Book Review

Catholic Guide to Depression. By Aaron Kheriaty, M.D., with Fr. John Cihak, S.T.D. Manchester, NH: Sophia Institute Press, 2012. 247 pp.

Clinical depression is expected to become the second leading cause of disease burden globally within twenty years (xviii). Patients of faith are often either ambivalent about seeking help for clinical depression or actively resist doing so. Those who do seek care are often concerned that the psychiatrist will either not respect their faith or actually undermine it in some way. Such concerns are not unjustified as Freud's anti-religious bias still casts a shadow over modern psychiatry and surveys show that physicians who practice psychiatry are the least religious physicians among medical specialists (xxxiv). In the *Catholic Guide to Depression*, psychiatrist Aaron Kheriaty, along with Fr. John Cihak, STD, address directly these common patient concerns, as well as a countervailing tendency in some patients to assume that depression is exclusively an issue in the spiritual life.

Dr. Kheriaty's introduction attempts to situate the mental disorder of clinical depression and its treatment within the wider context of various polarities, including science and religion, soul and body, and sin and suffering. Not surprisingly, he advocates for a comprehensive and balanced approach—essentially a bio-psycho-social-*spiritual* model—incorporating what is valuable across disciplines, with special emphasis on the unique answer of Christianity to the problem of suffering, especially the mental anguish of clinical depression. Such an approach is most consistent with both the substantial unity of soul and body (a philosophical insight elevated to doctrinal status by the Council of

Vienne in 1312) and the personhood of human beings (a notion unknown to the ancient world before Christianity), which connotes the radical uniqueness and inherent relationality of each individual.

The book is divided into two parts. The first part is devoted to understanding the phenomenon of clinical depression. Chapters are devoted to the types of depression and their causes (1), depression and the spiritual life (2), depression and related disorders (3), and depression, and suicide (4). The second part of the book deals with overcoming depression. There are chapter-length reviews of medications and other biological treatments (5), psychotherapy (6), and spiritual help (7). The final chapter, entitled "Divine Filiation and the Virtue of Hope," explains how sanctifying grace elevates human nature to a participation in the Trinitarian Life so that we can truly call God "our Father" (8). What that means with regard to the loving presence of the Father for those suffering from depression is conveyed through an outstanding analysis of the film "Signs," one of the best modern movies for conveying a Catholic understanding of the particular providence of God and his sacramental (small "s") presence in physical things and events, especially human suffering. Christian meaning, hope, and gratitude emerge as key dispositions for confronting and healing not just the suffering caused by depression, but any form of suffering.

The author tries to demystify psychotherapy as primarily a therapeutic relationship

meant to mobilize the patient's internal resources for healing and growth (135). Referencing St. Teresa of Avila's preference for a knowledgeable spiritual director over a holy one, the author opines that a therapist who is Christian does not guarantee clinical competence and that a skilled therapist is better than none (139). Particularly apropos is his comparing psychotherapy for psychological problems to healing a physical wound: both require some painful probing, but a scar is ultimately better than a spreading infection (149–50). Aware that any psychotherapy is a form of applied philosophy and that sometimes depression is “anger turned inwards,” the author discusses the importance of forgiveness for both psychological and moral healing (151). The author is aware that Catholic doctrine, far from being psychologically constraining, is actually conducive to mental health because it is true. Most psychiatrists have encountered suicidal patients whose chief obstacle to suicide is a fear of damnation, an example of how even a so-called “negative” doctrine can actually be life-saving. The author does not mention Purgatory, but even this doctrine means that a grieving person can still *do something* for the deceased through prayer and sacrifice, which, in turn, can help attenuate for the one grieving any ambivalent, unresolved, or guilty feelings for the deceased. The Catholic understanding of guilt as a *normal* response to moral transgression is also conveyed (162). Guilt is a sign of a live conscience which can help prevent further sin or damage to the soul, just as physical pain can be a normal signal of real or potential physical damage. Certainly excessive or ongoing pain or guilt can be pathological, but the inability to experience pain or guilt can also lead to, respectively, more physical damage or sinful behavior.

