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LIGHT

SERVING SOUTHERN BAPTISTS



FINDING REST IN THE WILDERNESS

Help and Hope for Mental Health Struggles

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Our Nation's Mental Health Crisis

It is not an understatement to say that we are facing a mental health crisis in our nation. Deaths of despair (suicides and deaths from drug overdose or alcohol-related disease) are rising across the board. Teenagers report staggering levels of anxiety and depression, often correlated to the number of hours they spend on social media. The rates for anxiety medication prescriptions have skyrocketed in the wake of the coronavirus pandemic. The evidence reveals we are not well as a nation.

These trends follow years of social isolation. We are lonely, with significant numbers of people reporting that they have no friend they could call in a crisis beyond their family members. We are in the throes of an individualism so extreme that we are left to our own little islands, numbing our loneliness with another 10-second TikTok dance video or whatever opiate we are able to obtain.

But if it is true, as John Donne wrote in 1624, that “any man’s death diminishes me,” then we should take seriously the malaise affecting our culture. Make no mistake, we are facing a spiritual problem. While the root causes of these problems appear merely technological, economic, or social, they are fundamentally spiritual.

Lest we think that despair, depression, and anxiety are modern problems, we forget our spiritual fathers and mothers who faced extreme hopelessness. Elijah despaired for his life and asked God to kill him. Job sat in the remnants of his life as his friends interrogated him. Jewish exiles wept in a new land as captors mocked them with requests to “sing the songs of Zion.” Jesus anxiously sweat blood as he prayed. The Bible does not ignore grief, dread, or worry.

But it is in that miry clay that the hope of the gospel springs forth, carrying with it the solution to the spiritual malady of our culture. Where we were isolated, God places us in a family of people united in Christ. Where we were forlorn, he offers us hope and consolation that we may be “afflicted in every way, but not crushed; . . . perplexed but not in despair” (2 Cor. 4:8-9).

The answer to our mental health challenges will not be found in policy proposals, though there is a role for the state and community organizations to play in alleviating some concerns. The answer will be found in a Church that carries with it the answer to the fundamental problem of the world broken by sin: a gospel of hope and promise that there is coming a day when our Lord Jesus will make all things new. As we await that day, let us bring hope to despair by bearing each other’s burdens, speaking the truth, living in the light, and working to see the darkness flee.



While the root causes of these problems appear merely technological, economic, or social, they are fundamentally spiritual.

F. Brent Leatherwood

F. BRENT LEATHERWOOD
PRESIDENT, ERLC

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On the cover, an image of a depressed Elijah being cared for by God's messenger depicts the help we need from God and one another as we face mental health struggles.

LIGHT

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Hope and Help for Our Mental Health

Sadly, I don't need to read an article or the latest statistics to believe that mental health struggles are prevalent in our society. I have seen family members in the grips of addiction, heard the stories of friends with histories of complex mental illness, and experienced anxiety myself. Why do these things happen? And why do they seem worse now?

Mental health struggles, regardless of their severity, can be shrouded in mystery. After all, we are intricate creatures, fearfully and wonderfully made (Ps. 139:14). It can be difficult to know where to turn and how to find help because of our limited understanding of some of these issues. Furthermore, as Christians, we can often be filled with shame and keep silent in the midst of our broken mental health because we feel it's an indictment on the strength of our faith.

"Finding Rest in the Wilderness" is crafted for the Christian plagued by these thoughts; for the mom who wants to know how to help her teen, for the pastor who wants to care for his congregation, and for the church that wants to be a refuge for the hurting. We may not all have the professional medical knowledge about our mental health problems, but we do have intimate knowledge of the Lord who created us. And we can point others to the reality that he knows and understands us (Rom. 8:27) and sent his Son as the answer to the sin and suffering of our fallen world. He walks with us in our darkness, comforts us in our trials, and gives us the assurance that our pain is not permanent.

Though defining mental health is complicated, in this issue of *Light*, authors Brad Hambrick and Lilly Park, both counselors, provide general definitions and characteristics of mental health, as well as discuss the connection with our spiritual health. Joseph Hussung gives guidance on understanding the term "mental illness" as we think about caring for the loved ones in our lives affected by it. In addition, you will read testimonies of those who have lived in addiction or depression and witnessed the power of God at work in their lives. And you will receive insights on reducing the stigma of mental health in your church and tips on how the care for those who have experienced trauma. Throughout all of the articles, one message is clear: because of Jesus, no one is without hope or help.

Unfortunately, issues related to mental health will continue to plague our fallen bodies. Solutions may be hard to come by, and individual's stories might seem derailed by such difficult disruptions, but the Savior who is sympathetic with our suffering will not abandon his good work in us (Phil. 1:6). Though we may cry, "Why are you cast down, O my soul, and why are you in turmoil within me?" (Ps. 42:5), it will not be the final word. Instead, the Lord, in his Word, makes us this promise: "And after you have suffered a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, confirm, strengthen, and establish you" (1 Pet. 5:10).



*He walks with us
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Lindsay Nicolet

LINDSAY NICOLET

MANAGING EDITOR, *LIGHT* MAGAZINE

How Trauma Reshapes Both Body and Brain

A REVIEW OF *THE BODY KEEPS THE SCORE*

Jill Waggoner

He sat against the wall, looking at his phone, seeming to pay little to no attention to our discussion leader. His wife sat next to him with her arm looped through his, occasionally patting it lovingly. She was a regular attendee to our class, but this was the first time I remembered seeing him.

As our Bible study continued, the topic of mental illness came up in our discussion. I mentioned the book I was reading, *The Body Keeps the Score* by Bessel van der Kolk (MD). I talked about how it was opening my eyes to the effects of trauma on an individual's health, behavior, and relationships, and specifically, the effects of PTSD. I explained how it was changing the way I viewed many interactions and experiences, as well as the interpersonal dynamics of ministry, including small groups.

The man raised his head and said, "I have PTSD. It is hard for me to sit in this room . . . A lot of churches don't think about me. I hope more people in the church read books like you're reading."

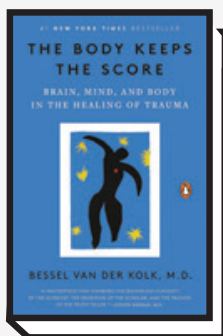
Dr. van der Kolk, an expert on trauma, has spent decades working with survivors, beginning when Vietnam veterans were returning home. In his book, he walks us through his education, experiences, and research to explain how trauma literally reshapes both body and brain.

Trauma is all around us. For example, van der Kolk points out that 1 in 5 Americans has been sexually abused, 1 in 4 grew up with alcoholics, and 1 in 3 couples have experienced physical violence. These are the shocking statistics of acute trauma experienced by so many. Van der Kolk's research has also shown that chronic emotional abuse and neglect can be devastating to individuals.

This book wasn't written from a biblical perspective or to a ministerial audience, yet I was struck by the echoes of biblical themes it contained. The cohesion between van der Kolk's scientific findings and the truths of Scripture was fascinating. One of the fundamental truths that he presents in the book is that, "Our capacity to destroy one

important in people's lives, demonstrating the importance of the Lord's command to bear one another's burdens (Gal. 6:2).

The Body Keeps the Score influenced many areas of my life. It opened the door for a God-orchestrated conversation that I will never forget. It gave me a vocabulary and awareness of trauma that has allowed



Simple acts of friendship, kindness, community, and encouragement are critically important in people's lives, demonstrating the importance of the Lord's command to bear one another's burdens (Gal. 6:2).

another is matched by our capacity to heal one another.”¹ This echoes the power of the tongue as described in Proverbs, Ephesians, and James. It was a reminder of how powerfully we can influence those around us, whether positively or negatively, with our words. His findings also highlighted that simple acts of friendship, kindness, community, and encouragement are critically

me to discuss difficult things with friends and family in a new way. I pray that many Christians will read this book. To love our neighbors well, we would be wise to develop a holistic understanding of the way God made us, body and soul, and the way our life experiences shape us so that we can remove any stumbling blocks to meeting others with the life-changing Word of God. ★

Jill Waggoner is a strategic project manager and communications strategist at the ERLC.

¹ Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (Penguin Books, 2015), 2.



A Place of Refuge or Shame?

REDUCING THE STIGMA OF MENTAL ILLNESS IN THE CHURCH

Kristen Kansiewicz

A woman enters a church building for the first time. She is a White Hispanic woman with a high school education who lives in an urban area. She has been to several churches throughout her lifetime. Her faith is very important to her. Recently, she talked with a doctor about symptoms of postpartum depression. Her medical provider referred her to a psychiatrist. She has spoken to pastors about anxiety and depression symptoms that she has experienced at other points in her life as well. Her doctor mentioned that professional counseling could help her.

What type of response will she get from this new church and its pastor? Will the pastor encourage her to keep her appointment with the psychiatrist? Will he offer counseling within the church or suggest a licensed professional counselor who has a Christian private practice in the community? Will the pastor account

for the complex cultural, biological, psychological, and social factors at play? Will any key leaders in the church have knowledge about or experience with depression or anxiety?

