

Spiritual Depression

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[0 : 0 0] Straight away, let me ask the indulgence of you all, as I present to you some material that has been ripening in my mind for quite some time, and which I did intend, and I've said actually to Joseph, that I would like to offer to the Learners' Exchange community at an appropriate time, but which I didn't expect to be needed quite as soon as it has been needed, and so I'm very aware that some of what I have to say may sound a little amateurish because it isn't as fully digested and anchored in general wisdom and learning.

As it might be, well, that's what one has to take in stride when one is pinch-hitting, which is what I'm doing today.

Helping Christians in Spiritual Depression is my theme. I could give the talk a slightly snazzier title.

I could call it Up from the Black Hole. And when I say that, you may already have spotted, I have in mind a Bible story which illustrates, analogically, I mean, illustrates what I hope may be helped forward by what I'm going to say to you.

It's the story in Jeremiah chapter 38 of how the prophet was arraigned by some of the folk he was criticising and let down into a cistern.

[2 : 0 9] Does that ring a bell? A cistern with nothing in it but mud at the bottom. The depth of the mud is not given in scripture, but the very fact that the mud is mentioned must, I think, indicate that there was plenty of it.

Well, I suppose that they let him down through something like what we would call a manhole, and I suppose that the purpose of those who let him down into the cistern was that he should starve there.

That isn't actually said, but it's the natural inference. Well, when this was reported to the king, action was taken to get Jeremiah out of the cistern, and what they did, so we read, Jeremiah 38 verse 11, was this, Ebed-Melech, the guy who was leading the effort to get Jeremiah out of the cistern, Ebed-Melech took men with him and went to the house of the king to a wardrobe in the storehouse, and took from there old rags and worn-out clothes which he let down to Jeremiah in the cistern by ropes.

And he said to Jeremiah, Put the rags and clothes between your armpits and the ropes. You could see what the thinking was there.

If Jeremiah padded himself under the armpits, then the rope that was going to pull him out wouldn't hurt so much when his feet left the ground and all his weight was on the rope.

[4 : 0 4] So he did that. He put the rags and clothes where he was told to, and then they drew Jeremiah up with ropes and lifted him out of the cistern.

What I have to say this morning may, I hope, in its own small way, correspond a little to the ropes. I can't offer you a magic formula for the cure of Christians in spiritual depression, but I can say some things which I hope will help.

Help, I mean, in the sense of enabling them to, that is Christians in depression, to live a little more easily than they have been living, and to hope a little more positively than they have been hoping.

Well, with this picture in my mind, I offer you some thoughts, but before I get to my topic, I realize I had better say something about myself.

You must excuse me talking about myself, but here I think I need to. I intended to begin this session by asking the classic question, is there a doctor in the house?

[5 : 33] In fact, there is. Will Johnson is here, and we arranged that he should be here not half an hour ago.

Will I very much value your presence here? I need you. Why? Well, because what I'm talking about involves the interface between spiritual therapy, let's call it that, and medical therapy.

And the proper person to comment on what a pastor says about spiritual therapy is a Christian physician.

Same as a pastor might comment on some things said about coping with physical disorder by physicians, perhaps, who didn't specialize in Christian wisdom.

There has to be some mutuality here. And I am, as I said, very glad, Will, that you are here so that the mutuality becomes possible.

[6 : 51] And when I've said my bit, I shall look to you to make the first comment on what I've said before anybody else is allowed to look in. Okay?

And I hope that all of you will accept the fitness of that procedure. I should tell you a little more, I think, about myself.

I see myself as a pastor who is also a professor. My concern as a pastor has always been that the gospel truth, which I proclaim, should be earthed in life and not left up in the air.

And from that standpoint, I have always valued the lead which is given me by the 17th century Puritan pastors, and particularly by the man on whom I did my research work when long ago I was working for a doctorate.

That's a man named Richard Baxter of whom you may have heard. In his lifetime, he was regarded as something of an expert on what, in those days, they called melancholy.

[8 : 14] melancholy. And by melancholy, they meant, let me say it once, a form of depression which included, among its symptoms, disorder of the mind.

That is, inability, at certain points, to think straight. We, nowadays, when we talk about depression, don't always think of it as including disorder of the mind.

