MENTAL WELLNESS HANDBOOK

SUPPORTING CHURCHES IN RAISING MENTAL HEALTH AWARENESS
AND
ENCOURAGING EMOTIONAL HEALING AND WELLBEING

Compiled by

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MENTAL WELLNESS HANDBOOK

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“...He has sent me to heal the broken hearted, to preach deliverance to the captives... to set at liberty those who are oppressed...”

Luke 4:18 NKJV
Our mission as a church is to enable EVERY person, whether able-bodied, with a disability, physically or mentally challenged, or with any other special needs, to fully participate in worship, teaching, fellowship and service through an inclusive and sensitive approach, which will enable them to grow spiritually.
Recognising the need to address the issue of Mental Health in our churches, the British Union Conference Health Ministries department launched a Mental Wellness Strategy earlier this year in March 2009. This handbook is one of the resources produced to assist in raising the awareness of mental health issues and helping to break down barriers which exist in this area. Additionally it aims to equip individuals with some basic skills in reaching out to individuals in a caring and sensitive way in order to meet their needs.

The area of Mental Health presents one of the most significant challenges that society will have to face. Assessing the current health, economic and social impact of mental illness and mental health problems in the UK, it is clear that the scale of this challenge is expanding immensely. It is also evident that the clarity around mental health and wellbeing, mental illness and emotional challenges needs to be further addressed in order to be better understood. It is an undeniable fact that mental health challenges continue to have more stigmas attached to them than physical health challenges. Additionally, not as much attention has been given to this area of wellbeing as it needs in order to effectively support those who succumb to its challenges.

As a society we need to address the deficit in this area in order to encourage better understanding of mental wellbeing. In doing so, this will enable us to gain more clarity on the balance of factors that influence mental health breakdown and engender a greater sense of acceptance of people with mental health challenges. It will also assist in the development of services, support systems and resources to aid the recovery of those affected and better assist their families and carers.

It is hoped that this document will enable greater understanding in this area of health and act as a resource for churches as they continue to encounter individuals within their churches and local communities who are sufferers.

Sharon Platt-McDonald
Health Ministries Director and Special Needs Coordinator
British Union Conference

Acknowledgements

I would like to register my thanks to the British Union Conference for their support and funding of this project. Additionally, I am grateful for the contribution and expertise of those who assisted in the development of this document.

Special thanks go to the following individuals: Dr Andreas Bochmann, Karen Holford, Bernie Holford, Elsie Staple, Grace Walsh, Thembie Mapingire, Velettia Davis, Karen Jordan-Nicholls, Elleni-Jaye Anderson-Grey, Wallace Cyrus, Sandra Dawes and Faye Weekes.
Seventh-day Adventists have an active interest in health, largely based on the belief that good health contributes to wholesome relationships on the vertical and horizontal levels. With a sound body and mind we are more able to participate in God’s plan for our lives and in the service that we render our fellow human beings.

Good health is as much about the soundness of our minds as it is about the soundness of our bodies. In fact, some may even be prepared to give mental health a higher billing than they would physical health, in that the health of the mind has a significant bearing on the health of the body.

Various attempts have been made to define mental illness but so far there does not seem to be one definition that fully captures the essence of what it really is. Nevertheless, a sampling of the various definitions suggests that mental health has to do with our understanding and acceptance of our strengths, our potential, our weaknesses and our limitations.

What can the church contribute to mental health and why is the church concerned about it? Is this not a matter for the psychiatrists? The truth is that religion and mental health have been linked for thousands of years. We take the view that religion, in particular Christianity, promotes sound mental health from various perspectives. For example, it offers hope in an otherwise hopeless world and provides an explanation for the fatalistic nature of life on earth, enabling us to cope with suffering and pain, conditions that in themselves can negatively affect mental health. It also provides a basis whereby we are in control of our lives, thus in effect deciding our own destiny. Many consider this a powerful contributor to having a balanced mind and a positive attitude.

Despite the beneficial impact of faith on mental health, religious people are not immune from mental sickness. There is an oft-expressed view that good Christians do not become mentally ill. Taken to its logical conclusion, one might conclude that good Christians do not become ill. The futility of such reasoning should be plain to all. The fact is that good Christians, like other inhabitants of our planet, become physically ill as well as mentally ill. It is important that mentally ill people are not stigmatized and treated as if they were less than human. We should be no less compassionate to the mentally ill than we are to the physically ill.

