

Psychotherapy and Religious Values

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Depression, Psychotherapy, and Hispanic Immigrant Charismatic Catholics in the U.S.

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Abstract: The article engages the topic of the religious values of Hispanic immigrant charismatic Catholics, or *carismáticos*, and how these values manifest when *carismáticos* suffer from chronic depression. Their religious values prompt *carismáticos* to understand chronic depression as spiritual misalignment, which in turn prompts spiritual realignment and religious healing as the most effective means to address this mental illness. As a result, the *carismáticos*' religious experiences lead them to conclude that psychotherapy is ultimately ineffective. While the *carismáticos* are beginning to make room for psychiatric medicine, they still perceive psychotherapists as holding values that irretrievably conflict with charismatic religious values. Engaging Bergin's 1980 article "Psychotherapy and Religious Values," this current article shares Bergin's concern regarding the rift between religious values and psychotherapist's values, and suggests the need for a more communal, religious approach to psychotherapy amongst practitioners of charismatic Catholicism.

Keywords: charismatic Catholicism, faith, healing, psychiatry, medication, prayer

In a low-rent apartment in a large Midwestern city, twenty-two people gather.¹ Juana and Luis, with their two young sons, welcome sixteen *carismáticos* – members of the parish charismatic prayer circle – and me, an ethnographer studying Hispanic immigrant charismatic Catholicism. The young son of two of the prayer circle members also joins us as we crowd into the small living room, with its torn, patched carpet and chipped paint. Some people stand beneath a large kickboxing trophy, while others sit beneath children's drawings taped to the wall and a large flat-screen TV. A few lounge on a couch beneath family photos and soda bottle flower vases, and the rest stand beside a wall-mounted, tinsel-adorned altar to the Virgen de Guadalupe.

Juana and Luis have marital problems. They sought the prayers and assistance of their *carismático* friends from the parish church, which prompted this evening's gathering. A lively prayer gathering ensues: singing and clapping, acting out song lyrics, Bible readings, preaching, and *alabanzas* – spontaneous, unscripted prayer spoken out loud by everyone in the group, producing a cacophony that rises and falls in volume. Towards the end of the evening, Juana and Luis kneel on the floor while the *carismáticos* lay hands on them and pray over them for several minutes.

Afterward, Juana and Luis speak to the group about their experience. Luis, a quiet man, offers a few reflections. Then Juana, with several *carismáticos* gathered around her, speaks at length about her struggles when she goes to church. She describes her experiences with phrases such as: "I go to church but it's hard work for me to enter;" "I felt something horrible, nasty, being in church;" "sometimes, the more I go to

¹ To protect the confidentiality of the research participants, this paper uses fictitious names and omits identifying information.

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church, the worse I feel;” and “it [gives] me a sense of despair that fear enters me, that I don’t want to enter the church.”²

The *carismáticos* respond with concerned support. They inform her unequivocally that she is suffering from depression, but that there are many resources available to her. Margarita, a mother in her forties, suggests using holy objects: holy water, exorcized salt, exorcized oil, or a St. Benedict medal. The women also encourage prayer. Verónica, a fashionable woman in her thirties, declares: “You need to defeat it yourself with prayer. Yes! With your rosary, with a prayer.”³ Silvia, the elderly matriarch of the group, also urges Juana to seek someone to pray for her: “When you go on Thursdays to the woman who prays for you, tell her to pray for you and you’re going to see how the Lord is going to take it away from you.”⁴ The *carismáticos* also emphasize the importance of turning to written resources. While one woman suggests a religious booklet entitled “How to Send Away Depression,” Alejandra, coordinator of parish *carismáticos*, is less enthusiastic about such writing. “Many times,” she reflected, “there isn’t much need of such books. The word of God is more than sufficient. You have to study the psalms.”⁵

Having offered these resources, Alejandra concludes with the heart of the matter, upon which all agree: “But more than anything you have to open your heart to vanquish all those fears in the name of the Lord, and look, ask him, ask the Lord.”⁶ Elaborating upon this idea, Margarita encapsulates the cure for depression with the following advice: “Take your Bible, read, pray the rosary, when you take communion offer that communion for your fears, when you drink the blood of Jesus, tell him to wash you, to purify your bad thoughts, all those things that you carry and that don’t let you turn yourself totally over to him. Offer it to him. Offer him all of it because I also experienced all those fears that made me afraid, but little by little I opened my heart to God and he had mercy on me, and thus as he had mercy on me also he’s going to have mercy on you and he transforms us little by little, he makes us new creatures, he gives us new clothing.”⁷

In his 1980 article “Psychotherapy and Religious Values,” Allen E. Bergin offers his perspective on an issue of great concern to him: the detrimental effects when the values of a psychotherapist and his or her clients are at odds. Specifically, Bergin states his concern that psychotherapists are unaware of, or at least unwilling to disclose, the “implicit moral doctrine” of their psychotherapeutic approaches.⁸ Furthermore, Bergin argues that the morality a therapist seeks implicitly, or even unconsciously, to promote may be at odds with the values of the client. This is particularly true, Bergin emphasizes, when the religious values of a client conflict with the often humanistic values of the therapist. It is of concern to Bergin that

2 “Yo voy a la iglesia pero me cuesta mucho trabajo entrar”; “Pero era algo horrible que yo sentía estando en la iglesia, feo”; “entre más voy a la iglesia más, a veces más mal me siento”; “me dio una desesperación que es un miedo que me entra que yo no quiero entrar a la iglesia.” Transcription of conversation after prayer circle meeting, July 2, 2013. This and all subsequent quotations are the author’s translation from Spanish to English.

3 “Necesita vencerlo usted misma con oración. ¡Aja! Con su rosario, con una oración.” Transcription of conversation after prayer circle meeting, July 2, 2013.

4 “Cuando vaya los jueves a la que ore por usted, dígame que ore por usted y va ver como el Señor se lo va a quitar.” Transcription of conversation after prayer circle meeting, July 2, 2013.

5 “Muchas veces no hay tanta necesidad de tantos libros. La palabra de Dios es más que suficiente. Usted tiene que estudiar los salmos.” Transcription of conversation after prayer circle meeting, July 2, 2013.

6 “Pero más que nada usted tiene que abrir su corazón a vencer todos esos miedos en el nombre del Señor, y mire, pídale, pídale al Señor.” Transcription of conversation after prayer circle meeting, July 2, 2013.

7 “Mete tu Biblia, lee, ponte a rezar el rosario. Cuando comulgues pues ofrécele esa comunión por tus miedos. Cuando tomes esa sangre de Jesús, dile que te lave, que purifique tus malos pensamientos, todas esas cosas que traes y que no te dejan entregarte totalmente a él. Ofréceselo. Ofrécele todo eso, porque yo también pasé por todo esos miedos que me daba miedo, pero poco a poquito, yo le fui abriendo mi corazón a Dios y él tuvo misericordia de mí, y así como tuvo misericordia de mí también va a tener misericordia de ti y él poco a poco nos va transformando, nos va haciendo nuevas creaturas nos da nueva vestidura.” Transcription of conversation after prayer circle meeting, July 2, 2013.

8 Bergin, “Psychotherapy and Religious Values,” 97.

amongst his psychotherapist colleagues, the discussion of values is “dominated by viewpoints that are alien to the religious subcultures of most of the people whose behavior we try to explain and influence.”⁹ Much has changed in the intervening thirty-five years. However, in some religious subcultures in the United States, from the perspective of the religious practitioners, psychotherapeutic values remain at odds with their religious values. The result is mistrust, and even open hostility, towards psychotherapy as a healing resource in cases of mental illness.

This article, based on an ethnographic study of Hispanic immigrant charismatic Catholics in a large city in the Midwestern United States, explores the fraught relationship between these religious practitioners, who name themselves *carismáticos*, and the field of psychotherapy. In particular, this article explores the *carismáticos*’ views on the cause of chronic depression and the effective means for addressing it, and why these perspectives lead *carismáticos* to reject psychotherapy as a resource for addressing chronic depression. This article argues that the centrality of religious values in the lives of *carismáticos*, and the clash between these values and a humanistic viewpoint, lead the *carismáticos* to conclude that irreconcilable differences remain between charismatic Catholicism and psychotherapy.

Method

This article is part of a larger study of *carismáticos* that seeks to gather the theological insights of this group. Through the diocesan website for the Spanish-language charismatic renewal, I contacted the coordinators of twenty parish prayer circles and requested permission to visit a prayer meeting. From those twenty, I chose the three most active prayer circles, explaining to each leadership committee my desire to attend events and conduct interviews in order to gain an understanding of their theological perspectives. Over the course of sixteen months I attended 113 events in a large city in the Midwestern United States. These events, in which I not only observed but also participated, included prayer meetings in houses and in churches, meetings of local and regional leadership teams, evening prayer vigils, day-long retreats on various themes, conventions, conferences, Pentecost celebrations, charismatic masses, evangelization events, preacher and leadership formation events, radio programs, concerts, a ten-week “Life in the Spirit” seminar, and a fundraising banquet. I also conducted interviews with 24 people. I made audio recordings of each event and interview, and the resultant transcripts, along with my extensive fieldnotes, comprise the body of data I used to reach my conclusions.

