

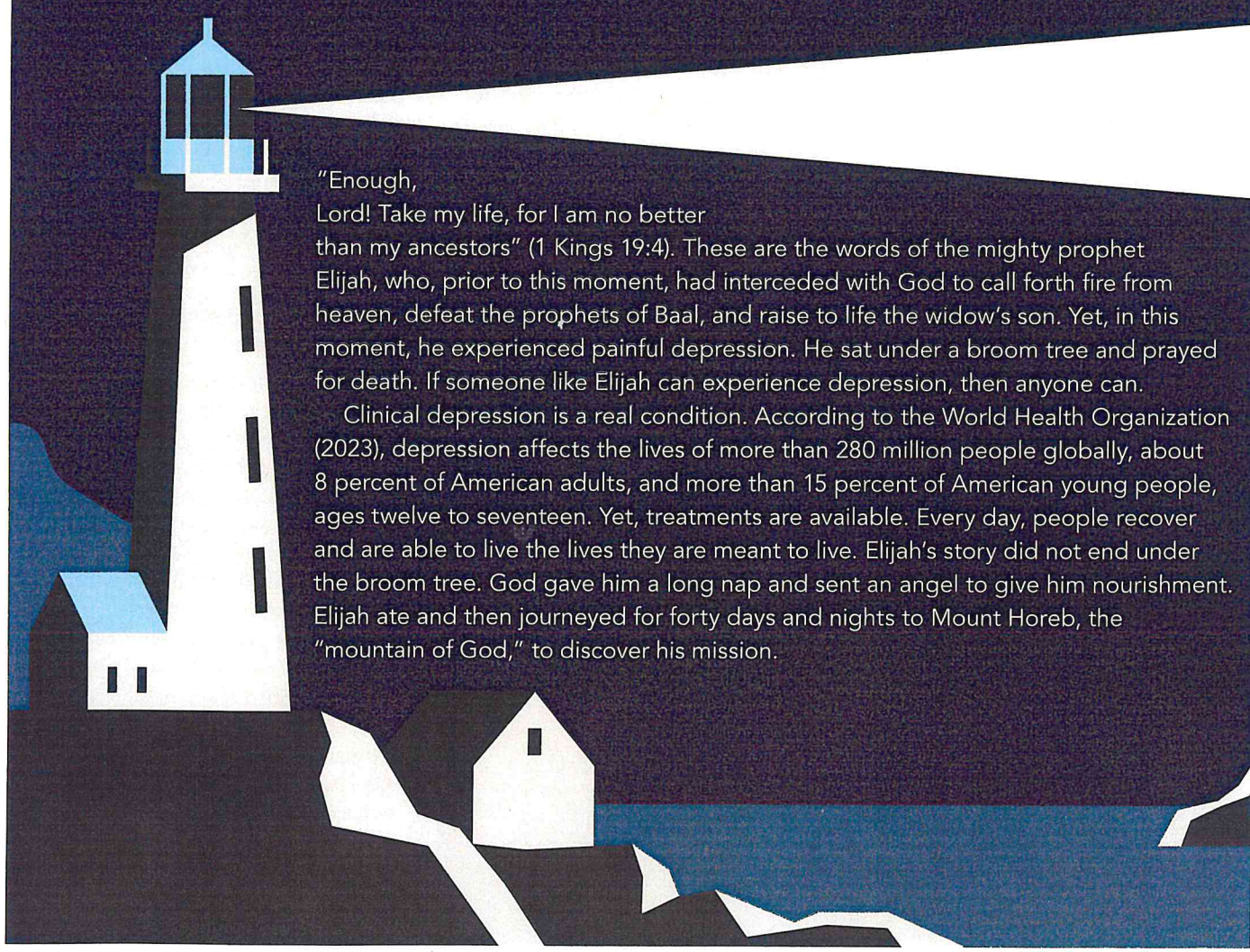
C2410A

OCTOBER 2024

Depression

Finding Light in the Darkness

DR. CONSTANCE J. SALHANY



"Enough, Lord! Take my life, for I am no better than my ancestors" (1 Kings 19:4). These are the words of the mighty prophet Elijah, who, prior to this moment, had interceded with God to call forth fire from heaven, defeat the prophets of Baal, and raise to life the widow's son. Yet, in this moment, he experienced painful depression. He sat under a broom tree and prayed for death. If someone like Elijah can experience depression, then anyone can.

