

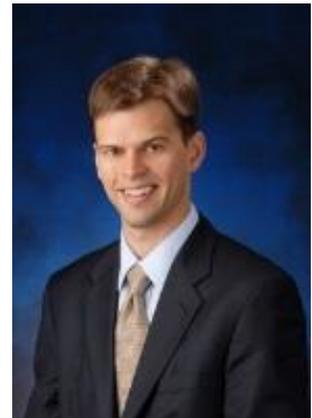
Loneliness, Mental Health, and Our Society

An interview with Dr. Aaron Kheriaty

Dr. Aaron Kheriaty is the author of *The Catholic Guide to Depression: How the Saints, the Sacraments, and Psychiatry Can Help You Break Its Grip and Find Happiness Again* (Sophia Institute Press). He is associate professor of psychiatry at UC Irvine School of Medicine and director of the Medical Ethics Program at UC Irvine Health. In the following interview, Dr. Kheriaty answers some questions about mental illness and the Catholic response. The interviewer is Valerie Schmalz, director of the Office of Human Life and Dignity at the Archdiocese of San Francisco.

Question: Dr. Kheriaty, the Catholic bishops of California have just released a pastoral letter entitled *HOPE AND HEALING*, addressing what they call “the heartbreaking prevalence of mental illness in our society.” You were one of their consultants on this project. The first question is, **Why now? What has prompted the California bishops to address this issue now?**

Dr. Aaron Kheriaty: Mental health problems are becoming more common in society today: we are seeing rising rates of depression, anxiety, and suicide, as well as the devastating effects of the opioid crisis and deaths by drug overdose. These forms of suffering and devastation in people’s lives and in society call for a robust and compassionate response. The Church calls us to continue Christ’s work in the world, and this includes his ministry of healing and hope for those who suffer from illness of any kind.



Also, it seems to me there are more Catholics interested today in talking about mental health, and exploring the relationship between mental health and spirituality. I meet many Catholics who are dealing with mental health challenges and who want to seek treatment from a psychiatrist or psychologist who shares their religious or moral convictions. The reasons for this are not difficult to understand. In the past few years we have seen initiatives in various parishes springing up to help support those who struggle with mental illness and their families and loved ones. These are positive developments, and this document from the California bishops will help to support these initiatives and encourage more like them.

I believe this document is a unique contribution toward overcoming unjust stigma around mental health. It’s the first document from American bishops, that I am aware of, that addresses this issue directly. I anticipate this statement from the bishops will provide consolation to many Catholics who suffer from mental illness, as well as their families who struggle to care for them. It is important that these members of the Church feel that their experiences are understood by our pastors, that their unique forms of suffering matter, and that Catholics are committed to walking in solidarity with them.

Question: Why does it appear the incidence of mental illness and of suicide is rising so much in our society?

Dr. Aaron Kheriaty: Rising rates of suicide, drug abuse, and depression can all be traced to increased social fragmentation. Since the 1980s, reported loneliness among adults in the U.S. increased from 20 percent to 40 percent. The recently retired surgeon general announced last year that social isolation is a major public health crisis, on par with heart disease or cancer. He noted that loneliness is associated with increased risk of heart disease, stroke, premature death, and violence. It works in a way comparable to smoking or obesity: increasing a whole host of health risks and decreasing life expectancy. Even where familial or other social connections remain intact, these ties are often weaker and the mutual obligations less binding today than in decades past.

Economic explanations alone cannot account for the rise in depression and suicide. Adolescent suicide is equally common among the very wealthy and the very poor. The rise in suicides stems from weakening family structures, the widespread loss of spiritual fulfillment and a diminished sense of transcendent meaning and purpose that many people today face. Family is the first society in which we gain social identity and security, and its declining fortunes have left many Americans vulnerable to despair. While overall divorce rates have declined modestly since a peak in the 1980s, divorce rates remain high for those without a college degree, and more Americans are simply opting out of marriage entirely.