When the Puritans talked about melancholy, however, they did. Now, Baxter, as a pastor, was thought of as something of an expert in this field. And so, when, in the 1680s, a group of folk were organizing a set of lectures on pastoral themes to be given publicly in London, Baxter was recruited to speak on the subject, well, it was put as a question to him, what are the best preservatives against overmuch sorrow and melancholy?

That was handed him as a question, and he was asked to speak on it starting from 2 Corinthians chapter 2 verse 7, which is a text in which Paul warns the Corinthians not to be continually harsh in their attitude towards a particular transgressor who had repented of whatever the disruptive transgression that he lapsed into had been.

now that he's repented, says Paul, you must receive him back into fellowship, not continue to be harsh and withdrawn in your relationship to him, lest he be overcome by overmuch sorrow.

[10 : 25] That's where the phrase overmuch sorrow comes in. The Greek actually does mean excessive sorrow. Sorrow, Paul doesn't specify what it is that makes sorrow expressive, what it is that makes sorrow excessive, that's the word that I'm chasing.

I'd better warn you folk, when you get into your 80s, you may find that every now and then you have to chase a word, because you know it and it won't come. If you follow people in their 80s and listen to them talk, you can get a great deal of amusement out of this particular phenomenon, which I assure you is not peculiar to me.

Well, be it said, Baxter accepted the assignment and his lecture, because though it was supposed to be a sermon, it is actually a topical lecture illustrated from scripture.

His lecture was published under the title, *The Cure of Melancholy and Overmuch Sorrow by Faith*. He, in other words, expressed stronger hope than I dare to express in relation to this talk that I'm going to give.

At the moment, I lift a corner of the curtain that I usually keep drawn.

[12 : 07] At the moment, I am partnering with an American psychiatrist who works for the United States government and, at the moment, is anchored in Delhi, India.

Goodness knows what he's doing for the U.S. government in Delhi, India, but that's where he is. And we are hoping to produce a new edition of Baxter's mini-treatise with an appropriate comment of all sorts before and after, because we think that Baxter's material, basically has in it a great deal that will help work.

Well, you'll have to wait, I guess, a year, minimum, perhaps more, before you see the fruit of our labours there, but we are doing that, and that's why this theme was swilling around in my mind, and why I felt able, at very short notice, to say, well, I'll speak to learners exchange on that.

But a lot of what I say may seem to you sketchy and provisional, and now you understand why.

however, I have yet a little more to say about myself, I'm sorry to be talking about myself so much, but I think this will help to lead into what I'm presenting.

[13 : 44] Over the years, in the course of my ministry, I have tried to help quite a number of folk in spiritual depression, I'll define that condition in a moment, and I have learned some things which are in my mind now as truths to work with.

This is what I bring if there's need in any particular case. Truth one, I have learned by experience that the heart of depression every time is hopelessness.

Human beings live by hope, and when hope finally flares out, and people feel they have nothing to hope for, well, it's like a balloon being punctured, and all the drive and all the delight of their life evaporates.

Well, this is always, I have found, at the heart of spiritual depression, at least in those cases that I have met. And second, I have learned by experience that the sign of depression, spiritual depression, and every other sort actually, is negativity.

Negativity of thought and feeling and endeavor. Thought, well, nothing good to look forward to.

[15 : 30] That's negativity. Feeling, feeling, I feel poor. I just don't feel like exerting myself in any direction.

I feel flat. I feel gloomy. That kind of, that kind of feeling is what I have in mind.

And people in depression will brood, and their thoughts will be thoughts of doom, and their mood will be a mood of gloom.

Third thing that I've learned, I experienced, is that the instinct of depressives is to keep their condition secret as long as they can.

They don't want it talked about. There are, of course, people whose makeup is such that they like to have everything that their experiencing known and talked about.

[16 : 40] That's a form of sinful eccentricity, I think. But depressives as such, they keep it secret as long as they can.

When they trust a counselor, they will pour it out. But their tendency, larger society, is to isolate themselves and withdraw themselves from group involvements as much to keep hidden the fact that they're not feeling up to the business of living as for any other reason.

Well, all right, that's what they do. Fourth thing that I think I've learned by trying to help depressives. What helps them? Well, whatever you say is probably secondary, but patience with them and willingness to walk with them, spend time with them, and to lead them without perhaps telling them that this is what you're doing as a point of strategy, but leading them, if you can, into cheerful Christian fellowship, where people around them, I mean, are confident in the Lord and rejoicing in the Lord, that helps them as much as anything else.