VIEW OF MENTAL HEALTH IN THE CHURCH

As described by Eric Johnson, “The Christian counseling community has been experiencing something like a ‘Forty Years War,’ in which various factions have alternately criticized, denounced, and ignored one another, each firmly convinced that its approach is the only valid one.”¹ Debates abound about how to view psychology and mental illness in the Church. Some have even rejected psychology outright and denied the existence of mental illness. While those in seminaries and Christian graduate schools around the United States continue to engage in

such discussions and write myriad papers on the subject, people who know nothing of these turf wars are inadvertently influenced by them every day.

There are ways in which the Church has needed to respond to certain claims made by psychology, and there are arguments to be made against overdiagnosis and the overuse of medications. However, these arguments, flowing to congregations in overt and covert ways during church services, have sometimes hindered Christians from seeking professional help. Not only that, but a rejection of the study of psychology and mental illness has increased stigma, which can lead to Christians feeling responsible for their own symptoms.

Since the publication of Johnson’s *Psychology and Christianity: Five Views*, the mental health landscape has continued to change.² As of 2021, the Substance Abuse

and Mental Health Services Administration (SAMHSA) reported that 22.8% of all U.S. adults experience mental illness in a given year.³ Those aged 18-25 had even higher rates (33.7%). Our understanding of the brain and neuroscience continues to expand, and professional mental health services are more widely available in many communities than ever before due to expanded funding since 2014. Telemental health services are starting to reach even underserved rural areas.

The Church can play a role in the reduction of stigma by influencing both the wider church culture and the individual who is suffering. The following are steps that pastors and churches can take to be a part of the stigma-reduction movement:

1 Publicly talk about some forms of mental illness as a biological disorder.

In a sermon, when mentioning words like “depression” or “anxiety,” add a caveat that acknowledges that some people experience

illness as a disorder of the brain. This helps to reduce both public and self-stigma.

2 Encourage professional counseling.

Pastors are frequently on the front line in the response to the mental health crisis. In 2014, Lifeway Research reported that 59% of pastors have counseled people with a serious mental illness.⁵ Ed Stetzer, former president of Lifeway Research, stated, “pastors need more guidance and preparation for dealing with mental health crises.”⁶ Pastors are usually not trained to assess, diagnose, or treat mental illness.

If someone in your congregation has depression, anxiety, trauma symptoms, or other signs of a mental illness, you should encourage them to seek counseling from a licensed mental health professional as well as their primary care doctor. Doing so does not mean that you no longer meet with them for spiritual guidance, prayer, or Bible study. As a rule of thumb, if a person

experienced mental illness themselves. When including mild levels of major depressive disorder, this number has been measured in clergy samples to be between 40–52%.⁷ Pastors are most at risk for poor mental health when they are working alone or if they have fewer than three close friends in whom they can confide. Take time annually or quarterly to evaluate your use of social supports, your stressors, and your sense of meaning and purpose in life and in ministry.

CONCLUSION

Take a moment to pause and reflect on your own thoughts about mental illness. How have you spoken about mental illness or mental health topics in the past? Do you have a list of licensed professional counselors in your area, or have you tended to handle all counseling yourself? Have you considered going to a licensed Christian counselor to talk about the pressures you face in your life and ministry?

Learning more about mental illness and the treatments available, as well as attending to your own mental health, can make a huge impact on reducing stigma in the Church. ★

Kristen Kansiewicz is an assistant professor of counseling at Evangel University.

Pastors are frequently on the front line in the response to the mental health crisis.

clinical disorders that go beyond the everyday worries that we all experience. Describe major depression, clinical anxiety, psychosis, or PTSD just as you would any illness, such as cancer.

It is unlikely that most pastors would suggest prayer alone as treatment for a cancer diagnosis, yet a Lifeway research study reported that a third of evangelical Christians believe that prayer alone heals mental illness.⁴ Talking openly about mental

needs more than three sessions of pastoral counseling, it is wise to refer them to a mental health professional for assessment and treatment. This professional help can serve you and your congregant as you continue to walk alongside them.

3 Assess your own well-being.

Pastors are not immune from mental illness. The 2014 Lifeway Research report noted that 23% of pastors stated they

1 E. L. Johnson, “Gaining Understanding Through Five Views,” in *Psychology and Christianity: Five Views*, 2nd ed. (Downer’s Grove, IL: IVP Academic, 2010), 311.

2 E.L. Johnson, ed., *Psychology and Christianity: Five Views*, 2nd ed. (Downer’s Grove, IL: IVP Academic, 2010).

3 “Mental Illness,” *National Institute of Mental Health* (NIMH), September 2024, <https://www.nimh.nih.gov/health/statistics/mental-illness>

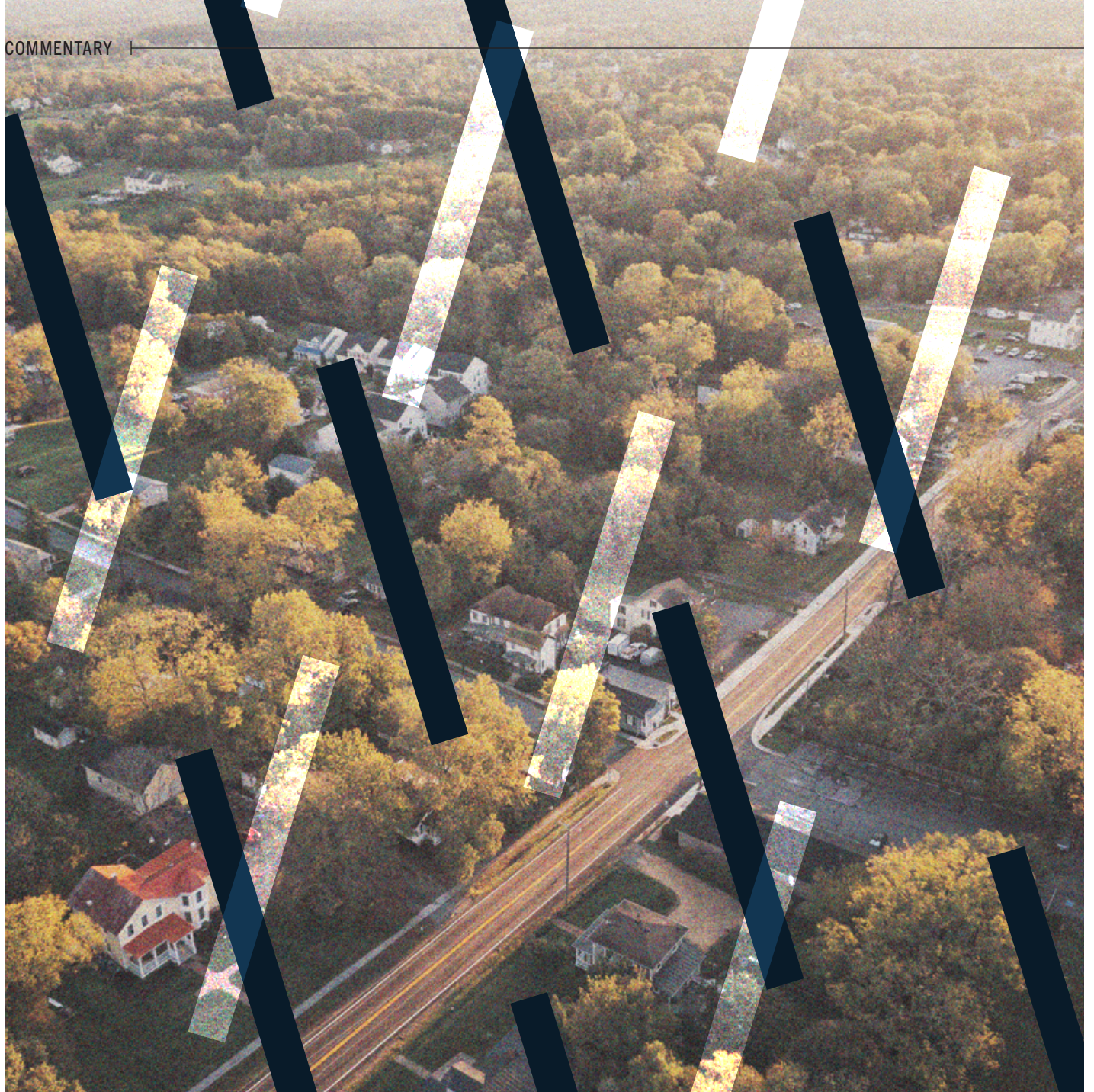
4 Bob Smietana, “Half of Evangelicals Believe Prayer Can Heal Mental Illness,” *Lifeway Newsroom*, September 17, 2013, <https://news.lifeway.com/2013/09/17/half-of-evangelicals-believe-prayer-can-heal-mental-illness/>

5 “Study of Acute Mental Illness and Christian Faith,” *Lifeway Research*, September 2014, <http://research.lifeway.com/wp-content/uploads/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf>

6 Bob Smietana, “Mental Illness Remains Taboo Topic for Many Pastors,” *Lifeway Research*, September 22, 2014, <https://research.lifeway.com/2014/09/22/mental-illness-remains-taboo-topic-for-many-pastors/>

7 Kristen M. Kansiewicz et al., “Well-Being and Help-Seeking Among Assemblies of God Ministers in the USA,” *Journal of Religion and Health* 61, no. 2 (April 2022): 1242-60, <https://doi.org/10.1007/s10943-021-01488-z>

Kristen M. Kansiewicz et al., “Empowering Clergy to Live Well: Lessons from a New Study of Baptist Pastors and Their Spouses” (Christian Association for Psychological Studies, Atlanta, GA, 2024).



