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A Biopsychosocial-Spiritual Model of Depression Reviewed from the Christian Faith: An Integrated View of the Role of the Church

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A B S T R A C T

Mental health issues, especially depression, are getting more and more attention in church ministry, but they are often understood reductively either as just a spiritual problem or simply a medical disorder. This study uses a literature study method by analyzing theological, psychological, and psychiatric sources. Within the framework of the Christian faith, depression cannot be separated from the effects of sin, but its treatment requires a comprehensive understanding of the biological, psychological, social, and spiritual aspects. The Christian faith, understood as God's grace and rooted in the truth of the Word, is at the center of this model as distinct from general spirituality which is subjective and anthropocentric in nature. The article also criticizes the spiritual simplification of the depressed within the church and offers the active role of the church as an empathetic and transformative healing community. This integration is expected to expand the paradigm of pastoral ministry and Christian counseling in response to today's mental health crisis.

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INTRODUCTION

In recent years, mental health issues have become a major concern in the wider community, including in the church ministry environment. The Barna Group study shows that mental health is now one of the main focuses in the church's ministry to the next generation (Barna, 2020). In addition, this need has increased in line with the increasing need for mental health challenges post-COVID-19 pandemic (Santomauro et al., 2021).

One of the most common mental health disorders is depression, which is a mood disorder characterized by a steady decline in mood, negative thoughts, and physical symptoms that interfere with social and work functions (Boland et al., 2022). Based on WHO data, it is estimated that 3.8% of the world's population—equivalent to around 280 million people—are depressed (Institute for Health Metrics and Evaluation, 2021). The prevalence of depression is also quite high. Based on Riskesdas 201, depressive disorders can occur from adolescence (15-24 years), with a prevalence of 6.2%. The risk of depression increases with age, highest at age 75+ at 8.9%. (Budijanto, 2019).

However, increasing awareness of this issue is not always accompanied by adequate understanding. In the midst of the popular conversation about mental health, the phenomenon of "glorification" or romanticization of disorders such as depression has also emerged, which actually obscures the true meaning.(Itschi, 2021) As a result, society often equates ordinary sadness with clinical depression, or conversely, dismisses clinical symptoms as something normal in everyday life. These two forms of error can reduce the urgency of appropriate medical and spiritual interventions.

Clinical depression is a condition that can occur repeatedly with moderate to severe intensity. Sufferers often experience disturbances in carrying out daily functions, both at work, school, and in the family. If not treated appropriately, depression can lead to serious complications, including the risk of suicide. More than 700,000 people die by suicide each year. Suicide is the fourth leading cause of death at 15-29 years of age (Institute for Health Metrics and Evaluation, 2021).

Unfortunately, in the context of church ministry, the treatment of depression is often not holistic. There is a tendency in church ministry to view depression purely as a spiritual problem—a consequence of a "lack of faith" or rather, to think of it as just a normal medical illness.(Scrutton, 2015). Stigmatizations such as "You are less grateful", "You are less surrendered to God", or "A Christian should rejoice" are often thrown around unwisely, and ultimately narrow the pastoral space to accompany the depressed with empathy and understanding.

In fact, as Braam & Koenig have pointed out, (2019), loss of meaning and hope is one of the main hallmarks of depression, and it is closely related to the understanding of faith in the Christian tradition, as stated in Hebrews 11:1. This means that faith has an important position in the inner dynamics of people with depression. However, an approach that focuses exclusively on the spiritual aspect risks ignoring other complexities, such as biological, psychological, and social factors

In the field of psychiatry, an increasingly widely used approach to understanding depression is the biopsychosocial model, which is now evolving into biopsychosocial-spiritual. This addition of a spiritual dimension aims to capture the existential and transcendental depth of human suffering. Therefore, understanding depression solely from the perspective of faith can actually simplify the problem and ignore a more comprehensive multidimensional approach.

Even so, the spiritual dimension cannot be ignored. A number of studies show that spirituality and religiosity play a protective factor against depression. (McClintock et al., 2019). In the study of psychology, the distinction between "faith", "spirituality", and "religiosity" is important to observe. Austin et al., (2018) explains that religiosity refers to organized beliefs and practices, spirituality is personal and internal, whereas the term "faith" is often used in the context of Christian theology. Nonetheless, systematic studies show that all of these dimensions contribute to a decrease in depression rates (Braam & Koenig, 2019).