Clinical depression is a real condition. According to the World Health Organization (2023), depression affects the lives of more than 280 million people globally, about 8 percent of American adults, and more than 15 percent of American young people, ages twelve to seventeen. Yet, treatments are available. Every day, people recover and are able to live the lives they are meant to live. Elijah's story did not end under the broom tree. God gave him a long nap and sent an angel to give him nourishment. Elijah ate and then journeyed for forty days and nights to Mount Horeb, the "mountain of God," to discover his mission.

What Is Clinical Depression?

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (American Psychiatric Association, 2022), there are various forms of clinical depression. Some forms can be diagnosed after the person has experienced symptoms for two weeks, while others are diagnosed after up to two years. Some forms have mild symptoms, while others are severe. Some people with clinical depression go through mixed mood states, and some experience sensations in their bodies, such as agitation or the feeling of being weighed down. Some people experience psychosis or delusions, and some never have such experiences. Some have many symptoms, and others experience as few as two symptoms. The following is a general list of symptoms:

1. Depressed, empty, or irritable feelings for most of the day and occurring on most days
2. Lack of pleasure and interest in things
3. Changes in appetite and weight
4. Changes in sleep
5. Feelings of being agitated, being slowed down, or other bodily complaints
6. Loss of energy
7. Feelings of worthlessness or guilt
8. Difficulty concentrating or making decisions
9. Thoughts of death or suicide

There are physical medical conditions and other mental health conditions that mimic depression, so a careful examination by a medical professional is necessary for anyone experiencing these symptoms.

Misconceptions

Too often, people struggle with depression alone, without proper medical help, without compassion from their family or colleagues, without the recognition that they have a medical condition that is treatable, not a moral failing due to some weakness or character flaw. Let's address some of the misconceptions about depression.

"If I had more faith, I wouldn't feel this way."

There are many examples of holy people who have struggled with depression, including St. Augustine, St. Ignatius of Loyola, and St. Elizabeth Ann Seton. All human beings are vulnerable to ailments and conditions. When people get sick with the flu or develop arthritis, they do not blame it on a lack of faith. Why should it be different with clinical depression? It is not the person's fault. There may be complicating factors, such as alcohol or drug use, but these do not change the fact that depression is a real condition.

Research indicates that depression is probably caused by complex interactions between a person's genetics and other factors, such as past experiences, current stressors, environment, social interactions, thoughts, perceptions, and attitudes. The ability of the person's brain to

adjust or adapt (neuroplasticity) may be altered. The person's levels of chemical messengers (neurotransmitters) may be altered. Some people are born with a genetic vulnerability that may be "switched on" in certain situations. This process, known as *epigenetics*, may contribute to whether a person gets depression or not.

Brain imaging scans reveal differences in people with depression. Likewise, some studies indicate that certain types of evidence-based treatments yield positive changes that are visible in scans. Treatments involving medication, certain kinds of therapies, or a combination of these, can help people get on track to living happier, healthier lives.

"Crying is a sign of weakness."

