Christian Vocation: Janet Lydecker, psychologist

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Preacher: Janet Lydecker

[0:00] All right, morning everyone. We're going to get going.

We're continuing our class about vocation, about faith and work. And this morning Janet Leidenker is going to be speaking with us about faith, work, and mental health.
Janet works as a psychology researcher and she may tell a little bit more about that. So let's pray for her as we begin.
Lord, we thank you for gathering us here this morning. We thank you, Lord, for the wisdom that you give to us through your word, through your spirit.
Lord, as we learn through the different experiences that you lead us through in our lives. We pray that we would benefit from what Janet has shared with us this morning. Pray that you would empower her with your spirit. We pray these things in Jesus' name. Amen.
[0:58] Amen. There we go.

All right. Well, thank you all for being here. I am going to talk about faith, work, and mental health today.
So I am going to walk through some of my experiences being a psychologist and being a Christian and how I thought about integrating the two over the years.
I am going to start by explaining exactly what it is that I do and then talk about a little bit of why I chose my profession and my approach to treating patients and work-life balance and some of the professions that are facing me and also my profession.
So by way of background, I am a counseling psychologist. I work as an assistant professor in the Department of Psychiatry at the Yale School of Medicine. And virtually no one knows what that actually means.
[2:18] So I will try to explain a little bit about what that really is. So I did my doctoral training in counseling psychology, which is an offshoot of clinical psychology.

That means that during graduate school, I was trained to treat patients, to conduct clinical research, and to teach, and then to advocate for patients and do leadership in that sense.
So psychologists specialize in psychological or behavioral treatment. So unlike psychiatrists who prescribe medication, we do what's commonly known as talk therapy.
Our daily work ends up looking very similar to most mental health professions, but we do have this additional element of clinical research as well as advocacy and leadership in it.
So counseling psychologists have a particular identity within the field of psychology. So we, like I said, are an offshoot of clinical psychology that expanded the patients that we treat and also our approach to how we do treat them.
[3:26] So we see patients across the full severity spectrum, so from normal life stressors all the way up through serious mental illness, and across the full lifespan as well.

So I've literally seen patients between the ages of one and we'll go with over 80. And I'm primarily trained as a child psychologist, but with the idea that anyone in the full age spectrum is someone who I should and can treat.
As an approach, the difference between counseling and clinical psychology is that we do emphasize the strengths of patients, including diversity.
So we have an additional emphasis on multicultural competence. And then trying to pull from a person what their individual strengths are in order to overcome some of their difficulties.
Advocacy is a big part of who I am as a professional in terms of advocating for patient groups and then also empowering individuals to advocate for themselves.
[4:27] So that, like I said, is who I am as a professional. So I wanted to spend a little bit of time now talking about vocation and why I chose to do what I'm doing.

So back in college when I was trying to figure out what I wanted to do as a career, I wanted to help people. And I thought that my personality and some of my skills would be best suited to helping people through therapy.
And I do thoroughly enjoy helping people in this way. But I struggled a lot with the idea of calling. So after college, I worked for a couple of years to try to figure out for sure what it is I wanted to do.
I knew I wanted to go back to school, but I didn't know what kind of training I wanted to do. And calling is or was something that I certainly struggled with because of some of the inherent problems in thinking about what a career actually is.
So if you think about a helping profession, there's a lot of meaning in being able to help people. But I think that's different from a calling. I think wanting to do something and feeling like you'd be good at doing something are both very different from feeling as though God is asking you to actually do a certain type of work.
[5:47] In helping professions, I know a lot of people, the majority of psychologists, are not Christian or have any faith of their own. And yet still will say that they do what they do because of the meaning that's part of it.

