



THE **SANCTUARY** COURSE®

DISCUSSION GUIDE



LICENSING AND USAGE

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INDEX

Session 1: Mental Health.....	6
Session 2: Mental Illnesses.....	17
Session 3: Stigma.....	27
Session 4: Recovery	39
Session 5: Companionship	50
Session 6: Caregiving.....	60
Session 7: Self-Care	72
Session 8: Reflection	82
Thank You.....	94
Appendix A: Suggested Group Guidelines	95
Appendix B: Key Terms and Definitions	97
Appendix C: Film Contributors	100
Appendix D: Artist Biographies.....	104



DISCUSSION GUIDE

Welcome to *The Sanctuary Course*. This course was born out of the conviction that informed and empathetic conversations about mental health challenges can transform communities of faith.

→ For a more detailed introduction to the course, please refer to the [Participant's Guide](#).

INFORMED

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. There are eight sessions, and each one addresses a different mental health-related topic. You do not need to have any prior training or experience in the field of mental health in order to participate, however. The information presented in this course is introductory, and the mental health conversation is available to all community members.

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

EMPATHETIC

Each session is accompanied by a film featuring the story of a person of faith with lived experience. It is important for individuals with mental health challenges to speak for themselves, and it is equally important for church communities to listen well. When you listen to someone's story, it can broaden your perspective, reframe your understanding, and awaken your empathy.



These discussion guides have been designed to shape your time together. They offer reflections on scripture, links to view the session films, discussion questions, summaries of coursebook content, original works of art exploring mental health themes, and group exercises. It is important to note that they are merely guides. You may decide to modify or remove certain components, spend more or less time on particular conversations, and make other adjustments based on your group's unique needs. With this in mind, here are a few helpful notes regarding the discussion guides:

→ While we recommend that each participant complete the coursebook reading in advance of the group meeting, we recognize that this is not always possible. The discussion guides and films will highlight the most important content, ensuring that everyone is able to participate in group conversations.

- You can read through the discussion guides out loud during your group meeting, pausing to watch the films and engage with the questions. This will facilitate a shared learning experience.
- While conversation is encouraged, there is no obligation to participate in discussions or answer every question. Only share when you are ready, and do not share more than you are comfortable with.
- Please make sure that the film descriptions are read out loud prior to viewing, and that group members who do not want to participate in the viewing are given time to exit the room or turn off their screens.
- Finally, your group may want to review the suggested group guidelines located in [Appendix A](#) before proceeding further.

Thank you again for investing your time in this course.





THE SANCTUARY COURSE®

SESSION 1

MENTAL HEALTH



OPENING PSALM

Each session will begin with a reading from Psalm 42. There are several ways your group can engage with the verses. You may want to sit in silence, taking a few moments to reflect on the psalm individually. You may choose to read the verses aloud and discuss them, sharing your questions and observations with one another. You may also incorporate the verses into a time of corporate prayer. Below the verses you will find a reflection that relates the psalm to the session content. This reflection can be read aloud.

*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)*

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. In these opening verses, the psalmist voices 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.



Discussion Question

- *How would you define mental health?*

→ These questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.





VIEW FILM

Today you will meet Matthew, who lives with generalized anxiety disorder (GAD) and primarily obsessional obsessive-compulsive disorder (primarily obsessional OCD). The therapeutic interventions described in this film are not prescriptive. Please consult your doctor or counselor if you are seeking treatment for anxiety, depression, or OCD.

GAD is characterized by excessive anxiety, lasting at least six months and accompanied by cognitive and physical symptoms such as irritability, fatigue, muscle aches, and difficulty sleeping. Primarily obsessional OCD occurs when individuals experience unwanted, recurring, and intrusive thoughts that cause distress, but do not necessarily lead to compulsive behaviors.



Discussion Questions

- *What stood out to you in Matthew's story?*
- *Were there elements of Matthew's story that surprised you or resonated with you?*

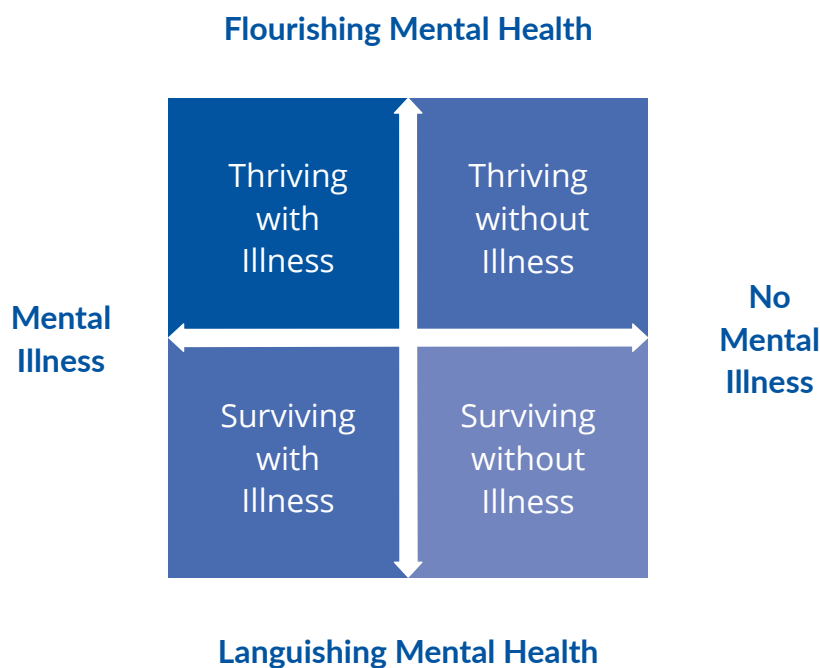




THE PSYCHOLOGICAL PERSPECTIVE

It is important to think carefully about our understanding of mental health and illness. The mental health continuum (referenced by Jane Born in the film) helps us do just that. According to this model, mental illnesses 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. This means that everyone can experience flourishing and languishing, regardless of whether or not they live with a mental health challenge. Here is the mental health continuum:

→ Please see [Appendix B](#) for the definitions of mental health, mental illness, and other key terms.



Discussion Questions

- *What does this model show you about the relationship between health and illness?*
- *Why do you think that mental health is not defined as the absence of mental illness?*
- *Think back to a season of languishing or flourishing in your life. What were some of the contributing factors?*