Challenges arise when the Christian faith is discussed in a different psychological framework than theological understanding. In Christian theology, faith is understood not as the result of human effort, but as a gift of God (Romans 12:3). This understanding distinguishes the Christian faith from the anthropocentric general spirituality. Therefore, an approach to depression that is truly rooted in the Christian faith must appreciate the complexity of human beings as bio-psycho-social-spiritual beings who have fallen into sin and need the grace of restoration from God.

Unfortunately, the biopsychosocial-spiritual model that is now widely used in medical and psychological approaches has not been extensively reviewed in depth in the light of the Christian faith. Thus, this article aims to re-reflect on the biopsychosocial-spiritual model within the framework of the Christian faith by placing faith not merely as one of the spiritual aspects, but as an integrative center rooted in God's grace. With this approach, it is hoped that the church's ministry to people with depression can become more contextual, empathetic, and holistic.

So far, the biopsychosocial-spiritual approach has not been widely reviewed from the Christian faith as a stand-alone dimension. Therefore, this article proposes to revisit the biopsychosocial-spiritual model in the light of the Christian faith, placing the Christian faith as a central dimension rooted in God's grace, rather than simply an expression of general spirituality. This article also offers a critique of the reduction of depression to a purely spiritual problem in church ministry and a clinical approach that fosters faith, as well as proposes contextual and pastoral integration in the ministry of the church today.

THEORETICAL REVIEW

Theoretical Framework: A Christocentric Biopsychosocial-Spiritual Model
This theoretical framework is based on the integration of the biopsychosocial-spiritual model with the Christian theological understanding of humanity, suffering, and healing. It proposes that:

1. Human beings are holistic creations made in the image of God, comprising biological, psychological, social, and spiritual dimensions.
2. Depression is a multidimensional condition that cannot be reduced merely to a medical disorder or a spiritual failure. It involves biological imbalances, psychological distress, social disconnection, and spiritual struggles, including a loss of meaning, hope, and faith.
3. The spiritual dimension in the biopsychosocial-spiritual model must be rooted in the Christian concept of faith, which is not merely personal spirituality or religiosity but is understood as a gift of God's grace (Romans 12:3), centered on Christ, Scripture, and redemptive hope.
4. Faith functions as the integrative center of this model, influencing and interacting with the biological, psychological, and social aspects, rather than being treated as just one among many equal components.
5. The church's role is not only to provide spiritual counsel but to become an empathetic, theologically-informed healing community, addressing depression with compassion and theological depth, avoiding reductionism on both medical and spiritual sides.

Key Concepts Supporting the Framework:

- Biopsychosocial-spiritual model (Engel, 1977; Koenig, 2012): A holistic framework for understanding illness, now expanded to include the spiritual dimension.
- The Christian doctrine of imago Dei**:** Affirms the multidimensional nature of human beings.
- Faith as divine gift (Romans 12:3**)**: Contrasts with anthropocentric spirituality; emphasizes God's initiative and grace.
- Sin and brokenness**:** Depression is partly a manifestation of the fallen human condition but not necessarily a direct result of personal sin.
- Redemptive healing: Restoration comes through God's grace, which can work through medical, psychological, social, and pastoral channels.

The purpose of this theoretical model is to present a **contextual and holistic framework** for understanding depression that respects both theological convictions and psychological insights. In many church contexts, depression has often been misunderstood, either spiritualized as a lack of faith or dismissed as a purely medical issue. This model seeks to bridge that divide by integrating the biopsychosocial-spiritual approach with a distinctively Christian theological perspective, recognizing that human beings are complex creatures shaped by biology, psychology, social relationships, and their spiritual relationship with God.

By placing Christian faith at the center not merely as a category of general spirituality but as a theologically rooted, grace-centered understanding this model emphasizes that healing is not just a matter of clinical treatment or spiritual exhortation. Instead, it involves a deep engagement with the Gospel's redemptive message, the role of the church as a healing community, and the importance of restoring meaning, hope, and identity in Christ. This approach allows for empathy, nuance, and practical ministry while avoiding spiritual reductionism or clinical detachment.

Ultimately, this theory aims to equip the church with a pastoral paradigm that is theologically faithful, meaning it aligns with core Christian doctrines; psychologically informed, so it incorporates current research and best practices in mental health care; and spiritually grounded, anchoring all interventions in the grace, truth, and love of God. By doing so, the church can more effectively minister to those struggling with depression not by offering simplistic answers, but by walking with them toward holistic healing in Christ.