All forms of sickness, whether mental or physical, are ultimately attributable to the reality of sin in our world. The good news is that the restorative power of the gospel, as demonstrated by Jesus when he healed all manner of maladies, is a powerful agent in bringing wholeness to both body and mind.

I commend our health department for its initiative in addressing a subject which, in our church, has not been sufficiently exposed. I trust that as a result churches will become more knowledgeable about this important subject and that all in our church community who suffer from impaired mental health will find the church a welcoming and supportive place.

Don W McFarlane
President,
British Union Conference
ABOUT THE AUTHORS

Sharon Platt-McDonald:
MSC.HS, DipMS, BCS.HS, RHV, RM, C.AC.D.P, RGN

Currently working as the Health Director and Special Needs Coordinator for the British Union Conference of Seventh-day Adventists, Sharon undertakes health presentations and regularly writes on health issues for church and community publications.

She is an author, editor and columnist, publishing numerous articles on a wide range of issues. Her health tips have been featured in various NHS and general health journals. This has included being engaged as a columnist for Royal College of Nursing publications as well as her published nutrition advice in My Child magazine. She is also featured in community magazines like ‘Keep The Faith’ where she has a regular health page.

Sharon is also a motivational speaker presenting at a variety of events both nationally and internationally. She has appeared in TV and radio interviews on her achievements in the NHS and has also featured in educational health videos.

Influenced by Jesus’ ministry of compassion she pursued a career in the caring profession and trained as a general nurse, midwife and health visitor before going into health management where she worked as a service manager in the NHS.

Sharon is passionate about holistic health and the empowerment of individuals enabling them to make lifestyle choices to enhance wellbeing. Enthused about health and community outreach programs she combines prayer ministry in all aspects of her work and personal life. Married to Denzle McDonald who is a member of the London Adventist Chorale, she is blessed that he is also very supportive of her ministry and work.

Excited about the vision and future of Health Ministries in the British Isles, Sharon is convinced that as we follow God’s directive for health we will positively impact our churches and communities with the ministry of healing to the glory of His name.

Dr Andreas Bochmann:
PhD in Pastoral Counselling, Fellow of the American Association of Pastoral Counsellors

Andreas Bochmann, PhD has worked within the Seventh-day Adventist Church as pastor, hospital chaplain, pastoral counsellor and lecturer. He is Fellow of the American Association of Pastoral Counsellors, and currently holds a joint appointment as senior lecturer at Newbold College and Friedensau Adventist University. A native of Germany he received his theological training at Newbold and Andrews University, and studied counselling in the USA, where he also received his doctorate in pastoral counselling which was obtained from Loyola College in Maryland. He also has experience the area of bereavement counselling. His PhD included an internship at the Trauma Recovery Services section of a Veterans Hospital. He has also written a dissertation entitled "The Impact of Religious Orientation On Premarital Couples - A Cross-Cultural and Cross-Denominational Comparison".

He is married to British wife Carol, has three adult children and two grandchildren.
Elsie Staple:
MIHPE, MSc.PG DipHE, RMN, RHV, RM, RN

Elsie is presently Director of the Health Ministries and Community Ministries Departments of the South England Conference.

Previous to her appointment Elsie was a Lecturer of Nursing and Midwifery at Kings College London where she taught both pre and post registration nurses.

Her career spanned all the major disciplines of nursing but it was after completing her Midwifery that she got involved in health promotion. This encouraged her to pursue a Masters Degree in Health Promotion (now Public Health), at East London University. She is also a member of the Institute of Health Promotion and Education (MIHPE).

Elsie has many interests. Two of them can be easily identified when speaking to Elsie. They are Primary Health promotion and Women’s Health issues, namely Domestic Violence and the associated feminine issues such as Menopause and Fibroids.

She presented this timely topic, ‘Domestic Violence: The Church Response’ to the Trans European Women Ministries Directors, which afforded her the opportunity to be the guest speaker at women’s retreats, once in Finland and twice in Holland. She has been the guest speaker at many other women’s retreats and has facilitated a good number of workshops on women issues.

Her other interests include cooking and hospitality the latter being one of her spiritual gifts. Elsie attests her achievements to her personal relationship with God and the empowerment of the Holy Spirit.

Elsie has been the guest speaker at many campaigns. Her most recent was at Yonsu in Ghana where the Holy Spirit influenced her presentations and 63 persons were baptized. This resulted in the birth of the ‘Connect Ghana Connect Jesus’ Seventh-day Adventist Church.