THE SOCIAL PERSPECTIVE

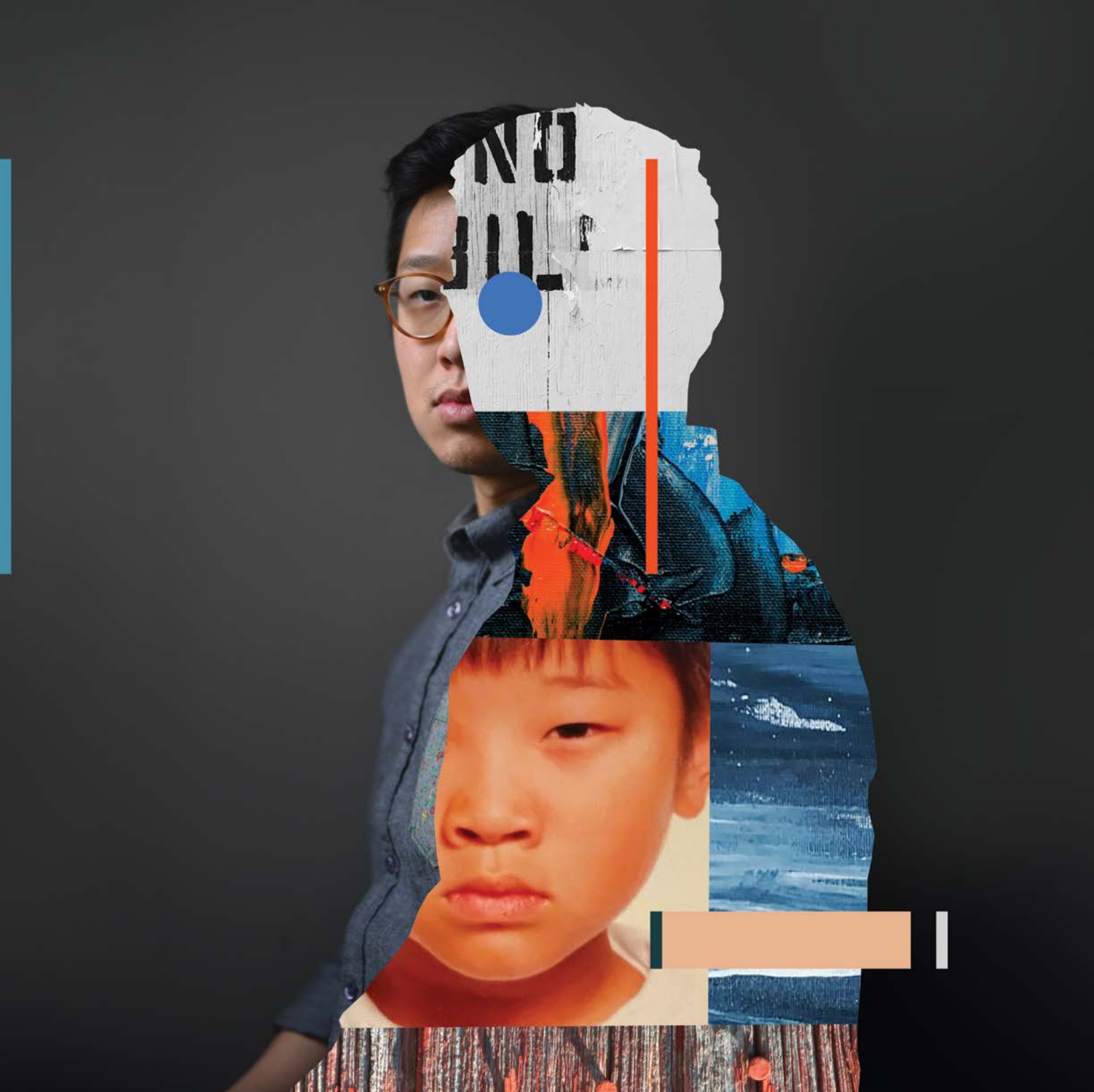
The coursebook highlights the important role that community can play in promoting mental health and supporting recovery. Research shows that social support is critical when it comes to coping with stress, and the reduction of stress can have a significant impact on recovery. Some studies even suggest that faith communities are particularly effective when it comes to cultivating resilience and promoting recovery. These studies have found that in addition to providing social support, faith communities equip individuals with coping techniques rooted in spiritual practices, and offer a sense of comfort, hope, and meaning in the midst of crisis.



Discussion Questions

- *What role did community play in Matthew's mental health journey?*
- *Psychologist Hillary McBride states that when it comes to mental health, the Church is called to be a place of healing, love, and compassion. What do you think about this statement?*





THE MAN I'VE BECOME

Brian Liu





ART REFLECTION

The Man I've Become, by [Brian Liu](#), is a meditation on identity, mental health, and faith. Liu reflects on childhood experiences of discrimination and bullying, the realities of living with anxiety and depression, and the fact that Jesus knows what it is like to feel different and be rejected.



Discussion Questions

- *What does this piece of art evoke for you?*
- *The film and the coursebook both emphasize the importance of the bio/psycho/social/spiritual model of mental illness. In what ways does Liu's self-portrait explore or illustrate this model?*
- *Think about a time when you had a physical injury or illness. In what ways did it affect your emotions, your thoughts, your activities, and your relationships?*

→ 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. These "layers" are present in all experiences of mental health challenges, no matter how different those experiences may be.





THE THEOLOGICAL PERSPECTIVE

Theologian John Swinton observes that psalms of lament give us a language to articulate our sadness and our brokenness. He describes the structure of lament psalms in the following way:

It begins with a big outburst of anger and frustration: God seems to have broken the covenant, this person's been damaged... But then in most of the psalms—not all of the psalms, but most of the psalms—you come to a middle section where something seems to have changed. The psalmist sees things from a different angle and recognizes God's unending love in the midst of the situation. The situation is not transformed, but hope is introduced.

This is one of the ways that our faith can help us understand and process experiences of suffering. Lament lets us acknowledge the realities of injustice, fear, loneliness, pain, and death—all while holding on to the hope that God is listening to our cries, and that he cares.



Discussion Questions

- *What role has your faith played in seasons of suffering?*
- *Do you engage in lament as a spiritual practice? What does lament look like in your life?*
- *Are there biblical perspectives on suffering that you have found either helpful or unhelpful?*

→ For an overview of several biblical perspectives on suffering, see pages 26-27 in the coursebook.





LISTENING EXERCISE

One of the ways that churches can support individuals with lived experience is by making space to listen to their stories. (In the film, Matthew’s pastor provided an excellent example of listening.) This exercise is intended to help you get to know one another and practice active listening at the same time. Depending on your group size, you may want to break into smaller groups or select a few volunteers to model sharing and listening. The person who is sharing should take two to three minutes to discuss their reason for participating in *The Sanctuary Course*. The person who is listening should follow these guidelines:

- Be aware that listening wholly and attentively is a gift you offer to others.
- Be aware of your body language. Sit in a way that communicates openness and displays your willingness to listen.
- Listen not only to the words being spoken, but to the emotions being expressed.
- Don’t rush to come up with a response. Slow down and focus on simply understanding.

After the speaker is done sharing, the listener may ask one to two questions. Follow these guidelines for framing questions:

- The best questions are simple, brief, and to the point.
- Avoid asking questions with right or wrong answers. Instead, keep things open-ended by asking “how,” “what,” or “why” questions. These encourage the speaker to uncover deeper meaning.
- It can be helpful to summarize and reflect back to the speaker what you have heard.
- Embrace moments of silence. Leave space between questions and answers to encourage further reflection and listening.



CLOSING PRAYER

This prayer by Cameron Bellm reflects the journey we hope to take in the coming weeks. May these words inspire you and direct your vision for this course.

When silence shrouds the topic of mental health,
It invites the darkness,
And isolation is soon to follow,
Making us feel so painfully alone—
Alone in our suffering, alone in our struggles.
But these are sorrows and challenges
That were never meant to be borne alone.

It's hard to see sometimes,
But there is an intricate web that binds us,
All members of the human family,
And it is a holy thing to listen,
Equally holy to invite someone in,
To make space for another shoulder
Under the heavy burden we heft.

God, in your mercy, give us the courage
To reach out our hands,
To allow others to walk alongside us
As we seek treatment, healing, and peace.
God, in your mercy, give us the strength
To light the match, to speak the word,
To banish the darkness.

And when your sacred light surrounds us,
May it illuminate every shimmering thread
That connects us,
Heart to heart, and hand to hand.
Amen.¹



ENDNOTES

1. Cameron Bellm is an author and poet. To learn more about her work and the devotionals she has published, follow her on Instagram: [@cameronbellm](https://www.instagram.com/cameronbellm).



THE SANCTUARY COURSE®



SESSION 2
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.



Discussion Question

- *If you were to list the traits, experiences, and other components that make up your identity, what are some things that you would include? Is there anything you wouldn't include?*

→ Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.





VIEW FILM

Today you will meet Curtis, who lives with anxiety and depression, and has experienced burnout.

Anxiety disorders are characterized by significant and persistent fear and stress, as well as a range of physical symptoms. Some disorders are also characterized by panic attacks. Depression is characterized by low moods, feelings of sadness, sleep disturbances, fatigue, and a loss of interest or pleasure in most activities. Burnout is a reaction to chronic job-related stress. Symptoms include exhaustion, cynicism, and inefficiency or reduced capacity at work.

→ Curtis also describes a spiritual experience that is commonly referred to as “the dark night of the soul.” It should be noted that this experience is distinct from anxiety, depression, and other mental health challenges. It is possible, as Curtis shares, to experience the dark night of the soul in conjunction with a mental health challenge, but the two are not necessarily linked and should not be confused.



Discussion Question

- *What stood out to you in Curtis’ story?*
- *Were there elements of Curtis’ story that surprised you or resonated with you?*





THE PSYCHOLOGICAL PERSPECTIVE

Have you ever been told that a particular person has a *mental illness*? The term mental illness is often used to refer to a broad range of disorders—a habit that can cause people to make unhelpful assumptions about an individual’s lived experience. According to the leading diagnostic manuals, there are over twenty different classes of mental disorders, and each class contains many different diagnoses. This range tells us that 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. Simply hearing that someone “has a mental illness” doesn’t give us much information or insight into their lived experience. The only way to truly understand what “having a mental illness” means is to listen to a person’s story.

