

# Depression and the soul—a Cook’s tour

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## 1. Introduction

### **Why this topic?**

Why depression? I chose this topic because researching this area in the last months has made me aware of just what a hidden plague it is in Australia,<sup>1</sup> and how little the Christian churches have seriously begun to understand or respond to it.

The current community and media focus on this illness challenges us in the church, and places in front of us an opportunity to serve and witness, using the rich spiritual resources God has given to us for the care and cure of souls, the term “soul” referring here to people as whole spiritual beings before God.

Addressing these issues, the two basic questions for our consideration are:

- In what way is depression a spiritual illness?
- How might we, as Christians, respond effectively to the spiritual needs of people with depression?

### **The black dog**

One of the things we “Aussie battlers” have going for us is our Australian tradition of using humour to face trouble and suffering. You may remember that Churchill called depression his “black dog”. That nick name has been adopted by a foundation for depression research and treatment—the Black Dog Institute. In one of their information booklets there is a cartoon of a man, standing at the edge of a cliff. He is not about to jump over, but is throwing a stick for his black dog, saying “Fetch!” (Johnstone: 30).

This is the spirit in which I wish to approach this issue, and I invite you, the reader, to do the same. We are not powerless victims. We are people of hope—the hope we have in Jesus Christ. The black dog hangs around sometimes, but let us not be afraid of him or of talking about him. He is only a dog after all.

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<sup>1</sup> The current statistical analyses indicate that 20% of Australians will experience major or clinical depression at some point in their lives. <http://www.mindframe-media.info/site/index.cfm?display=85541>

## 2. Background

### ***What is depression?***

What are we talking about here? Depression, as the term is generally used today, is not just a passing feeling of despondency in response to a disappointment or problem, but a persistent debilitating illness, which is medically diagnosed and treated.

It is of course associated with other problems and issues, like anxiety, which often occurs together with depression, and of course suicide (both significant issues which lie outside the focus of this paper).

### ***What are its symptoms?***

Depression affects every sufferer differently, but has some common symptoms:

- emotional sadness
- sleeplessness or early waking
- restlessness and agitation
- trouble with concentration
- excessive fearfulness or worrying
- physical lethargy and tiredness
- lack of motivation
- feelings of worthlessness and self-loathing
- reduced tolerance to pain

These symptoms can range from mild to severe. In its severe form, depression robs people of their ability to function in daily life. It can last from a few weeks to several months.

One of the problems with depression is that its worst symptoms are subjective: they are internal affective experiences which cannot be observed from outside (Radden: 29–36). The suffering is also hard to describe in words since the sufferer often finds both thinking and speaking about it very hard. This tends to mean that, to a large extent, those who have not experienced depression have few clues available to them in order to construct some picture of what it is like.<sup>2</sup> Over the years this has contributed to the illness being misunderstood and trivialised in the community.

### ***Why has it become such a problem?***

While it is quite clear that depression has been a problem since ancient times<sup>3</sup>, it seems clear that since about the end of the second world war, it has been escalating (Blazer: 3). Social changes have not helped. Increased pace of life, stress and longer work hours, social fragmentation, the devolution of family support structures (Monroe, Slavich & Georgiades: 340), the impact of electronic forms of communication and quasi-intimacy<sup>4</sup>, and the widespread recreational use of mood altering drugs (including alcohol) have all contributed to this.

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<sup>2</sup> William Styron (7), in his masterful account of his own major depression wrote: *Depression is a disorder of mood so mysteriously painful and elusive in the way it becomes known to the self—to the mediating intellect—as to verge close to being beyond description. It thus remains nearly incomprehensible to those who have not experienced it in its extreme mood.*

<sup>3</sup> Aristotle speaks about melancholy in his *Problema* (Radden: 57–60) as early as the second century B.C.

<sup>4</sup> Beverly Yahnke (3) identifies the rise of electronic forms of communication like texting, email, MSN, online chat rooms etc. as erosive to true relationships between persons, fostering a sense of unreality and falsehood. She calls this “untalk”—since no actual talking takes place—there is no human voice or face or presence. Relationships are effectively electronically filtered and modified in such a way that they become unreal.

### ***How do we respond?***

There is already a strong and positive response to this epidemic of depression. Today, as rates of depression rise, there is a war against depression in our world, being fought on three different fronts or, if you prefer, three different levels or dimensions:

- **The medical**

Today in most instances the first port of call for people seeking help for depressive symptoms is their local doctor. This is a very good place to start and the majority of people receive substantial help from the medical profession, either from their general practitioner or psychiatrist.

Serious medical research is being done in the area of neuropsychology, seeking to better understand the dynamics of brain biochemistry, and develop better antidepressant medications (Hunter & Hunter: 27–37).