In order to remain as open as possible to topics most important to the *carismáticos*, I did not target any specific topic in events or interviews beyond asking what God is like for the *carismáticos*, how God acts in their lives, and how they form and strengthen their relationship with God. It was only after I had completed my fieldwork that I determined that depression, from a scholarly standpoint, was amongst the richest and most fascinating topics that arose. Undoubtedly my own background influenced the choice of this particular topic. My family has a pervasive history of mental illness in general and depression in particular. My own journey through wrestling with depression has included psychotherapy, psychiatric medications, and spiritual conversion. This personal experience piqued my curiosity about *carismáticos*’ perspectives on the interrelationship between depression, psychotherapy, and religious conversion.

Charismatic Catholics are best known to the general public for the dramatic aspects of their worship: speaking in tongues, prayer through laying on hands, and leaping and dancing during prayer meetings. Yet, the center of charismatic Catholicism is not observed on the outside, but rather what these practices represent: inner conversion and total surrender to a Lord who loves, protects, and accompanies them. Joy is the hallmark of conversion: perduring, deeply-rooted joy in a God who can and does transform lives.

⁹ Ibid., 103.

It logically follows that if joy is the hallmark of conversion, if one has truly converted, one should not be unhappy. For instance, a preacher at a regional convention declared: “It isn’t a right that a [*carismático*] gets depressed... because if I believe in Jesus Christ, I have problems but I am blessed... [and] the word of God says those who believe are blessed, are happy... those who believe are happy!”¹⁰ There is great enthusiasm for this belief that the *carismático* who truly knows God will be happy no matter what happens. Miguel, an exuberant man in his forties, elaborated on this during an interview: “A *carismático* is supposed to be a happy person, and I see most of them... crying. I say what kind of charisma [is that]? Do you say... the world’s supposed to be sad? *Carismático*! You’re supposed to be *happy*, you’re supposed to tell people what it is about Jesus in a happy way.”¹¹ Thus unhappiness, for the *carismáticos*, becomes a weighted indicator that the unhappy person lacks the joy that necessarily follows from encountering the saving Lord. The unhappy person has not undergone true charismatic conversion, and thus lacks the faith that would allow them to be happy, no matter their circumstances.

This *carismático* theological perspective on joy has deep-reaching implications for *carismáticos* who suffer from depression. The topic of depression arose at 30 of the 137 events I attended during the course of my fieldwork. At these 30 events, I recorded 33 *carismáticos* offering their theological perspectives on “*depresión*,” a word that maps similarly enough to its English cognate to warrant a translation as “depression.” The use of the word *depresión* amongst the *carismáticos*, however, is descriptive rather than clinical. The vast majority of the *carismáticos* do not have the clinical vocabulary on depression as delineated in DSM-5, therefore their descriptions of *depresión* do not map neatly onto the depressive disorders that the American Psychiatric Association identifies. Because of the *carismáticos*’ generalized use of the word “depression,” and because my ethnographic data is based upon *carismático* preaching and self-reporting rather than clinical data, the conclusions I reach address the attitudes revealed in the *carismáticos*’ public statements rather than scientific observations regarding clinical depressive disorders in the *carismático* communities.

From the *carismáticos*’ perspective, there are two related, yet distinct, forms of depression. Although the *carismáticos* do not distinguish these two forms linguistically – that is, both forms are simply named *depresión* – careful analysis of how they describe *depresión* allows for a differentiation in forms. The first form is evidenced in phrases such as: “[It’s] so depressing when we had these floods, when these tornados happened recently, right? Houses totally destroyed;”¹² or “frustration can come, when we want to begin a new business and it goes badly... We get frustrated, and we feel bad and depression can come;”¹³ or, in the case of a mother whose premature baby was dying, “a moment came when I was very physically weak from surgery, emotionally I was very depressed, very weak.”¹⁴ These instances of depression are situational; that is, depression is the result of a specific event, such as hearing news about tornados and floods, a new business going poorly, or a dying newborn. The *carismáticos* report “situational” depression, a term that *carismáticos* do not use themselves but that I coined based upon my observations, as a response of sadness or low spirits due to a specific event. Because there is a single identified cause, it is implied that resolution of, or healing from, that event will also alleviate the depression the unique event caused.

In contrast, consider the following reports: “I fell into depression. I have seen depressed people, but I believe that few fell as I did, for twenty years... I was so depressed that I started to bite my hands,

10 “No hay derecho que un hermano se deprima... porque si yo creo en Jesucristo, yo tengo problemas pero soy dichoso... [y] la palabra de Dios dice los que creen son dichosos, son felices... son felices los que creen.” Transcription of preaching at regional convention, April 27, 2013.

11 Interview with the author, November 22, 2013.

12 “Tan deprimente cuando tuvimos ese, esas inundaciones, verdad, cuando pasaban esas, esos, esos tornados ahora últimamente, verdad, las casas destruidas totalmente.” Transcription of preaching at regional healing retreat, June 29, 2013.

13 “puede venir una frustración en donde nosotros queramos empezar un nuevo negocio y que nos vaya mal... nos viene la frustración y nos, nos sentimos mal y puede venir la depresión.” Transcription of preaching at regional healing retreat, June 29, 2013.

14 “Llegó un momento que... yo estaba muy débil físicamente, con la cirugía, emocionalmente yo estaba muy deprimida, muy débil.” Interview with the author, February 19, 2014.

I lost a lot of weight and I was nothing more than skin and bones;”¹⁵ or “I spent three months, without trying a bite to eat, without sleeping or anything;”¹⁶ or “I felt that I wasn’t good for anything, like any depressed person, that your life has no meaning, you don’t want to live, everything is sad.”¹⁷ In each of these instances, the symptoms are severe, ongoing, and also generalized: the speaker is sad about everything, not just a death or a business difficulty. This is chronic, rather than situational depression; again, a descriptive term that I coin based on my research observations.

Who are these people who report chronic depression? Studies reveal that the depression rate amongst U.S. Latino immigrants is approximately 20% for men and possibly as high as 40% for women, suggesting that in a community with equal numbers of men and women, the depression ratio for men to women would be approximately 1:2.¹⁸ The gender ratio amongst *carismáticos* at the events I attended was approximately 30% men and 70% women. Combining these two statistics, a men-to-women depression ratio of 3:14 would be expected; that is, approximately one depressed man for every five depressed women. Yet, in my research amongst the *carismáticos*, all thirteen people who spoke of, or were described as, suffering from chronic depression were women. This is not to say that only female *carismáticos* suffer from chronic depression; however, it can be stated conclusively that only women *report* chronic depression through phrases such as “I fell into a terrible depression” or “I went through a very difficult stage of depression, anxiety, panic.”¹⁹ Situational depression, on the other hand, does not appear to be gendered, although the sample in my research – three women and two men at a total of four events – is too small to be firmly conclusive. It can be stated conclusively, however, that when *carismático* men are linked to the word *depresión*, it is only in cases of situational depression.

Miguel, a general contractor from Mexico, reports “I get so, kind of tired, or depressed.”²⁰ Yet the temporary, situational nature of his depression becomes clear in his next phrase: “I come [to the charismatic prayer circle] and I start dancing and I start raising my hand [in praise]... and I... you know, relax, and take everything away from me... whatever I have, I just let it go.”²¹ The only other instance of a depressed man is from a woman’s report that her dad “became very sad, depressed to see that my mom was very sick,” again, a case of situational depression.²² These two instances are the only place in my sixteen months of ethnographic research where *carismático* men were reported as depressed, and both were situational with their passing nature either implied or explicitly stated.²³ This is not to imply there is a hard and fast boundary between situational and chronic depression; each can cause the other and they are in many cases interwoven. Nevertheless, gender analysis in relation to depression amongst the

15 “Yo caí en una depresión, yo he visto personas deprimidas, pero creo que como yo caí pocas, y fueron 20 años ...yo llegue tanto a la depresión que yo llegaba a morderme las manos, yo bajé de peso muchísimo yo ya nada mas era cuero y huesos.” Transcription of preaching at regional healing retreat, June 29, 2013.

16 “Yo ya pasé tres meses, ya sin probar bocado, sin dormir ni nada.” Transcription of conversation at a house prayer meeting, July 2, 2013.

17 “Me sentía que no servía para nada, que, como es cualquier persona deprimida, que no tiene sentido tu vida, no tiene ganas de vivir, como triste todo.” Interview with the author, March 11, 2014.

18 E.g. Wassertheil-Smoller et al., “Depression, Anxiety, Antidepressant Use”; Vega and Amaro, “Lifetime Prevalence.”

19 “Yo caí en una depresión horrible,” Transcription of preaching at a daylong retreat, June 29, 2013; “Pasé por una etapa muy difícil de depresión, de ansiedad, de pánico,” Author interview with Verónica, February 7, 2014.

20 Interview with the author, November 22, 2013.

21 Ibid.

22 “Se ponía bien triste, deprimido de ver que mi mamá estaba bien enferma.” Interview with the author, May 5, 2013.

