

UPDATED AND EXPANDED EDITION

SURVIVING DEPRESSION

A Catholic Approach

Kathryn J. Hermes, FSP

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SECOND EDITION

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*Dedicated to those everywhere
who have the courage to walk in the darkness
toward the light*

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Introduction

Depression Has Many Faces

If you have picked up this book, you are most likely wondering if “surviving” depression is possible for you or someone you know. Perhaps you are grasping at one more glimmer of hope that your or another’s depression might be lifted. It is estimated that one in ten Americans today meet the criteria for recurring depression. Almost half of these meet the criteria for major depression.¹ Major depression is the number one psychological disorder in the western world.² At the rate of increase of instances of depression that we are seeing today, particularly among the young, by 2020 depression will be the second most debilitating disease in the western world.³ In recent years there has been a surge of information about depression in the clinical and popular arena. Talking about depression and its effects on people’s lives has become acceptable even in public programming on radio talk shows and television interviews, internet sites, blogs, Facebook pages, etc. However, the essential link between surviving this illness and faith is still an area that cries out to be explored. I have received many letters and phone calls from people who have read the first edition of *Surviving Depression: A Catholic Approach* confirming that it was precisely

this link between what they were experiencing and faith that was the most helpful. The book has been translated into at least ten languages, indicating that depression, unfortunately, is a widespread problem.

New causes of concern have arisen in the past ten years or so. People have had to find within themselves strength in the face of terrorism and vigilance before the constant threat of a new attack on our country. The sex abuse crisis in the Catholic Church, and the disillusionment in the Church's leaders that accompanied it, has been deeply disturbing. Katrina, as well as other hurricanes, tornadoes, floods, fires, earthquakes, and other natural disasters have forced people from their homes and destroyed their livelihoods. Our country is again at war, and some of us are keenly aware of the effect that war has had on our families and on ourselves. Daily we face overwhelming amounts of information and impossible demands on our attention and time. Some of us bear the added burden of a mental illness, psychological vulnerability, the effects of abuse, or depression that is a consequence of a situation we cannot control, the side-effect of medication, or of another illness. From the perspective of faith and the resources that are available to us through spirituality, this book addresses those who are suffering from depressive illness, disillusionment, dark moods, and emotional vulnerability.

I am not a psychologist. I am not a theologian. My claim to credibility in writing *Surviving Depression: A Catholic Approach* is that I have been seriously depressed and have spent a lot of time struggling with God through the years I lived with depression. I know depression from the inside. I know the spiritual anguish it brings. I know the loneliness, the isolation, the fear of "losing it," and I believe one truly understands depression not by studying or reading about it, but by living with it.

In June of 1985, I was admitted to Saint Elizabeth's Hospital in Brighton, Massachusetts for simple outpatient surgery. I went into the surgery a healthy, strong, ambitious, and articulate young woman of twenty-one. I came out of the recovery unit with something terribly wrong. Four days later, I was told that I had had a stroke. I was paralyzed on my right side. I couldn't stand up. I had no strength. I had lost much of my memory. I couldn't use even the most basic vocabulary. Two weeks and many tests later, I was released from the hospital and began an eighteen-year journey of rehabilitation.

Though I recovered much of my strength and coordination within the first few years, for the following twelve years I seemed unable to regain my emotional stability. I quickly found myself in a manic-depressive cycle that became increasingly more pronounced. Violent mood swings sent me crashing between effervescent periods of incredible activity and black nights of paralyzing depression. Twelve years after my stroke I would be diagnosed with Temporal Lobe Epilepsy (TLE), a bipolar organic disorder—which brought about another cycle of depression as I began to live with a new “label.”

God Has Many Faces

During those first weeks after the stroke, I clearly remember thinking: *God has given me this stroke and I will accept it with graciousness. This is the will of God and God certainly has some reason for it.* And I accepted it with peace . . . or so I thought. It took six years for me to realize how angry I was—angry at God, angry at everyone around me, angry at the world. At that time, I began regular spiritual direction. The more I shared of what was in my heart, the angrier I became, and the farther away God

seemed. I could not understand what possible meaning this cross could have. I spent a year unable to believe God even existed. In this spiritual “blackout,” I read over and over again the second part of the book of Isaiah, though the words were like sandpaper to my heart:

O afflicted one, storm-tossed, and not comforted,
I am about to set your stones in antimony,
and lay your foundations with sapphires.
I will make your pinnacles of rubies,
your gates of jewels,
and your wall of precious stones (54:11–12).