- **The psychological**

Clinical psychologists have been working with depressive patients for many years, using different approaches and models of therapy and counselling. The adaptation and development of cognitive therapies have proved especially effective in helping depressed people reshape their negative thinking and belief systems (Hollon & Dimidjian: 586–598).

The general consensus is that people receiving medical drug treatment for depression together with psychological therapy or counselling considerably increase their chances of full recovery (Blazer: 3, Hunter & Hunter: 73).

- **The social**

As outlined above, in recent decades it has become apparent that depression is to some extent a socially conditioned illness (Blazer: 27–37). Considerable efforts have therefore been made to address it at the social level, by reducing the stigma attached to it and raising awareness of the risk factors. Over the last five years in Australia important social strategies have been put in place. Initiatives like *Beyond Blue* and the *Black Dog Institute* have set up comprehensive websites with high quality information. They also provide simple self-assessment tools, and provide options for seeking treatment. They have enjoyed unprecedented media exposure and their effectiveness has been enhanced by the number of high profile Australians publicly speaking about their depression in order to empower and encourage others to seek the help they need <sup>5</sup>.

### **3. Depression and the soul**

#### ***The missing spiritual dimension***

These three aspects of understanding and responding to depression are very positive and have brought great benefits to the community, but as I have none too subtly been hinting, there's a gap here, a missing fourth dimension to the puzzle of depression—the spiritual.

#### ***The wisdom of past eras***

In our increasingly secular culture, the crucial spiritual dimension of depression has fairly much disappeared from view. But in terms of history, this is a very recent development. Until around

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<sup>5</sup> Politicians, Geoff Gallop, Andrew Robb; actors Rebecca Gibney and Gary MacDonald, and swimming legend, Dawn Fraser are just a few of the famous Australians who have publicly acknowledged their struggles with depression, encouraging others with the illness to hope and work towards recovery and a full life.

the turn of the 20<sup>th</sup> century, depression (or to use its historic name, “melancholy”) had not been seen merely as a sickness of the mind, but as something much more profound: a manifestation of the deep human struggle with the spiritual darkness shared by all humanity (Radden: 5–28). As such, it was considered to be part of the normal range of human sufferings to be endured; sometimes tragically and wretchedly, but sometimes creatively, heroically, and even nobly. In the 18<sup>th</sup> and 19<sup>th</sup> centuries, for example, melancholy was seen as the sign of a person with a truly deep, creative and spiritual sensibility (Radden: 12–13). Melancholic souls were seen as people with deeper awareness and perception of reality. Most people can name at least one melancholic genius. History is littered with them: poets, authors, painters, composers, scholars, theologians, spiritual leaders and comics.<sup>6</sup>

The great spiritual teachers of past ages also had a far deeper understanding of depression and its crucial spiritual aspects than we do today, and we who are trying to minister to depressed persons today have a lot to learn from them.<sup>7</sup> They knew that human beings are subtle, mysterious and deeply dimensioned, and that the spiritual is just as important in healing the person as the medical and psychological.

### ***The church needs to respond to depression***

Sadly and perhaps surprisingly this has not been well understood in our churches over the last century. To a large extent the church backed off and left depression to the medical and mental health experts. To Lutherans, with our strong work ethic, depression looks a lot like laziness, and we seem always to carry with us that strain of pietism that sees any such weakness as a sign of moral or spiritual failure. So it is that many depressed people in the church have felt the need to hide their depression and keep it secret for fear of being misunderstood or judged. Their wounds have remained largely unrecognised, hidden, or ignored—in the very place where healing and comfort ought to have been possible, and *is* possible (Hunter and Hunter: 85).

## **4. Depression and the spiritual realm**

### ***Depression and spiritual awareness***

Reading Luther’s letters to the depressed, and other literature on melancholy from past eras, I quickly noticed something that rang true with my own pastoral experience, and which other pastors have corroborated: that for many people depression actually opens up a new awareness of the spiritual realm, even with people who normally live secular lives.

Spiritual matters may play a part in triggering depression, and/or may be a part of the effects and symptoms of depression, or may function in both ways. Often people who are suffering with depression fix on to spiritual issues or images—the devil, God’s punishment, fear of damnation, guilt over past sins, doubts of their election, God’s silence, doubts about God’s existence, the meaning and purpose of life etc.

Sometimes it is almost as if the person’s depression breaks down their normal defences of scepticism and their habit of rationalising, so that spiritual reality “rushes in”. In their depressed

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<sup>6</sup> The *Mixed Nuts* website (see references) has an extensive list of famous artists and other geniuses throughout history who have suffered from depression.