And because they like being able to help people. So I struggled with, well, that's not all that it could be to feel like this is a calling.
And yet I did feel called to do the work that I do. I was also surrounded by people in my faith communities at the time who were doing jobs that weren't helping professions and that didn't have an obvious way that people would say, oh, well, clearly I'm doing the work of God.
And so it felt like a privilege to be able to say, well, I'm helping people. So therefore, it is a calling.
So I came across this verse, Isaiah 6, 8, and this helped me a great deal in how I reframed my idea of what calling was.
So I'm going to read the passage from the beginning. For context, Isaiah is having a vision where he's in the throne room of God and ends by having a commission from God. So this is Isaiah starting in chapter 6.
[6:59] In the year of King Uzziah's death, I saw the Lord sitting on a throne, lofty and exalted, with the train of his robe filling the temple. Seraphim stood above him, each having six wings.

With two he covered his face, with two he covered his feet, and with two he flew. And one called out to another and said, Holy, holy, holy is the Lord of hosts.
The whole earth is full of his glory. And the foundations of the thresholds trembled at the voice of him who called out while the temple was filling with smoke. Then I said, woe is me, for I am ruined, because I am a man of unclean lips, and I live among a people of unclean lips.
For my eyes have seen the King, the Lord of hosts. Then one of the seraphim flew to me with a burning coal in his hand, which he had taken from the altar with tongs. He touched my mouth with it and said, Behold, this has touched your lips, and your iniquity is taken away, and your sin is forgiven.
Then I heard the voice of the Lord saying, Whom shall I send, and who will go for us? Then I said, Here am I, send me. And after this, Isaiah gets the prophecy that he's to deliver to people.
[8:15] So the reason why this helped me is it shifted my idea of calling as something that was a very specific call that God had made exactly for me to something that was much more flexible.

So there's a list of tasks that God wants and needs done that will address a lot of the brokenness in the world. And it's not about me or being selected and singled out to do something, but it's a task that, in a way, I'm volunteering for.
And someone else could have built the space, but it is still a calling. It's still working for the Lord. So at the time when I was deciding to go to graduate school, this verse really helped me be able to say to myself that this was the calling that I was choosing to do.
So I specialize in the treatment of eating disorders and obesity. And I specifically chose to specialize in this when I was starting to go to graduate school.
You have to pick an area of specialization, but people vary in terms of how much they focus on it versus how much they learn more of the general practice of psychology.
[9:37] I'm highly specialized, even more so as I've gone throughout the years. So as I started learning about eating disorders, I took classes in college and really had a fascination by some of these disorders.

And eventually when I started working with patients with some of the extremes of how they were expressed, I started to see eating disorders as conditions of ungrace, of not being willing or able to accept self-compassion or compassion from others or forgiveness from yourself or from others. which is not to say that Christians can't have eating disorders. I think they are a sign of brokenness that we're all susceptible to. But when I'm sitting across from my patients, this is a very glaring manifestation of brokenness where some of the rigidity and patience and the perfectionism seems to, and the desire to be personally in control of everything, just seems to make it impossible or seemingly impossible for these individuals to accept any sort of compassion towards themselves or from anyone else.
Which really, which spoke to me. And that I remember when I first started thinking about this and was fascinated by it, it just felt so wrong.
It really spoke to the advocate in me and the compassion in me that this was something that I wanted to be invested in and work to try to help fix.
[11:36] So, I'm often asked, often asked whether I share my faith with my patients. And this to me is a very difficult question.

I'm often at a loss for how to answer it. In part, it's because there's a fundamental misunderstanding of psychological treatment in the question, but in part, it's something that I still wrestle with and it's a case-by-case, individual-by-individual question.
So, my job as a psychologist is to take the best treatments we have, the ones with the most evidence, and to deliver them as faithfully as possible to individuals.
So, I have to know what the areas are where there is flexibility and also the areas where there isn't and where there are active ingredients in the treatment.
So, some particular intervention, some way of working through some of the thoughts and emotions that are problematic that we know works and stick to that because I know that's what all the evidence says is going to help.
[12:46] The areas of flexibility tend to be around motivation and encouragement and coping skills and how people think about themselves and how to overcome their barriers and make use of the different skills that we're working on.

