

# Faith & Mental Health 1

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[ 0 : 00 ] Thank you, everybody, for coming. We're going to be sitting because we're therapists and we feel more comfortable having conversations today. So, but we're going to say thank you for moving in.

Yes, thanks for moving in. And it's been great to be here. So Stephanie, let's go ahead and start us off in prayer and we'll go ahead and jump in. Let's go. All right.

Lord Jesus, we are thankful for the Sabbath and the chance to come together in fellowship. And to worship you. We thank you that you are a God who is close to the brokenhearted and saves those who are crushed in spirit.

And that you are tender and you are near to us no matter what season of life we are in. Lord, we pray for this Sunday School series that it would be a time of blessing and encouragement and a way for us all to remember our image that is created in your image, Lord.

The delight and honor and dignity that is inherent in each of us. And so Father, we pray that your spirit would fill this room and guide our time together. In Jesus' name we pray. All right.

[ 1 : 14 ] So welcome. Thank you for showing up early on a Sunday morning. So the class is called Faith and Mental Health. We will have four weeks, skip a week, the third week of May.

But this is kind of like an introductory course to just kind of begin a conversation around church and faith and mental health. Thank you.

So in terms of introductions. All right. So my name is Elena. I'm a clinical psychologist. So I have my doctoral degree in clinical psychology, and I work over at Yale doing individual and group therapy. And Stephanie and I work together. Yay. Yeah. And my name is Stephanie. I'm a psychiatrist, which means that I went to medical school, residency, fellowship. And I also do a bit of therapy, but also do medications as well.

So if you have any questions about medications, Stephanie is the better person to answer that. So we wanted to start off by just kind of sharing a little bit about how we came to be interested in this topic.

[ 2 : 25 ] And so Elena will start us off. Yeah. So I guess I just want to acknowledge, I mean, I know like having sat in these kind of classes before, probably many people here who realize like might be struggling with mental health concerns or have a loved one who does.

So kind of by way of introduction, I just wanted to share a little piece of my own story, kind of apart from the professional side. So I also struggle with my mental health.

I have OCD, obsessive compulsive disorder, since I was a little kid. And I consider that to be very much like sort of a present tense experience.

It's not something that God has removed kind of from me at this point in time. But it has also been something that God has really used in my life to just give me a calling to serve others and to help me understand Christ's compassion for us in a really profound way I don't think I would have otherwise known.

So I guess I just want to say, if you're here and you're struggling or someone you love is struggling, I'm very much approaching this as one of you and not like the person just teaching. Yeah, and I'm also a person who's benefited from therapy and medication as a...

[ 3 : 51 ] Oh, sorry. Talk a little louder. From therapy and medication to help me flourish kind of with this experience. So yeah, there's more to say.

So if anyone has more questions, you're welcome to chat with me anytime. But I just want to put a little piece of that out there. I think for me, part of my journey into mental health is also informed by the cultural piece.

And so kind of having grown up in an Asian-American Christian faith community, there was a lot of stigma around mental health. It wasn't really talked about. It was kind of, you know, this new generation has it so easy.

You know, what are y'all complaining about? And so there was always kind of a disconnect between that and just kind of even like working through my own emotions or walking with friends who, you know, even starting from middle school, high school, struggled with eating disorders and self-harm and trauma.

And so just kind of when I went to medical school, really finding that as a calling of, you know, here was a place in medicine to really walk with people in their journeys, really understand how they were thinking, about things.

[ 5 : 07 ] And so that, I hated the rest of medicine. And so that really felt like a, that really felt like God's specific call. And so I am very grateful for that. And just kind of the chance, because mental illness so often is chronic, just really the chance to develop relationships with the people that we work with.

So we wanted to just kind of start off like really at a basic foundational level, like what is mental health?

What is mental illness? We talk about the illness wellness continuum. And Alina can expand on that. But just kind of a brief definition we would start with is that mental health includes our emotional, psychological, spiritual, and social well-being.

So this is the foundation for how we think, how we feel, how we act. And whenever we have stressors in our lives, and we go through hard things, how we form relationships with other people, how we're interacting with them, what conflicts we're having, how we make choices.

Those are all related to mental health. And it's not just something that you achieve, but it's something that developmentally, even from birth when we talk about attachment and get older and are closer to the end of life, it's impacting how we process those stages and how we contribute to the communities that we're in.

[ 6 : 39 ] And so mental illness disrupts this. And so people who experience mental health problems have trouble with, again, their thoughts, their feelings, their behaviors in ways that get in the way of functioning, of doing, you know, going to work, going to school, having healthy relationships.

So any distress or problems in those areas are times we start thinking about, you know, kind of where on the continuum this person is. Do you want to ask?

Yeah, I mean, so there's a lot to be said from the realm of, like, illness to wellness. And just because we're not ill doesn't necessarily mean we're well.

But we're going to be focusing a lot on, I would say that, like, green to yellow portion here, like signs, symptoms, disability. So really, like, what do we do as Christians if we find ourselves, like, not over here in this wellness part, but, like, really, really struggling.

And as we'll talk about, Christians do frequently find ourselves there. So, like, how do we do and what do we respond? Yeah, so the topic is super broad, right? And so, I mean, just to kind of give a brief list, right, this includes when we talk about mental health, we include mood disorders, like depression, major depressive disorder.

[ 7 : 59 ] We're including bipolar disorder. We're including thought process disorders, like schizophrenia, psychosis, addiction, substance use, eating disorders, trauma, PTSD.

Like neurodevelopmental. Yeah, right. A lot of neurodevelopmental slash, like, neurodiversity conditions, right, that not that they're necessarily pathologized, but that they can maybe disproportionately be associated with needs for support.

So, like, autism, ADHD, that kind of a thing. Tic disorders. Yeah, so it's, like, a huge area, right, that requires, like, you know, we've gone through decades of training between the two of us.

And so I think kind of for the purposes of this class, we're probably going to focus more on, like, anxiety and depression. Particularly, I think that came more to, like, society-level awareness during the pandemic, right?

Everybody's feeling like they're languishing, not flourishing, feeling really isolated. So I think that can be a little bit more relatable in some ways. But we'll touch upon kind of other aspects of those if you don't have specific questions about it or want to talk about that.

[ 9 : 10 ] We kept, as we were preparing, we kept thinking, like, oh, we could teach this class for probably, like, three years. So this is, like, a brief overview of selected topics.

So if you want to talk more, just have coffee with us. Yeah, yeah, yeah. And we welcome feedback and, like, questions and things that y'all want to talk about. And so feel free to email us or email Michelle.

Yeah. And she'll pass it at us. Yes. Yeah. And we're going to be pretty interactive, like, during this time, too. So, yeah. All right. So, well, I'm guessing you all care about this topic, which is probably why you're here.

But just to share some brief statistics, I did a little bit of research about kind of mental illness nationally in our country as well as mental illness among Christians. So generally there's different statistics, but around one in five adults in the U.S.

experience mental illness at a given point in time. And the rates for Christians don't appear to be much different from that. So there was a recent research study that found that 23% of pastors report experiencing mental illness.

[10:18] So, again, that's about one in five or slightly more. And only half of those pastors report having been formally diagnosed. So there seems to be in the church, and statistics reflect sort of a disconnect between, like, kind of the proportion of people in church who experience mental illness and the proportion of people in church who are getting the kind of care that they are desiring and want.