<sup>7</sup> John Cassian, Gregory the Great, Teresa of Avilla, Hildegard of Bingen, St John of the Cross (and his description of the “dark night of the soul”), Luther (with his understanding of *tentatio* and *Anfechtung*), Ignatius Loyola (and his concept of the soul’s desolation), to name but a few. Extracts from the relevant primary sources by many of these writers can be found in Jennifer Radden’s excellent anthology, *The Anatomy of Melancholy* (see references).

state, they see (often in exaggerated or distorted terms) what they have hitherto ignored or suppressed.<sup>8</sup>

### ***Depression and the devil***

Luther, a long term depressive himself, who helped many other people struggling with melancholy, saw it as a spiritual sickness as much as a physical one. Like his contemporaries, he saw the spiritual realm at work here, especially the diabolical and the demonic (*Table Talk* 54: 15–18).

He is often charged with blaming the devil for everything from toothache to constipation. But when you actually read Luther (especially his letters of comfort to depressed people) you find out that he is very realistic and sensible in this regard. Far from sending people to search for the devil under every bush, he says that the devil uses *our* natural weaknesses, *our* flaws and vulnerabilities: ‘where the fence is lowest, there he climbs over’ (1531:1) he warns.

This is part of the *tentatio* and *Anfechtung* that Christians have to deal with in this world, the testing and suffering we experience as the devil seeks to kick us when we are down, to demolish our faith and trust in God. This is superbly shown in a woodcut by Cranach, illustrating the sixth petition of the Lord’s Prayer—‘lead us not into temptation’ (trial or hard testing). It depicts Jesus as the Good Shepherd (John 10) protecting a lamb, as the devil disputes with him. At the devil’s feet prowls a lion (1 Peter 5:8), with its jaws agape, seeking to devour and destroy the lamb.<sup>9</sup>

To think in this way about the devil’s work might sound out of place in a world where we now see ourselves understanding cause and effect in more enlightened psychological terms. But notice how this view of the devil’s activity is not part of some superstitious or imaginary spiritual world. It is rather grounded in the reality of life, experience and suffering in *this* world, just as God’s life-giving presence is made affective to us through real and material means: our fellow believers and the Word and Sacraments.

### ***The danger of focussing on the demonic***

While we should be alert to the devil’s spiritual attack on people in their depression, there is need here for caution.<sup>10</sup> For severely depressed people who are struggling with the spiritual realm and their relationship to it, suggestions of demonic or diabolic activity may add to the negativity of their thoughts and make their depression worse, especially in view of the tendency among depressed people to catastrophise. Careful clear distinctions need to be made. The devil’s ever-present testing in our lives is one thing—demonic attacks are another. This is a danger especially with people who may be suffering depression as part of another psychotic illness.<sup>11</sup>

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<sup>8</sup> It is important for pastoral carers helping depressed persons to understand that this heightened spiritual awareness and sensitivity that sometimes comes in the course of the illness is very often only temporary, and may well not represent some long term spiritual “breakthrough”. As the person begins to recover from their depression, it is often pushed aside again and forgotten—just as quickly as it emerged. The real and lasting spiritual fruit that may come from a person’s struggle through depression tends to become evident only over time.

<sup>9</sup> This wood cut can be viewed on the Wikimedia Commons website:

[http://commons.wikimedia.org/wiki/File:Das\\_Vaterunser\\_7\\_%28Lucas\\_Cranach\\_d\\_A%29.jpg](http://commons.wikimedia.org/wiki/File:Das_Vaterunser_7_%28Lucas_Cranach_d_A%29.jpg)

<sup>10</sup> In the preface of his book, *The screwtape letters*, C.S. Lewis (9) observes: *There are two equal and opposite errors into which our race can fall about the devils. One is to disbelieve in their existence. The other is to believe, and to feel an unhealthy interest in them. They themselves are equally pleased by both errors, and hail materialist or magician with the same delight.*

<sup>11</sup> E.g. Bipolar disorder and schizophrenia—psychotic illnesses in which people usually suffer from delusions and hallucinations, and who are sometimes out of contact with reality. People with psychotic illness are sometimes very open to suggestion regarding the spiritual realm’s interference in their lives. It