→ *Mental illnesses affect emotions, thoughts, and behaviors. They are formally diagnosed based on the nature, degree, and longevity of impairment experienced.*



Discussion Questions

- *How did Curtis describe his lived experience with anxiety? You might want to consider the different categories of the bio/psycho/social/spiritual model as you answer this question.*
- *Curtis talked about the importance of embracing his diagnosis, as well as the importance of holding on to the truth that he was “more than that.” How might either of these responses to a diagnosis be helpful?*





THE SOCIAL PERSPECTIVE

In the film, Curtis described the ways that his church community loved and supported him during a season of acute distress. While it is important to acknowledge and celebrate positive community responses to mental health challenges, it is also important to recognize responses that can be damaging.

Theodicy is the term used to describe our attempts at understanding and explaining painful realities while holding on to the goodness of God. When we engage in theodicy thoughtlessly or casually, we often end up blaming people with lived experience by attributing their mental health challenges to personal sin, inadequate faith, or a broken relationship with God. Instead of attempting to provide explanations, 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.



Discussion Questions

- *Can you think of a time when someone helped you to hold on to God's goodness? What did that look like?*
- *When psychologist Hillary McBride refers to the fragmenting of mental and physical health, what beliefs or behaviors do you think she is describing?*





ANXIETY, AN ALLEGORY

Dua Abbas Rizvi





ART REFLECTION

Anxiety, an allegory, by [Dua Abbas Rizvi](#), was inspired by the artist’s experience of living with high-functioning anxiety. She writes that “living with an anxiety that constantly propels you to do more, without pause or rest, can feel like an extended dream-sequence—lurid, and marked by an unnaturally heightened sensory perception. I am hyper-vigilant and live constantly in fear of the earth being pulled from under my feet.”



Discussion Questions

- *What does this piece of art evoke for you?*
- *Why do you think that Rizvi included spoiled fruit in her piece? How might the fruit serve as a metaphor for anxiety?*





THE THEOLOGICAL PERSPECTIVE

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)

It seems clear that the Apostle Paul intended these words to be a source of comfort and encouragement to the believers in Philippi. However, if taken out of context, verses like these can be used to shame or silence Christians with lived experience. This is why it is vitally important for congregations to be reminded 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). When the full range of human experience contained in the pages of Scripture is acknowledged in our churches, it reminds people who are struggling or suffering that they are valued and accepted members of the community.



Discussion Questions

- *In addition to John 16:33, can you think of other verses or Bible stories that remind believers to expect suffering and challenges in this life?*
- *Are there creative ways to acknowledge and share “the full range of human experience” in your faith community? Is this something you would like to see?*





CONTAINER EXERCISE

It can be overwhelming to contemplate the experiences of suffering that often accompany mental illnesses. However, as Christians we believe that we are not called to carry the burden of sorrow or pain alone. This exercise will require paper and pens or pencils, as well as a jar.

1. Distribute a piece of paper and a pen or pencil to each group member.
2. Think about a word or phrase that represents the burden you are carrying in this moment—a burden for yourself or for others.
3. Write this word or phrase on your paper.
4. Pass the jar around the room. When it is your turn to receive the jar, place your paper inside. Hold the jar for as long as you desire, filling it with your silent prayers.
5. When you are ready, pass the jar to the person sitting next to you. Continue until everyone has placed their papers and silent prayers in the jar.
6. Conclude with a brief time of group prayer, offering the burdens contained in the jar to God. This prayer may be spontaneous, or your group may decide to recite the following prayer out loud together.





CLOSING PRAYER

The author of this prayer, Isabelle Hamley, is an Anglican priest and theologian whose research focuses on trauma and the Bible. May these words be a source of blessing and encouragement as you pray for yourself and for those living with mental illnesses.

Gracious and loving God,

You have walked with your people through fire and water, you have held their hand and felt their pain in the face of trauma, and given hope even when there is no hope to be imagined.

We pray today for all those going through the valleys of life, those who feel that pain is breaking them apart and there is no tomorrow, those whose sadness covers everything, those experiencing mental health challenges. We pray for the hurt, the crying, the hopeless, that in the midst of their pain, you would be there, and your presence would be known. We pray together for your gentle presence, for the still small voice of your love to be heard within the sound of sheer silence. We pray that all who struggle on this day would hear the whisper of your love, saying, I am here. You are loved. You are not alone.

And in the desert of pain, we pray that real hands, human hands, would give shape and substance to your love. We pray for people who can simply sit with those who grieve, weep with those who weep, hold the pain and the rage and the despair when it is too big for us to hold for ourselves.

May you, God of love and compassion, restore life where it is waning and hope where it is fading, as you brought life out of death in the resurrection of your Son, Jesus Christ, our saviour.

Amen.



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SESSION 3
STIGMA



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.



Discussion Question

- *Think back to a time when you were misunderstood or unfairly judged. If you feel able, share some of the emotions that were stirred up by this experience.*

→ Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.





VIEW FILM

Today you will meet Simone, who lives with schizophrenia.

Schizophrenia is a complex biochemical brain disorder that can impact the way a person thinks, feels, communicates, and perceives reality, and that often includes experiences of psychosis.



Discussion Questions

- *What stood out to you in Simone's story?*
- *Were there elements of Simone's story that surprised you or resonated with you?*





THE PSYCHOLOGICAL PERSPECTIVE

Over fifty percent of people with lived experience report experiencing stigma, and a similar percentage say they have been made to feel embarrassed about their mental health challenges. While you may be aware of the ways that stigma can fragment communities and isolate individuals, the effects of self-stigma may be less familiar. When people with lived experience are repeatedly exposed to negative attitudes and beliefs regarding mental health challenges, they often internalize those attitudes and beliefs. This can impact their sense of self-worth, the way that they speak about themselves, and their willingness to seek out mental health services. In some cases, they may even feel that their identity is reduced to their diagnosis.

→ Stigma 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. Prejudice is personal agreement with a stereotype. Finally, discrimination is prejudice in action.



Discussion Questions

- *In the film, chaplain Colin Jay states that for many people, “the experience of how people treat them because of their illness is worse than the experience of the illness itself.” Why do you think this is the case? How might this relate to self-stigma?*
- *Has the fear of being stigmatized ever kept you from sharing about a mental health challenge?*
- *Have you ever experienced self-stigma? What was that experience like?*





THE SOCIAL PERSPECTIVE

The words we use shape the way we view others, ourselves, and the world. Consider 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.



Discussion Questions

- *Look again at the statements listed above. Can you think of helpful, compassionate ways to rephrase them?*
- *Can you name one or two common stereotypes about people with mental health challenges that you have encountered in media or entertainment?*





SURRENDERING IT ALL TO JESUS

Robert Young





ART REFLECTION

Surrendering It All to Jesus, by [Robert Young](#), explores the reorientation that occurs when individuals step out of the false identities created by shame and stigma and embrace the love and acceptance of Christ. In particular, Young reflects on his experiences of stigma as a Gunnai and Waradjurie man (First Nations Tribes in Southeastern Australia), and on the significance of the revelation that he is made in the image of God.



Discussion Questions

- *What does this piece of art evoke for you?*
- *What does it mean to be made in the image of God? How does this relate to the topic of stigma?*



THE THEOLOGICAL PERSPECTIVE

The coursebook talks about the importance of calling one another not by diagnosis, but by name. Nowhere do we see this more perfectly exemplified than in the life of Christ. Christ's sacrificial love and his commitment to the marginalized are radically countercultural. 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, Jesus was surrounded by outcasts. The Gospels record his 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. Almost every page presents us with a fresh example of his commitment to love each person he encountered, regardless of how they were labeled by society.



Discussion Questions

- *What do you think it means to call someone by name rather than by diagnosis?*
- *Can you recall a specific story in the Gospels where Christ interacts with someone who was stigmatized? What stands out to you about that particular story?*





LECTIO DIVINA EXERCISE

Lectio Divina (a Latin term meaning “Divine Reading”) is a devotional method of reading Scripture that is meant to help the reader experience communion with God through the text. Your group will engage in a slightly modified version of the traditional practice. Select four individuals to serve as readers, and follow the script provided. Once all four readings are completed, your group may choose to share about the experience.

Reader 1: The first reading is for the purpose of understanding. Listen to the passage, and consider its meaning.