23 There is one possible exception: on their weekly radio program, the *carismáticos* included in their list of intercessions “for Mahit, who is imprisoned and is in depression.” (“Por Mahit que está encarcelado y está en depresión,” Radio Alabaré broadcast, February 9, 2014). This is a male who is depressed, and there is no definitive evidence that he does not suffer from chronic depression. I hesitate to include Mahit as a *carismático* male who is chronically depressed for two reasons, however: First, Mahit is a Hindi name that is not used in Latin America; thus it is extremely unlikely that he is a Hispanic *carismático* but rather a friend of a *carismático*. Second, the only other instance of prison-based depression is couched more in situational rather than chronic depression: “many people in hospitals, in jails, are in depression.” (“Muchas de las personas que están en depresión en hospitales, en las cárceles,” transcription of preaching at a prayer circle, February 13, 2014). While imprisonment is a prime example of situational and chronic depression intertwining, I still believe it is inaccurate to categorize Mahit as a chronically depressed male *carismático*.

carismáticos in my research thus reveals that men report only situational depression, and that rarely, whereas women report both situational and chronic depression.

The primary cause for this gendering of chronic depression is likely cultural, and also intertwined with a parallel gendering of addiction. During my research, I found that just as women alone reported chronic depression, reports of addiction came almost exclusively from men even though women's addiction and men's depression occur with significant frequency amongst Latinos. This is not entirely surprising if considered within the context of broader culture. Studies demonstrate that there is cultural censure against women using addictive substances; thus, it is expected that women would be reticent to publicly report addiction.²⁴ Similarly, cultural norms that cast depression as "unmanly" would also affect men's willingness to report suffering from depression. The end result is that when conducting research based on what the *carismáticos* report publicly, as in this current study, the conclusions drawn treat of community attitudes regarding depression rather than scientific data on how depression manifests amongst *carismáticos*.

In the thirty events where depression arose as a topic, situational depression was mentioned only in five instances, and only in passing. Chronic depression, on the other hand, was often discussed at length, including at two of the four events where a situational form of depression was also mentioned. It is chronic depression that the *carismáticos* emphasize, and thus, it will also be the emphasis of this article.

While the identification of chronic depression and its differentiation from situational depression is fairly straightforward in the *carismáticos*' discussions, there is less uniformity in their perspectives on the causes of chronic depression, and the various explanations overlap each other a great deal. They can be roughly divided into three categories: diabolic, spiritual misalignment, and social. Seven of the thirty-three individuals who talked about depression attribute its cause to the workings of "*el Diablo*," the Devil, or "*el Enemigo*," the Enemy, their preferred title for referring to the Devil. The Enemy's specific role in chronic depression is characterized in explanations such as "How would it feel to be depressed?... It is a dispute with the Enemy himself. The Spirit of God works to get you and the other... works to destroy you... and you begin to fall;"²⁵ or "it's the Enemy who wants to oppress our hearts, wants to rob us of peace,"²⁶ or "No one... has the right to rob you of peace... because the one who lives in you is stronger than the one who wants to put doubt in you... The Devil is powerful, but he isn't all-powerful."²⁷ The language of struggle here is striking. Chronic depression is a dispute between God and the Enemy over the heart of the believer, wherein the Enemy seeks to rob the believer's heart of peace, or, as another preacher phrased it, "the Enemy... fills your mind, your heart with darkness, with sadness."²⁸ In this perspective, the believer is a battleground between two spiritual forces and the believer's disposition indicates who is winning the battle: if the person is joyful, then God is winning; but if they are suffering from chronic depression, the Enemy has the upper hand.

The more popular perspective amongst *carismáticos* regarding the cause of chronic depression is spiritual misalignment, which at first glance appears to have little in common with the demonic cause. For instance, a *carismático* preacher offered the following reflection during a radio broadcast: "I know that many people are depressed through lack of love... we are always seeking... [to] fill that emptiness with drugs, right? Maybe in gangs... But we're not going to find it there, we find that love only in God

²⁴ Center for Substance Abuse Treatment, *Substance Abuse Treatment*, chap. 6

²⁵ "¿Qué se sentirá con la depresión?... Es el pleito con el mismo Enemigo. El espíritu de Dios trabaja para sacarte y el otro... trabaja para hundirte... y empiezas a caer." Transcription of preaching at a women's retreat, May 19, 2012.

²⁶ "El Enemigo lo que quiere es oprimir nuestro corazón, quiere robarnos la paz," Transcription of conversation at a house prayer meeting, July 2, 2013.

²⁷ "Nadie...tiene el derecho de robarle la paz... porque es más fuerte el que vive en usted que el que le quiere meter duda... El Diablo es poderoso, pero no es todopoderoso," Transcription of conversation at a house prayer meeting, July 2, 2013.

²⁸ "El Enemigo... te va llenando tu mente, tu corazón de oscuridad, de tristeza," Transcription of preaching at a healing retreat, June 29, 2013.

because he is the one who fills the emptiness.”²⁹ The scenario she describes is not two forces battling over the believer per se, but rather the believer’s internal misalignment: depression comes from aligning with drugs to mask the pain rather than aligning with God, the only source of the love that can dispel the emptiness. This “misalignment” attribution implies a greater agency in the believer, who is not a passive battleground but can choose not to align with that which causes depression. Consider these two examples. A *carismático* preacher at a prayer circle declared: “If you don’t let Jesus enter in your [fishing] boat, in your life, you’re going to continue catching nothing, you’re going to continue catching sadness, suffering, apathy, depression.”³⁰ In another example, during conversation with a woman suffering from depression, her *carismática* friend made the following observation about what was causing the problem: “when we don’t open our hearts to Jesus, he wants to do the work in us, but we, no.”³¹ In both these instances, there is a choice of opening one’s heart and life to Jesus, a choice to align internally with Jesus and thereby avoid a depression-causing misalignment to that which will bring only emptiness.

This last quote, that we must “open our hearts to Jesus, he wants to do the work in us,” hints that the diabolic and spiritual misalignment causes of depression are perhaps not as dissimilar as they might initially appear. This becomes clear when a previous quote is filled out: “No one... has the right to rob you of peace *unless you allow it*... because the one who lives in you is stronger than the one who wants to put doubt in you.”³² This language nuances the diabolical explanation of depression, showing that it intertwines with the spiritual misalignment explanation. One has a choice whether to open their heart to Jesus who “wants to do the work in us” or, conversely, to allow the Enemy to rob one of the peace that Jesus longs to bring. There is no question that the language of battle between God and the Enemy is popular with the *carismáticos*; but close analysis reveals that, while human beings *are* the battleground, humans beings are neither passive nor powerless. Rather, human beings are also the soldiers: “we are his army who are in battle!”³³ Prayer, the Bible, the rosary, communion, Eucharist adoration, and myriad other weapons are the individual *carismáticos*’ means to aid God in the battle for their eternal souls.

Thus, when the *carismáticos* speak of the cause of chronic depression as either the Enemy seeking to undermine God’s work, or refusal of opening one’s heart to Jesus, they are using multiple descriptions of the same phenomenon. This becomes clear when *carismáticos* speak of how the Enemy works in the battle against God: he causes mental distractions in church,³⁴ encourages gambling,³⁵

29 “Yo sé que mucha gente se deprime por falta de amor... siempre estamos buscando ese amor... llenamos ese vacío con drogas, ¿verdad? A lo mejor en gangas... pero no lo vamos a encontrar ahí, encontramos ese amor solamente en Dios porque él es el que llena ese vacío.” Transcription of radio broadcast, February 16, 2014.

30 “Si tú no dejas que Jesús entre en tu barca, en tu vida, tú vas a seguir pescando nada, vas a seguir pescando dolor, sufrimiento, apatía, depresión.” Transcription of preaching at a prayer circle, November 15, 2013.

31 “Pero cuando nosotros no le abrimos el corazón a Jesús, él quiere hacer la obra en nosotros, pero nosotros, no.” Transcription of a conversation at a house prayer meeting, July 2, 2013.

32 “Nadie...tiene el derecho de robarle la paz a menos de que usted lo deje... porque es más fuerte el que vive en usted que el que le quiere meter duda... El Diablo es poderoso, pero no es Todopoderoso.” (emphasis mine). Transcription of conversation at a house prayer meeting, July 2, 2013.

33 “¡somos su ejército que estamos en batalla!” Transcription of preaching at an evangelization event, June 6, 2013.

34 “El Enemigo se basa en ese tipo de personas... desconcentrarte y poner tu atención hacia ellas y dejar la atención hacia Cristo que te estaba en La Palabra y que te iba a dar la sanación ahí;” “The Enemy bases himself in that type of people... to disconcert you, to turn your attention to them and lose your attention for Christ who was in The Word for you and was going to heal you there.” Transcription of house prayer meeting, July 2, 2013.

35 “Empecé una vida...dura, difícil, sin Dios, sin esperanza y lleno del poder del Enemigo... Me metía a jugar poker, bacará, 21, 7 y media, empuñurrado, todo lo que sea con cartas me metía a jugar;” “Thus I began a hard, difficult life... without God, without hope and full of the power of the enemy. I started to play poker, baccarat, twenty-one, seven and a half, I started playing every card game.” Transcription of preaching at charismatic retreat, June 8, 2013.

makes husbands try to prevent their wives from becoming *carismáticos*,³⁶ or makes witchcraft and card-reading appealing;³⁷ in short, the Enemy uses countless cunning tricks to catch believers' attention and distract them from the things of God. Thus, the diabolic and the spiritual misalignment explanations point to the same phenomenon: some prefer to speak of the Enemy causing depression; others prefer to speak of turning to witchcraft and away from church, thereby cutting oneself off from the source of love that fills depression's emptiness. Because the *carismáticos* perceive the Enemy to work via temptations that misalign them from God, both the diabolic and the spiritual misalignment explanation for the cause of depression reach the same conclusion: chronic depression results only if a person is cut off from God.

