

Faith & Mental Health 3

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Preacher: Team Taught

[0 : 0 0] Lord, we come before you in various states of being scattered. Would you gather us, turn our hearts towards you, and may your word and your purposes be accomplished in this time.

In Jesus' name we pray. Amen. Amen. All right. Well, thank you, everybody, for being here. And, yeah, we're looking forward to today.

So the last two weeks, just as a recap, we were covering kind of questions around causes of mental illness. That was week one. And then last week we really looked at can mental illness exist in Christians and are faithful Christians able to sort of acknowledge the existence of mental illness.

So today we're going to be sort of presupposing that mental illness exists and that Christians can have mental illness. We're going to be looking at what specifically do you do yourself or for a friend or family member if somebody is struggling with mental illness.

So we're going to be going into more specifics in terms of mental health treatment today. Hi. As opposed to kind of covering the more broader theological issues.

[1 : 1 8] But we will touch on some different questions around faith and mental health, too. So as always, we really welcome questions, disagreements, concerns, and we'd love to hear experiences from you all.

All right. So maybe we're going to focus today on kind of three questions, the who, what, when, where, and why of seeking mental health treatment. So we'll try to bring our professional sides in a little bit in terms of offering some input on mental health treatment, as well as obviously talking about the faith aspects as well.

So Stephanie, do you want to start us off with starting us off with the who? Yeah, yeah. So in terms of like who does professional mental health treatment, kind of like the two big categories are therapists and medication management helpers.

And so in terms of therapists, Elena can talk a little bit about what kind of training goes into that. In terms of medications, these are generally MDs, APRNs.

They can be DOs as well. They're people who've kind of had a little bit more of the biology training in order to kind of differentiate, you know, where are, you know, in terms of the mind-body connection, where depression might manifest as lethargy or tiredness or trouble eating.

[2 : 4 5] Is it something related to a thyroid hormone? Is it a vitamin deficiency? And so having a little bit of training around how that integrates into the physical body is part of the work of an MD.

Some of the medication providers will also do therapy. And so a therapist can have like any number of credentials, but just kind of depending on the practice, that would be something important to know, you know, whether they concentrate mostly on medications for mental health conditions or whether they also integrate therapy into it.

So sometimes people have split treatment where they have, you know, one person doing the therapy, one person doing medication management. But sometimes, and this will usually be in private practice, where they integrate both with that piece.

But if you want to talk a little bit more about that. Yeah, so in terms of therapists, like if you're, I think this is going to be an overwhelming process. If you're like, I need therapy. I know I need to talk to someone. How do I possibly find who I should talk to?

And that's really overwhelming. And I say that as a therapist, I think it's really overwhelming to navigate the system. So a few, we'll kind of get to the general professional side and then the Christian side.

[4 : 00] So in terms of therapists, a lot of people online can sometimes call themselves therapists or counselors or that type of thing. It's important to make sure somebody's licensed if you're looking for a professional mental health treatment.

There's like life coaches and different people who might have like the term counselor or coach or something like that who don't actually have a professional mental health license.

So you'll want to look in somebody online, their profile should list like I'm a licensed social worker, psychologist, or clinical mental health counselor in the state of Connecticut.

Or they should be in the process of obtaining licensure, which means they're still working toward their hours, but they're under supervision of somebody who is licensed. And that's fine too.

But sometimes I think I look at certain online profiles and I'm like, oh, this person's marketing themselves as a therapist, but they might not be a bad person to talk to for some things, but they haven't actually obtained a professional licensure to be a therapist.

[5 : 01] It's important to note that. And we'll get into this in a little bit, but there is a category of biblical counselors. And we're going to talk a little bit about that in terms of differences between biblical counselors and professional mental health professionals.

But biblical counselors are not usually licensed therapists. I suppose somebody could have a double sort of degree, but biblical counselors are sort of a separate category.

They have not received professional mental health training. So in terms of who do you look for, I think it's really important.

And we're going to talk about like, do you need to see a Christian? And we'd love to hear kind of everybody's perspectives about that. But finding somebody that you trust is really good and finding somebody who just feels like a good fit.

And I usually tell people like, if you've gone to see somebody three times and after the third time, you're like, I think that's a pretty good sign that you can look elsewhere.

[6 : 06] Because if you're really opening up about really vulnerable things, it's important to feel like the person understands you, you can trust them. Sometimes after the first time, especially if it's your first time going to therapy, it might feel so weird that you might not necessarily feel connected to that person right away.

But three times I think is usually enough to have a gut feeling of like, is this good or not good? It's also great to get referrals from friends or our elders to make professional mental health referrals.

So if you can get a recommendation, like, oh, someone I know saw so. And so that can be nice just to have a little bit of a personal connection. So yeah, those are a few notes.

Anything you'd add to that, Stephanie? No, I think, and we can talk a little bit more as we segue into kind of something we've heard often is, you know, does my therapist or psychiatrist need to be a Christian in order to really kind of understand that?

And I think we've, we talked about this a little bit and we landed on, you know, it could be helpful, but I think that depending on kind of what that topic might look like, but really that idea of, you know, opening yourself up, do you feel like this person is trustworthy and competent?

[7 : 23] Those are probably going to be more important. And other factors such as like, if they take your insurance, if they're geographically located, if they don't take insurance, are they affordable in some way?

Those might be more salient factors than is this person a Christian? And I think I would also note that even if someone is saying like, oh, I'm a Christian therapist or psychiatrist, right? That that spectrum of Christian beliefs is so big as well that even if they're saying that they're Christian, that doesn't necessarily mean that they hold the exact same beliefs, core beliefs as you and the sense of the world.

And so even figuring out kind of where they might be and how that translates into the therapy process is something that shouldn't be assumed.

Were you going to say the term biblical counselor and Christian counselor interchangeably, or are there two distinctions? Two distinctions. So biblical counseling, and we'll talk about that.

We might say biblical counseling for our next section, but biblical counseling is folks who are not trained mental health professionals. Like they don't have graduate level training in mental health treatment, but they've gone through a program for biblical counseling, which is really the process of using prayer and scripture exclusively to treat mental illness or mental health diagnoses versus a Christian counselor.

[8 : 47] Usually a Christian therapist will be a Christian and perhaps bring in prayer or other sort of biblical principles or things like that, but they're also employing psychological treatments that are sort of more broadly used.

So I'm curious. So yeah, Stephanie and I had some different ideas around when is it helpful that you probably should see a Christian? When does it more important to see someone who is competent in your area that you're seeking treatment for?

And there's a lot to be said about that, but I'd love to hear from people just as you think about seeking mental health treatment therapists, like how important does it feel to you that they're a Christian or not?

And what have been your experiences with that? Either way, we'd love to hear. Either yours or people that you know. Yeah. I think for me, as a person that's been recently trying to seek that out, I think it's been harder for me trying to seek out a Christian therapist or counselor or anything because I feel like in a lot of different ways, especially in the area that I live in, I'm surrounded by therapists that don't look like me or don't understand where I'm coming from.