Elsie is also involved in her local community and is a member of Brent Local Involvement Networks (Brent Links) as well as the Public and Patient Advisory Group for London.

Her family consists of Eldon, her husband who supports her in her ministry, 3 children and 8 grandchildren.

Grace Walsh:
PG Dip – Health promotion, PGC – Mentoring, BSc Nursing, BA Social Science
RMN & Cert Ed.

Grace Walsh is the Director of Health, Community Services and Special Needs Ministries of the North England Conference. With 25 years in education and training Grace has worked in schools and colleges, co-ordinating, developing and delivering programmes in the area of home economics, special needs, mental health, healthcare sciences and health promotion.

Grace is trained in Mental Health Nursing and worked in various hospitals in the West Midlands as a Deputy Ward Manager. However, she became interested in the area of health promotion and pursued a BA in Social Sciences which resulted in her writing an article that was published in the British Journal of Nursing entitled, “Aids: Fear of Contagion Among Nurses”.

She is a trustee of a Christian charity called Health Education and Literacy Programme (HELP) International and founded Chisomo Orphanage Project in Zambia with her mother and her aunt. The
project’s immediate objective is to improve orphans’ educational status, accommodation and meals. The orphanage is situated in Chipata, Zambia.

Her other interests include walking, playing squash and racket ball. For the latter sport, she was once a regional champion and won several coveted club and regional championships in the mid-1980s.

She thoroughly enjoys working for the church and is glad of any opportunity where she can use her gifts and talents to help promote the principles of health and well being, the furtherance of the gospel and proclamation of the soon return of Jesus Christ. Her favourite Bible text is 2 Timothy 1:7, “For God hath not given us the Spirit of fear; but of power, and of love and of a sound mind.”

She is married to Patrick, an avid walker and lover of nature, and has 3 children and 5 grandchildren.

**Pastor Bernie Holford:**  
*MSc Systemic Psychotherapy*

**Mrs Karen Holford:**  
*MSc Systemic Psychotherapy*

Pastor Bernie and Karen Holford have been working in the area of family ministries for over 20 years. They are both certified Family Life Educators and they are currently the Family and Children’s Ministries Directors for the South England Conference.

Both Karen and Bernie have an MSc in Systemic Psychotherapy (Family Therapy). They work in ways that look for the strengths in people and the skills they already have but may have overlooked, that can help them to build happier relationships. They work with appreciation, using words that build up and they also use a range of creative techniques to help individuals, couples and families heal the hurts in their lives and relationships.

They are passionate about the ways in which the love of God becomes complete when His love inspires us to love others, in actions and in words.

Having been married for more than 25 years, with three children, now aged 22, 19 and 16, they have experienced a wide range of ‘learning’ experiences about marriage and parenthood, and they believe they will spend the rest of their lives learning even more about loving God and others well.

Karen is also an author and writes mostly about family issues and creative spirituality. She has written ‘The Family Book’ published by the Stanborough Press and the ‘100 ideas’ series for Pacific Press, providing SDA families with dozens of ideas about creative prayer, family worship and Sabbath activities. Bernie and Karen also lead out in marriage retreats and family camps, provide couple and family counselling and lead churches in special days of worship that involve the whole family.

**Sandra Dawes:**  
*R BN, BSc. (Hons) Social Policy Social Work, CQSW, Level II Christian counselling*

Sandra began her professional career as a Psychiatric nurse which she did for twelve years. She then studied at Birmingham University where she completed combined Honours in Social Policy and Social Work. After leaving university, she worked for three years at the Mico Youth Counselling Service in Kingston, Jamaica. She was also a student supervisor for Social Work students at the University of the West Indies. On her return to England she spent seven years working for a large counselling organization with young women aged 12-21 who had been sexually abused. In 2000 she began a course of study at Newbold College where she also completed a Christian Counselling course at
Level II. In 2003 she accepted a call to serve as Bible Instructor in the North England Conference and is presently based at the Handsworth SDA Church in Birmingham. She passionately believes that every member who wants to be - should be trained to give Bible studies.