Although the diabolic and the spiritual misalignment explanations are the most common perspectives regarding the cause of depression, there is a small minority of *carismáticos* who gesture toward an additional cause of chronic depression: social structure. Consider the following excerpt of preaching at a women's retreat:

How many of us have husbands who are into the alcohol day and night, and we wake up to see a heartbreaking scene? One of my sisters said to me... "It makes us depressed. Listen to me. He arrived home at night, dead drunk, and woke up in such a humor that oof! You can't say anything to him because you're so careful." And us? There isn't an opportunity for anything for us, there isn't time for us, there isn't a moment we dedicate to ourselves... and we live in depression, in total sadness, a totally destroyed home, where we only draw breath. Sadness and grief.³⁸

In this scenario, there is definitely chronic depression: "we live in depression, in total sadness, a totally destroyed home." Yet, the cause is attributed neither to the Enemy, nor to an individual's spiritual misalignment. Rather, the cause of depression is social: an alcoholic husband who is "into the alcohol, day and night." Another woman made a similar comment, although she didn't specify if alcohol were involved: "I argued with my husband. We argued, we fought, we argued... it was like sadness wanted to come to me, depression, for that reason."³⁹ In both cases, it is domestic turmoil, rather than the Enemy or spiritual misalignment, that causes depression. It is not that either woman would necessarily deny that the Enemy had a hand in this, or that spiritual misalignment was a factor; while both had those explanations available, they chose to emphasize the role that domestic upheaval played in causing their depression. Several other preachers talked about the negative effects that an alcoholic or drug addict has on his home; although depression was not mentioned explicitly, all of these instances acknowledged the role of domestic turmoil in diminishing a woman's well-being.

Although many acknowledge, explicitly or implicitly, the role of social structure in causing or worsening depression, the majority of *carismáticos* still attribute the cause of depression to letting the Enemy have the upper hand and spiritually misaligning oneself from the things of God. When this is the case, depression becomes the hallmark of a *carismático* who has not properly converted to the whole-

36 "Lucha uno contra el enemigo porque el enemigo es el que trae todas esas cosas... al principio muchas personas, muchos esposos, aceptaron que la esposa pero otros no. Y aquello fue una guerra también, pero, más pudo el Señor, más pudo el Señor porque los vencía"; "You fight against the Enemy because the Enemy is the one who brings all those things... In the beginning many people, many husbands accepted that their wives [were going to the prayer circle], but others, no. And that was a war, too, but the Lord was greater, because he conquered them." Interview with the author, February 19, 2014.

37 "He visto... cuando el Demonio se enoja, cuando una persona... está muy atada... una persona que ha hecho una brujería, que ha caído en la lectura de cartas, en la lectura de los horóscopos, son puertas que abrimos que después nuestra persona misma no la puede cerrar... el Demonio tiene muchas formas de agarrarnos y después ya no nos puede soltar, aunque quiéramos." "I've seen when the Demon gets angry, when a person... is very bound... a person who has done witchcraft, who has fallen into reading cards, into reading horoscopes, those are doors that we open and after, we ourselves can't close it... the Demon has many ways of seizing us and after he can't let go of us, even if we want him to." Interview with the author, February 19, 2014.

38 "¿Cuántos de nosotros nuestro esposo está en el alcohol de día y de noche y nos despertamos y vemos ese cuadro desgarrador? Decía una hermana mía... "Y nos da depresión. Óyeme, en la noche llegó hasta las chanclas y amaneció en un humor que juff! No le puedes decir nada porque cuidadito." Y nosotros? No hay oportunidad para nada para nosotros, no hay un tiempo para nosotros, no hay un momento en que se nos dedique a nosotros... y qué estamos viviendo una depresión, una total tristeza, un hogar totalmente destruido, donde sólo se respira. Tristeza y dolor." Transcription of preaching at a women's retreat, May 19, 2012.

39 "Discutía con mi esposo. Discutíamos, nos, nos peleábamos, discutíamos... como que me quería llegar la tristeza, como depresión por lo mismo." Interview with the author, November 18, 2013.

hearted dedication to, and alignment with, God; that is, someone who hasn't had the full charismatic conversion that grants unshakeable faith in God's loving providence and resultant unwavering joy. As a result, the *carismático* preachers frequently speak of depression as if it were anathema to a *carismático*. A prime example is this declaration from an internationally-renowned *carismático* preacher at a regional convention: "It isn't right that a *carismático* gets depressed, saying "I believe in Jesus Christ and I'm depressed"... I don't believe in that [kind of] faith, because if I believe in Jesus Christ, I have problems but I am blessed!"⁴⁰ The crowd erupted in spontaneous approval, applauding and shouting out ¡Amen! Local preaching echoes this message that a true *carismático* does not suffer from depression, proclaiming "the Lord didn't make us to be always depressed, always crying, always downcast, always complaining! The Lord made you for Heaven!"⁴¹ or, more explicitly, "God will bless, will multiply, will give to you. But if your life is aligned to the will of God, even though it doesn't happen like that, you're not going to be depressed... Even when you see... a poor prognosis, all these bad things, you're going to trust."⁴² No matter how bad things are, even if prayers aren't answered, true *carismáticos* do not get depressed, but rather trust in God and know they are blessed. They are confident that depression is something displeasing to the Lord.⁴³

Thus when *carismáticos* speak of themselves as suffering from chronic depression, they speak only in the past tense. This holds true both in public preaching and private interviews. This is not to argue that lack of reference to perduring chronic depression means that no formerly-depressed *carismático* has ever descended into chronic depression post-conversion. Rather, emphasizing that the *carismáticos* speak of chronic depression only in the past tense demonstrates the degree to which the *carismáticos* believe that chronic depression is anathema to the true *carismático*. Yet, in spite of their convictions that one cannot be chronically depressed after true conversion, the *carismáticos* do not naively deny that personal unhappiness exists. There is still room for the fluctuations in mood that are a hallmark of full human existence. While they no longer speak of chronic depression, *carismáticos* from time to time acknowledge temporary depression as a present-time factor in their lives. During a radio broadcast, one preacher acknowledged: "I know that at times we get depressed, right, sometimes because 'oh, he doesn't love me, oh no!';"⁴⁴ while another stated "you're simply going through a depressed moment, a time of depression,"⁴⁵ both of them without judgment. Miguel, the Mexican contractor quoted above, also acknowledges moments of depression when he says that at the end of a work day "I get so, kind of tired, or depressed." Other *carismáticos* speak of sadness with a similar tone. Consider the following reflection from Alejandra, the head of her parish charismatic leadership team:

⁴⁰ "No hay derecho que un hermano se deprima, es que yo creo en Jesucristo y tengo una depresión, perdóname yo no creo en esa fe, porque si yo creo en Jesucristo, ¡yo tengo problemas pero soy dichoso!" Transcription of preaching at a regional convention, April 27, 2013.

⁴¹ "¡El Señor no nos hizo para estar todo el tiempo en depresión, todo el tiempo llorando, todo el tiempo cabizbaja, todo el tiempo quejándose! ¡El Señor te hizo para las alturas!" Transcription of preaching at a women's retreat, May 19, 2012.

⁴² "Dios bendecirá, multiplicará, te dará. Pero si tu vida está alineada por la voluntad de Dios y aunque así no sucediera, tú no te vas a deprimir... Aún cuando tú veas... este pronóstico malo, todo esto malo, tú vas a confiar." Transcription of preaching at a charismatic retreat, June 8, 2013.

⁴³ "Tú me sacaste del vacío de la depresión, de tantas cosas que a ti no te agradan Señor;" "You took me from the emptiness of depression, from such things that don't please you, Lord." Transcription of a parish *carismático* leadership team meeting, November 12, 2013.

⁴⁴ "Yo sé que a veces nos, nos, nos deprimimos verdad a veces porque: '¡ay, no me quiere, ay no, no no!'" Transcription of radio broadcast, February 16, 2014.

⁴⁵ "Simplemente estás pasando por un momento depresivo, un tiempo de depresión." Transcription of radio broadcast, February 9, 2014.