Ministering in the Face of Despair

A SMALL-TOWN PASTOR'S STORY OF MENTAL HEALTH,
ADDICTION, AND FREEDOM FOUND IN CHRIST

Lindsay Nicolet

Jerrimiah Cunningham knows what it's like to be shackled to addiction. Family hurt, years of substance abuse, mental health issues, and a wrong understanding of God left him deep in despair. But he also knows the power of God's transforming mercy and grace. He is now a pastor and volunteers to help those struggling with addiction in Southeast Missouri, holding out the hope of the gospel to those who feel like they are beyond help.

A LIFE OF PAIN AND ADDICTION

Cunningham lived in addiction from his teenage years until 40 years old. Coming from a family of addicts and alcoholics, he learned to use substances like alcohol, marijuana, crack, LSD, and even Freon to manipulate his emotions. "I did not have the tools to deal with what I was feeling," he remembered. "My life had been a wreck for as long as I could remember."

Contributing to his anguish was the reality that Cunningham felt abandoned by his father, who was rarely around. When he was present, Cunningham's father would often use Scripture to demean him. Anger took root in Cunningham's heart and gave him a distorted understanding of a relationship with God. Running away felt like the only option:

I decided that right out of high school I needed to get away. I joined the Marines. Otherwise, I knew I would either end up dead or in prison by the time my 19th birthday rolled around. When I joined the military, I began to drink all the time. I was trying to fill a void in my life, and yet, it was still there when I got sober.

Cunningham hated his life, was plagued by suicidal thoughts, and was in and out of hospitals for years. The whole time, he felt worthless. "Who was I? What was my life worth?" he asked. "I couldn't put my life in order. I felt as if I just brought down everyone I was around."

Finally, he came to know and surrender to Christ, believing that his perfect Father in Heaven accepted and loved him—scars, mistakes, and all—because of Jesus. "If only I would have stopped running all those years ago and just listened to him call me," he recalls, "I would have known that he is the one who can fill that void."

Though he no longer desires to use substances, he continues to take daily medications to help his mental health. And, in a full-circle story, he now uses his life to help those who are suffering with addiction and mental health issues, pointing them to the goodness of God:

I share my testimony because I know that life is hard. Living with hopelessness becomes so exhausting that a person begins to believe that ending their life is better than living. But I also know that there is hope. I am not an expert on addiction or mental health, but I am a pastor and want to provide encouragement as part of the body of Christ by walking alongside those who are struggling.

ADDICTION'S EFFECT ON OUR FAMILIES

Although the Lord has miraculously pulled Cunningham out of his addiction, he still remembers the way it affects family and friends. Families lose contact with the one struggling with mental health and addiction for days or even years because of going to rehab, being in jail or prison, or just being incapacitated.

Cunningham has even experienced and caused his loved ones to deal with the up-and-down emotions of addiction, from anger and

“Living with hopelessness becomes so exhausting that a person begins to believe that ending their life is better than living. But I also know that there is hope.”

guilt, to blame and sorrow. "When I was dealing with addiction, I was not only absent physically from my family, but also absent mentally and emotionally," he said. "While I slept off the hangovers, my wife didn't have a husband nor did my boys have a father. So many scars were created."

Sadly, he knows all too well that a lifestyle of addiction is frequently passed to the next generation, whether by example, neglect,

or a biological propensity without the tools to fight temptation. These issues have proven that they are not isolated to individuals but affect whole families and communities.

A DIFFERENT KIND OF ADDICTION

While we often think of addiction as involving drugs and alcohol, Cunningham recently learned about the insidious nature and destruction of a different kind of addiction: pornography. National events like the COVID-19 pandemic have only intensified this struggle. Cunningham notes, “In March of 2020, Pornhub gave a free trial to their premium package for 30 days. As the world began to close down due to the COVID-19 pandemic, people were isolated. Thus, it was easy to become addicted to porn with no financial repercussions.”

He goes on to say, “I believe pornography is one of the leading forms of addiction. Because it causes so much shame and is one of the hardest addictions to break, those who struggle remain isolated and silent.” Baptist Press, in an October 2024 article, confirmed that pornography use is rising among Christians.¹

Cunningham recommends a book titled *The Freedom Fight: The New Drug and the Truths That Set Us Free* by Ted Shimer, which he says opened his eyes to the effects of pornography. Shimer writes that 65% of non-Christian men use pornography monthly, while 64% of Christian men do.²

Shimer also notes that pornography creates a high amount of dopamine in the brain, according to research.³ Amphetamines and cocaine seem to be the only other two drugs that produce more. However, while dopamine crashes with amphetamine and



cocaine, it sustains at its peak with pornography. This creates a desire to continue to seek that particular high. The author also reports there is evidence that the prefrontal cortex of the brain, which helps with impulse control, shrinks as a result of a pornography addiction.⁴

In a digital age of sexual confusion and moral relativism, it is easy to find access to pornographic material, justifying its sinful use to numb the struggles of life, find momentary pleasure, and satisfy the ache of loneliness.

A COSTLY MINISTRY

Cunningham has undeniably seen God’s power in his own life, yet ministry to those with mental health and addiction issues is impossible apart from the power of the Holy Spirit. As he describes, “One of the most difficult aspects of addiction and mental health ministry is that there isn’t enough time to reach out to all those who struggle.” Because of our human limitations, there are only so many people one can help.

Knowing what an addict needs, Cunningham has a dream of starting a community for those coming out of addiction, where they can have relationships and receive practical help. He describes his vision:

It would not be a drug and alcohol rehabilitation center but a place where those who are trying to stay sober can live, especially those who cannot get a job due to lack of transportation or criminal background. I desire to help these men find jobs and get on their feet so that when they leave our community, they have transportation, a place to live, sobriety, and a group of other men that they can always reach out to.

His desire is that we pray for his continued strength and discernment, for the good of those he ministers to, and for the good of his family. “I want to help everyone but am unable due to the lack of time. If I spread myself too thin, I am unable to give 100% to those I am working with, much less to my family.”

CARING FOR THOSE WITH ADDICTIONS

Cunningham’s experience—both personal and ministerial—has given him insight into how we can best serve those caught in addiction. The first piece of advice, which he says is the most important, is to be educated about addiction and despair. We cannot help people effectively if we know nothing about what they are walking through.

Secondly, we have to reach out. Those struggling with addiction will often not be the ones to seek us out, although they need community. Cunningham clarifies, “In *The Freedom Fight*, Shimer quotes Johann Hari, writing ‘The opposite of addiction isn’t sobriety, it’s connection.’ . . . Connection equates to relationship.

“Without building relationships and having accountability in those relationships, it is easy to isolate and continue in addiction.”

Relationship equates to discipleship. Without building relationships and having accountability in those relationships, it is easy to isolate and continue in addiction.”

In addition, we have to be willing to share our own struggles. Cunningham remembers, “When I was struggling, I didn’t want to hear how great someone else’s life was. I wanted to hear about the difficulties and how, though it’s difficult to lean on Christ at times, he will bring us through.”

He also emphasizes the importance of counseling. “I used these addictive substances to suppress the things I wrestled with,” he says. “It was through counseling that I was able to deal with them.”

CONCLUSION

Jerrimiah Cunningham knows that there is hope, peace, and the presence of God in every trial that we go through, including addiction and mental health issues. By walking alongside those dealing with addiction, he is a living testimony that there is freedom in Christ and that we can truly “taste and see that the LORD is good!” (Ps. 34:8).

