THE SANCTUARY COURSE®

COURSEBOOK

SANCTUARY
Mental Health Ministries

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DISCLAIMERS

The purpose of *The Sanctuary Course* is to raise awareness and reduce stigma by starting conversations about mental health in church communities. Consequently, *The Sanctuary Course* is intended for educational purposes only and the information provided is not a substitute for medical or therapeutic advice. If you feel you may need medical advice, please consult a qualified health care professional.

The films used in *The Sanctuary Course* capture the experiences of individuals in their own words. The views and opinions expressed are those of the speakers and do not always represent the views of Sanctuary Mental Health Ministries.

All persons involved in the filming for this course (Sanctuary staff, contractors, and interviewees) followed the safety procedures put in place by Sanctuary Mental Health Ministries to reduce the risk of COVID-19 transmission, in accordance with protocols provided by the relevant government bodies in each filming location.

LICENSING AND USAGE

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Second Edition

LAND ACKNOWLEDGMENT

WHAT IS A LAND ACKNOWLEDGMENT?

Land acknowledgments are a longstanding Indigenous practice recognizing and honoring the relationship of people to space and place. In Canada, where Sanctuary is headquartered, these statements are increasingly offered in public life to recognize the traditional territory of the Indigenous peoples who called the land home before the arrival of settlers/colonization. Through acknowledging whose land we are on, we remind ourselves of the relationships that need repair and our ongoing commitment to reconciliation. For more information and links to additional resources, visit our **Indigenous History Month** blog post.

> *Sanctuary gratefully acknowledges that our organization operates on the unceded and traditional territories of the xʷməθkʷəy̓əm (Musqueam), sḵwx̱wú7mesh (Squamish), and sel̓íl̓witulh (Tsleil-Waututh) peoples. We also recognize that this acknowledgment is a small part of the bigger ongoing work to foster true reconciliation. As an organization which promotes mental health and wellbeing, we are aware that historic and ongoing overt and systemic racism have impacted the mental health of Indigenous peoples, and we condemn and denounce racism, oppression, and genocidal policies in every form. We also celebrate and acknowledge the dignity, worth, and value of all people made in the image of God. We are immensely grateful for the Indigenous people who have chosen to work with us. It's an honor to share their stories, expertise, art, and poetry.*

INDEX

PARTICIPANT'S GUIDE

Thank you for choosing to participate in *The Sanctuary Course*. This course is for:

- People with questions about mental health and mental health challenges
- Mental health professionals
- People living with mental health challenges
- People supporting loved ones with mental health challenges
- Leaders who want to engage their communities in conversations about mental health, mental health challenges, and faith

Your questions, your experiences, and your knowledge are valuable and will enrich the group discussions. Everyone has something meaningful to contribute to the conversation because mental health affects everyone. Now, here is some important information that will help orient you to this course.

WHAT IS SANCTUARY MENTAL HEALTH MINISTRIES?

Sanctuary equips the Church to support mental health and wellbeing.

Sanctuary Mental Health Ministries is a Christian non-profit organization that was founded in 2012 for the purpose of equipping churches in Canada to love and support community members with lived experience of mental health challenges. Although its reach has now extended beyond North America, Sanctuary remains committed to its founding mission: raising mental health awareness within faith communities and providing theologically-grounded educational resources and training to promote mental wellbeing. *The Sanctuary Course* has been developed in consultation with mental health professionals, theologians, and people with lived experience—all from diverse denominational, racial, and cultural backgrounds. Through this collaborative effort, Sanctuary hopes to see local churches inspired and equipped to engage in conversations about mental health, mental health challenges, and faith. (If you are interested in learning more about Sanctuary's programming, please see our **website**.)

WHY IS MENTAL HEALTH IMPORTANT?

The best way to answer this question is to ask another question: Do you know anyone who has experienced a mental health challenge? The chances are high that you responded with an emphatic "yes." After all, the World Health Organization reports that one in four people will experience a mental health challenge at some point in their lives.[1] A statistic like this tells us that we will all be affected in some way by mental health challenges, either through personal lived experience or through the lived experience of those around us.

This fact alone should cause the Church to pay attention. The gospel calls us to demonstrate God's love to those within our communities, and this includes individuals living with mental health challenges. How many of the people attending Sunday services in local congregations are silently suffering from issues like depression or anxiety? Do they feel seen, understood, and supported by their communities of faith?

But there is another reason for the Church to pay attention. Research suggests that people experiencing a mental health challenge or crisis will often seek help from spiritual leaders first.[2] This can occur for a variety of reasons. First and foremost, it is natural for people to turn to their faith in the midst of crisis. This is especially true when it comes to mental health challenges, which often affect our sense of identity and purpose, as well as our spirituality. There can also be practical considerations regarding access to services. Some may find it difficult to schedule an appointment with a doctor, navigate lengthy waitlists, find transportation to and from appointments, or pay for services that aren't covered by health care. Others may feel overwhelmed by the idea of discussing something as vulnerable as mental health with a stranger, and so they seek out the familiar face of a pastor or priest for advice and assistance. Still others may be hesitant to trust a mental health system that appears predominantly white, and that may be ill-equipped to understand and support people of color. These are just some of the reasons why the Church is viewed as a potential resource for people facing mental health challenges.

Given this reality, it is disheartening to hear so many reports from individuals who were not met with understanding in their local congregations. One survey conducted among Christians diagnosed with depression found that most churches are unprepared to address the topic of mental health challenges. Teaching and worship often fail to meet the experiential needs of those with lived experience, and fellow congregants are uneducated regarding mental health.[3] This is certainly not the case in every church, and the congregations that engage in advocacy and provide meaningful support for those with mental health challenges should be acknowledged and celebrated. But many believers want to see more churches growing and succeeding in these areas.

In order for this to happen, we need to discover what God, Scripture, and the Church have to say about mental health and mental health challenges. *The Sanctuary Course* is designed to assist you in this process of discovery. It is the prayer of this ministry that you will find meaningful answers and be strengthened as a community of faith through your participation.

WHAT IS THE PURPOSE OF THIS COURSE?

The Sanctuary Course was created to raise awareness and reduce stigma by starting conversations about mental health in local churches. It is not meant to be used as a tool for developing a mental health ministry or designing an individual recovery plan. Instead, this course will help you build a mental health vocabulary within your community so that honest conversations and genuine transformation can take place.

You may have noticed by now that community is talked about quite a bit in this course. In fact, *The Sanctuary Course* is designed to encourage communities. You may receive some benefit from reading through the following sessions on your own, but it is strongly recommended that you go through them with a small group. These sessions are designed to be engaged in a group setting because community is created and strengthened through shared learning experiences. You are encouraged to share your questions with your group, as well as any personal experiences that might illuminate the session topic. The information presented in this course is introductory in nature, which means that you don't need to have any prior training or experience in the area of mental health in order to participate. *The Sanctuary Course* is available to all community members—those with and without lived experience.

WHAT CAN YOU EXPECT FROM THE COURSE?

There are eight sessions, and each one addresses a different mental health-related topic. In the first seven sessions you will redefine your understanding of mental health, learn about various experiences of mental illness, consider the impact of stigma, explore the process of recovery, discover the importance of companionship, reflect on the experience of caregiving, and examine self-care practices. In the final session you will be invited to reflect on your experience of the course individually and as a group.

There is a coursebook. This is where you can learn about the session topics in greater detail. The coursebook defines key terms, presents relevant research, addresses common questions, and explores important concepts from three different perspectives: a psychological perspective, a social perspective, and a theological perspective. It is not necessary to complete the coursebook reading in order to participate in group discussions. However, if you are looking for more information on a particular topic, the coursebook is a great place to start.

There are discussion guides containing questions for your community to ponder together, along with opportunities for deeper reflection through art, poetry, prayers, and spiritual practices. Although the discussion guides include questions for groups to engage in together, there is no obligation to participate in discussions. Please only share when you are ready, and do not share more than you are comfortable with. You may find it helpful to follow this guideline: talk about scars, not wounds. If an experience is fresh and painful, it may not be helpful to explore it in a group setting. If you have some distance and perspective, though, you may be ready to share.

There are films. Each session is accompanied by a film featuring the story of a person of faith with a mental health challenge, along with the insights of mental health professionals, theologians, and church leaders. A description of the film content will be included in the corresponding discussion guide. Please read this description before viewing the film, and let your leader know if you would prefer to step out of the room or minimize your screen in order to avoid sensitive or emotionally triggering content.

WHAT ARE THE SUGGESTED GROUP GUIDELINES?

The following guidelines are designed to help create an atmosphere of safety and respect. We suggest that you read through them together during your first group meeting, and then discuss whether specific guidelines need to be amended, deleted, or added.

1. **Don't Interrupt**
   Allow each person time to finish speaking before responding.

2. **Share the Air**
   Ensure everyone has the opportunity to participate by respecting the time available. The leader has permission to redirect the discussion if it gets off track.

3. **Choose Wonder**
   If you disagree with something shared, don't immediately give voice to criticism or rejection. Instead, allow yourself to wonder what led this person to these thoughts/beliefs. Make room for others to offer opposing views and diverse experiences.

4. **Respect Confidentiality**
   What is shared in the room stays in the room.*

5. **Do Not Give Advice**
   What works for you may not work for someone else. Respect the journeys, experiences, and processes of each group member, and do not attempt to fix, correct, or save anyone.

6. **Exhibit Sensitivity**
   This course sometimes deals with difficult and painful subjects which can affect participants emotionally. Decide in advance how you will respond to one another in these sensitive moments. Some options include giving participants permission to take a break and step outside, asking participants what they need in the moment, and offering participants comfort items like tissues, a blanket, or a warm beverage.

   You are encouraged to view the experiences, the pain, and the mental health journeys of your fellow participants as Holy Ground—a place to walk with gentleness, reverence, and respect. Please keep this perspective in mind when someone in your group shares about their own mental health.

Thank you again for investing your time in this course.

*Note: Participants' stories should not be shared outside the group. However, if a participant is a danger to themselves or others, emergency services should be contacted.

ENDNOTES

1. WHO, "The World Health Report 2001: Mental Disorders affect one in four people," accessed January 22, 2021, https://www.who.int/news/item/28-09-2001-the-world-health-report-2001-mental-disorders-affect-one-in-four-people.

2. Christopher G. Ellison, Margaret L. Vaaler, Kevin J. Flannelly, and Andrew J. Weaver, "The Clergy as a Source of Mental Health Assistance: What Americans Believe," *Review of Religious Research* 48, no. 2 (2006): 191, accessed January 13, 2021, http://www.jstor.org/stable/20058132.

3. John Swinton, *Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension* (London: Jessica Kingsley Publishers, 2001), 125.

SESSION 1

MENTAL HEALTH

SESSION 1
MENTAL HEALTH

As a deer longs for flowing streams,
so my soul longs for you, O God.
My soul thirsts for God,
for the living God.

PSALM 42:1-2 (NRSV)

SESSION OVERVIEW

In this session you will:

- ✔ Learn about the mental health continuum
- ✔ Discover the importance of community when it comes to supporting mental health
- ✔ Explore biblical perspectives on suffering

In the Participant's Guide, we shared a sobering statistic: one in four people will experience a mental health challenge at some point in their lives.[1] While this statistic may be new to you, the sense of urgency it conveys is probably familiar. Mental health challenges are increasingly common within our society. Perhaps you are looking for ways to support a loved one, or perhaps you are in search of answers for yourself. Either way, you want to better understand the complex dynamics of mental health and illness, as well as the role that faith plays within lived experience and recovery.

➜ *Lived experience* is a term used to refer to the personal experience of living with a mental health challenge or illness.

This is why *The Sanctuary Course* was created: to raise awareness and reduce stigma by starting conversations about mental health in local churches. In order to achieve these goals, we have created discussion guides and films to accompany each session in this coursebook. The discussion guides contain questions for your community to ponder together, along with opportunities for deeper reflection through art, poetry, prayers, and spiritual practices. The films feature the stories of people of faith with lived experience. Most of us know that a good conversation requires listening as well as talking. These films allow individuals directly impacted by mental health challenges to be heard in their own words, and they present us with the opportunity to learn through listening well.

Finally, the sessions in this coursebook are designed to help you explore significant mental health topics in greater detail. You may want to think of them as part of an ongoing conversation between clinical and theological experts—a conversation where you are encouraged to ask questions, reflect on your experiences, and talk with God about what you are learning, thinking, and feeling. To that end, every session will begin with a reading from Psalm 42, followed by a few reflections that relate the verses to the session content.

OPENING PSALM

Throughout history, people have turned to the psalms in order to express the deepest cries of the human heart. Life is filled with highs and lows, and the psalms capture all of these emotions and experiences and teach us to bring them before God in prayer and worship. Psalm 42 is a specific type of psalm known as *lament*. It contains both the raw and desperate prayers of those who are suffering, and the confident proclamation of hope in God's goodness. Although the psalmist is writing about the experience of exile, there are many analogies that can be drawn between the longing for a physical home and the longing for healing in mind, body, and spirit.

> *As a deer longs for flowing streams,*
> *so my soul longs for you, O God.*
> *My soul thirsts for God,*
> *for the living God.* (Psalm 42:1-2, NRSV)

In these opening verses the psalmist writes about a desperate need for God. There are many experiences in life that can produce desperation within us, including a mental health challenge or crisis. However, the psalmist finds comfort in calling out to a *living* God—a God who is real, and present, and listening. May the revelation of the living God be a source of comfort to you as well.

THE PSYCHOLOGICAL PERSPECTIVE

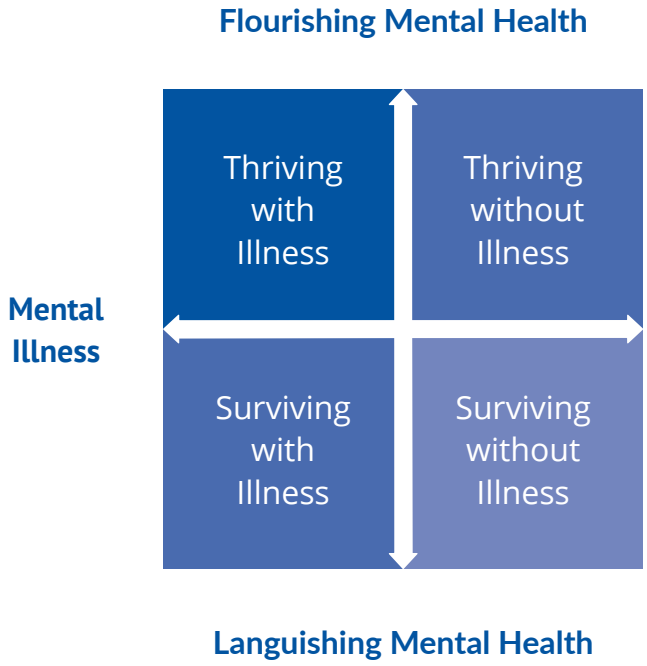
It is often helpful to begin a conversation by defining important terms. (For a complete list of key terms and definitions, please see **Appendix A**.) Imagine that you have a friend named James. James is physically healthy, happily married, part of a vibrant church community, and loves his job as an engineer. In other words, he is experiencing *mental health* and *wellbeing*. These two terms are sometimes used interchangeably, but they actually mean slightly different things. *Mental health* refers to emotional, psychological, and social wellbeing.[2] It is defined by the ability to experience positive emotions, think clearly about life, relate to others in meaningful ways, and connect with a sense of hope and purpose. *Wellbeing* is a broader term that refers to life circumstances as well as emotions, thoughts, and behaviors.[3] Physical condition, income, housing, education, and other external indicators of health and happiness are all part of wellbeing.

➜ Psychology is the study of the mind and behavior. The psychological perspectives offered throughout this course will primarily focus on the emotional and relational experiences of people living with mental health challenges. Key terms and concepts in the field of psychology will also be defined and explored. However, this content is not intended to produce experts or mental health professionals. Instead, it is designed to help you grow in awareness and empathy.

What about *mental illnesses*? These are disorders that affect emotions, thoughts, and behaviors, causing distress and disrupting a person's ability to function in various environments and relationships. The impact of a particular mental illness can range from mild to acute: some people have few or infrequent symptoms, while others experience severe and persistent symptoms that affect significant portions of their lives. Mental illnesses are diagnosed by qualified mental health professionals based on the nature, degree, and longevity of impairment experienced.

Before we move on to our final term, take another look at the definition of mental health above. Did you notice that it does not describe mental health as the absence of mental illness? It is time to introduce you to a psychologist and sociologist named Dr. Corey Keyes. He was one of the first researchers to point out that symptoms and diagnoses are not the whole picture when it comes to mental health. Keyes decided to measure the frequency of positive emotional, psychological, and social experiences in two groups of people: those living with a diagnosed mental illness, and those living without a diagnosed mental illness. He found that people living with mental illnesses could still be mentally healthy, and that people living without mental illnesses could still experience poor mental health.[4]

Based on his research, a model known as the **mental health continuum** has been developed. This model takes into consideration not only the presence or absence of mental illness, but also the more subjective indicators of mental health discussed above—indicators such as feeling good, thinking clearly, forming positive relationships, engaging in meaningful work, and connecting to community. Here is what the model looks like:



➜ Please note that the meaning of *languishing* can vary, depending on the cultural context. If you experience this as a negative or critical term, you may want to use different language, such as *surviving/thriving* or another appropriate alternative.

What does this model tell us about mental health? It tells us that mental illnesses are just one factor among many when it comes to understanding mental health. It also tells us that mental health is a constantly-changing reality in our lives.

Let's return to our friend, James, and take a look at our final term: *mental health challenge*. One day, James receives the news that his mother has died unexpectedly. Several weeks later, James loses his job due to a budget crisis at his company. He is no longer spending time with his friends, he is anxious about his finances, he is not sleeping, and he is struggling to summon the energy to get out of bed every morning. It is important to note that these are normal reactions to sad and difficult circumstances. However, if this pattern continues for an extended period of time and prevents James from living his life well, then he is probably facing a *mental health challenge*. This term refers to mild or moderate experiences and symptoms of poor mental health, which may or may not coincide with a formal diagnosis of mental illness.