In recent times, America has experienced both a weakening of social connections and rapid forms of cultural change. Sociologists have documented a dramatic decline in social capital—the fabric of connections to family, friends, neighbors, and mediating institutions of society—over the past several decades. There has been a loss of blue-collar jobs (with an attendant loss of responsibility and social esteem for men), changing roles and expectations for women, increasingly unstable family structures, isolated suburban living, and absorption in television and the Internet.

Question: What does the Church teach about someone who commits suicide?

Dr. Aaron Kheriaty: The Catholic Church has a clear and firm, but also pastorally sensitive approach, to the tragedy of suicide. The Church teaches that suicide is a serious sin against charity and justice. The Church also teaches, however, that “we should not despair of the eternal salvation of persons who have taken their own lives.” As the Catechism says, “By ways known to him alone, God can provide the opportunity for salutary repentance”. The Catechism goes on to say that “the Church prays for persons who have taken their own lives.”

Question: What direction do you think the institutional Church should take in addressing this issue?

Dr. Aaron Kheriaty: The Church provides hope—real, sustaining hope, not ersatz comfort that quickly fades—in a world that is tempted to demoralization and despair. The Church will lead by reminding all of us of the inherent dignity of every human person, a dignity that cannot be demised by any illness or affliction, including mental illness. The Church also reminds us that every human life matters, even lives that have been shattered by addiction, abuse, trauma, or anguish. God created each one of us in love, and Christ died to redeem everyone: so every person matters, and in Christ, there is hope for every

person. We can find God even in this valley of tears. The Church continues the work of the Holy Spirit across time in order to show each person the way to Christ, who is the answer to our deepest human longings and aspiration.

Question: In some parts of California, it can be difficult to find a mental health professional who supports Catholic teaching. What is the prudential approach to finding a professional who will help with a psychiatric issue but not steer a client in a direction that can be morally harmful and therefore also mentally damaging?

Dr. Aaron Kheriaty: Many Christians who suffer from depression naturally have a preference for finding a therapist who shares their religious convictions. Some patients have had counterproductive or distressing experiences with therapists who contradicted or blatantly disparaged their religious beliefs, or who discounted their moral convictions. Patients should be aware that advice proffered by the therapist will be colored by the therapist's own worldview, and may be distorted by the therapist's own biases. Since the quality of the therapeutic relationship, which includes above all the element of trust and confidence, is central to the success of the psychotherapy, and since a person in a vulnerable state is liable to be harmed by following bad therapeutic advice, it is important to find a therapist who is trustworthy. The right fit is the foundation for effective psychotherapy.

Yet shared religious and moral convictions alone do not guarantee a trustworthy therapist. He or she must also be well trained, competent, compassionate, and skilled in the difficult and demanding craft of psychotherapy. When therapy is warranted and a competent Christian therapist is not available, a skilled therapist who respects and honors the patient's religious and moral convictions is, in my opinion, preferable to no therapist at all. It is worth citing here St. Teresa of Avila's opinion regarding spiritual direction. If she had to choose between a holy spiritual director and a knowledgeable spiritual director, she said that she would opt for the knowledgeable one.

The situation on our streets, and sometimes in our own families where there are people with mental illness, can seem overwhelming. What is the Christian approach? How does an individual respond without losing their own sense of balance? In other words, what can one person do?

Dr. Aaron Kheriaty: As solidarity and mutual affection diminish in our public spaces, as loneliness grows in the lives of so many people, the small lights emanating from cohesive communities of Christians—grounded in faith and motivated by charity—will shine the brighter. The love between one lonely individual and another will become all the more precious in a world stripped bare of love. We should not underestimate the impact of even small acts of kindness or concern for our neighbor. In the earliest days of Christianity, St. Paul wrote to the community of the faithful, “You have died [in baptism], and your life is hidden with Christ in God” (Col 3:3). Because our life is hidden, we cannot know the full effects of even our smallest gestures. A few years ago, a man in his thirties took his own life by jumping off the Golden Gate Bridge (as over fifteen hundred other people have done since this bridge was built). After his death, his psychiatrist went with the medical examiner to the man's apartment, where they found his diary. The last entry, written just hours before he died, said, “I'm going to walk to the bridge. If one person smiles at me on the way, I will not jump.”