The Church should join Cunningham in standing by those wrestling with addiction, assuring them that Jesus came for those who are sick, which is all of us (Matt. 9:12). Together, we can catch one another when we stumble and reach out when one of us falls. “As a body of believers,” Cunningham exhorts, “let us be the hands that reach down to help pick up those who are struggling.” And as we do, may we bring them to our Savior over and over again. ★

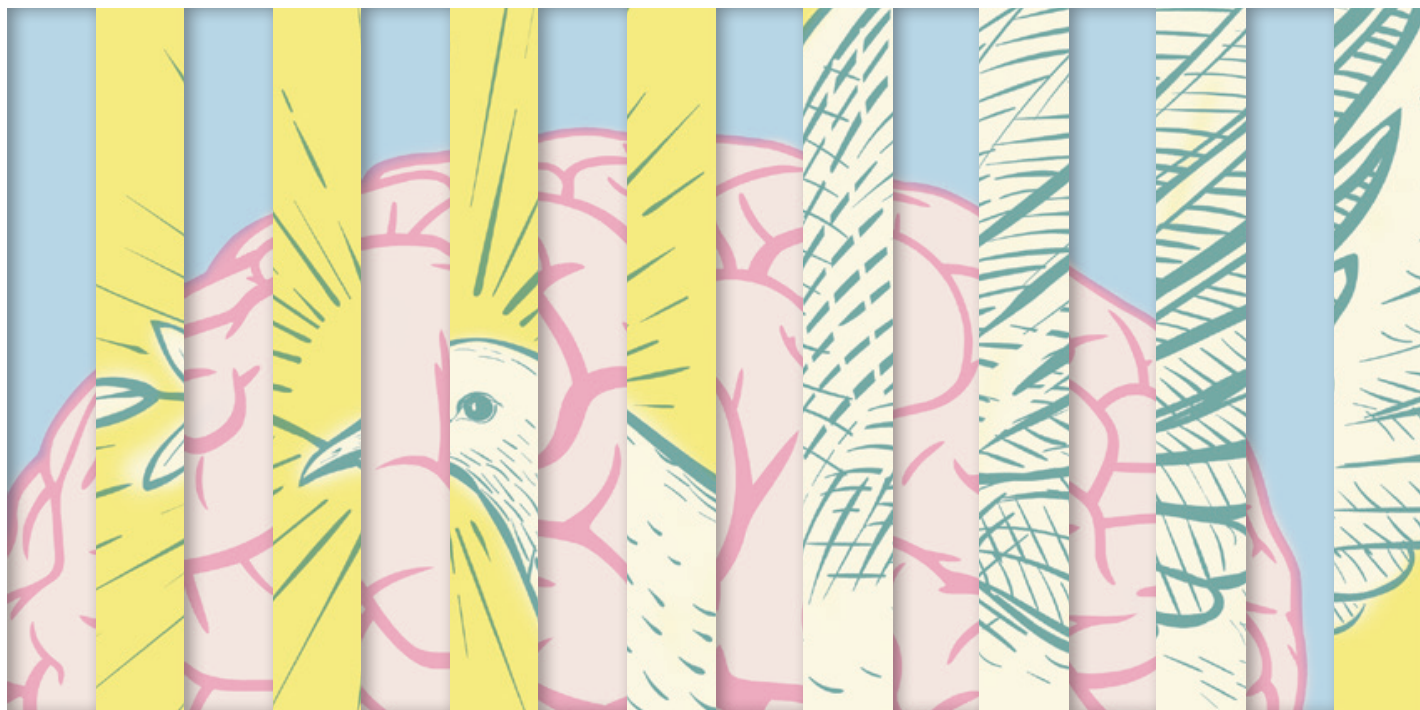
Lindsay Nicolet serves as the editorial director at the ERLC.

1 Diana Chandler, “Porn Use Grows among Christians, Study Says, Urging Church to Offer Healing,” *Baptist Press*, October 22, 2024, <https://www.baptistpress.com/resource-library/news/porn-use-grows-among-christians-study-says-urging-church-to-offer-healing/>.

2 Ted Shimer and Josh McDowell, *The Freedom Fight: The New Drug and the Truths That Set Us Free* (High Bridge Books, 2021), 18.

3 *Ibid.*, 41.

4 *Ibid.*, 142.



The Relationship Between Spiritual and Mental Health

SYNONYMS, ANTONYMS, OR SOMETHING ELSE?

Brad Hambrick

A counseling mentor once asked me to evaluate what he called The Modern Psychological Proverb, “Genetics loads the gun, environment pulls the trigger,” by asking, “Where is the person?” We all know siblings who had the same parents (genetics), grew up in the same home and went to the same schools (environment), but turned out very differently because of their beliefs, values, and choices.

Some of us hear this example and jump on it to conclude, “See, mental illness is an overhyped myth!” Others immediately get defensive and question, “Are you saying that mental illness doesn’t exist, and people are only the product of their choices?” If we’re going to do something

constructive with a subject as complex as mental illness, we must get out of this reactive binary.

5 CHARACTERISTICS OF SPIRITUAL HEALTH

Let’s take a slower walk into the subject and start the discussion by defining characteristics of spiritual health. I’ll list five. I hope as you read them you realize that each quality also has a positive influence on our mental health, meaning that each is *contributive* to better mental health even when they are not *curative* by themselves:

1. Embracing the gospel

An individual recognizes their sinful

condition and leans fully on the hope of Christ’s death and resurrection to provide freedom from guilt and a sober self-awareness that allows us to acknowledge our faults.

2. Spiritual disciplines

An individual engages with Bible study, prayer, and other disciplines to cultivate a robust relationship with God, not just knowledge about him.

3. Personal devotion

An individual realizes their day-to-day choices are opportunities to worship God and is thankful for the opportunity to display God’s worth in these choices.

4. Devout character

An individual grows in humility, love, gratitude, hope, generosity, self-control, and other Christ-like virtues.

5. Robust theological framework

An individual is able to understand and articulate a biblical worldview that undergirds the previous four marks of spiritual health.

Now, let's reframe the question: can someone be a growing Christian, exemplify these characteristics, and still experience mental health challenges?

5 CHARACTERISTICS OF MENTAL HEALTH

It will help us to answer this question if we define mental health like we did spiritual health. I'll offer five characteristics of mental health. These are not exhaustive, but they give a good representation of what is meant by mental health.

1. Emotional regulation

An individual responds to unpleasant circumstances in a proportional manner. Minor unpleasant events (e.g., being late) get a minor response. Major unpleasant events (e.g., death of a loved one) get a large response. Mentally healthy people are not immune to unpleasant emotions, but their responses are proportional to their circumstances.

2. Accurate sense of self

An individual self-assessment is neither grandiose nor dreadful. An individual can receive feedback on their performance without getting defensive or crumbling. As their abilities improve or decline, their self-assessment adjusts accordingly.

3. Relational intelligence

An individual picks up on basic social cues and strives to respond to others in mutually beneficial ways. An individual is able to express empathy and compassion toward the hardship of others and celebrate the successes of others.

4. Reality testing

An individual can identify intrusive or fanciful thoughts as being inaccurate. Thoughts of a loved one having a car accident on a stormy night or paranoia about being under FBI surveillance can be dismissed.

5. Impulse control

An individual can weigh the consequences of their choices and resist making self-destructive choices. An individual

MENTAL HEALTH AND SPIRITUALLY HEALTHY CHRISTIANS

So, with these things in mind, let's restate our question again: can a spiritually healthy Christian be predisposed to struggle in key areas of mental health to such a degree that it significantly impacts their quality of life? The answer is clearly yes. Read the New Testament. All of its authors wrote to a Christian audience and had to address these types of struggles. Throughout church history, many Christian leaders have

*Human beings are embodied souls.
The health of our bodies impacts our
spiritual health.*

can direct their attention toward important tasks even when they would prefer to engage in more interesting, but counterproductive, activities.

When we call something mental illness, we are saying that an individual is physically predisposed or environmentally conditioned to struggle in one or more of these areas, and that the struggle is significantly (intensity) and persistently (duration) disrupting their life in a way that won't subside with the mere passing of time.

You may notice that I am construing these five mental health qualities as aptitudes (e.g., like playing music, throwing a ball, drawing a picture, doing math, or learning a language). Aptitudes are qualities that vary from person to person. Strong aptitudes increase our quality of life. Weaker aptitudes often detract from our quality of life.

struggled with mental health issues. Charles Spurgeon, for example, wrestled with depression throughout his life.¹

That should not surprise us. Human beings are embodied souls. The health of our bodies impacts our spiritual health. Try being gracious and devout in your response to adverse circumstances when you got three hours of sleep the night before. Your soul may be willing, but your flesh is weak. The inverse is true; the health of our souls impacts the health of our bodies. Sinful choices ravage our physical health.

A good psychiatrist understands this. Consider this quote from Allen Frances, chair of the DSM-IV task force:

Prematurely resorting to medication short-circuits the traditional pathways of restorative healing—seeking support from family, friends, and the community; making needed life changes, off-loading excessive stress; pursuing hobbies and interests,



exercise, rest, distraction, a change of pace. Overcoming problems on your own normalizes the situation, teaches new skills, and brings you closer to the people who were helpful. Taking a pill labels you as different and sick, even if you really aren't. Medication is essential when needed to reestablish homeostasis for those who are suffering from real psychiatric disorder. Medication interferes with homeostasis for those who are suffering from the problems of everyday life.²

Dr. Frances is not dismissing the category of mental illness, but he is cautious about over-medicalizing common life struggles. He does value traditional remedies (i.e., talking to a friend, exercise, vacation) for restoring mental health, but he also recognizes that medication and therapy can play an important role.