When we first met James, he was flourishing, but if we wanted to locate him on the mental health continuum at this point, we would find him somewhere in the bottom two quadrants. After successively losing his mother, his job, and his sense of wellbeing, James is now languishing. This isn't the end of the story, however. Over time, James can recover. He can find peace through his grieving process, start a new job, and begin to experience flourishing mental health again.

➜ It should be noted that other organizations and publications may offer different definitions of *mental health challenge*. In fact, the term can be used in the following ways: 1) it can refer to a diagnosed mental illness; 2) it can refer to symptoms that are not severe enough to be classified as a mental illness; 3) it can refer to generally poor mental health and the absence of positive life experiences. However, in this course the term *mental health challenge* will be used to describe all experiences of languishing mental health, regardless of whether those experiences include symptoms of illness or a diagnosis. The term *mental illnesses* will only be used when referring to diagnosed disorders exclusively.

This is just one example of what it looks like to move up and down the vertical axis of the mental health continuum. Each of us will experience periods of languishing and flourishing, whether or not we live with a mental illness. These changes in our mental health and wellbeing can be precipitated by biological, psychological, social, and spiritual factors.

The next session will examine some of these factors more closely, but for now it's time to introduce one more important model. If the mental health continuum shows us what it looks like to move from languishing to flourishing and vice versa, then this model tells us a little bit about what it feels like to move around on the continuum. The **bio/psycho/social/spiritual model** represents the idea that mental health challenges are more than just medical or biological experiences. They are psychological, involving thoughts, feelings, and behaviors; they are social, impacting relationships; and they are spiritual, affecting the way people perceive God and engage in their faith.[5] These "layers" are present in all experiences of mental health challenges, no matter how different those experiences may be. Here's one helpful way to illustrate this model: think about a time when you had a physical injury or illness and then ask yourself the question, "How did my injury/illness affect my emotions, my thoughts, my activities, and my relationships?" You might be surprised at how many connections you discover.

Reflection Question

What stood out to you in the psychological perspective? Why do you think it stood out?

What does the mental health continuum tell us about mental health? It tells us that mental illnesses are just one factor among many when it comes to understanding mental health. It also tells us that mental health is a constantly-changing reality in our lives.

THE SOCIAL PERSPECTIVE

Now that a foundation has been laid for understanding mental health and mental health challenges, it is time to take a look at the social implications of the mental health continuum.
Let's return to our friend, James, one last time. During his mental health recovery journey, the presence of his wife served as a constant reminder that he was not alone. In addition, James had a few good friends who regularly checked in on him and provided emotional and practical support. Finally, a small prayer group that James attended at his local church volunteered to make a few meals for his family and spent time praying for him each week. All of these people contributed to his recovery.

➜ The social perspective in each session will focus on the ways that mental health challenges affect not just individuals, but also relationships and communities of faith. Research suggests that meaningful relationships and supportive communities play a key role in recovery. Devoting an entire section to this perspective will give you the opportunity to examine the unique ways that the Church can support the mental health and wellbeing of its members.

But what would have happened without this support network? Perhaps James would have started drinking to numb the pain instead of turning to close friends for emotional relief. Perhaps the stress of daily tasks like meal preparation would have inhibited his ability to search for a new job, thus prolonging the financial strain on his family. Perhaps he would have been angry and hurt due to the lack of support from his local church and eventually stopped attending services altogether. What was initially a temporary period of languishing could have become his new normal.

Research shows that social support is critical when it comes to coping with stress, and the reduction of stress can have a significant impact on recovery.[6] Some studies even suggest that faith communities are particularly effective when it comes to cultivating resilience and promoting recovery.[7] These studies have found that in addition to providing social support, faith communities equip individuals with coping techniques rooted in spiritual practices,[8] and with a sense of comfort, hope, and meaning in the midst of crisis.[9] (This last coping mechanism will be examined in more detail at the end of the session.)

Clearly, our movement on the mental health continuum is affected by our relational network. Individuals with community support (particularly faith-based community support) are more likely to move from languishing to flourishing over time. However, there is another social implication contained in this model. Simply stated, everyone is on the continuum *together*. Each one of us will experience languishing and flourishing mental health, regardless of the presence or absence of mental illnesses in our lives. This reality can empower us to dismantle the stigma that creates barriers between people living with and without diagnoses. The Church is at its best when it is able to demonstrate a love that includes everyone and encourages genuine unity. We can help our communities of faith move towards this love by learning to think about mental health as a continuum rather than a condition, and by remembering that symptoms and diagnoses are not the whole story.

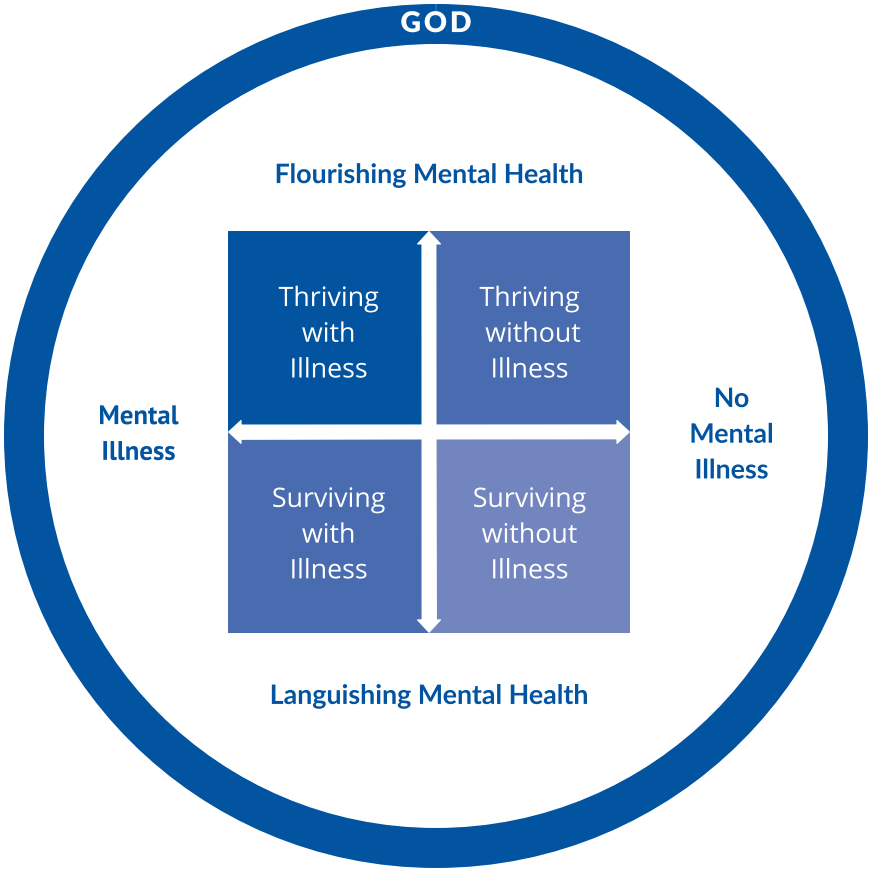
Reflection Question

What stood out to you in the social perspective? Why do you think it stood out?

Simply stated, everyone is on the continuum *together*. Each one of us will experience languishing and flourishing mental health, regardless of the presence or absence of mental illnesses in our lives. This reality can empower us to dismantle the stigma that creates barriers between people living with and without diagnoses.

THE THEOLOGICAL PERSPECTIVE

When you were looking at the mental health continuum earlier in the session, you may have found yourself wondering where God fits into the picture. Take another look:



➜ There are many different ways to define *theology*—it is a broad term that can refer to the knowledge of God, the study of the fundamentals of Christian faith, distinctive denominational beliefs, and more. For the purposes of this course, however, the most helpful definition may be the one offered by Anselm of Canterbury, a famed theologian and philosopher. He defined *theology* as "faith seeking understanding," and the theological perspective in each session will primarily be concerned with the ways that faith can help us understand and respond to the realities of mental health challenges. In particular, we will examine how Christians read and interpret the Bible in light of lived experience, and how the Church responds to the call to be a redemptive community where everyone is welcome.

In this new image, the circle representing the presence of God completely surrounds the mental health continuum. No matter where you find yourself—whether languishing without a mental illness, flourishing with a mental illness, or some other combination—God is there.

Unfortunately, the Church can fail to communicate this simple truth when congregations deny the existence of mental health challenges, or ignore and ostracize members with lived experience. This failure can be particularly damaging when suffering is a part of the story. Although the mental health continuum reminds us that not all lived experience is characterized by suffering—many people lead fulfilling lives while coping with mental health challenges—the fact remains that experiences of languishing can be deeply painful and disorienting. At times like these, the Church is called to remind people that God is with them in the darkness, and to offer a sense of hope and meaning where possible.

So, what does Christianity have to say about suffering? While the Bible provides us with a wide variety of perspectives, four will be highlighted here. It is important to note, however, that not every perspective is relevant to every experience. In fact, certain perspectives may even be harmful when used to suggest that God inflicts us with suffering for our good. Given this potential for harm, please apply the following perspectives thoughtfully and gently as you consider the role that faith plays in helping people find hope and meaning in the darkness.

The first perspective views **suffering as a means of transformation**. This view is expressed in 1 Peter 1:6-7, where the author encourages persecuted believers:

> *In this you rejoice, even if now for a little while you have had to suffer various trials, so that the genuineness of your faith—being more precious than gold that, though perishable, is tested by fire—may be found to result in praise and glory and honor when Jesus Christ is revealed.* (1 Peter 1:6-7, NRSV)

According to these verses, challenging and painful circumstances can sometimes present an opportunity for growth. Although God does not cause suffering in order to affect our transformation, he can use our suffering to this end when we turn to him for help. (The same idea is found in Romans 5:3-5, where Paul talks about suffering producing endurance, character, and hope.)

A second perspective views **suffering as an opportunity for the revelation of God's glory**. John 11 recounts the resurrection of Lazarus. Interestingly, when Jesus learns that his friend is ill, he decides to wait two days before traveling to Bethany:

> *But when Jesus heard it, he said, 'This illness does not lead to death; rather it is for God's glory, so that the Son of God may be glorified through it.' Accordingly, though Jesus loved Martha and her sister and Lazarus, after having heard that Lazarus was ill, he stayed two days longer in the place where he was.*
> (John 11:4-6, NRSV)

Jesus didn't arrive in time to heal Lazarus; instead, he raised him from the dead. In a world committed to the ideals of progress, human achievement, and self-reliance, suffering can serve as a reminder of our ultimate need for God. It can also reveal his comfort, healing, and redemption in unique and powerful ways. (If you want to study this perspective further, John 9:1-7 is a good place to start.)

A third perspective views **suffering as an opportunity for communion with God**. Scripture is filled with the testimony of God's compassion. The psalmist proclaims:

> *The Lord is near to the brokenhearted, and saves the crushed in spirit.* (Psalm 34:18, NRSV)

The Old Testament prophets describe the coming messiah as a shepherd who tenderly gathers his lambs in his arms (Isaiah 40:11), and as a man who bears our griefs and carries our sorrows (Isaiah 53:4). In the New Testament, the book of Hebrews describes Jesus as our great high priest who sympathizes with our weaknesses (Hebrews 4:15). Each of these verses remind us that God cares deeply about human suffering, and also understands what it is like to suffer. Pain can make us feel very isolated, but the truth is that God is with us in our darkest moments. What is more, we often discover the gift of his presence and the comfort of his Spirit in new and deeper ways when we are suffering.

A fourth perspective views **suffering as a temporary condition**. In Revelation 21:3-4, John describes the reunion of heaven and earth:

> *And I heard a loud voice from the throne saying, "See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away."* (Revelation 21:3-4, NRSV)

This is an incredibly beautiful picture that tells us a lot about who God is and what he has in store for his creation. Even though our present existence is filled with suffering, this is not what God wants for us. He is committed to ending suffering and creating a new world where love, joy, and peace authentically abound in every human heart. When we are in pain, the reminder that this is a temporary experience can be a great source of hope and comfort. (Paul also relied on this truth to sustain him—in Romans 8:18 he declares that his present sufferings aren't even worth comparing to the glory that awaits him in Christ.)

There is no doubt that these four perspectives on suffering can be encouraging in hindsight. However, they may be less helpful when we are in the middle of a difficult season or processing a deeply traumatic event. In such moments it is often difficult to see God at work, and the mystery of human suffering can feel impossible to comprehend. While we may recognize that pain and suffering are inevitable in a fallen world where sin and evil exist, we can still fail to find satisfactory answers to questions like, "Why is this happening?" or, "Who is responsible?"

Fortunately, the Bible doesn't only provide us with different ways of thinking about suffering; it also shows us how to respond to suffering. Remember the brief description of lament at the beginning of this session? The practice of lament invites us to release all of the powerful and painful emotions that come up when we are suffering, while reminding us that God is present and that he cares. In fact, the majority of the psalms are lament, teaching us that there is space within our faith to voice our pain, doubt, and anger, even as we hold on to God's goodness and affirm his activity in our lives.

There is a lot more that could be said on the subject of suffering. In fact, Session 5 will explore another important perspective: the view that suffering can produce empathy and compassion, thereby teaching us to care for one another more deeply. Hopefully, though, this brief survey has illuminated a few meaningful ways to think about and respond to the suffering that sometimes accompanies mental health challenges. Ultimately, the greatest source of hope in the Christian life lies in the reality that Christ has risen from the dead, his Spirit is with us now as a source of comfort and peace, and there is a resurrection still to come.

Reflection Question

What stood out to you in the theological perspective? Why do you think it stood out?

The majority of the psalms are lament, teaching us that there is space within our faith to voice our pain, doubt, and anger, even as we hold on to God's goodness and affirm his activity in our lives.

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SESSION 2

MENTAL ILLNESSES

SESSION 2
MENTAL ILLNESSES

My soul is cast down within me;
therefore I remember you
from the land of Jordan and of Hermon,
from Mount Mizar.
Deep calls to deep
at the thunder of your cataracts;
all your waves and your billows
have gone over me.

PSALM 42:6-7 (NRSV)

SESSION OVERVIEW

In this session you will:

- ✔ Learn about the diagnostic process and the diversity of mental illnesses
- ✔ Explore harmful community responses to mental illnesses
- ✔ Engage with the "tough questions" that Christians often ask about mental illnesses

OPENING PSALM

> *My soul is cast down within me;*
> *therefore I remember you*
> *from the land of Jordan and of Hermon,*
> *from Mount Mizar.*
> *Deep calls to deep*
> *at the thunder of your cataracts;*
> *all your waves and your billows*
> *have gone over me.* (Psalm 42:6-7, NRSV)

In these verses, the reality of exile is highlighted as the psalmist remembers the places where God encountered his people in the land of Israel. The imagery of water can represent divine life or divine judgment. Here, the cataracts (a word used to describe a deluge of water) probably refer to the experience of exile and the accompanying feelings of overwhelming sorrow. While we do not attribute mental illnesses to divine judgment, the emotions articulated by the psalmist here resonate with many people who have experienced the shock, pain, and upheaval that can accompany a diagnosis. Remembering God in the midst of such seasons can provide much-needed hope and grounding.

THE PSYCHOLOGICAL PERSPECTIVE

While everyone will experience languishing mental health at some point in their life, not everyone will live with a diagnosed mental illness. Today you will explore this reality a little further and encounter some common questions that come up when mental illnesses are discussed.

WHERE DO MENTAL ILLNESSES COME FROM?

It has been said that "mental illness is not like measles"—a statement that highlights an important truth.[1] Mental illnesses and physical illnesses are different in some significant ways. If you want to know why and how a person develops measles, a simple internet search will direct you to information on viruses and infection. But it is more difficult to identify the why and how of mental illnesses due to the number of factors involved. Indeed, evidence suggests that mental illnesses can develop from many different combinations of factors, including genetic predispositions, life circumstances, patterns of thinking, relational attachments, and more.[2]

➜ Mental health professionals refer to *predisposing* and *precipitating* factors as a way of distinguishing between factors that put someone at risk of developing an illness and factors that "trigger" or lead to the onset of an illness.

HOW ARE MENTAL ILLNESSES DIAGNOSED?

The fact that "mental illness is not like measles" can make diagnosis tricky. How does a mental health professional know what is going on if they can't rely on blood tests or x-rays? Most professionals would answer this question by stating that a good diagnosis requires two things: looking at symptoms and listening to stories.

➜ How do we know whether a person has a genetic predisposition for a mental disorder? Unfortunately, there isn't a simple test to determine this because mental illnesses are not "caused" by a single gene. Instead, it's likely that they result from the activation and interplay of different gene complexes in combination with environmental factors.

In general medicine, diagnostic criteria are used to identify and make sense of symptoms. For example, a person with a high fever, conjunctivitis, and a rash meets the diagnostic criteria for measles. Similarly, mental health professionals rely on predetermined diagnostic standards when looking at symptoms. This means that in order to reach a diagnosis, professionals look for specific signs and symptoms, occurring for set periods of time and at certain levels of intensity.

➜ There are two primary diagnostic manuals utilized in mental health care: The DSM (Diagnostic and Statistical Manual of Mental Disorders, currently in its 5th edition) is published by the American Psychiatric Association and contains a list of recognized disorders (classified by type), along with standards for diagnosing these disorders and descriptions of symptoms...

However, the amount of information that can be derived from symptoms alone is limited—particularly when biology and history are cofactors. A person presenting with symptoms of persistent sadness, hopelessness, insomnia, and fatigue may have a genetic predisposition for depression that coincides with a history of abuse and trauma. In a case like this, prescribing antidepressants may offer some relief, but it is unlikely to address the deeper psychological wounds underlying their experience of illness. This is why a good diagnosis includes listening to stories. When mental health professionals take life events and circumstances into consideration—when they really listen well to the experience of the individual—they can not only rule out the presence of various disorders, but also gain unique insight into the origin and significance of symptoms. After all, the feelings of sadness and hopelessness that can accompany depression are not just medical symptoms; they are deeply human experiences filled with meaning.[3]

In summary, symptoms and stories are both important when it comes to diagnosing and treating mental illnesses. While we need to recognize the biological realities involved in certain disorders, we should also remember that psychological, social, and spiritual issues contribute, along with significant life events. This is why understanding the human experience of mental illness is just as important, and can make all the difference in treatment and recovery.

...Although the DSM is a North American publication, it has considerable global influence. The ICD (International Classification of Diseases, currently in its 11th edition) is published by the World Health Organization (WHO) and is considered the global standard when it comes to classifying and diagnosing mental disorders.