METHODOLOGY

This study uses a literature review approach because the focus is on the development of a conceptual synthesis between the biopsychosocial-spiritual model and the Christian faith framework. This approach allows for an in-depth exploration of relevant literature, both from the fields of theology, psychology, and mental health. The literature analyzed includes academic journals, major reference books, and relevant digital publications in the fields of Christian theology, clinical psychology, and mental health sciences. Sources were selected based on academic credibility, relevance, and relevance to the topic being studied. The author critically analyzes various sources, both print and online, reinterpreting how the biopsychosocial-spiritual model can be understood integratively from the perspective of the Christian faith.

RESULTS AND DISCUSSION

Depression

Depression is a syndrome of mood disorders, characterized by a steady decline in mood, negative thoughts, and physical symptoms. Depression includes affective (emotional), cognitive (mind), and somatic (body) symptoms that interfere with a person's ability to function socially as well as in work.(Boland et al., 2022). This medical understanding is important to distinguish clinical depression from ordinary grief that is often misinterpreted in social and spiritual contexts.

Depression can be present as a symptom or a clinical diagnosis. This distinction is important in the pastoral context because not all symptoms of depression have the same root or meaning. By understanding that depression can arise as part of other conditions, pastoral ministers can avoid a uniform approach or spiritual simplification. On the contrary, a sensitive, empathetic, and clinically informed approach is very important, so that the assistance provided is appropriate to the condition of each individual and does not add burden or guilt to those who struggle with the disorder.

As a symptom, depression can be part of a variety of other mental health conditions, from mild to severe. For example, depressive symptoms can be part of *adjustment disorder* (adjustment disorders), schizophrenia, acute stress reactions, dementia conditions in the elderly.(American Psychiatric Association, 2022). Understanding the variety of forms of mental disorders related to depression is important to determine the next treatment. For example, if it is part of a schizophrenic condition, then the focus of therapy is not as simple as treating

purely depression. More comprehensive medical and psychotherapy therapy is needed for optimal management.

As a clinical diagnosis, depression that is commonly understood in the medical sphere is major depressive disorder or clinical depression. This understanding is important in a pastoral context because it helps church ministers distinguish between ordinary emotional struggles and clinical conditions that require special treatment.

According to the American Psychiatric Association, it is a common and serious medical illness that negatively affects feelings, thinking and behavior. A person is said to have clinical depression is defined based on *Diagnostic And Statistical Manual Of Mental Disorders, Fifth Edition* (DSM-5), with criteria including:(American Psychiatric Association, 2022)

Five or more of the following symptoms have been together for 2 weeks and show a change in function from before; There is at least 1 symptom of a depressed mood or loss of interest.

1. Depressed mood throughout the day, almost every day, either subjective or observation of others
2. There is a decrease in interest in all real pleasures, daily activities, almost every day.
3. Noticeable weight loss or gain without any special effort
4. Difficulty sleeping or sleeping too much almost every day.
5. Agitation or psychomotor retardation almost every day.
6. Fatigue or loss of energy almost every day.
7. A feeling of uselessness or a conspicuous sense of guilt.
8. Decreased ability to think or concentrate.
9. Recurring thoughts about death, suicidal ideation with or without a clear plan, or there is a suicide attempt or a clear suicide plan.

In addition to the symptom criteria, the complaints experienced must cause disturbances in social functioning, work, or important areas of their life in real life. This distinguishes it from the mood disorder that a person faces in a given time which is a normal variation of life. In addition, depression also has a level based on the severity of the disorder experienced by the patient. In severe conditions, even depression can cause various other additional symptoms such as psychosis (the appearance of hallucinations or delusions). Some patients may develop guilt-ridden delusions or hallucinations that blame him. It was found that 15-19% of people were depressed in the severe stage until symptoms of psychosis appeared. (Gaudiano et al., 2009). It can be said that depression is a broad spectrum of disorders in the scope of mental health, both in severity and type. A person who is involved in depression problems needs to first understand the extent of the form of depression itself, so that he can know the dynamic challenges faced by sufferers.

Another important thing is the determination of the diagnosis. Diagnosis is important because it is related to the subsequent management. Although there is a diagnosis guideline (DSM-5), the diagnosis must be made by a competent professional. Unlike other forms of illness or disorders that have other objective criteria such as laboratory results, psychiatric disorders are determined based on

clinical judgment. Therefore, in counseling services, it is necessary to be careful in labeling a person with a diagnosis, unless the counselor has been given a diagnosis that is necessary for the direction of administration.