So then you are no longer strangers and aliens, but you are citizens with the saints and also members of the household of God, built upon the foundation of the apostles and prophets, with Christ Jesus himself as the cornerstone. In him the whole structure is joined together and grows into a holy temple in the Lord; in whom you also are built together spiritually into a dwelling place for God.
(Ephesians 2:19-22, NRSV)

(Allow several moments of silence after the reading is completed.)

Reader 2: The second reading is for the purpose of personal meditation and contemplation. Listen to the passage, and notice any words, phrases, or images that resonate with you. Is there an invitation being extended through the text?

So then you are no longer strangers and aliens, but you are citizens with the saints and also members of the household of God, built upon the foundation of the apostles and prophets, with Christ Jesus himself as the cornerstone. In him the whole structure is joined together and grows into a holy temple in the Lord; in whom you also are built together spiritually into a dwelling place for God.
(Ephesians 2:19-22, NRSV)

(Allow several moments of silence after the reading is completed.)



Reader 3: The third reading is for the purpose of prayer. Listen to the passage, and then use the time of silence to ask God what he is showing you through the text. Respond to him in prayer.

So then you are no longer strangers and aliens, but you are citizens with the saints and also members of the household of God, built upon the foundation of the apostles and prophets, with Christ Jesus himself as the cornerstone. In him the whole structure is joined together and grows into a holy temple in the Lord; in whom you also are built together spiritually into a dwelling place for God.
(Ephesians 2:19-22, NRSV)

(Allow several moments of silence after the reading is completed.)

Reader 4: The fourth reading is for the purpose of action. Listen to the passage, and consider what God may be calling you to do or be in response.

So then you are no longer strangers and aliens, but you are citizens with the saints and also members of the household of God, built upon the foundation of the apostles and prophets, with Christ Jesus himself as the cornerstone. In him the whole structure is joined together and grows into a holy temple in the Lord; in whom you also are built together spiritually into a dwelling place for God.
(Ephesians 2:19-22, NRSV)

(Allow several moments of silence after the reading is completed.)





CLOSING PRAYER

David Grieve is an Anglican priest who writes poetry about his experience living with depression and anxiety. The following poem not only reminds us of the shame and stigma Christ bore for us, but also of the immense love that compelled him to do so.

So Well, So Much

He knows us so well; he loves us so much.
He does not ignore or pretend not to know
the darkness surrounding,
the weakness impeding.
He knows us so well; he loves us so much.

He loves us so much; he counted the cost.
He did not recoil or pull back from our flesh;
he embraced our humanity,
he shouldered our poverty.
He loves us so much; he counted the cost.

He counted the cost; he submitted to shame.
He freely and humbly accepted our loss,
the darkness absorbing,
the weakness transforming.
He submitted to shame; he loves us so much.¹



ENDNOTES

1. David Grieve, “So Well, So Much,” in *Hope in Dark Places: Poems about Depression and the Christian* (Durham, UK: Sacristy Press, 2017), 27. Reproduced with kind permission of Sacristy Press. [Hope in Dark Places](https://www.sacristy.co.uk) is available from www.sacristy.co.uk.



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SESSION 4 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.



Discussion Question

- *Is there a moment or a season in your life when you feel you experienced recovery? What were some of the hallmarks of that experience?*

→ Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.





VIEW FILM

Today you will meet Isabelle, who lives with depression and is in recovery from post-traumatic stress disorder (PTSD) and eating disorders. This film is not graphic, but it does include references to abuse and suicidal ideation, as well as anorexia and bulimia.

PTSD is a disorder triggered by the experience of trauma and characterized by unwanted memories and flashbacks, heightened physical or emotional reactions, and negative changes in mood. Eating disorders are characterized by severe disturbances in eating behaviors and distressing thoughts and emotions.



Discussion Question

- *When you consider Isabelle's journey with depression and eating disorders, what stands out to you?*
- *Were there elements of Isabelle's story that surprised you or resonated with you?*

→ If you are struggling with an eating disorder, it is important that you talk to a doctor or mental health professional. There are also many organizations with helplines dedicated to offering support and providing resources.

In Australia, the Butterfly Foundation offers free and confidential support via email or their helpline: 1-800-33-4673.

In Canada, the National Eating Disorder Information Centre (NEDIC) offers information, resources, and referrals: 1-866-633-4220.

In the UK, the Beat Eating Disorders helpline offers information and support: 0808-801-0677.

In the US, the National Eating Disorders Association (NEDA) offers a helpline: 1-800-931-2237. You can also text 'NEDA' to 741741 for 24/7 crisis support.





THE PSYCHOLOGICAL PERSPECTIVE

Psychiatrist Chi-Chi Obuaya describes recovery as “living with a chronic condition, but not being completely overwhelmed or disabled by it.” Recovery, then, focuses on the things that support our flourishing and help us build meaningful lives rather than focusing on symptom elimination (which may not be possible if the condition is chronic). So, what are those things? Research has identified five consistent processes that appear in nearly all recovery journeys: 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 five processes remind us that people can cultivate the capacity to feel 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.



Discussion Questions

- Which recovery processes did you notice in Isabelle’s story? (As a reminder, the five processes are hope, identity, responsibility, education, and community.)
- Why do you think that eliminating all symptoms might be an unhelpful goal?
- Is there a particular recovery process that has played an important role in your life?



THE SOCIAL PERSPECTIVE

Did you know that making friends, finding jobs, and locating housing are some of the biggest concerns for people with lived experience? Research shows that individuals with mental health challenges are more likely to experience isolation and unemployment than others. In fact, the relational and social impact of mental health challenges is often far more damaging than the symptoms. This impact is one of the reasons why developing and engaging with community is an important element of recovery. Psychological symptoms can be treated clinically, but it takes a network of relationships and resources to address issues like loneliness, employment barriers, and housing needs.



Discussion Questions

- *Psychologist Hillary McBride states that community plays an essential role in recovery. Why do you think this is the case?*
- *What role did community play in Isabelle's recovery journey?*





ALLOWANCE IS HOLY WATER

Carole Rogers





ART REFLECTION

Allowance is Holy Water, by [Carole Rogers](#), explores the relationships between grief, community, and recovery. In particular, Rogers reflects on the significance of being given space to cry as a Black woman. Feeling and processing our own grief can play an important part in discovering hope and establishing a positive sense of identity. And the tears we shed for others bear witness to their humanity and to the possibility of recovery.



Discussion Questions

- *What does this piece of art evoke for you?*
- *Why do you think that Rogers calls these tears “holy water?”*
- *How do you understand the relationship between grief and recovery?*





THE THEOLOGICAL PERSPECTIVE

Theologian John Swinton describes healing as reconnecting with God, with others, and with ourselves. The story of the woman with the issue of blood helpfully illustrates his point (Luke 8:43-48). According to this Gospel narrative, the woman's symptoms disappeared and she was physically cured as soon as she touched the hem of Jesus' robe. But the story doesn't end there. Jesus stopped to identify the woman and speak with her, and it was only after this interaction that he declared she was healed. The recognition, validation, and connection she experienced in that moment were as significant as the relief from her physical symptoms.

Human beings were created by a loving, relational God for the purpose of relationships. The restoration of identity and community is an important part of many biblical stories of healing, and the entire narrative of redemption culminates in the reconnection of heaven and earth (Revelation 21:2-3). The fullness of healing cannot be experienced apart from the invitation to connect with God, with others, and with ourselves.



Discussion Questions

- *When you reflect on the five processes of recovery and the biblical understanding of healing as reconnection, what are some of the similarities you notice? What are some of the differences?*
- *Has reconnecting with God, your community, or yourself played a part in your experience of recovery?*





SPIRITUAL EXAMEN

In the sixteenth century, St. Ignatius Loyola developed a prayer model known as the Examen. It is meant to serve as a guide for reflecting on the events of the day. This type of reflection can be particularly helpful for people in the midst of a recovery journey. It allows them to assess their mental and emotional states, and it can point them towards the gifts, tools, and connections that God has provided for their support. There are five different stages in the Examen. Select one individual from your group to read the italicized text, and allow for several moments of silent prayer in between each stage.

1. Ask God to send His Spirit

We acknowledge that we need God's help in order to perceive the presence of the Holy Spirit in our lives. Take a moment to ask the Holy Spirit to open your eyes, heart, and understanding.

2. Give thanks for the day

Think back on the events of the day and remember moments of happiness, enjoyment, and blessing. Thank God for those gifts.