Is every psychologist, psychiatrist, and counselor this balanced? No. But, to be fair, we must also ask: is every pastor and Christian influencer on social media this balanced? Also, no. We ask people who have bad experiences at other churches not to dismiss Christianity as a whole. We should express the same courtesy as we get to know mental health professionals in our community.

5 IMPLICATIONS FOR OUR SPIRITUAL AND MENTAL HEALTH

Since this article seems to be built on lists of five, let me close by offering five implications from our discussion.

1. Lingering or unrelenting mental health concerns *should not be a matter of shame* or cause a Christian to doubt their salvation. Our bodies and minds, like the rest of creation, are yearning to be made whole (Rom. 8:22).

2. We should expect to find the *same variance in mental health expressions amongst Christians that we find in physical health and aptitudes*. We believe vibrant Christians can have physical maladies and

learning challenges; why would we think mental health would be different?

3. We should *strive to be excellent stewards of our mental health* through every special revelation and common grace means that God has made available. This includes everything from getting adequate sleep to

both our body and soul is part of honoring God with how we steward this earthly life.

If this article has sparked you to want to learn more on this subject, I would encourage you to read *Descriptions and Prescriptions: A Biblical Perspective on Psychiatrist Diagnoses and Medications* by Michael Emler.

Caring for both our body and soul is part of honoring God with how we steward this earthly life.

spiritual vitality to medical assistance. You can find a list of 50 good mental health habits at bradhambrick.com/50mhh.

4. We should *strive to better differentiate which life struggles we can influence and how* because we want to avoid the twin errors of: (a) being passive toward a weakness we could strengthen and (b) feeling shame for a weakness we cannot. Neither of these responses honors God.

5. We should strive to *better understand how healthiness aids holiness and holiness aids healthiness*. The influence between body and soul is bidirectional. Caring for

The title may sound daunting, but the content is winsome, approachable, and spiritually nourishing. Join me in praying that God would enable his people, you and I, in being discerning about how to steward our mental health as a way of striving to honor him in all things. ★

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1 Justin Taylor, "Charles Spurgeon's Battle with Depression," *The Gospel Coalition*, May 19, 2022, <https://www.thegospelcoalition.org/blogs/evangelical-history/charles-spurgeons-battle-with-depression/>
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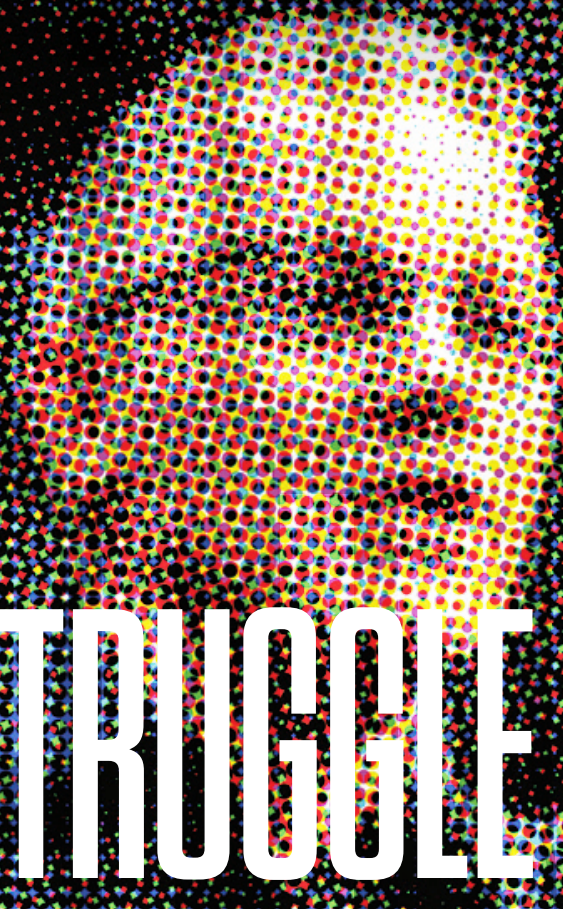
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MY STRUGGLE WITH CLINICAL DEPRESSION

PRIORITIZING MENTAL HEALTH FOR THE GOOD OF THE CHURCH

Mark Dance



Mental health challenges are on the rise across the country, with more than 50 million Americans now reporting that they struggle with mental illness. Yet, over half of these individuals—over 28 million people—currently are not receiving the support they need.¹

While there are various factors that contribute to individuals not seeking help, there is one reason I know well that prevents many from speaking up: a sense of stigma and shame around mental health. I know this firsthand because it was my story just 15 years ago.

MY EXPERIENCE WITH CLINICAL DEPRESSION

I was 22 years into full-time ministry and serving as the lead pastor of a large church. I loved my congregation and felt called to continue serving them, but I was trapped in a fog of burnout and discouragement. The truth is, I came very close to walking away from ministry altogether.

I know now that there was a name for the challenges I was facing: clinical depression. But at the time, I was struggling in

silence and did not know how to admit to those around me that I needed help. I made several attempts to push through these challenges in my own strength, including a self-diagnosis, all of which led me to the end of my rope. Finally, I did something that felt brave: I admitted the need for professional help and sought it out.

This simple choice to ask for help was the first step to getting healthy again.

Every day, I am grateful for the support from my family and congregation who encouraged me to take this important step. My clinical depression diagnosis and support from a licensed therapist empowered me to finally step out from under the dark cloud of depression that had been consuming my life and ministry.

Scripture commands us as Christians to love God with our heart, soul, mind, and strength (Mark 12:31). This call to love him with our mind is not a secondary priority. Instead, it is an essential component of a holistic, comprehensive covenant that includes our spiritual and physical health. Practicing care for ourselves and prioritizing our mental health is a way of loving the Lord, as well as a means by which pastors can protect the longevity of their ministry. In my personal life, it was learning how to care for my mental health that restored my ability to love God and other people with all of my mind.

Getting the support I needed has not only helped me get healthy again, but it also reinvigorated my ministry. Several years later, I stepped into a pastor-advocate ministry that I am still in today. I currently serve as the director of pastoral wellness at GuideStone, where I interact daily with

pastors and other pastor-advocates who want to start well, stay well, and finish well.

HOW SUPPORT CAN LEAD TO FLOURISHING

Too many pastors I interact with today are trying to continue supporting their congregation even though they are pouring from an empty cup—just like I tried to do. In fact, a recent Lifeway Research study found

TOO MANY PASTORS FEEL A SENSE OF FEAR AND SHAME SURROUNDING CONVERSATIONS ABOUT MENTAL HEALTH AND ARE AFRAID TO ADMIT THEIR NEED FOR HELP OR ACCEPT IT WHEN IT IS OFFERED.

that 63% of pastors report stress as one of the most significant mental health concerns facing their ministry, and 48% struggle with discouragement.² On top of that, 8 out of 10 pastors report sacrificing their well-being over the course of their ministry. It's no wonder that pastors are feeling burnt out.³

We all have friends who have left the ministry because of depression, discouragement,

or disqualification. It seems that the primary thing they have in common is their refusal to let others help them with their private battles. Although 75% of pastors will never struggle with diagnosed depression, they will occasionally feel depressed or discouraged.⁴ All of us will serve both “in season and out of season” because we are leading the charge on the front line of an invisible and intense war.

Too many pastors feel a sense of fear and shame surrounding conversations about mental health and are afraid to admit their need for help or accept it when it is offered. Many share the same belief that I once did—that it is a character flaw to not be able to overcome mental health challenges in your own strength. But mental health challenges, like my clinical depression, are, in many cases, a chemical problem, not a character problem. Suffering silently with mental health challenges is not a virtue, and seeking help is not a weakness.

I am immensely grateful for the 37 years I have been privileged to serve as a pastor. But, while leading and serving is deeply rewarding, it can also be incredibly demanding without adequate support. Resilience in ministry is not a guarantee, but it is a promise to pastors who put their hope in the Lord.

“[I] have become depressed. Yet I call this to mind, and therefore I have hope: Because of the Lord's faithful love we do not perish, for his mercies never end. They are new every morning; great is your faithfulness! I say, “The Lord is my portion, therefore I will put my hope in him” (Lam. 3:20b-24, CSB).

This is cause for encouragement—not fear—both for the Church and her leaders. Stories like mine are proof that burnout and depression in the Church



can be overcome by the resurrection power of Jesus as well as the loving support of his beautiful bride. And even if the struggles are not taken away, our sufferings can be used for God's glory within his Church. Resilient ministry leaders can stop pretending they are alright when they are not. Instead, they can seek and receive support from other sacred siblings who can help them through their mental health challenges, giving us the opportunity to go back and strengthen our brothers (Luke 22:32).