Velettia Davis:
BEd, MSc   Family Therapy

Velettia currently works for mental health trusts in East London and Buckinghamshire, specialising in children and adolescents. Her journey to becoming a family therapist began in 1990 when she qualified as a teacher and began her teaching career in the inner city schools of South East London. She quickly discovered that the most valuable skill she had was never taught in university and that was the ability to manage challenging behaviour. Even in those earlier years without any knowledge of systemic theory Velettia was instinctively curious about what else was happening in the child’s life that was enabling the behaviour. Without realizing at that time that she had the makings of a therapist, she instinctively began to explore problem areas, involve parents at an early stage and tailor-make her response to each child according to their issues.

It was this initial interest and natural skill which led Velettia, 14 years later, to pursue her interest in the link between behaviour and emotional wellbeing and which culminated in her retraining as a Systemic Psychotherapist.

In her current role, Velettia receives referrals from GPs, schools and social care with a wide range of concerns including, delinquency, anger/aggression, low mood, school refusal, anxiety, exclusion etc. In all cases children and young people are invited for family therapy sessions along with members of their family usually those that they live with. As a therapist she helps the family to explore the contributing factors to the problem and to uncover the resources within the family that could ultimately be the solution.

C. W. Cyrus:
RMN, BA.

Life Management & Forensic Psychiatric Specialist

As a Psychiatric Specialist, Wallace leads a multidisciplinary team of psychiatrists, psychologists, nurses, social workers and other community based professionals and organizations.

On a typical day - even though there is no such thing as each day/moment is constantly changing and very unpredictable - Wallace could be in an emergency department, an inpatient setting in an acute or chronic unit, or in a prison, court or other criminal justice setting, or in a private or residential home. In short, he could find himself in just about any setting anywhere in society. Wallace works with families, individuals – children and adults. He sees people at their worst (on admission) and when they are better (ready for discharge). He offers services in chemo and psychotherapy as well as education. He has just finished a month long assignment of Drug Awareness Education in Elementary Schools in Barbados, and an introduction to psychiatric services in an emergency department setting, in one of London’s largest and busiest hospitals.
Karen Jordan-Nicholls:  
**JP, Personal Support Tutor, Counselling and Group Work Dip, LLB Law (Hons)**  

Roy Jordan-Nicholls:  
**Teacher BSC (Hons)**

Roy and Karen have a strong passion for the education and holistic well-being of people. They particularly hold a deep excitement for the personal development of young people. They believe the Lord brought them together to do this work.

Karen has over 25 years experience as a Counsellor, 18 years teaching young people life skills in the community. She started her career as a volunteer Counsellor with the Samaritans, volunteer with The YWCA Vineries, a project for single young parents who financed Karen’s Counselling Diploma. She continued as a volunteer Counsellor for Mind and The Black Peoples Mental Health Association then qualified as a Counsellor.

Karen was also a founder member and Chairperson of the Barking and Dagenham African Caribbean Association (B&DACA) when she was approached by the NHS to consult on health issues concerning the local Caribbean community. During her role as a Project Co-ordinator for the Waltham Forest Young Peoples Housing Project (WYPHP), a hostel for homeless young people, Karen was sworn in as a Magistrate, over 13 years ago. Today she continues in this position as a Chairperson in both the Adult Court and Youth Court and a Mentor who is responsible for preparing newly appointed Magistrates to be fully versed in the Judicial Studies Board’s Competence Framework.

Karen went on to secure the position of Resettlement Manager at Redbridge Night Shelter (RNS) and was responsible for Development and Training. She formulated a Rent in Advance Bond Scheme which enabled homeless people to access private accommodation. Her experience at WYPHP and RNS sufficiently equipped Karen with the knowledge and experience to be successfully nominated as a Non Executive member to the Board of Directors of the Marriott’s Village d’Ile-de-France.

In 2006 Karen felt impressed by the Lord to leave her job and start her own business The Health Message LLP with her close friend Joan Prosper. Unfortunately, Joan became unwell and passed away six months after being diagnosed with Cancer. Joan believed that she became unwell as a result of ‘unresolved negative emotions’ and wrote a testimony to this fact two weeks before she passed. This is a contributing factor to Karen and Roy’s decision to share with young people and adults ‘Emotional Education’ and the powerful influence of ‘Unresolved negative emotions’ in the form of the Holistic Emotional Lifestyle Programme (H.E.L.P.™). In December 2007 Karen graduated as a Lay Preacher and has shared the subject of ‘Unresolved negative emotions’ with several churches. Karen has successfully secured a position as a Personal Support Teacher for the College of North West London. She is responsible for the day to day holistic support of students in partnership with other College services in three college centres in the LB of Brent. As a result of her work on emotional healing she is currently writing a book on how to resolve negative emotions.

