ISSUE FOUR—SUMMER *St. John Vianney Grief Ministry*

Grieving with Great Hope

Dear St. John Vianney Parishioner,

I am honored to share *Grieving with Great Hope — Summer*, the final issue in a series of the four seasons of grieving. Finally peace comes and you can reminisce about your loved one without reactivating the pain. You feel able to integrate these changes into the new you and face your own future. Life opens up with value and meaning again; you can enjoy, appreciate and anticipate events. You are willing to let the rest of your life be all it can be.

The St. John Vianney Grief Ministry was started as a way to partner with you while grieving. Since no two types of grief or loss are exactly the same, we have expanded upon types of grief to consider in our newsletter; this issue examines mental illness, suicide and suffering. The complexities of these three topics are rife with misconceptions and stigmas. The importance of having an honest discussion cannot be overstated. It is our desire that you will hear the voice of our merciful Lord, as you read these articles by trained experts from a Catholic viewpoint: Aaron Kheriaty, MD and Fr. Tad Pacholczyk, Ph.D. Included on page four are mental health, suicide and end-of-life resources.

As believers in our Lord, Jesus Christ, and His salvific sacrifice on the Cross for us, discussing grief cannot transpire without mentioning its transformative nature. The great mystic, St. Teresa of Avila said, "love is the measure of our ability to bear crosses." Hardships borne with love and in union with the suffering Christ produce immense spiritual growth. Embrace the cross, and be transformed, while grieving with great hope.

Blessings and peace,

Mair Moran
Grief Ministry Chair

Special thanks to Hospice: *The Seasons of Grief*

Depression and Suicide — A Catholic Perspective

National Catholic Register

Aaron Kheriaty, MD

As a psychiatrist, I had been aware, prior to his death, that Robin Williams struggled with a severe mood disorder — depression or bipolar disorder, depending on the source of the reporting — along with related problems with drug dependence.

The vast majority of suicides are associated with some form of clinical depression, which in its more serious forms can be a sort of madness that drives people to despair — leading to a profound and painful sense of hopelessness and even delusional thinking about oneself, the world and the future.

I knew all of this, and yet his death still shocked and surprised me, as it shocked and surprised so many others. Williams seemed to be the consummate humorist, the funny man who would be just so much fun to be around. Unlike some comedians who trade only on irony and cutting humor, Williams appeared to us as a warm, big-hearted, endlessly fun, brilliantly quick, incredibly talented man. Though he was a celebrity, he was the kind of person that people felt like they knew — like the cousin everyone just adores and hopes will show up at the family reunion. Williams was the kind of guy that people wanted to be friends with, the kind of person that one wanted to invite to the party. This is not the typical stereotype of mental illness, which is why the typical stereotype must be relinquished: Quite simply, it is false.

Mental illness can afflict anyone, of any temperament and any personality. In the wake of his death, the strange truth gradually began to sink in:

In spite of outward appearances, Williams' mind was afflicted by a devastating disorder that proved every bit as deadly as a heart attack or cancer. He suffered in ways that are difficult for most people to imagine.

Why couldn't Williams see himself as others saw him — as a person of immense gifts and talents, a man who stood at the pinnacle of achievement in the world of comedy and entertainment?

Why couldn't he see himself as God saw him — as a beloved child, a human soul of immense worth, a person for whom Christ died?

This is the tragedy of depression, which is so often misunderstood by those who have not suffered its effects.

Novelist William Styron — whose memoir *Darkness Visible* represents one of the best first-person attempts to describe the experience of depression — complains that the very word "depression" is a pale and inadequate term for such a terrible affliction. It is a pedestrian noun that typically represents a dip in the road or an economic downturn. Styron prefers the older term "melancholia," which conjures images of a thick, black fog that descends on the mind and saps the body of all vitality.

Indeed, the title of his book — *Darkness Visible* — comes from Milton's description of hell in Paradise Lost. We're not talking about hitting a rough patch in life or the everyday blues that we all experience from time to time. We are talking about a serious, potentially fatal, disorder of mind and brain.