➜ Research increasingly affirms that while biology plays a part in the development of mental illnesses, stress also plays a significant role, activating the physiological and genetic responses which can lead to mental illnesses. In fact, a very famous study found that there is a strong correlation between difficult childhood experiences and the emergence of mental disorders in adolescents and adults. This tells us that life events and stressors are as important as genes when it comes to understanding why and how mental illnesses emerge. (For more information on this study, visit the CDC website.)

WHO IS QUALIFIED TO DIAGNOSE MENTAL ILLNESSES?

Psychiatrists and other doctors are called upon to evaluate mental health, as are psychologists, counselors, and additional professionals. However, not everyone who works in the field of mental health is qualified to offer diagnoses. Regulations vary from place to place, so you will need to do a little research in order to find out who can or cannot diagnose mental illnesses in your region.

WHAT DOES THE DIAGNOSTIC PROCESS LOOK LIKE?

When a person is experiencing poor mental health, mental health professionals will inquire about their symptoms, as well as their history (including relevant experiences and circumstances). A formal assessment like a questionnaire may or may not be administered; sometimes mental health professionals will simply ask questions. If there is sufficient information at that point, a diagnosis may be offered.

However, it is important to understand that diagnosing mental illnesses is a very delicate and complicated process. Many disorders have overlapping symptoms, and some disorders have symptoms which may not be apparent for long periods of time. For this reason, responsible professionals are often hesitant to diagnose individuals quickly, and it can take years for individuals to receive an accurate diagnosis.

WHAT DOES A DIAGNOSIS MEAN?

The answer to this question depends on the diagnosis. Often, the term *mental illness* is used to refer to a broad range of disorders—a practice that can lead to confusion and unhelpful assumptions. While most people have some familiarity with some mental illnesses, the fact remains that mental illnesses vary greatly in symptoms and severity. According to the ICD and the DSM—the two most prominent and influential diagnostic manuals—there are over twenty different classes of disorders. Some of the most common include substance-related and addictive disorders, mood-related disorders, anxiety and fear-related disorders, trauma and stress-related disorders, depressive disorders, obsessive-compulsive disorders, psychotic disorders, and feeding and eating disorders. Each of these categories in turn contains numerous diagnoses. For example, under anxiety-related disorders you will find generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, and more.

In other words, simply hearing that someone "has a mental illness" doesn't give us much information or insight into their lived experience. Let's take a quick look at two specific disorders to further illustrate this point. The first disorder for you to consider is generalized anxiety disorder (GAD). This disorder is characterized by overwhelming anxiety that manifests physically and psychologically. Symptoms can include worry, irritability, restlessness, difficulty concentrating, sleep disturbances, muscle tensions, and fatigue. Individuals with GAD experience symptoms on most days, and symptoms are present for at least six months.[4] In contrast, bipolar 1 is a disorder characterized by alternating episodes of depression and elevated mood (known as mania). Depressive symptoms can include sleeping too much or too little, weight gain or loss, reduced interest in activities, and feelings of worthlessness or guilt. Symptoms of mania can include elevated or irritable mood, inflated

self-esteem, a decreased need for sleep, racing thoughts, reckless behavior, and psychosis. On average, individuals with bipolar 1 experience four episodes over the course of ten years.[5]

As you can tell from these brief descriptions, experiences of mental illnesses vary widely. Some individuals live with symptoms every day, while others may be symptom-free for months or years between episodes. Mental illness can look like insomnia and stress, or it can look like extreme changes in mood and psychosis.

Because of this diversity, many people find it helpful to distinguish between disorders that cause mild functional impairment and those that cause acute functional impairment. The term *severe mental illness* (SMI) is often used to refer to schizophrenia, bipolar disorders, and other experiences of mental illness that significantly interfere with or limit life activities and functioning.

➜ *Severe mental illnesses* are mental disorders that result in acute functional impairment.

Why is it important to recognize the diversity of lived experience? Doing so can help us avoid making inaccurate assumptions about people who are living with mental illnesses. The more we learn, the more we will realize that listening to someone's story is the only way to understand their experience of mental illness.

Reflection Question

What stood out to you in the psychological perspective? Why do you think it stood out?

The feelings of sadness and hopelessness that can accompany depression are not just medical symptoms; they are deeply human experiences filled with meaning.

THE SOCIAL PERSPECTIVE

Hopefully, this discussion of mental illnesses has given you a clearer idea of how individuals are diagnosed, while also encouraging you to think about the complexity and diversity of lived experience. As a reminder, the goals of this course are to raise awareness and reduce stigma by starting conversations in local churches. For this reason, general information is being prioritized over the examination of particular disorders in greater detail. If you or someone you know is looking for information regarding a specific disorder, there are many helpful resources available. (Some general resources are listed in **Appendix B**.)

In the last session you learned about the positive effect that supportive relationships and communities can have on someone who is facing a mental health challenge. (This is the "social" element of the bio/psycho/social/spiritual model of illness.) However, it is also possible for communities to negatively impact individuals living with mental illnesses.

One of the most common ways that community members can cause confusion and trauma is by trying to diagnose individuals who are experiencing mental health challenges. Casual diagnosing is often an attempt to avoid either the discomfort that comes from witnessing someone else's pain, or the feelings of overwhelm that arise in the midst of a crisis. While a diagnosis may reduce the anxiety and disorientation felt by the community, the experience of being labeled with a mental illness can be traumatic. In addition, diagnosing mental illnesses is a complex task, requiring time and expertise. For these reasons, it is critical that community members not engage in speculation or casual diagnosing. Instead, it is best to encourage individuals who are languishing in their mental health to seek professional help. (In Session 5 we will look more closely at positive models of community support.)

Another common way that communities negatively impact people with lived experience is by engaging in casual theodicy. *Theodicy* is the term used to describe our attempts at understanding and explaining painful realities while holding on to the goodness of God.[6] While it is important and helpful for communities to wrestle with difficult questions of faith, it is unhelpful and damaging when explanations for experiences of mental illness or psychological distress are tossed out thoughtlessly. In particular, casual theodicy often ends up blaming people with lived experience by attributing their mental health challenges to personal sin, inadequate faith, or a broken relationship with God.[7] Instead of attempting to provide explanations, therefore, it is better to explore the ways in which community members can walk faithfully alongside people with lived experience, helping them to hold on to God's goodness in the midst of their mental health challenges.

Finally, there is a need for communities to consider the potential negative impact of prayers for healing. Praying for relief from symptoms can be helpful and greatly bless the recipient, but there is a danger when such prayers come with the expectation of a quick fix or immediate results. Indeed, if the person receiving prayer is not healed in that moment, they may walk away burdened with a sense of failure or guilt—feelings which can only contribute to their suffering. For this reason, it is important that community members only engage in prayer when it is welcomed, and that all prayer for healing occurs in an environment where long-term social and spiritual support is offered without judgment or specific expectations regarding recovery.

Reflection Question

What stood out to you in the social perspective? Why do you think it stood out?

Instead of attempting to provide explanations, therefore, it is better to explore the ways in which community members can walk faithfully alongside people with lived experience, helping them to hold on to God's goodness in the midst of their mental health challenges.

THE THEOLOGICAL PERSPECTIVE

The subject of mental illness doesn't just raise questions for us as individuals, and it doesn't just challenge our local communities—it raises questions for us as Christians, and it challenges the Church. This is because mental illnesses force us to wrestle with our beliefs concerning human health and happiness. In this section you are going to look at a few of the most common questions that people of faith raise regarding mental illnesses. These questions are designed to help you reflect on your beliefs and engage in a meaningful dialogue within your local congregation. You may want to write down your observations and responses in order to share them with your small group or church community.

CAN CHRISTIANS EXPERIENCE MENTAL ILLNESSES?

According to numerous surveys of pastors and congregants, Christians can and do experience mental illnesses.[8] However, many people still wonder whether mental illnesses are a sign of inadequate faith or weak spirituality. One of the reasons this question is raised relates to the way that we read Scripture. Consider Philippians 4:6-7, where Paul describes the peace experienced when anxiety is surrendered to God in prayer. If taken out of context, these verses might lead some to conclude that Christians are promised permanent peace of mind. However, a more complete reading of Scripture reveals that suffering is a normal part of the lives of believers (John 16:33), and that God is still present in the midst of difficult circumstances (Romans 8:35-39).

➜ *"Do not worry about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus."* (Philippians 4:6-7, NRSV)

In addition to hearing scriptures interpreted out of context, many people with lived experience can point to moments where Bible verses were used to shame or silence them. It may have been suggested that they needed to exercise greater faith in order to be healed (Matthew 17:14-20; James 5:15), or that they simply needed to be filled with the fruit of the spirit (Galatians 5:22-25). These sorts of sentiments can arise from the belief that Christians should experience the full victory of Christ and the reality of his kingdom in this life. Yet the Bible offers us a more complex view of human experience: sometimes we experience victory in life, and sometimes we experience suffering and the negative consequences of living in a fallen, sinful world.

When churches acknowledge the full range of human experience contained in the pages of Scripture and represented by those sitting in the pews, it reminds people who are struggling or suffering that they are valued and accepted members of the community. This is one of the ways that Christian communities can offer support and facilitate healing in the face of mental health challenges.

ARE MENTAL ILLNESSES THE RESULT OF DEMONIC POSSESSION?

Different denominations and congregations have developed different beliefs regarding the involvement of the demonic in the experience of mental illnesses. It is helpful to envision these beliefs existing on a spectrum. At one end of the spectrum, some Christians would argue that all mental illnesses are the direct result of demonic activity, while at the other end of the spectrum, some Christians would claim that mental illnesses are purely biological and do not involve any spiritual activity. However, in the middle of the spectrum you will find a perspective that takes the whole person into consideration. Human beings are integrated by nature: our thoughts and emotions can impact our physical health, our physical health can be related to our spiritual health, and so on. For this reason, mental illnesses can rarely be attributed to a single cause or factor. It is possible for an individual to experience depression due to genetic vulnerabilities, and to have that experience intensified due to emotional wounds and the onset of spiritual oppression. A combination of medication, therapy, and prayer may be required in order for this individual to begin to heal.

"But what about the Gerasene demoniac (Mark 5:1-20; Luke 8:26-39)?"[9] This is the story that creates confusion and raises questions for many people, and so it is worth taking a few moments to examine it here. First, let's consider why this is the story that everyone turns to when it comes to mental illnesses. Nearly all of the deliverance narratives in the Gospels center on physical afflictions, not mental illnesses. Jesus casts unclean spirits out of people who are experiencing deafness, muteness, and epileptic seizures.[10] Only once does he perform an exorcism on a person who appears to be exhibiting symptoms of a mental disorder—the Gerasene demoniac. In other words, this is the story that everyone turns to because it is the only story where Jesus heals someone who may have been living with a mental illness.

Notice, however, that it says he *may* have been living with a mental illness. This is the difficulty with reading an ancient text: the scientific and clinical knowledge needed for a diagnosis did not exist at the time the text was written. The Gospels actually give us very little information about this man, and the information they do give is not medical in nature. For this reason, no one can agree on a diagnosis. Was the man from the country of the Gerasenes experiencing an acute episode of mania? Was he living with schizophrenia, or trauma? Did he have a dissociative identity disorder? We just don't know.

What we do know is that Jesus looks him in the eye, wants to know his name, and restores him to his community. This miraculous deliverance is one of many Gospel narratives demonstrating that Jesus is lord over the natural and spiritual realms, and that he has the power to heal both body and mind. Just as importantly,

however, it demonstrates his commitment to draw stigmatized and outcast individuals into community.

How, then, should we understand the story of the Gerasene demoniac? It is neither a psychiatric manual nor an exorcism manual. After all, the text does not offer diagnostic criteria or application instructions. Instead, it is a story that demonstrates the unique authority Jesus possesses as the Son of God—an authority that he uses not merely to eliminate distressing symptoms, but to restore an isolated and suffering man to his community.

SHOULD CHRISTIANS TAKE MEDICATION?

Some denominations and non-denominational movements practice faith healing as a reflection of the belief that God will physically restore people through prayer. This practice is deeply meaningful and life-giving for many people. However, it is the position of Sanctuary that taking medication does not prevent or diminish faith healing. You may be familiar with the analogy of the diabetic on insulin—a common illustration used to demonstrate one way to think about disease and medicine as believers. You would never tell a friend suffering from diabetes to stop taking their insulin because the medicine was preventing God from healing them. Instead, you would encourage them to take the insulin as a means of living a healthy life, even as you continued to seek God for their greater physical restoration. This same line of thinking applies to medications developed to treat mental illnesses. While we continue to seek God for a greater restoration, we also want to encourage individuals living with mental illnesses to utilize the medications, therapies, and spiritual practices that address their symptoms and enable them to live healthier lives.

Reflection Question

What stood out to you in the theological perspective? Why do you think it stood out?

When churches acknowledge the full range of human experience contained in the pages of Scripture and represented by those sitting in the pews, it reminds people who are struggling or suffering that they are valued and accepted members of the community.

ENDNOTES

1. John Swinton, *Finding Jesus in the Storm: The Spiritual Lives of Christians with Mental Health Challenges* (Grand Rapids: William B. Eerdman's Publishing Co., 2020), 29.

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4. *Mental Health First Aid Basic*, 2nd ed. (Mental Health Commission of Canada, 2011), section 4, page 3.

5. Ian M. Anderson, Peter M Haddad, and Jan Scott, "Bipolar Disorder," B*MJ: British Medical Journal* 346, no. 7889 (2013): 27-32, accessed February 19, 2021, http://www.jstor.org/stable/23493486.

6. John Swinton, *Raging with Compassion: Pastoral Responses to the Problem of Evil* (Grand Rapids: William B. Eerdman's Publishing co., 2007), 2.

7. John Swinton, *Finding Jesus in the Storm: The Spiritual Lives of Christians with Mental Health Challenges* (Grand Rapids: William B. Eerdman's Publishing Co., 2020), 67-68.

8. Amy Simpson, *Troubled Minds: Mental Illness and the Church's Mission* (Downers Grove, IL: IVP Books, 2013), 54. Key Ministry has also compiled the results of several significant studies on attitudes towards mental illnesses in the Church. For more information and links to these studies, see their website: https://www.keyministry.org/researchonmentalillness.

9. The information and reflections on this passage are drawn from the work of Christopher C. H. Cook—specifically, the chapter on the Gerasene Demoniac found in *The Bible and Mental Health* (London: SCM Press, 2020). If you are interested in learning more about this topic, Cook's work is an excellent place to start.

10. See Mark 1:21-28 and Luke 4:33-36; Matthew 17:14-21, Mark 9:14-29, and Luke 9:37-43; Matthew 9:32-34, Matthew 12:22-24, and Luke 11:14-26; Mark 7:24-30.

THE SANCTUARY COURSE®

SESSION 3

STIGMA

SESSION 3
STIGMA

These things I remember,
as I pour out my soul:
how I went with the throng,
and led them in procession to the house of God,
with glad shouts and songs of thanksgiving,
a multitude keeping festival.

PSALM 42:4 (NRSV)

SESSION OVERVIEW

In this session you will:

- ✔ Examine how stigma develops
- ✔ Look at the impact of stigma in three different spheres of life
- ✔ Discuss the message of the gospel in light of the realities of stigma

In the first session you were introduced to the bio/psycho/social/spiritual model and explored the many layers that are present in the experience of mental illness. Now it is time to examine an additional layer—one that often significantly impacts the experience of individuals with mental health challenges. According to one dictionary, *stigma* is "a mark or sign of disgrace or discredit."[1] Historically, the term was used to describe physical marks or defects, but now it refers to the experience of being negatively perceived, rejected, or devalued due to discrimination.

Over fifty percent of people living with mental health challenges report experiencing stigma. In some surveys, the percentage is as high as ninety-five.[2] These statistics may surprise you, given the public education campaigns that have become fairly widespread in recent years. In spite of these efforts, however, stigma remains pervasive. Today, you will learn about its impact in three different spheres of life: **self-stigma** occurs when a person internalizes negative stereotypes, resulting in a loss of self-esteem; **social stigma** occurs when community members avoid or reject individuals with lived experience; and **structural stigma** occurs when social systems operate unjustly, excluding or disadvantaging people living with mental health challenges.

➜ Canada, the UK, and the US each observe a Mental Health Awareness Month and a Mental Illness Awareness Week. There is also an Eating Disorders Awareness Week, a World Bipolar Day, a Stress Awareness Week, a World Suicide Prevention Day, and much more!

You will also learn about how stigma develops and how it is reinforced socially and culturally. Before you dive in, though, take a moment and reflect on the following verse.

OPENING PSALM

> *These things I remember,*
> *as I pour out my soul:*
> *how I went with the throng,*
> *and led them in procession to the house of God,*
> *with glad shouts and songs of thanksgiving,*
> *a multitude keeping festival.* (Psalm 42:4, NRSV)

In a psalm that speaks very movingly of personal pain, this verse serves as a reminder that the loss of community can be one of the most difficult experiences in life. The psalmist recalls the joy of worshiping with others in a season when that joy has been taken away. The experience of stigma, much like the experience of exile, removes people from community and prevents them from experiencing fullness of joy.

THE PSYCHOLOGICAL PERSPECTIVE

STEREOTYPING, PREJUDICE, AND DISCRIMINATION

Let's start by examining how stigma develops. Research shows that it is the product of a process with three steps: stereotyping, prejudice, and discrimination. A stereotype is a harmful or negative belief about a group of people. We are constantly exposed to stereotypes: they show up in everyday conversations, the entertainment we view, the literature we read, and so on. Prejudice is personal agreement with a stereotype. When we allow harmful or negative beliefs about a group of people to change our thoughts and feelings about them, we are exhibiting prejudice. Finally, discrimination is prejudice in action. The negative thoughts and feelings are expressed through words and deeds.[3] Here is an example of how the process works:

1. Leticia recently watched a television series where a person living with schizophrenia was portrayed as violent and dangerous (**stereotype**).

2. Leticia and Isobel have children in the same kindergarten class. Leticia feels anxious and alarmed when she learns that Isobel experienced symptoms of psychosis prior to being diagnosed with post-partum depression (**prejudice**).