So, in terms of sharing my faith, I don't often have the place where I would share my own personal experience, but I do work with what patients put out there in terms of their own faith, and it almost always comes up.
And I think one of the biggest differences between a Christian psychologist and someone who isn't or between me and my colleagues who don't have any personal faith is a willingness to sit with the faith of the patient and to help them figure out what that means for them and how that works with some of their psychopathologies, some of their struggles, and how we can maximize the resources they have, both personally, thinking about how they cope and how they pray and how they think about the world, and more instrumentally, so thinking about the social support and the other forms of support they get through religion.
And that's not small. So, even though it's not a main part of an intervention that I would do, I think a lot of my patients who I've seen and who have engaged with me on using their faith to try to reinvent who they would be as a person, that's been very powerful.
What is more difficult is when the patient doesn't have any faith of their own, and a lot of times they get asked, well, why wouldn't you just share the gospel with them if you know that that's what they need and what would fix them?
[14:49] And, again, psychological treatment is difficult. It's one of those challenging times when people are so vulnerable and have so much pain and avoidance of many parts of their lives that it's difficult to be too proactive about something as important and as integral to identity as faith.

So, there is quite a strong potential for more harm than good with trying to be overly aggressive and sharing faith.
So, again, it's case by case, it's individual by individual, and it's something that I struggle with. But, ultimately, I end up praying a lot for my patients and hoping that God is planting seeds and growing them in a way that I can't necessarily plan to do.
There is a lot of hopelessness in eating disorders, excuse me, in eating disorders and obesity, where eating disorders in particular are the hardest among the mental health conditions to treat and have the highest mortality rate of any mental health disorder.

And obesity, which is my other area of specialty, is such a chronic condition that we really don't know anything about how to help individuals who are working on it, but really don't have any powerful treatment for either of these conditions.
[16:40] And so, some of the, some of the problem that we have for both of these and the reason why it's harder to make advances with individuals and more broadly is the stigma that comes with both obesity and eating disorders.

And this, in more recent years, in the past few years, has become a major focus what I do on a day-to-day basis. So if you think about mental health conditions broadly, there's a lot of stigma about, a lot of fear directed towards patients, a lot of blame.
You must have done something wrong, your parents must have done something wrong. The list goes on and on about how we do blame individuals with mental health conditions. We see this quite a bit with eating disorders.
I can't tell you the number of patients who have come to me and said, well, my uncle said I needed to stop being so vain and stop looking in the mirror and I could be all set. Or my mother said I just grew out of it.
It really, there are lots of hurtful and misunderstood messages that patients get and that really deeply come into how they see themselves in a way that's, it's hard to uproot.
[18:00] And it's very discouraging discouraging for me as a provider trying to fight this environmental challenge as well as help individuals with their particular struggle.

We see the same thing with obesity. We're actually seeing it more and more even as rates of obesity increase as well. There's a lot of blame for individuals saying, well, why don't you just eat less?
Well, why don't you just exercise more? We need to have more self-control. And that's just not true. It's just an oversimplification.
If that were all that it took, we wouldn't have this problem that we have in the United States and now actually around the world. There are so many other factors that are outside of people's control, including genetics, but many, many, many beyond that, that make it difficult for people to lose weight and to treat their obesity.
So a big part of my professional identity is to try to help people become aware that stigma's there and to help patients understand that they don't deserve to be treated this way, that it's unfair, that people will say these particular criticisms to them and help them to advocate for their own rights.
[19:27] Potentially, most painfully, we do see it in healthcare a great deal. So again, I can't tell you how many patients have said, well, I really don't want to go to my doctor.