Our churches cannot be healthy if the pastors who support them are not. Receiving professional mental health helped me to finish well at that church after 14 years of ministry. From there, I got to start a new chapter of ministry to other pastors 10 years ago. You may not need

professional help like I did, but if you get stuck in a fog of depression too long, resist the temptation to self-diagnose; instead, ask your doctor or a licensed biblical counselor to help you figure things out. ★

Mark Dance is the director of pastoral wellness for *Guidestone Financial Resources*.

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Digital Impact Attorneys The Practice

NAVIGATING TEENS, SOCIAL MEDIA,
AND MENTAL HEALTH

Eliza Huie

In an era dominated by Instagram likes and Snapchat streaks, the mental health of teenagers is increasingly at risk.¹ Parents carry many worries into the digital landscape in which their teens live, and these concerns are not without warrant. The content on a TikTok profile is called a “feed,” but what is being “fed” to teens is having a toxic impact.² Concerning statistics have caused experts to raise a clarification call that social media use should be limited or even avoided in the teen years.

There are good experiences that social media can bring such as opportunities for learning, creative expression, and connection with friends and family who live far away. However, a rapidly growing concern that requires our keen attention is the potential harm that social media can have on a teen’s mental health.

THE CONCERNING STATISTICS

A quick look at statistics reveals a concerning trend. Between 2007 and 2017, Pew Research found that the number of teens experiencing depression increased by 59% over a 10-year period.³ It is no coincidence that, in the same timeframe, the top three social media platforms used by teens were introduced: Instagram in October of 2010, Snapchat in September of 2011, and TikTok in September of 2016.

Continuing this trend, in October of 2021 an alarming warning came from the American Academy of Pediatrics declaring a national state of emergency in children’s mental health.⁴ In December of 2021, the United States surgeon general issued a statement highlighting the urgent need to address the mental health crisis in our nation’s youth.⁵

Then, in February of 2022, Pew Research released a study showing parents’ greatest worries related to pandemic school closures caused by the pandemic were academics (67%) and their children’s emotional and mental health (61%).⁶ It is precisely in those two categories that teens are now showing significant decline. However, the pandemic was not the sole cause of mental health

issues. Excessive social media use has raised concern around teen mental health both before and after the pandemic.

Yet another warning came in May 2023 from the surgeon general stating there “are ample indicators that social media can also have a profound risk of harm to the mental health and well-being of children and adolescents.”

Parents are not surprised by these trends, statistics, or warnings; they serve only to confirm what is already known. They see their teens engaging with their phones at addiction-level status. Living in the world without becoming of the world feels like an uphill battle when the world is carried around in the pockets of their teens. Every touch of their phone lures them in. Scrolling social media is what most teens spend their time doing when their phone is in hand. However, this commonplace

**Living in the world
without becoming of
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of their teens.**

activity is increasing their tendency toward anxiety and depression with every smooth swipe of their glassy feed.

5 PROBLEMATIC SIGNS OF TEEN’S SOCIAL MEDIA USE

It’s in this setting that parents are seeking to shepherd the souls and hearts of their teens. As they do, they must now also watch for signs that could indicate a struggle in their teen’s mental health due



to the influence of social media. As a counselor and parent who has navigated this terrain for many years, let me offer five signs to which parents should be attuned. These are not the only signs, but they are common indicators that social media use could be impacting your teen negatively.

1. Withdrawal from family

Preferring to isolate rather than engage with family or participate in family activities. Having a notable unwillingness or pulling away when parents ask them to put their phones away.

2. Phone separation anxiety

Feeling anxious or compulsive about checking their phone either upon waking or throughout the day. Overly distressed when phone privileges have been taken away or limited.

3. Decreased motivation

A notable lack of enthusiasm or interest in the day ahead, including school or social activities they usually enjoy. Very low interest in attending to responsibilities even when it will negatively impact them to be left undone.

4. Negative outlook or self-talk

Expressing negative thoughts about themselves or their future because of social media comparisons, cyberbullying, or the loneliness connected with excessive time spent alone on their devices.

5. Physical impact

Decreased hygiene and poor sleep due to time on social media. Skipping meals linked to stress or preoccupation with social media. Headaches, eye strain, or muscle tension from prolonged screen use.

HOW PARENTS CAN HELP

If the signs above describe your teen, there are some things you can do. First, remember that the Lord is your helper. He is an ever-present help in troubled times both for you and your teen. It can be tempting to allow your mind to go to worst-case-scenarios, but that is not helpful. Instead, anchor your heart and mind to the hope found in the eternal truth of God's Word. Prayerfully seek the Lord for wisdom and consider the following steps.

Set boundaries

Establish clear rules for social media use



including time limits. Check in phones at night. Teens should not sleep with their phones. Set a place and time phones will be docked and turned off for the night.

Monitor usage

Keep an eye on the apps and platforms your teen uses. Be aware of who they are friends with online and the interaction between those friends. Keep communication open about expectations around time and usage of devices and platforms.

Model healthy screen use

Let your teens see you putting away your phone in social or family settings. Engage fully in conversations by putting your phone away. Create tech-free times

that can help. Talk to teachers, youth pastors, coaches, or mentors who know your teen well and can provide input related to your concerns. It is also good to consult with your teen's doctor when you notice changes that could be related to mental health concerns.

Navigating the world of social media is an area of parenting, but it is also an area of discipleship. We need to help teens see how their relationship with screens affects their relationship with God and others. Proactive engagement goes a long way in preventing social media from becoming a dominating influence in your teen's life. By guiding teens with wisdom and intentionality, parents can help ensure that social media does not become a detrimental force, but rather a tool to be wisely utilized with caution and balance. ★

We need to help teens see how their relationship with screens affects their relationship with God and others.

or spaces and take intentional extended breaks from social media.

Promote offline activities

Encourage your teen to engage in activities that don't involve screens. Create times in the family routine where screens are not present. Get outdoors when possible, and encourage activities that involve physical participation.

Seek help

If you are noticing a decline in your teen's mental health, seek the help of others. Your pastor can be a good place to start. Many pastors have trusted counselors they refer to

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1 States are now beginning to raise the age required to create social media accounts. Utah has raised the age to 18 and Florida to 16. More states are expected to follow suit (<https://www.theguardian.com/us-news/2024/jan/25/florida-social-media-teenager-ban-bill>). Experts are concerned about the impact social media use has on a teen's brain (<https://www.yalemedicine.org/news/social-media-teen-mental-health-a-parents-guide>).

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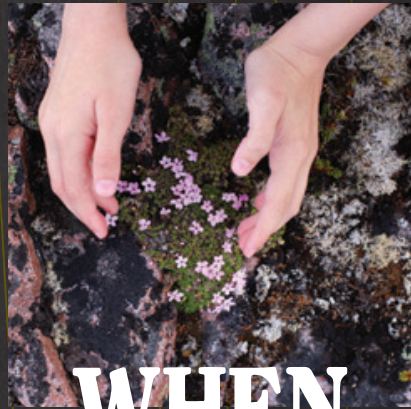
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WHEN MENTAL HEALTH STRUGGLES PERSIST

ENCOURAGEMENT FOR LOVED ONES AND CAREGIVERS

Joseph Hussung

Mental illness has become a ubiquitous experience for people in the modern Western world. Though defining what we mean by “mental illness” is met with disagreements and controversies in the Christian community, the term is used in this article consistent with the way most people in our context understand it—namely, to refer to common psychological struggles such as depression, anxiety, obsessive-compulsive disorder (OCD), bipolar disorder, and post-traumatic stress disorder (PTSD), among others.¹

A study done in 2021 stated that, among 18- to 25-year-olds, 1 in 3 had experienced mental illness in the previous year, while 1 in 10 experienced serious mental illness in the last year.² This means that, in our families, churches, neighborhoods, and places of work, there are people who will struggle, have struggled, or are currently struggling with some sort of mental illness.

Loving people who struggle with mental illness is difficult. While our hearts break to see our loved ones wrestle with an affliction they would not have chosen for themselves, our families also bear the weight of such complex suffering, especially when it persists.

If you are or know someone caring for a loved one with mental health struggles, I want to offer encouragement. This article will provide advice on how to help, love, and care for those experiencing this type of suffering.

EMBRACE COMPLEXITY

No one wants their persistent struggles with mental illness to be taken lightly. One of the things I find to be the most common source of pain for people who struggle in this way is the overly simplistic statements made by loved ones such as,

“If I were you . . .”

“At least you still have . . .”

“Just [pray, read your Bible, keep praising the Lord, etc.]

“What is God trying to teach you?”³

Ed Welch, a counselor, explains that when we make statements like these, “we isolate those who already feel alone.”⁴ Instead, we should realize that persistent struggles with mental illness are anything but simple, and it is in embracing that messy complexity that one can bring hope to the suffering person.