So, you know, and I think mental illness is hard to talk about in church for a variety of reasons that we're going to go into probably. But two-thirds of pastors said they talk to their congregation about mental illness once a year or less.

So it is, you know, there's kind of a disconnect there. A third... It's hard to hear you. Oh, okay, so sorry. Yeah, so one-third of people who attend church say that they have had a close acquaintance or family member who's died by suicide.

And we often know that when people struggle with mental illness, they go to clergy before they go to psychologists or psychiatrists. So there was a 2003 study that people were more likely actually to seek support from a pastor first as opposed to from, like, a therapist.

All right. Great. So I think that in terms of why we should care, right, is that even if it's not talked about in specific spaces, it is still happening to us as Christians.

[11:50] It's happening to leaders in the church. And people want to talk about it, but for a variety of reasons, maybe we're not. Would it help the projection if we stand up?

Yeah. Okay, so let's go. We will. Sorry. Great. Not me. I think... All right. Okay. All righty.

Let me know if this is better. Hopefully we'll... Perfect. Okay. All right. So we're just going to start with... This is really a topic for today. Why do people struggle with mental illness?

And what are the variety of factors that can contribute to that? So we actually just wanted to start by hearing all of your perspectives. We really wanted to know what have you heard, like, in the church or in Christian communities about why people struggle with mental illness?

This doesn't have to be in this church specifically, but, like, in your experiences with churches more broadly. Yeah. What sort of reasons have people been heard? Yeah. Yeah. Yeah.

[12:54] Yeah. For sure. For sure. That's a big one. Any other ideas or things you've heard? Either sort of things you agree with or disagree with. It could be on either side.

Sin is a big one. Sin is a big one. Sin. Yeah. Yeah. Yeah. That's one. In Christian communities, it's hard. And that could go two ways. It could be, like, we just live in a sinful, fallen world.

Yeah. Or it could mean you're not trusting God enough. It could kind of go a couple of ways. Right.

Yeah. Exactly. Yeah. Yeah. Is there a genetic component? Like, if you have family members who have sex with a child, you're more likely to get it?

Right. Exactly. Yeah. Yeah. Specific, like, if they have bipolar, maybe you're more likely to get bipolar. Yeah. Yeah. That can be a factor for sure. Absolutely.

Yeah. Any other things you've heard in churches? Yeah. I think grief is a big part of it. Yeah. Yeah. Absolutely. Yeah. I don't think the church knows how to deal with that sometimes.

[13:54] Mm-hmm. How do you address that with people? Yeah. Right. Yeah. Great. Yeah, Tyler. Yeah. Unable to handle negative emotions. Mm-hmm.

And so there's a confusion about what do I do when I'm feeling beleaguered or anxious about something. Yep. Absolutely. Absolutely.

Yep. And I think that gets tricky with our faith, too. Like, what does that mean if you're feeling that and you're oppression? And yeah. Absolutely. Yeah. Yeah. The physical TDI or brain tumor.

Mm-hmm. Yeah. Or moral amount. Absolutely. Yeah. Absolutely. Yeah. For sure. So we are, yeah, these are all great, and you go segue to a lot of different things that we are, that we're going to talk about.

And so we're going to go over three common questions that are specific to the church and to Christians that we have often heard ourselves in churches that we've been in or working with Christians or just being Christians.

[14:55] So three common questions about the causes of mental illness. One would be, have I sinned? Like, am I struggling with mental illness because of my own sin? Am I struggling because my faith is weak or I need to do more spiritual disciplines or that type of thing?

And what about the role of, like, demonic oppression or spiritual warfare in our understanding of mental illness? Can everybody hear us better? Okay. Okay. I notoriously talk quietly, so this is good feedback.

Okay. All right. So what we know, the framework we're going to be using is that mental illness that causes mental illness, we call, are multi-causal and multi-maintained, which basically means what it sounds.

So there are many different factors that contribute to why somebody might have mental illness, and there are many factors that can keep a mental illness going. Okay. So we use the biopsychosocial-spiritual model, which is just a way of saying, like, everything of what all of you just said.

So our biological, like, our brain chemistry, genetics play a role. Our social life is also, you know, how are our relationships, divorce, you know, struggling friendships, parent-child trauma, you know, these kinds of things.

[16:15] Our psychological factors, so, like, our temperament, how can we deal with emotions, like, Tyler said, we, most of us have a bent kind of toward either we feel a little more anxious or we're a little more depressed, or, you know, we all have these kind of different psychological factors, and then spiritually, like, where are we at with God, what has been our experience in the church with other Christians, and all of these things play a role in the development of making this mental illness.

All right. Anything else you want to... Ooh! Sorry, but Admin. I think y'all actually covered, like, all of the different categories, right? Like, somebody mentioned if there's, you know, if you have a family member who struggled with mental health, has needed medications, or has been hospitalized psychiatrically, or has committed suicide, or tried suicide, right?

Those are all huge risk factors biologically for why, you know, the next generation might struggle. And then I think socially it can go either way in terms of, like, are you isolated?

Do you have community? The strength of the relationships. And then, you know, there's spiritual overlap as well with sin and fallenness that we'll get into as well. And very often what happens for most people is that those who struggle with mental illness have some sort of predisposition, like, biologically.

But then there is some sort of life event or stressor or difficult circumstance, which actually contributes to sort of triggering that predisposition. So that's not 100% across the board.

[17:48] Obviously it's complex, but for most people there's a combination of those two genetic factors and then life stressors. All right.

So... Sorry. It's just going...

No, you can... All right. Do you want me to do it while you're doing it? Oh, sure. That's great. You get a little sense of where we're going. There we go. Okay. I guess we already covered.

All right. So I think... So in terms of the purpose kind of section... Oh, yeah. Yeah. Yeah. So giving into what Michelle shared about mental illness in the church, people often bring up issues of sin.

So like, have I... If I'm depressed or anxious, like, have I sinned? Or like, do I have some kind of unconfessed sin? Or is there something that I'm not doing right? That's like a pretty common one that comes up either explicitly or implicitly.

[18:51] So I guess we're just curious if you've ever seen that among Christians. Like, people attribute mental illness to sin in different ways. And how that... Like, what might be the effect of that?

Like, what might be the effect of that on somebody who is struggling? And again, it doesn't have to be like this one specifically, but... She had a general experience.

Yeah. Yeah. Actually. Actually. Um... For a long time... A long period of my life, I was involved with the Autism Society.

Mm-hmm. Because for those of you who don't know me, my daughter has autism. Mm-hmm. Um... And I had the opportunity to, um, go on a date with her.

Um... And her date's mother and I chatted while they were having their date. Yeah. And, um, I... As I always do, ask about, well, you know, if your support system includes your church family.

[ 19 : 52 ] Mm-hmm. And she says, oh, I don't go to church anymore. Mm-hmm. And she told me this horrific story of, um, when she let her faith community know that her son had been diagnosed with autism.

Mm-hmm.

And she impacted an entire family. Mm-hmm. And, uh, so... Yeah. Yeah. Yeah. I've seen problems with that kind of thought process in terms of any type of mental illness that's attributed to sin.

Yeah. Yeah. Yeah. Thanks for sharing. That's really horrible. It's a hard story. Yeah. Absolutely. Yeah. Tyler. Yeah. I'll just echo that. I know a family here at Trinity who's... They adopted one of their children who ended up having severe mental disabilities.

Mm-hmm. And their old church said, well, it's because of your sin. Like John 9, who sinned? He was a manager's parents. Mm-hmm. So this must be your... Because of you, God is punishing your son.