I know you're telling me that my blood pressure is high, but when I go, they just make me feel horrible and tell me I need to lose weight and I need to stop eating junk food and then I wouldn't have a blood pressure problem.
And it's well-meaning. It's trying to help the patient understand the importance of their health, but it's often when patients are seeing either in treatment, so they're making every effort that they can to lose weight or to get their weight in a healthy range in the case of eating disorders.
And so hearing that they're just not doing enough is damaging and will cause patients to not go back to their providers.
So again, a lot of my job, and this comes from my professional identity, but also from my faith, is to help people realize that they do have dignity as a person and that no matter what their mental or physical health condition, that they do deserve to be treated with compassion and with understanding and certainly with respect.
[20:53] So psychology is hard. One of the major themes, one of the major things I've thought about over the years is the idea of this to happen and of rest.

Freud called the profession of psychology an impossible profession and said, in a nutshell, that no one who delves so deeply into human suffering can come out unscathed.
And that's true. We have this idea of compassion fatigue where it is exhausting and it's traumatizing to some extent to hear people suffering over and over and over if you're not taking care of yourself at the same time.
So I started looking into the Sabbath in college. My small group decided to observe the Sabbath and we looked a little bit at some of the writings and some of the scripture on it.

I'm sure you all remember this from earlier this summer in Exodus. We are commanded to keep the Sabbath, to take a day of rest once in the course of a week.
[22:08] So in college, when I first started studying the Sabbath, I have a very vivid memory of a paper that I wrote for a psychology class.

It was a very humbling experience. So I started from the perspective of believing that we were called to observe the Sabbath as an act of obedience and a discipline, but that it was something that God would honor our faithfulness, but it wasn't quite rational.
It didn't really make sense. I was coming from all of the many years of being told not to procrastinate, that if you have a certain amount of stuff to do, then you spread it out over as much time as possible because if you condense it, you have too much stress.
And so I thought, well, of course, it would be the same principle. If you work for six days instead of seven, you're going to have more stress and you're going to be worse off, and yet we're called to be obedient in this and to give up some of that control and be faithful to God.
I could not have been more wrong. So like I said, it was a psychology paper, so I looked at all the science that goes into this idea of resting.
[23:30] They wouldn't call it the Sabbath, but it is a direct correlate. So we have this idea called the self-regulatory hypothesis, and basically it says that self-control is like a muscle, that it's something that you work, you exercise over and over and over.

You try time and time again to have self-control, to stick to those habits, stick to those practices that you want to stick to, and then you need to rest it. So like with exercise, like with a muscle, you break it down and you get the additional strength in that rest period when the muscle builds back up.
So self-control is the same way. So being able to do work is the same way. Being able to think about difficult problems to write and to keep going, to give of yourself to patients.
All of the many tasks that you do fall under this idea of self-control, that if you don't take that rest, you are just continually draining and you end up with what we now call compassion fatigue, that you're just kind of flat and dead and can't pull up resources that no longer exist.
So that was understandably convicting to me, that we have this idea in Scripture that we should be keeping the Sabbath and science supports it, that from both directions, it really does seem to be what is best for our well-being.
[25:11] So I have tried over the years, in particular in graduate school, to keep the Sabbath, so to take a day in the course of a week when I don't do work.

Keeping the Sabbath means a lot of different things for a lot of different people. There are some who don't do chores, don't cook, don't spend money. There are lots of different ways to express this.
For me, where I spend so much of my time writing and doing and thinking and doing work, I just don't do my job for one day a week.
I like the way Tim Keller talks about Sabbath. He has really great writings and sermons on it where the bigger picture is that not being able to take a rest is a form of slavery or oppression.
So even as we're called to obedience and resting for one day a week, it's also a freedom and it's something that we can take delight in and take joy in. And my experience has certainly been that having that day off has been the time when I've had the resources to put into relationships to actually think and spend time with God and I don't think I've ever regretted taking some time off.
[26:39] But I also, I don't know that that's totally true, I also think it has made a lot of my work the other six days or five days of the week more productive and with greater insight and ability to focus and to work hard and conscientiously.

