CARING FOR THE DEPRESSED: LEARNING FROM LUTHER

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How long must I wrestle with my thoughts
and every day have sorrow in my heart?
... But I trust in your unfailing love;
my heart rejoices in your salvation.
(Psalm 13: 2, 5 NIV).

CONTEXT IN AUSTRALIA AND THE PARISH

Depression in the Australian community is a serious and whole-of-person issue. One in six Australians experience depression or anxiety or both at any one time.[2] Conservative estimates suggest one in five Australians will experience clinical depression in their lifetime.[3] It strikes women at the twice the rate of men, but men represent seventy-five per cent of all suicides (clearly not all suicide is a response to depression).[4] Tragically, as the sufferer suffers, so do their family, friends and colleagues.

Christians are not immune. Stone and Pietsch both note the prevalence of clinical depression in the parish and its attendant demands on the pastor's time.[5] It is not without profile in the Lutheran Church of Australia, which has published specialist tracts,[6] held occasional training seminars or classes[7] and recently

[1] With thanks to Dr Michael O'Neil of Vose Seminary, Perth, WA, for assistance with editing and encouraging the publication of this paper. All errors and deficiencies remain the responsibility of the author (of course!).
[2] *BeyondBlue*, 2015a. "*Beyondblue* celebrates Mental Health Week with a message for all Australians to make their mental health a priority," https://www.beyondblue.org.au/media/media-releases/media-releases/beyondblue-celebrates-mental-health-week-with-a-message-for-all-australians-to-make-their-mental-health-a-priority (retrieved 11 October 2015)
[3] Stephen Pietsch, *Of Good Comfort: Analysing and Reflecting on Martin Luther's Pastoral Letters to the Depressed and their Significance for Pastoral Care Today* (PhD thesis, Adelaide: Flinders University, 2014), 9. The thesis was recently published as Stephen Pietsch, *Of Good Comfort: Martin Luther's Letters to the Depressed and their Significance for Pastoral Care Today* (Adelaide: ATF Theology, 2016), and also includes twenty-one newly translated letters from Luther to his friends and associates who suffered with depression. Citations in this essay from the thesis are marked "(PhD)" while those from the book are left unmarked.
[4] Howard W. Stone, *Defeating Depression: Real Help for You and Those Who Love You* (Minneapolis: Augsburg, 2007), 30; Black Dog Institute (BDI), "Facts and Figures about Mental Health and Mood Disorders," http://www.blackdoginstitute.org.au/docs/Factsandfiguresaboutmentalhealthandmooddisorders.pdf (retrieved 11 October 2015).
[5] Howard W. Stone, *Depression and Hope: New Insights for Pastoral Counselling* (Minneapolis: Fortress Press, 1998), 3; Pietsch, *Of Good Comfort* (PhD), 9.
[6] See, for example, Philip M. Bickel, *Dealing with Depression* (North Adelaide: Lutheran Media Ministry, n.d.) [available from www.luteranmedia.org.au]
[7] For example, a training seminar to tackle "being a spiritual physician in the face of epidemic spiritual diseases like compassion fatigue, depression and exposure to pornography" in August 2012 led by Rev Dr Harold Senkbeil and Dr Beverly Yahnke (Lutheran College of Australia (ALC), 2012) and "Light in the Darkness: Theological and Pastoral Reflections on Mental Illness, Suicide, Grieving, Life after Death and Hope, Peace and God's Grace in these Situations" by Rev Dr Mark Worthing in August 2013 (ALC, 2015a).

benefitted from one of its seminary lecturers undertaking doctoral studies in this area.[8] While certainly there has been sustained ministry in the past, such as through the 'pioneering' ministry of Rev C. A. Zweck OBE[9] in bringing the comfort of the gospel to the mentally ill. Nevertheless, as Pietsch observes of the LCA today, "despite the depression-awareness initiatives that have saturated the whole Australian community, there is low level of awareness about depression and it seems clear that this is the experience of other churches as well."[10]

Accordingly, this essay addresses the concern that the comfort of the gospel be received by the depressed, and chiefly in the arena of pastoral care extended by the ordained minister.

Why the 'Surge' in Depression?

Our congregations are full of people who (thankfully) live out their Christian vocations in the world—yet also a world in which depression is on the rise.[11] Therefore some background on the increased prevalence of depression is in order.

Pietsch emphasises the drift "towards social isolation and disconnection" (identified by Blazer) for those unable to keep up with linear progress and improvement in society.[12] This drift sits within a meta-narrative of the postmodern rejection of truth and certainty that then undercuts "any substantive platform on which hope could be reconstructed."[13] This has resulted in a subsequent loss of, among other things, 'story', 'language', 'self' and ultimately 'existence,' thereby driving the hopelessness in which depression thrives.[14] Grenfeld's concept of 'limitless self-realisation' is also compelling which Pietsch summarises as follows; "We are expected to reach our potential; to be authors of our own unique and significant destinies… For many, argues Grenfeld, this pressure is simply too much. … these people find themselves strangers in their own culture, left with no choice but to attempt life-styles that will make them mentally ill."[15]

This is a frightening description for the way it so realistically describes the pressured everyday world of parishioners—and ministers. The end result is chiefly a loss of relationship and a turning in on the self.

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[8] Rev Dr S. Pietsch is lecturer in pastoral theology (ALC 2015b). His PhD thesis and subsequent book are key sources for this essay.