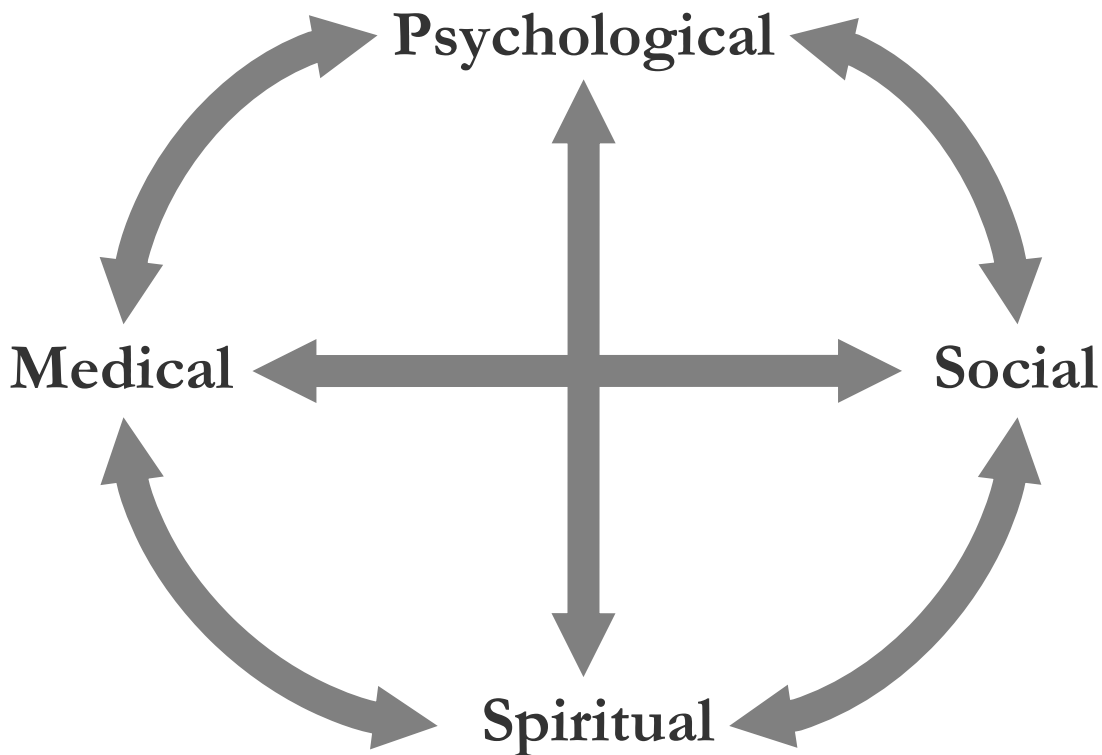
Some churches who have majored in what they call 'deliverance ministry', have done great damage to people by their *prima facie* assumption that depressed people are demon-possessed or demon-oppressed. Such serious demonic manifestations are possible of course, but in most cases of depression there is no evidence for these assumptions. The effect on the person is often that the supposed demonic presence in their life becomes the focus of their spiritual awareness instead of the grace and love of God in Christ. It is clear from the church's experience over a long time now, that such approaches are potentially spiritually abusive and very dangerous (Schubert: 139).

## 5. The spiritual dynamics of depression

Having set the context a little, we now turn to the spiritual dynamics at work in the lives of people struggling with depression.

### ***The complex interaction***

Depression is complex and multifaceted. Many things play into each individual case and each person's experience is unique. If we take those four dimensions I referred to earlier (the social, medical, psychological and spiritual) and use them as a template for understanding the forces at work in the life of a person with depression, we can get an idea of how complex and multi-faceted it is.



You can see here that the spiritual dimension does not constitute a separate category of depressive issues which are to be treated as a different and distinct problem. It is rather part of the complex integrated web of a person's whole being and experience. Each of these four dimensions interacts with the other, in a subtle and unique way with each person.

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takes great discernment and wisdom to know how and when to respond to this appropriately, without feeding into and complicating the person's psychosis.

### ***The self-vortex***

However, there are some dynamics that are common to all. In depression, a person's life (in all these four aspects) is dominated by a negative inner self. This works something like a vortex, a powerful swirling cyclone that spirals downward and drags everything in a person's life in with it, shredding it as it goes. As this happens, more and more of the person's life is locked into this negative inner spiral, including of course the elements of the person's spiritual life, and they lose touch with reality outside.

People struggling with depression are therefore spiritually vulnerable to the oldest and most common spiritual trap of all: shifting their trust and focus from Christ (the true object of faith) to self. The centre of the spiritual life becomes one's own subjective religious acts. This switch leads a depressed person, as Robert Preus observed, to conclude that 'failure or inability to cope are due to a weak faith or a lack of faith altogether. And so we turn faith into *our act* rather than the reception of God's mercy' (2–3). Depression then attacks the life-giving core of a person's faith—their justification, their certainty of God's grace and forgiveness and love toward them.

In spiritual terms, the vortex of depression drags us back into the old self, with all its attempts at self-justification and its agonised struggle to achieve its own righteousness. To use the famous description adopted by Augustine and Luther<sup>12</sup>, we are *incurvatus in se* (curved in on self) (Luther, *Lectures on Romans*, 1515–16: 245, 291, 292, 313, 351).

But inside this old self we find, to our horror, that there is no foothold or solid ground to stand on, and we quickly fall deeper into the vortex. The heart and conscience collapse under the weight of it all.<sup>13</sup> This is the spiritual hell of depression that Luther experienced, and which he lived through with many whom he pastored during bouts of dark depression.

This self-vortex is depression's essential spiritual dynamic—the deadly force that drives it. This force shows itself in a person's life in several different ways. We now briefly consider these, in order to understand them, before reflecting on how we may respond to them.