Many people who struggle with various forms of mental illness are already self-deprecating and continually assessing their struggle in spiritual terms. They see themselves as unlovable, ungodly, and wrestle to see any hope in all the pain and difficulty. No one needs those thoughts confirmed by short and glib statements that imply what they already have begun to fear about themselves.

Instead of proving ourselves to be miserable comforters like Job’s friends (Job 16:2), these individuals need someone to sit with them and help them untangle the difficult web of pain while pointing them to God for help in their suffering. They need someone to encourage them to go see a doctor, a Christian counselor, their pastor, and/or other forms of help that we have been given by God’s grace.

At the counseling center where I work (Fieldstone Counseling)⁵ we constantly quote Addison Leitch’s adaptation of a famous Oliver Wendell Holmes quote. He says that simplicity “On the near side of complexity is simplistic. On the far side of complexity is simple.”⁶ This means that complexity is the experience of the person in front of you. If you act as if it is not complex and offer simplicity to them without understanding their complexity, it dishonors their story, their suffering, and will ultimately hurt more than it helps.

Instead, embrace their complexity. Understand it. Then, from a place of



understanding, we can help them move toward the simple truth of the gospel.

OUR ONLY HOPE IN LIFE AND DEATH

There is only one simple truth that the Christian can offer people whose mental health struggles have persisted, and the Heidelberg Catechism's first question speaks to it clearly: "What is our only hope in life and death? That I am not my own but belong to my Lord and Savior Jesus Christ." As Christians, whether we are suffering from disappointments of life, the loss of loved ones, or persisting illness, Christ is our only hope. The hope that Christ brings is both for now and the future, which is why the catechism says he is our hope in "life and death."

If you scan the pages of Scripture, the hope that is most regularly pointed to is the hope of what the resurrection of Christ means to believers and the life to come.

Listen to the turn that Paul makes in the first letter to the Thessalonians in 4:13-18,

We do not want you to be uninformed, brothers and sisters, concerning those who are asleep, so that you will not grieve like the rest, who have no hope. For if we believe that Jesus died and rose again, in the same way, through Jesus, God will bring with him those who have fallen asleep. For we say this to you by a word from the Lord: We who are still alive at the Lord's coming will certainly not precede those who have fallen asleep. For the Lord himself will descend from heaven with a shout, with the archangel's voice, and with the trumpet of God, and the dead in Christ will rise first. Then we who are still alive, who are left, will be caught up together with them in the clouds to meet the Lord in the air, and so we will always be with the Lord. Therefore encourage one another with these words.

What does Paul write to a people who have struggled with the loss of loved ones? He tells them to remember the Lord's resurrection. It brings hope that reframes their experience of grief from something that feels endless to something that is more like saying to a friend, "Until we meet again." Paul does not minimize the grief or say, "Don't grieve." He says, "Look at Jesus and grieve in a way that makes sense of the power of the resurrection."

The people around us who are struggling the most need to be reminded about how this all plays out in the end. When we remind them of the hope we have in Christ

Christ, and point them to Christ. This is our task as Christian caretakers.

STAY

The hardest and most important thing that you can do for a person who is struggling with mental illness over a long stretch of time is to stay. They will not always do the things that are best for them or that you think they should do. They may say things that are troubling, ask questions that you do not understand, or express frustration in ways you think is not helpful.

Stay anyway. The ministry of being present and loving those around you cannot be overstated. We were meant to do this together, and no matter how hard it is to stay, we should continue to show up for those who are struggling with mental illness. It is much harder for a person to convince themselves that they are unloved when people tangibly show them the love of Christ. It is more difficult for them to do things destructive to themselves and others when people are pouring into them consistently, encouraging them toward hope in Christ.

So, stay. Embrace complexity. And point to Christ as our hope. In this way, you can love and encourage those who need to be encouraged and loved the most. ★

Joseph Hussung is the director of recruitment and senior counseling supervisor at Fieldstone Counseling and author of *Learning to Listen* (March 2025).

WE SHOULD REALIZE THAT PERSISTENT STRUGGLES WITH MENTAL ILLNESS ARE ANYTHING BUT SIMPLE, AND IT IS IN EMBRACING THAT MESSY COMPLEXITY THAT ONE CAN BRING HOPE TO THE SUFFERING PERSON.

despite suffering and death, it bleeds back into their everyday lives.

Oh, and by the way: you need this hope as well. Do not dispense hope that you do not have. It will be tempting for you to get so caught up in caring for your loved ones that you forget that Christ's resurrection is for you and your situation, too. Cling to

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Help for the Hurting

7 WAYS TO CARE WELL
FOR TRAUMA SURVIVORS

Kelley Lammers

“She will be fine,” I assured my coworker who was worried about her daughter’s first day at the babysitter. Glenda was new to town, visited our church, and had now been hired at the same school where I worked. She had dropped her 5-year-old off that morning at a well-reputed caretaker’s home. “Trust me, she is having a blast,” I said.

No matter how much I encouraged her that day, Glenda simply couldn’t shake her negative thoughts about her child’s first day. I asked her if I could pray for her, and she nodded her head. When I finished, she had tears in her eyes. Without looking up she said, “I know you think I’m being weird, but something really bad happened to me at my babysitter’s house when I was 5.” Then she quietly told me her story of abuse.

I was caught off-guard. I stiffened and said, “Oh, I’m so sorry.” And that ended it. In her moment of vulnerability and trust, I shamefully had nothing to offer.

HOW TO CARE WELL FOR A TRAUMA SURVIVOR

Unfortunately, situations like mine occur too often. A trauma survivor is ready to share her story with a friend, a Sunday School teacher, or a minister, yet the person is not equipped to respond. In my case, Glenda and I worked closely together that year. As our friendship grew, I became a better supporter and learned what I wished I had known from the start. Below are a few lessons that would have helped me during that first conversation.

Believe them.

Sometimes well-meaning Christians listen to victims and survivors of abuse, but their responses may indicate doubt. Believing survivors is vital to helping them heal. A good response like, “I believe that must have hurt you terribly,” or, “I cannot imagine how you feel, but I believe you have survived something awful,” is empowering.

Survivors sometimes wait years to share their abuse story, usually because they feel they may not be believed, or worse, be called a liar. Expressing skepticism only retraumatizes a survivor. When a survivor chooses to disclose to a friend, a statement of belief is a critical first step.

Listen well.

Authentic listening is important in ministering to someone who has been traumatized. A victim of violence is often powerless, voiceless, and choiceless. By listening, a friend is empowering a survivor with both a voice and a choice. Allow survivors to guide the conversation; give them control over their narrative to say as much or as little as they want.

Listening well has several components. First, set aside preformed responses, judgments, and conclusions. A good listener refrains from offering advice or stating what the survivor should have done, which may shut them down. An empathic listener should validate the survivor's feelings while respecting their privacy.

Pray with and for the survivor.

Christians are usually quick to pray with those in need, whether it is through sickness, natural disasters, or unsettling news. When a church member or friend confides a past trauma, the response should be the same. Those who are hurting deserve the salve of a powerful, praying friend. The time is always right to stand in the gap, calling on God's mercy, blessing, and direction as the survivor navigates the path to healing.

Allow room for the survivor to express doubt or even question their faith.

Survivors of trauma may wonder why God allowed the violent acts that hurt them. They may state that they are not interested in church or being around Christians. It is important for supporters to allow this response without casting judgment or sending a message of shame. The Bible is full of examples of individuals crying out in lament (especially in Psalms).

Let survivors know you support them and are praying for them. Ask if they would like you to work through a Bible study with them, and be prepared to pass along resources such as prayer and Scripture guides when they are ready. Remember, God is the source of healing, and he will work in his time in the lives of survivors.

Recognize the survivor's strengths.

One of the best ways to support a friend who has disclosed past abuse is to proclaim just how strong they are. Living through trauma, carrying it daily, often behind an optimistic "everything's fine" mask, can wear a survivor down. Many survivors form healthy relationships, have children,

trauma-informed therapist or victim advocate if the survivor has not done so.

Understand your limits.

Sincere friends of survivors can and should work tirelessly to aid them as they seek justice. However, it is vital to know your limitations. A friend does not need to play the role of therapist, investigator, or lawyer. Simply offering a listening ear, accompanying your friend to appointments, and showing Christ-like compassion are the keys to caring well.

Those who help survivors need to take an honest look at the feelings that arise. Anger, sadness, frustration, and guilt may surface

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maintain successful careers, and may never disclose their abuse. Acknowledge the accomplishments your friend has made despite the heavy effects of trauma.

Offer to help them seek justice.

Survivors of abuse have options to take legal measures against their perpetrators; after all, abuse is a crime. Some will want to do this, even years later, while others may opt to find healing in other ways. Instead of shaming survivors for not reporting abuse, offer to walk alongside them as they choose their next steps.

Empowering survivors by encouraging them to move forward *as they desire* is important. Offer to accompany your friend to a law office and help them navigate the judiciary waters when they are ready. Until then, ask if you can help find a

when someone you love shares their story of abuse. Walking the path of healing with someone may also trigger past traumas in your life as well. It is important to recognize when you need help, too, and follow steps to take care of yourself such as speaking to a professional, taking time for mental rest, and admitting you are struggling.