[9] C. Albert Zweck (my grandfather) was awarded an OBE (Officer class) in 1956 for his work in taking the gospel to the mentally ill, including through "reaching out to Lutheran and non-Lutheran alike with a program of friendship, regular visits, services, devotions, concerts, bus outings, clothing and cheer distribution." (See, Everard Leske, *For Faith and Freedom: The Story of Lutherans and Lutheranism in Australia 1838-1996* (Bowden, SA: Friends of the Lutheran Archives, Bowden SA, 1996), 214-215). The individual nature of his OBE, as with other awards of this nature, belies that there was a massive infrastructure of support from the wider community behind him, in this case the Evangelical Lutheran Church of Australia (See Paul A. Zweck, 'When So Many Did Not Care: The Life and Pioneer Ministry of Pastor C. A. Zweck OBE', *Journal of the Friends of the Lutheran Archives*, No. 12 (October) 2002, 41–58 (51–56). Moreover, while Zweck's focus may have been on institutionalised mental illness, this does not take away mental illness as having been an important focus of Lutheran pastoral care in the Lutheran Church of Australia's history.

[10] Pietsch, *Of Good Comfort* (PhD), 170–171.

[11] Stone, *Depression and Hope*, 2.

[12] Pietsch, *Of Good Comfort* (PhD), 148–149.

[13] Ibid., 149.

[14] Ibid., 149.

[15] Ibid., 150.

It shows that pastors have a clear and certain need to be involved in active ministry to the depressed. Moreover, it shows too, the need for this ministry to help the depressed turn themselves outwards to both the creator and the creation he has given them, and focus on receiving the good things of God.

What Depression Is

Depression is, as Swinton labels it in an important and descriptive phrase, a "lived experience" which affects the whole person: physically, intellectually, emotionally, socially, and spiritually.[16] This section first looks at the clinical, then theological aspects of the depressive condition.

Stone provides a list of the psychiatric diagnostic criteria for *major* depression.[17]

1. Depressed mood, sadness, irritability part of each day, nearly every day.
2. Diminished pleasure or interest in daily activities
3. Considerable weight loss or gain, change in appetite
4. Significant change in sleeping patterns (early waking most common)
5. Marked increase or decrease in movement (slowing down is most common)
6. Fatigue and loss of energy
7. Feelings of worthlessness or guilt (beyond how people would usually feel)
8. Difficulty in concentration
9. Ideas of suicide or death

On this last matter, Stone warns: "*Every person who is depressed is at risk for suicide*; there are no exceptions. Counselling the depressed is a serious business made more serious still by the ever-present possibility of suicide."[18] Knowing the warning signs and knowing how to address them is frontline pastoral care.[19]

But more generally, one of the difficulties for pastors is that many of the symptoms on the above list are not directly observable. Indeed, some people may not even know they have depression. Sometimes the pastor will have to listen carefully for indications in the background of conversations or perhaps look out for slightly changed physical characteristics.

Moreover, depression differs in degree. Stone describes mild, moderate and severe forms noting that the latter "usually calls for therapy and medications."[20] Apart from needing to have an awareness of the

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[16] John Swinton, *Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension* (London: Jessica Kingsley Publishers, 2001), 99–100, 167. Cf. Pietsch, *Of Good Comfort* (PhD), 170.
[17] Stone, *Depression and Hope*, 65–66.
[18] Ibid., 32, original emphasis. Suicide is a significant issue in Australia. *BeyondBlue* reports: "Australian Bureau of Statistics figures over the past five years showed there were more than 2,500 suicides per year. It is believed there are at least 75,000 suicide attempts each year and 370,000 people, or one in sixty-four Australians, think about taking their own life (see https://www.beyondblue.org.au/media/media-releases/media-releases/beyondblue-launches-new-suicide-prevention-information-and-live-online-chat-to-help-people-on-this-world-suicide-prevention-day [retrieved 13 October 2015]). Tragically, it is the leading cause of death for young people aged 15-24 (see Black Dog Institute).
[19] The *BeyondBlue* website has excellent material in this area. For example, 'What are the warning signs?' at https://www.beyondblue.org.au/the-facts/suicide/worried-about-suicide/what-are-the-warning-signs.
[20] Stone, *Defeating Depression*, 18.

extent, at least in severe cases the pastor will need to keep in mind that they will likely be one of several 'carers.' Regardless, Pietsch's distinction between clinical diagnosis and depressive symptoms is salient;[21] the point being that, as with Luther, it is depressive symptoms that trigger the need for pastoral care (the extent of which will vary), not a clinical diagnosis.

It is also important not to confuse grief with depression.[22] As Stone says, "[G]rief and depression are not the same. Grief is normal response to loss; it is not a mood disorder." Grief may certainly incorporate bouts of depression, but they are generally different and manifest in quite different ways.[23] Notwithstanding, cases of "double trouble … (d)epression plus grief should alert ministers to the risk of major psychological and/or spiritual challenges."[24]

Depression is deeply experiential and as such may be considered theologically in addition to clinically. Hopelessness and meaninglessness are key features, and *loneliness* is a common descriptor.[25] During depression sufferers lose their landmarks. They often feel abandoned by all the things they know that have previously given them meaning. Everything gets questioned.