3. Leticia decides that she will neither befriend Isobel nor allow her child to visit with Isobel's child anymore (since she does not trust Isobel to keep the children safe). Leticia also quietly shares her concerns with the other parents (**discrimination**).

➜ Contrary to popular opinion, people living with mental health challenges are not statistically more prone towards violence. In fact, individuals with mental illnesses are ten times more likely to be the victims of violence than the general population. With a little education and understanding, it is possible to recognize disconcerting or unusual behaviors as symptoms of illness rather than cause for fear. This can pave the way for connection and relationship.

Of course, it isn't always so easy to identify stigmatizing thoughts, feelings, and actions. But the fact remains that over half of all people living with mental health challenges report experiencing some form of discrimination, and a similar percentage say they have been made to feel embarrassed about their mental health challenges.[4] These statistics suggest that we have a long way to go before we eliminate the stigma surrounding mental health challenges.

SELF-STIGMA

Before we examine the social dynamics of stigma more closely, however, we are going to look at a phenomenon known as self-stigma. Self-stigma refers to the internalization of negative public feelings and beliefs regarding mental health challenges. While it can take many different forms, here are a few of the most common:

1. **Negative self-talk:** Have you ever heard one or more of the following beliefs?

   People with mental health challenges cannot work or "hold down" a job. People just use mental health challenges as an excuse for poor behavior. Mental health challenges are the result of personal sin. People with mental health challenges are weak; they could "snap out of it" if they really tried.

   When individuals with lived experience are exposed to these beliefs, they may blame themselves for their challenges and begin to think that they really are lazy, sinful, and weak. In other words, what was an external statement ("people with mental health challenges are weak") becomes an internal thought ("I am weak; I wouldn't have this issue if I tried harder"). This kind of negative self-talk not only lowers self-esteem, but also prevents individuals from successfully engaging in recovery.

2. **"I am" language:** Self-stigma often shows up in the language people use to describe their lived experience. Have you ever noticed that mental health utilizes "I am" language? You would be shocked if a cancer patient declared, "I am carcinoma." Likewise, people don't say "I am pneumonia" or "I am appendicitis"—they say "I have pneumonia" or "I was out with appendicitis." Yet when it comes to mental health challenges, "I am" statements abound: "I am schizophrenic," "I am bipolar," and so on. This might seem like an insignificant point, but language can create deep identity wounds when it malignantly labels people and reduces them to diagnoses.

   ➜ It is important to note, however, that sometimes the language we use to speak about mental health challenges can refer to both diagnoses and symptoms. For example, if a person says "I am depressed," it is likely that they are describing their experience of a symptom rather than making a statement about their identity.

   In his book, *How to Become a Schizophrenic*, author John Modrow writes about his own experience of being diagnosed with schizophrenia:

   > *I cannot think of anything more destructive of one's sense of worth as a human being than to believe that the inner core of one's being is sick—that one's thoughts, values, feelings, and beliefs are merely the meaningless symptoms of a sick mind.... What the concept of "mental illness" offered me was "scientific proof" that I was utterly worthless, and would always be worthless.*[5]

3. **Shame and silence:** Sometimes stigma can result from what is not said, rather than what is said. When our communities fail to talk about realities like mental health challenges, those realities can become "unspeakable." Chaplain David Finnegan-Hosey lives with bipolar disorder and is the author of *Christ on the Psych Ward*. He shares this about his experience:

> *I did not come of age in a faith community that considered depression to be a result of sin. Mental illness was not spoken of as sinful in my home church because, as far as I can remember, it was not really spoken of at all. The stigma and shame of it was not overtly enforced, but rather silently assumed. When I found myself in the psych ward, my immediate assumption was not that I was being punished by God for my sins. I was, however, quite convinced that hospitalization represented a personal failure on my part.*[6]

Sadly, his story is quite common. The shame that results from feeling like a failure and being unable to speak about lived experience is one of the most painful realities for individuals living with mental health challenges.

And this reality can be compounded by racial, ethnic, and cultural factors. In the US, surveys consistently find that Asian adults access mental health care at significantly lower rates than white adults.[7] This is due not only to language barriers and a lack of culturally competent mental health professionals, but also to the heightened fear of losing face that can exist within specific communities, where a diagnosis may be perceived as bringing shame upon an individual's family.[8]

Recovering from self-stigma is not easy. It can take a lot of courage, as well as the support of a community committed to relating and speaking in life-giving ways. Now, let's take a closer look at the role of community in constructing and deconstructing stigma.

Reflection Question

What stood out to you in the psychological perspective? Why do you think it stood out?

When our communities fail to talk about realities like mental health challenges, those realities can become “unspeakable.”

THE SOCIAL PERSPECTIVE

SOCIAL STIGMA

In early 2020, the emergence of a new virus called COVID-19 precipitated a global pandemic. Within weeks of the first reported cases, nations around the world began introducing restrictions and regulations that came to be known as *social distancing*. Social distancing meant standing at least six feet/two meters away from others in public spaces and limiting physical gatherings to immediate family or household members. Entire industries directed their employees to work from home, schools and churches were closed, and a unique season of isolation began. As the pandemic dragged on, the mental and emotional toll of social distancing became increasingly apparent. Multiple studies conducted in different countries found that rates of anxiety, depression, and suicidal ideation increased as the isolation continued.

What you may not know is that the term *social distance* predates the COVID-19 pandemic. It has been used for years to describe the isolation of people living with mental health challenges.[9] Pick up any book on the topic of stigma and mental health challenges, and you are likely to find heartbreaking stories of individuals who have been ignored or avoided by family and friends, barred from membership in churches and other organizations, and reduced to relying on mental health professionals for socialization. Indeed, the loneliness of lived experience can be as damaging as any symptom associated with a given diagnosis.

Fortunately, it is not difficult to alleviate loneliness. While church communities may not be able to offer diagnoses or professional interventions and treatments, they can offer relational support and a place to belong when someone is facing a mental health challenge. This simple yet profound invitation into community not only challenges the social distance imposed by stigma, but also demonstrates the heart of the gospel. (We will examine this point further at the end of the session.)

Stigma isn't only constructed through social distancing, however. The words we use shape the way we view others, ourselves, and the world. What responses do you have to the following statements?

Jane is schizophrenic.
Hazeem is crazy.
That person seemed mentally unstable.
This weather is so bipolar.
Sorry, that's just my OCD coming out!

Perhaps you noticed that the first few statements identify people with mental health challenges, while the last two statements minimize the significance of mental disorders. In other words, speaking in these ways reduces human beings to an illness and trivializes very difficult and painful experiences. People are complicated, and personal identity is made up of many different things: family history, cultural and ethnic heritage, life experience, personality traits, and so much more. Human beings can't be reduced to labels or diagnoses, which is why we want to use language that honors each of our unique identities and that presses us to look beyond the challenges people may be facing and see the bigger picture.

STRUCTURAL STIGMA

While social stigma affects interactions between individuals, structural stigma is embedded in the systems and policies that operate all around you. Ask yourself these questions: Who has access to coveted jobs, housing, or government assistance? What constitutes a "sick day" at school or work? Who is eligible for medical leave, and why? What sorts of mental health services are covered by insurance or health care? These are all policy matters, impacting finances, employment, and recovery for people living with mental health challenges.

For Black, Indigenous, and other peoples of color (BIPOC), structural stigma can take on additional forms. A relatively small percentage of mental health professionals are BIPOC, which can make something as simple as finding a therapist who "looks like me" or who understands BIPOC lived experience very difficult.[10] And this isn't just an issue of comfort or preference. The presentation of symptoms can vary from culture to culture, so clinicians lacking in cultural competence are more likely to misdiagnose BIPOC individuals. For example, multiple studies have shown that Black people are over-diagnosed with schizophrenia when compared to their white counterparts, who tend to be diagnosed with mood disorders.[11] In addition to issues of misdiagnosis, a lack of cultural competence can lead to the minimization or dismissal of experiences of racism, the proposal of culturally-insensitive interventions, and poorer quality of care in general.[12]

Structural stigma can have historical roots as well. The dispossession and oppression of Indigenous peoples in Canada, Australia, New Zealand, and the US has led to intergenerational trauma, higher rates of mental health challenges, and an unwillingness to seek care from systems that are perceived as part of the problem. A similar mistrust of clinicians has been recorded among Black individuals in the US, as well as Hispanic and Latino individuals.[13] These particular barriers to accessing mental health care will only be overcome as the systemic issues of racism and colonialism are addressed.

Clearly, the task of deconstructing the stigma surrounding mental health challenges is a big one. While policy changes can ensure that more people have access to good mental health care and culturally-sensitive resources, they cannot change the fundamental ways that people relate to one another. This is where faith can play a significant role.

Reflection Question

What stood out to you in the social perspective? Why do you think it stood out?

While policy changes can ensure that more people have access to good mental health care and culturally-sensitive resources, they cannot change the fundamental ways that people relate to one another. This is where faith can play a significant role.

THE THEOLOGICAL PERSPECTIVE

In his book examining spirituality and mental health challenges, theologian John Swinton writes, "there is a tremendous power in looking beyond diagnoses and simply recognizing someone for who he or she is."[14] This was the task that God gave to humanity in the Garden of Eden—the task of seeing and naming all living things truly (Genesis 2:19-20)—and it remains our task today. The Church is called to be a community where the God-given value and dignity of all people is acknowledged, and where individuals are known not by diagnosis, but by name.

This calling highlights the importance of being thoughtful in our speech, but it also points towards the deeper transformation that is possible through the power of the gospel. In fact, our greatest hope in the battle against stigma lies in the power of the gospel. Christ's example of sacrificial love and his commitment to the marginalized are radically countercultural. Nowhere is this seen more clearly than in the Gospel of Luke. Jesus began his ministry by quoting from the prophet Isaiah and declaring his mission to bring good news to the poor and freedom to the oppressed (Luke 4:18-21). From the beginning of his ministry until the very end, he was surrounded by outcasts. Luke records many meaningful interactions with Gentiles, women, children, and sinners—each one representing a different stigmatized group in first-century Palestine, and each one given the gifts of attention, compassion, respect, and healing by Christ. Take a moment to imagine the shocking sight of a crowd numbering in the thousands coming to a standstill so that one poor, solitary widow could be comforted (Luke 7:11-15). What would it have looked like to witness a "sinful woman" crash a party filled with religious leaders and weep at the feet of Jesus (Luke 7:36-50)? Almost every page of this Gospel presents us with a fresh example of Christ's commitment to love each person he encountered, regardless of how they were labeled by society.

This commitment led him to the cross, where he surrendered his life as he identified himself with the sin and brokenness of the world. In that moment, Christ bore the ultimate stigma for us. As you read the following words from Isaiah 53:3-5, consider the experience of rejection and pain that purchased your salvation:

> *He was despised and rejected by others;*
> *a man of suffering and acquainted with infirmity;*
> *and as one from whom others hide their faces*
> *he was despised, and we held him of no account.*
> *Surely he has borne our infirmities*
> *and carried our diseases;*
> *yet we accounted him stricken,*
> *struck down by God, and afflicted.*
> *But he was wounded for our transgressions,*
> *crushed for our iniquities;*
> *upon him was the punishment that made us whole,*
> *and by his bruises we are healed.* (Isaiah 53:3-5, NRSV)

Here is a reminder that our God knows what it is like to be judged and rejected by society, and that he voluntarily embraced this experience in order to make us whole. For this very reason, the Church has historically used a specific term to refer to the appearance of wounds corresponding to those Jesus received at his crucifixion. These wounds are called *stigmata*.

It is important to reflect on the radical nature of God's love and his experience of stigma, because these reflections, cultivated over time, become the seeds of transformation in our lives. If individuals who are thoughtful in their speech can begin to deconstruct the stigma that surrounds mental health challenges, how much more can a Church empowered by the beautiful love of Christ transform communities through the practice of radical acceptance?

Reflection Question

What stood out to you in the theological perspective? Why do you think it stood out?

Our greatest hope in the battle against stigma lies in the power of the gospel. Christ's example of sacrificial love and his commitment to the marginalized are radically countercultural.

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THE SANCTUARY COURSE®

SESSION 4

RECOVERY

SESSION 4
RECOVERY

By day the Lord commands his steadfast love,
and at night his song is with me,
a prayer to the God of my life.

PSALM 42:8 (NRSV)

SESSION OVERVIEW

In this session you will:

- ✔ Learn about the differences between curing and recovery
- ✔ Examine the journey of recovery
- ✔ Explore the relationship between healing and recovery

OPENING PSALM

> *By day the Lord commands his steadfast love,*
> *and at night his song is with me,*
> *a prayer to the God of my life.* (Psalm 42:8, NRSV)

This verse reflects the truth that God has not abandoned his people, even though they are in exile. The steadfast love of God knows no limits, physically or emotionally. Every day and every night present the psalmist with fresh opportunities for prayerful communion. This is the foundational hope expressed in Psalm 42, and there are echoes of this hope within the concept of mental health recovery.

THE PSYCHOLOGICAL PERSPECTIVE

In Session 2 you learned that "mental illness is not like measles" and examined the ways that the diagnostic process differs for mental and physical illnesses. Today, you will learn about what happens after a diagnosis and explore the differences between curing, recovery, and healing.

Most of us think about the measles and other physical diseases in terms of *curing*. A person who is cured no longer experiences any symptoms of illness. But when it comes to mental health challenges in general—and chronic mental illnesses in particular—the concept of curing can be unhelpful. If eliminating symptoms is the only goal in mental health care, then very little hope can be offered to individuals with chronic diagnoses. Additionally, the mental health continuum reminds us that the absence of illness does not automatically lead to flourishing mental health. Indeed, there are many factors outside of symptoms that contribute to our languishing and flourishing. Simply trying to cure mental illnesses does not sufficiently address the complex dynamics of mental health challenges.

Fortunately, an alternative mental health care model was developed in response to the advocacy of individuals who felt that the medical concept of curing did not helpfully apply to their lived experience. This alternative, known as *recovery*, engages individuals in the ongoing and dynamic process of "regaining hope, taking responsible action for one's life, challenging other people's expectations, developing valued relationships and a new meaning for life."[1] According to the recovery model, people can cultivate the capacity to feel and process their emotions, think clearly about life, relate to others in meaningful ways, and live with hope and purpose—even in the midst of ongoing symptoms. And evidence suggests that people living with mental health challenges actually prioritize this positive process of recovery over symptom relief.

➜ *Recovery* is a dynamic and self-directed journey towards a meaningful life; it emphasizes the development of *assets* rather than symptom reduction. An *asset* is any resource that adds value to your life. Examples of assets include sharing about lived experience with family and friends, developing healthy coping mechanisms, connecting to a faith community, and making time for fun or restful activities and hobbies. Ultimately, assets reduce feelings of isolation and provide a sense of meaning and accomplishment in life.

If you are thinking that these sound like capacities that everyone should cultivate, then you are right! One of the benefits of the recovery model is that it emphasizes the elements of human flourishing that are available to us all. While recovery may include clinical interventions or medications for individuals who have been diagnosed with specific disorders, the general principles of recovery are not limited to individuals living with a diagnosis. Anyone who has experienced languishing mental health or faced a mental health challenge can engage in the process of recovery.

In order to illustrate the ways that recovery differs from curing, let's imagine that you have a friend named Ari. Ari lives with generalized anxiety disorder (GAD). Prior to his diagnosis, Ari felt unable to stop worrying about the future. This constant anxiety led to poor sleep, indigestion, and an inability to concentrate on daily tasks. However, after receiving a diagnosis and implementing a treatment plan, things began to get better. Ari's treatment plan involved taking medication, attending group therapy, and developing healthy coping mechanisms to manage his anxiety. The validation he received in group therapy inspired him to share more openly about his lived experience with a few trusted friends, and now he knows that he can count on them for prayer and support. At the same time, his sleep and digestion started to improve thanks to newly-learned strategies that included deep breathing exercises, a consistent sleep routine, and regular walks in the park. Over time, his productivity at work increased and his ability to enjoy his life returned.

There are several things you should note about Ari's story of recovery. First, Ari's GAD isn't cured. Instead, his new coping mechanisms allow him to live well with GAD symptoms. This means that even though he still experiences anxious thoughts, the negative impact of those thoughts is diminished. Second, Ari's recovery is a dynamic and ongoing process. In order to maintain his flourishing mental health, he must continue to follow his treatment plan. Third, Ari's recovery is focused on the present and the future, rather than the past. He is not trying to "get back to the way things were" before his GAD emerged; instead, he is cultivating hope and resilience as he finds new and meaningful ways of engaging with his community and his life. Finally, the responsibility for Ari's recovery rests on his shoulders; it is not dependent on medications or clinical interventions alone (though both of these things can be very helpful tools in recovery).

Ari's story is an excellent example of mental health recovery. Although the details of each person's recovery will vary according to their unique gifts and resources, the same general processes can be found again and again:

1. **Hope:** The journey of recovery includes discovering and cultivating hope for the future. (Ari is focused on the future as he learns how to live well with GAD.)

2. **Identity:** The journey of recovery includes establishing a positive sense of identity. (Ari's connection with his peers is helping him rediscover his self-worth. The coping mechanisms he is learning are also giving him a newfound sense of accomplishment.)

➜ These processes are drawn from two well-known recovery frameworks: WRAP and CHIME.

WRAP (Wellness Recovery Action Plan) was developed by Mary Ellen Copeland—a researcher and mental health advocate whose work has been recognized by the United States Psychiatric Association—and emphasizes the following recovery processes: hope, personal responsibility, education, self-advocacy, and support. For more information, visit Mental Health Recovery.

3. **Responsibility:** The journey of recovery includes taking personal responsibility for building a meaningful life. (Ari knows that if he wants to experience flourishing mental health, he needs to continue implementing his treatment plan.)

4. **Education:** The journey of recovery includes pursuing the education and information needed for self-advocacy, self-care, and empowerment. (Ari continues to learn about GAD as he meets with his doctor and connects with his peers in group therapy.)

5. **Community:** The journey of recovery includes developing support systems and engaging in community. (Ari's friends are learning how to be there for him in new ways as he shares more openly about his GAD.)

CHIME is the result of the research and analysis of a team of UK psychiatrists who systematically reviewed existing literature and proposed a conceptual framework for recovery based on the following processes: connectedness, hope and optimism, identity, meaning in life, and empowerment (hence the acronym, CHIME). For more information, visit Cambridge Core to read their report, "Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis."