Roy currently works as a Science and Maths teacher.

In 2005 Dr Tony Sewell Educational Psychologist and Voice Newspaper columnist recruited Roy as a Project Leader of his brainchild, The Generating Genius Project in the University of the West Indies in Kingston, Jamaica 2005. Channel 4 filmed the project and converted it into a documentary called “Boys to Men”. This was the first time that Roy and Karen had worked together with young people. They were also interviewed by Radio 4 about their experiences on the programme. Working on The Generating Genius Project along with the passing of Joan and the recognition that young people as well adults have ‘Unresolved negative emotions’ and sometimes fail to question their thinking set the foundation for Roy and Karen to present the Holistic Emotional Lifestyle Programme H.E.L.P.™.

Roy and Karen are married with two children Angel, 19 and Moses 13. Their Mission is to fulfil the Will of God by sharing H.E.L.P.™ with as many people as is physically possible so that ALL will have emotional, spiritual, physical well-being, optimal health and eternal life.
Thembie Mapingire:
*Dip. Edu, Higher Diploma in Therapeutic Counselling*

Thembie Mapingire is a qualified counsellor and is the Co-ordinator of Cornerstone Counselling Service which is sponsored by the South England Conference of the Seventh Day Adventist Church.

Thembie trained at Newbold and the Centre for Stress Management in London. She loves teaching, which she has done for the past 26 years and would like to merge it with counselling in which she has gained invaluable experience whilst enthusiastically pursuing and studying for an MA programme to counsel children and adolescents.

Thembie loves to meet with, to talk to and to encourage people. On a personal note she also loves gardening, flowers, cooking and laughing and sharing God’s love and faithfulness.

She is married with a 24 year old son.

Elleni-Jaye Anderson-Grey:
*BSc. Counselling, Diploma in Therapeutic Counselling*

Occupation – Professional Counsellor
Currently training in Life Coaching and also Relaxation Therapy

I began my career in the Civil Service as a Law Clerk, however the traumatic experience of a house fire caused me to re-evaluate my outlook on life and choices on my career path. After exploring and discovering my spiritual gifts in the areas of guidance, encouragement and discernment, I trained as a Counsellor achieving a Diploma in Therapeutic Counselling and a BSc degree in Counselling & Psychology.

I worked in the West Midlands for 5 years as a Counsellor for employees within a local authority and as a trainer for a rape crises centre delivering personal safety workshops in schools to children and young people.

For the past 5 years I have worked in Pastoral Care and Behaviour Management within secondary education in Hertfordshire. I am currently employed as an in-house Counsellor in a mainstream secondary school. I have a passion for encouraging others to harness, develop and utilise their gifts, attributes and skills and occasionally work as a freelance trainer and facilitator in the area of emotional health and well-being. I am a member of the Balham Seventh Day Adventist Church serving on my local Health Ministries team as well as the South England Conference Health Ministries Committee. God has also blessed and honoured me with the privilege of being a wife and mother.

Elleni-Jaye Anderson-Grey (also known as EJ).

Faye Weekes:
*Secretary, BUC Health Ministries Department*

As a layperson, I fully appreciate the medical and professional contributions made to the handbook with regard to how we understand mental wellness. Equally important is the Christian/scriptural perspective and the divine guidance and inspired instruction which underpins our emotional wellbeing.

Ellen White’s statements on the various aspects of the mind, its vital place in the human experience, its potentials and the factors that lead to
its optimum functioning help us to comprehend what man is and to understand his relationship to his immediate environment, to society and to God.

I have therefore chosen quotations from the inspired pen of Mrs E G White, including Biblical references, as set out in the two volumes of her book, Mind, Character and Personality. These excerpts link with and enhance the topics covered in the handbook in the form of guidelines. Living in a diverse and complex world we need a temporal and spiritual guide to steer and support us safely through the maze of life and to help us to emerge at the end healthy and whole, and with a sound mind - one that God can use to his glory.
PURPOSE AND AIMS

With the launch of this handbook as part of the Mental Wellness Strategy of the British Union Conference Health Ministries Department, we aim to achieve the following:

- Provide insight into how improved mental health awareness can enhance greater understanding and support for individuals with mental health challenges
- Assist churches to better embrace individuals with mental health challenges and assimilate them into the church family
- Highlight some key aspects of mental wellbeing and the factors that impact it
- Provide a foundation on which to undertake future workshops to enable learning about the mind/body/spirit connection and how it relates to general wellbeing
- Encourage the church to be more sensitive in its outreach and provision of services that are accessible to all
HOW TO USE THIS HANDBOOK

It is my pleasure to be able to provide you with some guidelines to using this Mental Wellness Handbook effectively.