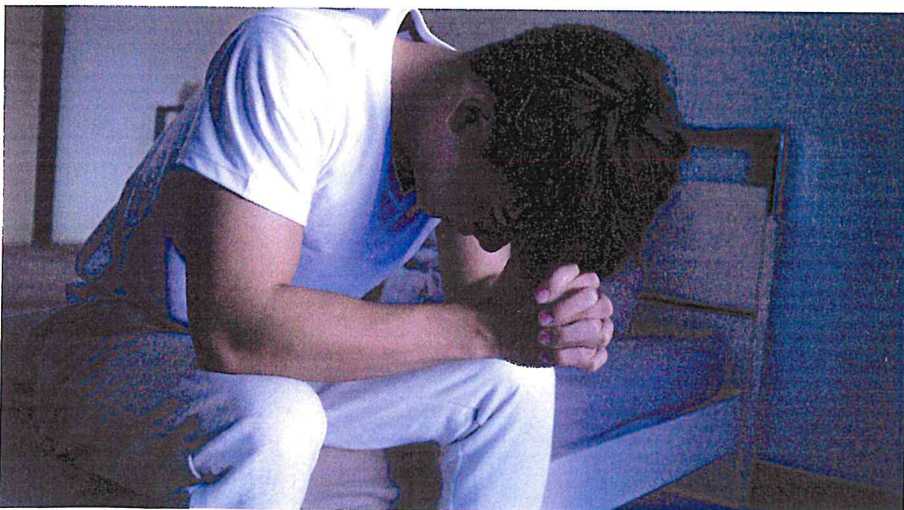
When Jesus contemplated the death of his friend, Lazarus, Jesus wept (John 11:35). Being fully human and fully God, Jesus had all human emotions, but perfect and sinless as he was, he had no weakness of character. Sometimes, crying is part of healing. Tears function to release emotions and to promote healing and pain relief by hormones and endorphins. Tears also serve to prompt caring on the part of others. When we see someone crying, we may be moved to act with compassion.

"Maybe it's just sadness, grief, or stress."

Unlike sad or upsetting moods that may come and go, clinical forms of depression carry degrees of impairment, persistence, and distress, with potential severity. Daily personal stressors and the impact of world events generate vulnerability for some people, but not for others. Sometimes, there are no obvious triggers.

Sadness or grief is a common response to loss: the death of a loved one, the end of a relationship, losing a job. One way to tell the difference between clinical depression and grief is the presence of other symptoms, such as feelings of worthlessness or self-loathing, that can accompany depression.

A young woman named Rosalie had a recent breakup. She had trouble



sleeping and eating, she was constantly crying, and she was missing work. She felt defective and unlovable. She couldn't pray. She blamed herself. She was restless yet exhausted. Rosalie's rescue came not in the form of an angel like Elijah's, but in friends who stayed with her and helped her get treatment. Rosalie later reflected, "I had no intention of hurting myself, but it was such a dark and painful time that I wished I would go to sleep and never wake up. I thank God for my two friends."

"I am able to function, so maybe it's just low self-esteem."

It could be said that depression comes in different shapes and sizes. With more severe types of depression, a person's normal functioning is often substantially impaired, but this is not so for milder cases like dysthymia (persistent depressive disorder), a condition often thought of as low-grade depression in which a person experiences only a couple of symptoms over a longer period of time.

Alex always thought he suffered from low self-esteem and difficulty with motivation. When pressure mounted at his job, he began to drink more. When he sought treatment for what he thought was an inferiority complex, he was diagnosed with mild chronic depression. As he began to recover, he started volunteering with the St. Vincent DePaul Society, where he met a great group of people and felt like he was making a contribution. He no longer used alcohol as a crutch to deal with his negative feelings. The quality of his life began to improve.

"I should be able to do this myself, without a therapist."

A person cannot simply "snap out" of clinical depression. When we have physical medical problems, we see doctors. We go to mechanics, plumbers, and electricians to help us keep our cars running and our homes in good order. Why would we not seek help with mental or emotional difficulties? There is no shame in getting treatment. In fact, the most



FIZKES / SHUTTERSTOCK

loving thing a depressed person can do may be to seek help to become the best person—and thus the best spouse, parent, or friend—he or she can be.

In an interview, Pope Francis described the lasting benefit of having seen a psychiatrist for six months when he was a younger priest in Argentina: "The treatment with the psychiatrist also helped me to locate myself and learn to manage my anxiety and avoid being rushed when making decisions. The decision-making process is always complex. And the advice and observations that she gave me were very helpful.... Her teachings are still very useful to me today" (Catholic News Agency, 2021). Perhaps we can consider it an act of love and a sign of courage and strength to get the help we need.