It is important to note that different people will utilize different resources in different ways and at different times as they seek to cultivate hope, identity, responsibility, education, and community. For this reason, recovery is often described as a journey—a dynamic reality that changes and progresses over the course of a lifetime.

It is also important to note that recovery takes the whole person into account. In session 1 you were introduced to the bio/pyscho/social/spiritual model and heard about the many layers of human experience that are affected by mental health challenges. Well, these same layers are also involved in recovery. This is why Ari's story highlights the importance of reducing physical and emotional symptoms (the biological and psychological layers of mental health challenges); the importance of cultivating relationships and supportive communities (the social layer of mental health challenges); and the importance of discovering hope, meaning, and purpose (the spiritual layer of mental health challenges). The process of recovery involves every aspect of life.

Reflection Question

What stood out to you in the psychological perspective? Why do you think it stood out?

Recovery is often described as a journey—
a dynamic reality that changes and
progresses over the course of a lifetime.

THE SOCIAL PERSPECTIVE

As you just read, community is a critical part of the journey of recovery. Meaningful connections with others can foster mental wellbeing, and emotional and practical support can help individuals with lived experience function well in the midst of challenges. But the impact of community on recovery extends beyond the realm of personal relationships and assistance. Community beliefs and expectations regarding mental health and illness play a role in determining the treatments that are offered and the support systems that are established at a broader social level.

This is apparent when we consider the history of mental health care. For many centuries, the majority of western society believed that severe mental illnesses (SMIs) were incurable and viewed them as a life sentence. Asylums rarely offered any form of rehabilitation, and few people who entered them ever left. However, in the twentieth century this belief was challenged by the emergence of new pharmacological treatments, along with research demonstrating the efficacy of these treatments. A 1950s study following the progress of individuals diagnosed with SMIs found that after three decades, 34% were asymptomatic and an additional 34% had experienced significant improvements in their mental health.[2] Studies like this fueled public dissatisfaction with mental institutions and contributed to the significant policy shifts that have taken place within mental health care in recent decades.[3] In other words, community beliefs about the possibility of recovery and community expectations regarding treatment can affect systemic change.

➜ Similar studies from 2006 and 2007 have found that up to 50% of people diagnosed with SMIs return to healthy levels of functioning over time.[4]

There is bad news as well as good, however. While long-term studies confirm that, over time, symptoms often decrease or disappear altogether, the negative social repercussions can linger for years. Sociologist Fred E. Markowitz reports that individuals living with mental health challenges are "more likely to experience social isolation, be unemployed, have less income, and live in less desirable housing conditions than others." He goes on to note that the most important concerns for people with lived experience "include making and keeping friends and jobs, combating loneliness, and finding places to live."[5]

Once again, the critical role of community in recovery is apparent. The relational and social impact of mental health challenges is often far more damaging than the symptoms themselves, and this impact can be felt at the interpersonal level as well as the systemic level. In the next session we will look at some of the practical steps that individuals and congregations can take to facilitate recovery through redemptive relationships. For now, though, stop and consider the following questions: What would happen if people with lived experience were given the full support of their communities? What if they had a place to belong—a place where they were known by name, not diagnosis? How might this radically change their stories and impact their recovery journeys? And how might it transform their communities and the mental health care system in the process?

Reflection Question

What stood out to you in the social perspective? Why do you think it stood out?

What would happen if people with lived experience were given the full support of their communities? What if they had a place to belong—a place where they were known by name, not diagnosis?

THE THEOLOGICAL PERSPECTIVE

For many Christians, thinking and talking about recovery can be confusing. Although the Bible contains many miraculous stories of healing, it isn't always clear how these narratives relate to the concept of recovery. Is there a difference between healing and recovery? In order to answer this question, it is necessary to explore the meaning of the term *healing*. This term can be used in at least three different ways.

1. **Miracle:** Healing can refer to immediate and supernatural instances of curing. In the Gospels we learn that Jesus opened blind eyes and deaf ears, banished fevers, helped the lame walk, and even raised individuals from death. This form of healing is a wonderful gift, but it is very different from the concept of recovery outlined in this session.

2. **Natural process:** Healing can also refer to natural processes and resources that God has given to humanity. Broken bones are designed to mend over time, and antibiotics can cure infections. These are just two examples of the healing grace that infuses our everyday lives—a grace that appears so organically and incrementally, we may not even recognize it as a divine gift. The journey of recovery is best understood as another example of this form of healing.

3. **Future promise:** Scripture tells us that healing is the ultimate destination of creation. In an earlier session, you read these verses from Revelation:

   > *And I heard a loud voice from the throne saying, "See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away."* (Revelation 21:3-4, NRSV)

   The promise of complete restoration is the unique and glorious hope of our faith. On the day when we finally experience this form of healing, recovery will no longer be necessary.

Like healing, recovery is a natural process available by the grace of God. While it is good to embrace this gift and encourage individuals with mental health challenges to utilize every available resource in their recovery journeys, it is also important to cherish the future hope given to us in Christ. This hope can be a great source of strength to those who are battling feelings of fatigue and discouragement in their recovery.

And what about community? What does the Bible have to say about the role of community in healing and recovery? In Session 2 you read about Jesus' encounter with the Gerasene demoniac (Mark 5:1-20; Luke 8:26-39). It was noted then that Jesus did more than simply deliver the man from his distressing symptoms; he restored him to his community. We see a similar dynamic in the Gospel of Mark, when Jesus miraculously cures a leper and then commands him to "go, show yourself to the priest, and offer for your cleansing what Moses commanded, as a testimony to them" (Mark 1:44, NRSV). Although the disease was eradicated, it was necessary for the leper to follow the prescribed Levitical rituals in order to be accepted once more into society. And in the Gospel of Luke, the woman with the issue of blood is pronounced well only after she speaks with Jesus (Luke 8:43-48). She is physically cured when she touches his garment, but her full healing occurs as she is recognized and drawn into conversation and relationship.

It would seem, then, that restoration of relationships and acceptance within community are fundamental to the biblical understanding of healing. Human beings were created by a loving, relational God for the purpose of relationships, and no one can experience full healing apart from the invitation to reconnect with God and others. This reality creates a unique opportunity for churches to play a significant role in facilitating mental health recovery. After all, who is better equipped to offer gracious and redemptive community than the people of God? As theologian John Swinton observes, "in providing a safe space or sanctuary where people living with mental health problems can find a valued place and a vital stepping stone back into society, the church will fulfill its true goal, which is to image Christ and reveal the nature of God."[6]

Reflection Question

What stood out to you in the theological perspective? Why do you think it stood out?

Human beings were created by a loving, relational God for the purpose of relationships, and no one can experience full healing apart from the invitation to reconnect with God and others.

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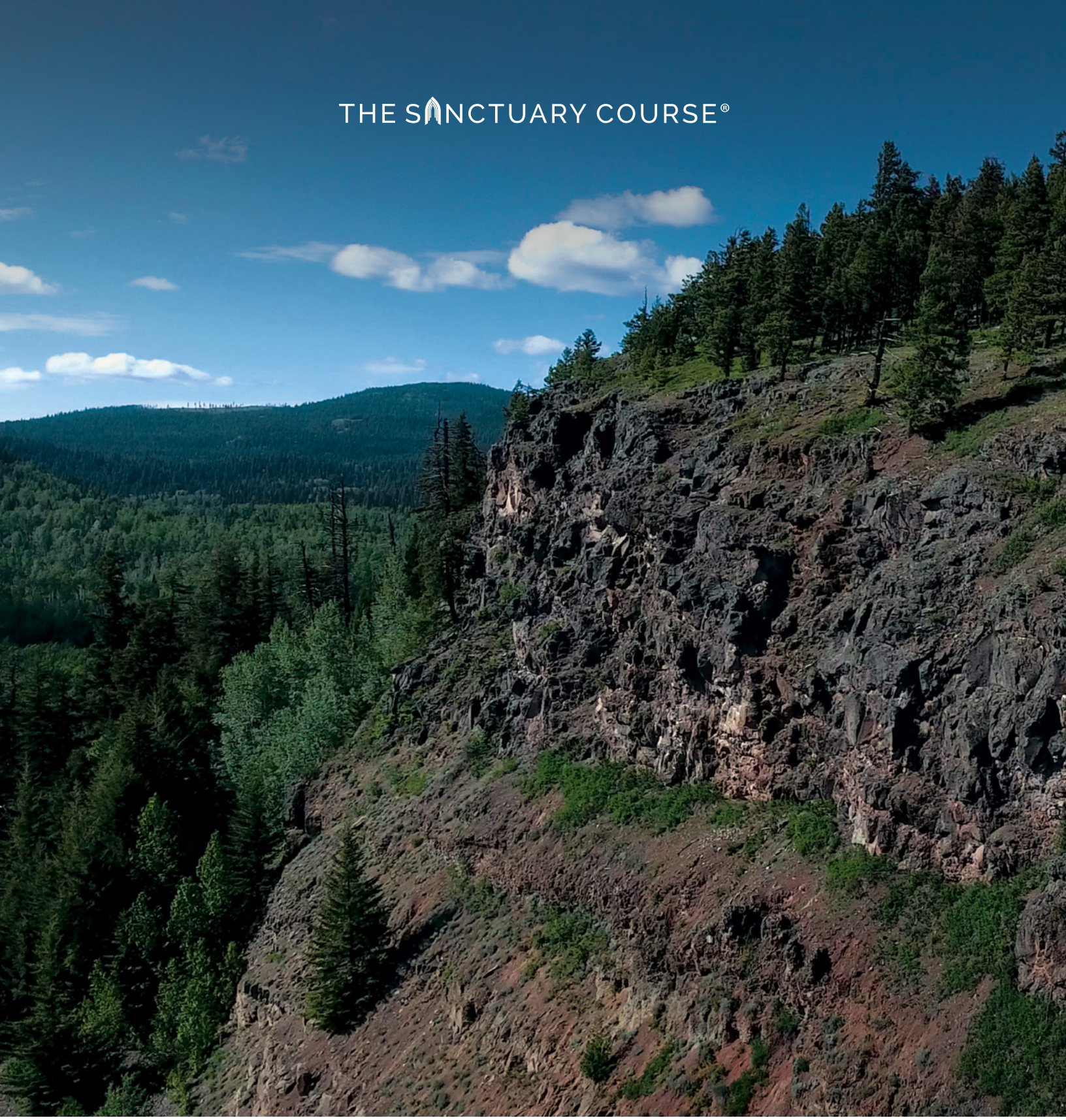

SESSION 5

COMPANIONSHIP

SESSION 5
COMPANIONSHIP

When shall I come and behold
the face of God?
My tears have been my food
day and night,
while people say to me continually,
"Where is your God?"

PSALM 42:2B-3 (NRSV)

SESSION OVERVIEW

In this session you will:

- ✔ Explore the need for community
- ✔ Define and examine the practices of companionship
- ✔ Reflect on the nature of biblical community and the gift of personal presence

 OPENING PSALM

> *When shall I come and behold*
> *the face of God?*
> *My tears have been my food*
> *day and night,*
> *while people say to me continually,*
> *"Where is your God?"* (Psalm 42:2b-3, NRSV)

The cry to behold the face of God captures the longing of the human heart for relationship. In these verses, the loss of homeland and temple is magnified by the grief of broken communion with God. Exile has removed Israel from the very presence of God, and now the psalmist's tears have become prayers. This session deals very directly with the significance of relationships and the power of presence in the human experience.

THE PSYCHOLOGICAL PERSPECTIVE

In the Participant's Guide it was stated that this course was designed to strengthen communities. After all, the New Testament makes some very significant claims about the importance of community. Christ told his disciples that they would be known by their love, and the apostles had a lot to say about the way that we treat one another. From the very beginning, it seems that Christian community has been at the heart of the proclamation of the gospel.

➜ If you want to explore this topic further, here are a few good places to start:

- John 13:34-35
- Acts 4:32-35
- 1 Corinthians 12:12-26
- Ephesians 4:1-3
- Colossians 3:12-14

But community doesn't just matter to us as Christians. The past few sessions have highlighted research in the field of mental health that demonstrates the importance of relationships and social support in preventing mental health challenges and promoting mental wellbeing. This research shows that communities play a critical role in helping individuals cope with stress and implement recovery plans.[1] Furthermore, the last session noted that a positive sense of identity and meaningful connections with others are important elements of recovery. As you may know from personal experience, relationships with family and friends play a significant role in shaping identity, and meaningful connections happen in the context of community.

For this reason, many people with mental health challenges emphasize the importance of relationships in their recovery. One rehabilitation psychiatrist who has experienced episodes of psychosis shares that her illness made her question her own worth. It was only through relationships with others that she was able to rediscover a sense of personal value.[2] And her testimony does not stand in isolation. Relationships remind all of us that we are valued for who we are, and that a diagnosis or mental health challenge does not define us. Friendships affirm our fundamental worth and our humanity.

This is why effective mental health care requires the development of communities where individuals are supported as they engage in the process of recovering identity and relationships.[3] The rest of this session will be spent looking at some of the practical ways that you can offer social support to individuals facing mental health challenges.

Reflection Question

What stood out to you in the psychological perspective? Why do you think it stood out?

Relationships remind all of us that we are valued for who we are, and that a diagnosis or mental health challenge does not define us. Friendships affirm our fundamental worth and our humanity.

THE SOCIAL PERSPECTIVE

Everyone needs a place to belong, peer relationships, support in moments of crisis, and a sense of personal worth. These needs are fundamental to human nature. As Session 3 mentioned, however, social isolation and diminished self-esteem are common experiences for individuals living with mental health challenges. Given these realities, how do we meet the fundamental needs of individuals living with mental health challenges?

Craig Rennebohm has devoted much of his career to answering this question. As a chaplain, he spent twenty-five years ministering to people experiencing homelessness and individuals living with mental health challenges. He realized that the idea of equality was critical when it came to building authentic, sustainable relationships. He then developed a model based on this idea and called it *companionship*.[4] While this model emerged from his work on the streets, it is helpful in framing the ways we think about relating to people in general, and people with mental health challenges in particular (regardless of their level of functioning). Ultimately, companionship is an alternative to relationships that perpetuate inequality, such as the professional/patient relationship or the rescuer/victim relationship. (These types of relationships, which are frequently experienced by individuals with mental health challenges, can lead to disempowerment, passivity, low self-esteem, and hopelessness.)

According to Rennebohm, companionship is formed around five spiritual practices. First, **companionship includes hospitality**. When you hear the word "hospitality," you might picture a cozy home with a fire crackling in the fireplace, a delicious meal laid out on the table, and a friendly face waiting at the front door. This image effectively captures the essence of hospitality. Hospitality means offering a safe and kind environment, sharing simple things like food or conversation, and treating others with respect. These simple gestures can profoundly impact individuals who have been isolated due to stigma.

Second, **companionship includes neighboring**. Neighbors are people who share common ground. In the same way, companionship encourages people to develop relationships by looking for things that are shared in common between them. This might mean taking the time to talk about the weather, or going on a walk in order to enjoy a beautiful spring day together. No matter how different our experiences have been, at the end of the day we are all human. The practice of neighboring encourages us to simply meet others in our humanness.

Third, **companionship includes adopting a side-by-side perspective**. In order to make space for the other person in the relationship, we must honor their unique experiences. The picture of two individuals standing next to one another and surveying the same landscape helpfully illustrates this practice. Neither person is in front dominating the view or asserting that their perspective is "better" or "right." Instead, they remain side-by-side, taking in their own views while acknowledging the different views of the person next to them.

Fourth, **companionship includes listening**. This is another important way that we honor the unique experiences of others. Research has shown that sharing personal stories can be empowering and liberating. When we listen to someone, we are giving them the opportunity to put the pieces of their life together in a meaningful way. The manner of our listening can also support recovery. The best listeners suspend judgment and are sensitive to the "soul" of the story—the elements that reveal the identity and the spiritual experience of the storyteller—while providing encouragement and affirmation.

Fifth, **companionship includes accompaniment**. This involves both practical and spiritual support. When we hold someone in our thoughts and prayers, we are accompanying them on their journey of recovery. We can also accompany individuals by going with them to important meetings and medical appointments, offering to buy them groceries, and providing other assistance as required. This is the element of companionship that reminds individuals that they are not alone. However, accompaniment should be about supporting and empowering others rather than simply doing things for them.

These are the five spiritual practices of companionship: providing hospitality, neighboring, adopting a side-by-side perspective, listening, and accompaniment. If you had to summarize these practices and identify how they differ from other models of relationship, you could say that companionship offers presence, rather than solutions. In companionship you do not need to have all the answers, provide a diagnosis, or resolve every problem; you simply need to make space and time for another person. Rennebohm describes it in this way:

> *Our hospitality may be as simple as a nod or a smile, our neighboring the willingness to linger a moment nearby rather than pass by on the other side. We may choose to share the pew, or share the table at a meal program instead of remaining behind the serving line. We may follow up a hello with a "how is it going?" and a willingness to hear a person's story however they may be able to tell it. We may remember the stranger in our prayers, or help an individual add to their circle of care and support. In every congregation a small group of companions can meet regularly and share with one another this basic ministry of presence.*[5]

There is one final observation to be made concerning companionship. Rennebohm speaks of a group of companions, and this is not an accident. Companionship is not something that individuals should offer without the support and participation of a larger community. It takes many people to absorb and distribute the strain created by a mental health crisis or a lengthy recovery journey. When a community is filled with companions, individuals are free to step back if the demands of life increase or if they sense that a fresh presence is needed. This communal approach relieves the burden of care that often falls heavily on pastors, leaders, and family members; presents church members with the opportunity to come together as the body of Christ; and ensures that individuals with lived experience do not feel that they are over-burdening any one person.

Reflection Question

What stood out to you in the social perspective? Why do you think it stood out?

If you had to summarize these practices and identify how they differ from other models of relationship, you could say that companionship offers presence, rather than solutions. In companionship you do not need to have all the answers, provide a diagnosis, or resolve every problem; you simply need to make space and time for another person.

THE THEOLOGICAL PERSPECTIVE

For many of us, words like "hospitality" and "neighboring" call to mind a particular passage in Luke. As you read the words of this familiar parable, look for the ways it may reflect the spiritual practices of companionship.