[ 21 : 18 ] Mm-hmm. But, uh, I think the other side... That's one, I think Jesus suggested that in John 9. Um, but also, I think Psalm 30, 32, where unconfessed sin, it says that my strength was dried up by the heat of summer.

So, again, there's no one besides fits all the answer here. Mm-hmm. Mm-hmm. So, sometimes unconfessed sin can have, like, affect our bodies and our strength.

Mm-hmm. Yeah. Absolutely. It's a long enough. That we can't. Yeah. Yeah. But I think the stories that y'all are sharing both kind of illustrate how if we feel like, oh, this person is struggling just because of sin, right, we're...

It can be alienating to the person who's already suffering, right, and it puts us in a position of, like, distancing from the person who's, you know, already struggling and seeking community, and we're like, well, this is your problem, right?

Mm-hmm. Versus, like, being able to join in with them and journey with them. Mm-hmm. Mm-hmm. That's true. It was also true that, like, you read for yourself because of my watch.

[ 22 : 25 ] Mm-hmm. So, when I was in college, I stopped following God, and I studied architecture. So, then when I wasn't following God, I became very proud and ambitious.

Mm-hmm. And I wanted, like, the best project ever. And so, I ended up getting a job at the best architecture firm in the world. Mm-hmm. And so, but the point is, the reason I'm saying is they were, like, an idol in my heart.

Mm-hmm. And actually, the reason they were so rich is they don't pay the employees. They work all the time. Mm-hmm. Mm-hmm. Mm-hmm. So, I realize now, had I been more content in God and never built this, you know, I wouldn't have wanted that pride and assumption.

I would have had, actually, a better life. Mm-hmm. So, there is something where you reap what you sow, and God's not mocked. But, but at the same time, there is the John 9 story. Mm-hmm.

But you have to keep both. So, I know that I deserve to be mistreated because they were an idol.

Mm-hmm. Yeah, this is, yeah, it's really complex. And this is a great segue because we're going to cover kind of both sides of things here.

[ 23 : 27 ] Like, what, really the question is, like, what role does our personal sin play in the development of mental illness or the maintenance of it, if any? Right? So, I think that's our question. And there's a lot to be said about it in so many painful different experiences with that.

So, I guess one thing to recognize, and we're going to get into the sin part in the next slide, I promise, but there are so many different elements of living in a fallen world and of people sinning against us that really profoundly impact the development and maintenance of mental illness.

So, this word, clout, on the left is just a few of the things that would be not somebody's fault, per se, but are just an element of living in a fallen world that could profoundly, you know, contribute to somebody's depression, anxiety, psychosis, anything else.

So, job loss, chronic pain, racism. So, this would be, like, experience, like, living in a fallen society, right? Or living in a fallen body, like a physical disability.

And then Stephanie's going to talk a little bit about some experiences in early childhood, but you also really set committee up for development and maintenance of mental illness. Do you want to

talk about that?

[ 24 : 42 ] Yeah. So, this is, like, the chart on the right is just kind of like a well-known thing within developmental psychiatry and psychology called the adverse childhood events.

So, ACEs for short, right? And so, sometimes, I mean, you know, we might look at Elena's example of, like, well, you're in financial struggle. Like, maybe you just didn't manage your money well, right? And, you know, you're in chronic pain. Maybe you should kind of just, like, get it together, right? But I think that when we look at adverse childhood events that really cumulatively increase the risk that someone is going to struggle with mental illness, I think we also see how much of where we're at right now, if we are well or wherever we're on the spectrum, right, is due to circumstances that we can't take credit for.

And so, you know, for somebody to have been born into a household with abuse or neglect, if your parents are incarcerated, if you have a parent who's struggling with substance use, somebody mentioned adoption, right, and that rupture in early childhood, even if that child can't verbalize it, right, those all manifest in different patterns of thinking and feeling and acting.

And so, I think, you know, for those who are well, really, to have a sense of, like, humility and gratefulness for the Lord in being able to provide, like, you know, a stable household, or, like, the lack of any of these is still quite protective, right?

[ 26 : 14 ] And so we see how if you have more and more of these, and they often do kind of run together, people not only are more prone to have mental illness, they're more prone to have obesity, diabetes, cardiac events, to die early.

And so there's really that mind-body connection as well that is part of this kind of complex interplay. Absolutely. So, all right, the sin question, this is a big one, and I'm glad that all of you raised the both sides, right?

Like, people being sort of blamed for mental illness as a result of sin, and they acknowledge and, like, here, we are sinners and our sin has destructive effects on us and other people in the world.

So I'm just going to read this quote, which is, I know, what you're not supposed to do with a PowerPoint, but I think it's so good, but I'm going to just read it. So this was written by three Christian psychologists who did kind of a comprehensive appraisal of this topic.

They were also my professors, so I have to give a plug for them over there. So these various behavioral, emotional, and cognitive dimensions of human experience fail to perform as originally intended, both reflecting our fallen condition and expressing that fallen condition through the decisions we make as incomplete and fallen persons.

[ 27 : 37 ] Each of us struggles with unique expressions of our fallenness, and it should not be surprising that human mental health is often the stage on which many of us express the drama of our fallen future.

So, yeah, so I think the answer is it's complex and it's both, right? Like, the post, since the fallen man, our world is not as it should be.

So this fallenness is reflected in our bodies, our minds, our relationships with others, a lot of things that we deny individually cause, like, the second is talking about the ACEs study, right?

Ways that people have sinned against us. And usually it is all of the above, and our personal choices probably play some role, not some of the time, right? So somebody might struggle with mental illness because they have a biological predisposition, which is fallenness of their body. Maybe they've had a relational trauma, so somebody sinned against them. They've experienced, say, discrimination, so living in a fallen society and someone sinned against them. And have chronic pain, so, you know, fallen biology.

[ 28 : 46 ] And perhaps there is some role of personal choice there, too, of, like, choices to get help or not get help, you know? So that plays a role, but it is like a slice of the pie that's a really big pie.

And I think one thing, a helpful thing to think about is even, like, mental illness versus physical illness. I think oftentimes we're a lot more quick if somebody's struggling with depression to say, Hey, maybe you need to look at this area of your life.

Whereas if somebody's struggling with cancer, diabetes, or asthma, we're not quick to do that, typically, right? And certainly, even with physical health conditions, personal choice could play some sort of role some of the time.

But that isn't often our first response, both because that's usually not the most accurate and not the most compassionate. And I think that, typically, that's a consideration with mental illness as well.

So, again, certainly our own sin, our own choices can play a role. So let's say I have anxiety, which I do, and I, you know, that's a result of genetic factors and things beyond my control.

[ 29 : 55 ] But let's say I really deal with the sin of pride and I'm too proud to, like, talk about my struggles or get help. In that case, my sin might play a role in, like, the maintenance of that, but not why I struggle with it in the first place or not exactly why it's there.

And again, that's not true for everybody. That's just one small example. And I think it's hard. I think it's hard as humans and as Christians to say, like, we might struggle with mental illness for reasons that are not our fault and that don't have anything to do with us.

Because I think it makes us aware of our own frailty, right, and vulnerability. Like, we're not, if it's not up to our own good decisions or own choices, then we're not exempt from this experience. And I think that that can be scary.

It's nice to kind of think, oh, if I do the right things and follow God and take care of my sin, that I won't struggle. And that really might not be true. And I think that that can be a hard thing to recognize.

