

'Without faith, I would have ended my life': A nun's journey through depression

Cenacle Sr. Cecille Tuble draws from her painful lifelong experience to advocate mental health from a perspective of faith and compassion

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Drawing from her personal battle with major depressive disorder, Cenacle Sr. Maria Cecilia "Cecille" Tuble now advocates for greater mental health awareness and help for people who are depressed and suicidal.

Tuble, 50, recently completed her master's degree in theology at the Loyola School of Theology at the Jesuit-run Ateneo de Manila University in Quezon City. Her thesis, which dealt with depression, is the basis for her well-attended talks on depression at the Loyola School of Theology and the Ateneo de Manila University.

Tuble graduated cum laude with a bachelor's degree in humanities from the University of the Philippines. She entered the Congregation of Our Lady of the Cenacle in 1996.

Like most Cenacle sisters, Tuble gives retreats and spiritual direction. As current vocation and prenovitiate director of the Cenacle Asia Region, she is involved in vocation activities and formation sessions.

In June, Tuble spoke at a forum called "Love Stronger than Death: A Theological Response to Suicide in Depression" at Ateneo. In February, she tackled the same topic at Loyola School of Theology.

Tuble examines theological and pastoral responses to suicide in the context of clinical depression. She explores the psychopathology of suicide, drawing from research in neuroscience and psychology. She brings up how the church regarded suicide throughout the centuries and offers a "contemporary moral approach."

With the Philippines' Mental Health Act becoming a law last year, Tuble hopes church and government can work together in promoting mental health awareness and making mental health services more accessible.

How did clinical depression first manifest in your life, and later when you were a religious?

I was 13 years old when I had my first major depressive episode. The family doctor could not find anything physically wrong with me, except my insomnia. He prescribed tranquilizers. I felt sad, hopeless, tearful most of the day, for weeks. I felt crushed for no reason. My dad would drive me to school, and I couldn't bring myself to open the car door. I would end up in his office couch, curled up in a fetal position.

My second episode was after I had just made my first vows as a Cenacle Sister. The depressed mood, the crying spells, the utter hopelessness, the insomnia returned with renewed force. At night, I would go inside my bedroom closet to cry, because I was afraid the sisters would hear me.



With a supportive community of Cenacle sisters, Sr. Cecille Tuble is second from left.

—CONTRIBUTED PHOTO

Crying spells

Can you describe major depressive disorder as you experienced it?

I couldn't sleep for weeks, and if I managed to sleep a little, I would wake up tired. I felt sad, empty, tired, hopeless. I had crying spells, mostly in the morning, or late at night. Everything was a burden, including eating. I hated myself. I wished I would just die. Nothing gave me pleasure—even compliments drove me to tears. I felt isolated from everyone, even when others tried to help or cheer me up.

When did you realize that you needed professional help?

I did not receive any professional help in my first episode, and my parents did not know anything about mood disorders. For my second episode, my sister-formator suggested psychotherapy, which I did for three-and-a-half years. Since that dealt a lot with the unconscious, I can say that it radically transformed me.

My fourth episode was pretty bad. I went to a psychiatrist who diagnosed major depressive disorder and prescribed medication. My religious community was a great source of support.

You spoke openly about your attempt to end your life. What prevented you from carrying it out?

I suffered a severe depressive episode in November 2014. I felt that the world was immensely inhospitable, and life was drained of every joy. God was not so much distant as obscured by an impenetrable darkness, by an oppressive fog of despair that choked my prayer into nothing but, "God, I want to die. Let me die."

A detailed suicide plan was formulated, perversely, during my personal prayer time. The means were ready and accessible. The only thing that kept me from killing myself was the one question: "How can I do this to God who has been so good to me?"

Months later, when everyone thought I was on the way to recovery, I had an episode of self-harm. I was immediately put on 24-hour suicide watch. However, my psychiatrist later diagnosed it as nonsuicidal self-injury.



Cenacle Sr. Cecilia Tuble: "God has never left anyone to suffer alone." — CERES DOYO

Did you think that religious life might have aggravated your depression?