Now when... I begin to feel a bit sad I say: 'Lord, I can't be sad because I praise you and I bless you. In this sadness that I'm feeling, Lord, you are here, you manifest yourself in this sadness.'... It's not that we don't pass through trials, we pass through trials, but grasping the hand of Jesus it's easier to get by.⁴⁶

Even Alejandra, a hope-filled, inspirational *carismática*, experiences sadness and trials and speaks freely about those feelings without shame. However, all three of these examples reveal that for the *carismáticos*, while true conversion does not require an *absence* of sadness or situational depression, it does require a non-permissive attitude towards it. Sadness and depression are not allowed to linger and become deep or chronic; rather, one must "grasp the hand of Jesus," praise, bless, and pray with vigilance so the unhappiness – and thus the Enemy – does not get the upper hand. A final example from Gabriela, a Mexican mother of two, demonstrates this delicate balance between openly acknowledging sadness while at the same time working to banish it:

About four months ago it was raining, and I never get depressed because it's cloudy, because it's raining, or for whatever reason. I never get depressed. Well, this day I felt... sadness. I said: "Oh! Lord, the day is very sad." I felt like some little thing had entered me that wanted to make me sad. But at the same moment that I felt that I wanted to get sad, I began to say: "No, Lord, no, I don't accept this sadness or anything in my heart, because you live in me, and I know that while you live in me, my heart should never be sad."⁴⁷

Gabriela thus illustrates the *carismáticos'* view of sadness and depression: while it is not ignored or denied, it is acknowledged only in order to banish it rather than to honor it.

Interestingly, chronic depression is the only disease which the *carismático* community interprets as a lack of faith in the unwell individual. In the case of other forms of illness or disability – cancer, seizures, paralysis – continued symptoms indicate not lack of faith, but rather God's will that the person not be healed at this time. Considering the perspective that unfolds in the following three quotes:

Sometimes... illness is the means to sanctify ourselves in the Lord, because without a cross there isn't victory. And Christ had to pass through the cross of suffering to become what we are celebrating today, the glorious king of the universe... We have to have faith... [and] believe in Jesus but also accept our problems and our daily illnesses, because they are the means of purification, the means of salvation, the means of achieving sanctity.⁴⁸

Martha, the coordinator of her parish charismatic prayer circle, agrees, developing this idea: "Whatever problem you have, be it a family member's illness, you don't despair... when you know God truly... you are always thinking that God is the one who controls everything."⁴⁹ Manuel, a Mexican father of three, brings this perspective to its logical close:

⁴⁶ "Ahora cuando... empiezo a sentir un poquito de tristeza digo: 'Señor, yo no puedo estar triste porque yo te alabo y te bendigo. En esta tristeza que yo estoy sintiendo, Señor, tú estás aquí, tú te manifiestas en esta tristeza.'... No es que no pasemos prueba, pasamos por pruebas, pero agarrados de la mano de Jesús es más fácil llevarlo." Transcription of conversation at a house prayer meeting, July 2, 2013.

⁴⁷ "Como unos cuatro meses estaba lloviendo, y yo nunca me deprimó porque este nublado, porque esté lloviendo, o por cualquier cosa. Nunca me deprimó. Entonces ese día sentí cómo... tristeza. Digo: "¡Hay! Señor está bien triste el día." Sentí como una cosita como que me entró como que quería ponerme triste. Pero, luego al mismo momento de que yo sentí que quería ponerme triste, empecé a decir: 'No Señor, yo, no acepto en mi corazón esa tristeza ni nada, porque tú vives en mí, y yo sé que mientras tú vives en mí, mi corazón nunca debe de estar triste.'" Interview with the author, November 18, 2013.

⁴⁸ "A veces... la enfermedad son medios para santificarnos en el Señor, porque sin cruz no hay victoria. Y Cristo tuvo que pasar por la cruz del sufrimiento para llegar, a ser lo que hoy estamos celebrando, el Rey glorioso del universo... Tenemos que tener fe... [y] creer en Jesús pero también aceptar nuestros problemas y nuestras enfermedades diarias porque son los medios de purificación, los medios de salvación, los medios de alcanzar la santidad." Transcription of preaching at a parish retreat, November 24, 2013.

⁴⁹ "Cualquier problema que tenga, ya sea de enfermedad de uno mismo de sus familiares, no se desespera... cuando uno conoce de verdad a Dios... siempre está uno pensando que Dios es el que controla todo." Interview with the author, May 20, 2014.

You have to see God as he is. If he wants to, he does it; if he wants to, he doesn't do it... He is going to continue being God and is going to continue doing his will, even if I am in pain, even if [my wife] is in pain, even if you are in pain, God is going to continue being God and the will of God is singular and no one can manipulate it.⁵⁰

In this collective illustration, a threefold *carismático* theodicy, or theology of suffering, emerges. Contrary to what many psychotherapists and even Christian theologians argue regarding human suffering, the *carismáticos* insist that an omnipotent God intends illness as a means to purify and save. Therefore, continued illness is the will of God, a vehicle to increased sanctification. Yet the mental illness of chronic depression, as illustrated above, is a continued unwellness – and the only continued unwellness – that the *carismáticos* consider to be “nothing of God,” and thus attribute it solely to the lack of faith in the individual who is suffering.⁵¹ The advice of the women counseling Juana about her depression, which opened this article, bears witness to this belief, suggesting that if Juana would only open her heart to turn everything over to the Lord, then her depression will disappear. The implication: Juana is depressed not because it is God's will, but because she does not have enough faith and devotion.

The combination of chronic depression as both lack of faith and a “women's disease” in this community results in a religious culture where only women suffer from the disease that results from lack of faith. Further, even though many women may suffer from physical diseases that prevent them from experiencing the joy of charismatic conversion, they consistently hear messages like the following declaration from a preacher at a day-long retreat: “If your life is aligned to the will of God... you're not going to be depressed, you're not going to turn to depression or anxiety medication to calm you... you're going to trust... and if we succeed in hoping and not despairing, we're going to see the glory of God.”⁵² From this perspective, widely held amongst *carismáticos*, chronic depression manifests only when women do not align themselves to the will of God.

Because *carismáticos* believe chronic depression results from spiritual misalignment, it is not surprising to find that they address depression through proper spiritual realignment. The advice of the women counseling Juana, as outlined above, contains a variety of resources at her disposal that guard against the

50 “Hay que ver a Dios como es. Si él quiere lo hace, si él quiere no lo hace y... Él va a seguir siendo Dios y va a seguir haciendo su voluntad, aunque a mí me duela, aunque a Maribel le duela, aunque a ti te duela, Dios va a seguir siendo Dios y la voluntad de Dios es única y nadie la puede manipular.” Interview with the author, February 19, 2014.

51 There is one possible exception to this. At a regional convention, the bishop's appointed liaison to the Hispanic Charismatic Renewal offered the following alternative perspective: *Jesús, arrancará de ti, a su debido momento y a su debido tiempo, lo que no te hace feliz, lo que no te ha dejado ser feliz, deja que Jesús arranque de raíz, ese dolor, esa angustia, esa soledad, esa depresión, ese cáncer, y aprópate de la palabras de Jesús cuando en profundo dolor y desesperación Jesús grito: ¡Dios mío, Dios, mío por qué me has abandonado? Pero en el mismo momento Jesús dice: ¡que no se haga mi voluntad sino la tuya!. Dile a Jesús en el secreto de tu alma: Señor que no se haga lo que yo quiera, que no se me quite lo que yo quiero, sino lo que tú sabes que es bueno, sino lo que tú sabes que yo necesito Señor, y dile: arráncame si es tu voluntad, arranca de mi cuerpo, esa enfermedad que el doctor me ha dicho que es incurable, si es tu voluntad Señor.* Jesus will remove from you at the proper moment and at the proper time whatever doesn't make you happy, what hasn't let you feel happy, let Jesus pull out by the root that sadness, worry, loneliness, depression, cancer, and take as your own the words of Jesus when in deep pain and despair he cried: My God, my God, why have you abandoned me? But in the same moment Jesus says: but not my will but yours be done! Tell Jesus in the secret of your soul: lord, don't do what I want, don't remove what I want, but what you know is good, but what you know that I need, Lord, and say to him: remove it from me if it is your will. (Transcription of preaching at regional convention, April 27, 2013). In this scenario, depression and cancer share the same category of continued illness that God will alleviate when it is God's time to do so. Only in this one instance is chronic depression viewed not as an individual's lack of faith, but rather, something in which the sufferer must bow to God's will. However, there are many *carismáticos* who do not consider the bishop's liaison, a South American pastor who earned a doctorate in canon law in Rome, to be a *carismático* himself. In several interviews I heard opinions similar to what Martha, coordinator of her parish prayer circle, says regarding the liaison: *No sé si está bien que diga, pero el Padre Rigoberto no es carismático. No sé por qué lo pusieron, pero él no sabía de la renovación cuando entró con nosotros.* I don't know if it's OK for me to say it, but Fr. Rigoberto isn't charismatic. I don't know why they placed him there, but he didn't know about the RCCH when he began with us. (Interview with the author, May 20, 2014). While one person I interviewed disagreed, the majority of the few *carismáticos* who were willing to offer a personal opinion about him stated that while they respected him because the bishop appointed them as their leader, they do not consider him one of the *carismático* community. For this reason, I do not include his perspective on chronic depression when I write on the *carismáticos'* perspective.

52 “Si tu vida está alineada por la voluntad de Dios... tú no te vas a deprimir, tú no te vas a ir a la pastilla para la depresión para lo de la angustia, para calmar... tú vas a confiar... y si nosotros logramos esperar y no desesperar, vamos a ver la gloria de Dios.” Transcription of preaching at parish retreat, June 8, 2013.