Biopsychosocial-Spiritual Model

One approach to understanding the dynamics of depression is through biopsychosocial models. This model was introduced by George L. Engel in 1977 to understand the condition of health disorders, especially mental disorders. Engel criticized the dominant biomedical model at the time, as it considered disease only to be the result of organ damage or biological disorders. According to Engel, humans are whole beings, where biology, psychology, and social factors interact with each other in causing, aggravating, or improving diseases.(Engel, 1977)

In its development, this concept has experienced several criticisms. This model is considered too broad and in its application requires clear specifications in order to remain scientific, applicative, and relevant in modern clinical practice (Bolton, 2019). Many subsequent studies have looked at these three factors more precisely.

In addition, this model was developed by associating it with the spiritual aspect. Sulmasy adds a spiritual dimension to the biopsychosocial model put forward by Engel. He emphasized the importance of the spiritual aspect in patient care, especially in the context of end-of-life, taking into account the meaning of life, hope, and transcendent relationships.(Sulmasy, 2002). This model was once used by the Ghadarians to understand depression from the perspective of the Baha'i faith.(Ghadirian, 2015)

But because of the breadth of spiritual meaning, Saad emphasizes the importance of clarity of the spiritual aspects added in the biopsychosocial model.(Saad et al., 2017) Several studies have examined the differences between these three aspects based on their meaning. Christina distinguishes faith as a personal confession, religion as a ritual and traditional activity, while spirituality as a broad fundamental dimension of human beings.(Gschwandtner, 2021) In a systematic study conducted by Harris, 2018, it was added that faith is broader in nature that can be synonymous with spirituality and/or religiosity.(Harris et al., 2018) It can be said that despite the overlap between them, there is little difference where religiosity is practical as spirituality is subjective to one's connection to the divine, while faith speaks broadly for that aspect of spirituality.

In the context of pastoral ministry and practical theology, the adoption of a biopsychosocial-spiritual model offers a paradigm that broadens the understanding of human suffering, including depression. This model makes us aware that spiritual intervention cannot stand alone without understanding the biological and psychosocial realities of suffering. Instead, a clinical approach that negates spirituality risks losing the sufferer's existential depth. As affirmed by Sulmasy (Sulmasy, 2002), spirituality plays a central role in the human experience of suffering, particularly in borderline situations such as death, loss, or despair. In such situations, the meaning of life, hope, and relationship with the Divine become very significant and irreplaceable by a mere medical approach.

The integration of the Christian faith in the biopsychosocial-spiritual model also demands openness to the scientific method and empathy for complex psychosocial dynamics. Johnson & Myers (2010) states that authentic scientific truths can be seen as part of God's general gift to equip the church in its ministry. Thus, accepting findings about depression from psychology or psychiatry does not diminish the authority of faith, but rather broadens the horizon of understanding the existence of a whole and fallen human being.

Furthermore, a complete understanding of the biopsychosocial-spiritual model can prevent a one-dimensional pastoral approach. As criticized by Scrutton (2015), both approaches that moralize depression and those that medicalize absolutely risk getting rid of the complexity of suffering. The Christian faith sees suffering not simply as a clinical disorder or the result of spiritual disobedience, but as part of the human condition corrupted by sin, but open to restoration through grace.

Therefore, this integrative approach not only bridges between theology and science, but also offers a sensitive, empathetic, and theologically grounded pastoral framework. The church is called to be a community that not only provides spiritual answers, but also a space of recovery for body, soul, and social relationships. A biopsychosocial-spiritual model rooted in the Christian faith allows the church to respond to depression with insightful love and contextually and theologically relevant ministry.

Faith as a Gift

Faith in Hebrews 11:1 is expressed as "... the basis of all that we hope for and the evidence of all that we do not see." The root of the term faith is "Believe" or "entrust." This word in the Greek Bible *pisteuo* the translated believe and which translates faith.(Handayani, 2018).

In the context of the Christian faith, faith is not the result of human efforts alone, but is a gift from God. Faith is a gift that shapes one's view of oneself, the world, and God, so it has profound psychological implications. As a gift, faith opens up a new perspective that allows one to see reality not only from a limited human point of view, but also from a hope that transcends visible conditions. Thus, faith forms a cognitive and emotional framework that influences how a person interprets his or her life experiences, including suffering and hardship. Therefore, faith has an important role in shaping psychological well-being because it affects a sense of meaning, purpose, and hope.