Getting the Help You Need

Spiritual, physical, and mental health needs are all important to address. A visit with a primary care physician is helpful to rule out medical issues that mimic depression. It may be important to examine the potential benefits of lifestyle changes: adequate sleep, better nutrition, regular exercise, less screen time. Licensed mental health professionals will often suggest psychotherapy: talking through issues and concerns. Sometimes what helps is a combination of psychotherapy and medication.

The good news is that there are well-researched, effective psychotherapies for depression.

Evidence-based treatments are those that have been rigorously tested and found to be effective. The Society of Clinical Psychology (Division 12 of the American Psychological Association) has found several types of psychotherapy to have strong research support for depression treatment.

Cognitive behavioral therapy (CBT) is a short-term therapy that teaches people to change their negative thinking and to work on helpful behaviors to change their mood.

Interpersonal therapy (IPT) helps people learn strategies for communication and dealing with conflict, which improves relationships and thereby decreases feelings of depression.

Cognitive behavioral analysis system of psychotherapy (CBASP) is helpful for people with chronic depression. This treatment uses a mixture of approaches, such as exploring a person's past experiences with significant people, looking at patterns, and then practicing some skills to change the person's current thinking and behavior and improve relationships.

Many therapists offer a combination of approaches that may include supportive therapy and a safe atmosphere to talk out concerns. If you meet with a psychotherapist, be sure to ask him or her any questions you might have. It is important to feel like you have the right fit and that you feel comfortable with your therapist.

Spirituality and Religion in Therapy

People are entitled to respect for their faith as part of mental health treatment. Ethical standards of mental health providers include sensitivity to religion when working with diverse populations. Not all clinical psychology training programs include coursework in religion and spirituality. In your initial interview with a therapist, sharing your views on faith and values is one way to determine if the therapist will be a good fit. There are Catholic therapists available. (See Resources.)

Don't Go It Alone

Depressed people often feel like isolating themselves. Leaving the house, sometimes even leaving one's bed, can feel like too much. But it's important not to go it alone. Confiding in a friend or relative can be very helpful. Your therapist might recommend a support group. Your faith community is there for you. Attend Mass and other services at your church. Don't sit alone in the back—sit in the middle, where you can feel the prayers

of those around you. The presence of people, even those who don't know you, is comforting.

Believe that God is with you. Many saints have suffered with depression, anxiety, and other mental health issues. St. John of the Cross wrote, "The night can seem long, but it is in the darkest hours that God's light shines the brightest." And elsewhere he wrote: "Live in faith and hope, though it be in darkness, for in this darkness God protects the soul. Cast your care upon God for you are his and he will not forget you. Do not think that he is leaving you alone, for that would be to wrong him." You are not alone.

Dr. Constance J. Salhany is a licensed psychologist, treating individuals with a broad range of anxiety and depressive disorders. She is the Founder and Director of Emmaus CBT/Cognitive Therapy of Staten Island and an adjunct professor at the College of Staten Island, and she trains psychiatric medical residents in CBT.

St. Ignatius Loyola's Prayer Against Depression

O Christ Jesus,
when all is darkness
and we feel our weakness
and helplessness,
give us the sense of
your presence, your love,
and your strength.
Help us to have perfect trust
in your protecting love
and strengthening power,
so that nothing may frighten
or worry us,
for, living close to you,
we shall see your hand,
your purpose, your will
through all things.
Amen.

Resources

Catholic Psychotherapy Association
(Find a Therapist):
CatholicPsychotherapy.org

Catholic Therapist Directory:
CatholicTherapists.com

The National Catholic Partnership on Disability:
ncpd.org/disability-ministry/mental-illness

The National Alliance on Mental Illness:
NAMI.org

SAMHSA's 24/7 National Helpline:
1-800-662-HELP (4357)



19 STUDIO / SHUTTERSTOCK

Imprimi Potest: Fr. Kevin Zubel, CSsR, Provincial, Denver Province, the Redemptorists

Liguori Publications, a nonprofit corporation, is an apostolate of the Redemptorists. To learn more about the Redemptorists, visit Redemptorists.com.
Scripture texts in this work are from the *New American Bible, revised edition* © 2010, 1991, 1986, 1970 Confraternity of Christian Doctrine, Washington, DC.

Editor: Paige Byrne Shortal