Enemy's role in chronic depression. Margarita demonstrates this when she urges Juana:

Seek sacramental things. Holy water, exorcized salt, exorcized oil. All that is going to help you. Also use your St. Benedict medal, keep that St. Benedict medal and when the Enemy comes, well, he wants to oppress our hearts, he wants to rob us of peace.⁵³

Yet, as argued earlier, there is no separation in this community between banishing the Enemy's influence and choosing to spiritually realign oneself to God, for Margarita also urges Juana to read her Bible, to ask that Jesus purify her thoughts, and to offer all fears to Jesus, so that he may transform her.

These women offer Juana these ways to address depression because in their experience, they work. Many women report that surrender to Jesus Christ converted their depression into joy. Margarita, as quoted in the opening section, exemplifies this perspective:

I also experienced depression and felt fear... [but] you have to say: "Come, Lord, with your Holy Spirit, take away these evil thoughts, Lord, I can do it in you who strengthens me." Speak to him all day so that he lifts all those fears you have. Because it happened to me, too, I was afraid of everything... but little by little I opened my heart to God and he had mercy on me, and as he had mercy on me he is also going to have mercy on you.⁵⁴

Alejandra also prefaced her advice to Juana by stating that she, too, had been depressed:

I experienced all this process that you're describing... When you feel this perturbation of your mind, begin to praise Jesus... I tell you that because it helped me a lot... [Now when] I begin to feel a little sad I say: "Lord, I can't be sad because I praise you and I bless you"... Don't feel sad, gather your strength, and begin to praise the Lord, because what you're describing is very sad. I understand you, I understand because I experienced it... and look, by the glory of God here I am.⁵⁵

Margarita and Alejandra, as well as many other previously-depressed *carismáticas* I met, all speak with joy about how prayer, faith, and the surrender of charismatic conversion were sufficient to heal their depression. Certainly, experiences reported during ethnographic interviews, public preaching, and inspirational testimonies must be understood as cultural narrative, and as stated earlier, should not be interpreted as evidence that no formerly-depressed *carismático* has ever descended into an episode of chronic depression post-conversion. At the same time, it is also true that these women consistently manifest, in informal and formal interactions, the conversion joy they report feeling. This affords me confidence that what they report is true: charismatic conversion relieved them of chronic, perduring depression, even if clinical research might reveal occasional episodes of relapse. What is important is that their experiences are frequent and powerful enough to engender a theological conviction that charismatic conversion and subsequent efforts to stay spiritually aligned to God *do* alleviate chronic depression. Based on these experiences and convictions, they offer conversion as the only effective cure for depression.

Because of the conviction arising from their experience of spiritual cures for depression, the *carismáticos* maintain an ambiguous attitude towards psychotherapy. They are accepting of psychology as a general field of study, acknowledging the value of psychological studies that priests undertake in seminary, for

53 "Buscar los sacramentales. El agua bendita, la sal exorcizada, el aceite exorcizado. Todo eso te va ayudar. También usa tu medalla la de San Benito, mantente con esa medalla de San Benito y cuando venga, pues, el enemigo lo que quiere es oprimir nuestro corazón, quiere robarnos la paz." Transcription of conversation after prayer circle meeting, July 2, 2013.

54 "Yo también pasé por depresión y también sentía miedos... [pero] tienes que decir... 'ven Señor con tu Espíritu Santo, quítame estos malos pensamientos Señor, todo lo puedo en ti que me fortaleces.' Háblale todo el día para que se lleve todos esos miedos que tú tienes. Porque así me pasaba a mí, me daba miedo de todo... pero poco a poquito, yo le fui abriendo mi corazón a Dios y él tuvo misericordia de mí, y así como tuvo misericordia de mí también va a tener misericordia de ti." Transcription of conversation after prayer circle meeting, July 2, 2013.

55 "Yo pasé por todo ese proceso que tú estás diciendo... Cuando tú sientas esa perturbación de tu mente, empieza a alabar a Jesús... Yo te digo eso porque eso a mí me ayudó mucho... [Ahora cuando] empiezo a sentir un poquito de tristeza digo: "Señor yo no puedo estar triste porque yo te alabo y te bendigo"... No te sientas triste, tú saca fuerzas de ti misma y empieza a alabar al Señor, porque eso que tú estás diciendo es muy triste. Yo te entiendo, yo te entiendo porque yo ya pasé por eso... y miren para la gloria de Dios aquí estoy." Transcription of conversation after prayer circle meeting, July 2, 2013.

instance.⁵⁶ However, while they recognize a certain value in psychology, the *carismáticos* consider this field of knowledge subordinate to a more important resource. A nationally-known *carismático* preacher explained: “[During] my formation, I studied anthropology and psychology for eighteen months... and the most important, the grace of God, the true knowledge that God has given me.”⁵⁷ He values the knowledge gained from knowing God more highly than his psychology studies. Most *carismáticos* hold this view of psychology: it is a legitimate field of study in an abstract sense, but unlike the knowledge of God, it is not considered necessary for well-being.

Some *carismáticos* are not willing to grant psychology even this level of legitimacy. An internationally-acclaimed *carismático* preacher declared at a regional convention:

I have had an argument with psychologists and psychiatrists, because I tell them it isn't right that a *carismático* gets depressed, that “I believe in Jesus Christ and I am depressed.” Pardon me, but I don't believe in that faith, because if I believe in Jesus Christ, I have problems but I am blessed.⁵⁸

This preacher considers psychologists and psychiatrists to be off base. Any explanation for depression or, more specifically, for *lack* of depression developed from a psychological framework is inaccurate: the presence or absence of depression depends entirely on belief in Jesus Christ.

This perspective on psychology informs the *carismáticos*' views on psychotherapy. Consider these two perspectives. Gerardo, preaching at his parish prayer circle spoke of his wife's experience:

My wife sought help at the [Hispanic Immigrant] Center... There is help, there are psychologists that help, too, there is a lot of help. But my wife found the best help, she found the light of Christ... The priest invited her to seek the help she needed, the support she needed, in prayer, in the Círculo.⁵⁹

Juan, a Mexican parish musician and preacher, speaks out of his own experience:

Addiction, then, is what made me... seek help, seek a psychologist, seek a doctor to help me with my addiction. But, well, the Doctor, the Doctor of Doctors, found me, right? And now he is the one I serve, I am the helper to the doctor who helped me.⁶⁰

In both these cases, along with other cases mentioned during the course of my fieldwork, psychotherapy was not shunned, but rather attempted. However, the few *carismáticos* who reported entering psychotherapy ultimately maintain that charismatic Catholicism, rather than therapy, offered them the help they were seeking. This perspective predominates amongst the *carismáticos*: charismatic conversion, not psychotherapy, alleviates chronic depression and brings joy to their lives.

As a result, it is common to hear *carismático* preachers oppose psychotherapy or psychiatry. The internationally-acclaimed preacher mentioned above, who has “had an argument” with psychologists and psychiatrists, concludes: “You don't need to go to the psychiatrist... if I see myself as a child of God, I

⁵⁶ “Sacerdotes consagrados... tienen filosofía, ellos estudian filosofía, psicología, entonces ellos nos pueden transmitir cómo es que es hacerlo,” “Consecrated priests... know philosophy, they study philosophy, psychology, then they can transmit to us how to [preach].” Interview with the author, March 15, 2014.

⁵⁷ “...mis formaciones, estuve dieciocho meses estudiando antropología psicología... y lo más importante, la gracia de Dios, el verdadero conocimiento que Dios me ha dado.” Transcription of preaching at a prayer circle, June 20, 2013.

⁵⁸ “Yo he tenido una discusión con sicólogos y con siquiátras, porque yo le digo a ellos hermanos, no hay derecho que un hermano se deprima, es que yo creo en Jesucristo y tengo una depresión, perdóname yo no creo en esa fe, porque si yo creo en Jesucristo, yo tengo problemas, pero soy dichoso.” Transcription of preaching at a regional convention, April 27, 2013.

⁵⁹ “Mi esposa buscó ayuda en el Centro... Hay ayuda, hay psicólogos que ayudan también, hay mucha ayuda. Pero mi esposa encontró la mejor ayuda, encontró la luz de Cristo... El sacerdote le hizo la invitación para que buscara la ayuda que necesitaba, el apoyo que necesitaba en la oración, en el grupo de oración.” Transcription of preaching at a parish prayer circle, July 6, 2013.

⁶⁰ “Adicción, pues, eso es lo que me hizo... buscar una ayuda, de buscar un psicólogo, de buscar un doctor que me ayudara a mi adicción. Pero, pues el Doctor, el Doctor de Doctores, pues me encontró a mí, ¿no? Y a él es ahora al que le sirvo, soy su ayudante de ese doctor que me ayudó a mí.” Interview with the author, March 15, 2014.

have the right to everything because my dad, my father God is the boss of everything.”⁶¹ Juan, who found recovery from addiction in the prayer circle, not in psychotherapy, shares this view that psychotherapy and psychiatry are unnecessary: “I believe that the charismatic prayer circle has everything, everything that you’re seeking: psychological advice, the Word of God, praise, prayer, retreats, concerts; that is, everything.”⁶² Because the experience of such *carismáticos* taught them that God is the only source of true joy, they report that psychotherapy is, at best, unnecessary. In the perspective of many *carismáticos*, psychology is actually a detriment, even a tool of the Enemy, because it turns believers’ attention away from the only true solution for depression: God as encountered in charismatic Catholicism.