I also think that the Sabbath, just like I had rationally hypothesized at the beginning, is a nice way to remind myself that it doesn't just rely on me. That taking a day off, nothing, nothing is really a problem on the day when I don't show up to work or on the day when I don't try to push things a little bit further that it really isn't about me.
So this is my verse for the year and it comes out of both the two ideas that I've been talking about, the idea of vocation and then also the idea of rest.
So 1 Corinthians 15, 58, therefore, my beloved brethren, be steadfast, immovable, always abounding in the work of the Lord, knowing that your toil is not in vain in the Lord.
So, we've talked about compassion fatigue, we've talked about burnout, where, without taking care of yourself, we just don't have the ability to help others as well.

[28:14] We've talked about the idea that we do work for the Lord, whether it's a specific calling or something that we've decided to do with a more broader understanding of calling.

It has an additional importance, an additional value, because we're working for the Lord and not just showing up and doing what we can for purpose. A lot of, when we talk about burnout and meaning within the profession, we talk a lot about self-care as well as what our daily habits are and daily patterns are that will help us be more productive.
I think that this verse, the three parts of it, I do love how they come together to ground me in how I approach work.
One thing we haven't talked about too much is academia itself, which is a very challenging environment. So, even in the midst of treating patients, there's this additional level at a medical school or in academia where everything is about your reputation.
So, everything is about how well you're known for the work that you do locally or more broadly, whether it's being a fantastic clinician or being known for research and for publishing.
[29:52] There's this idea that everything comes down to your name, which makes it an environment of ego threats. so a place where there's a lot of defensiveness because if you lose your name or if you don't hold up whatever standard you've set, then you are failing.

So, these pressures of wanting to help people and also wanting to succeed can feel hopeless at times.
So, this verse has been helping me in terms of sticking to doing the actual work, being steadfast and immovable and remembering that it is work for the Lord.
So, abounding in the work for the Lord, not just abounding in work, but in the work that I have that additional value within. And I really like the last part of this, that it's not in vain.
So, if you're working for the Lord, then it's not in vain. It won't come to nothing. What it does come to is unclear, but it won't be nothing.
[31:07] When I first started seeing Patience, my church where I went to grad school was doing a series on hope and we had this definition of hope from biblical scripture as opposed to modern understanding, which I still hold on to.

Hope is, what I have written here, the confident expectation that God's work will be successful. I love this definition. So we think about hope in the modern understanding where it's more of a wish. So wishful thinking, something seems like it's unlikely, maybe possible, and I wish that it would happen. That's how we think about hope. But in a lot of the verses, there's more of a confidence in it and an expectation that you can rely on God that, just like this verse says, it's not going to be in vain, that efforts will come through because God's behind it.
So that is something that I use very often with patients, but also in how I think about the work that I do and trying to figure out career path and what that actually looks like, which is always changing.
So, some of the challenges that I believe I face and my profession faces, I've tried to outline here, and these are also my prayer requests.
[32:31] So personally, I think the themes we've talked about, so having continued awareness of calling and what that means in terms of career path and how it's expressed, there are really infinite possibilities for how it could come out, and my prayer is that I continue to pay attention to it.

And then continued encouragement amidst all of the challenges and wisdom about what work-life balance really means and what rest means and how to incorporate that. For my individual patients in my patient groups, so individuals with obesity and or eating disorders more broadly, that God would protect them from harm, including but not limited to harm that comes from these societal attitudes that are so pervasive, where stigma and blame and criticism is compounding some of the attitudes that they already have towards themselves that they've internalized.
and then for my colleagues, psychology, even among the mental health professions, I think, is particularly secular.
So very few Christians are psychologists. I was fortunate enough in graduate school to have an unusual number of peers in my cohort who were Christian, and we certainly talked about and struggled with how faith and work interacted in the brutal challenges of graduate school.
But I think broadly for the profession, I would pray that my colleagues would have a grounding for their identity and something more than just academia and would start to see a need or a potential for what it would mean if they had a faith in Christ for their work with patients and then more broadly in the practice of psychology.