### ***Body and senses***

It might seem strange to begin this description by talking about the body. Isn't depression a *mental* illness? We have for too long accepted the dualism that has been handed to us by twentieth century medical science—the splitting of body and mind. Human beings are integrated beings, ensouled bodies and embodied souls. Like other illnesses, depression affects us as whole people, and we should not be surprised by the fact that many people describe their depressive symptoms in bodily terms. One man described his depression during the course of a day: 'a tight ball that starts in the stomach and work its way to my head'. Many other bodily sensations and signs are experienced by depression sufferers too.

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<sup>12</sup> Jason Ingalls' fascinating and informative article (in response to Matt Jenson's book *The gravity of sin*) about the theological and behavioural aspects of human sin, using this theme, shows the deep ego-centric programming that manifests itself so negatively in depression – see references.

<sup>13</sup> It can sometimes be quite shocking to listen to people in this state of spiritual collapse. Normally strong and faithful Christians may be overwhelmed by their sin and be convinced that they are eternally lost. They may deny their faith and curse God. They may deny their baptism and salvation, and reject the Word and Sacraments. Disturbing though this is, it does not call for censure but for understanding, and when the time is right and there is a moment of openness, reassurance.

In some cases of depression<sup>14</sup>, one of the outward signs that the illness is taking hold is that people often stop caring about their appearance, grooming and general health. The physical environment and other sensory and affective realities are locked out. For some, withdrawal and self-neglect are an expression of their deep self loathing and sense of worthlessness.

Such a turning away from one's own body and its senses is a deeply negative spiritual act. It isolates the person from all other persons, all beauty, all pleasure, all engagement with reality outside, including God. Lost in the dark inner vortex, the body—through which we engage in real life—is left to chaos and neglect.

### ***Thinking and believing***

One of the most powerful forces in all aspects of our life, including our spiritual life, is our thoughts, and the underlying belief system that forms them. Depression of course negatively distorts our thinking and perception, and leads us to false suppositions, on the basis of which we misinterpret experience.

As you can imagine, this is a formidable problem in a depressed person's spiritual life. Depressed people major in negative thinking in three directions: past events, themselves, and the future; often to the point that they rewrite history, invent negative information about themselves, and on the basis of these two, catastrophise a completely disastrous future (Stone: 12–14).

A depressed person will often begin to look at their spiritual life and their church participation very negatively. Despite all positive history in a person's spiritual life (their baptism, their strong involvement with the church etc), a person will start saying things like: 'I never really felt part of the church', 'I have let God down too many times and he has given up on me' and 'I am a spiritual failure' or 'I am finished with the Church—they never did anything for me anyway'.

These negative thought patterns feed depressed feelings, which in turn feed the thoughts, in a self-perpetuating cycle—the spinning vortex. Luther counsels depressed people in his day by saying: 'These thoughts are not really your own' and urges them: 'Allow them no room' (1531, *Letter to Queen Maria of Hungary*). Several times he uses a little Latin proverb: *Ubi melancholicum caput ibi Diabolus paratum balneum suum* (where there is a melancholy head, there the devil has prepared for himself a bath).<sup>15</sup>

### ***Conscience and heart***

One of depression's worst spiritual effects is how it sometimes distorts and darkens the conscience.

This is so serious because the conscience is the 'compass' or 'sat-nav system' of the soul, so when it is distorted, a person's spiritual and ethical sense may become very confused and misguided. The heart may be dominated and paralysed by fear and shame, as the brooding over real or exaggerated past sins churns inside, helped along of course by the old accuser, who seeks to drag up the past, and push the person deeper into shame, self-loathing and isolation.

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<sup>14</sup> Of course not all cases of depression show outward observable signs. It is in the nature of this insidious illness that some people isolate themselves by masking their symptoms in order to keep their illness secret.

<sup>15</sup> Luther quotes this saying (in various wordings) no fewer than 7 times in his table talk (Tischreden, 1 Band, 51, 198; 2 Band, 25, 64, 468; 3 Band, 51). Its origin is uncertain. It was used by Burton in the seventeenth century in his discussion of melancholy (see references), and in a few other writers of the era. As usual Luther takes something from the tradition he has inherited and reshapes it evangelically.



## ***Spiritual resistance***

It's no surprise then that depressed people often become spiritually resistant. Going to worship is often difficult. Besides simply finding it hard to concentrate on anything, people may be immobilised by guilt and shame, frustration, or anger towards God and a coldness towards his Word and Sacraments.

Todd Peperkorn (67–68) observes that hearing God's Word can even be painful, because it breaks in and interrupts our own desperate attempts to construct some kind of security and meaning in the suffering. The Word breaks the power of the vortex, which is—perversely—sometimes the closest thing to coping that depressed people have.

These are some of the spiritual dynamics of depression, driven by the negative self-vortex. Even the brief description I given here shows the spiritual destruction and damage that is inflicted on the soul as the vortex spirals downwards.