As the cycle of depressions came and went, with confusion and despair clouding my vision, I wrestled with God, trying to understand just one question: *Why me?* Though I never received an answer to that question, was never given a clue to understanding the meaning of my suffering, I was gradually—very gradually—able to realize that it was no longer an issue for me. I didn’t need an answer; I could live with the mystery.

Depression spares no one. Christians become as depressed as anyone else does; priests and men and women religious suffer from depression. Teens in the flower of youthful dreams become depressed. Even children can become depressed. It might seem that people who have faith or a future should have no reason to be depressed. They should be able to pray, dream, or will themselves out of it. It is hard to reconcile depression— what many still incorrectly see as a moral deficiency—with faith in the power of God. However, depression is just an expression of our fragile human vulnerability. Ironically, this empty darkness is often the source of immense creativity, the black night that gently announces the advent of the divine.

The Gift of Faith in Depression

Into this book are woven many individuals' unique experiences of depression. I honor those who have struggled through the journey to well-being and wholeness against incredible odds, and I am grateful that they have shared with me their stories.⁴

As you read these pages, you may find characteristics or details that hit home and that mesh with your own experience. People who have suffered depression can learn much from each other's stories. Nevertheless, not every experience related here will be completely like yours. You may feel more or less depressed than the people in the stories I have included. You may or may not experience the symptoms narrated here. Be aware, therefore, that flashes of insight or recognition are not a replacement for accurate diagnosis. This book is not intended for self-diagnosis and does not address the more critical needs of those who suffer severe or psychotic cases of depression or bipolar disorder. Rather, it is meant to be a companion as you, or a friend of yours, struggles with his or her dark periods of life. Much in our Catholic tradition and in spirituality can offer strength, comfort, and powerful insight into this struggle. These pages will introduce you to this wealth and be with you as you find God in new ways along this part of your life's journey.

In this second edition, a new part has been added. In these chapters you will find eight steps for inner peace that are rooted in scriptural spirituality, in practical wisdom from living in the present, and in centering prayer. Learning about depression and reading about spirituality are not enough to bring about the changes that we seek in our lives. A step-by-step process will enable those who wish to embark on a journey

of personal transformation to more easily find the peace they are looking for.

This book is dedicated to those everywhere who have the courage to walk in the darkness toward the light. I am grateful to Sr. Sean Mayer, FSP, and Sr. Mary Mark Wickenhiser, FSP, of our editorial department, who had the vision, now that the cultural and religious landscape has changed so dramatically, to propose a tenth anniversary updated and expanded edition of *Surviving Depression*. I am honored to have worked with Sr. Mary Lea Hill, FSP, in giving the original text a new shape. Finally, I am conscious that I would not be writing this book if it were not for the support of my community through all the years since my stroke in 1985. Because my sisters did not give up on me, I have the courage to show others suffering from depression the path I found, offering it to them should they find it helpful for their own journey through life.



Ah to tear away once and for all—
to rip my heart out of my breast
and toss to the stars. . . .
This heart so dark and full of
sadness—
this heart so full of alienating pain—
this heart alone against so many feelings—
corrupted by dreams and imaginings—
forsaken by promise and tender words.
So slowly turned to stone . . .
and now this quaking—

the urge to break forth . . .
to soar to the heavens and freedom.
And where will “i” be when
you take sudden flight—
will you take me with you
on your wings of pearl?

Sr. Thomas Halpin, FSP
April 24, 1994

CHAPTER 1

“What’s Wrong with Me?”