And fifth thing that I've learned, again, by experience, is that there is something that puts depressives out of the reach of Christian, what I describe as Christian fellowship type therapy, that is reminding folk of the gospel, walking with them in love and care, and seeking to plug them in again, to Christian cheerfulness as the mark of authentic Christian groups.

The thing that puts depressive folk, or people in depression, out of reach of all that, is, well, I use a single word to cover a very mixed bag of phenomena, delusions.

[19 : 14] When folk lose the ability to think straight and, well, Baxter says of them straight, their minds have gone crazy, and they are indulging fancies that have no basis in fact, and they cannot think straight about the love and the goodness of God in the gospel.

people, you say things to them along that line and they reply, yes, yes, that's all very well for you, but that doesn't apply to me, that doesn't work for me, something of that sort, and they find reasons to exempt themselves from the encouragement and strength that gospel truth gives.

Well, when that's the problem, you must send folk or introduce folk to psychiatric help, because the situation calls for more than ordinary Christian fellowship can provide.

Well, those are the things that I think I've learned by experience over rather more than half a century of ministry, and it may be, of course, that I haven't learned them well enough to say them properly, and that Will will have some comments to make on that when he speaks to us.

But now, against that background, coming from that point that I think experience has brought me to, I want to set before you three things.

[21 : 15] Here are my headings. One, the contemporary secular understanding of spiritual depression, Christian spiritual depression, I mean.

Second, recent Christian thinking about Christian spiritual depression, depression, and third, biblical wisdom about Christian spiritual depression.

All of this, for me, is resource material, and I offer it to you as resource material. Let me say yet again, I don't claim finality, let alone infallibility, for any of the things that I'm saying here.

this is a pastor telling you how far he's got in understanding, and inviting you to consider whether there's anything here that you could pick up in order to help you in ministering to fellow believers in the future.

This is a corporate enterprise, it seems to me. Ordinary Christians can do a great deal in the way of bringing support to Christians in depression, and helping them in difficult spots in which they find themselves.

[22 : 49] So, on that basis, away I go sharing. Heading number one, contemporary secular understanding of Christian spiritual depression.

This is a product of the 20th century concentration on psychology and psychiatry, which, do we know the exact meaning of the word?

Psychiatry is the name for healing in relation to the psyche. all forms of healing in relation to the psyche come under this heading.

And psychiatry, in its very nature, is first and foremost a clinical business, a medical skill, and inevitably, developed as it has been in the 20th century, it has a post-Christian materialist caste.

After all, every form of thought, in a way, reflects the culture out of which it's come.

[24 : 07] And 20th century culture largely was post-Christian and lapsing into secularism, and the psychiatry of the 20th century and the early 21st reflects that.

So what's the psychiatrist's goal? Well, putting it very broadly, he wants his patient to feel good again and to function efficiently again.

And he will do what he does for the patient in order to try and bring that double goal to reality. He sees depression in all its forms, in secular souls as well as Christian lives, as a form of what, in the medical world today I understand is called mood disorder, which itself is seen as a form of what is called mental illness.

And he will likely assume what the books and the articles do say over and over. I keep meeting this, that depression is an unhappy condition for which something like a quarter of North Americans, both north and south of the border, something like a quarter of North Americans will need medical treatment at some point during their lives.

That's rather overwhelming. But that is what they say. And the modern psychiatrist does his work, supposing, I'm sure, supposing that that is true.

[26 : 05] Now, what are the symptoms for which he looks? Well, as with other symptoms for which medical men look, there's a sliding scale here, sliding scale in the mind, I mean, the symptoms may be more or less severe.

And one of the marks of medical skill is that you can distinguish between severer and less severe symptoms. But the two basic symptoms for which the psychiatrist will look are these.

One, relational negativity, that is a state of personal being in which all life's positives diminish, pleasure in whatever activities used to give you pleasure, is diminished.

Power to concentrate on matters involving heavy thinking diminishes. The capacity to make decisions, thought-out decisions, thoroughly thought-out decisions, also diminishes.

the mind and the heart feel fatigued, the energy level is low, confidence has vanished, self-esteem has been punctured, realistic self-criticism doesn't happen, that is to say, the person in depression can't stand back from themselves, and see the depression that they're in, as far as they're concerned, the depression itself is simply reality.