Now we turn our attention to how we might respond to this sickness of the soul, using the unique resources we have, as the church of Christ, for the healing and care of people suffering depression.

## **6. Spiritual responses to depression**

### ***Realism and patience***

One thing that is very helpful for those touched by depression, besides a working knowledge of the illness, is a realistic attitude to it. While it is a cause of sometimes severe suffering, it is not surprising. Nor is it some gross injustice, shame or dishonour that depression may come to me or you. It is after all a very common illness that has plagued humanity for millennia.

Having realistic expectations about recovery time also helps, as does the recognition that depression may return more than once and need to be managed rather than permanently cured. As people under the grace of Christ, we might sometimes find it hard to understand or accept that healing does not come swiftly. Luther pointed out in his letters to depressed people that sometimes it is this very passing of time—yes, the thing we feel least able to tolerate—that is most essential for our healing and recovery, because it is part of the a larger purpose of God in our life.<sup>16</sup>

The spiritual fruit of patience is something we have not cultivated much in recent generations. Our humanistic ideal of life drives us toward the immediate resolution of all discomfort and suffering, since suffering can be seen as nothing but a threat to the goodness and quality of life. The biblical perspective on suffering would challenge us rather to allow it room, to receive it in faith, praying for God to help us bear it until he sees fit to take it away.<sup>17</sup> Such an idea sounds almost 'heretical' in our culture, in which a full life consists of pleasure, gratification and then more pleasure and gratification.

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<sup>16</sup> In one of his 16 letters of comfort to the young depressed Prince Joachim of Anhalt (1534, Briefwechsel, 7. Band, No. 2121) Luther uses the image of the people of Israel waiting for deliverance from Pharaoh at the banks of the Red Sea, reflecting that it was to God's greater glory that they should be saved when they had waited until the right moment, and that it was to Israel's benefit that they learned to trust and wait for God instead of continuing to trust in human strength.

<sup>17</sup> This kind of spiritual patience is especially evident in our own Lutheran tradition in the hymns and spirituality of the 17<sup>th</sup> century, particularly those of Paul Gerhard (Kleinig: 64–65), many of which make helpful devotional tools for depressed persons. They promote faith, trust and patience in suffering as something to be cultivated and learned.

### ***Caring and keeping vigil***

One of the major things, possibly the most important single thing, in the spiritual care of depressed people is the Christian friendship and support of others; what Luther calls the 'conversation and consolation of the brothers and sisters' (SA 3,4; Kolb and Wengert: 319) This is the most sustainable and available form of pastoral care we can offer depressed persons.

Depressed people usually seek solitude and isolation, and a certain amount of rest is certainly needed, but they also need the company of others, because God's pastoral care and healing comes through other believers. Luther's letter to Matthias Weller, a depressed young musician who is caught in the vortex of self, is very telling:

*Do not dwell on your own thoughts but listen to what others have to say to you, for God has commanded men to comfort their brethren, and it is his will that we should receive such consolation as God's very own (Luther, Letters of spiritual counsel: 96).*

This kind of pastoral care and friendship may include very ordinary things, like helping the depressed person to go on functioning in their routines, especially in following through on their medical care and on taking their prescribed medication. It means being the initiator of contact. It of course includes praying for the person faithfully. It *may* include praying with the person and helping them in their own devotional and prayer life, or it may not. Please understand: depressed people do not need a lecture on Romans 8. They do not need some one who is a fount of information and answers, but one who is present, compassionate, and, when required, able to be silent and receptive. In such loving service, Christ himself is serving and caring through the carer.

Beverly Yahnke (19–20) talks about 'keeping vigil' with people—simply being with them, available to them, praying for and watching with them. This is what I call being 'PWA' (present without agenda), present for the other, not waiting to 'fix' the person, but waiting on the Lord. Doing this for some one with depression may just be the most valuable thing you ever do for them. Many people who have lived through depression and look back at what helped them most, testify to the importance and value of this. People who offer this kind of care become agents of hope<sup>18</sup> to the hopeless—themselves acting as spiritual balm and medicine for the soul.

### ***Encouraging involvement and connection***

Helping people to remain connected to others and to the sensory world is therefore vital for the spiritual healing of depressed persons. Getting people out, beyond the darkness of their own thoughts is vital.<sup>19</sup> Spiritual health means living in the body with its faculties and senses,<sup>20</sup> in the light, colours and sounds of the creation, with words and actions, faces and all the connections these things create.

Making opportunities for depressed persons to share the simple good gifts of God, like food and wine, celebration and music, laughter and fun is helpful and healing, even when they do not *feel* able to enjoy it. The presence of people who are living 'outside the vortex' provides the balancing influence to the negative inner voices. Luther knew only too well the spiritual

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<sup>18</sup> See Donald Capps' excellent material on this theme in his by *Agents of hope: a pastoral psychology* (see references).