It's like sometimes struggling mentally in a, like my day-to-day life or like Christian life.

[10 : 19] It's like, it just seems so complicated to talk to a certain type of people sometimes. Yeah. I think that's like the best thing for me.

It's like other aspects of identity can matter too. Yeah, for sure. For sure. Absolutely. Yeah. How about other people who feel it's important to see a Christian or maybe hasn't been pros and cons?

I think it's important. Mm-hmm. Yeah. Tell me, yeah, say more what, what has been, yeah, what has been helpful for you about seeing a Christian?

They're saying beliefs based on what God teaches us in the Bible and treating each other and how to do a Christian from God. Mm-hmm. Mm-hmm.

Yeah. Yeah. Because non-Christians might not have, they probably don't have all the same values and goals. Mm-hmm. Mm-hmm. Mm-hmm. Yeah. Right. And this is where we kind of talked a little bit about, you know, if you can't find a Christian therapist, that maybe it could be enough that they're faith-affirming, right, and so that they're not trying to, you know, impose any sort of their beliefs or worldviews on you, but really trying to work within your framework of understanding and how you feel, you know, your goals are influenced by Christianity.

[11 : 47] And so I think that there's a difference between, you know, a therapist who's kind of maybe actively telling you some of the things that you're bringing into the room are not helpful and kind of dismissing it versus somebody who is genuinely curious about, you know, what matters to you and how can we work around this issue so that what matters to you gets accomplished.

And I think also just kind of even within Connecticut, it may not even be an option to see a Christian psychologist or therapist because they are few and far between.

And so I think having somebody who is faith affirming or at least open and not trying to kind of tell you it doesn't matter would be an appropriate place to go.

So with that, like, when we get, like, stuck in that, like, we're going to build telling us all the things that we need, like, want to hear versus some of the hard things that we need to hear.

So just, like, I don't understand, like, you know, I don't think I could, like, do the same thing because, like, we have to be little Christian people in order to talk about our struggles and mental health and, like, all these other issues we have.

[13 : 13] Like, people outside of our circle can't give us advice or feedback on, like, the good of the world and stuff that they don't believe or what we believe or how do we, you know, what they believe until, like, we get to know them.

and their jobs not to allow us to get to know them or be like that more so for them to help us understand us. So I'll know me. Yeah. Yeah.

No, I think those are good points. A couple thoughts, you know, kind of along those lines of, like, when do you, when is it most helpful to seek out a Christian versus maybe when is it not something absolutely necessary?

I think, so, for instance, like, if your mental health concerns are very sort of interwoven with spiritual concerns as well, so perhaps maybe if you've experienced spiritual abuse and, or abuse in a church context and your, your mental health is very much tied with, like, trying to find a way forward in your faith despite having experienced spiritual abuse, for me, that would be harder for me to see not a Christian for that personally, right, because it's like, oh, I really want someone to help me find a way forward in my faith.

Like, and myself personally, I've seen a few therapists, I think two are Christians and one is not and I've had a really good experience with my current therapist who's not a Christian but I've had a different kind of really valuable experience with therapists who are Christians, I think just depending on kind of what you're looking for, so if, you know, there's this spiritual abuse issue wanting to understand how depression and faith go together, a Christian therapist is probably best for that if you can find one.

[14 : 53] If it's like, for example, you're dealing with a tic disorder and you need a very specific form of treatment, it's called habit reversal turning, like to help you not sort of prevent verbal or motor tics, it might be nice to see a Christian for that, right, like, all things being equal, I would probably always rather see a Christian who had equal competency to somebody who's not a Christian.

At the same time, if there's no Christian therapist who specialize in tic disorder treatment and there's a non-Christian therapist who does, who, yes, tic disorder is like involuntary noises or movements that sometimes people can engage in and there's somebody who has that special area of competency who's not a Christian who's still open to and receptive to you talking about your beliefs, in that case, I'd say, hey, it might be a good idea to seek the treatment from somebody with that specific expertise.

Obviously, there's a lot of gray areas in there. Anxiety, depression, can sometimes have an aspect of faith, but there's also aspects that are not about faith and so I think it really, yeah, I think it depends on kind of the amount of specialty that you need in a provider and like Stephanie was saying, unfortunately, Connecticut is not abundant with Christian therapists in general, especially those who have openings, so we, which is a problem.

I've never lived in a state where it's such a problem. It's really hard. So I think, you know, keeping in mind the idea of common grace, like that God has provided knowledge and resources and training to many people who could be helpful and may or may not be as helpful as a Christian therapist for certain things, but also could have specialized areas of competency even if they're not Christians.

Yeah, anything you would add to that, Stephanie? I think on the medication piece, I think it's like just easy, a little bit easier to draw the comparison to like, do we need a Christian primary care doctor?

[17 : 00] Do we need a Christian OB-GYN who has all the same values around like, when does life start, right? And you may have different views on that, but I would say the majority of people who are able to find a primary care doctor that they can click with or an OB-GYN who is competent to perform a C-section, like they kind of are able to work with you around that.

And so, again, just trying to think about, you know, mental illness is different in some ways, but in a lot, you know, there's a lot of overlap too with kind of how it manifests in the body and how do we choose our primary care doctors, right?

And we think about other factors. So it's just kind of sometimes helpful to think about how do we treat other medical professionals as well and what do we expect of them. I think psychiatric or mental health problems are different because they deal with our mind and thinking and our emotions.

We're just going to a primary care provider. Yeah, no, absolutely. Or an OB-GYN or a whole other cardiologist. And I would say like this is where we try to balance a little bit about the sense of like the brain is an organ too, right?

It's a physical thing that also can fail us in the ways that our hearts can fail us and our livers can fail us. And so there is something about medical care kind of bringing it back up to a working state that is very similar to, you know, my liver is failing and I need to talk to somebody about what I can do to prevent further damage, how can I kind of live with this as a chronic condition, right?

[18 : 44] I think that that is true for a lot of mental health conditions as well. And then I agree that I think that there is a certain vulnerability to talking about the past and emotions and how we're dealing with that that can, that is a, that is a little separate from just a very straightforward like procedure kind of a thing.

But I would say, you know, in areas of an eating disorder where your electrolytes are out of balance and your heart is at risk or where somebody is psychotic and it's due to in part to a dopamine imbalance or there's somebody who, yeah, exactly, but, you know, how do drugs affect our bodies, where are the damage, you know, where are the effects, that kind of a thing.

I think that there is, there is still kind of more clear biological reasons and in that case, somebody with a biological training can be helpful and I don't, and it's a really hard balance.