[28 : 07] And if they're going to be realistic, they will be acknowledging that reality the whole time, and if they're acknowledging that reality the whole time, well, they must simply settle for not being able to handle with enterprise, so many of the things that they were able to handle with enterprise before they became depressed.

And they lapse regularly into unreasonable self-approach, guilt, sense of failure, low self-image, all of that.

they are likely to suffer from insomnia, and their hopelessness may generate thoughts which point them to suicide as the way out.

It doesn't always happen, that's, how can I say, that's a severe depressive symptom, but it does happen, and depressives have to spend time glooming their way through that or over that as a possibility.

Well, that's what the psychiatrist, if I understand him, looks for as the relational negativity, relational in relation to life, really, life across the board, relational negativity into which depression has some people, that's the black hole, that's the dungeon.

[29 : 56] And the second thing which the psychiatrist has to look for is rational negativity. This is what they would call the obsessional element, which in many cases, not all, but in many, is part of the problem.

Folk can't, as I said earlier, think straight. Quite specifically, they can't think that they are wrong in thinking about themselves the way they do.

they can't internalize correction and encouragement when you offer them correction and encouragement.

Well, that's because their minds aren't working properly. As I said, it's an obsessional condition, at least in the ordinary everyday use of the word obsessional, and I've given it the label rational negativity, and I want to say now what I hinted at earlier.

Much of the diagnosing and prescribing for melancholy in the 17th century involved facing the fact that the persons whom you're trying to help have difficulty in thinking straight, and it's a real question whether the pastor can help them to do that, or whether the case is beyond him.

[31 : 36] Well, this is how in the 20th century, if I understand it, psychiatrists approach the problem of depression, and they diagnose the, how can I say, the crooked thinking, which is part of the condition so often, they diagnose the crooked thinking as a physical fact rooted in the fact that something is not happening as it should be happening in the brain.

Now, we can't go into this, but let me give you the simple formula with which I work. The mind is the self, or call it the soul, if you wish.

The mind is the self, thinking, and amongst other matters, thinking about itself. And the brain is the grey matter in the head which supports the exercise of thinking.

And if something is out of order with the grey matter and the, I gather, it's electricity that operates in the grey matter to support the mind, well, the mind will malfunction simply because the brain is malfunctioning.

In last week's Maclean's, I read the following sentence, despite decades of research, the human mind remains largely an undiscovered country.

[33 : 40] And the little I know, about the medical side of all of this, confirms that. So, I am not going to say anything pontifical about it at all, except that this is an area of constant problems.

The brain malfunctioning and so failing to support the mind in straight thinking. The depression, then, which the mind is conscious of.

It's triggered, perhaps, by trauma or strain of some kind, shock to the mental system. But the depressed condition continues because the brain is not doing a good job in sustaining straight thinking by the mind.

So, what will the modern psychiatrist do? Well, he'll offer treatment along three lines. Antidepressant drugs to try and get the brain into proper working order.

the drugs, it is hoped, will adjust the brain chemistry, which is supposedly at the root of the disorder.

[35 : 08] He will practice psychotherapy, that is to say, an exploratory talk with the patient.

he will try thereby to relieve the pressure points, the traumatic factors, in the patient's condition, and get the patient to relax, and he will try to bring about cognitive change simply by appropriate lines of thought.

That is, trying to get people to recognize that, in fact, everything isn't black and wrong. They themselves aren't total failures, disasters, whatever.

The cognitive change is a different way of thinking about oneself and one's condition, one's circumstances, and there are a number of ways in which psychotherapeutic conversation seeks to do that.

And in extreme cases, surgery may be recommended. We've all heard of ECT, electric shock treatment, for the mind, sorry, for the brain, I should say.

[36 : 39] And I am not saying that there's anything wrong with it in cases where this can adjust the working of the brain, and there are cases most certainly where that happens.

So, what does one say about the modern psychiatric industry, as we have to call it, because there's so much of it? Well, my verdict on it is that it's good as far as it goes, but of course, you can tell, you can see from the way that I've described it, it's incomplete.

It has nothing to say about the realities that prompt the use of the word spiritual. When I talk about spiritual depression, that word spiritual points to the power of the Holy Spirit of God to change sinners and lead them into the life of saints.

