

LECTURE 3: Mapping Pastoral Care Part 1

4, 11, 18, 25 May 2023, 730-930pm

Class Description

Death is an inevitable painful reality on this side of heaven. The pain of loss can be overwhelming. The bereaved struggle with many intense and painful emotions – profound sadness, depressed, anger, guilt. How do we pastorally care for them? Although depression is the most common mental illness in Singapore, with an estimated 1 out of 16 Singaporeans exhibiting depression symptoms at least once in the lifetime, ‘snap out of it’ remains a common response of many Christians and non-Christians alike. What would be a more biblically loving response? ‘Cancer & Incurable’ – two words most dreadful words to receive. When confronted with relentless chronic pain, or hopelessness, how can we pastorally care for such sufferers?

Learning Goals

By the end of this session, you will be able to:

- Develop a biblical framework in thinking about 1) Loss & Grief, 2) Depression & Anxiety, 3) Chronic Illness & Hospitalisation.
- *Describe* the suffering: For each of this suffering category, we want to first be able to describe the predicament. While we can never identify fully, understanding the suffering helps us to mourn with those who mourn. So we first ask : What is Loss & Grief like? What is it like to be Depressed? What’s the experience of fighting a Chronic Illness like? What makes it difficult?
- *Locate* the suffering biblically: For each of this suffering category, we want to understand it through the lenses of God’s revelation and ultimately the gospel of Christ. We want explain these suffering biblical-theologically against the prevalent world views on them.
- *Discern* what are unloving and loving responses towards these sufferers, and develop a posture and practical strategies to pastorally care for them.

Further Reading

On Loss & Grief:

- TADA & ESTES, When God Weeps: Why Our Sufferings Matter to the Almighty
- GUTHRIE, What Grieving People Wish You Knew: About What Really Helps (And What Really Hurts)
- LEWIS, A Grief Observed
- VROEGOP, Dark Clouds, Deep Mercy: Discovering the Grace of Lament

On Depression & Anxiety:

- GRIMMOND, Facing Depression Together
- WELCH, Looking Up from Stubborn Darkness
- EMLET, Descriptions & Prescriptions: A Biblical Perspective on Psychiatric Diagnoses & Medications
- ASH, Out of the Storm: Grappling with God in the book of Job

On Chronic Illness:

- HENLEY, Loving A Friend Through Cancer: Moving Beyond I’m Sorry to Meaningful Support
- CROFT, Visit the Sick: Ministering God’s Grace in Times of Illness
- GROVE, Grief Undone: A Journey with God and Cancer
- BILLINGS, Rejoicing in Lament: Wrestling with Incurable Cancer & Life in Christ

Homework

Consider who in your local church you know who are suffering in these ways – loss & grief, depression & anxiety, chronic illnesses, or hospitalised. How are they being or not being cared for? Reflect on how have you previously perceived these sufferings, and how has it changed (if it had)?

Pastoral Care in Depression & Anxiety

1. The Experience of Depression

- a) Good place to Start for Strugglers & Supporters.
- b) What is the Experience of Depression like?
- c) Depression Entangles with your Spiritual Life.
- d) 'You're artificially being pushed down'.

2. The Cause of Depression

- a) Depression is Multi-factorial.
- b) Common question: Is depression physiological/biochemical?
- c) Spiritual Causes of Depression?
- d) 'We can love without knowing the exact cause'
- e) Is Depression Sinful? Spiritual?

3. Where Scripture Leads the Depressed

- a) Depression itself is not Sin – It's Suffering.
- b) Reassuring Posture – God's near (Ps.118:6, Phi. 4:5-6)
- c) The Faint-hearted & the Weak (1The. 5:14)

Be a Friend | Kenneth Lo

Singapore suicide rate is up 10% in 2018. And yet suicide remains a taboo topic. It's unspeakable, it's a dirty word. Many Asians find it inauspicious even to mention: 'Choi!'. There is so much stigma, fear and pain attached. People around me are afraid to talk directly about suicide. My friends and colleagues panic when someone confesses his or her suicidal thoughts. In such an environment, we cannot expect our loved ones who are vulnerable to dare to seek help. The message is: 'Keep your suicidal thoughts to yourself'.

Imagine yourself sitting down to prepare for a meeting with someone who is suicidal. He has been and is still receiving primary intervention – he warded himself once, received medical treatment for depression and suicidal thoughts, seen psychiatrists and psychologists, and still has ongoing sessions with other step-down care organisations. How would you prepare yourself meet him? Here is my reflection on coming alongside him:

Firstly, I considered what should my approach be? Well, I pray that God will help me be one who is marked by *empathy, winsome honesty, genuine curiosity, poise and love*. I want God to help me *listen well*. I don't want to give life-is-worth-living pep talks, but to really listen well to learn and understand the person's story. And I want my demeanour to be rooted in gospel i.e. filled with *peace, grace, mercy, comfort and assurance* as I step into this person's painful world.

Secondly, what are the possible helpful questions and things to say? Amidst the tributaries of questions to learn about the person, I kept 3 main goals in mind. Firstly, I want to affirm the willingness to talk about suicide e.g. 'Thank you for sharing with me your suicidal thoughts, I'm so *glad* you decided to tell me'. Secondly, I want to validate the pain and isolation experienced e.g. 'I feel sorry and *sad* to hear that you are hurting like this, it is painful just to hear'. Thirdly, I want to invite the person to tell his *bad* story so I could understand e.g. 'What happened that makes you want to die?' (*GSB: Glad, Sad, Bad*)

Thirdly, I considered where am I heading with this person? The goal is not just to be able to talk openly about suicidal thoughts. Once we can do that, the door is open for us to talk about the deep issues of life that the gospel directly addresses. 'Your suicidal feelings and actions don't come out of the blue. They have reasons you can discover and understand. Your particular reasons will show you how you're experiencing, interpreting, and reacting to your world. When you discover your reasons, you will also describe what is most important to you. The loss or pain that makes you feel like your life is not worth living points to the thing that you believe would make your life worth living' ([Powlison in 'I Just Want to Die'](#)).

There is so much stigma, fear and pain attached to suicide. Frankly, I instinctively cringe when someone confesses his or her suicidal thoughts. To confront death up close is scary. 'But we have this treasure in jars of clay, to show that the surpassing power belongs to God and not to us'. In weakness, we approach and be a friend to the suicidal, trusting not in ourselves but God.