

## Understanding How to Help Introduction

Mental health is a major issue in society and therefore, must be of major concern for the church. Interestingly, it used to be understood that the primary role of church leaders was 'the cure of souls.' The primary sense of 'cura' in Latin is 'care,' with undertones of 'cure.' The soul is the essence of human personality. The cure of souls, then, is the Scripture-directed, prayer-shaped care that the church should offer. It is a determination to work at the centre, to concentrate on the essential.

### 1. General

- a. We offer some insights into some mental and emotional health issues. A vast amount of good work has already been done in these areas, and our treatment of each subject is not intended to be comprehensive. Our contribution is born out of working with people for over 40 years and making it our aim to understand and connect with those who come for help.
- b. A significant amount of the weekend will be spent in hands-on situations from which we can gain insights and experience. Those scenarios will be given out separately. This booklet deals with several issues. The amount of space given to each one does not reflect the importance or otherwise of that subject, but we have given more information on certain topics that will help in the supporting of someone in that situation. We will also spend more time on Chronic Anxiety and Depression as these subjects provide a good basis of understanding many other issues.
- c. Our approach centres on relationships. Insofar as our emotional health is dependent on good relationships – especially in the formative years – so our emotional healing will take place in the context of healthy relationships. Damaged relationships produce a stance, an inner emotional posture. Understanding how this stance developed and how to correct it is an important part of bringing about permanent change. This understanding of the development of the stance is helped, in turn, by recognising the role of nature, nurture and choices in our development.
- d. Our ultimate relationship is with God for only in him is found true security, peace, hope, strength, freedom and purpose. That central relationship is worked out and strengthened in the context of the relationships he gives us with others on that journey.

### 2. Aim of the course

To apply the principles contained in Steps One to Four to mental and emotional health issues and to see how those principles inform our approach to providing help and support.

### 3. God's worker

God is more interested in his worker than in his work. What kind of people are we to be if we are going to be effective in the lives of others?

#### a. Spirit-led

Isaiah calls Jesus 'Wonderful Counsellor' (Isaiah 9:6). Jesus promised his disciples that he would send 'another Counsellor' (John 14:16). The word 'Counsellor' is used to describe someone who comes alongside to help. We are called, as the 'body of Christ' on earth to continue his ministry, by the Holy Spirit and to draw alongside people to help.

When Jesus was accused by the religious leaders of having his own agenda, he replied by saying, 'Very truly I tell you, the Son can do nothing by himself; he can do only what he sees his Father doing, because whatever the Father does the Son also does' (John 5:19). On another occasion, Jesus

said to the crowds, 'I don't speak on my own authority. The Father who sent me has commanded me what to say and how to say it. And I know his commands lead to eternal life; so I say whatever the Father tells me to say' (John 12:49-50 NLT). We should do and say what we know our Father is doing and saying.

If we are used to walking with the Spirit, we will find ourselves led by the Spirit as we support others. It is important to have this sense of 'being on a journey.' Jesus called his disciples to follow him. That implies journey. A vital part of our support for others is to journey with them. It may well be that only a small proportion of those we walk with will have been diagnosed with the conditions we will discuss later but the awareness of our own journey and the ability to walk with others is the foundation for effective help.

### **b. Soaked in the Word**

We are called to proclaim God's truth. Like Paul, we are entrusted with the 'ministry of reconciliation' (2 Corinthians 5:18). Paul knew that the cross of Christ was at the heart of any effective ministry (1 Corinthians 2:2) and that justice, mercy, forgiveness, peace and a true perspective on life are to be found there. We must soak ourselves in God's Word so that the Spirit can apply the principles it contains to every situation we meet.

Paul wrote, 'Let the message about Christ, in all its richness, fill your lives. Teach and counsel each other with all the wisdom he gives' (Colossians 3:16 NLT).

The Psalmist could say, 'Oh, how I love your instructions! I think about them all day long' (Psalm 119:97 NLT).

### **c. Straightforward and definite**

'Obviously, I'm not trying to win the approval of people, but of God. If pleasing people were my goal, I would not be Christ's servant' (Galatians 1:10 NLT).

'for they loved human praise more than praise from God' (John 12:43).

'On the contrary, we speak as those approved by God to be entrusted with the gospel. We are not trying to please people but God, who tests our hearts' (1 Thessalonians 2:4).

We need to know ourselves well and to have completely settled who we are serving. If we need people to like us, then we will struggle to be straightforward and definite. We will say what we think people want to hear. When diplomacy is rooted in insecurity, it becomes a hindrance. A need to please can lead to compromise and can rob the person being helped of the truth he needs for his healing.