In scripture, as I'll say again right at the end, the vision of the ideal life involves faith and hope and love Christward, Godward.

It involves the work of the Holy Spirit. and that's the central reality as far as Christians are concerned, so that any psychiatric pattern that ignores this has to be declared straight away to be incomplete.

[38 : 28] All right, and that's the transition point to my second heading, Recent Christian Thinking About Spiritual Depression. By recent, I mean 20th and so far as we're into the 21st century thinking, and I say Christian thinking.

I'm focusing here on evangelical thinking in particular. the first thing to say about it is that Christian thinking about human problems will, at least if it's rightly oriented, will never forget the truth about man according to scripture, that is, that we are created beings, we are fallen beings, and we are redeemed beings in process of being reconstructed, But now, in this 20th and 21st century situation, I want to distinguish between three ways of reacting.

Who is reacting? Oh, Christian pastors and leaders are reacting. What are they reacting against? Or what are they reacting to?

Well, they're reacting to the secular psychiatry that I've just described. Reaction number one, which was prevalent in the first half of the 20th century, 1900 to 1950, then about, focused on Freud.

Who was Freud? Oh, well, Freud was the pioneer in a great deal of psychological and psychiatric research.

[40 : 27] And Freud's image for evangelicals during that half-century was that he saw depression as a form of neurosis, that's what he called it, and the cure of neurosis, so he was understood to say, was a measure of sexual license.

Actually, that's unfair to Freud, but that's what evangelicals thought he was saying, and that's what he seemed to them to sound like. Well, there were two evangelical lines of thought that pastors pursued in face of this understanding of what was going on because of Freud.

Line number one, straightforward denial. Denial that depression has physical roots of any sort, and certainly physical roots of this sort, which required this kind of behavior as its cure.

Well, just let me illustrate that rather than analyze it.

In 1968, I was at a conference center in which the diet prescribed for people in the conferences was really constructed in terms of the question or in terms of the project How to Be Human Now That You're Christian.

[42 : 11] And that meant that one of the elements that was regularly provided in the programs was a contribution from a psychiatrist or psychologist talking about the things that I'm trying to talk about today.

And I was invited to this conference center to expand scripture. when I got there I found that an Anglican bishop had been there before me and he had spent a great deal of time while he was there denouncing the fact that psychology was being introduced into the program and the contribution of psychiatry to human well-being was being affirmed and he was insisting that the right thing to do was to sweep it all aside and put all your confidence in the power of the Holy Spirit to change people's lives from the inside as they set themselves to repent and practice Christian virtues and look to the Lord for healing well I have to say it from my own standpoint

I found that I had quite a sizable repair job to do during the time that I was there because I thought that this was wrong and I told the conference director that I thought it was wrong and he having received from this Anglican bishop what he had received was completely at a loss what to do with the programs that he had been set to manage well I'm just telling you that bishop was a specimen of what was quite general amongst evangelical pastors in the first half of the 20th century psychology psychiatry can't help us at all keep clear of it the other way of which pastors reacted was to think in terms of a dualism of soul and body so here of course means the personal self the service of the personal self is the business of the pastor the service of the body is the business of the physician so when the pastor is confronted with Christians whose condition is one of depression he would regard that as somebody else's business rather than his and would straight away send the person refer the person to a psychiatrist well

I met that also early on in my ministry in 1954 one of the young men in our youth young people's fellowship in the church in Birmingham England where I was an assistant minister was known to be how can I put it acting in a sexually adventurous way with his girlfriend and he had exhibited symptoms of depression and had been sent to a psychiatrist and my boss minister sent me to see the psychiatrist and try and find out what was happening here well I went to see the psychiatrist and he told me in effect that some sexual loosening up was part of the treatment of this young man that he was giving to this young man and my business was to stand back and let it happen and he sent me away with a flea in my ear well in 1954 that wasn't so surprising that's the dualistic attitude in practice psychiatry is the psychiatrist business and clergy should not interfere with it they have nothing to do with it let the clergy deal with their thing which is nothing to do with psychiatrists well the first half of the 20th century gave way to the second half of the 20th century where my subheading is it was an era of listening to

