



Pastoral Care Part Two

Sample

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Unit 5. Issues In Pastoral Care: Depression Part Two

A pastoral response - in depression

Love

The person with depression is suffering, and they need to be reached out to in Christ-like love and uncritical acceptance. They need people who are there for them, will listen to them, or are simply willing to sit with them. We need to show the person suffering from depression love and mercy in a consistent and sacrificial way.

Patience

Depression is not like a mist patch that is passed through as you are driving or a momentary shadow as the sun goes behind a cloud. It is more like a deep and engulfing fog that stretches for mile after tedious mile, or a total solar eclipse that lasts for what seems like an eternity. Consequently, patience is an indispensable virtue.

Empathy

The Bible calls us to “mourn with those that mourn” (Romans 12:15). As we reach out in love to those suffering with depression, weeping is an altogether appropriate response. We need to come alongside them, stand with them and bear their burdens.

Prayer

As stated earlier, at some point and in *every* case, depression involves, what we might call, ‘spiritual issues’. This means that whatever the cause and whatever the symptoms, prayer is not only appropriate but necessary. We have to be acutely aware of our own limitations. The people we deal with need a work of grace in their mind and heart, and only God can dispense that. We also need to encourage those suffering with depression to pray themselves. Often it will be the last inclination of their hearts, which means help from others will be particularly important. Edward Welch makes helpful observations in his recommendation of ‘liturgical prayer’: prayer with the words provided, not requiring the sufferer to feel motivated to worship or to know what to say. God has graciously provided words which voice both suffering and belief, and which lift people’s eyes from their suffering to Jesus and express faith (not to be confused with comprehension) in God. Every suffering believer has the choice of whether to cry to God or not, and a significant part we can play is to help them to choose to do so. Divinely-provided expressions of pain and trust, as found in many of the Psalms, give words to hearts who may not know exactly what is happening to them – or why – but know that their suffering and their hope in God are both real, and that neither one denies the other.

Exercise

- Pick a Psalm (e.g. Psalm 13; 22; 55; 69) and show how it voices the dual experience of real suffering and real faith so helping us “fix our eyes on Jesus” (Hebrews 12:2).
- How would you encourage someone suffering from depression to claim this Psalm as their own prayer?

Faith

Prayer is the explicit expression of belief. Faith and feelings are often so closely related in our minds that depression can seem like the opposite of belief, both to those experiencing it and to those trying to help them. As well as giving words to our prayers, the Bible must be allowed to correct our expectations with regard to emotions. “Faith ... can be buoyant; it can be depressed and lifeless. Feelings don’t define faith. Instead, faith is simply turning to the Lord.”¹⁷ As those caring for depressed Christians, we must help them to express on-going belief in God by “simply turning to the Lord.” “Jesus Christ is the same yesterday and today and forever” (Hebrews 13:8). So all that was true about him before depression is still true in the very midst of depression. Remind people of him and encourage them to voice the Bible’s words to him and about him - not simply in the hope that depression will go, but *because they are true*. In affirming as much, depression is no longer allowed to deny faith, and the Spirit of God is shown to be at work in even the dullest of hearts.

A pastoral response - through depression

Courage and conviction

The way we engage with someone suffering with depression is not with passive love and empathy. It means getting into the mire beside them, and beginning the process of helping to lift them out. To do that there needs to be serious engagement with the individual and their past, present and future, their personal circumstances and their social context.

Conversation and questions are two key strategies to employ. Something is going on in the mind and heart of the person suffering depression. Depression is a downward spiral, a deepening vortex of despair with emotions feeding off emotions, and unhelpful thoughts leading to other unhelpful thoughts, confusion breeding confusion. At some point, attempts have to be made to discover the issues beneath the issues. This means addressing the heart to get to the core of who and what we are; the things we treasure and value, in which we invest and from which we gain our significance. This is helpful to remember at a practical level, because often ‘behaviour’ and ‘thinking’ are diversionary. We need to peel the layers away from ‘behaviour’ and ‘thinking’ to get to the heart issues that underlie them. Whatever the interplay of causes, effects and symptoms, depression raises all the most basic questions of human existence.