3. Review the day

Consider the moments in your day where you felt overwhelmed, angry, or lonely. Were there situations where you wish you had responded differently? Bring these thoughts and feelings before God.

4. Ask for forgiveness

Where necessary, ask God for forgiveness. Take a moment to reflect on the gift of forgiveness, and to receive this gift.

5. Pray for the next day

Ask for the presence and help of the Holy Spirit. If there are any particular needs or challenges that you will face tomorrow, bring them before God specifically.





CLOSING PRAYER

This prayer by Strahan Coleman illuminates the way that God reaches out to connect with us, even in the midst of our mental health challenges. Our greatest hope for recovery lies in God's divine love.

Father, you hold all us flickering flames -
we little lights whose invisible battles
serve as invitations for holy grace;
You establish your table of love here,
not rejecting, but embracing us
poor-in-spirit ones as the jewels
of your kingdom.
You make all of our weaknesses but
holy fodder, a worthy offering for
our God who never leaves.
Here, in your embrace, we see that
even our darkness is not dark to you,
our mental health being no exception,
and we are no longer afraid.¹



ENDNOTES

1. Strahan Coleman is an author and poet. To learn more about the prayer books he has published, follow him on Instagram: [@commoners_communion](https://www.instagram.com/commoners_communion).



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SESSION 5
COMPANIONSHIP



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.



Discussion Question

- *Think about a friend who has played a significant role in your life. What are a few words that describe this friendship?*

→ Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.





VIEW FILM

Today you will meet Cheryl, who lives with anxiety.

Anxiety disorders are characterized by significant and persistent fear and stress, as well as a range of physical symptoms. Some disorders are also characterized by panic attacks.



Discussion Question

- *When you consider Cheryl's experience living with anxiety, what stands out to you?*
- *Were there elements of Cheryl's story that surprised you or resonated with you?*





THE PSYCHOLOGICAL PERSPECTIVE

In the film, Cheryl speaks movingly about Chuck and Julia, a couple who pastored the church she attended a number of years ago. This church was a place of deep healing for Cheryl, and she attributes it to Julia: “Julia just loved me. I didn’t do anything to deserve her love, and she just loved me.” Friendships like this can play a significant role in shaping our identity and helping us develop a positive sense of self-worth. They remind us that we are valued for who we are, and that a diagnosis or mental health challenge does not define us. Ultimately, these relationships affirm our fundamental worth and humanity. The gift of friendship is one of the greatest gifts we can offer to individuals with lived experience.



Discussion Questions

- *In what ways do friendships affirm our dignity and value as individuals?*
- *Why might friendship be particularly important for people living with mental health challenges?*





THE SOCIAL PERSPECTIVE

How do we meet the fundamental needs of individuals living with mental health challenges? After twenty-five years spent ministering to people experiencing homelessness and individuals living with mental health challenges, chaplain Craig Rennebohm identified five key spiritual practices that offer a way for us to develop authentic, mutual, and sustainable relationships with one another. Together, these practices are known as *companionship*.

The five spiritual practices of companionship include: providing **hospitality**, **neighboring**, adopting a **side-by-side perspective**, **listening**, and **accompaniment**. In identifying how these five practices 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.

→ For a more detailed description of these practices, see pages 83-84 in the coursebook.

It is important to note that different cultural contexts may call for carrying out these practices in different ways. Cheryl presents us with a uniquely Indigenous expression of hospitality when she describes entering an elder's home and being offered bannock or fry bread. Hospitality may be expressed differently in your context, but the desire to offer a safe and kind environment and to treat others with respect remains universal.



Discussion Questions

- *Why do you think that Rennebohm calls them spiritual practices?*
- *Is there a particular spiritual practice of companionship that resonates with you?*
- *What does hospitality look like in your culture? What about neighboring, or accompaniment?*





COMPANIONS

Patricia Brintle





ART REFLECTION

Companions, by [Patricia Brintle](#), depicts two Haitian women wrapped in a prayer shawl. The gaze shared by the women suggests comfort, security, and familiarity, while the shawl represents physical and spiritual accompaniment—all significant elements of companionship.



Discussion Questions

- *What does this piece of art evoke for you?*
- *In what ways do you see the spiritual practices of companionship reflected in this painting? (As a reminder, these practices are providing hospitality, neighboring, adopting a side-by-side perspective, listening, and accompaniment.)*





THE THEOLOGICAL PERSPECTIVE

The parable of the good Samaritan offers us an excellent example of companionship (Luke 10:29-37). The Samaritan stopped and offered aid due to his sense of shared humanity (neighboring), he carried the wounded traveler to safety (accompaniment), and he arranged for the man's care at an inn (hospitality). If you examine this story closely, however, you may notice another significant detail. Although the Samaritan had the financial resources to pay others for the necessary care, he chose to remain at the inn on the first night in order to tend to the wounded traveler personally. He offered the gift of his presence in addition to the gift of his resources, and this was the most humanizing act of all.

The value of personal presence is deeply biblical. In fact, it reflects a profound truth about human nature. 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).



Discussion Questions

- *Have you ever received the gift of another's presence in the midst of a difficult or painful season? If so, what was that experience like?*
- *The gifts of friendship, companionship, and presence share many similarities while remaining distinct. In what ways are these gifts similar? In what ways are they different?*
- *Chaplain Colin Jay observes that inviting individuals with mental health challenges to share their gifts and experiences can be transformative for communities of faith. Why do you think this might be true?*





SIDE-BY-SIDE EXERCISE

In order to make space for others in our relationships, we must honor their unique experiences and refrain from asserting that our viewpoints are “better” or “right.” Adopting a side-by-side perspective can help us in this endeavor. But what does adopting a side-by-side perspective look like? The following exercise and discussion questions are designed to help your group reflect more deeply on this spiritual practice of companionship. (If your group does not meet in person, you can skip the exercise and simply work through the questions.)

Exercise: Ask two volunteers to walk across the room in a straight line three times.

1. The first time, one of the volunteers should walk directly behind the other.
2. The second time, the volunteers should start on opposite sides of the room and walk directly toward one another.
3. The third time, the volunteers should walk across the room side-by-side.

Afterwards, ask the volunteers to share what they were thinking and feeling each time they crossed the room. Invite other group members to share their observations as well.



Discussion Questions

- *What does it feel like when you interact with someone face-to-face? What sorts of interactions take place face-to-face?*
- *What does it feel like when you interact with someone who is standing in front of you or behind you? What sorts of interactions take place in a line?*
- *What does it feel like when you interact with someone who is standing next to you? What sorts of interactions take place side-by-side?*
- *Why do you think that adopting a side-by-side perspective is one of the spiritual practices of companionship? How would you describe this practice to someone who was unfamiliar with it?*





CLOSING PRAYER

This prayer for peace is attributed to St. Francis of Assisi. It is a beautiful expression of our desire to demonstrate the love of Christ to all around us. Feel free to add your own prayers for your community at the end.

Lord, make me an instrument of your peace:
where there is hatred, let me sow love;
where there is injury, pardon;
where there is doubt, faith;
where there is despair, hope;
where there is darkness, light;
where there is sadness, joy.

O divine Master, grant that I may not so much seek
to be consoled as to console,
to be understood as to understand,
to be loved as to love.

For it is in giving that we receive,
it is in pardoning that we are pardoned,
and it is in dying that we are born to eternal life.
Amen.



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SESSION 6
CAREGIVING



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.



Discussion Question

- *When you hear the term caregiving, what comes to mind?*

→ Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.





VIEW FILM

Today you will meet Lee and Sage. Sage experienced psychosis—a temporary loss of contact with reality due to hallucinations or delusions—in the midst of a medical crisis.



Discussion Question

- *When you consider Sage's experience with psychosis, what stands out to you?*
- *When you consider Lee's experience as a caregiver, what stands out to you?*
- *Were there elements of their story that surprised you or resonated with you?*





THE PSYCHOLOGICAL PERSPECTIVE

Caring for a loved one living with a mental health challenge can come with significant emotional, social, and financial stresses. This is why it is important for caregivers to establish boundaries. Although moments of crisis may require you to push beyond your limits, long-term caregiving can only be sustained healthily when your physical, emotional, relational, and spiritual needs are recognized and met. Taking the time to replenish your inner resources is an act of love that you offer not only to yourself, but also to those in your care.