I think you're right that it's, you know, we tended towards like a very materialist view sometimes, you know, in secular culture of, you know, mental health is just neurotransmitters kind of running amok or it's just like neural circuitry kind of a thing versus maybe sometimes over spiritualizing, you know, some of the depression and anxiety, but I think we're really trying to find kind of that balance of how do we integrate both because it is really a combination of both.

And our problem with psychiatric mental health disorders is that our brain is enclosed in our cranium and we can't visualize it like we can't with other parts of our body, we can't with an X-ray a cat, an MRI, et cetera, et cetera, all this testing, we're actually looking at the organs.

[20 : 30] It's not that easy with the brain. Yeah, absolutely. Yeah, and that's why it is so hard to comprehend, right? I think that kind of that overlap of neurology and psychiatry is sometimes tricky, but where, you know, scans are able to tell us, oh, here's a tumor that's causing you, you know, damage versus, oh, here are these things, you know, hormones and neurotransmitters, it's a little bit harder.

It's easier for therapy, you can go in there and do surgery or whatever you need to do, you know, an ablation and in the brain, you can't do that. It's challenging.

Or they used to and it did not turn out so hard. I said, well, they used to do surgery for kind of, like, you know, like that could not be treated, you know, mental health conditions. I think you had a question too, or a comment.

I had a comment, yeah, I was going to speak to the vulnerability. I think it's, you know, when I break my arm, I don't mind someone looking at it and sharing that, but when, if someone has something more personal or more mental going on, I think there's a big vulnerability aspect and treatment is not, it's not that simple and it doesn't always make sense to us and we don't really, you know, we get kind of caught in our own mental fog because, you know, broken arm, I can trust almost anybody in a scrub outfit for, but other, issues is not that easy.

Yeah, absolutely. And I think kind of to what Stephanie was saying, for different people, the medication prescribing piece could be different from the therapy piece. For me, personally, I'm more comfortable seeing somebody, like medication prescribers usually see like once a month or once every few weeks.

[22 : 13] I'm more comfortable, and you don't go super in-depth, it's more about side effects and kind of like for some medication prescribers. so that doesn't feel as important to me if they're a Christian, versus therapy, an hour a week really diving into your trauma and your life history and your emotions, that might be more important to see a Christian for many people, right?

So it can kind of vary based on the level and that like what you're looking for, yeah, if you're looking for medications or therapy, but that's a great point. Yeah. I think it's also helpful to recognize the wide spectrum of self-identified Christians.

like Stephanie was saying. Like you could go to a Christian therapist and still be like, oh, like this person does, you know, is not on the same level in terms of thinking about God and holiness.

Yeah. It's true. I used to drive to Hartford to see a Christian therapist who ended up wanting to realign my heart chakra. right.

Yeah. I've, uh, there's, yeah, there's a lot. And so you can't kind of tell from somebody's website profile all the time, like what Christian means. And so that's why often asking the elders, asking a friend for a Christian therapist recommendation.

[23 : 35] Good. Uh, yeah. How often or how likely is it that you can in your first session ask, like spend time asking them about them, like interview them as you're okay.

Yeah. I didn't know what that was like. Yeah. I think you definitely can. They, people have different comfort levels on what they're willing to answer depending on their style and kind of their training and things like that.

But especially if you told them, Hey, it's important that somebody is like understanding my beliefs. And that's why I'm asking. I feel like most people would really want to work with you on that.

I would say. Yeah. Right. I think it depends on kind of what type of therapy they're trying to do. Right. So again, if it's like very behavioral focused learning skills, they probably are happy to tell you their credentials and kind of where they're coming from and their philosophy around it.

But if somebody's like, Hey, how many kids do you have? And like, where do you live? Like, that might come off a little different. But you can ask and it's up to them to say, Oh, I answer this and that.

[24 : 36] So you can ask whatever you want and they can, they can answer. Yeah. Carolyn. How do you guys think about it? Because you both are Christians who are therapists but wouldn't necessarily promote yourselves as Christian therapists in your work environment.

Yeah. I mean, it's, yeah, so we, we work with a wide variety of students, mostly students who aren't Christians. Christians. And so I'm, I'm really like, I never hide it, right?

Like I'm never trying to hide anything. And if somebody asks, I'll absolutely tell them. And I think it's pretty widely known at our, in our setting that we are Christians. Um, but if somebody is not a Christian and that's, they're not coming in for Christian concerns, it might not be relevant for me to share that, you know, probably won't be helpful for them in that moment.

But I also don't like keep it a secret. Um, I think it's tricky in terms of kind of as a culture, we are shifting towards, you know, like what are our identities are various identities and really wanting a match in terms of identities.

What, you know, race, gender orientation, religion, that kind of a thing. And so sometimes it just isn't possible. Um, but sometimes we do get like quote unquote matched. And I think it is actually interesting that like most of the people, at least in my experience who, who are even asking for a quote unquote Christian therapist when they talk about the things that are bringing them in.

[26 : 05] Um, it may just, it may be more that they just want somebody who's not going to judge them, right? Like who's not going to say, oh, your belief in God is so infantile versus like here is my thing that I'm dealing with that, that I'm wrestling with the Lord that really needs like biblical, you know, biblical advice to weigh on, right?

And so I think a lot of that desire is around like, which is common to all of us, right? It is, can you understand me? Can you respect me? Um, and so again, I think that that's kind of the more salient factors when we are limited, you know, the side of heaven with who is available and who can see us.

Yeah. I have a kind of generalized question. So I'm just curious, in general, psychologists like you, how much do they understand like the pharmacology involved, like the different antidepressants like benzodiazepines and SSRIs, SNRIs, tricyclic antidepressants, do most psychologists understand that?

I wouldn't say so. Yeah. Yeah. I think, yeah, which is definitely good to, I mean, I have a general idea, especially more SSRIs because that's, you know, I hear about them more anecdotally and take them.

But, but, you know, I think it's important to consider somebody's like degree specialty really for, for what you're going for. So if you are wanting medication advice, if your psychologist is giving you medication advice, that's a red flag actually, because like somebody should really have the degree training like Stephanie to be able to weigh in on that.

[27 : 44] And so sometimes people try to kind of get outside of their area of expertise and weigh in on what you, it's appropriate for your therapist to say, hey, I would really encourage you to take medication.

That's appropriate. Or at least get a medication consultation. To get a consultation, exactly. But it wouldn't be appropriate for them to say, I think you should consider it. Yeah. Yeah. Yeah. Exactly.

And, right. And I think, again, it speaks to the brokenness of the mental health care system because there is such a shortage of like medication, mental health medication providers that PC, like primary care doctors, are often doing the medication piece.

And there was a, there was like a movement around, which is not to say that PCPs can't do a good job, but just there is not somebody who necessarily has that specialized training. And also there was a movement in Connecticut to allow psychologists to go through some training to prescribe medications.

And that may happen, but psychologists to prescribe medication because that would at least widen the group of people who can, who can help with that piece.