However, faith that is not in touch with human psychological reality tends to stop at the cognitive level. Rather, faith should be a transformative tool that helps people face their suffering (Susabda, 2020). Thus, valid scientific truths can be seen as part of*General awards*God to equip the ministry. Such a well-known principle in the integration view:*all truth is God's truth.*

In this context, the biopsychosocial-spiritual model can also be integrated through an integrative approach with theology. This approach believes that faith and science are not in conflict, but rather enrich each other in understanding the complexity of human experience, including in dealing with depression.(Johnson & Myers, 2010). This integrative approach is not intended to ignore other

biological, psychological, and social aspects, but rather to be a holistic framework of thinking that unifies all human dimensions. Valid scientific truths can be seen as part of God's general gift to equip the ministry, according to a well-known principle in the view of integration:*all truth is God's truth*.

The Spiritual Aspects of Christianity

Faith, religiosity, and spirituality are interrelated concepts but have different meanings and focuses in the context of religious life, especially in Christian spirituality. **Faith** is a personal and theological belief and hope in God, in the form of surrender and conviction in God's righteousness and His work of salvation, which is the basis of one's relationship with God. **Religiosity** refers more to the practices, rituals, and norms followed within a religion or religious community; it includes worship procedures, adherence to religious rules, and the identity of religious groups. While **spirituality** is a broader and deeper dimension that concerns the inner experience and the search for the meaning of life in relation to something transcendent or divine; in the Christian context, spirituality includes the appreciation of faith in daily life, an intimate relationship with God, and spiritual growth that forms character and attitude of love in interactions with others.

Finding the specific link to how spirituality causes depression is not easy because of its broad concept. Several domains have been attempted to be studied to find the components of spirituality that have an impact on depression. Some religious/spiritual domains associated with depression include contemplative practices, a sense of connection, love experiences, and altruistic involvement.(McClintock et al., 2019)

In addition, understanding aspects of Christian spirituality needs to be seen more specifically in the light of the gospel. Rahmiati states that Christian spirituality speaks of the relationship between God and man in the redemptive grace of the Lord Jesus.(Tanudjaja, 2018) Spirituality is not only a person's subjective interpretation of spiritual things, but the existence of God's initiative in relation to grace. Christian spirituality does not speak of a human effort to gain salvation but a response to the salvation that has been obtained. Likewise with other aspects, indeed everything comes from Allah. It can be said that Christian spirituality is not an anthropocentric movement, but a belief and dependence on God who has first expressed His love

In addition, the author sees that the tendency to simplify needs to be discussed because it often appears that a depressed person is a sign of lack of faith, or indicates a bad spiritual life. It is not wrong to believe that depression has to do with faith, because depression is closely related to what is believed about oneself, the environment and the future. If based on the definition, it is said that a person with depression lacks faith is not something wrong. It would be wrong, if it is used as the only measure of a person experiencing depression.

First, the Christian faith sees that faith is a gift of God, as distinct from spirituality in general, which means that human endeavors relate to transcendent figures and how to discover their meaning subjectively.

In Ephesians 2:8-9, it is mentioned that faith is a gift from God. This verse speaks not only to salvation, but to faith itself. Faith is not something that man seeks in the beginning, but a gift of God to man. In Philippians 1:29, it is added that to be a believer is to accept God's gift. Furthermore, Luke 17:5 God's people can ask to "add to our faith." It can be said that one's faith is a gift from God.

Because faith is a gift from God, it is necessary to be careful to declare the Christian faith when interpreting the spiritual aspect of a person who is depressed, because not everyone has the right faith at first. Apart from the Christian faith, it is necessary to admit that an approach to spirituality to people, even those who do not believe, can be beneficial, because in general, faith can play a protective factor for depression.(Braam & Koenig, 2019) These methods can be seen as a general truth that can be applied, without necessarily leading to saving faith in Christ. With this understanding, it would be inappropriate for someone who is going through a struggle—such as depression or a crisis of faith—to be labeled "lacking faith." Such statements not only simplify the matter, but also ignore the fact that not everyone is endowed with faith at the same time and in the same way. Accusing someone of "lacking faith" is like putting faith as the result of effort or achievement, when in Christian theology, faith is a gift of God (Ephesians 2:8-9).

Second, faith also means talking about objects and things that are believed. In the Christian faith, the basis of faith is through the truth of God's Word. The Bible provides the basis and channel for how a person can believe. In Romans 10:17 "So faith comes by hearing, and hearing by the word of Christ." Faith is formed on the basis of God's Word. Without a right foundation, a person does not have true faith. This is different from other discussions of spirituality, for example, the spirituality *of the new-age movement* which places itself as the foundation of God.