Not every *carismático* agrees, however. Experience has led at least one *carismático* to a different conclusion. Verónica, quoted above, discovered that prayer and surrender to God were simply not enough to alleviate her depression. While her advice to Juana demonstrates her commitment to prayer for healing, Verónica’s experience causes her to speak up from a perspective that differs from the most common *carismático* approach to depression:

God is the one who heals... but yes, you also need to go to the doctor so that he gives you medicine. You have to go. What you have is depression and panic disorder... it’s your mind, a disorder of your mind. I tell you this because a priest explained it to me thus. It’s a disorder of your mind, and it’s controlled by medicine... You, with your faith, with this bit of faith you have, you’re going to move forward, because God is great and powerful and can do everything. But yes, you also need medicine... Each one does their part, Christ gives half, you give a part, and the medicine gives another part. God gave science to the doctors so that you are cured. Who is curing you thus? It’s God through the medicine. That is, yes, you have to go to a doctor, a believing doctor.⁶³

Here, Verónica offers resistance to the traditional *carismático* formula that lays the blame for women’s ongoing depression on lack of faith. She does not eschew the role of faith and prayer in healing, but first encouraged Juana to pray, particularly with the rosary. Later in the conversation, she also affirms that God is the one who heals, and that Juana’s faith in the God who is great and can do all things will help her move forward. These statements make it clear that Verónica is firmly rooted in her charismatic faith. However, Verónica doesn’t limit the options of obtaining God’s healing to the more traditional approaches of prayer, scripture, holy water, and saint medals. In addition to these, she is firmly convinced that Juana must allow God to heal her through medicine as well. This is rooted in Verónica’s understanding of her own experience that chronic depression is not just a spiritual disorder, but also a “disorder of your mind” that requires medicine to control it. Verónica shifts depression out of the category of lack of faith to identifying it as a physical disease. Her faithful approach to depression, then, is parallel to how the *carismáticos* respond to physical diseases such as cancer: pray continually and undergo all available medical treatment.

This perspective offers additional resources to *carismáticos* who suffer from forms of depression that prayer alone cannot cure. Verónica’s approach to finding healing from depression does not undermine the core *carismático* belief that God is the one who heals, or that God can “do everything.” She is careful to turn to a priest, a source of authority that the *carismáticos* greatly revere, so that her approach to overcoming depression is not counter to the will of God. The priest and the Catholic doctor provide a theological option of a God who works through medicine and “gave science to the doctors so that you are cured.” Verónica thus uses her own experience, in combination with spiritual advice from a respected authority figure, to

⁶¹ “No necesitas ir... al psiquiatra... si yo me veo a mí mismo como hijo de Dios, tengo derecho a todo porque mi papá, mi padre Dios es el dueño de todo.” Transcription of preaching at a regional convention, April 27, 2013.

⁶² “Yo creo que el círculo de oración lo tiene todo, todo lo que andas buscando, consejo psicológico, palabra de Dios, alabanzas, oraciones, retiros, conciertos, o sea todo.” Interview with the author, March 15, 2014.

⁶³ “Está Dios que es el que sana... pero sí, también necesitas ir al doctor para que te dé medicina. Tienes que ir. Lo que tú tienes es depresión de pánico... es tu mente, es un desorden de tu mente. Esto lo digo porque el Padre así me lo explicó. Entonces, es un desorden de tu mente, que pues eso se controla con la medicina... Tú con tu fé, con esa poquita de fe que tú tienes, vas a salir adelante, porque Dios es grande y es poderoso y él todo lo puede. Pero también sí, necesitas la medicina... Cada quien pone su parte, Cristo pone la mitad, tú pones una parte y la medicina pone otra parte. La ciencia Dios la da a los doctores para que de ahí también te cures. ¿Quién te está curando ahí? Es Dios a través de la medicina. O sea que sí, tiene que ir al doctor, con un doctor creyente.” Transcription of conversation after prayer circle meeting, July 2, 2013.

develop a theology of God's healing. A theology wherein God gives science and medicine to doctors both safeguards the *carismático* imperative that God be the source of healing, while simultaneously expanding the traditional "faith healing" categories of scripture, prayer, and holy objects to include medication if the traditional methods prove insufficient. For Verónica, medicine is not *separate* from faith healing, but an *additional category* of faith healing. She makes this clear in an interview when she states: "I went through a very difficult period of depression, anxiety, and panic. After I joined the prayer circle, my life changed 100%."⁶⁴ One of those changes, she explains, was starting to take psychiatric medication. Yet, she does not say that her depression disappeared and her life changed 100% due to the prayer circle *and* medication, but rather gives credit to the prayer circle. For Verónica, medicine is not a category separate from encountering God, converting, and being healed through faith via charismatic Catholicism; it is part and parcel of it. She thus expands the concept of faith healing to include the medicine that may be necessary in cases of chemical imbalance or mental disorder.

Verónica's words demonstrate resistance to a traditional perspective that chronic depression indicates solely an individual's lack of faith. While staying firmly within the bounds of charismatic values, Verónica forges a way to incorporate doctors and medicine as an additional facet of God's healing powers. As a result, an understanding of chronic depression as chemical imbalance does not require *carismáticos* to abandon their core belief that lack of joy indicates lack of conversion to God who is the source of true joy. However, from Verónica's perspective, those who suffer chronic depression have an additional option and are spared self-recrimination if prayer and faith alone do not cure their mental illness. A theological understanding that God heals through prayer as well as medicine allows for the faith necessary for spiritual well-being, yet avoids undermining self-esteem if faith alone is not sufficient to cure a mental disorder.

Verónica is certainly a minority voice in her community. Yet, I explore her perspective at length because she offers a link between resources that seem irreconcilable to many *carismáticos*: between psychiatry, psychology and Hispanic immigrant charismatic Catholicism; between the clinic and the prayer circle; between psychotherapy and religion. I interpret Verónica as reaching across the gap between religion and psychotherapy towards efforts such as Bergin's work that are reaching across from the other side.

Verónica flexibly inhabits a space that traditionally has been opposed to psychiatric or psychological intervention and in many cases remains convinced that a bridge between psychotherapy and charismatic Catholicism is undesirable, even anathema. This is the case because, as Bergin pointed out in 1980, psychotherapists have presented themselves as unequivocally holding humanistic values that conflict with the religious perspectives of the *carismáticos* whom they might wish to serve. Whether or not this presentation accurately reflects the perspectives and values of psychotherapists, the *carismáticos* are convinced that the psychological advice they receive in the prayer circle serves their needs better than working with a psychotherapist. While Bergin states "religious communities that provide the combination of a viable belief structure and a network of loving, emotional support should manifest lower rates of emotional and social pathology," *carismáticos* go further.⁶⁵ They report that in their experience, the belief structure and network of loving, emotional support in the prayer circle not only lowers the rate of "emotional pathology," but is in fact the only effective way to address the root cause of the mental illness of chronic depression. Even psychiatric medication is currently suspect as a viable resource for chronic depression for many *carismáticos*. Verónica thus represents a very small minority of *carismáticos* willing to give psychiatric medication an uncontested place within the faith healing category.

However peripheral Verónica's stance may be in relationship to her community, her perspectives warrant close analysis because they provide clues to ways in which *carismáticos* could become willing to accept psychotherapy as part of their charismatic Catholic values. While it is challenging to imagine a psychotherapeutic approach that would sufficiently resonate with *carismáticos*' religious values, as Bergin proposes, Verónica's perspectives suggest that such a bridge between psychotherapy and *carismáticos* is not impossible. Her perspectives, when viewed in partnership with Bergin's recent work, provide resources

⁶⁴ "Pasé por una etapa muy difícil de depresión, de ansiedad, de pánico. Y después de que entré al círculo de oración, mi vida cambió al 100 por ciento." Interview with the author, February 7, 2014.

⁶⁵ Bergin, "Psychotherapy and Religious Values," 102.

that gesture toward the viability of this bridge. Based on this partnership of resources, I will conclude with some suggestions for psychotherapists who seek to work effectively with Hispanic immigrant charismatic Catholics.

Verónica and Bergin offer two critical insights for psychotherapists. The first is the need to educate *carismáticos* on the value of psychotherapy for those who struggle with depression; the second is the need for psychotherapy to be explained and carried out within a framework that resonates with the *carismáticos'* values. Verónica gestures towards the first point when she explains to Juana that depression is a “disorder of the mind” that is “controlled by medicine.” Here, Verónica demonstrates openness both to a physiological explanation for depression and to medical resources that treat the physiological cause. It is thus quite reasonable to deduce that if Verónica had access to medical information regarding the necessity of psychotherapy in addressing a “disorder of the mind,” she would be as open to psychotherapy as she is to psychiatric medication. How, then, might psychotherapists communicate this information to *carismáticos*?