But I think that that brings us to, like, our right stance that we as humans should have before God of really trusting God to love us and sustain us, whether or not we're struggling with mental illness, no matter what that looks like in a given time.

[ 31 : 07 ] So I would say, I don't know what your experience is, but we've worked with lots and lots and lots of people over lots of years. And I would say it's very rare, if ever, that I thought somebody's individual choices are, like, the only contributor to their distress.

I would say that's almost probably never happened. I don't know what your thoughts are. Yeah, I agree. I think that it is so complex, as Alina was saying, right?

And kind of even in the example you shared before, right? Like, there are idols of wanting to, like, make it in the architecture world. But then there are also these societal factors of, like, capitalism, like, you know, bosses exploiting labor, right?

And kind of using that that helps maintain it. And so I think that there are always so many different, there are systemic things, right? There are individual choices and things beyond our control that really contribute to our issues.

And Stephanie's going to bring a little scripture. Yeah. And y'all already jumped to this. But I think that even if, as Alina was saying, right, it's so complex that we may not necessarily always be able to have, like, a one-to-one, like, this is the reason, right?

[ 32 : 16 ] We know from a couple of examples of how Jesus responds in the Bible that it's not just due to sin, right? And so there are two passages I just wanted us to go over.

The first one is John 9. So, as Jesus went along, he saw a man blind from birth. His disciples asked him, Rabbi, who sinned, this man or his parents, that he was born blind?

Neither this man nor his parents sinned, said Jesus, that this happened so that the works of God might be displayed in him. And so here I just also want to pause and note that, like, the disciples are just like us, right, in terms of wanting to assign blame, wanting to figure out the cause.

And they're offering Jesus two choices. Is it A or is it B? And so often, as is Jesus' way, he said, neither, right? Like, these categories, like, I'm not even participating in this, right?

And so I think that is often helpful for us who are, like, trying to figure out the narrative, the cause, before we respond. And Jesus says, you know, it's neither of these things that you're offering me.

[ 33 : 26 ] It's that the works of God might be displayed. And so that even when bad things happen, right, and we'll get into, like, the theology of suffering in a little bit, that God is at work and it is God's glory that everything happens.

And then the next example is from Luke 13. So now there was some present at that time who told Jesus about the Galileans whose blood Pilate had mixed with their sacrifices.

Jesus answered, do you think that these Galileans were worse sinners than all the other Galileans because they suffered this way? I tell you, no. But unless you repent, you too all will perish.

Or those 18 who died when the tower in Siloam fell on them. Do you think they were more guilty than all the others living in Jerusalem? I tell you, no. But unless you repent, you too will all perish.

So I think here Jesus is bringing up examples of, again, just kind of pointing out our desire inherently to want to, like, categorize and put people on a hierarchy, right?

[ 34 : 34 ] Who's a worse sinner, right? Who's a worse sinner? Who sinned more? Who's more guilty, right? And Jesus' response in all of this is to kind of redirect our attention to our own states

of, have we repented?

Do we have life in Jesus? And, you know, like, when we look at, you know, people who may have children who are struggling behaviorally, right?

Do we think, oh, it's because I'm a better parent? Or is it more kind of this posture of saying, okay, well, here are still my limitations as a parent that Jesus is working through, right?

And so I think the posture in which we approach people who are struggling is different. And I'm just curious, just checking, because I realize there might be a broad range of views represented even here in this room about the role of sin and mental illness, which is totally fine and good.

So I'm just curious what people think about this, if they're, yeah, are not sure about the sort of model of it playing a role but not being, like, the primary role. Yeah, and just what people's reactions to that are.

[ 35 : 43 ] Well, if you have other questions, we're going to say, yeah, Tyler. I appreciate we're all naturally blame shifters, just like I leave the garden, shifting blame to somebody else.

It was a serpent and that was the woman that you gave to God. And I think we are suffering. I think ultimately we love to avoid the hard issue of, like, how to repent before God.

And that's a thing. Jesus wants us to go there. But ultimately it's not one size fits all again. And God will be glorified.

And I think one of the first people in the Gospel, John at least, who confessed Christ, is like a man with a disability. So it's like God has wonderful compassion for those who are suffering.

And the society has, like, said, like, you're, you know, you're not even worthy to be in communion to the rest of us. But God has seen those people and has compassion on them.

[ 36 : 49 ] So, yeah, I appreciate it. Like you said, it's not one size fits all. It's all the biases work on your own salvation.

I think one thing to note, too, I guess, with this issue of sin and mental health, is the two things can correspond in one person and one might not be causing the other.

So, you know, somebody, or I'll just use myself as an example. So I do have OCD. And certainly I'm a sinner and I sin against my husband, who's sitting in that room. And absolutely, undoubtedly, I need to confess and repent of my sin every day before God.

Does that help my OCD? Maybe. Not usually. You know, like, those things are not, it's not like they're not always related. However, I certainly have a need to repent before God.

So just because we have mental illnesses and we don't need to repent, and just because we need to repent doesn't mean that our unconfession is always causing the mental illness. So those two things can kind of correlate in that way.

[ 37 : 55 ] So this is the second section on things we might commonly hear about why people struggle with mental illness. And the second one is, you know, is my faith weak? So we also wanted to kind of open it up for a discussion of, you know, are there things where you've seen mental illness attributed to spiritual weakness or needing to practice more spiritual disciplines?

And how does this, if we believe that, how does that translate into how we interact with those who are suffering? This is like a more subtle, I think, narrative that you've seen to cause mental illness, but it is, it's really prominent in Christian communities.

I think I've heard a lot, you need to work on your relationship with God first before you seek, like, counseling or therapy.

But what I've experienced recently is that good Christian counseling or therapy might be a way to help you do that. It can be a tool in the toolbox that is part of that.

And having, just the fact of having some objective listener who is saturated in the Word, who's allowing their faith to be the guiding principle behind their treatment is extremely pivotal.

[ 39 : 25 ] Yeah, so there's not like, oh, there's spiritual disciplines and there's mental health treatment. Like, one can actually assist, the process of one can assist, the process of the other.

Yeah. But certainly, like, seeking out help for a specific topic while ignoring the component of your relationship with God, that has not worked for me.

Trying to treat the symptom without the root cause, that has not been good. Sure. Yeah. I appreciate how you found, yeah, these things can sort of tie together.

Yeah. And the biopsychosocial, spiritual, or holistic people who, this is, yeah, really, they're interacting with all of us. So, yeah, thanks for sharing. Right. Like, so that they can be parallel processes, instead of like, something that one comes before the other.

And that's the thing, no one's explicitly said, oh, man, you're just, you're not, you're not right with God, and so you're seeking this help from the world. But there's sort of this underlying, like, am I? [ 40 : 28 ] Like, you know? And so, but no one will explicitly tell me, or for years, no one tell me, yes, you are, no, you're not. It was just like, are you? I don't know.

I don't know. Help me. Yeah. Yeah. Yeah. And I think these, sometimes it can be subtle, I think, or what we're saying, like, even, like, someone might say, oh, like, I'm really struggling with the diary. And someone might say, oh, like, have you been praying enough? And it is great to ask our friends about their prayer life. Like, that is a good thing to ask and encourage. But it does kind of imply at times, like, oh, you're anxious because you're not praying enough.

I think we just need to, we'll talk about, I need to be careful with that. Just in the way, like, if somebody has, you know, a seizure disorder, we might not jump to asking them, oh, are you praying enough?