¹⁷ Welch, E., *Depression A Stubborn Darkness* (Punch Press 2004), 60

In conversation with depressed people, you will find that sometimes they can point easily to a particular incident or circumstance. At other times it will be a culmination of situations that have overwhelmed them and brought them to the point of emotional surrender. For other people, a fallen world and Satan provide plenty of external factors which can individually or cumulatively contribute to depression. In other conversations the person might not be able to pinpoint anything, and part of the problem is guilt because everything is going so well in life. The sense that the sufferer has no right to feel like this only compounds the problem. But we should not be deterred too easily. Often patience and gentle perseverance will reveal some factor or influence. The thought process in a depressed mind may well be complex and flawed, and particular triggers or contexts for those thoughts should be traced, but we should also specifically be alert to the fact that pain and suffering provoke fundamental questions and inquiry into God's character and his purposes.

The issues behind the issues

Exercise

Susan was a thoughtful and intelligent young woman, from a warm, loving and supportive family. She was a high achiever and usually excelled at anything to which she put her mind. Yet she found herself becoming down, lifeless and disinterested. We talked on a number of occasions, and she cited over-work, unreasonable demands being placed on her and a loss of sleep as the reasons for her 'mood'. I tried to look at the sleep loss issue as a symptom rather than a cause, but she was adamant that there was nothing wrong, and she should pull herself together.

But she did not pull herself together. She could not. Eventually she found herself on medication for depression. All was well for a year or so, and then the cycle began again. We began to talk once more. As before, Susan was certain that there was nothing causing her depression. It was just the way she was and she was going to go back to the doctors for more tablets. Despite her apparent acceptance that this was 'just the way she was' she was obviously troubled by her feelings, and kept reminding me that she had no right to feel like this. In fact, she had even less right than last time as her circumstances were no longer as demanding. Sleep loss was a recurring problem.

I persevered with as much gentleness as I could muster. Eventually it came out that she was upset because of her mother's degenerative illness. Her mother was such a good woman with such an important job, which she now had to give up because she could no longer cope. It was neither right nor fair. Susan also had to come face to face with her own impotence, probably for the first time in her life. Why couldn't she be more help to her mum? Why couldn't she have the illness? In fact, that was the answer for Susan. She should have the condition because she would be able to cope, and it would not matter as much. God was to blame. He did not really know what he was doing. She could have done a better job in the circumstances than he was doing.

- Identify the things about God's character and purposes that Susan is questioning.

It is also important to realise that the individuals with whom we talk are not positioned in a hermetically-sealed bubble. It is in no way simplistic to assert that, given contemporary culture, it is not surprising that depression is an increasing problem. We live in a culture of decision-making. Martin Seligman, a researcher into depression has suggested, "The modern individual is not a peasant of yore with a fixed future yawning ahead. He, and now she – effectively doubling the market - is a battleground of decisions and preferences."¹⁸ No wonder that one response to such a culture is withdrawal and fear. "What if I make the wrong decisions?" can be a terrifying question, especially when so much in terms of achievement, self-esteem, satisfaction, happiness and peer affirmation is riding on those decisions.

The situation is made all the more difficult when we recognise that we live in a world where we are expected to worship at the cult of the individual who is the centre of the universe and requires oblations of anything and everything in order to achieve this happiness. This little deity becomes satiated and bored with the offerings. The more he is given, the more he demands and the less he appreciates what he has. Even though the world offers so much - health and happiness, success and satisfaction, meaning and fulfilment - in real terms it delivers so little.

This gets to the core of so much depression: disappointed expectations. When depression comes, it often comes alongside or soon after redundancy, bereavement, divorce or illness. Depression is often a response to failure, or perceived failure, or to unmet expectations. We all have expectations - of life, friends, family, God and career to name but a few. Almost invariably, those expectations will be disappointed at some point or another. For some people, depression will be the response.