<sup>19</sup> Therapists have known for a long time that this is a key connection for the recovery of depressed people. Hence the extensive and successful use of art and music therapy and the introduction of exercise, gardening and other forms of movement into psychiatric treatment programs.

<sup>20</sup> Depression is an 'affective disorder' i.e. it is characterised by the dysfunction of the 'affects'—the mind, appetites, imagination, conscience, desires and emotions. These vital aspects of our created humanity are deeply significant for our spiritual lives as flesh and blood beings.

importance of this. The responsible enjoyment of God's good gifts praises and glorifies God and therefore begins to break down the power of the self-vortex.

The arts seem to be especially powerful in this regard. Music is a very powerful mood breaker and mood creator. In his letter to Matthias Weller Luther again says: *If the devil returns and plants sad thoughts and worries in your mind, resist him manfully and say "Get lost, devil. I must now play and sing to my Lord, Christ."*(Luther, *Letters of Spiritual Counsel*: 97)<sup>21</sup>

### ***Declaring God's forgiveness***

For depression sufferers who are plagued by guilt, private confession and absolution may be very helpful and healing. But care and judgment are needed here. Such a person's tendency to focus on past sins and misdeeds is often exaggerated. It's important to have a clear doctrinal understanding of sin, because depressed people sometimes have a very distorted and inconsistent one. Eating a little too much chocolate may trigger guilty pangs while being unkind or cruel to others seems somehow acceptable and goes unnoticed by them.

Suffering from depression is not in itself a sin, nor can it be interpreted as divine punishment for particular sins, but it is a symptom of the brokenness of sin in our world. At the same time the truth is that depression sufferers are sinners too, with their own particular temptations and weaknesses.<sup>22</sup>

Recognising and confessing their sins and weakness before God may be a very helpful preparation for receiving God's healing forgiveness, grace and provision (Lake: 346). There are rites and resources for the use of both lay and ordained pastoral carers to use for this purpose (Schubert: 27–39).

Private confession and absolution is best used within the context of pastoral conversation, counselling and prayer.<sup>23</sup> Discerning, clarifying, encouraging and listening are needed to introduce the rite and then set helpful directions afterwards. Depressed people need above all to have emphasised to them the reassurance of the gospel. These performative words of forgiveness are powerful and healing. While we should not expect an instant recovery from them, in the over-all journey toward healing the soul, they play a central role in breaking the power of the vortex.

### ***Worship participation***

Though people with depression are often resistant to God's Word, and may even be angry with God, going to public worship is very important for them. Church-going is not popularly thought to be a form of pastoral care, but it is the most basic and effective form of pastoral care; it's the way for a depressed person to come into contact with God's gifts. Despite the toxicity of the depressive thoughts and feelings they bring with them, the synergy between the Word and the gathered community of the saints is a healing environment.

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<sup>21</sup> The latest research from the Black Dog Institute seems to support the powerful effect of music, which works to a large degree subversively, independent of the negative thought patterns that sabotage so much other good input.

<sup>22</sup> Depressed people (men especially it would seem) may resort to pain numbing 'self-medication' like alcohol and other drugs, pornography, gambling, compulsive eating and other things that provide some sense of relief or satisfaction. When this is happening, it is often matched by remorse, guilt and shame (Weiss, Griffin & Mirin: 121–123).

<sup>23</sup> In more casual and conversational situations (in the consolation and conversation of the brothers and sisters), when they have come to trust the carer, people may effectively make a confession of their sins, and it is important here to remind them of God's forgiveness, and let them know that they can rely on it (Schubert: 33).

And here is the crucial point: the power and efficacy of the healing that God gives to us in worship, through his Word and Sacraments, does not depend on our ability to directly feel it. Lutheran pastor Todd Peperkorn, in the moving story of his own major depression, says

*They [the Word and Sacraments] will sustain you, whether you feel like they will or not, whether you feel you can pray or not, even if going to church seems empty and flat, God will never abandon you ... (71)*

Sometimes of course a person is simply not yet able to cope with public worship, and we must respect and not violate them by forcing the issue. In this situation wisdom is needed. It is time to keep silent, to watch and pray for when things will change. There is no set pastoral 'methodology' here. The carer must 'learn the person' as they share their journey, keeping vigil with them.

### ***Prayer and lament***

Many depression sufferers find prayer very hard, if not impossible. It feels lifeless and artificial. One such Christian whose story I read, Alexander Davidson, found that the more he tried to pray the more he began to be angry and even to hate God, and wanted to punish him by ignoring him. But strangely, it was when he began to give voice to this anger at God, that his prayer life was reborn in a strange and unexpected form—lament. As his heart began to speak again, his shattered faith began to recover. For this sufferer, as for the psalmist before him, faith and hope found their voice again in the open expression of the pain (32–33, 92–94).