This document is a practical guide for churches, health ministry leaders and other key individuals enabling them to be accessible to and inclusive of individuals who experience emotional and mental health challenges. It will also act as a resource for churches or groups to aid them in their program planning and decision making, highlighting key aspects they need to consider in the planning and delivery of services to a diverse population.

This resource is the first step in helping address the taboos and stereotypes which exist in this area. It also provides some resources for where to look for additional information and support where needed.

A brief overview of the contents is as follows:

PART ONE – Addressing Mental Health and Illness: This section highlights some key statistics and the major mental health issues and prevalent mental illnesses that exist.

PART TWO – Encouraging Emotional Healing: This section identifies some major emotional issues individuals face and the coping strategies which exist to help them. Key professionals also share their work interventions in these areas and offer their specialist expertise on how to deal with individuals facing such challenges. In this section we share some useful quotes from Ellen G. White’s key writing entitled “Mind, Character and Personality”.

PART THREE – Fostering Emotional Wellbeing: In this final section we offer practical advice on how to maintain emotional health and identify some interventions which enable emotional growth and wellbeing. We also include information on C.A.R.E. our emotional wellbeing website and end with a ‘Word from the Lord’ in relevant bible texts.

APPENDIX – The appendix gives access to a brief explanation of some useful terms under the glossary section. Additionally the section on Useful Resources identifies some useful publications dealing with the key issues in this handbook. These can be used in addition to the handbook to bring greater clarity to a specific subject or encourage further reading and training in this area.

We recognise that there are many sensitive issues discussed in this handbook. If you are affected by any of the enclosed subject matter and wish to discuss this further or get more information, please refer to the ‘Useful Resources’ section in the Appendix. In this section, you will find local counselling services and relevant organisations who are qualified to assist you further.
PART ONE

ADDRESSING MENTAL HEALTH AND MENTAL ILLNESS
STATISTICS AT A GLANCE

DID YOU KNOW?

- 1 in 4 people will experience some kind of mental health problem in the course of a year
- About 10% of children have a mental health problem at any one time
- Mixed anxiety & depression is the most common mental disorder in Britain
- Depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes
- Women are more likely to have been treated for a mental health problem than men
- British men are three times as likely as British women to die by suicide
- The UK has one of the highest rates of self harm in Europe, at 400 per 100,000 population
- Only one in 10 prisoners has no mental disorder

HOW COMMON ARE MENTAL HEALTH PROBLEMS?

- No one is immune to mental health challenges or emotional distress of any kind. Mental health problems are prevalent in people of all ages, races, religions, cultures and countries.
- Estimates suggest that approximately 450 million people worldwide have a mental health problem.  
  World Health Organisation (2001)
- Research demonstrates that 1 in 4 British adults experience at least one diagnosable mental health problem in any one year. Of this percentage one in six experiences problems at any given time.  
  The Office for National Statistics Psychiatric Morbidity report (2001)
- It has been found that although mental disorders are widespread, serious cases are concentrated among a relatively small proportion of people who experience more than one mental health problem (this is known as ‘co-morbidity’).  
  The British Journal of Psychiatry (2005)
WHO EXPERIENCES MENTAL HEALTH CHALLENGES?

- Ongoing studies continue to show that women are more likely to be treated for a mental health problem than men - 29% of women compared to 17% of men. One reason for this may be because when asked, women are more likely to report symptoms of common mental health problems than men.
  
  Better Or Worse: A Longitudinal Study Of The Mental Health Of Adults In Great Britain, National Statistics (2003)

- More women are diagnosed with depression than men. 1 in 4 women will require treatment for depression at some time, compared to 1 in 10 men. The reasons for this are unclear but are thought to be due to both social and biological factors. Additionally, it has been suggested that depression in men may be under diagnosed because they present to their GP with different symptoms from women.
  

- Women are twice as likely to experience anxiety as men. For example, approximately 60% of individuals presenting with phobias or Obsessive Compulsive Disorder (OCD) are female.
  