Right? Like, we might not think of that as, like, the appropriate question. So I think there's just a, there can be subtle, and granted, like, I'm sure I've said all of these things, and I'm like, ah, I shouldn't have said that. Right?

[ 41 : 29 ] Like, we all, it can be very well-intentioned. Like, if somebody is depressed, like, oh, like, are you not trusting God's promises? Like, maybe that should be a conversation at some point.

Like, we should all trust God's promises. But that may not be why that person's depressed. So it's kind of, I don't know. I think sometimes, just by observation, this is hot.

So I experience postpartum depression, which is very common in women after chill-up birth. And I think seeing other moms thriving and apparently having zero problems with childhood and the adjustment is like, okay, I'm clearly weak.

Like, I think so sometimes we see it by observation. We come to church on Sunday and see happy, shiny people. Yeah. And think, well, what's wrong with my faith that I don't feel happy and shiny? Yeah.

And so I think some of, for me anyway, this is coming from observation of a 30,000-foot look on someone else's life, which may or may not be accurate.

[ 42 : 31 ] If it's on social media, it's probably not. If it's Sunday morning, it's probably just Sunday morning. But for me, I think it's the pressure that spiritual weakness are meeting, I think it's internal.

It comes from inside. I look out and I see, oh, shiny happy people. And I think, what's wrong with me? What's wrong with my faith? Yeah. That's why we should compare ourselves with them. Very good.

There's lots to be fun about the role of social media and mental health. So much. There you go. But I think you're right. The disconnect between how we feel like we should feel and how we're actually feeling, right, is that gap, I think, can worsen how ashamed or how guilty we feel about struggling. And so I think some, like, I was listening to a story, like somebody had struggled with depression and anxiety for a while, but it wasn't until after they became a Christian that they thought about suicide.

Because it was that sense of being in a culture where they're like, you know, Jesus saves, you should be happy. Yeah. And we'll talk more about spiritual bypassing a little later. But, like, I think that, you know, when we're told, like, have hope, be, you know, be joyful, right, and we don't feel that way, that worsens, you know, our sense of, like, what's wrong with me?

[ 43 : 55 ] And so I do think just to be really careful about ways that we talk about it. I think that will have to do with expectations of society and other people.

I mean, we all want to be accepted and give a good impression, impression that we're okay, we're healthy. If we're really not inside, we're going to try to fake it. And I think that's a broader question of, like, you know, at church do we, like, whatever we're struggling with, right, because we're all struggling with something, do we feel okay being vulnerable and authentic at church, right? Whether it's mental illness or some other health condition or a relationship thing. Yeah. Oh, Corbin, yeah. I've heard addiction also reduced to weak faith.

Addiction can be very complicated. Yeah. But I've heard people suggest if one of this person loved God more, they would have struggled with addiction. Yeah, yeah. Yeah, addiction is a really important category, and we need a separate class for that category.

So, yeah, that's just to bring up a point. So there's neurochemical, neurobiological, and psychological and social aspects of addiction, too, and that's important, yeah. One of the problems

that we have as church members is, like, we know our Bibles.

[ 45 : 11 ] Like, you know, we're trying to apply our Bibles, and if we know them well enough, we know that there's a lot of complication to these issues. Yeah. Rather than, like, in psychiatry and psychology, a lot of church members, like, have bad reputations.

So it's not like I'm quick to say, you should go to a psychiatrist. Even though they often leave, they probably should. But I think a lot of church members just, like, I know my Bible, I want to help. Like, there are small group leaders, you know, they want to apply the text, they want to pray for you. And often, if they oversimplify, they do great harm. Because the person feels enslaved. They're, like, they, no matter what they do, you know, God must not really care for me.

Because I've prayed about this for many years. And they're oversimplifying it. And they have wrong expectations. Right, right. So I don't know what the answer is, but I think there's a...

Yeah, and I think that's a really good point. Like, it is great to read our Bibles. And that can be a part, absolutely, that we should pursue our overall healing process. And we want to, like, feel like God is all-knowing and we are not.

[ 46 : 18 ] But keep in mind just, like, the vast complexity of what contributes to struggle for an individual person. So just a brief scripture question. And you're all super familiar with this.

And it really helps me, like, when I think for my own self, like, ugh, why am I struggling with my mental health? What am I doing wrong? I must not be faithful. That Paul, and we don't know what Paul's thorn was, I don't think, at least we don't think of him.

And that he, like, God did not remove this from him, right? Like, he continued to struggle. But then he's able to say, like, I will boast all the more gladly in my weaknesses.

And I think that the same can be true of mental illness. Like, if this is something that's part of our experience, we can use that. And God can use that for his glory, too.

We don't have to be ashamed of it as a part of our faith. So this is an interesting quote. So there's a former professor at Southern Baptist, someone named Eric Johnson, who's really a scholar in theology and psychology.

[ 47 : 23 ] So he came up with this concept, which was quoted in this book. But scriptures teach about distinction between sin and weakness. Sin, and I don't know how to pronounce the Greek word, so I'll just come over here, refers to the changes in our nature and behavior for which we are responsible, while weakness refers to those changes in our nature for which we are not responsible.

God responds to our sin with judgment tempered by grace, while his response to weakness is tenderness and compassion. So, and it's tough, right? Like, looking at someone else's life, we might not know what is sin and what is weakness, right?

Like, you'd have to really, really know a person in very in-depth to know that. And certainly there's a place to think about those too, but I think it's worth just having a lot of humility, considering what is the one sin and what's the weakness.

Anything you'd add? Oh, yeah. I just want to, I think, just as, because you guys were kind of touching on even like, how do we respond to friends?

And I think even this thought about sin and weakness, I think related to what Kim was saying about, like, we're not good with greed. Yeah. I think there's something when I'm responding to a friend that it feels, I want to be helpful and I want to like, fix it.

[ 48 : 37 ] And so, like, if what we know is Bible, then like, this is like a way to try to fix rather than sit in the difficult place, with tenderness and compassion, which can be vulnerable.

And not have a right answer, not have any answer, and just kind of sit in the middle of the in-between. And I feel like that's harder for me, because as a friend or family member, like, I just want to make it better.

I just like, want someone to not suffer. But then the ways that that actually can turn the person's experience, like, is this my sin, right? Right, my responsibility to actually take something rather than, yes.

Yeah. I think for sure it's a messier process when we don't know, like, what the answer is, right? And I think it's helpful, too, to think about, you know, our desire to fix it is really to alleviate our distress, not alleviate their distress, right?

So this is our problem, not what, you know, not their problem. And so I think just kind of understanding where that motivation is coming from can be really helpful. I think, too, like, often the

person coming to comfort or counsel is someone who is coming from a place of strength, a place where I feel like I'm pretty solid, maybe I've never even experienced this thing that they've been through.

[ 49 : 56 ] And so we're completely out of our depth. We're out of our element, and, yeah, we're assuming that we're good enough, I'm scholars, to, yeah, bring some kind of healing to the situation when maybe it's just fine.

Yeah. Yeah, that reminds me, I had written down a Spurgeon quote who struggled with depression for much of his life. And so just remembering that when we want to judge others, he writes, There are a great many of you who appear to have a large stock of faith, but it is only because you're in very good health and your business is prospering.

If you happen to get a disordered liver or your business should fail, I should not be surprised if nine parts out of ten of your wonderful faith should evaporate. So I think that's a great thing. I mean, absolutely, right?