His previous attempts to pray, according to normal habits and structures, had felt rather sterile and barren because he was not starting in the place where he really was—it was not real. Lament *is* real. It is honest, facing up to reality in all its crappiness, and placing it before God.

There is nothing to say that this person's experience will be shared by all Christians suffering depression. Yet something profound and helpful comes out of this story.

Lament does more than just release the sufferer's pain into the cosmos like a cry in the dark. It cries out to the heart of God who, in Christ, knows and shares the deepest agony of depression, and whose promise to redeem and end our suffering is given concrete surety, not only by the suffering and death of Christ, but by his resurrection to a new life.

Lament is then "hope in a minor key". It carries inside itself the possibility and promise of the future, opened up by the redeeming work of God.

The lament psalms are wonderfully useful and important in the spiritual care of depressed people. For millennia the psalms of lament have helped the suffering find their voice of prayer. They are a school of lament. Reading, listening to and singing the lament psalms have been part of the church's 'therapy' for depression for centuries. Again these ancient prayers are *God's* Word which has power to break the vortex.

### ***Blessing***

Blessing is another powerful means of healing for the depressed person. A Christian blessing is a speech-act of Christ, through which he gives himself and his gifts to the person, and announces his unqualified love for and presence with the person (Kleinig 2009: 28 & 33). It may be done perhaps privately as part of daily devotion, or at communion by the person's pastor, or as part of special prayers for healing with the laying on of hands (Schubert: 52–56, 186–189). Like all the means that Christ has placed in our hands, it creates a new reality, and brings heavenly things to us here on earth.

## 7. Conclusion: from despair to hope

In the Harry Potter novels, you might recall that J.K. Rowling (a depression sufferer herself) gives depression a physical shape and character, in the dreaded creatures she called 'dementors' (65–67). Their work it is to suck the joy and hope out of people and make them feel that they will never be cheerful again. This poignant depiction gets right at the experience of depression. No matter what age you are, depression makes you into a frightened and helpless child, stripped of security and hope.

Just as the distinctive spiritual dynamic of depression is the self-vortex that sucks the person down, so the distinctive spiritual effect of depression is the progressive stripping away of hope. In fact, in spiritual terms this is exactly what depression is—the loss of hope—despair (Stone: 54 and Yahnke 6–7). Hope and imagination are linked—imagination gives us a way to positively envision the future, and depression robs people of this vision. When hope is lost, the future is lost, and when the future is lost, life is lost.

It is here in the presence of despair that we draw on our rich biblical theology of hope in fighting depression. As a supernatural fruit of the Spirit rather than a human virtue, hope doesn't deny but takes account of the great suffering and pain people experience, and sustains them in this suffering. Hope creates a future where, for the depressed and despairing, there is no future.

Reading the stories of Christian depression survivors, I have observed that hope is often “easier to see in the rear-vision mirror, than it is on the road ahead”. Many survivors say that although at the time, in the grip of their illness, they would have said they had no hope, in hindsight they now see that it was nothing else but God's gift of hope that sustained them through their depression and finally broke through it (Peperkorn: 34, 44, 71, 82–83). Beyond our fragile human hopes, there is God's sure and certain hope.

This hope is in Christ alone, of course, who comes to meet us in our pain. His passion and cross is his touching place with the depressed—the place where his cosmic loneliness meets and redeems theirs. Here at the cross, Christ transforms suffering into hope. The great exchange takes place. Here he surrenders all hope in order to give us hope, hope that (despite our inability to feel it sometimes) stays with us, no matter what terrible darkness we may encounter.

In Romans 5, Paul describes how our suffering is “reallocated” by God, so that instead of producing despair and unbelief, it instead produces a new set of outcomes: first perseverance, then character, then hope.<sup>24</sup> And hope does not disappoint us—when everything else in life depresses and disappoints, lets us down, fails us, hope does not disappoint. We can say that with certainty because it is God's gracious gift and he does not disappoint.

As this tough and stubborn hope begins to re-emerge in the life of a depressed person again, the vortex begins to lose its grip on them. It usually does not do so quickly or easily, and there are frequently intense struggles as a person reaches their turning point. Medical treatment, counselling and therapy play their vital roles too, and as healing and recovery begin, hope grows, in the passing of time, fed by the unremarkable but miraculous ministry of Christ in his people, and his gifts for healing the soul, his own body and blood and his word of grace.

Finally, we end this Cook's tour by returning to the black dog. He may show up in your life, and he may seem large and powerful. But the message I want to leave with you is this: he is the dog, not the master. And there is hope and healing and comfort and release for those with depression, in the love of the one who is the master, Jesus Christ.

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<sup>24</sup> Luther's analysis of Romans 5, dealing with suffering and its role in the forging of hope in the life of Christians in his 1516 lectures on Romans (292–293), is a very inspiring passage.

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