[28 : 49] But I think there were enough concerns raised, at least in this moment, to kind of put a pause on that. Yeah. Some psychologists wouldn't prefer to do that. Well, there's so much, so much good discussion.

Maybe we should move on to the what. But if we would love to hear other comments too, as we have time at the end about whether or not to see a Christian, when to see a Christian or not, there's a lot to think about there.

So in terms of the what is therapy, I mean, I think this is not necessarily always obvious, right? Especially if you haven't been to therapy, like when you go, what exactly do you do?

Like what can you expect? What can you not expect? So there are different types of therapies. Generally, individual therapy, you're sitting down one-on-one with a professional talking about what's bothering you, and they're helping you relieve your symptoms.

But that can look so many different ways, of course. And so a very general sketch of what things could look like. One form of therapy is called CBT, cognitive behavioral therapy.

[29 : 52] anxiety. This really lends itself well to anxiety disorders. It's especially commonly used for anxiety disorders, often for depression, usually used for OCD in some capacity.

So this type of therapy is really focused on helping change your thoughts and how helping change your thoughts can help you feel better. So for example, let's say somebody has really severe test anxiety, like a student has bad test anxiety.

Every night before a test, they're throwing up, they can't sleep, they can't function the day before because they're convinced they're going to fail, even though they've never failed a test before.

That person would be a really, really good candidate for CBT because the therapist would say, hey, like, let's kind of examine the facts. Like, you've never, you've never failed a test before.

It's unlikely that you're going to fail it this time. Obviously, it's a little bit more in-depth than that, but that's kind of the general approach is helping them change their thoughts and beliefs and helping them think more sort of realistically and less self-critically.

[30 : 56] So I think CBT often can feel pretty comfortable for Christians because it does align with our, as Christians, our belief in right thinking and right beliefs.

So even Stephanie pointed out this verse when a psalmist is asking, where's your God? These things I remember as I pour out my soul, how I used to go to the house of God under the protection of the mighty one with shouts of joy and praise among the festive throng.

Why, my soul, are you downcast? Why so disturbed within me? Put your hope in God, for I will yet praise him, my savior and my God. So this person is kind of doing CBT on himself, right?

Here he's saying, why are you so downcast? Remember these things, remember these truths. And that's oversimplified, but that's generally what CBT is trying to do.

CBT is often usually more time limited, so it can be like 10 sessions and it's more targeted. So that is one form of treatment that's out there.

[32 : 04] Basically, so like if I'm talking with Stephanie and I'm the therapist and Stephanie's coming in and saying, hey, I'm really anxious about what people are thinking about me, I can't get it out of my head what people are thinking about me, then I would talk to Stephanie and say, okay, let's like write down your thoughts.

So I would have Stephanie keep track of her thoughts throughout the day. Like she'll say like, oh, I think somebody hates me. I think I'm a bad friend. Somebody's mad at me. She'd write down the thoughts. Then she would bring it back to session.

This is what might happen. And then I might say, okay, let's go through these. Like, do you think that's true? What alternatives to that might there be? What are you believing about yourself that might not be true?

If I was a Christian CBT therapist, I might say, what what is God? What might God say that might be different from what what you're saying? And I think there's a lot around CBT of just even so sometimes people are like, oh, I just feel really tense in my body.

I feel really anxious. I can't sleep. You know, they've kind of gotten all the medical piece checked out, but they're not aware of kind of what are the thoughts and circumstances that are bringing out that tenseness or inability to sleep.

[33 : 11] So I think part of therapy is even learning how do we monitor the thoughts that are going through our head? Where are we noticing that we're getting really upset? Right. You know, and so learning how to pay attention to our thoughts is kind of that first step.

And then like Alina was saying, really questioning ourselves a little bit like, oh, even if this feels really true, you know, my friend didn't respond to a text message for a couple hours, they must be really mad at me.

And even if that feels true, is there a way I can talk back to myself, ask myself like, okay, you know, is it possible my friend kind of got busy and forgot to respond and they'll respond later? Is it possible that maybe their phone broke or something like that?

Right. So again, taking a step back, differentiating between like what that automatic way of assuming somebody is mad at us or not liking us and being able to question, well, what evidence do I have for this or against this?

And is there a slight possibility it's not so personal as, oh, my friend deliberately is ignoring me because I did something wrong to them. Yeah. So I think we're in CBT.

[34 : 19] So is it the form of like stop thinking that? Uh-huh. So like. Kind of. Yeah. Yeah. So like. Go ahead. So I think the idea of like kind of stopping in that moment to notice what's happening and then thinking, you know, kind of paying attention to what are our thoughts in that moment?

And is there a different way to think about it? And is there maybe a different way to act around it? Might be kind of. That's what I would say. It was introduced to me like in school.

Not like I went to school before, but like. Uh-huh. We had to go to groups. I went to a private school in Arizona. It was like kind of Christian-based little bitch.

But it was like. Yeah, very intense. But it's like it was introduced to us. That's like. From acting on impulse. Stuff like that.

Card stuff. Right. People were playing. Yep. Yep. Yep. In and down. Faking and riding. Yeah. But mostly like. Just geared towards like. Yeah. I think it was like you're doing like.

[35 : 32] Inxiety. Right. Uh-huh. Uh-huh. Yeah. And I think it speaks to kind of like how in the moment when our feelings can feel just very overwhelming.

We're just kind of in that mental fog. Right. Is there a way to take a step back from that? Calm our bodies down a little bit so that the part of our brain that's like fight or flight isn't just kind of blaring.

Um. And be able to kind of make choices that are more helpful to kind of our goals in life. Stephanie can talk a little bit about psychodynamic treatment.

So I would say like in terms of therapy right like Elaine is talking about skills based targeted sort of treatment and that's one big category and the other is a little bit more process oriented and so kind of that question of you know how much is a therapist going to disclose to you like here it might be where the therapist is what you're bringing into the room is what we're working with and so they might be a little less inclined to tell you like all about themselves because they don't want that to get in the way of focusing on kind of what you're working through and so psychodynamic psychotherapy you know might be kind of where Christians get a little like about it because it's associated with Freud who said a lot of different things and I would say you know don't throw the baby out with the bath water with this one because I do think that there was a lot of wisdom in this type of therapy which is really about acknowledging the conflicts and emotions and desires we might have how those might be unconscious and instead kind of acted out in different ways and when we bring it into awareness how do we make choices about it right because I think it's hard to make good choices about how we're acting if we're not even sure what is the thing underneath that's driving it and so it might be for example right like a mother going to therapy saying you know I really love my child but also like I kind of hate my child sometimes right or it's like really hard to be a caregiver for somebody who is really debilitated like I want to help them but also I just want to do my own thing and be independent and I think sometimes that can feel threatening to us as Christians because we want to be pure and holy and blameless before the Lord but I would also question like are we thinking that God can't handle the spectrum of emotions and the complexity of emotions that we bring before him and that there is a way in which when we're able to acknowledge these desires and conflicts that were again you know we're not just talking to the therapist but also realizing like bringing this before the