Chief among the many merits of this book is the fact that it is unapologetically Catholic. The authors could have watered down the distinctively Catholic features in the hope of

appealing to a broader Christian audience, serving ecumenical outreach, or just boosting sales. Instead, the authors understand the value of the fullness of revealed faith, doctrine, and grace deposited in the Catholic Church for supporting mental health and surviving clinical depression, discussing such topics as the reality and profound impact of Original Sin (42–44); the Incarnation, Passion, and Death on the Cross, and Resurrection of Christ as the mysterious antidote to the problem human suffering (48–56); the importance of Baptism and Confession for acquiring and maintaining the state of grace and the presence of the Holy Spirit, Who elevates and heals human nature *from the inside* (76, 204); the centrality of Mass and Holy Communion for objectively uniting with Christ, extending His sacrificial suffering and sanctifying one's life (190, 191, 221, 222); the reality of natural law (90); the operation of Divine Providence (174); the importance of virtues and vices as habitual influences on both psychology and spirituality (169–72); the possibility of damnation (101–103, 219); and the value of good works and generosity (198–200).

A clarification needs to be made regarding the authors' contrasting the “natural” cardinal virtues (prudence, justice, temperance, and fortitude) with the three theological “supernatural” virtues (faith, hope, and love) leading to “the Good itself” (170). Actually, there are also *supernatural* cardinal or moral virtues infused at baptism along with the theological virtues and the gifts of the Holy Spirit (*Catechism of the Catholic Church* 1997, no. 1266). The supernatural cardinal virtues perfect the intellect, will, and sensitive appetitive powers of the soul along with the natural cardinal virtues, but they are directed to man's supernatural end—not directly, as with the theological virtues, but *indirectly* by removing obstacles to union with God and also initiating that union (Tanquary 2000, 549). The natural cardinal virtues give the power to act well *naturally*, which is why persons not In

the state of sanctifying grace can act virtuously, although they do not acquire supernatural merit (André Marie 2008).

The authors are careful to not reduce depression to sin, spiritual failure, and/or divine punishment. On the other hand, David Franks, Ph.D., in his foreword to the book may go too far in separating sin from suffering when claiming that “innocence of the depressed one is the key” (xi), describing the depressed person “an innocent in hell” (xiii), and comparing the suffering of depression to the substitutionary suffering of innocent children (xiv). It is a doctrine of the faith that even infants are born with original sin and that a “just man shall fall seven times” (Prov 24:16). A careful balance is needed when addressing the interface between suffering and the mystery of iniquity. The suffering of depression should not be reduced to personal guilt, but at the same time no man is truly innocent.

A few technical clarifications should be made. The book was published in 2012; therefore, it predates the publication of DSM-V in 2013. Some mental disorders are no longer classified as anxiety disorders, such as Posttraumatic Stress Disorder, which has been moved to a new chapter called “Trauma- and Stressor-Related Disorders” and Obsessive-Compulsive Disorder, which is now categorized under “Obsessive-Compulsive and Related Disorders.” Dysthymia is now called Persistent Depressive Disorder and can mean not just a mild chronic depression but also chronic major depression. There is no longer a bereavement exclusion in DSM-V, which means that significant depressive symptoms following the death of a loved one should not be dismissed as “normal grief.” There are also new clarifications for diagnosing bipolar disorders. Also, although antidepressant medications are commonly distinguished from other habit-forming medications (115), such as benzodiazepines, certain antidepressants do have a withdrawal syndrome.

Finally, the warnings about increased suicide risks for adolescents using antidepressants (118) have been extended to age 24.

Overall, the *Catholic Guide to Depression* is a fine, balanced account of clinical depression and its treatment by psychiatrists, integrating various polarities, including science and faith, psychiatry and religion, clinical depression and Catholicism, as well as philosophical psychology and the theology of suffering. The book avoids the Scylla of reducing depression to an exclusively biological (brain) disorder to be treated by often irreligious practitioners, as well as the Charybdis of viewing it as an exclusively spiritual disorder—such as acedia or sloth (59–62)—to be treated by a priest. It is to be recommended for informing and assuaging the concerns of patients legitimately wary of psychiatrists who treat on the natural level the most intimate faculties of the human person, namely the emotions, intellect, and will. The book will convince the person suffering from depression to seek help from a professional and competent psychiatrist respectful of that person’s faith even if it is not shared, as well as from the grace and truth of the Catholic faith.

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