A Christian's spirituality is based on the Word of God that shapes that person's faith. A person's thoughts and behaviors that are wrong in relation to the truth of God's Word, indirectly affect a person's level of depression. It can be said that in the lens of the Christian faith, the problem is not just about "lack of faith", but what the person believes can play a role in a person's depressive state. If it is said that a depression lacks faith, it should be understood from a lack of understanding of the true Word of God, which leads to a false belief in God and the world's religion.

Strengthening the faith is the spiritual responsibility of every believer in responding to the salvation that God has bestowed. This process takes place through contemplation and obedience to God's Word. But on the other hand, it is important to realize that the understanding of the truth of the Word is not merely the result of intellectual ability or human effort, but is the work of the Holy Spirit that enlightens the heart and mind. Faith itself is not the product of the human will, but rather a divine gift bestowed upon those who are called.

The three Christian faiths see suffering as the result of sin. In the discussion of the Christian faith, there is a lot of concept that depression is a spiritual problem, in the sense of sin, even though there is currently a lot of movement towards medical conditions or illnesses.(Scrutton, 2015) There are two

extreme camps, one against the spiritual cause and the other looking for the spiritual cause, even making it the only reason for the onset of depression, in the hope that by focusing on this one aspect it will solve the problem of depression as a whole.

Biological Aspects

Biologically, several hypotheses the occurrence of depression. When viewed molecularly, depression is hypothesized as neurotransmitter imbalances, dysregulation of inflammatory pathways, and hypothalamic-pituitary-adrenal (HPA) disorders(Cui et al., 2024). This imbalance can be affected by lifestyle, environmental, genetic, and psychosocial factors including diet, sleep, exercise, and interpersonal relationships.(Lopresti et al., 2013)

Modern neuroanatomical research has shown that individuals with major depressive disorder (MDD) have pronounced structural vulnerabilities in some regions of the brain, specifically the hippocampus. A study by Schmaal et al., which analyzed more than 7,000 brain scans, found that hippocampal volume was significantly smaller in patients with MDD, especially those who experienced recurrent episodes or early onset.(Schmaal et al., 2017) The hippocampus is an important structure in the processing of emotional memory and regulation of stress, both of which are strongly linked to the main symptoms of depression. These findings suggest that biological susceptibility to depression is not simply the result of psychosocial factors, but also reflects long-term damage or changes in brain structure that are critical to a person's affective stability.

In addition to structural changes, depression is also characterized by dysfunction of brain activity, especially in areas involved in emotion regulation and decision-making. Functional research through neuroimaging shows that areas such as the amygdala become hyperactive to negative stimuli, while areas such as the prefrontal cortex and anterior cingulate cortex (ACC) are hypoactive.(Schmaal et al., 2017) This condition contributes to persistent negative mindsets, excessive rumination, and difficulty in making emotionally healthy decisions. This imbalance inhibits a person's ability to break out of the depressive cycle because the brain is unable to respond adaptively to stress and failure. In other words, people with depression not only "feel sad", but brain fungi work differently and experience obstacles in regulating their own thoughts.

In church ministry especially in the field of counseling, it is important to recognize the existence of biological dysfunction as part of the suffering experienced by individuals with depression. This understanding does not diminish the role of faith, but rather expands pastoral love and empathy on a more complete and human basis. Offering comfort and spiritual counsel to someone with severe depression needs to be balanced with the awareness that his brain structure and activity may be impaired, making it difficult for him to feel God's joy, hope, or presence even if he continues to believe. A responsible counseling approach should not only emphasize the moral or spiritual aspect, but also accommodate neurobiological limitations as part of the human condition that has fallen into sin and is awaiting recovery, both spiritually and physically.

Social Aspects

Among the various factors that contribute to the development of major depression, stress and life crises as part of psychosocial factors occupy a significant role. About 70% of the first episodes of depression and 40% of recurrent episodes are preceded by stressful life events.(Monroe & Harkness, 2005). In other words, psychosocial stress not only aggravates a person's mental state, but also has the potential to be a direct cause of the onset of depressive disorders, especially in vulnerable individuals.

In addition, one of the signs that stands out is social withdral or social withdrawal. It is mentioned in the DSM-5-TR, "Markedly diminished interest or pleasure in all, or almost all, activities".(American Psychiatric Association, 2022) This withdrawal is not just a passive symptom, but an expression of anhedonia (the inability to feel pleasure) and feelings of social unworthiness, which makes individuals reluctant to engage in interpersonal relationships because they feel worthless or will be rejected. This further exacerbates the negative emotions experienced.