Like, just being mindful of how much of our faith is dependent on circumstances, and God, by his grace, doesn't give us more than we can handle, but also why it is so important to really be walking with people and not judging where they're at if we haven't, you know, gone through that ourselves. And we're going to have a whole class section on how the church ought to respond or might respond for those who struggle with mental illness in a few weeks.

[ 51 : 15 ] So stay tuned. Stay tuned, yeah. Do you want to move on to the... Yeah, let's... Okay. This one is pretty rich topic, so... Yeah. All right. So kind of in the interest of time, because we have seven minutes left, the third kind of most common thing that we've heard is, you know, what about the role of spiritual warfare?

And so, you know, maybe not at this church, maybe at other churches, you know, or through friends, right, you've seen mental illness attributed to demonic activity. And just thinking about, like, again, if you think mental illness is related to demon possession or the work of the devil only, how does this affect how we interact with those who suffer from mental illness?

Yeah. Sure. So, again, this is kind of our theme. It's complex, and it could be both ways. So, spiritual warfare, like, we know that Satan is the enemy of our souls, and it's...

Spiritual warfare is alive and active in the world. And that is... That can be one factor among many reasons that, you know, are sort of hurting... Making somebody discouraged or burdened.

But we should be really careful, cautious, and have a lot of nuance about making attributions to spiritual warfare. Similar to, like, if somebody started with a seizure disorder, that's not usually what I hear is the first response of, like, oh, they must, you know, there must be a demonic, you know, activity.

[ 52 : 45 ] Because that would understandably make the person feel very pathologized and very, like, alone and sort of distanced. And I think we need to be just as careful when it comes to depression, anxiety, psychosis.

Psychosis can be a tricky one, right? Sometimes people ask about that one because the presentation might appear to be... Yeah, we kind of don't understand what somebody's thinking or acting or talking in certain ways.

But we need to be really just as careful. So... And I think one way I think about it is Satan being the enemy of our souls can certainly use any number of things to discourage and burden us.

Our traumas, our attachments, our grief. Um, Satan can maybe capitalize on our genetic predisposition to kind of further discourage us. That doesn't mean that our depression is related to demonic oppression, right?

This is how, like, Satan's work in sort of the fallen world and his work to discourage us. Um, but we also think part of what... You're speaking of spiritual warfare, part of what can really bring light is by really talking about our mental health concerns and seeking support and opening it up.

[ 53 : 56 ] And so, one thing I observe a lot is, you know, just people feel, like, so ashamed. And if there's a sense of, like, I'm ill because I've obscured warfare, that might contribute to more isolation, more shame, and then more discouragement.

So, yeah. Um... And just to add on to what Alina was saying, right? Like, I think, uh, um, about how Satan can use pre-existing things to discourage us, right?

When we think about, like, bacteria and viruses, they're everywhere in the environment. But where it causes disease might be where you have a cut, right? Or you have a physical opening. So I think

in the same way, you know, there is spiritual activity at work, but there may also be kind of an entry into, like, our specific experiences through whatever emotional wounds we may have.

Um, I think just kind of, you know, it's complex, right, is, like, kind of the big takeaway. And I think also, um, how, you know, thinking about just the ways we treat people with physical illness, how often we have so much more compassion for that versus mental illness, right?

And so, um, you know, when we think about, well, was Satan involved, right? And I, and I, um, heard this thing about, you know, like, in Job, right, um, part of Satan's attack on Job was to afflict him with sores and boils, right?

[ 55 : 27 ] The week, when we see people with acne or we see people with rashes, we're not like, oh, my gosh, that's Satan attacking you, right? And so just even thinking about, like, how we respond to people with physical illnesses.

And then conversely, right, that physical illnesses still have a spiritual component, right? That, you know, trusting that the Lord is going to wake you up the next morning, even though you have really high blood pressure, or trusting that the Lord will sustain you through chemo, right?

Those, those still require a relationship with God, right? It's not, like, you know, just because you're getting medical treatment doesn't mean it's independent of how, um, like, the words work in your life.

Um, so, okay, so we brought up this Mark 9 passage, um, and I just want to go through it kind of quickly.

Uh, when Jesus saw that a crowd was running to the scene, he rebuked, oh, wait, hold on. Did it, okay, no, there's more, there's more to this, which is basically that, um, this is in Mark 9, where there's a boy, um, who the father says, you know, Teacher, I brought you my son who is possessed by a spirit that has robbed him of speech.

[ 56 : 35 ] Whenever it seizes him, it throws him to the ground. He foams at the mouth, gnashes his teeth, and becomes rigid. I asked your disciples to drive out the spirit, but they could not. Um, Jesus responds, you unbelieving generation, how long shall I stay with you?

How long shall I put up with you? Um, and then Jesus asked the boy's father, how long has he been like this? Um, from childhood, it has often thrown him into the fire or water to kill him.

But if you can't do anything, take pity on us and help us. Everyone is, everything is possible for the one who believes, said Jesus. Immediately, the boy's father exclaimed, I do believe, help me overcome my unbelief.

Um, and then Jesus' response is to say, you deafened, you'd spirit, I command you, come out of him and never enter him again. Um, the spirit shrieked, convulsed him violently and came up.

And then the disciples asked him privately, why can't we drive that out? And Jesus responds, this can only come out by prayer. So here we kind of see an example of something that, like, kind of in modern days, we're like, this very much sounds like a seizure, right?

[ 57 : 39 ] But again, so like Elena's point, there's, you know, we don't treat epilepsy as, as though it were demon possession, right? And there's another verse in the, um, in Matthew where the Bible differentiates between illness and demon possession.

So they're recognizing, so Matthew 4, 24 says, all who were ill with various diseases, those suffering severe pain, the demon possessed, those having seizures, and the paralyzed, he healed them.

Um, so not every seizure, right, is a demon possession. And, um, in the same way, not every mental illness is a demon possession. Um, and I think it's important also to differentiate between, like, spiritual warfare, right, which is something that we, um, all kind of undergo, and versus demonic possession.

Um, you know, Ephesians 6 says, our struggle is not against flesh and blood, but against the rulers, authorities, against the powers of this dark world. And against the spiritual forces of evil in the heavenly realms.

And the antidote to that is the full armor of God. Um, and in this example with Mark 9, um, I think if we think something, you know, I, I mean, so I, I think we're saying, you know, be careful, not, don't call mental illness just demon possession.

[ 58 : 56 ] But even if you think it is demon possession, right, like, I think, are we, you know, what is our response to that person? And Jesus' healing is kind of low key, right? It's like, it's by prayer, and he just says a statement, and, you know, it's, and the demon comes out, right?

So it's not this, like, super mysterious, like, only this, you know, like, only an exorcist can, like, deal with this, right? It's like, we as Christians all have power to pray and to, um, channel, like, the work of the Holy Spirit, right?

And so, you know, I think we're saying, be careful about kind of diagnosing demon possession. But even if you think it is, you can still pray for the person, right? And it's not this, like, you know, ritualistic thing.

It's just, it's prayer. And we all, as Christians, are able to do that. And so I think that's just, um, kind of the main thing we would say about demon possession and spiritual warfare. Um, and kind of as well.

And we'll have a Q&A; time. So just, like, and I realize people may need to go pick up their kids or kind of get ready. Although we will stay for a while so we can have Q&A.; But I just want to read this quote to finish because I think that this also brings hope to, like, how do we see God's work with improving our mental health?

