

Pastoral Thoughts on Depression

There is a great deal of debate in biblical counseling circles on how depression should be addressed. On the one extreme there are those who claim that depression is simply a disease like cancer – and expressions have been used like ‘cancer of the mind’ and so on. On the other extreme are those who claim that it is simply a lifestyle choice; a lack of discipline; stressful circumstances – and they usually point out that this is the result of sin – perhaps not exclusively but for the most part sinful.

The individuals in these two extremes – often godly and caring people – want us to choose either one or the other extreme. As a result they are often intolerant to individuals who are of the other extreme. Most of us don’t fall into either of these extremes. Those who have personal experience with depression – either themselves or their family members – tend to be more sympathetic to the medical model. Those who have little or no personal experience tend to be attracted to the ‘it’s a sin’ model. We do need to recognize that it is often our own personal experience which taints our perspective on this issue. However, as a pastor I don’t want to choose either extreme – nor does either have a huge impact on how I care for someone pastorally. Pastoral care of them doesn’t depend on the reason for their depression.

Personally, I think we need to be very careful and look at each case individually. Further, I don’t like to be forced to take an either/or approach but prefer the both/and approach when dealing with someone who is depressed. Even with sickness like cancer there are always spiritual aspects to this physical disease. The reality is that regardless of the reason for their depression (and we often can’t determine this absolutely) the person needs help. What do I do when someone calls me that they are depressed? Actually they don’t usually call but I become aware through a family member or friend. How should we pastorally respond to someone who is depressed?

First, we need to be compassionate regardless of the reason (or reasons!) for their depression. For arguments sake, even if the depression is a result of someone’s sin or circumstances (even if those circumstances are of their own making) we need to show compassion. Unfortunately some who have taken the ‘sin model’ have used the approach of the Pharisees in addressing the woman caught committing adultery. (John 8) We must show compassion to all individuals who are suffering from depression regardless of its origin.

Second, we need to recognize that man’s various parts (physical, spiritual, emotional) cannot be compartmentalized but must be considered as one whole person. Therefore, I always recommend someone who suffers from depression to make an appointment with their family physician. In the case where it is a ‘disease of the mind’ medication may be necessary to give stability for the rest of their life.

This is clearly the case where genetics are involved – where because of man’s fall into sin the mind has fallen as well. Hopefully, these treatments will become more precise over the years as they continue to study the brain. In the case where there the depression is largely the result of personal sin (and I do believe there are such cases) medication is often needed to give stability so that the depressed person will begin to hear counsel that is given to them. To try to counsel someone who is depressed is very ineffective if their mind is not functioning well. These individuals may only be on medication for a period of time until stability is restore in their lives.

Thirdly, when there is stability continue to show pastoral concern and give appropriate counsel in a kind gentle manner. Often the promises of scripture are most helpful in this regard rather than the exhortations. To lay further obligations on someone who is already depressed will only lead to a heavier burden being laid upon them and actually increase their depression. There may be times that sin needs to be addressed (regardless of the origin of their depression) but that is best done by showing them a better way – the way of life in the gospel! Be on guard because our natural tendency is to judge. Be very careful that you understand their life! Some of these people have struggled for years with something you have only heard second hand. Think about living in their situation – and be compassionate!

In conclusion I’d say that the fact of the matter is that some depression can be mainly physiologically (although perhaps include sinful responses) since depression very clearly runs in families who members live in different settings. Therefore, to deny a link to physical causes in all cases is absolute nonsense in my view. However, to make the argument that depression is always physiological is equally nonsense. I have frequently dealt with people whose sinful circumstances or responses to their circumstances have led to depression. Both are cases that require our pastoral care and sensitivity. The one may be the ‘blind man’ of John 9, while the other might be the ‘woman caught in adultery’ of John 8. Both need our help, although in a slightly different way. As a pastor I often cannot distinguish into which of these two categories a depressed person belongs – but I don’t need to put them in one category or the other in order to help them pastorally. Each requires our pastoral compassion, sensitivity, and counsel.