“I don’t want anyone to know I feel this bad, but sometimes I don’t even want to get out of bed.” *Cheyenne*



“When I was depressed I felt like a non-person, a burden. The darkness engulfed and suffocated everything. Certain few “true” friends who knew and loved me threw out lifelines that I was able to grab hold of. I still prayed even though it seemed useless. But one day Jesus’s message shouted through the weltering gloom that he too had experienced the same darkness on the cross. Those last moments were actually the depth of darkness for him, feeling even his Father disowned him. As hard as I tried, I couldn’t find life in this inspiration. I couldn’t believe that his situation could touch mine. I shared this with a friend and her response was one of those lifelines: ‘Well, if you can’t believe right now, let me believe for you. Put your trust in my belief that it is true.’” *Anne*

One day a friend shared with me: “Depression was a swirling black hole that sucked me in until I was in well over my head and drowning. The energy needed to fight against

it was immense and at times I just let it take over. I was so tired.”

I could relate when I heard this. Though my experience of depression had been different, and though each person’s symptoms of depression and struggle to survive are unique—it is not difficult to resonate with the story of inner sorrow created by depression when we hear it.

The most difficult thing about taking the first steps toward surviving depression is allowing oneself to *learn* about depression, to stop running, cease the inner chatter by which we try to convince ourselves we are fine, and face the possibility that we may be depressed. In this first chapter I want to lay out simply what depression is, its symptoms and characteristics, the dynamic it creates in our lives. The hardest step, then, will be behind us. The rest of the book can be read with a growing inner peace that opens up the heart to inspiration, courageous insight and resolve, and, above all, to grace.

What Is Depression?

Depression has been called the common cold of mental disorders.

Everyone experiences situations or events in their life that make them sad for a few days, a few weeks, or even a few months. A death, a move, a change of job, graduating from college, or a loss of a pet can be painful and sad, but the feelings are relatively short-lived and not permanent. Depression, on the other hand, interferes with daily life and causes great distress for you and those around you for an extended period of time. Though depression is a common illness, it is a serious one and should be treated with the same care with which you would handle any other medical condition.

Depression affects more than your feelings. It affects your body, mood, thoughts, and the way you feel about yourself. It affects the way you eat and sleep. It influences your perspective on life, on yourself, and regarding others.

What Causes Depression?

Depression is most likely caused by a combination of genetic, biological, environmental, and psychological factors. Depressive illnesses are disorders of the brain. Some theories suggest that neurotransmitters, chemicals that brain cells use to communicate, are out of balance in someone who is suffering from depression. With brain-imaging technologies, such as magnetic resonance imaging (MRI), we can see that the brain of a person suffering from depression looks different from that of a person without depression.

Some types of depression run in families, but those who do not have a family history of depression can become depressed too. Scientists are studying certain genes or combinations of genes that may make some people more prone to depression.

Trauma, loss of a loved one, a difficult relationship, or any other stressful situation may trigger depression. A serious loss, chronic illness, financial problem, or an unexpected and unwelcome change may trigger a depressive episode. The deprivation of love in infancy or one’s early formative years, physical or sexual abuse, certain personality traits, and inadequate means of coping can increase the frequency and severity of depressive disorders.

Certain medications used for a variety of medical conditions may cause the onset of depression as a side effect. Specific medications used to treat high blood pressure, cancer, anxiety,

and seizures; contraceptives; and some sleep aids can bring about the onset of depression.

National traumatic situations and personal trauma, whether one was directly involved in the incident or watched from afar, can lead to depression. Profound disappointment and scandal can lead to disillusionment and depression.

Personal views we hold about ourselves can also trigger depression. Idealistic people are a gift to the human race. Their ideals and values articulate for the rest of us what we can become. Idealistic people, however, can set themselves up for depression. First, they may never seem able to reach their own ideals—and neither can anyone else—sometimes resulting in cynicism and depression. Second, idealistic people may actually achieve the ideals they have set for themselves, only to find that they must immediately set new and higher ideals to reach. Life becomes an endless chase after utopian dreams.

Because of our high ideals, Christians are sometimes prime targets for depression. High expectations about how to live reinforce ideals that can be unrealistic: *Christians never get angry. Christians never get divorced. Christian families don't have problems. God only loves Christians who are perfect. If we just had enough faith, we wouldn't need antidepressant medication. If we believed in the power of prayer, wouldn't we be happy?* We imagine what the ideal Christian should be and realize that we're not it. But we pretend that we are, sometimes at least. Eventually, however, the knocks of life break this false image of ourselves and we discover that we aren't what Christians "should" be. The tyranny of the image of the perfect Christian leads to its own type of depression, a depression that swirls around the fear that God doesn't love those who don't live up to "my"—not God's—expectations. By confusing God's expectations with our own, we are led to a sense of failure and defeatism.