## **4. Our approach**

Not many of us here are consultant psychiatrists or neurosurgeons. For most of us, it is our interest in relationships that has given us an understanding of these issues. It is also worth noting that, because many of us on this course are Christians and part of a local church, ongoing pastoral care and friendship are important components in the emotional and mental health of those who come to the church for help.

## 5. Difficult questions

One of the issues that we will face, as we explore this subject, is: How much are conditions like Depression, Chronic Anxiety, Chronic Fatigue Syndrome, etc. the result of a physical cause or psychological cause?

This is not simply an academic exercise. Imagine the frustration and pain of the person who genuinely has a primarily physical condition, on being told that he is 'making it up.' Equally, how cruel is it to convince someone that their struggles are due to a 'sickness' that they don't have, particularly if that means that they grow up never being taught to take responsibility for unhelpful attitudes and behaviour.

Is it an illness, is it bad parenting, is it a failure to take responsibility for processing and handling one's emotions? Is it right to give someone a label if that label becomes a ticket for the abdication of personal responsibility? On the other hand, imagine the relief experienced by the person who discovers that his struggles do have a physical root and that it is a recognised condition.

## 6. A practical solution

Start where the person is. Good support involves 'going on a journey' with him and getting to know and understand him. You will recognise the influences of nature and nurture and gain a sense of whether you are dealing with wrong attitudes and behaviour or something that is beyond his control. Although he may come to you because of specific emotional and mental health issues, you may well not start by focusing on what may prove to be 'symptoms' but on gaining an understanding of how he has been shaped throughout life. For some of the people you support, there may be a physical root, but this does not prevent you from making a positive contribution to that person's life.



On the other hand, there are many 'conditions' that baffle the experts. For example, writing about bipolar disorder, Ruth C. White writes, 'Just as the cause of bipolar disorder is not fully understood, there is no known cure for the illness, but it can be managed with medication, education, and psychotherapy, which is the classic three-pronged method for treating the disease.' (Bipolar 101, Ruth

C. White PHD., MPH, MSW.) If it can be shown that bipolar disorder is a description of the fact that a person has two opposite temperaments within them and that understanding those temperaments and learning how to handle them will bring significant change, then imagine the potential relief for so many people. My position is that significant improvements, and yes, complete healing can be achieved for many of the mental and emotional health issues that so many people are struggling with today. Where there is a physical root, that will become clear and, in some cases, may prove to be the exception.

## 7. Points to remember

- a. Use terminology carefully. If you believe that particular traits are not a disease, don't refer to it as if it is.
- b. Several of the people you support may be on medication. Understand what they are on and how it affects them. Don't encourage them to come off it without reference to their doctor. Medication can settle a person down and buy time in which some good work can be done. However, if the

person is offered the opportunity to talk instead of medication, always encourage the talking.

- c. Work with the medical profession and not against them. With certain conditions, it will be important to encourage the person to go for tests to eliminate possible physical causes.

For more help, refer to the 'Be Wise' section of Step Three.

### **Some key concepts as you help**

#### **1. Stance**

When offering serious help, we will need to accurately discern the person's stance, his internal emotional posture. (Step Three: Sessions 2 and 3: Understanding and Changing Family Patterns)

We will need to help him to understand himself, recognise what he is doing with who he is, value each of his temperaments and let the introvert become the 'loving leader' (Step Four: Changing your stance: p 2).

If his emotional posture doesn't change, albeit over time, then you will always be addressing symptoms and never be able to bring about complete healing.

#### **2. Processing emotions**

An important ingredient in giving our introvert value is to encourage the introvert to share, and then process, what he feels. Every situation we experience produces emotions. For the Phlegmatic, if we ignore those emotions, real pressure can build up, and for the Melancholic, destructive negativity can crush him. Many people have no way of knowing what to do with troubled emotions. Help the person you are supporting to understand what he is feeling in any given situation and why he is feeling it. That gives him an opportunity to make different choices about what to do with what he is feeling.

(Step Two: Session 4: Processing Emotions)

#### **3. Emotional overload**

Imagine a bridge that is designed to carry a total weight of 100 tons. Then a heavy weight is fixed to the underside of the bridge which itself weighs 90 tons. Then a lorry ventures on to the bridge weighing 40 tons. We all know what is likely to happen next.

What is going on inside that person who sits in front of you? What are the influences in his life, from the past and now? What weights of fear, uncertainty, lack of confidence, guilt, pressure to please or achieve or conform, drag him down? Why can he not concentrate, retain information or remember how to spell? Look for the signs of emotional overload. It would be tempting to hold the lorry responsible but to do so would miss the point. Life will always hold the potential for joy and sadness, pressure and relief, financial struggles, health issues and relationship struggles. The lorry wasn't the problem. Deal with the unnecessary baggage.