's pain: more than physical

Just as depression affects a person's temporal life, so it affects a person's spiritual life. The progressive loss of ability to think rationally and maintain emotional stability can cause puzzling feelings of unworthiness and hopelessness that negatively affect the relationship a person has with God. An affected person can believe God has abandoned him and that forgiveness of sins—sins both real and imagined—is impossible.

Studies as to how religious beliefs and practices affect depression show conflicting results. Much depends on how the faith is understood and practiced. Punitive, fear-based faith helps create and maintain depressive illness, while faith based on hope, compassion, and community support helps healing and, in some cases, can even prevent relapse.

Thankfully, Catholic Christianity is a religion of hope that offers the support of a loving community and belief in a compassionate and loving God to all those who suffer from depressive illness. We believe that out of love for humanity, God became human and was born in Bethlehem. Jesus lived, suffered, and died just as we do; because of this, God can truly empathize with our human condition. Most of all, we believe Jesus rose from the dead, giving us reason to hope in the midst of pain, because we know he has defeated all pain and death.

Prayer: rebuilding the relationship

Prayer is the raising of the mind and heart to God so as to maintain a relationship with God. What person affected by depressive illness has not prayed, “Why me, God?” “Where are you, God?” and “Take this from me,

God”? While these prayers reflect doubt and fear, they also reflect a determined reaching out to God for help. It is the type of prayer reminiscent of the blind Bartimaeus as he shouted at Jesus so loudly it embarrassed those around him. (See Mk 10:46-52.)

It’s important to note that expressing anger at God can be a healthy and honest prayer. Relationships—including our relationship with God—grow best when they are based on honesty. Sometimes we may feel guilty for our complaints because we think it more proper to find things for which to be grateful. But as part of our overall relationship with God, prayers such as this are nothing to feel guilty or ashamed about.

Read the Book of Job in the Old Testament and see how Job cried out to God. Job spent most of his time complaining, shaking a fist at God. If Job could do this, and if Saint Teresa of Avila could complain to God about something as simple as falling off a horse into some mud on a rainy day, how much more acceptable to God is the anger expressed because of depression’s pain? The communication may be tinged with pain, but it can be rich in meaning. When we pray from the heart, we become closer to God. Being ill does not change that.

Catholic Tradition provides practical help for praying that can provide structure and comfort for those with depression. The rosary and Divine Mercy Chaplet are examples. These prayers can help focus the thoughts and calm the emotions by creating a meditative state. Research has long associated meditative states with deep relaxation, which is known to refresh, restore, and support the healing processes of the body.

Using these structured prayers can enable us to focus attention away from the interior pain and provide respite. Reflecting on God’s love found in the joyful mysteries of the rosary and in the words of the Divine Mercy Chaplet can inspire strength. Joining our sufferings to the sufferings of Christ while praying the sorrowful mysteries can create meaning for pain. Hope can be the fruit of praying the glorious mysteries.

When I was depressed, I had to find a totally different way to pray. When I complained or expressed anger at God, I tended to do so for too long, making me more depressed. When I meditated on any mystery of the rosary, intense doubts about the faith or macabre thoughts of passion and death invaded my mind. So I took the advice Saint Teresa of Avila gave the depressed nuns under her charge. I went outside and walked in the fresh air and directed my attention to the beautiful things around me: the trees, the sky, and the sound of birds. Then I said a quick “thank-you” and went on my way.

God hears all prayers, and all forms of prayer are acceptable to him. We can pray when ill and we can pray when well. It doesn’t matter, since we are not expected to achieve any particular state of being before we pray.

We need only pray honestly. Through prayer, we are strengthened and healed in ways sometimes unknown. That is the power of a relationship with God.

The sacraments and the sacramental community

Monica (*Monica is a composite of several women from my clinical practice*) was convinced that taking a break from caring for her infant son was the sin of abandonment. Her baby had colic and seemed to be in continuous pain. She lived far away from her extended family, and her husband worked long hours.

I saw Monica in my private counseling practice several years ago for depression. No amount of skill could shake her from her sense of duty to her child, even though her devotion was taking a toll on her physical and emotional health. Out of frustration I referred her to a priest for spiritual counseling.

Monica returned two weeks later with a smile on her face, reporting she had been to confession. The priest had told her that her unwillingness to take care of herself was the sin. How could she give to her child when exhausted? In a sense, by not taking care of herself, she abandoned herself, God’s temple, and her baby. To reinforce the point, he gave her the penance of finding an appropriate babysitter and going out with her friends once a week. She was then able to give herself respite guilt-free.

Differentiating between symptom and sin is a challenge for those experiencing depression. Sinful deeds a person would ordinarily never commit are often committed when a person is ill. Many therapists question the wisdom of confessing symptoms. After all, neglect, abuse, self-mutilation, and sexual improprieties can all be symptoms of the illness. The logic is, “Why put yourself through the humiliation of telling a priest when you are not culpable?” But what has more power over illness than the grace of God received in the sacrament of reconciliation?

The sacrament of reconciliation can heal the body, mind, soul, and community. It heals the body because when one is guilt-free, less tension is present in the body. Less tension means less depression-promoting chemicals in the brain. It heals the mind by eliminating the self-deprecating thoughts of unworthiness. It heals the soul through the strengthening grace of the sacrament.

But regular confession has an additional benefit. Once the illness is in remission, it serves as a means for periodically observing a person’s behaviors and thoughts. Cognitive therapy teaches the skills to recognize returning symptoms of mind and body, and a regular examination of conscience enables us to face our sins and to examine their roots, roots that sometimes indicate lingering symptoms of depression. Early

recognition plus virtuous humility equals treatment and prevention. This is the stuff of healing.

We are called to be a people of the resurrection, nourished by our Lord in the Eucharist and commissioned to bring the Good News to others by our Christian lives. We carry our crosses and bear the pains of life in communion with one another.

It was not until I recovered that I became aware just how much God had been with me all along. I had greatly doubted God's presence, even God's existence. I certainly lost my belief in the Body and Blood of Christ. However, I never doubted the power of the Eucharistic community, as so many of its members respectfully remained by my side throughout the ordeal. Because of their witness, I knew God was with me, and I was gradually able to regain my faith after I recovered.

As we ride the ups and downs of depressive illness, or stand with others who are struggling with it, we can be confident that Christ is with us through his Spirit, through the sacraments, and through others. We may not perceive his presence with our emotions or our intellect, but we can choose to believe he is with us, and we can look for ways he is sustaining us. We must always remember that God is ever faithful both in sickness and in health.

Misconceptions about Depression

Persistent misconceptions about depression among non-affected members of the community can create feelings of isolation for those dealing with the illness. It is important for Catholics to learn about the signs, symptoms, and causes of depression so that we can treat with love and compassion our brothers and sisters in Christ who are carrying this cross.

Depression...

- **Is not “the blues” or a sullen mood.**
- **Is not remedied by exercising, talking to friends, praying more, or charity work.**
- **Does not affect only those “weak in faith,” but can touch anyone, including laity, religious men and women, and clergy.**
- **Can be caused by other diseases, such as heart disease, or by certain prescribed medications.**
- **Can be triggered by disappointments and chronic stress.**
- **Can strike out of nowhere or can develop gradually.**
- **Affects most areas of a person's life, including the ability to concentrate, think clearly, make reasonable decisions, sleep properly, and manage weight.**
- **Compromises the immune system.**
- **Is a serious mental illness that requires professional help.**

Have a blessed week,