We expect perfection of ourselves: “God, I thank you that I am not greedy, dishonest, and unfaithful in marriage, like other people” (cf. Lk 18:11). God, instead, extends the gifts of mercy and reconciliation.

Finally, the misunderstanding of others accentuates depression. No one with any sensitivity would expect a person with a broken leg to run a mile or carry a fifty-pound package. It’s more difficult, however, to understand and be sensitive to a person who is depressed. People suffering from depression may be afraid to admit they are feeling so low. Admitting this and pursuing counseling or medication would not only expose them to the stigma associated with depression or mental illness, it could also lead to isolation, possible job loss, and family misunderstanding. Often people suffering from depression remain locked in their fears, alone with their anxieties, pretending to be powerful, all the time wishing they could share with someone how badly they feel.

The Unique Experience of Depression

In women. Depression is more common among women than among men. Hormones directly affect the brain chemistry that controls emotions and moods and the hormonal changes associated with giving birth, menstruation, and menopause may be responsible for women being at a greater risk for depression. Women also face the stress of balancing work and home responsibilities, caring for children and aging parents, poverty, and relationship strains—all psychosocial factors that can contribute to a depressive illness in some women. Women who have been the victim of physical, emotional, or sexual abuse, either as a child or as an adult, are vulnerable to developing a depressive disorder. Women with depression have feelings of

sadness, worthlessness, and excessive guilt. Women tend to develop depression earlier than men and have depressive episodes that last longer.

In men. Men experience depression differently than women. Men are particularly sensitive to the depressive effects of unemployment, low socioeconomic status, and divorce. They are more likely to be tired, irritable, lose interest in activities that were once pleasurable, and have difficulty sleeping. They may become frustrated, discouraged, angry, and sometimes abusive. Men are also more likely than women to turn to alcohol or drugs, throw themselves into work, or behave recklessly when they are depressed.

In seniors. Seniors show less obvious signs of depression, often causing it to be overlooked. Feelings of grief and sadness can be difficult to distinguish from an ongoing experience of depression. Medical conditions such as heart disease, stroke, or cancer are more prevalent among seniors and may cause symptoms of depression. Medication can have side effects that contribute to depression. Blood vessels, which normally enable good blood flow to the body's organs, including the brain, can become hardened in some older adults, which can contribute to the suffering of depression.

In children. Children who develop depression often continue to have episodes of depression into their adulthood, especially if untreated. Since children are less able to express their feelings in words, they do so with their behavior. Children with depression are difficult to spot because the behavior they exhibit may be viewed as normal mood swings in children. Younger children may pretend to be sick, refuse to go to school, worry that a parent may die, or regress. Older children may sulk, get into trouble at school, be negative and irritable, exhibit persistent boredom, or develop anxiety. Some try to

compensate for their low self-esteem by trying to please others by getting good grades and having good relationships with others. Depression in teens comes at a time of great personal change, and it frequently co-occurs with other disorders such as anxiety, eating disorders, or substance abuse. Teens who are depressed may be more likely to take risks, show less concern for their safety, and commit suicide.

How Do I Know If I Am Depressed?

Sometimes it’s hard to tell if what one is feeling is, in fact, depression. Through the years, I have picked up books on depression with the secret thought: *Maybe this book will convince me that I really am depressed. Then I will at least know that I am not crazy.* . . . At other times I didn’t want information, hoping that the dark feelings inside would keep out of sight long enough so that I could fool myself into thinking everything was going to be okay. Some days I wanted to be able to name and understand the terrible feelings within me, other days I wanted to convince myself they weren’t there. People suffering from depression often swing back and forth between being sure they are depressed to being certain they *aren’t*, between wanting and *not* wanting to know the truth. How do you know if what you’re feeling is depression?