Unfortunately, not a few churches unconsciously spiritualize suffering. For example: when a depressed person withdraws from the community, some leaders or congregations interpret it as a sign of "lack of faith," "disobedience," or "being far from God." Withdrawal is often thought of as a purely moral or spiritual problem, rather than as a biological and psychological manifestation of a psychic wound. As a result, the person who is struggling actually feels guilty for not being able to 'return to normal' instantly, and ends up withdrawing even more. This mistake can make the church, which is supposed to be a home of recovery, a place of shame and covert rejection.

In the context of depression, the role of the church is vital because it can offer warm social support, faithful presence, and unconditional hope. The church has the potential to be a community that fights isolation, where a person can experience that he or she remains valuable, even if he or she is not "functioning" socially as usual. Services such as congregational visits, small, supportive communities, or inclusive, empathetic prayer can break the cycle of social withdrawal that exacerbates depression. The church can be a holy space that says: "You can be here, even in a state of ruin."

Psychological Aspects

From the psychological side, several psychological theories try to explain the dynamics of a person until they experience depression. In psychoanalytic theory, depression is defined as the result of aggression directed into or against oneself.(Haddad et al., 2008) Another interpretation of depression is the loss of an idealized love object, person, or relationship.(Couve, 2018) Another commonly held view is based on the theory of cognitive behavior, which Beck proposed. Depression is concluded to be a cognitive triad error in which cognitive distortions occur towards oneself, the environment and the future.(Beck & Beck, 2011). Although these theories are hypotheses that cannot be separated from criticism because they are difficult to validate, they help to understand human dynamics.

One of the most painful forms of pastoral failure for people with depression is when the church judges without understanding the complex inner dynamics and then simplifies suffering as a purely spiritual problem. In this context, depression is treated like a sin that needs to be dealt with immediately, not a wound that needs to be listened to and accompanied. This approach lacks empathy and often makes sufferers feel alienated, guilty, and unworthy of being in a community of faith. When the church provides only a narrow space—where emotional suffering must be immediately subdued by faith or considered evidence of a lack of faith—then the struggling congregation finds no home, but a silent space of judgment.

The use of integrated psychological techniques can also be beneficial. One approach is CBT which offers a very relevant tool to help a person recognize and challenge erroneous beliefs about themselves, the world, and God. For example, one of the techniques in CBT, the *downward arrow*, helps clients gradually dig down the roots of the negative thoughts that arise, until they find core beliefs such as "I don't deserve to be loved" or "God doesn't care about me." In the light of faith, CBT can be integrated to help the congregation renew their minds (Rom. 12:2), not with mere spiritual slogans, but through a directed and loving process.

Contextual Integration

Contextual integration in Christian spirituality demands an understanding that sees not only faith, religiosity, and spirituality as separate entities, but as a complementary and interdependent unit in the whole human experience of life. Faith in the Christian context is not merely a human effort to relate to the Divine, but a gift from God Himself (Ephesians 2:8-9; Philippians 1:29), which forms the basis of man's relationship with God. This confirms that Christian spirituality is not just a subjective inner experience, but a response to the gift of salvation that has been obtained through Christ's redemptive work (Tanudjaja, 2018).

This context is important to avoid oversimplifying that depression or life struggles always indicate a "lack of faith." Understanding faith as a gift from God and based on the truth of the Word (Romans 10:17) invites us to look at the problem of depression not only from a spiritual aspect, but also from a biological, psychological, and social perspective holistically. Modern research shows that depression has real neurobiological dimensions, such as changes in brain structure (hippocampus) and dysfunction of brain activity (Schmaal et al., 2017), so the spiritual context must be placed within the framework of multidimensional integration. In the pastoral context, this recognition demands an attitude of empathy that does not judge, but accepts the sufferer in his limitations, while at the same time leading to the strengthening of a healthy and correct faith based on God's Word, as well as paying attention to the overall condition of human beings as biological, social, and spiritual beings.

The Role of the Church for Holistic (Practical Pastoral) Ministry

The role of the church in holistic pastoral ministry is crucial to addressing complex challenges such as depression, which is not only a spiritual, but also

biological and psychosocial problem. The church must play the role of an inclusive and loving community, capable of providing a safe space for those who struggle, without adding to the stigma of "lack of faith" or moral judgment. In pastoral practice, this means providing support that includes the spiritual aspect through prayer, teaching the Word that builds true faith, and community that affirms and at the same time opens itself to relevant psychological and medical approaches, such as integrative counseling and acceptance of the neurobiological facts of people with depression (Braam & Koenig, 2019; Scrutton, 2015).