This is where depression often 'exposes' the issues in our hearts. External factors may or may not be obvious, but even the most significant hardship to which we are exposed does not make depression inevitable. We all filter events through an interpretative grid that shapes our reactions. Parental divorce, for example, can have a very different impact on different children, as they will each 'see' the events, words and outcomes through their own, individual 'lenses' of how they understand the world. Another example is the way sexual abuse can be cited as the 'cause' of promiscuity, frigidity or sexual preference. This external 'cause and effect' view is simplistic and unhelpful. The primary issue is how the individual responds to the sin against her. That initial response is a heart issue (as is any ongoing response), and it will lead the individual to make choices in a range of behaviour options.

This is *not* a case of pointing the finger accusingly. We must assert that the depressed person is a sinner. But that is where our convictions about our common nature are so helpful. We do not, indeed cannot, sit in judgement upon others' lives or their responses to their lives. They and we are Everyman. As Everyman we have worshipped at the same

¹⁸ Cited in Buie, J., *'Me' Decades Generate Depression*, APA Monitor, February 1991, 18

shrine: the shrine of self. God made us to be lovers: lovers of God and lovers of others. Instead, we have become obsessive lovers of self. Idolatry is the fault line that runs through the core of who we are. In the human pursuit of the primary object of our affection, *self*, we set up other idols to serve us, but they turn on us.

Idolatry and depression

Although idolatry should by now be a familiar concept, it will be helpful to consider it within this specific context of depression. What the 'Issues' units are attempting to do is apply framework principles so that methods of application can be learned.

Calvin spoke about the heart as an idol-making factory.¹⁹ It churns out idol after idol, and sometimes many at a time. All of these keep us from the worship of God for whom we were made. And all of them are cruel and uncompromising deities. Idols are those things, people, ideas or values that we believe give our lives meaning. They are the things of which we say, 'I need this to make me happy' or 'If I don't have this my life is worthless and meaningless'. Idols are the *non-negotiables* of our lives. We come to believe they will be the source of happiness and fulfilment, so we chase after them and declare, "I will not let you go unless you bless me" (Genesis 32:26). Unlike the God of grace Jacob mysteriously wrestled with in Genesis 32, the idol wants nothing more than to gain mastery over us. This is the very nature of sin itself. John Owen offers this insightful and pastorally helpful comment in his volume entitled *Sin and Temptation*:

The general design of all sin is dominion ... the design of sin lies not in the particular temptation but to make it a means to obtain dominion over the soul, and the consideration should keep believers always on their guard against all the motions of sin, though they seem ever so small ... Believe none of sin's excuses or promises; it is power over your soul with a view to its ruin that is sin's aim in everything.

So it is with idolatry, the archetypal sin of the human heart. We do need to beware how this could be misunderstood and mis-communicated. Idolatry is usually not about wanting those things that are wrong or inappropriate. It is more often about wanting good things too much. It is the immoderate nature of our desire that is the problem, not the desire itself. In that extravagance of affection, they come to rule us instead of God. We want them more than we want to obey God. The term helps explain the 'why' behind the 'what'. All of our harmful behaviours, warped thinking and uncomfortable feelings – anger, worry, self-pity and so on, can be explained in terms of our lusts and idols.

Exercise

"Symptoms of depression typically include tearfulness, *irritability*, *social withdrawal*, insomnia, appetite loss (though some people present with increased appetite and significant weight gain) and fatigue. There is also often a loss of enjoyment in everyday life, *feelings of guilt*, *worthlessness*, *loss of confidence*,

¹⁹ Calvin, J., *The Institutes of Christian Religion*, The Library of Christian Classics, Volumes XX and XXI, trans. F. L. Battles, ed. McNeill, J. T., Westminster Press/SCM, 1961, 1.11.8.

helplessness, suicidal thoughts and attempts at self-harm or suicide.”

Choose two of the symptoms in italics. Referring back to Units 8 and 9 from Pastoral Care Part One, write down some of the issues you would want to explore, and questions you might use, to help someone consider *why* he or she might be feeling these to such a debilitating extent.