Verónica’s statement that a “priest explained it” to her is crucial. Zea, Mason, and Murguía, in making recommendations to psychotherapists working with members of Latino/a religious traditions, explain that amongst Latinos, “when religious authorities prescribe or suggest an action, few would dare not to follow this suggestion.”⁶⁶ Although Zea *et al.* specifically treat of indigenous- and African-influenced Latino spiritual traditions, it is also true that *carismáticos* hold a very high level of reverence for, and obedience to, ordained Roman Catholic clergy. Indeed, based on what I observed regarding the *carismáticos'* reverence for deacons and priests, I would assert that Verónica’s openness to the necessity of psychiatric medication is due, in large part, to the source of that information: a priest whom she consulted. Thus, the key to helping *carismáticos* become more open to the benefits of psychotherapy is, as Bergin argues, “mak[ing] efforts to engage in more constructive relationships with members and leaders of traditional religious communities;”⁶⁷ and particularly for the *carismáticos*, as Zea *et al.* assert regarding Latino communities and Verónica herself demonstrates, forming constructive relationships with ordained clergy, the human authority figures whom the *carismáticos* trust the most. Educating clergy regarding the necessity of psychiatric medications *and* psychotherapy would be a constructive first step for therapists seeking to ease past the *carismáticos'* largest barrier to seeking psychotherapy, namely, their tendency to mistrust anything that is not explicitly “of God” and their conviction that psychotherapy falls in that category.

It is reasonable to suggest that efforts to build relationships with priests and other leadership figures, such as deacons and prayer circle coordinators, would be fruitful in the *carismático* community because there is evidence that some *carismáticos* are already willing to enter psychotherapy. My research indicated, as described above, that some prayer circle members have sought psychotherapeutic assistance for chronic depression. This indicates that the possibility of psychotherapy as a viable resource has already entered the consciousness of the *carismático* communities. However, the two individuals I encountered in my fieldwork who entered therapy report that psychotherapy was not an effective cure for depression. While this does not necessarily mean that psychotherapy was useless in their cases – perhaps psychotherapy laid an emotional foundation that facilitated subsequent charismatic conversion – it indicates that *carismáticos* perceive and experience psychotherapy as ineffective.

Thus, while building relationships with priests and other authority figures that the *carismáticos* respect would facilitate an increase in the number of *carismáticos* who turn to psychotherapy, a second issue must be addressed: what can psychotherapists do to render psychotherapy more effective for those *carismáticos* who are willing to work with a therapist? Again, Verónica and Bergin are helpful resources in answering this question. Bergin and Jensen argued in 1990 for the importance of a therapist who “understands [religious practitioners’] perspective and who does not automatically interpret their beliefs in pathological terms.”⁶⁸ Zea *et al.* further emphasize that for therapists working in Latino religious communities, “therapists must demonstrate that they are insiders or, at least, that they have a deep understanding and respect for Latino

⁶⁶ Zea, Mason, and Murguía, “Psychotherapy with Members of Latino/Latina Religions and Spiritual Traditions,” 408.

⁶⁷ Richards and Bergin, “Religious Diversity and Psychotherapy,” 485.

⁶⁸ Bergin and Jensen, “Religiosity of Psychotherapists,” 7.

religious and spiritual beliefs.”⁶⁹ I would add that the more central beliefs are to practitioners’ lives, the more crucial this becomes. In the case of the *carismáticos*, for whom attending to their relationship with God is central, it is imperative that charismatic Catholic values be integrated into psychotherapy.

Verónica confirms this when advising Juana that she go to a “believing doctor,” that is, a Catholic doctor who shares her religious values regarding God’s role in healing. This will be particularly true for psychotherapists who work with *carismáticos*, given the degree to which charismatic Catholicism plays a crucial role in many *carismáticos*’ ability to overcome depression. While I do not believe that a therapist need be a charismatic Catholic to work effectively with *carismáticos*, it is imperative that the therapist attend, at the very least, enough charismatic prayer circles to gain a sense of – and respect for – the ways in which charismatic Catholicism positively transforms its practitioners’ lives. The more that a therapist can integrate the *carismáticos*’ beliefs into the therapeutic relationship, the more effective she or he will be. This includes openness to the *carismático* perspective that, as Verónica delineated, God gave science – including psychology – to medical professionals in order that patients are cured, and it is God working through the medical professional that effects healing.

From these understandings, it will have become clear that not every therapist will be effective working with *carismáticos*. Effective psychotherapy would require not just passive acceptance of charismatic Catholicism but sufficient understanding and sympathy to “speak *carismático*” in a way that resonates with the client. As with every aspect of the *carismático*’s life, effective psychotherapy, too, must center itself around God’s transformative presence.

My experiences amongst the *carismáticos* lead me to make one further observation regarding effective psychotherapeutic approaches in this community. Charismatic religiosity in general and charismatic conversion in particular are introduced, prompted, facilitated, and interpreted within a communal context – prayer circles, retreats, vigils, and conventions. While conversion is a personal journey, it is not an individual journey, but a communal one. Zea *et al.* affirm this is true amongst Latinos in general: “many events and processes or activities for spiritual development take place in the context of a house or temple, and the efforts of the community are involved in an individual’s advancement or initiation. Although there may be some moments of solitude and each person’s path is unique, Latino spirituality is not a solitary, individualistic path.”⁷⁰ These observations suggest the effective potential for group therapy or another collective approach with a therapist-facilitator who either shares or sufficiently understands and supports the *carismáticos*’ religious values.

In conclusion, the traditional *carismático* approach to chronic depression arises from and reflects their core belief: that the most meaningful pursuit in life is intimate, open-hearted relationship with the God who transforms lives. For the majority of *carismáticos*, chronic depression falls in the category of something that God alone can transform; and furthermore, many believe that psychiatry and psychotherapy are distractions from, rather than a path to, addressing chronic depression effectively. Indeed, because *carismáticos* believe that charismatic conversion is the only true source of joy, the majority draw two related conclusions regarding depression: charismatic conversion is the only effective way to transform depression to joy; and since a chronically depressed person lacks joy, they also lack true charismatic conversion. Verónica, amongst the youngest and newest members of the prayer circles where I did my research, agrees with these statements, but from her experience incorporates psychiatric medication amongst the resources that God uses to bring a person to full conversion.

Further analysis of Verónica’s theological perspective – that a priest taught her how God works through psychiatric medication – offers resources to psychotherapists who seek to work effectively with *carismáticos*. A two-fold education approach is necessary. Ordained Roman Catholic clergy need education in the necessity of psychotherapy in addressing mental health issues, while psychotherapists need to educate themselves in order to adeptly and sympathetically integrate *carismático* values into their psychotherapeutic approach. Finally, during my fieldwork, the *carismáticos* demonstrated the power of conversion as a healing resource for Latina immigrants who suffer from chronic depression. As a result, I conclude that a therapist willing

⁶⁹ Zea *et al.*, “Psychotherapy with Members of Latino/Latina Religions,” 408-09.

⁷⁰ *Ibid.*, 412.

to bridge the gap between psychotherapy and the *carismáticos* would not only gain the benefit of being more effective with the *carismático* population. They would also gain insight, via *carismáticos*' experiences wherein conversion heals chronic depression, into a healing resource that psychotherapy has only begun to tap.

References

- Bergin, Allen E. "Psychotherapy and Religious Values." *Journal of Consulting and Clinical Psychology*, 48 no. 1 (1980), 95-105.
- Bergin, Allen E. and Jay P. Jensen, "Religiosity of Psychotherapists: A National Survey." *Psychotherapy* 27 (1990), 3-7.
- Center for Substance Abuse Treatment, *Substance Abuse Treatment: Addressing the Specific Needs of Women*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009, <http://www.ncbi.nlm.nih.gov/books/NBK83240>, accessed 2/5/16.
- Richards, P. Scott and Allen E. Bergin, "Religious Diversity and Psychotherapy: Conclusions, Recommendations, and Future Directions." In *Handbook of Psychotherapy and Religious Diversity*, edited by P. S. Richards and A. E. Bergin, 469-489. Washington, D.C.: American Psychological Association, 2000.
- Vega, William A., Bohdan Kolody, Sergio Aguila-Gaxiola, Ethel Alderete, Ralph Catalano, and Jorge Caraveo-Anduaga. "Lifetime Prevalence of DSM-III-R Psychiatric Disorders Among Rural and Urban Mexican Americans in California." *Archives of General Psychiatry*, 55 no. 9 (1998), 771-782.
- Wassertheil-Smoller, Sylvia, Elva M. Arredondo, JianWen Cai, Sheila F. Castaneda, James P. Choca, Linda C. Gallo, Molly Jung, Lisa M. LaVange, Elizabeth T. Lee-Rey, Thomas Mosley, Frank J. Penedo, Daniel A. Santistaban, and Phyllis C. Zee. "Depression, Anxiety, Antidepressant Use, and Cardiovascular Disease among Hispanic Men and Women of Different National Backgrounds: Results from the Hispanic Community Health Study/Study of Latinos (HCHS/SOL)." *Annals of Epidemiology*, 24 no. 11 (2014), 822-830.
- Zea, María Cecilia, Michael A. Mason, and Alejandro Murguía, "Psychotherapy with Members of Latino/Latina Religions and Spiritual Traditions." In *Handbook of Psychotherapy and Religious Diversity*, edited by P. S. Richards and A. E. Bergin, 379-419. Washington, D.C.: American Psychological Association, 2000.