In addition to establishing boundaries, it is also important for caregivers to invite others into the caregiving journey. Often, the person with the diagnosis receives the attention and support of the community, leaving the caregiver isolated and overwhelmed. But the fear and grief that can come with caring for a loved one in distress should not be carried alone. In the film, Lee speaks about the support he received from a friend while Sage was in the hospital. In addition to help with things such as childcare and meals, Lee needed someone to see and understand what he was going through. He needed to verbalize his fears and share his sadness. The presence of this friend meant that Lee was not alone: “Somebody else saw and was bearing witness, and walked with me for a little bit of that journey.”



Discussion Questions

- *What were some of the stresses Lee experienced as a caregiver?*
- *Are there healthy boundaries you have established or would like to establish in your own life? If you feel comfortable, share one or two examples with the group.*
- *What does it mean to bear witness to someone who is going through a difficult season?*





THE SOCIAL PERSPECTIVE

When a loved one has poor insight regarding their mental health challenge, this can strain caregivers and complicate the caregiving relationship. In particular, disagreements regarding a diagnosis or the need for treatment can lead to tension and conflict. The following list helpfully illustrates the varying levels, or stages, of awareness that a person living with mental illness may experience:

→ For a more detailed description of each stage, see page 99 in the coursebook.

1. In the **dependent unaware** stage, individuals are unaware of their mental illness and are dependent upon the help and support of others.
2. In the **dependent aware** stage, individuals 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).
3. In the **independent aware** stage, individuals are aware of their mental illness and are able to independently care for themselves accordingly.
4. In the **interdependent aware** stage, individuals are aware of their mental illness, independently care for themselves, and contribute to the overall health of the community.



Discussion Questions

- *In what ways was Sage aware of her experience of psychosis?*
- *What were some of the strategies recommended in the film (and coursebook) for supporting a loved one in the dependent unaware stage?*
- *Psychologist Hillary McBride talks about the importance of modeling open and safe conversations about mental health. Why do you think this modeling is important?*





HĀ - BREATH OF LIFE

Danielle Renata





ART REFLECTION

Hā – breath of life, by [Danielle Renata](#), is inspired by the traditional Māori greeting known as the hongi. Renata writes, “Ehara taaku toa I te toa takitahi, engari he toa takitini. My strength is not as an individual, but as a collective. The hā is known as the breath of life. It is what is shared in a hongi, during the pressing of noses and foreheads. It creates a physical, mental, emotional, and spiritual connection between people, regardless of age, race, or status.”



Discussion Questions

- *What does this piece of art evoke for you?*
- *Henri Nouwen writes that the act of giving and receiving care is a “confession of our common need for one another,” and that caregiving “binds us together with brothers and sisters like ourselves, who share with us the wonderful and painful journey of life.” In what ways does this illustration reflect these truths?*



THE THEOLOGICAL PERSPECTIVE

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:

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.¹

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



Discussion Questions

- *In what ways are caregivers strong? In what ways are caregivers vulnerable?*
- *In what ways are care recipients strong? In what ways are care recipients vulnerable?*
- *How might the caregiving relationship reflect the love of God?*





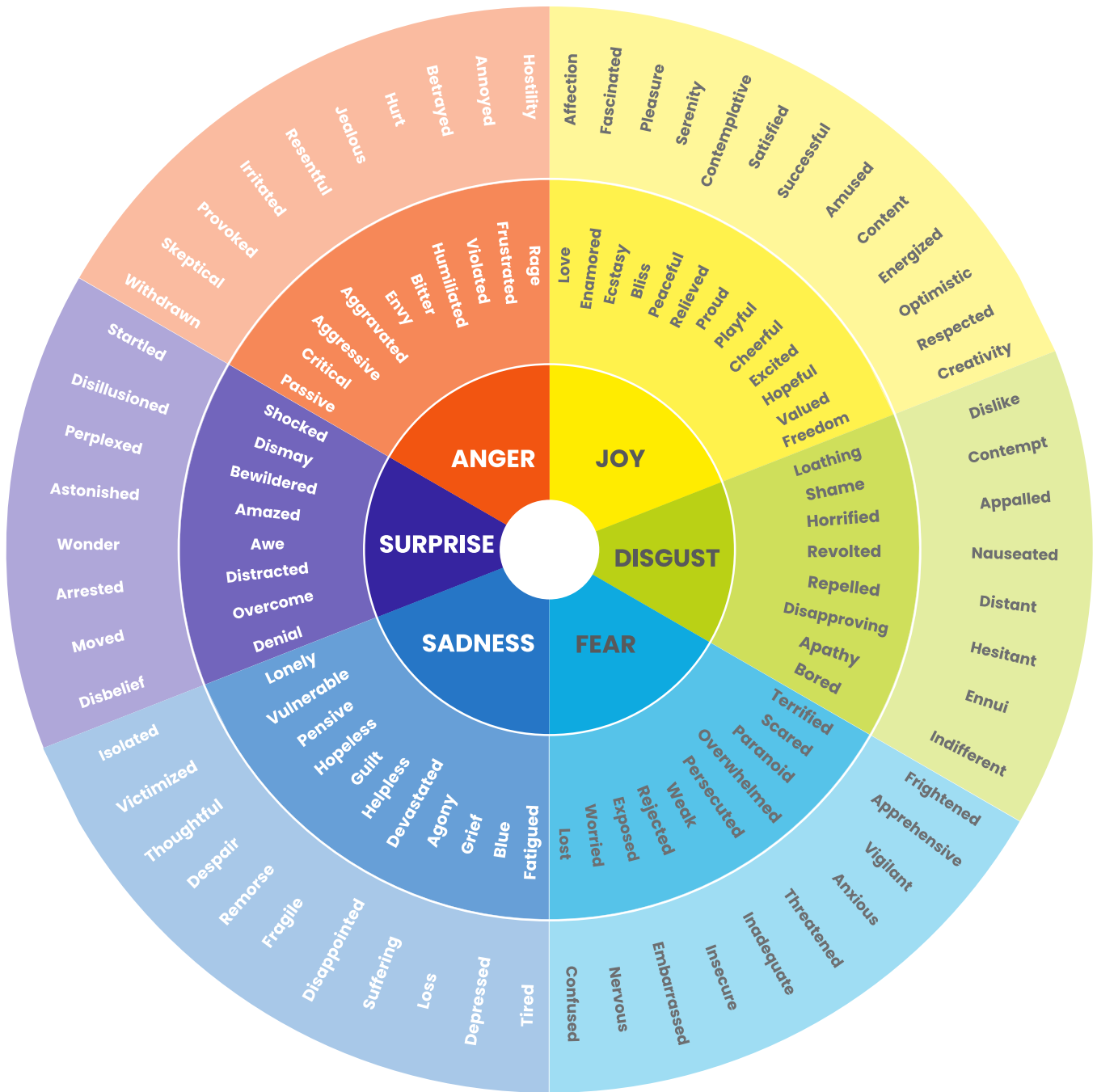
EXERCISE

The emotion wheel was designed to help increase emotional vocabulary and self-awareness. For caregivers, this can be a particularly helpful tool, allowing you to notice and attend to your own experiences and emotions in the midst of a crisis or challenging season. The emotion wheel also serves as a reminder that caregiving is more than just a challenge: it can be filled with joy, surprise, and many other emotions!

→ American psychologist Robert Plutchick believed that all humans experience primary emotions, including anger, joy, surprise, disgust, sadness, and fear. His research led to the development of a tool known as the emotion wheel.

Take a moment to examine the emotion wheel. Observe the way the emotions are arranged according to category, and also how they vary in intensity. Notice the relationships between different emotions. When you are ready, select one or two emotions that accurately describe how you are feeling today. Reflect on why you are feeling this way. If you are comfortable, share your emotion and your reflection with the members of your group. However, please refrain from offering observations or advice regarding the emotions shared by others.







CLOSING PRAYER

The following prayer can be found in *Every Moment Holy* (Volume II)—a collection of liturgies addressing the themes of death, grief, and hope. Although the title refers to the kindness we show those who have experienced a loss, the prayer itself is a beautiful depiction of the love and comfort we hope to receive and give as caregivers.

“For Extending Kindness to One Who Grieves”

Today, Lord Christ, let me remember the grace that has been lavished on me, that I might lavish it on another. You have cared so well for me, my God. Again and again you have met my deepest needs. You have comforted my soul. Now strengthen and empower me by your Spirit, that I might, in humility, kindness, and sincere love, echo your great care for me by comforting and caring for another in their hour of need.