> It is literally an experience that sucks the meaning out of life… stranded deep within an abyss within which meaning, purpose, *hope* and possibility are banished and replaced with questions for which there appear to be no answers and no possibility of answers.[26]

At this stage people may not necessarily accept this as a theological issue. But it is in two senses. First, as Christians we understand that in God "we live and move and have our being" (Acts 17:28). Second, depressed people lack hope. Stone captures the theological relevance and prescription well when he says:

> Depressed individuals are likely to be stuck in the past, to sense little freedom in the present, and to see only a bleak future filled with more suffering. … The primary symbol of hope in Christianity is Jesus Christ. Because of his life, death, and resurrection, we have a future hope. Possibilities have opened up to us.[27]

Swinton's findings reinforce and extend the notion that depression is a deeply spiritual issue.[28] The personal and theological foci intertwine, sometimes in contrasting ways. These foci include the feeling of abandonment (both by God and others), yet within an enabling tenacity (courtesy of their spirituality) for sufferers to cling on and thus relocate themselves within more meaningful experiences. Sufferers often speak

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[21] See Pietsch, *Of Good Comfort* (PhD), 22. He made this comment in the context of determining the limits of his study in that it was not necessary to show clinical depression within Luther's letters of consolation for them to be relevant because it was the depressive *symptom* which triggered the pastoral care.

[22] See, for example, BeyondBlue, "Grief and loss" https://www.beyondblue.org.au/the-facts/grief-and-loss (retrieved 15 October 2015).

[23] See, for example, Stone, *Defeating Depression*, 15–18.

[24] Stone, *Defeating Depression*, 19.

[25] See Stone, *Depression and Hope*, 47-48, and Swinton, *Spirituality*, 93, 113. Swinton augments his findings with reference to Frankl's observations that "if a person has no meaning in their lives they have nothing to motivate them to the *future*. If they have no *hope*, then they will die, either physically or emotionally" (112, emphasis added).

[26] Swinton, *Spirituality*, 114, emphasis added.

[27] Stone, *Depression and Hope*, 62.

[28] See Swinton, *Spirituality*, 112–125.

of a disconnection from God and others (paradoxically they desire to relate but also experience a need to distance themselves). Then there is the sense of being ground down physically and psychologically, yet trapped into living.[29] And while depression is certainly not deemed desirable, there is nevertheless a sense for some sufferers that it is akin to a 'crucible' where life is refined and cleansed.[30]

Spirituality and Depression

While this essay is predicated on the need for Christian pastoral care to the depressed, it is important to recognize that this understanding is by no means shared in the wider world in which depressed Christians work and receive care. At issue is that over the twentieth century, at least in the West, attending to the needs of the depressed increasingly became the domain of those operating out of Western culture's deep affiliation with positivism and the scientific model which became embodied in the medical model.[31] Spirituality was, and often still is, seen as soft form of knowledge that is "only allowed to eat at the table after the hard sciences have finished their meal."[32] At the least, this can make coordinating pastoral care with other carers of the depressed quite difficult, especially where different views or even unambiguous animosity undercuts the pastor's approach. That said, the importance of spirituality to depressive illness is now better understood. Pietsch observes; "While medical and psychological approaches are still highly significant, there is a widening discussion taking place which shows a shift away from the dualism, rationalism and empiricism of the past century, and greater openness toward human narrative, affect, experience and spirituality."[33]

Indeed, Swinton (82-83) lists five primary ways in which spirituality contributes to the enhancement of mental health:[34]

- well-being, including *connectedness* to others and God, and hope;
- spiritual supports, including knowledge of God's presence, reading scripture and prayer;
- social support, including providing and *strengthening* family and support networks, and providing individuals with a sense of belonging and self-esteem;

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[29] Here Swinton speaks of the struggle of a "strange tension between the positive benefits of spirituality that enable people to cling on in the midst of depressive experiences, and the restraining aspects of belief structures which at times frustrate suicidal intentions and prevent a person from taking their own life" (ibid., 121).

[30] Swinton comments on one of the participants of his study: "The metaphor of 'crucible' and the 'refiner's fire' offers powerful images of the potential reconstructive process that can come about through the experience of depression. By relating his experiences to the image of the 'refiner's fire' drawn from his spiritual tradition, the meaninglessness and hopelessness of his depression is reframed. … using his spirituality as an interpretive hermeneutic which can enable him to make sense of his situation, he concludes that all suffering has a purpose…which whilst painful and deeply disturbing is nonetheless necessary in the grand scheme of things" (ibid., 123).

[31] See ibid., 47. Here 'positivism' limits knowledge to observable facts and their interrelations. Positivism's chief tool is empiricism (essentially: only what is measurable, or can be experienced, is reliable). The medical model employs both sets of underlying assumptions at the expense of spirituality, so that in relation to treatment of illness like depression, 'in this worldview… there is no necessity for health carers to consider spiritual issues such as love, hope, meaning, transformation and growth' (49).

[32] Ibid., 47. The great irony enmeshed in the medical model as it relates to addressing depression is that in being so attached to 'observing' (measuring) reality, it is detached from incorporating it!

[33] Pietsch, *Of Good Comfort* (PhD), 140.

[34] Swinton, *Spirituality*, 82-83, emphasis added.

- cognitive realignment;[35] and
- comfort, hope, value and meaning, including the feeling of being valued and cared for, and finding hope in the midst of apparent hopelessness.