I think I would have had this disorder whether or not I was in the religious life. Whatever state of life I am in will have its attendant stressors. It is a matter of understanding and coping with it.

I am blessed with a loving, caring and supportive religious congregation updated with the advances in psychology and medicine. They took my diagnosis in deep faith: caring for me when I could barely care for myself, taking over my responsibilities, and always holding on to the firm hope for healing that strengthened me on the road to recovery.

God's faithfulness
Being in vocation formation and spiritual formation, what insights do you bring to

awareness that depression is a mental illness that needs medical intervention. It is difficult to distinguish clearly between depression and the "dark night of the soul," because they are like two prisms refracting the light of very similar subjective experiences.

Depression affects prayer: the emotional closeness to God, the clarity of purpose that one enjoys in spiritual consolation are diminished, or even taken away by depression. However, this does not mean that everyone who experiences a "dark night of the soul" is clinically depressed.

There has been a spate of suicides, among famous persons and Filipinos, too, who aired live their intent on social media and successfully carried it out. Might this lead to a contagion?

Unfortunately, yes. Dr. Kay Redfield Jamison, who wrote about suicide in her 1999 book, "Night Falls Fast," discussed how highly publicized media accounts of suicide can lead to "suicide clusters" and suicide contagion. She outlined the guidelines published by the Centers for Disease Control and Prevention for media. These enjoy less coverage of prominent or sensational suicides and more emphasis on the link between mental illness and suicide.

Besides medical intervention and psychotherapy, what are your personal ways of dealing with depression?

I make physical exercise an essential part of my schedule. I try to get sunshine every day, because it uplifts mood and improves sleep. Meditation and mindfulness exercises also help. I practice EFT (Emotional Freedom Technique) when I have strong negative feelings. Acupuncture helps alleviate depression. Most important of all, I pray every day. No matter what my mood is, or how my day went, prayer reminds me that I belong completely to God, and that all shall be well.

Not a punisher
In your personal experience, how does prayer, faith or religion help?

Numerous studies have shown the importance of faith: Religious coping protects

against suicide, while religious struggle aggravates suicidal ideation. This means that the kind of faith you have matters. Religion that promotes a distorted image of God as punishing or distant can aggravate depression, while religious belief and conviction that God is love gives the depressed person the faith to hang on to life—and God—no matter what. This, I have personally experienced: without faith, which is a gift from God, I would have ended my life when I was in deep despair.

Should persons with the disorder be resigned to a lifelong condition that needs medication and therapy? Is there such a thing as complete healing? What about relapse and triggers?

To be resigned implies passivity. Acceptance and understanding are far from passive; they impel you to actively seek healing. Healing is different from cure. Healing is a lifelong process that involves coming to terms with both the struggles and the hidden blessings of having a lifelong condition. I can say that I am being healed, although perhaps I will never be cured. I am grateful to feel well right now, but I reckon that there will be triggers and the possibility of relapse.

What is the "contemporary moral approach to the problem of suicide" that you promote?

In my thesis, I simply traced the historical development of the Church's stance on suicide, and how it has now come to a place of compassion. The Church now distinguishes between moral judgment on the act of suicide, and the person who completes suicide. The act of suicide remains objectively, morally wrong, and this moral judgment applies even to persons who are mentally ill. However, the Church now acknowledges that mental illness is most often associated with suicide, and therefore the person's responsibility is diminished. Now the Church prays for those who have taken their own lives, and offers compassion to those with mental illness, and those who are bereaved because of suicide.

In your talks, you have dissected depression skillfully and compassionately. How has this helped in your own personal healing?

I needed to make sense of my experience, to understand this mental illness as much as I can, in order to have some measure of control over it. By understanding how it works in my brain, by recognizing its symptoms, dynamics and what my triggers are, and knowing what could help, I could learn to live with it in peace. Understanding gives way to acceptance, and acceptance deepens understanding, and enables me to be more compassionate with myself. This self-compassion is perhaps the biggest sign of healing for me. **RDQ**