Amen.²



ENDNOTES

1. Henri J. M. Nouwen, *A Spirituality of Caregiving*, ed. John S. Mogabgab (Nashville: Upper Room Books, 2011), 16-17.
2. Douglas Kaine McKelvey, “For Extending Kindness to One Who Grieves,” in *Every Moment Holy, Volume II: Death, Grief, and Hope* (Nashville: Rabbit Room Press, 2021), 331.





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SESSION 7
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.



Discussion Question

- *When you hear the term self-care, what comes to mind?*

→ Remember, these questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.





VIEW FILM

Today you will be meeting Monica, who lives with bipolar 2. This film is not graphic, but it does include references to sexual assault.

Bipolar 2 is a disorder that causes significant shifts in mood, energy, and day-to-day functioning. It is diagnosed based on a pattern of depressive and hypomanic episodes.



Discussion Question

- *When you consider Monica's experience of depression and eventual bipolar diagnosis, what stands out to you?*
- *Were there elements of Monica's story that surprised you or resonated with you?*

→ If you have been impacted by sexual assault, help and support are available. Many countries offer national and local crisis lines and support services.

In Australia, [1800RESPECT](#) offers 24/7 counselling, as well as information and referral services.

[Ending Violence Association of Canada](#) provides links and contact info for support centers and crisis lines in every province.

In the UK, the [NHS](#) keeps an updated list of all sexual assault referral centers. [Rape Crisis England and Wales](#) offers a Live Chat Helpline and other resources.

In the US, the National Sexual Assault Hotline automatically routes calls to the nearest sexual assault service provider: 800-656-HOPE. For an extensive list of national resources, visit [RAINN](#).





THE PSYCHOLOGICAL PERSPECTIVE

Stress is a natural and unavoidable part of life. The elevated pulse and heightened senses we experience in moments of anticipation or crisis enable us to respond under pressure. The issue 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, high 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.

This impact is why self-care is so important. Research has found that engaging in self-care can reduce stress, prevent the emergence of mental health challenges, and promote mental health and wellbeing. When considering how to care for yourself, you may find it helpful to think about your mental, emotional, and physical needs.

→ Self-care is any activity that we do deliberately in order to take care of our mental, emotional, and physical health.



Discussion Questions

- *What role did self-care play in Monica's recovery?*
- *Were there examples of mental, emotional, or physical self-care in the film that were new to you?*
- *Are there self-care practices that are important in your life currently? Are there self-care practices that you would like to make space for in the future?*





THE SOCIAL PERSPECTIVE

There is one self-care practice that draws upon our 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. Often, we are our own worst critics, frustrated by the seeming disruptions of weakness, pain, and failure in our lives. But self-compassion reminds us to extend the same grace to ourselves that we offer to others. This might look like accepting help when necessary, making space to feel and express painful or difficult emotions, being gentle in the ways that we think and speak about ourselves, or acknowledging our limits when we are overwhelmed.



Discussion Questions

- *How do you respond to the weaknesses or failures of family and friends? How do you respond to personal weaknesses or failures?*
- *Pastor Alastair Sterne talks about the importance of accepting our God-given limits. How might this acceptance relate to the practice of self-compassion?*





WOVEN SUN

Randall Barnettson





ART REFLECTION

Woven Sun, by [Randall Barnettson](#), depicts a sun design with a cedar band woven into it, and is inspired by the traditional art of the Nadleh Whut'en, Dakeh. Barnettson writes, "The more I trust our Creator Jesus in spirit for my future, the more I am motivated to care for myself today. This piece is my attempt to illustrate how we must weave hope, trust, and care for our bodies into every aspect of our lives, especially in light of our mental health challenges and sorrows."



Discussion Questions

- *What does this piece of art evoke for you?*
- *In what ways does Monica "weave hope, trust, and care" into her life?*
- *Are there places where God may be inviting you to weave greater hope, trust, and care into your life?*





THE THEOLOGICAL PERSPECTIVE

Psychologist Hillary McBride describes self-care as a dimension of God’s love for creation: “Instead of seeing self-care as something that is selfish or that takes away from the work that God is doing in the world, we can think of it as an extension of God’s desire to bring love into creation.” She then observes that while many of us understand that it is our responsibility to be good stewards of creation, we can forget that we are part of that creation and as deserving of that same care and stewardship.

Ultimately, our self-care is rooted in God’s love for all that he has made. In his wisdom, God has designed us to need rest, as well as mental, emotional, and physical care during seasons of challenge or distress. The practice of self-care invites us to align our hearts with this truth. When we extend grace and compassion towards ourselves, our actions bear witness to the truth that we are all deeply loved by God.



Discussion Questions

- *In the film, theologian John Swinton observes that self-care is “being faithful to Jesus’ command to love yourself.” What do you think about this statement?*
- *Have you ever thought of self-care in terms of stewardship? Does this perspective change your perception of self-care at all?*





DEEP BREATHING EXERCISE

Deep breathing is an evidence-based practice for reducing stress. The technique outlined below is designed to slow and deepen your breathing, reproducing the way individuals naturally breathe when resting or sleeping. Begin by reading through the entire set of instructions as a group in order to familiarize yourselves with the exercise.

1. Find a comfortable and neutral seated posture. Close your eyes and check in with your body. Notice any places where you may be holding tension, and release that tension as you deepen your breathing.
2. When you inhale, breathe in through your nose for four seconds, slowly expanding your stomach as you fill your lungs with air.
3. When you exhale, breathe out through your mouth for four seconds, relaxing your entire body as you do so.

Now, practice inhaling and exhaling together. It is not necessary to have anyone count aloud. Each person should breathe at their own pace.

Deep breathing can be practiced as often as needed throughout the day, and can be done while sitting, standing, or lying down. Once you are comfortable with this technique, try incorporating some form of prayer or meditation.





CLOSING PRAYER

Breath prayers are prayers that can be spoken in a single breath. The practice of praying in this way dates back to the third and fourth century, when the Desert Fathers and Mothers sought to fulfill the command to “pray without ceasing” (1 Thessalonians 5:17, NRSV). Today, many Christians engage in breath prayers to quiet the heart and mind, and to connect with God in moments of anxiety or grief. Your group may decide to pray the following breath prayers out loud in unison, or you may decide to have one member read the prayers while everyone else practices deep breathing and listens.

Inhale: “The Lord is my shepherd,”

Exhale: “I shall not want.” (Psalm 23, NRSV)

Inhale: “Let your face shine upon me,”

Exhale: “and be gracious to me.” (Numbers 6, NRSV)

Inhale: “You redeem my life,”

Exhale: “and crown me with your love.” (Psalm 103, NRSV)



THE SANCTUARY COURSE®



SESSION 8
REFLECTION



OPENING PSALM

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 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)*



Discussion Question

- *If you had to sum up this course in one word, what would that word be?*

→ These questions are not mandatory; they are simply invitations. Any member of the group is free to decline an invitation at any time, and the group as a whole may decide to skip over a question if it seems unhelpful.





VIEW FILM

Today you will be meeting David, who lives with depression and anxiety.

Depression is characterized by low moods, feelings of sadness, sleep disturbances, fatigue, and a loss of interest or pleasure in most activities. Anxiety disorders are characterized by significant and persistent fear and stress, as well as a range of physical symptoms. Some disorders are also characterized by panic attacks.



Discussion Question

- *What stood out to you in David's story?*
- *Were there elements of David's story that surprised you or resonated with you?*





RECONNECTION WITH SELF

The opening discussion question asked you to think about a word that could be used to summarize the past seven sessions. One word can't actually represent an entire course, but 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 consider *reconnection*. While previous sessions have examined mental health through psychological, social, and theological lenses, this session will examine mental health through the lens of reconnection, highlighting course content that invites us to reconnect with ourselves, our communities, and God.

Let's look at reconnection with self first. The bio/psycho/social spiritual model, recovery processes, and self-care practices introduced in earlier sessions emphasize the importance of taking the whole person into consideration when it comes to mental health challenges and mental health care. Our bodies, our minds and emotions, our relationships, and our faith are all impacted by mental health challenges, and our approaches to recovery and self-care should reflect this reality. Acknowledging and tending to every layer of our experience is one important way that we can reconnect with ourselves.