Lord and submitting this to him and saying like yeah I really desire to be a better mother or a better spouse and also I have all these other desires so like Lord this is something we're going to have to work on together right this is about inviting the Lord into the specifics of our situation rather than holding our desires at arm's length and like kind of denying and being like oh no no no like I really love being a mother a hundred percent of the time you know and so I think there is something about understanding the specificity of our wounds that allows Jesus to speak about who he is specifically in a way that is really beautiful and so that you know we kind of came up with a vignette together of you know maybe there's a person who growing up you know their parents had really high expectations for them and nothing was ever good enough you know and then they you know did decently in life but also kind of struggled with a sense of never being good enough feeling inferior and so they start feeling depressed or really anxious if they fail a test or whatever they go to therapy they're working through what it means that their family of origin you know maybe never outwardly abused them but also emotionally weren't really there for them and so what does you know that's part of the work of therapy and then maybe as a

[39 : 34] Christian it's also being able to receive from the Lord that he is our Abba Father that he delights in us that we are his beloved right and that might be different than somebody who is working through in therapy somebody whose parents really did like physically abuse them and there's a lot of trauma to unpack around that and maybe in that case bringing that hurt before the Lord looks like really resting in God as a refuge and a stronghold and a protector right and so there are these kind of like beautiful images in the Bible that speak to all these different aspects of who God is that I think therapy can help us kind of uncover like what is it that we are struggling with that maybe the Lord can speak to specifically in a you know a verse or a picture or a promise that helps us so so that's kind of the you know where I would say like the process you know and then maybe you're you're really angry at your therapist for canceling on you last minute right and so again like that's part of the process of like oh well when you canceled on me it made me feel like I wasn't important and that's something I've struggled with that's a specific wound right and so I think again just kind of maybe we talked a little bit about last week right we tend to kind of gloss over the hard parts right because we're like Jesus covers everything and but I would kind of push back a little and say you know I think that we should probably understand ourselves a little bit better and the things that we're struggling with in order to be able to invite Jesus to to speak to that so we'll run through a couple other forms of treatment and then we'd love to hear questions or comments too so DBT dialectical behavioral therapy is kind of like

CBT but it's more based on behavior change so this kind of therapy is really good for a lot of things but especially people who are in crisis of some kind like perhaps they're dealing with self-harm urges and this therapy really teaches specific behaviors to deal with crisis so for instance let's say there's somebody who is really feeling like rejected by other people and rejected by friends and I look on Instagram and see everyone going to parties they feel really left out and really worthless and they might experience urges to cut or injure themselves or other forms of self-harm so dialectical behavior therapy would teach this person's skills to avoid that acting on that urge so that might be like okay dip your face into cold water or it could be like deep breathing or intensely exercising or all of which are to like activate kind of a different part of our bodies exactly exactly and I would say for most people there is a need to then also process at some point in time like why do you feel worthless like why do you why are you going on

Instagram you know some of these other questions but it's really hard to process deeper issues if you're feeling an intense bodily urge to like self-harm or some of the panic or some of these other things so DBT can really help with those behaviors EMDR maybe some of you have heard of this is a specific form of trauma processing so it involves kind of talking through verbally talking through a traumatic memory and then the therapist uses kind of different techniques to help your body respond differently and kind of calm your calm your nervous system so oftentimes if we've experienced a traumatic incident even years years years in the past our body and our emotions still respond to that incident even years later so the passage of time doesn't like decrease the intensity of that response on its own and so EMDR can help retrain basically your your emotions it's called EMDR and that stands for eye movement desensitization and reprocessing and certain people are trained in this I am personally not so I don't know a ton a ton about it but it is something out there yeah do you want to cover some of the medication yeah this is a huge area and I don't I don't know that we necessarily need to get into the specifics but I think around kind of what are medications and also within the field of psychiatry there's an interventional arm so if you've ever heard of electroconvulsive therapy or transcranial magnetic stimulation

TMS those are all things that are possible interventions to help when therapy alone you know is not helping to the extent that the person is able to function and so again lots of different classes of medications I mean I hold it you know with humility knowing that these are not like the most fine-tuned precise things and there are pros and cons and we are still learning so much about it and yeah I mean there's a lot to say about it but I would say like for people who need it it has been well tolerated it's been safe it doesn't make you into a zombie who's like all of a sudden praising Jesus all the time of it it's really providing a floor so that you're able to make use of therapy and again kind of that illustration of you know if you're in crisis and you feel like you're drowning you do need to learn how to swim eventually you also need to like hold on to a life raft to get your head above water so not a magic pill should be done in conjunction with therapy really about kind of giving us a mental space to be able to process because sometimes we're just so overwhelmed by all the things that are happening that the part of our brain that is able to think a little more rationally and make good choices is just not able to be accessed and then a separate category for you know people are who are hearing voices seeing things believing the government is out to get them really struggling around like not sleeping for long periods of times and doing all sorts of things that I would say like I do feel pretty strongly that those can be really helpful tools again not without pros and cons and talking about you know what that person's feelings about the medications might mean like what does it mean that you have to use medication or might you know are even coming to talk to me but where we've really seen people be able to live lives that are a little more flourishing than it would have been without the medications.

It seems like patients I'm in the medical field that are on chronic long-term like SSRIs and all. It's like years down the road they still have the same diagnosis they're still taking the same meds and is my understanding correct it just keeps the illness and anxiety from getting worse?

