

Depression and the Soul

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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,¹ 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.

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).

¹ 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>

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 counseling 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 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 option 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 need⁵.

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 the turn of the 20th 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 18th and 19th 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.⁶

⁵ 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.

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

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.⁹

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.¹⁰ 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.¹¹

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 affect 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.

⁹ This wood cut can be viewed on the Wikimedia Commons website:

<http://images.google.com.au/imgres?imgurl=http://upload.wikimedia.org/w>

¹⁰ 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.*

¹¹ 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 takes great discernment and wisdom to know how and when to respond to this appropriately, without feeding into and complicating the person’s psychosis.

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 agonized struggle to achieve its own righteousness. To use the famous description adopted by Augustine and Luther¹², 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.¹³ 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 & 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 effects as a 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.

In some cases of depression¹⁴, 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

¹² 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.

¹³ 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.

¹⁴ 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.

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 millenia.

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.¹⁶

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.¹⁷ Such an idea sounds almost “heretical” in our culture, in which a full life consists of pleasure, gratification and then more pleasure and gratification.

Caring & 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

¹⁶ In one of his 16 letters of comfort to the young depressed Prince Joachim or Anhalt (1534, Briefwechsel, 7. Band, No. 2121) Luther uses the image of the people of Israel waiting for deliverance from Pharoah 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.

¹⁷ This kind of spiritual patience is especially evident in our own Lutheran tradition in the hymns and spirituality of the 17th 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.

Suffering from depression is not in itself a sin, nor can it be interpreted as divine punishment for particular sins, but 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.²²

Recognising and confessing their sins and weakness before God may be a very helpful preparation for receiving Gods 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.²³ Discerning, clarifying, encouraging and listening are needed to introduce the rite and then set helpful directions afterwards. Depressed people need above all to have emphasized 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.

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 to 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

²² 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).

²³ 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).

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.²⁴ 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, counseling 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 by returning to that old survivor - 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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²⁴ 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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