[ 60 : 10 ] Um, our mental health and well-being are not what God intends for us. They are expressions of our fallenness. Yet Christians hold out hope. God is at work for redeeming these experiences. And that we glimpse something of a future glory with him when we see gains made in our experiences of mental health and well-being.

So by pursuing healing and wholeness ourselves and by helping our friends and our family members pursue healing and wholeness with God psychologically, emotionally, that's, yeah, that's, we're glimpsing something of future glory with that.

Um. So it's 10.03. So if anybody kind of needs to leave, you know, as a good pausing point, I'm going to stick around for any questions for a bit.

Any thoughts or disagreements? Disagreements, yeah. Yeah. And the spiritual warfare topic is a really rich one that we are not specifically, like, you know, as psychologists and psychiatrists, we don't, like, we're not trained in spiritual warfare, so we don't plan to have, like, you know, authority about that.

And so, you know, there's rich, but there's rich things to kind of think about that. And, yeah, so, you know, but we would love to question about anything. Yeah. Yeah. Yeah.

[ 61 : 32 ] My father was, um, my father had epilepsy due to forceps at birth, so brain trauma at birth, um, and he grew up in the 50s and 60s where it was very common to attribute epilepsy to demonic oppression.

So, um, we're not that far away from him. Um, and that was sort of carte blanche society. I don't think that was specifically within the church.

Um, uh, and it drove him to having his left and right hemisphere separate to try to stop the, because he was socially ostracized to a point where he literally ran away from home, signed his life away to a doctor in Toronto that separated his hemisphere.

So, um, which again caused brain trauma, which caused all kinds of antisocial, um, mental illness. Um, and I don't, yeah.

So, it is a complex topic, and I feel like there are times when even, like, so the 50s and 60s, you know, and then fast forward to today.

[ 62 : 43 ] Like, I'd love to hear your comments on, like, how medicine has exploded during that time, and now there are preventative or curative, um, things for epilepsy.

And just, just kind of, like, I think at times we, we don't have patience for the process. Like, that was a pretty extreme solution for that particular thing.

And even the trauma that we experienced as children for some of the antisocial, uh, volatile, um, kind of catastrophic brain trauma that he had.

We all contributed to mental illness. So, like, one of my brothers doesn't have children because he's afraid it's in him. Like, so, and I think there's a level of compassion and a level of waiting because I think there are, God in his sovereignty and in common grace allows medicine to, you know, help in some circumstances.

Um, and so I'd love to hear your thoughts on just, like, what we think today will probably be different 10 years from now. And, like, there's this sense that we want to have absolutes.

[ 63 : 52 ] We want to have, um, but there's, there's growing knowledge that's happening because we aren't, we aren't God. Like, we aren't sovereign.

So I'd love to hear your thoughts on just how medicine changes, how we understand the human brain especially. Because the brain is, you don't understand. Right, right, right. Um, yeah. I mean, I, I also, like, the, I wanted to point out, like, this part of your story, right, where, like, your brother is so affected by his experience, right? And I think, um, this idea of, like, intergenerational trauma, right?

Of how things, you know, like, legacies get passed on, right? Um, it's so important to also understand, like, how did this person come to be, right? And we see in the, in the Bible, like, God acknowledges, like, you know, and the sins of, and not that it's a sin, but that there are consequences, you know, will get passed on down the generations.

And, you know, God calls himself the God of Abraham and Isaac and Jacob, like, acknowledging that there's kind of, like, you know, influences that are beyond our control. Um, I would say, like, I think medications, when used appropriately, are, are really good, right?

[ 65 : 03 ] Um, and for sure, like, in the 1970s, like, before antidepressants, antipsychotics came out, right, people would kind of get institutionalized, spend, like, decades in institutions.

Um, and as we've come to understand, like, bits and pieces of how the brain works, um, neurotransmitters, neural circuitry, epigenetics, right?

Um, that we have better tools for how to help people move out of, um, institutions and hopefully to support them in, um, yeah, like, out in the community.

I think also that, like, community support is so important, right? And, um, you know, even in places that are, maybe don't have as much access to medication, right, but have strong social networks and strong family supports, the outcomes for people who have, like, schizophrenia and psychosis tend to be better.

Um, so it's, you know, I think medication plays a role. I don't think it's, like, the only thing, but it certainly helps a big subset of people be able to move out of, um, like, institutionalized care for the rest of their life.

[ 66 : 09 ] I think that being said, I think that, um, some, like, sometimes, I mean, most of the time, like, what I will say is that, like, medications are not, kind of, like, this cure-all, like, boom, your depression is gone, right?

Like, and I wish it were. And I think it's, like, a bigger question of, you know, in medicine, we don't really heal people, right? We kind of manage their disease, like, even, you know, unless it's, like, a strep throat, and even that can have long-term consequences, right?

But most of medicine is really about ameliorating the effects and helping people live longer lives. I mean, like, live flourishing lives, like, diabetes, cardiovascular stuff, right? And so just kind of even our expectations of what medicine should be able to do are really complex.

Um, but there is still, like, people call it, like, the final frontier of medicine, right, just because the brain is so complex. Uh, and there are still things that we use from, like, the 1970s, like, um, ECT, electroconvulsive therapy, that we're still using for treatment refractory depression and, and, um, mood disorders and that kind of thing.

So there's still, it's, like, an area very, um, ripe for research. Um, and there are, like, exciting medications that are coming out every now and then.

[ 67 : 26 ] I am also just kind of struck by, um, like, the former director of the NIMH was, like, who's, who spent his whole career, like, directing this research institute about, um, you know, trying to develop, like, the genetic, like, trying to figure out, like, the genetics and the mechanisms of mental illness.

Um, he recalls an incident where a family member was, like, you know, you're trying to, um, figure out, like, the chemistry of the wallpaper and our house is burning down, right?

And so I think that it's also, you know, people are in crisis and we use the tools we have, right? And I think that hopefully there will be enhances in medication. But I think, like, you know, it's, it kind of, it's, like, it depends on the person and I kind of have a little bit of, like, um, caution with using them. Yeah. I think there are a couple people who raised their hands in the back. I don't know if we missed them. Or maybe not. Okay. Uh-huh.

I know. So I worked in a juvenile detention correctional center for 16 years. Uh-huh. And I took care of licensing and regulations for the SIPP facility. Uh-huh. Let all the jobs of the kids that came in, made sure they were legally being detained.

[ 68 : 37 ] And I'd say 90% of those kids came from abusive backgrounds and that's why they were there. Yep. Yep. And when we finally, it was in the state of West Virginia, finally got the good doctor

in to the facility that was there on a daily basis.

And I realized that most of those kids came in over-medicated. Mm-hmm. Just to dumb them down and gnaw them instead of having the real issues, you know, addressed.

Yeah. And then the state finally ended up starting focusing more on rehabilitation and getting some colleges in every week. Getting counselors in every week.

Yep, yep, yep. And then I was, you were able to see, finally, some improvement in these kids. But it took quite a while from when I first started to when I ended up leaving to see people really addressing the causes why these kids acted the way they did.

Yeah, that's such an important point. And I think, like, you know, I do feel like medications can be used wisely and to good effect, right? And kind of the analogy I often give is, you know, like if you're drowning, right?

[ 69 : 47 ] Like, yes, you should learn how to swim. You should learn the skills. But also if you can't, like, if you, like, you just kind of need to get your head above water, right? And so sometimes medications help us have a little bit more mental space to make use of the therapy that we're learning.