Spirituality therefore provides many handles onto which the means that address depressive illness can be attached.[36] Connectedness, support, spiritual growth and struggle with others opens up opportunity for genuinely therapeutic forms of understanding which become a key part of effective pastoral approach.[37]

Effective Pastoral Care of the Depressed

As depression is a *lived experience*, it is vital the pastoral carer comes to terms with the depression *phenomenon* in the depressed person's life. But the goal is not just to examine the phenomenon for its own sake; rather the carer aims at the "healing power of understanding."[38] *Reframing*, a key technique in care ministry, "reinterpret[s] an experience cognitively or emotionally in a way that fits the facts of the situation well or even better, thereby changing its entire meaning."[39] It is part of broader, but related suite of measures, which includes searching for the exception, focusing on people's strengths, and creating future goals.[40] Reframing an issue is not an exact science, but requires interpretation of the phenomenon[41]—hence the need to *listen* carefully to understand the lived experience of the depressed properly, then work to find the right way to insert hope 'lifelines.'[42] This requires the carer to become fluent in the 'language of spirituality' that "…focuses on issues of meaning, hope, value, connectedness and transcendence…all of which have a

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[35] This includes "coping and positive cognitive mediation" (Swinton, *Spirituality*, 83) that provide frameworks for understanding events, 'emotion-focused coping' (83) that redefines and manages distressing affective motions, and 'problem-focused coping' (83) for taking positive action to alter the source of stress.

[36] For example, spirituality is at the heart of the connectedness encapsulated in this statement from Ian Watson (of the Christian *Shed Happens* movement): "Too many blokes are dealing with depression and anxiety and loneliness, because they're isolated from other blokes. When men get together for the same reasons in a good safe place, something happens that's amazing… through Shed-Happens, I've seen thousands of men being transformed by being able to talk out gut issue with other blokes." See Ian Watson, *Every Bloke's a Champion: Even You!* (Woody Point, QLD: Watto Books, 2012), 32. Certainly men's ministry is only a small fraction of the solution (Watson's statement begs the question regarding *isolation* from family and spouse). But the general point is that things like *Shed Happens* work because spirituality matters.

[37] Swinton, *Spirituality*, 95.

[38] Ibid., 125.

[39] Stone, *Depression and Hope*, 53.

[40] Ibid., 48.

[41] Swinton used a specific research process called 'hermeneutic phenomenology' (*Spirituality*, 99). For those of us familiar with these terms, it makes for a good 'shorthand' way to think about what we are doing as we seek to understand the lived experience of the depressed so that pastoral care can be effective.

[42] Stone is intriguing here. I like his focus on pastoral care being about action: "If the conversation helps people feel better for a while but does not lead them to see their situation differently or act differently, then it is not pastoral" (*Depression and Hope*, 70). Yet I do find it a little inadequate in the sense that 'comfort' sometimes might simply be just that. Swinton notes the way that comfort *in and of itself* enhances mental health (*Spirituality*, 82-83). Consolation is not a consolation prize (see, for example, Pietsch, *Of Good Comfort* (PhD), 173). Within receptive spirituality, God can use consoling words in his speech act so that "this powerful theology-practice from the tradition of the church has rich possibilities for *enacting* God's redemption in the lives of those suffering the spiritual distress of depression" (173, emphasis added).

secondary role within the dominant medical paradigm but which…hold a central place within the experience of many people with mental health problems."[43]

LEARNING FROM LUTHER: A SUGGESTED FRAMEWORK FOR REFRAMING

At the 500th anniversary of Luther's Ninety-Five Theses it turns out that there is some authentic learning from Luther (even) in the pastoral care of depression sufferers. This in part is due to Luther's own experience with depression. As Pietsch notes,

> Luther himself is arguably Christianity's most famous depressive… the historical sources show that Luther definitely did suffer from a serious depressive illness of some kind. Besides the depressive episodes of his youth and the ongoing struggles with it in his early adulthood, Luther suffered a serious and prolonged depressive breakdown between June 1527 and August 1528… He spoke often about [depression] in very honest personal terms. Most importantly, he spoke about how he had learned to live with this illness and its effects in the context of Christian faith and hope.[44]

But beyond this is Luther's deep commitment to both providing pastoral care and doing so in the firm grounding of the Scriptures.

Accordingly, a useful way for a contemporary pastor to listen to depression sufferers and help them reframe is with reference to six themes of Luther's consolation to the depressed that have been identified by Pietsch. The themes are the product of a detailed assessment of how Luther's pastoral care to the depressed, as expressed through a series of twenty-one letters Luther wrote to the depressed (but clearly not separate from his wider theology), can both *work with* and *transform* contemporary pastoral caring practices of the depressed.[45] Importantly for the pastor, these themes set up "theology as the proper frame of reference" and facilitate a much-needed engagement with the living tradition of the church's *Seelsorge* in the conduct of pastoral care.[46] The following comments focus on their theological and personal foci, the various pastoral issues that might arise where employed in counselling, along with some reflection on my own practice.

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[43] Swinton, *Spirituality*, 174. Swinton, reflecting his target audience, suggests proficiency for professional mental health carers in the language of spirituality in addition to the language of psychiatry and psychology (which he assumes). I have focused on the former (spirituality) on the basis that this is the focus of this paper. Clearly pastors are at an advantage when they have a working knowledge of the language of psychiatry and psychology, and can therefore be aware of its possible benefits and likely limits.