→ 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.

→ The bio/psycho/social/spiritual model reminds us that mental health challenges are not merely biological phenomena. 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 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.





Discussion Questions

- *David and Malcolm both speak about the importance of poetry in their recovery journeys. How might poetry (or other creative forms of expression) offer an invitation to reconnect with self? In addition to thinking about painting, music, and fiction, you might want to consider activities such as cooking, gardening, and enjoying nature in your answer.*
- *At the end of the film, David reflects on the role that depression has played in shaping his faith and ministry. In what ways do his reflections demonstrate “whole person” approaches to recovery?*
- *Is there a particular recovery process or self-care practice that might create an opportunity for you to reconnect with yourself?*



RECONNECTION WITH COMMUNITY

Everyone wants a place to belong, friends who will celebrate and grieve with them, and a community that calls them by name rather than diagnosis. These things can be deeply meaningful and healing for those who have experienced rejection or a loss of self-esteem due to their lived experience. Additionally, when churches offer companionship and other tangible forms of support, they can help individuals function well in the midst of ongoing mental health challenges. For these reasons and more, reconnecting with community is critical.

However, when communities are silent on the subject of mental health, it can leave people feeling disconnected and alone. This is why so many of the experts in today's film emphasize the need for churches to speak openly and honestly about mental health challenges, and to listen to people with lived experience. 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.



Discussion Questions

- *How did David's friends support him during difficult seasons? In what ways do his friends offer us a picture of reconnecting with community?*
- *Poet and theologian Malcolm Guite alludes to the benefits of community when he shares about the importance of not being "alone in the depths." What are some of the benefits you have received from your community?*





NEW LIFE

Rev. Milissa Ewing





ART REFLECTION

New Life, by [Rev. Milissa Ewing](#), is a meditation on life, death, and hope. Though there is grief in seeing majestic trees cut down, Ewing reflects on the miracle of new life that emerges with time, water, and sunlight. In this miracle, she discovers a parable of Christian life and the resurrecting work of the Spirit.



Discussion Questions

- *What does this piece of art evoke for you?*
- *Reverend Cedric Johnson identifies the resurrection as our ultimate source of hope, and poet and theologian Malcolm Guite describes the resurrection as “the great recovery.” In what ways does Ewing’s piece reflect these truths?*





RECONNECTION WITH 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)

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 in the face of mental health challenges. According to 1 John, our love for one another is inextricably connected to the love of God. 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.



Discussion Questions

- *Pastor and theologian Monica Coleman states that there is nothing we can do or be that will make God stop loving us or stop being with us. In what ways does this truth invite us to reconnect with God?*
- *Is there a place in your life where God may be inviting you to reconnect with him?*
- *Is there a particular spiritual practice that might nurture reconnection?*





REFLECTION EXERCISE

Have each person in your group share the following:

- What is one gift you have received from this course?
- What is one thing that has challenged you (or that you would like to challenge) from this course?





CLOSING PRAYER

Here is a prayer shared by believers through the centuries. Your group might decide to have every member read it aloud once as a way of speaking blessing over one another.

*The Lord bless you and keep you;
the Lord make his face to shine upon you, and be gracious to you;
the Lord lift up his countenance upon you, and give you peace.*

(Numbers 6:24-26, NRSV)



THANK YOU

We are grateful that you have taken the time to participate in *The Sanctuary Course*. Would you consider taking five minutes to share your experience with us? The feedback you provide helps us improve the course and better serve the needs of churches. Additionally, it helps us demonstrate impact to our donors and community. Facilitators and participants alike are invited to share their feedback. You can find the five-minute survey at: sanctuarymentalhealth.org/feedback



APPENDIX A

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.





APPENDIX B

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.

<i>lived experience</i>	the personal experience of living with a mental health challenge or SMI
<i>mental disorder</i>	the technical term for a particular type of mental illness
<i>mental health</i>	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)
<i>mental health challenge</i>	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
<i>mental illnesses</i>	mental illnesses affect emotions, thoughts, and behaviors; they are formally diagnosed based on the nature, degree, and longevity of impairment experienced
<i>mental wellbeing</i>	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



APPENDIX C

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APPENDIX D

ARTIST BIOGRAPHIES

The artwork in this discussion guide is drawn from a project by Sanctuary called *Healing in Colour: Stories of Race, Faith, and Mental Health*. Black, Indigenous, and other artists of colour from around the world contributed original pieces based on their experiences and reflections. You can learn more about each artist below, alphabetically; you can also view the entire project on our website at: sanctuarymentalhealth.org/healing-in-colour



ABOUT RANDALL BARNETSON

Randall Bear Barnetson is Nadleh Whut'en, Dakelh, and of the Bear Clan. As an Indigenous Person from the Northwest Coast, Randall Bear uses the traditional art style of his people as a framework to interpret contemporary issues such as identity, spirituality, mental health, and culture.



ABOUT PATRICIA BRINTLE

The works of self-taught Haitian-American Patricia Brintle are vibrant and remind the viewer of Haiti. Brintle's rich culture serves as her creative muse, inspiring her to capture her homeland's story through artwork. Some paintings are infused with complex symbolism that seems simple at first glance, but which reveals itself on further examination. She favors bright, vivid colors as she explores the universality of human emotions in her work. Many of her works address complex issues such as nuclear disarmament, the Holocaust, and the Haitian earthquake of 2010; many are religious in nature and explore sensitive subjects. Several are featured in movies and grace the covers of books and magazines. Brintle is an inductee in the 1804 List of Haitian-American Changemakers.



ABOUT REV. MILISSA EWING, KWAKWAKA'WAKW

Milissa is passionate about seeing people reconciled to God, one another, creation, and themselves. To that end, Milissa and her husband, Jay, are Pastors at Redwood Park Church in Thunder Bay, ON. Originally from the West Coast of BC, Milissa loves the forest and the lakes and ocean; both her art and her ministry are informed by God speaking through his creation. In her free time, you will find Milissa spending time with Jay and their two daughters, painting, reading, trail running, skiing, swimming in lakes, or cycling.



ABOUT BRIAN LIU

I was born and raised in Hong Kong and immigrated to BC in 1993. I often felt alone and different growing up in Canada, and focused my time on creative pursuits as a means to understand and to be understood. Later, I pursued further training in painting, printmaking, and communication design at Emily Carr University of Art and Design. Currently, I am working as a brand and communication designer and painter. Through creativity and empathy, I hope to live life helping those who are often unheard and misunderstood.



ABOUT DANIELLE RENATA

Danielle Renata (1999) was born in Wellington, Aotearoa. Her father is Māori, and her mother is Indian. After attending Catholic primary and secondary school, Dani sought to explore her identity and culture as it was not readily available in the urban world where she was raised. She discovered a passion for creating connections between her love for her people and for her God. Danielle finds the majority of her inspiration in Te Ao Wairua, a space where faith and belief are valued and encouraged. Her passion lies in the restoration and reclamation of her culture, striving to create a safe space for healing with and for her people.



ABOUT DUA ABBAS RIZVI

Dua Abbas Rizvi (b. 1987) is a visual artist, illustrator, and art journalist based in Lahore, Pakistan. She graduated from the National College of Arts (Lahore) in 2010 with awards for excellence. Her artwork has been part of several exhibitions including Stations of the Cross (New York) and Art for Education: Contemporary Artists from Pakistan (Milan). Rizvi's largely figurative practice explores womanhood through personal and familial archives, rooted in regional history and folklore. It is inspired, too, by embodied rituals of faith and remembrance.



ABOUT CAROLE ROGERS

Carole Rogers is an artist from New York, currently living in Orlando, Florida. Her race, as well as the effects of racism on her mental health, left her with many questions about faith—questions that are still unanswered. Although she is still wrestling with her faith in the wake of her trauma, she believes in the necessity of making art that highlights the perspective of someone who is still struggling. The full conversation is important.



ABOUT ROBERT YOUNG

Robert Young is Gunnai and Waradjurie man; these are some of the First Nations Tribes in Southeastern Australia. He was raised in the church, and saw the stigma and prejudice people can have just because of your race and the colour of your skin—both in and out of the church. He has learnt to be still and know that God is great, to listen to his heart and surrender it all at his feet, and to not listen to the words or thoughts of others. He is holding onto the identity that he has in Christ and not letting the failing words of man sway him.

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