Martin Lloyd Jones who was he well for 20 or 30 years he was England's top evangelical preacher and about 1950 he published a book a set of sermons titled spiritual depression and what the book said and what Lloyd Jones himself was saying to pastors who consulted him and he was saying it I may say on the basis of his having been a professional physician before he was a minister he was saying first we have to face the fact that Christians experience depression depression and that Christians being human are psychophysical units and that means that a state of depression is likely to have a physical as well as a spiritual aspect to it and pastors dealing with depression must remember that now he said secondly it is important when dealing with persons in spiritual depression that one does one's utmost to teach them to preach to themselves that is to keep reminding themselves of the positive glorious truth of the redeeming love of

[48 : 52] God the goodness of God the graciousness of God and therefore the hope which the gospel promises hold out for every Christian as we move into whatever future God has in store for us this is the truth which he hammers away at in the opening section of his book spiritual depression he bases it on exposition of Psalm 42 where the psalmist asks himself the question why are you so downcast oh my soul why are you so disquieted within me and then he preaches to himself in response to that question hope in God for I shall yet praise him who is the health of my countenance and my God now this actually was a Puritan skill but it had been largely forgotten in the 20th century and Lloyd

Jones made a great deal of the importance of it understand yourself you because you were made this way made in the image of God you are to be led by truth in your mind and the truth in your mind ought to center on the truth of the gospel God in love has done this God in love has promised this God in love has sent Christ and Christ is the great physician just as he's the good shepherd keep talking to yourself in a way that keeps this focus central in your mind and having said that Lloyd Jones would then speak but only then about the value of partnership between the physician and the psychiatrist which actually brings him back to where Richard

Baxter ended in his 1680 mini treatise helping Christians in spiritual depression will regularly turn out to be a project in which pastor and physician must cooperate together and that brings me to the third heading time two you may think because it's almost ten o'clock yes well I'll be quick here third heading biblical wisdom about spiritual depression spiritual depression as those who've inherited I think we should say warnings from evangelical thinking in the first half of the 20th century and encouragement from the line of thought that Dr.

Lloyd Jones relayed in the second half of the 20th century as those who now in the early 21st century seek to help folk in depression it seems to me that these are the principles of wisdom that we should have in mind I'll say them very quickly because my time is gone principle number one recognize that the new testament ideal for the disciples life is God centered Christ focused built on the exercise of faith and hope and love as three constants of daily behavior and expressing itself in joy and good works and endurance in faith and obedience you recognize all those realities surely as emphases that the new testament makes in different places as being integral to the real

Christian life faith hope love joy good works endurance second recognize that depression can be a mode of satanic temptation simply because it pulls Christians away from that ideal Satan's strategy in this world is always to thwart or upset or ruin what God is up to Satan is not original he is simply a wrecker and depression spiritual depression involves a wrecking of this pattern of Christian of authentic Christian living and stressing you see in its place of the thought that it's hopeless of the feeling that it's hopeless to labor any further to go

[54 : 28] God's way all right third thing now recognize that fellowship fellowship with what Baxter described as cheerful believers believers he said there is no mirth like the mirth of believers fellowship with cheerful believers is an extremely supportive counter depressant and time to go into that so I don't even start just recognize it remember it and if you can help a person who is isolating him or herself in the thoughts of doom and gloom if you can bring them back into joyful Christian fellowship that can be very helpful it is of course possible for Satan to come in there and generate the feeling oh it's all right for these people but it's not all right for me that's a particular form of depressive neurosis where that's what a person is feeling and saying you have to take them aside and try one on one to get them to think in a different fashion and sometimes you can and sometimes you can't and then the fourth thing that I wanted to say

I say it very quickly though it's a matter for discussion recognize that caring for Christians in depression is significant ministry in which we can all share now I know that there is a pitfall there the pitfall of amateurism people trying to help other folk in their particular need in a way that gets the helpers out of their depth so that without realizing what they're doing they practice folly rather than wisdom in the help that they're trying to give and sometimes obstruct the path that would lead to real recovery we have to watch against that and if we are trying to help people in depression well it makes good sense to consult someone older and wiser about the problem and the way that we're trying to handle it and not limit ourselves to what we think of as our own wisdom but nonetheless

I think that with other helping ministries this is something in which sometimes all of us who are Christ's are called to share and I want you to hear me say that as the last word in this presentation and it is the last word