God embodies compassion and mercy partnered with righteousness. He restores his children, and he will do so while bringing justice to the Earth. As his ambassadors, we should offer hope to the hurting, show kindness to the afflicted, and respond with care to those who have survived trauma. ★

Kelley Lammers (Ed.D., LPC) is a mental health therapist and former member of the Abuse Reform Implementation Task Force of the SBC.



MEETING STRUGGLES WITH TRUTH

How Biblical Counseling Addresses Mental Health Issues

Alex Ward

MM

Mental health is a prevalent conversation in our society. While there may be various reasons why this is the case, it seems the most poignant and urgent is because so many people are silently hurting. And it's often difficult for people to articulate and find help for deep struggles of the heart and mind. Below, Lilly Park, a fellow with the ERLC's Research Institute and a biblical counseling professor at Southwestern Baptist Theology Seminary, shares how she is able to care for those with mental health struggles and explains the difference between biblical counseling and other forms of therapy in diagnosing and treating these issues.

Alex Ward: What is mental health? And what is biblical counseling?

Lilly Park: There are a lot of different terms. I'm going to use the American Psychological Association [definitions]. That brings some standardization. In short, mental health is a general sense of emotional well-being and good behavioral adjustment. When we think of [a] mental disorder, it's impairing your functioning in life. It could be the level of stress affecting the way you are behaving, thinking, or feeling.

Biblical counseling is addressing what we call mental health issues from a biblical worldview. It's trying to use Scripture and theology to understand people's problems and point them to Christ in working through their problems. It's a redemptive framework in diagnosing or addressing life issues.

There's always a spectrum within groups, but that would be a description that most people in the biblical counseling movement would agree with. We are not trying to use secular theories or methodologies to understand the nature of people's problems and, therefore, the solution. We're trying to search the wisdom of God through Scripture in interpreting people's problems biblically and helping them work through it.

AW: What are characteristics of biblical counseling and some distinctions between it and a secular therapist's office?

LP: One distinction is that in biblical counseling, we're not promising a fix of [people's] problems. Because [problems are] part of living in a fallen world; we can see them as part of our Christian sanctification.

Another distinction is that biblical counselors are not licensed counselors.

Biblical counseling is rooted in Scripture and theology. That's a foundational difference that informs our anthropology. We believe that we are more than just our bodies or our brains in comprehending people's struggles. We are created in the image of God.

We will never have perfection or a life without suffering while living in this fallen world. And that helps us come alongside people who are suffering. I love to use Galatians 6:1–2: “Brothers, if anyone is caught in any transgression, you who are spiritual should restore him in a spirit of gentleness. Keep watch on yourself, lest you too be tempted. Bear one another's burdens, and so fulfill the law

mean that if you have enough Bible verses, your struggles go away. But I do believe you can bear the fruit of the Spirit even when life is hard.

Another contrast from secular counseling is that we're not meeting with people for the rest of their life. As they are truly changing from their heart, we see them become stronger in not being enslaved to their particular struggles. There's a time and place to have regular meetings of counseling and accountability, but we don't think biblical counseling is a lifelong relationship with your counselor.

AW: Mental health conversations are prevalent in American culture right now. Earlier in

We believe that we are more than just our bodies or our brains in comprehending people's struggles.

We are created in the image of God.

of Christ.” None of us are above needing help. As Christians, we are brothers and sisters in Christ. So biblical counseling is very much about helping one another, especially in the local church, pointing them to Christ, and fulfilling the Great Commandments of loving God and loving one another.

We believe Scripture is sufficient for the Christian life. But that doesn't mean that we are throwing Bible verses at people and saying, “You need to pray more and just repent of your sins and your problems will be fixed.” I think the issue with that is it can become a behavioral approach. We need to help people depend on the Holy Spirit working through their problems. It doesn't

2024, even the Sesame Street character Elmo went viral tweeting about anxiety. What does that tell us about where we are as a society when it comes to mental health?

LP: Number one is that, as a society, there are a lot of people wrestling with what we would call mental health issues. People are seeking help wherever they can find an outlet, and social media has become a powerful source of expressing your troubles and thoughts, finding acceptance with people who are saying, “Yeah, me too. You're not the only one. And it's okay,” and finding this community of people who are wrestling with similar dark struggles, confusion, or insecurity.





It's not anonymous, but sometimes it feels safer to put it out there on social media rather than saying it in person. I think it also shows that people are hungry for real community, and it speaks to the isolation that is going on in our society and the correlation with anxiety, depression, cyberbullying, and other problems that we've seen. It also affirms studies that are saying there's a huge crisis right now with adolescents and mental health.

AW: Throughout USA women's gymnastics this year, there was talk about Simone Biles' past mental health issues. Because of her struggles, she's taken on a role as a spokesperson for mental health. What does this say about our culture?

LP: I'm glad that she did well in this Olympics and that she was able to perform great. She's such a role model for a lot of people, and

with that comes influence. When we have role models in our lives, we want to identify with them. So, sometimes what that person is going through, if there are similarities in our lives, we can project it onto ourselves. We can say, "Well, she had these fears and struggles, and I can relate to that, so I must have a disorder as well." You are your own doctor. My students tell me that their peers are doing this, so it's more common than we realize. There's a sense that we need to be careful of diagnosing our struggles based on another person's experience.

On the other hand, having a public figure like her be honest about her struggles gives people permission to open up. Where previous generations kept things hushed, now there's less shame to put it out there. If it helps more people have the courage to confide in a friend, their pastor, or a counselor about their struggles, I think that's a good thing.

So I'm glad that more people are sharing about their problems, but sometimes it's also become like a badge of honor where it's a form of seeking attention because another person is sharing, and it's increased their popularity. Not always; I want to be sensitive to people who struggle. It's not simple. We should take each person seriously and listen to them.

AW: When I think about my grandparents, they talk about being anxious about basic needs. Now, we're worried about questions of community and isolation. How should we as a Church respond to the anxieties of our day?

LP: There are books that have addressed the generational differences and how our grandparents had to think about trying to survive in the Great Depression, and that formed men who were stronger. There are studies saying that parents have been overprotective of their children, not preparing adolescents for real-life situations such as conflict, losing a job, or not always being an A-student. In wanting to protect them from being hurt, perhaps emotionally, we are actually not equipping them to face life when plans don't go their way. That can create chaos of not just disappointment, but an inward focus of blaming yourself. And that's where we can see anxiety and depression.

We need to help Christians understand how to face failures and trials in life without trying to avoid them, minimize them, or find a coping mechanism for them. It's going to be ongoing in our lives. The more I study the Bible, the more comfort I get from it. Ecclesiastes is one of my favorite books because I see life through a less idealistic perspective. I've seen and tasted more of the bitterness of this world in my 20s, 30s, and 40s. Ecclesiastes is comforting to help me see that this is not my final home or ultimate purpose. All the work I do and

all the dreams I have, there is no guarantee that it's going to turn out the way I think it will. Hardship is not because God doesn't love you or because you sinned; sometimes there are no clear answers.

It's hard to make sense of relationships and sufferings without putting everything in relation to God and who he is. David Powlison, a biblical counselor who died a

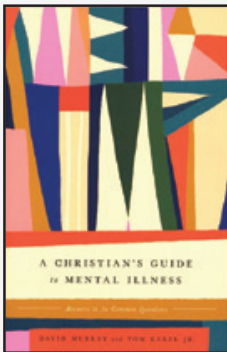
We need to help Christians understand how to face failures and trials in life without trying to avoid them, minimize them, or find a coping mechanism for them.

few years ago, was wise in helping us see that we're always interpreting life. And the question is: are you interpreting it through the grid of Scripture, or the latest book on fixing your life, your own experiences, or other traditions or theories. That's why I think biblical counseling can be helpful, because it aims to give not more of a man's perspective, but God's perspective. And that's what we need. ★

Alex Ward is a research associate and project manager at the ERLC.

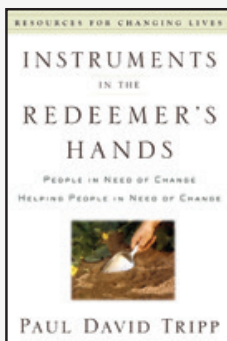
Lilly Park is associate professor of biblical counseling at Southwestern Baptist Theological Seminary.

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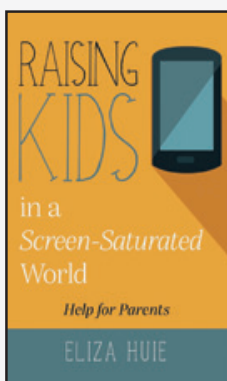
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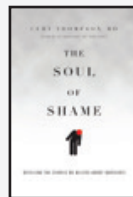
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