[34:44] And it will actually end there since I'm losing my voice. I had some discussion questions over the three points, but I wanted to open it up to questions about anything that I talked about or anything more broadly about psychology or eating disorders deserve this faith.

Are there any questions? Yeah. Thank you for your talk. Obviously, it relates to your last prayer request, but I think it's very commendable that you are a person of faith in the psychology field. From a patient standpoint or a patient advocacy standpoint, I've definitely seen providers who are apathetic at best to faith or antagonistic and dismissive at worst.
So I appreciate your position. I'm wondering how do you balance your faith with treating and leveraging someone who is not a Christian? Say someone who is a devout Muslim or a Jewish, somebody who their faith is important to them in a similar way that yours is important to you.
How do you balance? Sure. So as a patient, if they were sitting across from you, yeah. I think my approach is that there are far more similarities with people who have faith than there are differences.
[36:09] And a lot of the ways that I would help people make use of a Christian faith are certainly applicable to other faiths, Judaism, Muslim, any other faith.

I do think I've worked over the years to have an awareness of what that means, particularly for eating disorders and obesity. So when I have a patient, for example, who practices Islam and who observes Ramadan, I work to try to ask and be sensitive about what that means for eating patterns and for body image, and there are a lot of complications with that.
So I think part of the respect for patients is showing an interest and being aware of what their faith means to them. You distinguish eating disorders from obesity.
I do. Do you see that in a different level of culpability? Not culpability, but they are two distinct fields. We struggle a lot with this as psychologists but also as providers. So eating disorders and obesity, if you imagine a Venn diagram, they are too distinct, but there's a big area of overlap.
[37:37] We actually have much more of an overlap these days than I think we were aware of even 10 or 20 years ago. my particular specialty these days is the overlap between the two and patients who have both obesity and some form of eating disorder and how they manage both of them.

So in terms of what it looks like to have obesity or an eating disorder, there's just a spectrum for each of them. both, they can be minimal and more developmental all the way up through very severe for each.
But when both are there, I think there are additional struggles and additional pressures that make it more complicated. Does that answer your question?
Yeah? So in the field of eating disorders, has there been more of a correlation over the years correlated to developmental trauma and neglect and people over compensating their adult lives?
Yeah. What's your neglect? Yes. I don't think it's increased, but it's always been there and we're certainly more aware of it now. So eating disorders are highly related to childhood and adult trauma.
[39:07] part of it gets at that idea of personal control, so feeling out of control or having emotions that are in chaos or overwhelming and feeling like, well, I can control what food I put into my mouth or I can escape by eating either direction and having that be as part of the response.

There are patients who will benefit from treating trauma and those who need eating disorder treatment, so it varies on what seems to be the presenting problem, but they are highly related. There are some professionals who will say that every single eating disorder patient has had some form of trauma. It's certainly up there, I think, saying eating bristle is far too far, but it's highly related.
Other questions? Yeah. Do you have thoughts on how can we as a church be helpful to those within the church who are struggling with eating disorders or with obesity?
Are there positive things, you know, you mentioned some of the negative things that people can do or sort of like thoughtless comments people make or something, but are there biblical truths that are helpful for Christians that are struggling with those things that you've seen?
[40:30] Are there ways that we as fellow believers in Christ can that is a great question. So how can we help patients with eating disorders as a church? I do think the primary thing we can do is not try to go overboard and push too far and try to offer advice.