Depression affects our thinking, feelings, behavior, and physical well-being. We may experience problems with concentration and decision-making or we may become increasingly forgetful. Negative thoughts are characteristic of depression. Poor self-esteem, excessive guilt, self-criticism, and pessimism are common. Some people have self-destructive thoughts. Those with depression often feel sad for no reason at all. We lack motivation. We feel lethargic and tired, irritable and angry, and

helpless without much explanation. When we are struggling with depression we may withdraw from others and isolate ourselves, eat more or less than normal, and cry excessively. Work and household responsibilities suffer because we don't feel like doing anything. Chronic fatigue, despite more sleep, is common. Some people can't sleep and lay awake for hours at night staring at the ceiling; others sleep most of the day, although they still feel tired. Many lose their appetite, feel restless, and complain of aches and pains.

To begin with, you might ask yourself the following questions:

- Have I become moody, or do I have a significantly strong melancholic mood most of the day, every day?
- Have I lost interest in people and activities?
- Have I gained or lost a significant amount of weight in the recent past?
- Do I have problems falling asleep, or do I wake up unbearably early?
- Do I find that all my thinking is concentrated on surviving the day at hand or with wondering what is wrong with me?
- Do I feel tired all day?
- Do I feel like doing nothing?
- Do I feel little or no energy?
- Do I use drugs, alcohol, pornography, sex, or any other addictive behavior to avoid dealing with reality or to escape my emotions?
- Do I have trouble concentrating?
- Do I see only bad things when I look at myself?

- Do I have recurring thoughts of death and suicide?
- Do I feel abnormally restless?
- Do I cry a lot?

Depression usually carries the stigma of failure. The suggestion by others that one might be feeling depressed is often perceived as an “accusation,” a statement about one’s inner weakness. “I am not depressed, I’m just down,” a depressed person may state, with a stiff upper lip. “I have nothing to be depressed about. How could I have depression?” The person suffering from depression may actually believe that he or she is not depressed. It is hidden from oneself most of all.

Jesus Made Tears Sacred

Persons suffering from depression experience their own vulnerability in a particularly profound way: an experience no one likes, but everyone needs. Jesus made himself vulnerable. He shed tears in his life, died as an apparent failure, left this earth with only a handful of followers who had earlier deserted him. As he hung on the cross, he had only his trust in his Father, the one possession of which nothing could deprive him. Jesus made tears sacred because he cried. He knew the agony and the frustration of our problems. He chose to bear all that is human, and as a man with our human nature he brought us with him on his return to the Father. The One who sits at God’s right hand knows what it is to cry. He preached an upside-down world in which the poor, the marginalized, the suffering, those who agonize through emotional pain, are the first, the guests of honor, and the privileged.

The vulnerability of depression doesn’t feel holy. It feels like hell. There seems to be no light toward which to walk. There

seem to be no options. There often seems no reason to live. Few experiences expose us to our own vulnerability in such a sharp way.

In the winter of 1829, Francis Libermann, a young seminarian studying at Saint Sulpice in Paris, began experiencing excessive fatigue. It became more and more difficult to handle his emotions. Assuming that his studies in theology were wearing him out, he followed his doctor's advice and began to absent himself from his classes in order to take extra time to rest. As the weeks wore on, however, Libermann began to feel increasingly uneasy, as he had a foreboding that there was something seriously wrong with his health.

One day, while visiting another seminarian in the infirmary, a wild shock ripped through his body. Francis fell to the ground in an epileptic fit. When he awoke several hours later, lying on an infirmary bed, Francis felt as if someone had beaten him with clubs. His head throbbed and his eyes were unable to focus. Accustomed as he was to turning to Jesus as his model for life, Francis turned to the Lord to whom he had given his life and prayed, "It is well, O Lord, that you have permitted me to be subject to all this. I am in the midst of torment, but I will not yield to despair."

When the doctor visited Francis, he was surprised to see the young man serene and smiling. Epileptic attacks usually leave their victims feeling gloomy, depressed, and hypersensitive, but the doctor was amazed that the young seminarian exhibited none of these emotional states. Shortly after the doctor left his patient, however, anxiety began to creep into Libermann's thoughts. Panic over whether his condition would force him to give up his dream to be ordained a priest rolled into feelings of morbid guilt and fear that this illness was God's punishment for something he had done. Such floundering back and forth

between peace and despair became all-too-familiar to Francis, whose battle with depression lasted the rest of his life.