[46 : 29] I would you know I think it depends on the diagnosis that somebody might be experiencing so personally I took a medication I have for several years because the nature of kind of what I experience is it doesn't ever sort of like go it doesn't go away even with therapy it doesn't sort of you know sort of always there sort of in my brain so medication keeps me sort of being able to like live a more flourishing life and it isn't that like therapy doesn't help it's just that that's an aspect of my OCD that my brain kind of really needs to be able to sort of tolerate that well but even sort of a personal experience like I was really resistant even to taking medication I remember my therapist had to like talk me into it at a point in time and I think I felt like it was giving up or something or like that I wasn't working hard enough or that I like should be doing more or I wasn't yeah I wasn't doing something right to meet it and then I started I was like oh this doesn't change me into a fundamentally different person this just makes things a lot easier for me honestly it makes it easier to engage in therapy and work and you know everything else and so I think some people might need a more short course of medication like maybe they need it for a year to be able to get through a difficult time some people depending on the nature of their diagnosis for example like bipolar disorder psychosis like OCD or some forms of depression things like that people just generally might need it for a long time and that doesn't mean that they're not working hard it just means that like their brain really can't function well without or as well without that medication yeah and I think the tricky part too is like we use the word depression as if it were like one thing when really I think it's tens of different things right that somebody who's depressed because they're going through a hard time is different than a person who's been kind of feeling sad and moody and irritable ever since childhood right and so there are there are so many different things and so when we talk about like what is needed for a person it really is on a case-by-case basis and I would also say that again you know if we think about if we draw the comparison to medical illnesses somebody who has high blood pressure some people might be able to manage by exercising and having a good diet and lowering their salt intake some people need blood pressure medications to lower that and some people might need that for a lifetime right and again there's like most of medicine is usually I mean I would say that a lot of it is chronic conditions right and so I definitely agree that there are problems some of my work is taking people off medications right because I do think there is definitely something to be said about over prescribing and I you know when it's appropriate I do take people off medications again just trying not to throw the baby out with the bathwater that like there is a lot about our health both physical and mental health wise that tends to be chronic and needs kind of chronic support around that oh yeah so that's a exposure exposure and response it's a form of CBT so if somebody's experiencing anxiety disorder it helps somebody desensitize to their fear so let's say somebody's really scared of mice for instance and can't even step into an old house because their fear of seeing a mouse they might start by looking at pictures of a mouse and tolerating that level of anxiety then they might go to a pet store and see a mouse through a cage and tolerate that level of anxiety and then finally get within 10 feet you know and kind of so on and so forth so good question does anyone else have thoughts about yeah medication

Christians taking medication yeah there's a movie I haven't seen in a couple of years but it's called a beautiful mind and I think it's a good well it tells the story of John Nash I think he's a really talented mathematician but he struggled with kind of schizophrenic hallucinations things like that and when he stopped taking his medications he really couldn't tell that he was having these hallucinations or that anything was going on it just he couldn't distinguish real and not real and then on the medication it's not that they went away it's not that he didn't have these they were like people in the movie it's not that he didn't have them but he could tell that they were hallucinations so it does a really good picture of painting the people instead of being in his house or in his car of them being in the distance so he's still working at the university but they're not in his classroom they're not sitting in the chairs they're in the background and they just kind of loom there and I think that paints a really good picture of he's not he's not going to be better he needs that medication long term and they're still going to linger there but he's so much more functional and he has a grasp of reality whether than being caught up with those those characters and the movie does a good job making them characters yeah that's a great illustration I like that I like that should we look at medication it's like maintenance I have hypertension high blood pressure I've been in two different classes of books for years my blood pressure is under good control and probably if I didn't take them it may shoot up exactly stroke or heart attack yeah yeah yeah so is it kind of the same with the psychiatric meds

I think right exactly yeah so so much of what is common for our bodies is chronic and I I would say there is a decent subset of people for whom I would say that is appropriate and I would say it's always worth you know if they're young and a number you know and I would say it's depending on the person sometimes it is worth trying to take them off and see how things go and then it's not a terrible thing to like kind of put them back on it and that gives us a little bit more information so it might be like you know you try to come off your blood pressure medication and you're still doing the right things but your blood pressure is still like sky high you it gives you more information you need to get back on it and then there are some people who take it for a period of time and again these are not like you know these are medications that take like six to 12 weeks to even consider it a full trial right and so it does take time and so for some people they may be able to get through a hard circumstance with the help of a medication learn some skills in therapy and then when things are in a more stable place they're able to try to come off it but I'm just like I guess maybe the point is that everybody's so different right so for somebody to be like oh like what's wrong with you that like your gout is not under control right you know and you still need to take allopurinol like I think is a little is to be a little bit not acknowledging but for some people it can be chronic

Dean you have so you know when we listen to the conversation so far there's a lot of seems like there's a lot of reluctance to deal with a mental illness and I'm an internist I do a lot of psychiatry also and I see that in my practice I mean so it's one of those things that how much of it do you think is pride and is that a sin when you say ah you know mental illness I can handle myself I'm a heart attack I'm not I'm gonna try to handle it myself or you might actually no that's a good question I mean I don't feel like I could speak to each person's heart right like only one person each person knows before God only God knows like the reasons why they may or may not be seeking mental health care maybe they've had terrible experience with therapy in the past and so they're hesitant and I can't blame them right like for being hesitant but yeah I do sometimes think that like maybe especially as Christians we're slow to admit areas that we need help with mentally or emotionally because that feels especially vulnerable or weak or embarrassing or you know isn't part as much of what we talk about so I think that there could be an element of pride yeah depending on the person isn't it a social cultural thing too like

I mean if I suffer from suicidal thoughts which I don't but I would be more reluctant to say something but I don't have any problem with saying I have high blood pressure yeah you know you tell say like I always say for friends it's a fine anchor people are very reluctant to admit them it's the attitude I know you should judge people yeah you go into like talking sessions sessions like just speak up speaking on experience stuff like that like heavily influenced on the big talk of like you know like yeah man toughen up you feel me you'll be all right or like to not really like process your emotions or what's going on that causes these issues yeah later on to come talk to somebody about it like how do I know how to address that how do I know what's really bothering me if I've never been allowed to process or think what's been causing this or like what made me make this away right yeah I think that that speaks to kind of like maybe our next section although and if anyone needs to go feel free because I realize it's 10 we'll try to fly through a few of our last points and we just do questions but if anyone needs to go don't hesitate yeah yeah but I think this idea of like when to seek help sometimes there are clear red flags which we can talk about and then sometimes it can be hard to acknowledge we're going through a traumatic event if the trauma is still happening right and it's really not until we're in a place where we've kind of surfaced that we're able to say yeah that was really terrible right because but in that moment you're just trying to survive you're just trying to get through and that that's okay right and so I think that it may be that like terrible things are happening and you're you know and you're just kind of feeling like you have to survive it may not be necessarily the right time to seek therapy and I think to Dean's point right like of people saying like oh I can deal with this on my own I think that therapy you know there are certain ways that we talk about things that maybe can hopefully help the person think through what is and isn't working for them but I don't think that therapy can just magically be like oh you have this problem and now you have all the motivation to process it right so it can't therapy in and of itself can't motivate us to seek help and so sometimes it is an issue of time or enough feedback from other people or you know maybe sometimes it's getting fired from a job maybe sometimes it's you know a relationship failing that you know brings that person to a point where they're like oh yeah what I thought was working might have worked in the past but it isn't working for me right now right but it's some that's something that a person kind of needs to come to a conclusion about before they seek help so just a couple maybe we can run briefly over a couple of these points so one concerns week four too what I said we can pick up pick up yes exactly so maybe maybe we'll go over what what therapy can and cannot do okay yeah and then we can kind of cover a couple we have so much to talk about with this topic but it's hard so just really quickly I think there is a genuine concern sometimes