If it is our conviction that this is what the Bible teaches about the human condition, then at some point and in some way this will be involved in the anatomy of depression. Depression, as with other forms of suffering, is often used by God to unveil people's hearts. This is not, however, painful exposure for its own sake. God is not being perverse and exposing our true heart condition merely so we can see it. He is lovingly but determinedly pursuing us in order that he might finish the good work he has begun in us (Philippians 1:6). God's love for us is a hard love. It is the epitome of what has become known as 'tough love'. He will go to any lengths and employ any means to make us more like our Saviour, so confident is he that such conformity is both our ultimate good and that which secures his greatest glory. If we should question this assertion, a moment's reflection upon the cross of Christ will surely dispel any lingering doubt. Our good and his glory matter so much to God that he was prepared to endure the horrors of hell itself to set people free.

The task of a 'soul physician' is to shine the light of the gospel into people's hearts so that the healing truth, as it is in Jesus, will do its work of restoration. Without wanting to be too iconic, in discussions with people it can be helpful to think of a cross in the corner of the room in the sense that we want to discharge our responsibilities in the shadow of the cross of Christ. The cross shapes our approach to people and informs our conversations with them. At some point and in some way, we are to bring them to the cross for forgiveness, health and sanity. At the cross we see that we are more sinful than we would ever dare admit and more loved than we would ever dare believe.

Understanding that all our sinful hearts are prone to idolatrous expectations, and that they will often have a place somewhere in the experience of depression, should inform the way we seek to counsel people in and through depression. Happiness – the apparent light at the end of depression's tunnel vision – can itself become an idol. Happiness is a good thing, but it can be a good thing that the sufferer wants more than wanting God himself. Just like other idols, this too will only come to be an unsatisfying tyrant: an enticing 'carrot' always just out of reach but demanding to be followed. Hard as it can sound, in the midst of depression, not-being-depressed must not be what is longed for *most*. It is not the best that God has for his children, so we must not give in to the lie that it is the best he could give ('if he really loved us'). God has *promised* to be at work in those who love him – for his glory and his people's good. Whatever part sin plays in depression, it is still within God's sovereign control and part of the good he is doing for those we care for and pastor.

The mistake we tend towards is seeing suffering as the ultimate evil; the thing to be avoided at all costs. Given the radical nature of our self-obsession, this is not at all surprising. But using depression – among many other trials – to show up sin and bring repentance and transformation is far kinder of God than removing pain for the sake of

being pain-free. That same kind God does not abandon his children to the pain of depression, either, but gloriously and extravagantly gives sufficient “*grace to help in time of need*” (Hebrews 4:16).

Exercise

Read Romans 8:18-39.

1. Explain the different ways that these verses could and should shape a pastoral response to depression, including:

- Correcting idolatrous expectations of happiness.
- Providing assurance for Christians.
- Explaining God’s purposes for and through his people.
- Looking to the cross of Christ to “dispel any lingering doubt”.

2. Which of the above do you think can be the hardest for Christians suffering from depression to really believe? Why?

3. How can we equip one another to believe these truths wholeheartedly - whether facing depression personally or not?

We have considered how depression is a complex and painful issue. Nothing we do in our response to the person suffering from depression should ever be casual, simplistic or accusatory. This means we will take care what we say and how we say it. Job’s friends often spoke truth. It was the manner in which they spoke it that was the problem. It also means that we will take care in our individual or corporate reliance on medication, and the assumption that having turned to a GP, we have done enough. Depression, whatever the cause, is a spiritual issue. Responding to it – as to the myriad forms of suffering there are in the world – is a call to discipleship.

Further Reading

- Edward Welch, *Blame it on the Brain? Distinguishing Chemical Imbalances, Brain Disorders and Disobedience* (P&R Publishing, 1998).
- Edward Welch, *Depression A Stubborn Darkness* (Punch Press, 2004).
- Richard Winter, *The Roots of Sorrow: Reflections on Depression and Hope* (Crossway Books, 1986).