The Church must also be aware of the impact of social pressure and the tendency to social isolation that people with depression often experience, so that ministry such as congregational visits, small supportive communities, and strengthening interpersonal relationships are part of the ministry that heals inner wounds and prevents withdrawal that aggravates the condition (Monroe & Harkness, 2005). Holistic pastoral ministry means understanding that true spiritual restoration is inseparable from concern for the physical and psychological needs of the individual, and thus the church is called to be a "house of restoration" that blends firm faith with empathetic and practical love.

Understanding and handling depression in the context of church ministry requires a holistic and integrative paradigm, which accommodates the biological, psychological, social, and spiritual dimensions in a balanced and complementary manner. Depression is not just a manifestation of a medical disorder or a purely spiritual problem, but a complex condition that requires a multidimensional approach. Within the framework of the Christian faith, depression is inseparable from the reality of sin and suffering in the fallen world, but its handling must place faith as a gift of God rooted in the truth of God's Word, not as the result of human efforts alone or a narrow moral label that adds to the burden of suffering.

The contextual integration between modern medical science, cognitive psychology, and Christian theology allows for more empathetic and responsible pastoral ministry. By understanding that neurobiological and psychosocial aspects play a role in depression, the church can avoid reducing suffering to a superficial matter of faith or simply a moral fallacy. Instead, the church serves as a healing community that provides inclusive social support, provides a space of comfort that respects the individual's recovery process as a whole, and adopts an integrated counseling approach such as Cognitive Behavioral Therapy that is aligned with the renewal of the mind in the Christian faith.

Furthermore, the Christian faith offers a unique spiritual foundation by placing God as the initiator of relationships and the source of salvation, so that spirituality is not just a human effort to search for meaning subjectively, but a response to the grace that has been given. This approach also requires the church to reflect on its pastoral practices so that it does not fall into the spiritualization of cornering suffering, but rather becomes a liberating and transformative community of congregations struggling with depression.

Thus, the biopsychosocial-spiritual model combined with the Christian faith paves the way for a comprehensive, relevant, and compassionate paradigm of pastoral and counseling ministry in addressing contemporary mental health challenges. This integration not only improves the quality of church ministry but

also gives concrete hope to those who are depressed, showing that they are not alone in their struggles and that true healing encompasses all aspects of human life.

CONCLUSIONS AND RECOMMENDATIONS

An understanding of depression in church service must go beyond a reductive view that sees it only as a spiritual problem or a mere medical disorder. An integrative approach that combines biopsychosocial-spiritual models with Christian faith offers a holistic framework that appreciates the complexity of depression as a condition that involves biological, psychological, social, as well as spiritual aspects. The Christian faith, as God's grace rooted in the truth of the Word, provides a foundation that distinguishes Christian spirituality from a common subjective approach, while positioning the church as an empathetic and transformative healing community for those struggling with depression.

This integration fosters a paradigm of pastoral ministry and counseling that not only emphasizes the spiritual healing aspect, but also supports relevant psychological and medical interventions, thereby expanding the capacity of the church to respond to today's mental health crisis in a compassionate manner. Thus, the ministry of the church can be a space of salvation and liberation, avoiding burdensome spiritual oversimplification, and showing that true restoration involves healing in all human dimensions, both physical and spiritual.

FURTHER STUDY

This study acknowledges several limitations that open opportunities for further investigation. First, the research primarily uses a qualitative literature review method, relying on theological, psychological, and psychiatric sources. As such, it lacks empirical data drawn from real-world church contexts. Future research could benefit from field studies or mixed-method research, involving interviews, surveys, or case studies within church communities to better understand how the biopsychosocial-spiritual model is or isn’t being implemented in practice.

Second, while this study seeks to integrate the biopsychosocial-spiritual model with the Christian faith, it does so primarily from a Reformed theological perspective. Broader interdenominational or intercultural studies could deepen and diversify the conversation by exploring how other Christian traditions (e.g., Catholic, Pentecostal, Eastern Orthodox) or global church contexts understand and approach depression holistically. Comparative research could enhance the theological and pastoral insights of this model.

Lastly, this study emphasizes the church's role in addressing depression but does not fully explore how collaborative partnerships between churches, Christian counselors, and medical professionals can be structured. Further research could focus on designing practical models of interdisciplinary cooperation, training modules for pastors, or developing church-based mental health frameworks that are both doctrinally sound and clinically responsible.

This would help equip the church to become not only a spiritual refuge but also a competent and compassionate community for mental health support.

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