[44] Pietsch, *Of Good Comfort*, xvi-xviii.

[45] To be sure, Pietsch also reviewed points of Luther's approach that require modification because they no longer fit with contemporary context—see the excellent summary at Pietsch, *Of Good Comfort*, 240-243. In particular, he finds Luther's authoritative rhetoric, where he speaks to persons in declarative or definitive manner, while consistent with his times and personal standing, "creates problems when placed in the contemporary context" (240). Moreover, Luther's medieval medical understanding of depression "must be disclaimed" (241) (notwithstanding that "[Luther's] own pastoral engagement with depression sufferers did not in any way rest upon it. He was…far more interested in the spiritual and theological aspects of depression, and sought to offer his consolation and advice on that basis" (242).

[46] Pietsch, *Of Good Comfort* (PhD), 294-295.

1. Reaching the Heart: Cognitive-Behavioural Insights for Pastoral Care of Persons with Depression.[47]

Cognitive-Behavioural Therapy (CBT) has long been a favoured domain of psychotherapists, including Christian counsellors. Here Pietsch reminds the pastoral worker that faith needs to be more than 'spliced' into the use of secular therapies. Rather the gospel needs to be a 'touchstone' with the depressed person's self-validation turned to "the objective external reality of God's actions and words." That is, CBT needs to be consciously adapted "to keep the external word of law and Gospel at the centre, as the dynamic transformative power."[48]

A good example can be seen in a 1544 letter to George Spalatin to whom Luther had been a close long-term counsellor and friend.[49] In this letter Luther invites Spalatin to "examine the evidence of the situation and revisit his interpretation of reality."[50] "The Lord says, 'I do not wish the death of the sinner, but rather than he repent and live'. Do you really think that in your case alone the Lord's hand is shortened? Or has the Lord in your case alone ceased to be merciful?"[51]

2. Assailed by the Enemy: Interpreting Luther's Demonology of Depression.[52]

Pastoral carers should not dismiss the idea that this illness is an arena where Satan and his forces can be at their destructive worst. Often the secular world will put the devil's activity down to mere superstition. But the medically depressed do report perceptions of contact with the devil and seem to gain relief in external reframing that does not ignore it.[53] Therefore, Pietsch's question deserves to be taken seriously: "could this 'overlap' [between the biological, psychological or spiritual dimensions] … be the very territory where the devil does his secret and destructive work?"[54]

Critically, Pietsch reminds his readers that Luther's view of the devil does not foster fear; "[r]ather it engenders resistance among the faithful and puts in their hands the weapons of faith and hope in Christ."[55]

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[47] Ibid., 178–190.
[48] Ibid., 186–187, 190.
[49] Pietsch, *Of Good Comfort*, 77–78.
[50] Ibid., 142.
[51] See letter 15 in Ibid., 142, and 274. The letter is dated 21 August 1544. The original can be found in WA BR X, no. 4021, 638–640. The first sentence is based on Ezekiel 33:11 and the second on Isaiah 59:1. In part this demonstrates Luther's command of and skill in the use of Scripture—see *The comforting Word: Luther's use of Scripture as consolation for the depressed* following.
[52] Pietsch, *Of Good Comfort* (PhD), 190–207.
[53] Ibid., 195-196, 200-201. This is not simply a Lutheran focus. For example, Tan and Lyles, writing outside of the Lutheran tradition, list 'demonic attacks' as a cause of depression. See Tan, Siang-Yang and Michael Lyles, "Depression and bipolar disorders" in *Caring for People God's Way: Personal and Emotional Issues, Addictions, Grief and Trauma'* edited by Tim Clinton et al (Nashville: Thomas Nelson, 2005), 149.
[54] Here Pietsch is referring to the work of John Peteet who says that as "…both mood states and spiritual experience have distinct but overlapping brain correlates... It is therefore misleading to assume that the biological, psychological or spiritual dimensions of self are immiscible." See Pietsch, *Of Good Comfort* (PhD), 197.
[55] Ibid., 204, emphasis added.

A fine example of Luther's use of this idea is found in his gentle letter to Elizabeth von Canitz, a young woman he is inviting to Wittenberg in order to teach young girls.

> I hear too that the evil enemy is attacking you with depressive thoughts. O my dear young woman, do not let him frighten you, for whoever suffers the devil here will not have to suffer him later. It is a good sign. Christ suffered all this too, and so did many holy prophets and apostles, as the Psalms amply show. In view of this, therefore, be of good comfort, and willingly endure this, your Father's rod. He will relieve you of it in his own time. If you come, I will talk to you further about this. Herewith I commit you to God's keeping.[56]

That said, this is an area the pastoral carer needs to be cautiously responsive and responsible, not least because depressed people are often spiritually vulnerable.[57] Out of sensitivity for this vulnerability, I seek to be aware of these matters, but do not overplay them.