[58 : 17] Christians or people ask like in secular society are people making therapy like they're God and I think sometimes it can for people who aren't people of faith like it can't have almost sort of like this like religious yeah sense of like this is what will truly help me and we also think that's not true right like as mental health professionals and people who are Christians so in terms of what therapy can and can't do for you as we see it so it can help you relieve your symptoms that can improve your mood it can make you less anxious I do think with that I could sort of remove barriers that might be getting between you and God so for instance like if your mood is so low that you can't go to church or read scripture or engage with other Christians therapy can help you sort of free you up to spiritually engage with God or if you're so anxious that you can't read the Bible without ruminating and ruminating that it can kind of free you up it can improve your relationships like with psychodynamic treatment like Stephanie was talking about it can help make you more self-aware of what you're doing so you're not just acting out of reflex so I find myself yelling at my husband every day and not understanding why right like he probably wants me to go to therapy to like understand what like why are you doing that why do you keep acting you go serve out of that reflex so some things that cannot do so it cannot give meaning and purpose to your life and and I do think that some people who don't have a foundation of God can look to therapy for something that it can't give so for instance somebody who's experiencing depression might feel really bleak and hopeless about the future and feel purposeless and therapy can help improve their mood it can give a space for them to talk about what matters to you what do you want your life to look like reestablish goals but it can't give someone an ultimate purpose for living right or an ultimate reason for existing and motivation and I think sometimes that's where if you think of God first and therapy second sometimes if that gets turned around people can look to it for something that it that it can't do and it cannot like stuff I'm saying it cannot inherently give you motivation to work on yourself so I think sometimes we maybe we think this is friends or family members like oh so and so really needs to go to therapy if they just went to a session they would start to work on themselves and not really like therapy is a tool for them to work on themselves if they have the motivation to do so but just kind of getting someone to one therapy session they may or may not be in a place where they feel ready to do that and I would say too it cannot override the human conditions like we're speaking like the human condition it can't speaking to the chronicity of mental health like going to therapy can't remove our vulnerability and frailty as humans or our susceptibility to mental illness and oftentimes we might go to therapy or take medication and like you were saying with the beautiful mind movie our mental health concerns might still be always lurking in the background and that is part of our experience as people on the side of heaven right for for many of us and that doesn't mean that it's not important because it's great that those things are in the background and not the foreground but it's sometimes an unreasonable expectation of mental health treatment that it's going to take everything away um and yeah and I think just to maybe to add on to kind of therapy because we've heard a lot of questions about like therapy versus like christian counseling or biblical counseling um you know therapy as we've been talking about is kind of there there are techniques around it that may not get at the existential piece of why we struggle what is the purpose of suffering do I matter um and that might be where biblical counseling could be really helpful for you know what does the bible say about our dignity and the purpose of life

and that kind of a thing and I think sometimes we put these in juxtaposition of oh is it biblical counseling or is it therapy um and again I think what we would say is that ideally it's the integration of both that maybe both can come to weigh in on this specific issue and that when a pastor or elder feels like oh you know this is something that a trained mental health professional should be dealing with it's not kind of this game of hot potato like oh no you're it right like no you're holding the bag but it's really just kind of like adding another person into that link that circle around them um expanding that so that they have more resources and we actually asked you know the pastors what they think about biblical counseling versus therapy and so they came up with some things that maybe like we hadn't even known how they think about it and so one is that um biblical counseling their hope well actually and I think they have different views on whether what they do pastoral counseling or discipleship yeah that maybe they they might actually be hesitant to use the word counseling because that has such a specific connotation and liability to it um but also that it's you know bringing prayer and god's word to bear on a situation in a way that is probably more targeted and uh short term and that if they're that even things like grief where the bible has a lot to say about death and suffering and grieving um but but if it's complex or if it was particularly traumatic right that might be where adding in a mental health professional could be helpful um and also yeah and so there's that piece of kind of what biblical counseling and therapy could look like and then also kind of the logistics of it that it's biblical counseling or pastoral counseling and discipleship is something that all the elders are privy to so it's not confidential in the way that seeking mental health treatment is confidential um and again in an ideal world right there would be this integration of both um but oftentimes people feel like they have to choose so the when we spoke with um pastor nick and pastor matt and tom and the elders so the general approach of our church is they are very sounds like very comfortable making referrals to mental health professionals um in their the elders feel really conscious of not like overstepping their boundaries of competence and so if there's anything that might involve a mental health diagnosis they want to refer for that while also not withdrawing their own care and their own presence but just adding in that mental health component um and so maybe should we run over the when's really quick um so just kind of what a few things of when to seek out help so if you are i just say if something is really really bothering you to the point where it's always on your mind it's hard to function as you used to function you're not feeling like yourself that is a really good indication that it's a good idea to get support um so we consider kind of like the length something's been bothering you like if you're feeling bad for three days but you felt fine before that that might not be as much of a need for therapy as if you've been feeling bad for five years or five months right um if you're like i think about this once in a while but generally my life is fine versus like really i'm thinking or experiencing this every single day um definitely time to get support so i i often think like if you feel like you need support you probably do and it's probably a good idea to seek that out um so um we kind of covered that some red flags for when you should definitely definitely not try to deal with something alone either for yourself or for somebody else um is if there's any sort of risk

of self-harm involved or suicidal thinking um that is not a time when we would ever want somebody to worry alone or worry by themselves that's a really can be high risk situation and so um really ensuring that somebody can get help as quickly as possible if they're dealing with safety concerns is important um eating disorders those tend to have um also a high risk of health um health risk um and so we think you know really important to get somebody into treatment right away dealing with an eating disorder psychosis so if somebody's hearing voices seeing things other people don't see or hear um if somebody is um has bipolar disorder should they be experiencing like days on end of not sleeping behaving recklessly acting way out of the ordinary that's a good idea um to seek help right away ocd um just kind of a complicated a more specialized treatment that's needed for that um sometimes trauma treatment can just be very complex and somebody needs a certain level of training to be able to deal well with that um and this is all interwoven with like when there are safety concerns or things that might require more um specialized forms of treatment i think it also interplays a lot with like where does that treatment take place does it take place outpatient does it take place in a hospital where there's 24 7 nursing care is it somewhere in between where you're going multiple times a week um to a partial hospitalization or entire outpatient program but again like these are you know i think this is less about like telling you to triage on your own and more just kind of like you know this is kind of the spectrum of care that we have that there's you know that therapy and medication help can look different across these different settings and depending on where the person is um they may benefit from kind of more structure versus like being at home yeah all right well maybe this is a good a good place to take questions comments of course if you need to go that's totally fine but yeah jessica i just want to do a comment kind of in response to what we talked about earlier with like why people don't get treatment i think sometimes it may be fine but i think sometimes it's like realizing that like what i'm going through is enough to warrant like you just went through some of the wind and it's like yeah um like i don't know i think maybe it's maybe it's not the difference maybe it's just me there's some things that i'm like well maybe that should be helpful but i have felt that i need to reserve professional time for this course like dealing with these red flag issues and like i don't feel like that's necessarily where i'm at now but like perhaps i could still be good yeah so it's i think a lot of it is just like maybe being told that i need to deal with it myself or realizing like just realizing the the magnitude of what i'm actually going through not not being able to do that yeah yeah sometimes it could be probably maybe right right i think that yeah that's such a that's such a good point because we often so hear we often hear from so many people oh i didn't realize it's not normal to feel this way right i didn't realize that not everybody struggles with walking into a room and freaking out and not knowing who to talk to because it all seems like white noise right i didn't know that other people don't have to spend hours and hours you know getting out of bed and talking themselves through it right and so sometimes it's you know whether it's a close you know if a close friend or a spouse or a partner or a family member is kind of like like have you thought you know like have you thought about therapy or have you thought about other supports that's often helpful feedback and that's also where again friends and family members can do things that like a therapist within a setting can't do right and so to not minimize the role that you know you as a non-professional would be able to do because sometimes people do need to hear from friends like hey it seems like you've really been struggling