Particularly with severe eating disorders, assuming the person's in treatment, which is probably a big way that the church could help if they identify an eating disorder that needs treatment, is trying

to get the individual engaged in treatment.
But if they are, they're dealing with a lot. So the treatment process is intense. And so forms of social support and coming around someone in a way that gives them space, so not watching everything that they eat, but also makes them feel like they're loved and supported by people who aren't just their therapist or their family who's entrenched in the treatment, I think goes so far and wide.
Often my younger patients, my adolescents, will talk about how their whole life becomes treatment and they just want to talk to someone about something that's not exactly what they ate or whether they moved their leg in order to burn some calories after lunch.
so almost being a respite. You've talked about some of the challenge is for these, the needs are so profound, so deep, you're involved, you're compassionate, you can feel yourself drawn in and then as a Christian, this sort of demand for neighbor love could get you to pour yourself out completely.
[42:30] You talked about the tension of just kind of self-preservation, but are there concrete things that you do in the midst of all of these needs to help calibrate what does love call me to do, but what does wisdom call me to refrain from, just any practical tips on how to navigate if we find ourselves, as we all do in some sense in a fallen world, in which the need around us is ubiquitous and deep, and the call to love, like the Samaritan, is profound, and yet we find that challenge of how do we not just completely trust ourselves.

Yeah, absolutely. I can tell you what I do. I don't know how prescripted it would be, but I can certainly describe it. In the moment, sitting across from someone, it's been a hard lesson, but an important one to learn that I can't actually help them more than they want to be helped, so I often find myself trying to go that extra mile and help them despite some barrier, some unwillingness to change, and that's a problem, and that is probably the biggest source of drainage or exhaustion.
So that, I would say, is the wisdom in the moment and certainly consulting with colleagues to figure out, well, do I go further, is this the time when I step back and give them some space to hopefully create some change in that way?
Personally, so outside of the therapy room, I do a lot around this idea of rest and stepping away, so trying to have boundaries from leaving work at work and being outside of work when I'm not there, which is mostly successful, but not ever completely.
I do appreciate the commute, so when I walk home or when I walk to work, part of that is in order to have a separation between what happens at work and what happens outside of work and being able to separate that with the time and the head space of being in two different locations.
[44:56] I had a friend when I did my residency in Charleston who had a amazing bridge that goes over one of the rivers there, and every time she crossed the bridge, she just turned off work and said, well, no, now I'm done.

I'm past this bridge, and I love that idea of having that visual marker. Now I'm leaving this there. I also guard my mood pretty strictly, so in terms of media consumption, I have a hard time reading books or watching movies that are very depressing, because I just need a time without some of that setness and seriousness.
I do things like that where I pay attention to, well, if I do this, if I consume this, how will I feel after and try to separate out.
thank you, Janet. Let's pray for Janet and for some of the prayer requests that she mentioned.
Father, thank you for Janet this morning. We pray for your continued guidance on her personally and her work and her resting and her personal life.
[46:15] Lord, we pray that you would guide her in her career path and her desire to do all that she is doing for your glory and in honor of you, Lord.

We pray also for the patients that she's working with, for those who are struggling with eating disorders or obesity. We pray that you would protect them from harming themselves, even when they feel like they want to do that.
Lord, that you would show them a better way, that you would restrain them, and that you would also pour out your grace upon them. Lord, that they would know your kindness and that we don't have to deserve that and that we never will, and yet you pour out your kindness to us every day, even in preserving our bodies and our souls.
Lord, we pray that many people would know and be transformed by the grace of Christ. And Lord, we pray for Janet's colleagues. We pray particularly in a field that is very secular.
Lord, for openness, for openness to conversations about faith, for openness to the importance of a patient's faith in God, for openness to conversations with Janet about what faith means to her, Lord,

and for her colleagues to sense their need for you, Lord, to see that though psychology and counseling are helpful in many ways and can be instruments of your common grace, Lord, that they cannot save us at the deepest level.
[47:52] Lord, that her colleagues would long for what only you can give us. And we pray for Janet that as your word says you'd be ready to give an answer to everyone who asks the reason for the hope that we have.

Lord, that you would sustain and strengthen that hope within her and give her opportunities to share that with people who would desire to know more about that.
We pray all these things in Jesus' name. Amen. Amen. We're not going to set up any tables.