  The Office for National Statistics Psychiatric Morbidity report (2001)

- Men are more likely than women to have an alcohol or drug problem. 67% of British people who consume alcohol at ‘hazardous’ levels and 80% of those dependent on alcohol are male. Almost three quarters of people dependent on cannabis and 69% of those dependent on other illegal drugs are male.
  
  The Office for National Statistics Psychiatric Morbidity report (2001)

- In general, rates of mental health problems are thought to be higher in minority ethnic groups than in the white population but they are less likely to have their mental health problems detected by a GP.
  

WHAT ARE THE MOST COMMON MENTAL HEALTH CHALLENGES THAT PEOPLE EXPERIENCE?

- Mixed anxiety & depression is the most common mental disorder in Britain, with almost 9 percent of people meeting criteria for diagnosis.
  
  The Office for National Statistics Psychiatric Morbidity report (2001)

- Between 8-12% of the population experience depression in any year.
  
  The Office for National Statistics Psychiatric Morbidity report (2001)

- About half of people with common mental health problems are no longer affected after 18 months but poorer people, the long-term sick and unemployed people, are more likely to be still affected than the general population.
  
  Better Or Worse: A Longitudinal Study Of The Mental Health Of Adults In Great Britain, National Statistics (2003)

- One in four unemployed people has a common mental health problem.
  
  The Office for National Statistics Psychiatric Morbidity report (2001)
MENTAL HEALTH CHALLENGES IN CHILDREN AND YOUNG PEOPLE

- A ratio of 1:10 children between the ages of one and 15 has a mental health disorder.  
  *The Office for National Statistics Mental Health in Children and Young People in Great Britain (2005)*

- Estimates vary but research suggests that 20% of children have a mental health problem in any given year and about 10% at any one time.  
  *Lifetime Impacts: Childhood and Adolescent Mental Health – Understanding The Lifetime Impacts, Mental Health Foundation (2005)*

- As children reach adolescence the rates of mental health problems increase. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15 and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15.  
  *Mental Disorder More Common In Boys, National Statistics online (2004)*

PREVELANCE OF MENTAL HEALTH CHALLENGES IN OLDER ADULTS

- 1 in 5 older people living in the community and 2 in 5 living in care homes experience depression.  
  *Adults In Later Life with Mental Health Problems, Mental Health Foundation quoting Psychiatry in the Elderly (3rd edition) Oxford University Press (2002)*

- Dementia affects 5% of people over the age of 65 and 20% of those over 80. At any one time, about 700,000 people in the UK have dementia. This amounts to 1.2% of the population.  
  *National Institute For Clinical Excellence (2004)*

OUTCOMES OF MENTAL HEALTH PROBLEMS

LINK WITH MENTAL HEALTH AND OFFENDING

- Over 70% of the prison population has two or more mental health disorders. Male prisoners are 14 times more likely to have two or more disorders than men in general and female prisoners 35 times more likely to experience psychiatric problems than women in general.  

- Suicide rates in prisons are almost 15 times higher than in the general population. In 2002 the rate was 143 per 100,000 compared to 9 per 100,000 in the general population.  
  *The National Service Framework For Mental Health: Five Years On, Department of Health (2004)*  
PREVELANCE OF SELF HARM

With a ratio of 400 per 100,000 population, the UK has one of the highest rates of self harm in Europe.

*Self-poisoning and Self-Injury in Adults, Clinical Medicine (2002) cited in Samaritans Self Harm and Suicide*

People with current mental health problems are 20 times more likely than others to report having harmed themselves in the past.

*National Collaborating Centre For Mental Health*

SUICIDE

- Over 5,500 people in the UK died by suicide in 2004
  *Samaritans suicide statistics*

- British men are three times as likely as British women to die by suicide.
  *Samaritans Information Resource Pack (2004)*

- Suicide remains the most common cause of death in men under the age of 35
  *The National Service Framework For Mental Health – Five Years On, Department of Health (2005)*

- Suicide rates amongst the over 65 have fallen by 24% in recent years. However they are still high compared to the overall population.
  *Samaritans Information Resource Pack (2004)*
WORKING TOGETHER FOR THE COMMON GOOD

By Dr Andreas Bochmann

Pastoral Care, Counselling, Psychotherapy

Within the community of believers there often is uncertainty – if not uneasiness – about helping professions that deal with mental health. Often the problems start with mixing up various terms within the mental health field, which actually are well defined and need to be differentiated in order to avoid confusion (see Box 1). But, of course, the issues are more complex than just a matter of correct designations. In this article we will briefly look at the understanding of these professions and their approach to helping - and how they can interact with each other for the common good.