um have you thought about getting help um yeah how do you get over the thinking of like um your mess is too messy for anybody else to relate or understand in a group setting or like in a frame group setting you know what i'm saying like how do you like how do you learn to get over that kind of stuff yeah i mean it's tough i think sometimes we think like how could a therapist help me if they haven't been through this specific thing and i think one thing to keep in mind most therapists go into the field because they've been through something bad i feel like i almost know no one who went into the mental health field unless they have like a personal reason for doing so but i think it's true like your therapist will not have your same experience which has i think pros and cons in some ways like maybe they don't have like as totally an understanding of exactly what you went through but there might be a degree if they're curious and respectful there might be a degree of objectivity that them not having had the same experience could in some ways be helpful but you've got to make sure like that they can understand you enough that you feel comfortable um yeah carolyn i was just gonna say i think also it's sometimes helpful with those like worries of like is this too much particularly like for my friends or family or is this like too messy i don't want to burden which are all things you can work out in therapy but um i think to have someone you're like oh this is their job this is a service right like whether i'm paying or my insurance is paying them and i think there's power in just like speaking things aloud to another human even if that human doesn't necessarily have been experiencing the same thing to like have someone who's like outside of this like of your life that like in some ways i like don't have to necessarily worry about the other person's emotions or what they're caring because they kind of signed up for this like ideally that would that's also true of family and friends but i think sometimes when that's like my worry it's like nice to like take the first step with my therapist which then like helps me be more open with people for whom like i'm closer to or just have more information i would say too like sometimes when somebody has not had your experience they can actually be more empathetic so like let's say you've gone through a certain difficult thing in life and you're around someone who's gone through the same difficult thing their response might be like okay you know it's normal you know kind of type thing but if somebody has not experienced that they might be like oh wow that is a lot and that actually might be a more healing response than somebody who's like been there you know like obviously hopefully a friend doesn't do that but sorry there was a question in the back actually it's a comment uh it's a advice um i mean uh you know i can talk to y'all i mean this is your talk obviously i don't want to go into but one advice i would recommend is that fellowship to get together with friends and fellowship together and especially christian friends is that you know you talk to people some of your age your background who have similar uh uh uh thought patterns as you and then you open up and when you open up things get better god kind of like you know looks into you heals you when you open up keep it inside it just smothers and just kind of like you know you uh you know fellowship yeah i think the community aspect is very important um and again something that therapy in and of itself can't provide and that's what we'll talk about not next week but the following week of yeah yeah oh good i just wanted to piggyback on one of the things about this is that um

community is very important and and working with peers people are struggling with the same thing and um having that in the church would be amazing yeah there's a lot of community in the outside world in the outside of the church amazingly healing and yeah all the things right and the church being a place that should be a place of like you know where we come with our broken us and seek healing together and are vulnerable yeah so there's no stigma i mean it's very easy to feel the thing in church and um have that kind of community um yeah absolutely yeah and that's that's a great segue i think we're so we're taking a break next week but the last week we'll talk about you know how can we uh-huh and like yeah yeah we're i'm out of town next week so we're we're on pause and then we'll be our uh resuming or i guess resuming and ending our final week will be i guess that's the memorial day weekend um the following the 20 yes good 27th or 28 something whatever that weekend is the last weekend of may um but i think very much to your point of like how can the church as it be a community for those who are struggling um so so bring your ideas yeah within church what i did that oh specifically within church is what we're thinking within this church within christian communities yep how can we better support one another um in struggling with mental health yeah yeah yes yep yep um i believe the first two are currently already on the website if i can know they are and then this one should be uploaded in a few days i would have oh cool oh youtube and and they're on the church podcast too even though i don't call this like community or small group but i think that this is wonderful and who knows do you do well i've been in the church all my life i've never heard of this issue i'm dressed i know it's you know not specific to a specific psychiatric issue which is not feasible but um tries to talk about things your biblical perspective very much appreciate oh well thank you thank you it's yeah thank you for helping us understand yeah we thank you for your comments yeah participation i appreciate it yeah if anyone has other questions we can hang around did you have a question or comment i didn't have a question i i just kind of wanted to go back to what you said how can someone understand my mess or whatever you know how are they and i went to christian counseling here after going through something here and that counselor was like oh i mean he was as as you said so empathetic what a horrible thing to have gone through and just i was like thank you and i guess the other thing about christian aspect is they created and that's why i like a christian therapy for sure for sure yeah and that's a good thing to know because if you go to a non-christian therapist they probably well yeah i can't imagine that they would invest in if that's what you're looking for a hundred percent you can look for a christian with that and and not because like they don't because they're like they think they might not know they're like mindful of like the power dynamics and what is it like to invite someone into prayer and is that something you feel comfortable with or you feel obligated by it you know so just it gets a little sticky it's just something that i personally do yeah yeah absolutely for sure for sure any other yeah questions or is this like a group also to like test something that can but possibly like continue later on down or become a different form of a small group inside the church that has a open discussion about issues and traumas that we face outside the church and within church

[78 : 33] hmm it's like it's a good question i don't think we've thought about it but i think i think our hope is still to try to figure out within the church like what can be an ongoing support i don't think we figured it out but we're open to ideas so approach the elders if you have what we can and can't do yeah in any like evangelical church to have names and contact information in place you can just say to pastor i'm struggling with this or that you know professionally yeah yeah yeah yeah yeah yeah i believe i asked tom who's one of the elders and i think he said pastor matt has some referrals for therapists i imagine pastor nick would too um so if you go to one of the elders i'm sure that they can get you connected with the list of yeah who's in the community the hard part is in new haven in connecticut there's not there's just not a lot of christian therapists unfortunately um so we hope there's more you know if you know anyone uh you can add to the database yeah but i do know that they have referrals people that they refer to so yeah well thank you all so much we'll hang around if anyone has any yeah then you want to share comments but thank you so much for we'll see you in you