> *But wanting to justify himself, he asked Jesus, "And who is my neighbor?" Jesus replied, "A man was going down from Jerusalem to Jericho, and fell into the hands of robbers, who stripped him, beat him, and went away, leaving him half dead. Now by chance a priest was going down that road; and when he saw him, he passed by on the other side. So likewise a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan while traveling came near him; and when he saw him, he was moved with pity. He went to him and bandaged his wounds, having poured oil and wine on them. Then he put him on his own animal, brought him to an inn, and took care of him. The next day he took out two denarii, gave them to the innkeeper, and said, 'Take care of him; and when I come back, I will repay you whatever more you spend.' Which of these three, do you think, was a neighbor to the man who fell into the hands of the robbers?" He said, "The one who showed him mercy." Jesus said to him, "Go and do likewise."*
> (Luke 10:29-37, NRSV)

The Samaritan was motivated by compassion and a sense of shared humanity, and he also demonstrated hospitality and accompaniment in his care for the wounded man. But there is another interesting detail in the story. Did you notice that the Samaritan stayed at the inn on the first night in order to care for the stranger personally? He had the financial resources to pay others for the necessary care, yet he chose to remain and to offer the gift of his presence in addition to the gift of his resources. This is perhaps the most humanizing act of all.

The value of personal presence is deeply biblical. In fact, it reflects a profound truth about human nature. Many theologians have observed that people are created for relationships because they are made in the image of a relational God.[6] Just as the Father, Son, and Holy Spirit exist in the mutual love of the Trinity, so we are designed to be fundamentally connected to those around us through relationships. And this connection is laden with mystery. In ways that we may struggle to express or fully comprehend, the simple presence of another person can help us release emotional burdens and receive spiritual comfort. We are able to feel with and for one another—something the New Testament describes as bearing one another's burdens and mourning with those who mourn (Galatians 6:2; Romans 12:15).

One thing to be avoided here is the assumption that companionship and burden-bearing can only be practiced by individuals who are flourishing in their mental health. According to Rennebohm's model, this is simply not the case. Anyone can learn to listen well, adopt a side-by-side perspective, and be an empathetic presence in the midst of a difficult season. Furthermore, these practices can promote greater mutuality and equality within our communities by reminding us that everyone has a story to tell, a perspective to share, and unique gifts to offer. For people living with mental health challenges, these gifts may include:

- greater compassion for others
- greater dependency on God
- greater trust in God
- a deeper revelation of the fragility of life
- the cultivation of patience and humility
- experiential knowledge of spiritual realities

As members of a single body, we move towards greater wholeness when we are present with and for one another, and when we receive the gifts that each person in the community has to offer. This beautiful reality is something we can all participate in, regardless of whether our mental health is languishing or flourishing.

Reflection Question

What stood out to you in the theological perspective? Why do you think it stood out?

Just as the Father, Son, and Holy Spirit exist in the mutual love of the Trinity, so we are designed to be fundamentally connected to those around us through relationships.

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3. John Swinton, *Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension* (London: Jessica Kingsley Publishers, 2001), 58.

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SESSION 6

CAREGIVING

SESSION 6
CAREGIVING

I say to God, my rock,
"Why have you forgotten me?
Why must I walk about mournfully
because the enemy oppresses me?"

PSALM 42:9 (NRSV)

SESSION OVERVIEW

In this session you will:

- ✔ Explore the stresses of caregiving and consider the importance of boundaries
- ✔ Learn about the unique dynamics of caregiving relationships and the ways that churches can support caregivers
- ✔ Reflect on the theological vision of caregiving

One of the key ideas explored in Session 2 was the diversity of lived experience. You learned that different mental disorders can cause varying degrees of functional impairment, and that some experiences of illness are more limiting than others. When a mental illness disrupts a person's ability to function in daily life, it is common for family members or close friends to step in and offer support. In some cases, this may mark the beginning of a long-term caregiving relationship.

➜ There are two general types of caregivers. Formal caregivers are people who work in caring professions such as nursing, childcare, pastoral ministry, and social services. Informal caregivers provide unpaid care for people with whom they have a close relationship; grandparents, parents, siblings, children, and close friends can all be informal caregivers.

Christianity offers us a rich, theological vision of caregiving—a vision that is a source of inspiration and encouragement for many people as they care for loved ones with lived experience. As we have observed in the course of our examination of Scripture and testimony, however, encouraging stories can become oppressive if they are the only stories told. In fact, it is not uncommon for caregivers to feel like they do not have permission to speak honestly about the challenges they face within their communities of faith.

And so today you are going to learn about the unique stresses and demands of caregiving, and take a closer look at the needs and vulnerabilities of caregivers. After examining and acknowledging these realities, there will also be an opportunity to reflect on the profound gifts of caregiving in the theological perspective.

OPENING PSALM

> *I say to God, my rock,*
> *"Why have you forgotten me?*
> *Why must I walk about mournfully*
> *because the enemy oppresses me?"* (Psalm 42:9, NRSV)

In this verse, the psalmist expresses feelings of abandonment and grief—feelings that are familiar to many caregivers. However, this expression is not an accusation. The psalmist is only able to articulate these painful emotions because of the underlying conviction that God is present and attentive to the suffering of his people. May you know and experience God as your rock, even in the midst of distress.

THE PSYCHOLOGICAL PERSPECTIVE

Many people do not realize that the impact of mental illness extends beyond individuals with lived experience, affecting family members, close friends, and involved professionals. In particular, caregiving relatives can experience significant amounts of stress related to 1) difficult decisions that must be made regarding treatment, care, and housing; 2) the experience of the illness itself and the disruption of normal family life; 3) the financial burdens of medical and psychological treatment, and the potential loss of income; and 4) isolation from the community due to stigma.[1] Consider the following scenarios:

1. Emma is fifteen and lives alone with her parents. Emma's mother has bipolar 1 disorder, and the illness is poorly managed by the family. Emma's father works long hours and is increasingly withdrawn due to the challenging dynamics at home, while Emma's mother goes on and off her medication frequently. Emma has become her mother's primary caregiver, and this has impacted her life in many ways. She is often late for school, she experiences frequent anxiety and depression, she has a strained relationship with her parents, and she struggles to maintain a social life.

2. Mei and Kai have been married for over a decade and have two young children. Recently, Kai has been experiencing severe depression, and as a result he is no longer able to work. Mei must now provide for the family financially while caring for her husband and children. Kai's treatment and medication have drained their savings and Mei is concerned that the family will lose their home. She doesn't have any time or energy to maintain her friendships, and she is filled with a sense of grief over the loss of her formerly cheerful, energetic, dependable husband. Mei is also concerned about what their church community will think if they learn about Kai's lived experience, and she is burdened by feelings of shame, failure, and isolation.

Unfortunately, these kinds of stories are all too common. Research has found that individuals like Emma and Mei are often faced with social constraints and financial obstacles in their daily lives. Additionally, they can carry significant psychological and emotional burdens related to caregiving. While it is important to recognize that not all caregiving is experienced as burdensome—indeed, it can be very life-giving and meaningful—the fact remains that when caregivers are overwhelmed, they become vulnerable to anxiety and depression, and may even experience *burnout* or *compassion fatigue*.

➜ *Burnout* is a reaction to chronic job-related stress. People experiencing burnout typically have symptoms that include exhaustion, cynicism, and inefficient or reduced capacity at work.

➜ *Compassion fatigue*, also known as vicarious or secondary traumatization, describes the effects of working with people who are suffering or who have experienced trauma. There is some debate regarding the nature of these effects, but they may include exhaustion, irritability, and a chronic lack of self-care. Ultimately, compassion fatigue is thought to impact our worldview and our capacity to empathize with others.

The next session will examine some evidence-based practices for managing anxiety and mitigating the negative effects of caregiving. These practices include self-care and self-compassion, which are both critical skills for caregivers to develop. In addition, many caregivers find that healthy boundaries play an important role in supporting their mental health and wellbeing.

Boundaries are related to your sense of personal responsibility.[2] They help you determine when to focus on caring for yourself and when to focus on caring for others. You may find it helpful to think about boundaries as "managing your limits" and "balancing care with respect."

1. **Managing your limits:** Limits can be physical, emotional, relational, or spiritual. Physical limits can include your need for sleep and the impact of stress on your body. Emotional limits can include your sensitivity to suffering and your resilience under pressure. Relational limits can include the time you require to maintain connection with family and friends, the time you need alone to rest and recharge, and the time you need to fulfill other obligations. Finally, spiritual limits can include the time you require to maintain your relationship with God, and your ability to sustain faith and hope in the midst of suffering. Managing your limits means knowing which areas of your life require time and attention, and knowing how much care you are able to offer others.

2. **Balancing care with respect:** Many people who are closely involved in the recovery journey of a family member or friend find it helpful to establish the goal of balancing care with respect.[3] Care is demonstrated when you act on behalf of another individual, while respect is demonstrated when you empower an individual to take action. The balance between care and respect will vary depending on the age, ability, and unique circumstances of the individual living with a mental illness. However, maintaining this balance can help you avoid the extremes of offering too little respect (thus encouraging an unhealthy dependency) or offering too little care (thus withholding necessary assistance).

Self-care, self-compassion, and healthy boundaries can protect caregivers from burnout by ensuring that they set aside time to replenish their physical, emotional, relational, and spiritual resources. When these practices are complemented by a thorough knowledge of local mental health services, open communication with professionals, and a strong social support network, caregivers can begin to rediscover the meaning and joy of caregiving.[4]

Reflection Question

What stood out to you in the psychological perspective? Why do you think it stood out?

Self-care, self-compassion, and healthy boundaries can protect caregivers from burnout by ensuring that they set aside time to replenish their physical, emotional, relational, and spiritual resources.

THE SOCIAL PERSPECTIVE

When it comes to the topic of caregiving, it is important that we take time to understand the unique dynamics that can occur within relationships between people who are giving and receiving care. In particular, disagreements regarding a diagnosis or the need for treatment can create great relational strain. Though some of these disagreements can be resolved with open communication, a different approach may be required if the person with lived experience is unaware of their diagnosis. The following list helpfully illustrates the varying levels, or stages, of awareness that a person living with mental illness may experience:

1. **Dependent unaware:** This term describes individuals who are unaware of their mental illness and are dependent upon the help and support of others. In this stage individuals may not realize that they are experiencing a mental illness, may not have the language to communicate their experience, or may simply reject their diagnosis. This stage is often characterized by shame, hopelessness, and a reliance on a few trusted people to manage symptoms.

2. **Dependent aware:** This term describes individuals who are aware of their mental illness but remain dependent upon the help and support of others (often because they are still in crisis or are in a vulnerable state of recovery). In this stage individuals have accepted the realities of their mental illness and are aware of the need for assistance and change. Often dependency is shifted from friends and family to professionals. This stage is characterized by a growing knowledge of resources, emotional sensitivity, and the need for encouragement.

3. **Independent aware:** This term describes individuals who are aware of their mental illness and are able to independently care for themselves accordingly. In this stage individuals begin to take responsibility for managing their mental illness. There is generally a greater awareness of resources, a greater involvement in the community, and an ability to educate self and others regarding recovery needs.

4. **Interdependent aware:** This term describes individuals who are aware of their mental illness, independently care for themselves, and contribute to the overall health of the community. In this stage individuals are able to serve as a model of recovery for others with lived experience. There is a renewed ability to cultivate reciprocal relationships and to contribute to the life of the community while maintaining healthy boundaries and goals for personal recovery.[5]

Many families caring for someone who is in the dependent unaware stage can experience anger and hopelessness due to their loved one's seeming refusal to accept a diagnosis. Even formal caregivers, such as psychiatric doctors and nurses, can express frustration when a failure to adhere to treatment leads to repeated hospitalizations. But did you know that people living with severe mental illnesses (SMIs) may have a neurological reason for their lack of insight? It's called *anosognosia*—a condition that affects the frontal lobe, disrupting an individual's ability to update their self-concept in the face of new information.[6] In other words, what looks and sounds like denial may actually be the product of the brain's struggle to process and accept external indicators of illness. (It should be noted, however, that anosognosia does not otherwise impair cognitive functioning.)

Xavier Amador is a clinical and research psychologist who has dedicated a significant portion of his career to helping families and caregivers better understand and support loved ones who are unaware of their mental health diagnoses. His book, *I Am Not Sick, I Don't Need Help!*, outlines a simple model that can assist families in repairing relational damage and helping loved ones find personally meaningful reasons to accept treatment, regardless of whether or not they accept their diagnosis. The model is known as LEAP, which stands for Listen, Empathize, Agree, and Partner, and it is founded on the practice of reflective listening. According to Amador, "reflective listening has, as its sole purpose, understanding what the other person is trying to convey and then communicating that understanding back without commenting or reacting in any way."[7] Over time, the ability to listen well can restore trust and create opportunities for genuine collaboration.

(If you are caring for a family member or friend with poor insight regarding their mental illness, this book is highly recommended. There is much more to LEAP than what has been shared here, and the time invested in understanding both the neurological complexities and the model itself will be well worth it.)

Learning how to listen well and offer support to loved ones at every stage of their recovery journey can help decrease the relational sources of stress in caregiving. However, there are also opportunities for churches to step in and alleviate some of the emotional and practical burdens of caregiving.

Interestingly, research has found that caregivers and individuals with lived experience have similar needs and desires when it comes to community support. Families caring for a loved one living with a mental illness want to feel accepted and understood; they want to belong to communities that are free from stigma, where neither they nor their loved ones are judged or rejected due to the presence of a mental disorder.[8] There is good news here. Christians do not need to become mental health professionals or experts in order to make a difference. Churches do not need to become clinical treatment centers in order to provide hope and healing. Indeed, the gifts of acceptance, understanding, companionship, and care can be offered by any faith community—and may make a world of difference to people with lived experience and their families.

Practically, this might look like taking small steps towards some of the following goals:

- educating faith communities regarding mental health and illness, as well as caregiving
- breaking the silence that surrounds the subjects of mental illness and caregiving
- creating a list of local mental health resources (including crisis services, clinics, support groups, and recommended counselors)
- offering a space for caregivers to connect with and support one another
- scheduling phone check-ins from the pastoral staff
- acknowledging the important role of caregivers during prayers or in sermons

As churches increasingly understand the unique relational dynamics and practical challenges faced by families supporting individuals with lived experience, community members may be inspired to offer support in other ways as well. Ultimately, the burdens of caregiving can be alleviated and genuine community can emerge.

Reflection Question

What stood out to you in the social perspective? Why do you think it stood out?

Christians do not need to become mental health professionals or experts in order to make a difference. Churches do not need to become clinical treatment centers in order to provide hope and healing.

THE THEOLOGICAL PERSPECTIVE

In the beginning of this session it was stated that Christianity offers a rich, theological vision of caregiving. Henri Nouwen was a theologian and priest who spent significant time as a member of a community where people with and without intellectual disabilities lived and worked together. He offers the following reflection on caregiving:

> *To care is the most human of all human gestures. It is a gesture that comes forth from a courageous confession of our common need for one another and the grace of a compassion that binds us together with brothers and sisters like ourselves, who share with us the wonderful and painful journey of life.*

According to Nouwen, the theological vision of caregiving is rooted in a deep understanding of what it means for us to belong to one another. If this sounds familiar, it's probably because a similar idea was explored in the session on companionship. There, we considered the value of personal presence and observed that we are all fundamentally connected to those around us through relationships. Nouwen takes this idea a step further here. In caregiving, he suggests, we are given the opportunity to not only experience connection, but also confess our need for belonging. Viewed from this perspective, caregiving is an invitation to journey from independence to interdependence—an invitation extended to caregivers and care recipients alike.

He continues:

> *In the very act of caring for another, you and I possess a great treasure. One of the great riches of caregiving is that it embraces something more than simply a focus on cure. Caregiving carries with it an opportunity for inner healing, liberation, and transformation for the one being cared for and the one who cares. And because we who offer care and we who receive care are both strong and vulnerable, though in different ways, our coming together in a caregiving relationship is an occasion to open ourselves to receive an unexpected gift.*[9]

This session has focused on the perspectives and experiences of caregivers, but it is fitting that we conclude with the reminder that those who offer and receive care are "both strong and vulnerable, though in different ways." With this statement, Nouwen reminds us that Christian caregiving is not motivated by pity; indeed, when pity is the source of caregiving, the result is often an oppressive relationship that perpetuates inequality. Instead, the theological vision of caregiving affirms the dignity and value of those giving and receiving care. It is a relationship that acknowledges mutual dependency, learning, and love. Ultimately, when we come together in the acts of giving and receiving care, we have the opportunity to be drawn more deeply into the love of God.

> *We love because he first loved us.* (1 John 4:19, NRSV)

Reflection Question

What stood out to you in the theological perspective? Why do you think it stood out?

The theological vision of caregiving affirms the dignity and value of those giving and receiving care. It is a relationship that acknowledges mutual dependency, learning, and love.

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SESSION 7

SELF-CARE

SESSION 7
SELF-CARE

Why are you cast down, O my soul,
and why are you disquieted within me?
Hope in God; for I shall again praise him,
my help and my God.

PSALM 42:5-6 (NRSV)

SESSION OVERVIEW

In this session you will:

- ✔ Explore the role of self-care in supporting recovery and promoting mental health
- ✔ Learn about self-compassion
- ✔ Reflect on the theological implications of self-care

OPENING PSALM

> *Why are you cast down, O my soul,*
> *and why are you disquieted within me?*
> *Hope in God; for I shall again praise him,*
> *my help and my God.* (Psalm 42:5-6, NRSV)

The question, "Why are you cast down, O my soul?" invites an honest exploration of emotion. The psalmist recognizes and acknowledges present despair while holding onto the possibility of future hope—a possibility that is grounded in the goodness of God and the practice of praise. Similarly, self-care encourages us to cultivate emotional awareness and make space for practices that reflect God's goodness and love in our lives.

THE PSYCHOLOGICAL PERSPECTIVE

In Session 2 you learned about the role that stress can play in the development of mental health challenges. In Session 4 you read about the journey of recovery and the importance of cultivating hope, identity, responsibility, education, and community. And in the last session you explored some of the unique challenges faced by caregivers—challenges that can include anxiety, depression, or experiences of burnout. Today you will learn about self-care and the ways that it can prevent mental health challenges, support recovery, and sustain caregiving.