Fortunately, in most cases, depression is amendable to treatment. Because the illness is complex — involving biological, psychological, social, relational and, in some cases, behavioral and spiritual factors — the treatment likewise can be complex. Medications may have a very important role, but so do psychotherapy, behavioral approaches, social support and spiritual direction. (I attempt to describe these multiple perspectives for understanding and overcoming depression in my book, *The Catholic Guide to Depression*.)

In some cases, hospitalization may be necessary, especially when an afflicted individual is in the throes of suicidal thinking or when one's functioning is so impaired from the illness that he or she has difficulty getting out of bed or engaging in daily activities. For the severely depressed person, even brushing one's teeth can seem like an almost impossibly difficult chore.

This level of impairment is often puzzling to outsiders — to the spouse or parent who is trying to help a loved one. Unlike a cancer or a broken bone, the illness here is hidden from sight. But the functional impairments can be every bit as severe.

I recall one patient, a married Catholic woman with several children and grandchildren, who had suffered from both life-threatening breast cancer and from severe depression. She once told me that, if given the choice, she would choose the cancer over the depression, since the depression caused her far more intense suffering. Though she had been cured of the cancer, she tragically died by suicide a few years after she stopped seeing me for treatment.

Depression is neither laziness nor weakness of will, nor a manifestation of a character defect. It needs to be distinguished from spiritual states, such as what St. Ignatius described as spiritual desolation and what St. John of the Cross called the dark night of the soul.

Tragically, even with good efforts aimed at treatment, some cases of depression still lead to suicide — leaving devastated family members who struggle with loss, guilt and confusion.

The Catholic Church has a morally clear but pastorally sensitive teaching on suicide (I refer interested readers to Sections 2280-2283 of the Catechism for a nuanced presentation).

The Church teaches that suicide is a sin against love of God, love of oneself and love of neighbor. On the other hand, the Church also recognizes that an individual's moral culpability for the act of suicide can be diminished by mental illness, as described in the Catechism: "Grave psychological disturbances, anguish or grave fear of hardship, suffering or torture can diminish the responsibility of the one committing suicide."

The Catechism goes on to say: "We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives."

Robin Williams' death — like the death of so many others by suicide who have suffered from severe mental illness — issued from an unsound mind afflicted by a devastating disorder. Depression affects not just a person's moods and emotions; it also constricts a person's thinking — often to the point where the person feels entirely trapped and cannot see any way out of his mental suffering. Depression can destroy a person's capacity to reason clearly; it can severely impair his sound judgment, such that a person suffering in this way is liable to do things, which, when not depressed, he would never consider. Our Lord's ministry was a ministry of healing, and in imitation of Christ, we are called to be healers as well. Those who suffer from mental-health problems should not bear this cross alone. As Christians, we need to encounter them, to understand them and to bear their burdens with them.

We should begin with the premise that science and religion, reason and faith are in harmony. Our task is to integrate insights from all these sources — medicine, psychology, the Bible and theology — in order to understand mental illness and to help others to recover from it. In cases where recovery proves difficult or impossible, we pray for the departed and never abandon those who still struggle.

Aaron Kheriaty, M.D., is associate professor of psychiatry and human behavior at the University of California-Irvine School of Medicine. He is the co-author with Msgr. John Cihak of The Catholic Guide to Depression. ✦

COMING in SEPTEMBER

The *Grieving with Great Hope* ***six-week workshop*** is coming soon! We will meet **Tuesday from 4:00 to 5:30 pm** at St. John Vianney Church, 180 St. John Vianney Lane, Sedona, 86336
September 14, to October 19.

Each session will include a speaker, small group discussion and end with refreshments and fellowship.

Register online at: *sjvsedona.org/grief-ministry/*

or contact Maria at SJV Church: **928 282-7545**

We look forward to meeting you.

The Authentic Transformation of Useless Human Suffering

Father Tadeusz Pacholczyk

When a sharp object pokes us, we instinctively pull away. When the unpleasant neighbor comes up on caller ID, we recoil from answering the phone. Our initial response is to avoid noxious stimuli and pain, similar to most animals.

Yet when dealing with painful or unpleasant situations, we can also respond deliberately and in ways that radically differentiate us from the rest of the animal kingdom.