3. All things in Christ: Justification by grace as comfort for the depressed.[58]

Pietsch notes that although alien to some contemporary western sensibilities, Luther's justification teaching has an *experiential* dynamic which makes it very practical in addressing depression at a personal spiritual level in pastoral care.[59] Telling is Pietsch's conclusion that "the symptomology of depression today, as in Luther's day, often includes the experience of exaggerated or 'pathological' guilt and an overly-scrupulous or 'punitive' conscience."[60] Thus, the deeply experiential issue of depression needs to be addressed with a deeply experiential word. This Luther finds in the promise of the gospel received in faith. In a letter to Prince Joachim of Anhalt he writes; "What can distress us—apart from, perhaps, our sins and a bad conscience? Even so, Christ has removed these from us, even while we sin daily. … He prayed even for those who crucified him. Therefore, be of good comfort. In Christ's strength resist the evil spirit, who can do no more than trouble, frighten, or kill."[61] Or see Luther's 1531 letter to Queen Maria of Hungary where Luther uses his own experiences of *Anfechtung* to comfort a fellow-sufferer.

> I have heard…how distressed Your Grace has been, and I can only think that such distress does not come from a single cause, and as is often the case, misfortunes do not come alone. I myself know well from experience how the devil, when he finds an opportunity, gladly climbs over the fence—especially where it is lowest; and where it is wet already, there it pours. . .

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[56] See letter 11 in Pietsch, *Of Good Comfort*, 266–267. The letter is dated August 22, 1527. The original can be found in WA BR IV, No. 1133, 236–237.
[57] Pietsch, *Of Good Comfort* (PhD), 206.
[58] Ibid., 208–224.
[59] Ibid., 221.
[60] Pietsch, *Of Good Comfort*, 178. See also pages 210-212 where Pietsch has an excellent description of the phenomenon and drivers of 'pathological' guilt.
[61] See letter 10 in Ibid., 265–266. The letter is dated Christmas day, December 25, 1535. The original can be found in WA BR VII, No. 2279, 335–336.

> Therefore this is my humble request and warning, Your Grace: resist as far as possible your own thoughts, which actually are not your own, but most certainly those which the devil has stirred up. Our Lord is not so angry as we may be accustomed to think and feel … And if he is our gracious God, whose pledge we have, namely his son, given through baptism, the sacrament and the Gospel, we should certainly not doubt, but rather rely completely on his grace, which covers everything. This is also God's will . . .
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> Therefore I now ask God the Father himself that he, through his dear Holy Spirit, would write on Your Grace's heart what is so richly found in Scripture, and keep you thinking about this. Moreover, I pray that it will go much deeper, *into* your heart, deeper even than your own life and the things Your Grace holds dear on this earth.[62]

A major challenge can be to use the right *rhetorical disposition.* In this letter especially, we see Luther using language 'from alongside'—language of vulnerability rather than the language of power 'from above.' That is, "the right approach that will enable us to speak the heart language of those suffering depression today."[63]

4. In His Good Time: Suffering, Patience, and the Cross.[64]

It seems this area of engagement has a particularly profound resonance with the depressed. The theology of the cross tells sufferers that "it is only when we are weak that we can be truly strong." Pietsch's observation from extensive experience cannot be ignored: "For depression sufferers, this insight often comes as deep comfort and relief, since they are incapable of anything but weakness and need, and feel utterly spiritually bankrupt."[65]

Importantly, the key distinction and "true comfort of this theology is not that God shares our pain … but that our suffering is held within the embrace of Christ."[66] Christ holds the person's suffering, having bound himself to the depressive, and works on it. The task of the pastoral carer is to help people receive this work from God. For faith that focuses too much on doing sees receiving as a sign of weakness, which may further compound the hopelessness people are experiencing.[67] In 1527 Luther wrote to the wife of his good friend and associate John Agricola:

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[62] See letter 12 in Pietsch, *Of Good Comfort*, 267–268, original emphasis. The letter is undated apart from the year 1531. The original can be found in WA BR VI, No. 1866, 194–197.
[63] Pietsch, *Of Good Comfort* (PhD), 222.
[64] Ibid., 224–250.
[65] Ibid., 241.
[66] Ibid.
[67] Pietsch observes of Christians in communities where there is a strong expectation of outward displays of faith and acts of service: "When their depression strips them of their capacity to do these things, they see this as reflection of the state of the faith, which reveals the spiritual problem that they understand faith primarily as doing than receiving" (Ibid., 241n205).

> My dear Elsa: … You must not be so fearful and anxious. Remember that Christ is near and that he carries your troubles, for he has not abandoned you, as your flesh and blood would have you think. Just call out to him honestly, from the heart and you can be certain that he hears you, for you know that it is his way to help, strengthen, and comfort all who ask him. So be of good comfort, and remember that he has suffered far more for you than you can ever suffer for his sake or for your own. We also mean to pray; in fact we are already praying earnestly that in his Son, Christ, God will accept these prayers and strengthen you in this weakness of body and soul. With this, I commit you to God. Amen.[68]

5. The Comforting Word: Luther's Use of Scripture as Consolation for the Depressed.[69]

There are pitfalls here if Scripture is not used with theological and pastoral sensitivity, wisdom and discernment, and if trust and mutuality are not nurtured.[70] A particular issue is conflating Law and Gospel whereby depression sufferers receive "the message of the law as an impetus for change rather than the transformative news of God's unconditional forgiveness and love in Christ."[71] But used properly, that is, in a transformational and regenerative way, the benefit is that Scripture can repopulate narratives, with grace (gospel) directly addressing the *experience* of those who are caught in despair. Of key importance is that this is a performative word: "this transforming word [of the gospel] does much more than reform or rehabilitate; it resurrects and regenerates."[72]