Let's begin by asking a fundamental question: What is self-care? The concept of self-care presented in media and advertising tends to alternate between extreme indulgence (think spa days and resort vacations) and extreme discipline (think intense workout programs and restrictive diets). So, is self-care a program to be followed, a series of activities to be checked off the list, or a state of mind to be attained? Is it about indulgence, or discipline?

Actually, the definition of self-care is quite simple: self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health.[1] Self-care is an intention, first and foremost. When we practice self-care, we are engaging in an activity with the specific intention of caring for ourselves. This activity might be fairly normal and routine, such as going for a walk, or it might be unique, such as attending a weekend retreat. Either way, the focus of the experience is on actively loving and caring for ourselves so that our minds and bodies can function in healthy and sustainable ways. It is less about *what* we do and more about *how* and *why* we are doing it.

When it comes to the why of self-care, understanding the neurobiology of stress is critical. Although it is common to talk about "feeling" stressed, stress is not an emotion; it's a biological response designed to help us during intense or challenging moments in life. Also known as the fight-or-flight response, stress is what happens when the sympathetic nervous system is activated and adrenaline and cortisol are released, raising our pulse and sharpening the senses so that we are prepared to either fight, flee, or freeze if necessary.

Stress is a natural and unavoidable part of life. It is the body's way of helping us respond in moments of pressure or crisis. For this reason, not all stress is negative. The adrenaline that helps a student study for exams, the focus that enables first-responders to do their jobs, and the excitement felt prior to a big event or celebration are all a product of stress, functioning as it was intended. The problem is not stress, but chronic stress. We are not designed to remain in fight-or-flight mode for extended periods of time. When acute levels of stress become chronic,

the physical effects can include a compromised immune system, elevated blood pressure, and symptoms ranging from headaches, indigestion, and fatigue to heart disease. Mentally and emotionally, chronic stress is linked to anxiety, panic attacks, and even burnout.[2] In other words, stress and anxiety are not merely symptoms of certain mental health challenges; they can also be contributing causes.

This is why self-care is so important. Research has found that engaging in self-care can reduce stress and promote mental health and wellbeing. And there are many evidence-based practices that can help counter the stress response, thereby preventing mental health challenges and supporting mental health recovery. Below you'll find some of these practices, but this list is not exhaustive. It is simply a launching point to help you begin thinking about what it might look like to intentionally care for your body, mind, and emotions.

1. **Self-care in moments of distress:** If you are experiencing acute feelings of anxiety, grounding exercises can help you focus on the present and create a sense of distance from distressing thoughts. Deep breathing (also known as box breathing) is one form of grounding: slowly inhale for four seconds, pause for four seconds, and then exhale for four seconds. Another grounding exercise invites you to notice your environment by identifying five things you can see, four things you can hear, three things you can touch, two things you can smell, and one thing you can taste. Cognitive distractions can also be grounding; try listening attentively to music or completing a math equation.

➜ Sanctuary Mental Health Ministries does not provide medical or therapeutic advice. If you have tried some of these tools and are noticing panic attacks, the inability to sleep or eat, a sense of uncontrollable or overwhelming emotions, or behaviors which are problematic or self-harming, please consult a doctor or qualified health care professional. For more information on mental health and crisis resources, see Appendix B.

2. **Physical self-care:** In addition to grounding yourself during distressing moments, tending to your physical health can support recovery and promote wellbeing by reducing stress, regulating hormones, and releasing endorphins. Physical self-care begins with taking time to rest, following healthy nutrition guidelines, and exercising regularly. (Note that exercise is not limited to the gym; you can move your body in healthy and helpful ways by doing things you enjoy, like gardening, dancing, playing sports, or taking a walk. It is important to listen to your body, and to engage in physical activity with the intention of loving and caring for yourself.)

3. **Mental self-care:** Whether you are a caregiver on the verge of burnout or a person with lived experience who is currently languishing, it is important to remove yourself from stressful environments when possible and let your mind rest. Getting caught up in a book or movie, engaging in playful and distracting activities, and simply wasting time—these are all good first steps. In addition to

relaxation, mental self-care practices include cultivating the ability to be present in the moment, growing in your awareness of your thoughts and feelings, and having fun. Meditating on Scripture and engaging in prayer can help ground you in the present, while learning a new skill or developing a hobby can keep the mind sharp and provide a rewarding sense of accomplishment.

4. **Emotional self-care:** Engaging in activities that encourage emotional awareness is an important part of learning to identify and process feelings. Many people find that using an emotion wheel improves their emotional vocabulary and self-awareness. This is a crucial foundation for regulating emotions: when you are able to recognize and name your feelings, you can begin to identify patterns and shift behavioral responses. Other activities that encourage emotional awareness and self-expression include journaling, listening to music, and participating in the arts. Finally, relationships can provide critical emotional support, thus contributing to your self-care.

These are just some of the self-care practices that can help you cope in stressful moments and build your resilience over time. Like recovery, self-care is a journey. In fact, many of the elements of recovery can also be viewed as self-care practices. When you intentionally develop hope, identity, responsibility, education, and community, you are caring for yourself. (This is an excellent reminder of the reality that recovery is for everyone and is not limited to individuals living with mental health challenges.) It will probably take time to discover the self-care practices that work for you. However, the ability to guard against burnout and other mental health challenges makes the time invested in self-care worthwhile.

Reflection Question

What stood out to you in the psychological perspective? Why do you think it stood out?

When you intentionally develop hope, identity, responsibility, education, and community, you are caring for yourself.

THE SOCIAL PERSPECTIVE

At first it might seem as though there is little to be said about self-care from a social perspective. After all, self-care is practiced by individuals who wish to support their personal mental health. However, there is one particular self-care practice that draws upon relational experiences. *Self-compassion* is a term used to describe the ability to feel and be moved by our own emotions. It is rooted in the conviction that all emotions are important and deserve to be acknowledged with kindness and understanding.

For many, self-compassion is easy to understand but difficult to practice. Often, we are our own worst critics, frustrated by the seeming disruptions of weakness, pain, and failure in our lives. This is why much of the literature on self-compassion directs us to notice the way that we respond to loved ones who are facing challenges. You would never tell a dear friend to "get over" difficult circumstances or emotions. Instead, you would listen to them with patience and empathy, validate their feelings, and offer words of encouragement and support. Now consider the following: If this is how you treat your friends, isn't it also the way that you should treat yourself? Why would you speak harshly to yourself and dismiss your own emotions when you would not do the same to a loved one?

You can begin to practice self-compassion by accepting help from others when necessary, making space to feel and express painful or difficult emotions, being gentle in the ways that you think and speak about yourself, and accepting your limits when you are overwhelmed. If this is difficult, pause and imagine what a close friend might say to you; then, try saying the same thing to yourself. Over time, your ability to exhibit kindness towards yourself and others will grow.

Reflection Question

What stood out to you in the social perspective? Why do you think it stood out?

Self-compassion is a term used to describe the ability to feel and be moved by our own emotions. It is rooted in the conviction that all emotions are important and deserve to be acknowledged with kindness and understanding.

THE THEOLOGICAL PERSPECTIVE

"But what about Christ's command to lay down our lives for one another?" If you have found yourself asking this question while reading through this session, you are not alone. Many Christians find it difficult to reconcile the practice of self-care with the call to sacrificial love. These two things are not as disconnected as you might think, however. In Mark 12:29-31, Jesus identifies the greatest commandments:

> *Jesus answered, "The first is, 'Hear, O Israel: the Lord our God, the Lord is one; you shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength.' The second is this, 'You shall love your neighbor as yourself.' There is no other commandment greater than these."*
> (Mark 12:29-31, NRSV)

"As yourself"—these two words contain great theological depths. Here we see that the command to love our neighbors is inextricably linked with the command to love ourselves—a connection that is borne out by the broader testimony of Scripture. Nowhere is this more apparent than in Deuteronomy 5:12-15, where Moses highlights the principle of mutuality contained within the law: "But the seventh day is a Sabbath to the Lord your God; you shall not do any work—you, or your son or your daughter, or your male or female slave, or your ox or your donkey, or any of your livestock, or the resident alien in your towns, so that [they] may rest as well as you" (NRSV). This text makes it abundantly clear that God calls his people to care for others in the same way they care for themselves. The Sabbath is a day of rest for everyone.

The Bible does more than just exhort us to love ourselves as well as others; it also reveals God's heart for those who are suffering. While you may not be able to find any passages that speak directly of self-care, there are many examples of care and compassion being extended to people experiencing physical or mental distress. Hagar and Elijah each received water, food, and encouragement from divine messengers when they were overwhelmed (Genesis 21:12-20; 1 Kings 19:1-9). This is striking because it shows that God is attentive to both physical and emotional needs. Similarly, in the Gospels we frequently read that Jesus was moved by compassion when he performed miracles of healing and provided food for the crowds (Matthew 14:13-21).

Ultimately, the theological vision of self-care is rooted in God's love and care for his creation. In his wisdom, he has designed us to need rest, as well as physical, mental, and emotional care during seasons of challenge or distress. The practice of self-care invites us to align our hearts with this truth. As we extend grace and compassion towards ourselves, we engage in a form of testimony, declaring to ourselves and to the world that we are all deeply loved by God.

Reflection Question

What stood out to you in the theological perspective? Why do you think it stood out?

Ultimately, the theological vision of self-care is rooted in God's love and care for his creation. In his wisdom, he has designed us to need rest, as well as physical, mental, and emotional care during seasons of challenge or distress.

ENDNOTES

1. Elizabeth Scott, "5 Self-Care Practices for Every Area of Your Life," *Verywell Mind* (July 29, 2021), accessed August 26, 2021, https://www.verywellmind.com/self-care-strategies-overall-stress-reduction-3144729.

2. "Understanding the stress response," *Harvard Health Publishing* (July 6, 2020), accessed November 11, 2020, https://www.health.harvard.edu/staying-healthy/understanding-the-stress-response.

SESSION 8

REFLECTION

SESSION OVERVIEW

In this session you will:

- ✔ Review the mental health topics covered in previous sessions
- ✔ Identify recurring ideas and summarize your learning
- ✔ Reflect on your experiences in light of course content

You made it! This is the final session of *The Sanctuary Course*. Over the past seven sessions you have examined many different facets of mental health and mental health challenges, relying on psychological, social, and theological perspectives to illuminate the complexities of these topics. You have also listened to the stories of individuals with lived experience in order to better understand the diversity of mental health challenges and the dynamic nature of recovery.

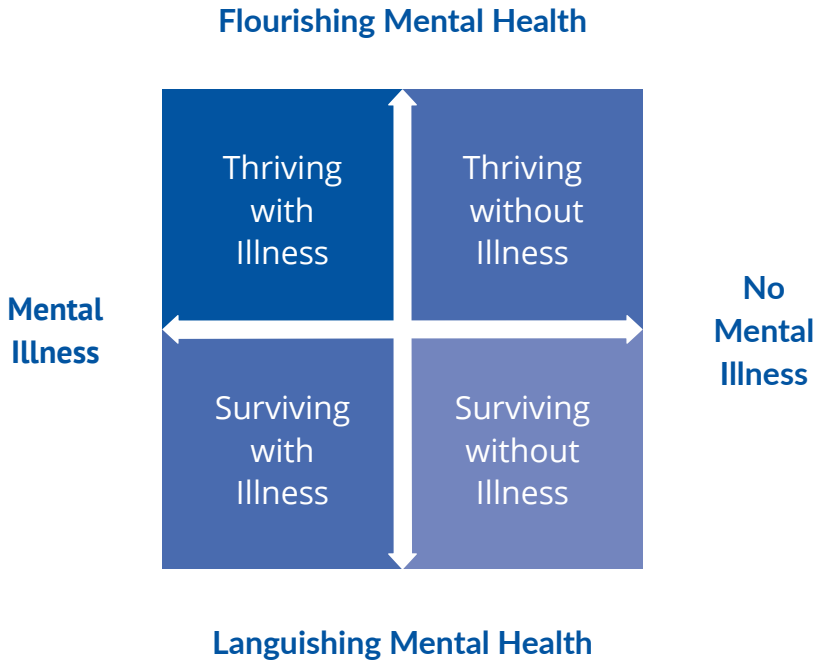
Now, it is time to step back, look at the bigger picture, and reflect. It is our hope that this process will help you to acknowledge your own learning journey, allow you to make space for new meaning to emerge, and offer you the opportunity to commune with Christ along the way. As you read, you are encouraged to do so prayerfully. You may want to ask the Holy Spirit to continue to reveal the ways that Jesus draws near to those who are stigmatized, cares for those who are suffering, and loves those who are languishing in their mental health. At the end of the session, you will have the opportunity to read Psalm 42 in its entirety and engage in a final reflection and prayer.

OPENING REFLECTION

If you had to sum up this course in one word, what would that word be? Take a moment and consider your answer. (You may want to write it down so that you can share it with your small group later.) There is no doubt that this is a challenging question. The subject of mental health is not easily summarized, and the past seven sessions have introduced what might feel like an overwhelming number of models, statistics, vignettes, processes, and practices. It is impossible for a single word to reflect such complexity or contain all of this knowledge, so it's okay if you have generated an entire list of words!

While it is true that one word can't represent an entire course, it can help us notice recurring ideas, hold complex concepts together, and carve out a place for new knowledge to rest. If you are looking for a word that does these things, you might want to consider *reconnection*. This isn't a clinical or theological term. It's a word that describes the bringing together of things that were once connected but have become separated, fragmented, and isolated.

If you were to go back through the course and look for the idea of reconnection, you would find it in nearly every session. In fact, it first shows up when the mental health continuum is introduced in Session 1. This model is intended to shift paradigms, changing the way we think about the relationship between mental health and illness. But the mental health continuum does more than this.



According to the mental health continuum, mental health challenges are not the only factors that impact mental health. Other factors include the ability to feel good, think clearly, form positive relationships, engage in meaningful work, and connect to community. By presenting mental health challenges as some of the many factors that contribute to our languishing and flourishing, this model demonstrates that mental health is dynamically connected to emotional, cognitive, relational, and social health. The mental health continuum encourages us to reconnect these elements of our experience in order to better understand our own languishing and flourishing.

Additionally, the mental health continuum reminds us that mental health is something we share in common with one another. We are all on the continuum together, which means that any experience of languishing or flourishing is an opportunity to embrace solidarity. By removing the perceived barriers between people living with and without diagnosed illnesses, this model invites us to reconnect with others at every point on the continuum.

When we step back and look at the bigger picture, we find that the mental health continuum highlights the importance of reconnecting with ourselves and with others. Later in the same session, the importance of reconnecting with God is also highlighted. Let's examine these three invitations to reconnect more closely, noticing where they appear throughout the course, and asking the Holy Spirit to meet us in the places where we may be experiencing fragmentation or isolation.

RECONNECTION WITH SELF

There is a recurring idea running through the bio/psycho/social/spiritual model presented in Session 1, the processes of recovery defined in Session 4, and the self-care practices outlined in Session 7. All three emphasize the importance of including the whole person in our thinking about mental health and illness, and in our approaches to mental health care.

The bio/psycho/social/spiritual model reminds us that mental health challenges are not merely biological phenomena. Our bodies, our minds and emotions, our relationships, and our faith can be impacted by mental health challenges, and it is important that we acknowledge each of these layers of lived experience. Similarly, the recovery model is based on the conviction that health and flourishing cannot be reduced to medical realities or defined by the elimination of symptoms alone. True health involves the whole person, and the processes of recovery address the biological, psychological, social, and spiritual dimensions of our lives. Finally, in the last session you were introduced to physical, mental, and emotional self-care practices. Like recovery, self-care engages multiple aspects of our lives.

➜ As a reminder, there are five processes of recovery: 1) discovering and nurturing **hope** for the future; 2) establishing a positive sense of **identity**; 3) taking **responsibility** for building a meaningful life; 4) pursuing the **education** and information needed for self-advocacy, self-care, and empowerment; 5) developing support systems and engaging in **community**.

These models, processes, and practices invite us to reconnect with our whole selves by acknowledging the different layers of our lived experience and embracing holistic approaches to health and flourishing. Rather than viewing mental health challenges as isolated phenomena, we are encouraged to view them as integrated parts of human experience.

If we return to the discussion of stigma, we will find a different invitation to reconnect with ourselves. In this discussion, you read about the negative effects of stigma and the necessity of cultivating a positive sense of identity. Mental health challenges and the stigma that accompanies them can damage self-esteem and make people feel as though they have been reduced to their diagnoses. For those of us who have experienced this wounding of identity, there is a sacred invitation to reconnect with the truth of our value and worth as human beings and beloved children of God.

Reflection Questions

- *Is there a place in your life where God may be inviting you to reconnect with yourself?*

- *Have you ever experienced self-stigma? If so, what form has it taken in your life?*

- *When you consider the five processes of recovery, which one has been the most important to you in the past? Is there an invitation for you to cultivate one or more of these processes in a new or deeper way now?*

- *What are some of the routine ways that you care for yourself? Is there an invitation for you to be more intentional in these practices? What are some of the things that can prevent you from engaging in self-care?*

- *In what ways might self-care reflect the realities of God's love for you?*

RECONNECTION WITH COMMUNITY

From the beginning, this course has emphasized the importance of community. Every session has included a social perspective in recognition of the fact that mental health challenges don't just impact individuals—they impact families, churches, and communities. For people with lived experience, the presence of community can play a key role in the reduction of stress, the implementation of recovery processes, and the promotion of wellbeing. Indeed, research shows that social support can help individuals function well in the midst of ongoing mental health challenges. For formal and informal caregivers, community is also critical. Sharing the responsibility of care with others can alleviate emotional and practical burdens, and even prevent burnout.

While it is easy to point to the tangible and practical things that communities can do to make a difference—cooking meals, accompanying individuals to medical appointments, offering respite to caregivers, and so on—the intangible gifts of love and spiritual support are equally important. We all want a place to belong, friends who will celebrate and grieve with us, and a community that calls us by name rather than diagnosis. These things are especially meaningful for those of us who have experienced rejection or a loss of self-esteem due to mental health challenges. Furthermore, in seasons of languishing or suffering, communities can offer prayer and encouragement, and can even hold on to hope for us when it feels impossible to hold it ourselves.