We can choose, for example, to confront and endure our pain for higher reasons. We know that a needle will hurt, but we decide to hold our arm still when getting an injection because our powers of reason tell us it will improve our health. We know the pain of talking to our difficult neighbor, but we figure that we should rise to the challenge and do it anyway, attempting to build peace in the neighborhood.

We can also approach our pain and suffering in unreasonable ways, driven by worry and fear. When we suffer from a difficult relationship, we can turn to drugs, alcohol or binge-eating. When we suffer from the pain of cancer, we can short-circuit everything by physician-assisted suicide.

How we decide to respond to suffering, whether rationally or irrationally, is one of the most important human choices we make. For many in our society, suffering has become a singular evil to be avoided at all costs, leading to many irrational and destructive decisions.

While physical pain is widespread in the animal world, the real difference for human beings is that we know we are suffering and we wonder why; and we suffer in an even deeper way if we fail to find a satisfactory answer. We need to know whether our suffering has meaning. From our hospital bed or wheelchair, we can hardly avoid the piercing questions of "why," as grave sickness and weakness make us feel useless and even burdensome to others. In the final analysis, however, no suffering is "useless," though a great deal of suffering is lost or wasted because it is rejected by us, and we fail to accept its deeper meaning.

Pope John Paul II often remarked that the answer to the questions of the meaning of suffering has been given by God to man in the Cross of Jesus Christ.

In the field of Catholic healthcare, the question of suffering arises with regularity, and while the dedicated practice of medicine strives to lessen suffering and pain, it can never completely eliminate it. The U.S. Conference of Catholic Bishops, in an important document called the Ethical and Religious Directives for Catholic Health Care Services, reminds us that "patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering."

The very concept of "redemptive suffering" suggests that there is much more to human suffering than meets the eye, and that it is not simply an unmitigated evil from which we should instinctively flee. Rather, it is a mysterious force that can mold us in important ways and mature us, a force we ought to learn to work with and accept as part of our human journey and destiny.

Each of us, in our pain and suffering, can become a sharer in the redemptive suffering of Christ. As children, we may have been taught those famous three words by our parents when pain and suffering would come our way: "Offer it up!" Those simple words served to remind us how our sufferings can benefit not only ourselves, but those around us in the mystery of our human communion with them. When we are immobilized in our hospital bed, we become like Christ, immobilized on the wood of the Cross, and powerful redemptive moments open before us, if we accept and embrace our own situation in union with Him.

Because of the personal love of the Lord towards us, we can in fact make a very real addition to His plan of salvation by uniting our sufferings to His saving Cross, just as a little child can make a very real addition to the construction of her mother's cake when she lovingly allows her to add the eggs, flour, and salt. While the mother could do it all unaided, the child's addition is real and meaningful, as the love of the mother meets the cooperation of the child to create something new and wonderful. In the same way, God permits our sufferings, offered up, to make an indelible mark in His work of Salvation. This transformation of the "uselessness" of our suffering into something profoundly meaningful serves as a source of spiritual joy to those who enter into it. For those who are in Christ, suffering and death represent the birth pangs of a new and redeemed creation. Our sufferings, while never desirable in themselves, always point towards transcendent possibilities when we do not flee from them in fear.

Father Tadeusz Pacholczyk earned a Ph.D. in Neuroscience from Yale University. He studied in Rome and completed advanced studies in theology and bioethics. Father Tadeusz is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center (NCBC) in Philadelphia, PA ✦

The NCBC was established in 1972 to address ethical issues in the life sciences and medicine. Following the official teaching of the Catholic Church, the Center will confidentially answer questions regarding ethical issues in health care and end-of-life decisions.

Resources:

End-of-Life Decisions

For questions about NCBC see: ***info@ncbcenter.org***

*Consultations free of charge are available on the NCBC 24/7 helpline (**215) 877-2660***

Mental Health

- National 24 Hour Crisis Hotline — ***1-800-784-2433***
- Northern Arizona Crisis Line / Crisis Response Network ***1-877-756-4090***
- National Alliance on Mental Illness (NAMI) **NAMIYavapai.org or NAMI.org**
- Other resources: **sjvsedona.org/grief-ministry**

Grieving with Great Hope

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For further information see Grief Ministry website:

sjvsedona.org/grief-ministry

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