Luther in part used the biblical narratives to minister comfort to the suffering by masterfully drawing them into the biblical narrative in order to hear God's Word of promise and using the Scripture to help his readers reframe their own depression stories. However, he did this in a way that is rarely seen today. Pietsch observes:

> Recent research shows that the use of Bible in pastoral care is generally rather shallow, reflecting a low level of both biblical knowledge and *experiential biblical wisdom* among pastoral carers. On this score we have a lot to learn from Luther. His deep and comprehensive understanding of Scripture, particularly of its human-divine dimension, gave him an understanding of the human heart and conscience, as well as how to apply the biblical counsel to them. He looks into the 'streets and alley-ways' of both Old and New Testaments and sees human beings who are, spiritually if not culturally, like himself, and like us. He sees God's law and judgement on human sin, and he sees Christ's mercy

[68] See letter 1 in Pietsch, *Of Good Comfort*, 255. The letter to Elisabeth Agricola is dated June 10, 1527. The original can be found in WA BR IV, No. 1112, 210–211.
[69] Pietsch, *Of Good Comfort* (PhD), 250–267.
[70] Ibid., 266-267. This is not insubstantial as "Current research and experience show that biblical depth is lacking in many pastoral carers today, whose training and development has been more orientated towards relational skills" (266).
[71] Ibid., 254–255.
[72] Ibid., 256, 266.

> and grace. … he is able, like an expert physician, to apply the right scriptural medicine for the healing of the soul.[73]

We see a good example of Luther using scriptural narrative to reframe the sufferer's thoughts in a letter to Jerome Weller. There Luther writes, "Master Vitus told me that you are sometimes troubled by a spirit of sadness." Luther gives a variety of exhortations before continuing: "Let the people of Israel be an example to you. They conquered their serpents not by looking at them or struggling, but by turning their eyes in another direction, that is, to the bronze serpent. This is the true and certain victory in this fight. So, my dear Jerome, see to it that you don't allow these sad thought to hang around in your heart."[74]

This care strategy provides comfort for the depressed from the highest order: the Holy Spirit! In my own practice I consider there is considerable utility, at a minimum, in resources such as the tract *Perfect Promises*.[75] But I also embrace the need to work on the 'pastoral-hermeneutical challenge' to bring scripture and situation together in a "faithful and creative challenge… as a word that has addressed us and found interpretive grounding in our life and practice."[76]

6. Of Good Cheer: Luther's Practical Theology of Joy.[77]

At the very heart of Luther's comfort for the depressed stands his practical theology of joy.[78] Two factors are critical. First, joy as described here is received—"an *extra nos* work of God"—rather than "subjective wellbeing, in which positive emotions and moods are seen to be linked to internal attitudes and values."[79] This is of great comfort for sufferers because joy is a gift received by faith. "If, in our despondency we act on God's promises and engage in joyful behaviour of some kind, this too is faith receiving and using God's gift."[80] For Luther, the sources of joy are many and varied. Foremost, of course, is the gospel itself which is God's grace and favour for sinners through his Son, and which gives a free conscience and the assurance of eternal life. Pietsch distinguishes between *internal* or *inward* comforts such as the divine grace given through the gospel, and the *external* or *outward* comforts, which being a gift from God, are to be enjoyed with good conscience and include such things as music, laughter, good company, food, drink, and sport.[81] For Pietsch, Luther's counsel to participate in and enjoy the creaturely and material goods of life commends

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[73] Pietsch, *Of Good Comfort*, 251.
[74] See letter 18 in Pietsch, *Of Good Comfort*, 280–281. The letter is dated June 19, 1530. The original can be found in WA BR V, No. 1593, 373–375.
[75] See Lutheran Tract Mission, *Perfect Promises*, (North Adelaide, SA: Lutheran Tract Mission, n.d.). Available from http://www.ltm.org.au/product/view/357/perfect_promises. Also useful is *Give Me Strength Lord, In My Sickness* from the same publisher.
[76] Pietsch, *Of Good Comfort* (PhD), 260–261.
[77] Ibid., 267-285. It should be noted that there is also room for a theology of lament in Luther's general approach to pastoral care. See Stephen Pietsch, "Luther's Theology of Suffering and Pastoral Care," *Lutheran Theological Journal*, Volume 51, No 2 (August 2017), 98–107.
[78] Pietsch, *Of Good Comfort* (PhD), 267.
[79] Ibid., 284, 280.
[80] Ibid., 281.
[81] Ibid., 268.

itself as an intentional strategy for pastoral care of depressed persons: "Behavioural Activation is a therapy with a proven track record in the treatment of depression today."[82]

Second, joy is a weapon to be deployed against depression and attacks of the devil. It is all the more effective because, just as depression affects every aspect of the person, joy is "not only felt at the intellectual, emotional and affective levels, but is also deeply connected with the physical senses and appetites."[83]

In 1534 Luther wrote a series of letters to the young Prince Joachim of Anhalt, exhorting him to find joy:

> Your Grace has Master Nicholas Hausmann and many others there with you. Be joyful with them; for gladness and good cheer, when honourable and decent, are the best medicine for a young person—in fact for everybody. I myself, who have spent the better part of my life in sadness and negativity, now look for and find enjoyment wherever I can. Praise God, we now have enough understanding to be able to enjoy God's gifts in good conscience and with thanksgiving, for he created them for this very purpose and is delighted when we do this.
>
> If I am mistaken and have done Your Grace an injustice, I hope that Your Grace will be generous enough to excuse me. However, I truly think that Your Grace is reluctant to enjoy anything, as if this were sinful. This has often been my problem, and sometimes still is. To be sure, enjoying sin is of the devil, but participation in proper and honourable pleasures with good and God-fearing people—even if the talk and joking might sometimes go too far—is God-pleasing. So, be joyful, both inwardly in Christ himself and outwardly in his gifts and good things. This is what he wants. This is why he is with us. This is why he provides his gifts—that we may use and enjoy them, and that we may praise, love, and thank him forever and ever.[84]

One risk is that such talk of joy and its power to act as a countervailing force to depression's sadness and despair can come across as somewhat 'simple.'[85] Another is that it might be hard for a pietistic 'doer' to receive this teaching, let alone actual 'joy.' But by definition, the receptive gift of joy is non-subjective. A gift is what it is. A chat over a decent coffee,[86] a visit to the zoo,[87] a drive in the country, good music, and a hearty laugh are all things I have found have helped those I have known who are depressed. The 'trick' is

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[82] Pietsch, *Of Good Comfort*, 250.
[83] Pietsch, *Of Good Comfort* (PhD), 271.
[84] See letter 4 in Pietsch, *Of Good Comfort*, 258–259. The letter is dated May 23, 1534. The original can be found in WA BR VII, No. 2113, 65–67.
[85] Pietsch, *Of Good Comfort* (PhD), 267.
[86] A 'proverbial' coffee; caffeine, as with alcohol, might be one of those *outward* comforts that it is helpful for the depressed person to avoid for a while!
[87] In May 2014, my best friend found considerable comfort and joy during a time of rapidly declining mental health through a long visit to the Adelaide zoo with my brother (who works there but had the day off) who can point things out in the way that only the keen animal (and human) behaviourist that he is can! Joy addressed my friend's distress through the animals, birds, gardens, silence, conversation, good food, and non-rushed presence of another.

to be gently intentional about making sure it is pointed out that this is God giving us his good things and helping us to see hope outside the depression.

DIVINE SERVICE, COMMUNITY, AND 'LEANING OVER THE BOAT'

These six themes will help a pastor engage with much of the necessary spiritual phenomena to provide pastoral care to the depressed. Their utility is in part also because they provide many links to the classical spiritual disciplines as well as common ecclesial practices such as: "The pastoral care and counsel of the Christian community and its clergy; loving and faithful Christian friendship; the liturgy; symbol and ritual; the means of grace (the word and sacraments); prayer, and the devotional life."[88]

Such practices and the work of pastoral care need to be held together.[89] Moreover, to the extent that the routine of the pastor's week, culminating in Divine Service, and the ebb and flow of parish life and the church year brings these practices into regular use, they have a reinforcing, reframing power all of their own in direct pastoral care of the depressed.

Risk-Taking in Gospel Consolation

Lastly, in Luther one sees responsible risk-taking in pastoral care of the depressed. With his "highly stable 'biblical centre of gravity'… one has the sense that Luther knows exactly how far he can "lean out of the boat without tipping it over.'"[90] This is not a matter of rigid systematics, but of tapping into the phenomenon of the lived experience of depression in a particular space, with a particular person. Such an attitude becomes a guiding factor for the pastoral carer.

The day that Rev. C. Albert Zweck OBE retired he recorded in his diary: "After 44 years and 5 months held farewell service at Glenside Hospital. Over the years was privileged to bring the *Gospel* regularly to hundreds of folks…[91] Zweck went into psychiatric institutions at a time when the "[churches] too, as part of society, were generally unconcerned."[92] He was essentially "leaning a long way out of the boat." That it did not tip over is because he had a *gospel* as his centre of gravity.[93] Likewise, we listen and *bring the gospel*

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[88] Pietsch, *Of Good Comfort* (PhD), 175.
[89] See, for example, Lutheran Church of Australia, *Rites and Resources for Pastoral Care* (Adelaide: Openbook Publishers, 1998) which has useful rites and notes for such matters as Sickness (52–57), Grief (84-90), Attempted Suicide (126–129), Anger (130–137), and Spiritual Oppression (138–145). Also included is excellent material in the Scriptures References (146–163) and Prayers (164–185) sections.
[90] Pietsch, *Of Good Comfort* (PhD), 300.
[91] C. Albert Zweck, *Personal Diary of Key Life Events: 1923-1982* (Unpublished; property of M. P. Bishop).
[92] Leske, *For Faith and Freedom*, 214.
[93] To be sure, I see Zweck's 'gospel' *centre of gravity* as sitting within Luther's 'biblical' *centre of gravity*, and as such is not a point of differentiation with Luther's. Interestingly, in the context of Luther's use of Scripture as consolation for the depressed, the *vital importance* of Zweck's emphasis on the gospel as the foundational driver in this work has become much more apparent. And more generally, Luther's emphasis on receiving joy in the midst of depression has helped to show the full therapeutic significance of Zweck's tactics like distributing cheer and getting mentally ill people out on bus trips.

so the depressed person will know of Christ's embrace of their pain. For then the gospel can provide that 'experiential and practical' word of grace for use 'at the immediate level of daily life,' and also the ultimate transformation: to life eternal.[94]

[94] Pietsch, *Of Good Comfort* (PhD), 301.