With time, the epileptic seizures increased. Libermann began to call his mysterious torment “my beloved malady.” When he felt engulfed by depression, Francis turned to the chapel or hid in his room, kneeling in prayer, waiting for the black clouds to scatter. He counteracted the anxiety that accompanied the onset of his seizures with a peaceful abandonment to the love of God. Though Francis determined to accept this turn in his health with trust and a peaceful love, the undercurrent in the ocean of his moods was one of loneliness, failure, and discouragement. Once when crossing over a bridge in Paris in the company of another seminarian who was trying to encourage him, Francis stopped abruptly and said: “It is all very well to give these advices when you yourself are happy and peaceful. It is easy to perceive by your tone and by your appearance that you have never passed through such trials. . . . Ah! . . . God grant that life may never be such a burden to you as it is to me.”¹ The depression often tempted him to throw himself off a bridge into the Seine River. The dark waters seemed to call to him to finally be done with the misery of his life. The temptation was strong, almost irresistible, and he would have to hurry across the bridge, lest he give in to the siren call of the waters that seemed to promise peace. Francis Libermann once confessed that he never crossed a bridge without the urge to cast himself into the waters below. The uncontrollable urge to end his miserable life was so strong that even in his room he never kept a knife or sharp object within reach.

Eventually his superiors reluctantly dismissed Libermann from the seminary. Francis’s suffering, however, made him a master at understanding the struggles and sufferings of others. Gradually, seminarians began coming to him for spiritual

guidance, and he became the novice master of the ecclesiastical Society of Jesus and Mary, more commonly known as the Spiritans, founded by John Eudes for the education of priests for the missions. In time, Libermann would gather a group of individuals together to form a small religious community to minister to newly freed slaves in Haiti, Reunion, and Mauritius.

Francis Libermann traveled to Rome in 1838 to request permission to form and direct this new congregation. While there, he had an audience with Pope Gregory XVI, who, upon blessing him, uttered the prophetic words, “*Sará un santo* (he will be a saint).” With Vatican approval, the new congregation was begun, and on Pentecost 1841, Libermann was finally ordained a priest.

Insist on God’s Love for You

Libermann had learned that every experience in life, even the most discouraging and defeating, can be the breath of the Spirit, because our sufferings do not define who we are. Francis Libermann is especially suited as a guide for those who suffer depression. He wrote to the Superior of the Convent of the Immaculate Conception (Castres), in August 1843: “Many people are lost through discouragement. This is the universal evil especially among the devout.”² He encouraged tolerance of those who were struggling, urging gentleness so as to reach and heal the heart of the one suffering depression through encouragement.

Throughout Libermann’s life, it was his personal experience of suffering, beginning from his youth, that had made him a gentle and insightful assistant to those who suffered. Today his cause is up for canonization.

Suggestion for prayer

Pray the first sorrowful mystery of the Rosary, the Agony of Jesus in the Garden. Pray this decade of the Rosary gently—one Our Father and ten Hail Marys—and give yourself a chance to stay with Jesus in his sorrow and tears. Enter into Jesus and see, from the inside, what he is feeling as he prays to his Father for help. Then allow Jesus to feel, from the inside, what you are feeling. Listen to what Jesus has to say to you.



For one who is depressed

Make a chart of the factors that could be important to understanding your depression.

Start to write your own story. Note major events, prayer experiences, dreams, inspirations, sudden turns in the road, surprising discoveries.

For a friend

Set aside a few hours every other week just to visit with someone who is depressed. Provide a welcome distraction by bringing over your pet if you have one. Listen and show your understanding. Invite your friend to a movie, take him or her out for ice cream, or go for a walk together.



Some symptoms of depression

- crying
- anger
- weight loss or gain
- fear and anxiety
- violent mood swings
- withdrawal
- irritability
- hopelessness
- feelings of guilt
- oversensitivity
- bursting into tears
- feelings of inadequacy
- change of sleep patterns
- uncontrollable feelings of despair
- no interest in food, or unusual overeating
- apathy
- feeling worthless
- lacking all motivation
- sense of futility