➜ As a reminder, there are two general types of caregivers. Formal caregivers are people who work in caring professions such as nursing, childcare, pastoral ministry, and social services. Informal caregivers provide unpaid care for people with whom they have a close relationship; grandparents, parents, siblings, children, and close friends can all be informal caregivers.

These are just a few of the reasons that reconnecting with community is critical. For people with lived experience, this might look like taking the initial step of sharing your mental health journey with trusted individuals in your church, or asking for practical help and spiritual support during difficult seasons. For communities, reconnecting might look like embracing the spiritual practices of companionship, implementing caregiver supports, or actively working to increase mental health literacy and decrease stigma in churches. Our call to be the body of Christ is not suspended or negated in the face of mental health challenges. Rather, the lived experience in our communities presents us with an invitation to enter more deeply into the love and fellowship of Christ as we make space for one another's gifts and bear one another's burdens.

➜ The term *reconnecting* needs to be qualified here. Not everyone has a church, a small group, or a circle of friends that they can reconnect with, and the absence of community can be deeply painful. If this is your experience, you may want to begin by acknowledging and voicing your grief.

➜ As a reminder, the five spiritual practices of companionship include providing hospitality, neighboring, adopting a side-by-side perspective, listening, and accompaniment.

Reflection Questions

- *Is there a place in your life where God may be inviting you to reconnect with community, or to move towards connection for the first time?*

- *What does it mean to you to be known by name? When you imagine a community where people are known by name, what do you see?*

- *Is there a particular practice of companionship that you are drawn to, or that you currently make space for in your life? Is there a practice that causes concern or raises questions for you?*

- *What are some of the gifts that you have received from your faith community? What are some of the gifts you can offer? How does your community make space for these gifts?*

- *Why do you think that loving, supportive communities are so vital for both caregivers and individuals with mental health challenges? How can churches cultivate these loving, supportive communities?*

RECONNECTION WITH GOD

When mental health challenges are accompanied by experiences of pain and suffering, it can be isolating. Individuals may feel cut off from their faith communities and faith itself. The practice of lament—introduced in the first session of the course—addresses these realities and offers a means of reconnection. When we engage in lament, we bring our pain and suffering before God and acknowledge the darkness that surrounds us, all while holding on to the hope that he is present and listening. In this way, lament reframes our lived experience, drawing us to reconnect with God and reaffirm our faith during seasons of languishing.

But there is another way for us to think about what it means to reconnect with God. The call to embrace and embody Christ's example of love can be found throughout this course:

- The discussion of stigma highlighted Christ's commitment to the marginalized and his radical acceptance of each person, regardless of how they were labeled by society.
- The discussion of companionship explored the significance of the Trinity. The mutual love of the Father, Son, and Holy Spirit points toward the fundamental nature and purpose of humanity. We were created by and for love, and we flourish when we are connected to God and to those around us through loving relationships.
- The discussion of caregiving revealed that when we come together in the acts of giving and receiving care, we have the opportunity to affirm one another's dignity and value while being drawn more deeply into the love of God.
- The discussion of self-care reflected on the ways that caring for ourselves can help us align our hearts with the truth that God loves and cares for us.

This summary reminds us that as Christians, our primary aim is love. Learning about mental health and mental health challenges, working to dismantle stigma, cultivating communities that support recovery and promote wellbeing—all of these actions are important because they help us love one another well in the face of mental health challenges. According to 1 John, our love for one another is inextricably connected to the love of God.

> *Beloved, since God loved us so much, we also ought to love one another. No one has ever seen God; if we love one another, God lives in us, and his love is perfected in us.* (1 John 4:11-12, NRSV)

As we grow in our ability to offer compassion, support, and love to those with mental health challenges in our communities, we will find ourselves simultaneously growing in the knowledge and experience of divine love—and this is a significant means of reconnecting with God.

Reflection Questions

- *Is there a place in your life where God may be inviting you to reconnect with him?*
- *How have you interpreted or responded to suffering in your own life? What was helpful? What was harmful?*
- *What does lament look like in your life? What does it look like in the life of your church?*
- *Is there a particular context or relationship where you feel a fresh call to embody Christ's example of love? What might this embodiment look like?*

CLOSING REFLECTION

There is one more thing to be said on the theme of reconnection. In Session 4, we looked at a few accounts of healing in the Gospels and noted that the restoration of identity and community is fundamental to the biblical understanding of healing. It was even stated that the fullness of healing cannot be experienced apart from the invitation to reconnect with God, with others, and with ourselves. Reconnection is more than just a way of describing the paradigms and practices that promote mental health and wellbeing. It is one of the keys to cultivating communities of healing—communities where people feel a sense of belonging and can worship together regardless of the presence or absence of mental health challenges in their lives.

As we contemplate this vision of healing, the refrain "for I shall again praise him" beautifully brings *The Sanctuary Course* to a close. The psalmist acknowledges the reality of suffering, but remains confident in the truth that God is a source of hope and help. Whether deliverance arrives swiftly or not, the knowledge that it will arrive enables the psalmist to conclude this lament on a note of praise.

As you read through Psalm 42, you are invited to prayerfully bring yourself and your community before God. The calling to eliminate stigma, embrace reconnection, and cultivate healing communities is significant. Therefore, as we conclude, we agree with the words of the psalmist and acknowledge that our hope is in God. He is faithful, and he will see this work through to completion.

As a deer longs for flowing streams,
so my soul longs for you, O God.
My soul thirsts for God,
for the living God.
When shall I come and behold
the face of God?
My tears have been my food
day and night,
while people say to me continually,
"Where is your God?"
These things I remember,
as I pour out my soul:
how I went with the throng,
and led them in procession to the house of God,
with glad shouts and songs of thanksgiving,
a multitude keeping festival.
Why are you cast down, O my soul,
and why are you disquieted within me?
Hope in God; for I shall again praise him,
my help and my God.
My soul is cast down within me;
therefore I remember you
from the land of Jordan and of Hermon,
from Mount Mizar.

Deep calls to deep
at the thunder of your cataracts;
all your waves and your billows
have gone over me.
By day the Lord commands his steadfast love,
and at night his song is with me,
a prayer to the God of my life.
I say to God, my rock,
"Why have you forgotten me?
Why must I walk about mournfully
because the enemy oppresses me?"
As with a deadly wound in my body,
my adversaries taunt me,
while they say to me continually,
"Where is your God?"
Why are you cast down, O my soul,
and why are you disquieted within me?
Hope in God; for I shall again praise him,
my help and my God.

PSALM 42 (NRSV)

APPENDIX A
KEY TERMS AND DEFINITIONS

KEY TERMS AND DEFINITIONS

The following list of terms and definitions represents our best efforts to use thoughtful, precise, and empowering language when we speak and write about mental health. Readers familiar with the previous version of *The Sanctuary Course* may notice that we have updated some of our terminology. These changes reflect our commitment to listen to the broader cultural conversation around mental health, and to acknowledge the ways that language changes and evolves—particularly when it comes to mental health. Given the constant evolution of language, we also recognize that this list of terms and definitions is subject to change.

lived experience	the personal experience of living with a mental health challenge or SMI
mental disorder	the technical term for a particular type of mental illness
mental health	mental health refers to emotional, psychological, and social wellbeing; mental health is not determined by the presence or absence of mental illness, and it is dynamic in nature (i.e. subjective experiences of wellbeing change over time)
mental health challenge	a term that describes mild to moderate experiences or symptoms of poor mental health, regardless of the presence or absence of mental illness; the term may not be appropriate when referring to SMI
mental illnesses	mental illnesses affect emotions, thoughts, and behaviors; they are formally diagnosed based on the nature, degree, and longevity of impairment experienced
mental wellbeing	the terms mental wellbeing and mental health are often used synonymously; mental wellbeing refers to high levels of positive emotional, psychological, and social functioning

recovery	recovery is a dynamic and self-directed journey towards a meaningful life; it emphasizes the development of assets rather than symptom reduction
severe mental illnesses (SMIs)	SMIs are mental disorders resulting in acute functional impairment
wellbeing	wellbeing in its broadest sense encompasses objective and subjective indicators of health and happiness, including physical health, income, housing, access to education, and the psychological resources and skills that enable people to feel good and function well in life

THE SANCTUARY COURSE®

APPENDIX B
ADDITIONAL MENTAL HEALTH RESOURCES

ADDITIONAL MENTAL HEALTH RESOURCES

Sanctuary Mental Health Ministries is a Canadian charity with offices in North America and the UK. The list of resources contained in this appendix reflects our history, partnerships, and location as an organization, and is by no means exhaustive. If you are looking for local mental health services or information in another language, we encourage you to search online or reach out to your local churches and health care providers for referrals and additional resources.

EMERGENCY RESOURCES

If a critical situation arises, attend your nearest hospital emergency department or call your local emergency number.

Australia:	000
Canada:	911
European Union:	112
New Zealand:	111
United Kingdom:	999
United States:	911

CRISIS LINES

If you are considering suicide or are concerned about someone who may be, crisis lines are free, anonymous, confidential, and available 24/7.

Australia:	13 11 14 (Lifeline)
Canada:	1-800-784-2433/1-800-SUICIDE (British Columbia) 1-833-456-4566 (Crisis Services Canada)
New Zealand:	1737 (National Mental Health and Addictions Helpline) 0800-543-354 (Lifeline Aotearoa)
United Kingdom:	116 123 (Samaritans)
United States:	1-800-273-8255 (National Suicide Prevention Lifeline) 988 (National Suicide Prevention Lifeline three-digit dialing code, operational in July 2022)

GENERAL INFORMATION

The content of the websites listed below reflects the views of their respective organizations and does not always represent the views of Sanctuary. Be advised that some content may address topics such as suicide, eating disorders, and sexual assault. We recommend that you review these resources before deciding to engage with them more deeply.

World Health Organization: who.int/mental_health/en

Beyond Blue: beyondblue.org.au
Beyond Blue is an Australian organization that works to raise awareness, prevent suicide, reduce stigma, and encourage support-seeking. Their site offers information on anxiety and depression, mental health resources, a crisis line, and other tools.

The Canadian Mental Health Association (CMHA): cmha.ca
The CMHA is a national collective of organizations working together to advocate for mental health policies, promote mental wellbeing, prevent suicide, support youth and first responders, and conduct vital community research. Their site provides general information and links to local mental health services.

headspace: headspace.org.au
headspace is an Australian mental health foundation that helps young people access vital support through online and phone counseling services, vocational services, and school programs.

Head to Health: headtohealth.gov.au
Head to Health provides a directory of digital mental health services from some of Australia's most trusted mental health organizations. The site brings together apps, online programs, online forums, and phone services, as well as a range of digital information resources.

Here to Help: heretohelp.bc.ca
This Canadian organization provides help for individuals, families, and professionals. Their site offers mental health and substance use information, along with self-screening tools, fact sheets, general resources, and quick links.

The Lowdown: thelowdown.co.nz
The Lowdown is dedicated to helping young New Zealanders recognize and understand experiences of depression and anxiety. The site includes helpful information, stories of lived experience, tools to promote mental wellbeing, and information on where to get help.

Mental Health America (MHA): mhanational.org
MHA is a community-based nonprofit dedicated to promoting mental wellbeing and addressing the needs of those living with mental health challenges.

Mental Health Foundation (NZ): mentalhealth.org.nz
The Mental Health Foundation of New Zealand is a charity that works towards creating a society free from discrimination, where all people enjoy positive mental health and wellbeing. Their site offers tools to support wellbeing, information for caregivers and people living with mental health challenges, and suicide prevention resources.

Mental Health Foundation (UK): mentalhealth.org.uk
The Mental Health Foundation emphasizes public mental health approaches to prevention by developing and implementing community and peer programs, engaging in research and advocacy, and running Mental Health Awareness Week in the UK. This organization also offers information and resources addressing the cultural dimensions of mental health. If you are looking for BIPOC mental health resources in the UK, this is a good place to start: mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities

Mind: mind.org.uk
Mind provides advice and support to people experiencing mental health challenges. Their site includes an infoline, a legal line, and extensive information on mental health challenges. This organization also offers information and resources addressing the impact of racism on mental health. If you are looking for BIPOC mental health resources in the UK, this is a good place to start: mind.org.uk/information-support/tips-for-everyday-living/racism-and-mental-health/

MindHealthBC: mindhealthbc.ca
MindHealthBC offers online screening tools, as well as a detailed directory that includes mental health and substance use information, self-help resources and online programs, links to local support groups, and information on community health services available in BC.

Ministry of Health: health.govt.nz/your-health/services-and-support/health-care-services/mental-health-services
The New Zealand Ministry of Health site provides instructions for emergencies, a list of national helplines, and information on accessing mental health services.

National Alliance on Mental Illness (NAMI): nami.org/home
NAMI is the largest grassroots mental health organization operating in the US. Their network of more than 600 affiliates and 48 state organizations works to raise awareness and provide support and education in local communities. This organization also offers information and resources addressing the cultural dimensions of mental health. If you are looking for BIPOC mental health resources in North America, this is a good place to start: nami.org/Your-Journey/Identity-and-Cultural-Dimensions

NAMI FaithNet: nami.org/Get-involved/NAMI-FaithNet
NAMI FaithNet is an interfaith resource network that encourages the exchange of information, tools, and other resources to help educate faith communities about mental illnesses and the vital role spirituality plays in recovery for many individuals.

NHS: nhs.uk/using-the-nhs/nhs-services/mental-health-services/how-to-access-mental-health-services
The NHS site provides detailed information on accessing mental health services in the UK.

National Institute of Mental Health (NIMH): nimh.nih.gov/index.shtml
NIMH is the lead federal agency for research on mental disorders in the US. Their site offers information on finding health care providers and navigating insurance coverage, as well as publications on various mental disorders.

SANE Australia: sane.org
SANE Australia offers free national online and telephonic counseling, peer support services, information and fact sheets on mental health topics, and other resources.

GENERAL TRAINING

Mental Health First Aid (MHFA): mhfa.com.au
MHFA is a community mental health education program designed to improve mental health literacy, decrease stigma, and equip participants with the knowledge and skills to respond when faced with a mental health crisis. Originally released in Australia, versions of the program can now be found in more than twenty-five countries, and over four million people have been trained worldwide. For more information, search for MHFA training opportunities in your region.

MENTAL HEALTH MINISTRIES

Association of Catholic Mental Health Ministers: catholicmhm.org
The Association of Catholic Mental Health Ministers is committed to making mental health ministry available in every parish. This organization produces worship and liturgical resources, provides links to educational materials, offers a directory of mental health ministries, and trains laity and clergy in peer support.

Association of Christian Counsellors: acc-uk.org
ACC is a UK-wide counseling organization that offers advice, support, and resources. They also provide training to support and promote the work of pastoral care in churches.

Gateway to Hope: mentalhealthgateway.org
Gateway to Hope offers educational courses that train congregations to develop effective situational responses, build and sustain support groups, and create a safe and loving environment for people living with mental health challenges.

Grace Alliance: mentalhealthgracealliance.org
Grace Alliance began as an organization dedicated to reinventing the mental health support group. In addition to their thriving Grace Groups program, they now offer workbooks and training for individuals, families, and congregations engaged in mental health recovery.

Hope for Mental Health: hope4mentalhealth.com
Hope for Mental Health is a ministry of Saddleback Church. In addition to running local support groups and offering online resources and training, Hope for Mental Health has developed a church-initiated mental health strategy that outlines the practical steps congregations can take to support those living with mental health challenges.

Key Ministry: keyministry.org
Key Ministry offers tools, resources, and training to churches who want to support individuals impacted by mental health challenges, trauma, and hidden disabilities.

Mental Health Ministries: mentalhealthministries.net/index.html
Mental Health Ministries is an online, interfaith ministry that provides educational resources aimed at reducing stigma and equipping faith communities to be caring congregations for people living with mental health challenges.

Mind & Soul Foundation: mindandsoulfoundation.org
Mind & Soul Foundation is led by a team that includes a psychologist, a priest, and a psychiatrist. Together, they develop integrated resources aimed at educating, equipping, and encouraging Christians as they seek to understand mental health and support individuals living with mental health challenges.

Renew Wellbeing: renewwellbeing.org.uk
Renew Wellbeing is a UK ministry that partners with churches who want to open safe spaces in their communities. Renew spaces offer hobbies and activities, prayer, and relationships with local mental health service providers.

RECOMMENDED BOOKS

The content of the books listed below reflects the views of their respective authors and does not always represent the views of Sanctuary. Be advised that some content may address topics such as suicide, eating disorders, and sexual assault. We recommend that you review these resources before deciding to engage with them more deeply.

The Bible and Mental Health: Towards a Biblical Theology of Mental Health
Eds. Christopher C. H. Cook and Isabelle Hamley

Bipolar Faith: A Black Woman's Journey with Depression and Faith
Monica A. Coleman

The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma
Bessel van der Kolk

Boundaries: When to Say Yes, How to Say No to Take Control of Your Life
Dr. Henry Cloud and Dr. John Townsend

Christians Hearing Voices: Affirming Experience and Finding Meaning
Christopher C. H. Cook

Darkness is My Only Companion: A Christian Response to Mental Illness
Kathryn Greene-McCreight

Finding Jesus in the Storm: The Spiritual Lives of Christians with Mental Health Challenges
John Swinton

Grieving a Suicide: A Loved One's Search for Comfort, Answers, and Hope
Albert Y. Hsu

How Do I Help a Hurting Friend?
Rod J. K. Wilson

I Am Not Sick, I Don't Need Help!: How to Help Someone Accept Treatment
Xavier Amador

Mental Health and the Church: A Ministry Handbook for Including Children and Adults with ADHD, Anxiety, Mood Disorders, and Other Common Mental Health Conditions
Stephen Grcevich

Resurrecting the Person: Friendship and the Care of People with Mental Health Problems
John Swinton

Souls in the Hands of a Tender God: Stories of the Search for Home and Healing on the Streets
Craig Rennebohm

Toward a Theology of Psychological Disorder
Marcia Webb

Troubled Minds: Mental Illness and the Church's Mission
Amy Simpson

The Wisdom of Your Body: Finding Healing, Wholeness, and Connection Through Embodied Living
Hillary L. McBride

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In particular, this course was created in partnership with the David and Dorothy Lam Foundation.

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