But that being said, I do think, like, meds and therapy are definitely kind of the gold standard, right? But I think to your point of, like, in institutions and kind of underfunded areas that we, and this is like a societal thing, right?

It's like, what does insurance reimburse for? And how do you deal with trauma, which is such, like, a root complex thing? And are we just trying to support them, like, through this crisis moment with the hope that they will come off the medication?

Right? So lots of, like, different answers. And I could probably talk about that for a while. But I think it's also, it is reflective of, like, societal brokenness, right, that we don't value therapy, that we're not reimbursing it so that people end up having a very, like, broken system to navigate for finding mental health care.

How do you weigh when you see a patient, acknowledging patients, fallenness of the world, where you start to be concerned that we have not seen any progress, and we've been meeting together for, like, three, four, five years now, where you're starting to say, okay, maybe, I don't know, what are some of the red flags where you're starting to ask those questions?

[ 71 : 11 ] Is it the symptoms? How do you weigh that? Knowing that it's going to require patients, and there's complicated issues here. Yeah, I mean, I think it's a good question and such a complicated question.

The nature of every mental health condition is different. So, you know, it would be different if that somebody came in with, like, a relationship concern.

Like, maybe I'm struggling in my marriage, and after three, four, five years, haven't made progress. I might wonder, like, okay, like, what's happening? I would expect there to be maybe not all the problems solved, but, you know, we kind of understand how to work with this or work through this, and, you know, that would be a different situation than a lot of times, like, depression, OCD, bipolar disorder, some forms of anxiety.

Just the nature of them is chronic, and they ebb and flow chronically for no reason of the person's personal agency. So there's just kind of an ongoing sort of lifelong concern, and in that case, it's, like, there may be progress in understanding one's relationship to that diagnosis and that illness and how to live a flourishing life in the midst of that.

The symptoms themselves may evade for a time and then come back, and then evade and come back for no reason beyond the person's biology. So the nature of those is chronic. So there, I think, yeah, I think it kind of depends on every one.

[ 72 : 42 ] Oftentimes, I look at, like, oh, what is, what about this treatment isn't working? Like, is this therapy? So I think usually for myself, you know, at times there can be concerns about people's motivation, like, oh, I'm kind of coming to therapy.

I'm not really motivated to make the changes outside of therapy. That can happen sometimes.

Oftentimes, I'm thinking about myself, like, what am I missing? Is there an underlying trauma? Is there an underlying neurodevelopmental disorder?

Is there an underlying personality disorder? Is there, you know, there's many different mental health factors that I might have had a blind spot to or might miss? Also, I'd say people's environment. Like, if coming to therapy and you're, you know, getting great therapy support and medication support,

but if you're still in an abusive situation, your mental health might not improve that much, you know, in the case of, like, or if you're still experiencing discrimination on a daily basis, that can have such deleterious effects on mental health.

So I think it's very complicated and can be a person's motivation or choices, and often can be sort of environment or just, like, kind of a current state mental health.

But anything you'd add to that? Yeah, like, with your question, like, if somebody's not making progress, what do we think of, or, like, how do we approach that with somebody? Yeah, how do you approach it?

[ 74 : 01 ] Like, I'd say one side, we're just going to plot on because I know this might take 10 years, or versus other side where you're like, I have to stop counseling you because you're not showing progress.

I'm expecting. So maybe you're, for whatever reason, making that decision of, like, this actually isn't helping you at all. And I need to, you need to go somewhere else that might be able to help you more than I can.

Yeah. So I think to Elena's point, right, that there are people who maybe, like, their symptoms kind of get better, get worse, right, and there's kind of, like, an up and down, I think, like, it is worth having a conversation about, like, you know, it feels like you've been stuck for a very long time, and, you know, we've been working together, and it doesn't sound like things are getting better.

Like, what do you think about that, right? So it's more, like, kind of the less about, like, you're not making progress because everybody's progress is different, and we're just, like, well, let's bring this into the room and talk about, like, you know, are there things we're not talking about that we should be?

You're feeling stuck. You know, you're probably feeling angry at me for not helping you in the ways that you want me to, right? And, like, kind of just in an open-ended way asking what that's about, basically.

[ 75 : 19 ] I think also, too, like, we were just kind of talking on the way here about this idea of, like, repetition compulsion that we have in psychology, which is basically, like, kind of by nature we reenact and do the same things over and over, right?

So you see, like, somebody keeps entering abusive relationships, and you're like, well, why do you keep doing this, right? You should just, like, figure out it's not a good relationship, but it's like there's something about probably their past trauma that is seeking it out and doing it over and over again in order to, like, feel like they can master it.

It's not helpful for them necessarily from, like, a third party, but it's doing something for them, right? And so I think that's, you know, there are many aspects of various mental illness where, like, yeah, it's not the most helpful thing for them longer term, but it's serving a function in the short term.

And so how do we understand what it's doing, and can we try to figure out, like, a way that's a little bit more helpful for that person? Yeah. I think it's also, this is a little different, but help, even help for the church to know, and I think oftentimes, especially even in, like, how we share testaments and we're about that in church, we tend to think of things like past tense, like, I struggled with this, and now it's over, and I'm kind of moved on.

I'm like, I wish I could say that, like, of how I'd like to share testimony. With mental illness, that, it doesn't usually work that way. And, you know, some forms of kind of shorter term depression or anxiety people can recover from and move on, and that can be part of their testimony of, like, that was in the past, and, you know, God healed me.

[ 76 : 49 ] For most people, that's probably not the case with mental illness, because it's most, many forms of mental illness is not something that somebody might ever sort of get over, but it's something that can be managed and God can use.

But even kind of thinking of our, so this is a little outside the counseling room to the church, like, if somebody deals with bipolar disorder, OCD, that person's still going to need to be asked about that and supported about that in five years and ten years, and isn't going to be something like, oh, okay, like, this was a hard one, and we're good, you know?

And so I think that makes it harder for the church, too, because, like, we're used to struggles where it's like, okay, this is an acute moment, we all sit around, come alongside, and now you're better. Whereas, like, you know, that's not the case for most of us.

And so I think it can be confusing to know, like, oh, what does it mean that, like, you talked about this last week, and now you're talking about it this week, like, and if I, you know? So, but, like, that's

just the complexity and the nature of many forms of it.

So it gets, I think it's difficult for some of us to know how to support in a way. Yeah. Oh, good questions. Yeah, thank you. So I think next week we're going to continue talking about kind of, like, church culture that contributes to stigma.

[ 78 : 07 ] We'll kind of be, we're going to smush it all into today, and then we're like, no, I think, like, this kind of deserves, like, spacing it out a little bit. But just kind of what ways that, you know, us being as Christians, even though it does give us a hope in a community, right, are there paradoxically ways that, like, it makes it harder to talk about mental illness?

Yes. And then if nothing, if you take nothing else away, I hope if you come here and you're struggling or somebody's struggling, if you take away nothing else, just that you're not alone. Like, there are so many people, Christians, who are dealing with mental illness in this church and other churches who are teaching this class. You know, so, like, there's a lot of, it's a common experience, and there's space to talk about it.

And so, yeah, feel free to just, yeah, email either of us, or email Michelle if she can get us in touch with us, or come up to us and just talk with us, because we, yeah, would love to hear more of your experiences today.

Thank you. Thank you. Yeah. Thank you. Thank you.