<table>
<thead>
<tr>
<th>Brief Definitions of Professions in the Mental Health Field</th>
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<tbody>
<tr>
<td>Psychiatrist</td>
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<td>Psychologist</td>
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<td>Psychotherapist</td>
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<tr>
<td>Psychoanalyst</td>
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<tr>
<td>Counsellor</td>
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<td>Pastoral Counsellor</td>
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<tr>
<td>Pastoral Care Person</td>
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Box 1

Reluctance towards helping professions

During the 20th century there has been a considerable reluctance towards helping professions among conservative Christians, especially when the syllable “psych” was involved. Some even demonized the very terminology. While most Christians would not go that far today, there are some very good reasons for such reluctance, which we need to understand, in order to find our own position towards the mental health field. I have tried to categorize the reasoning into three different approaches. While these may overlap, (and in fact may not cover every criticism) they all are important, especially when it comes to drawing conclusions.
1. **Mental health professionals work in a field that traditionally has been that of the church.** While in Bible times the priest was also a kind of medical doctor (Luke 17:14), today the physician often takes over the role of the priest (even without the framework of a belief system). This shift not only creates considerable redundancy and misgivings among clergy (they are no longer needed, if you have a good doctor), but also questions the role of the church as a whole.

2. **Psychological terminology and methodology are atheistic – if not antichristian – and may be detrimental to your spiritual well being.** Indeed, some pioneers of modern psychotherapy (especially Sigmund Freud) have been extremely critical of traditional Christianity and even have postulated that faith in God may be the very cause of many mental problems. Paired with what must have appeared as strange practices, Christians had to be on guard here!

3. **Psychotherapy and psychiatry reject the very means available to Christians.** Prayer and Bible reading, singing of hymns and rituals of reconciliation (like the ordinances of footwashing and communion) have been traditional Christian means to deal with times of severe problems in life. Whenever these options are belittled by mental health professionals there needs to be a certain distrust.

Even if we accept that these lines of reasoning are no longer valid (as I will suggest), we need to take them very seriously, as they are not only scratching at the surface of our faith, but hitting the very heart of it. We need to guard against influences in the church and the world at large that do not measure up with the standards and teachings of the Bible. (However, this is not only true for the topic under discussion, but for any topic – even those which may look very acceptable in the church).

**Answering some concerns**

The reason why priests also functioned as physicians in biblical times has to do with the holistic view of man. Rather than differentiating between body and soul as two separate entities, the Bible presents man as a living soul (Gen. 2:7). Therefore physical, mental and spiritual needs are always presented as interwoven, as many psalms very clearly illustrate (e.g. Ps. 22 and 32). Jesus discussed the close connection of the physical and the spiritual (Luke 5), without unjustly spiritualizing physical ailments (John 9). Healing and forgiveness were regularly connected in the ministry of Jesus. As this is so, we should not be surprised that good doctors will not just prescribe tablets, and treat the body but will listen to their patients, talking with them about the joys and failures in their lives. In fact, modern medicine (including mental health) is recognizing more and more, what we (should) have known all along: body, mind, and soul are one and cannot be separated.

Yet at the same time, we as a church believing in the unity of body, mind, and soul often differentiate between physical ailments – for which we readily seek professional help, and mental problems where we think professional help is inappropriate and a lack of faith. Here we need to review our own positions. Rather than being scared of competition (health professionals vs. clergy) we need to cooperate – just as we would when somebody broke his leg or had some diabetes. While the church will pray, we encourage members to seek the best professional help possible.

How important is it then, to find a Christian mental health professional? Obviously, to have a Christian mental health professional is the ideal. But to be honest, if you had to choose between a highly efficient, gentle non-Christian dentist and a rather mediocre one – who is a good Christian – which one would we choose? Similarly, with mental health professionals competency is the first and foremost criterion we are looking for. But competency includes knowing one’s own professional boundaries and limits. It is for this reason (among others) that today the hostility against Christians...
often presumed to be a hallmark of helping professionals, usually is absent and a thing of the past. Yes, there are exceptions, and yes, we need to take care here. However, the fact that some people challenge our faith does not need to scare us, but can in fact help our faith to grow.

As to the last line of reasoning there are two approaches to look at them. First of all, the boundary issue discussed above should make us rejoice when mental health professionals stick to what they are trained to do. In fact today the greater danger may come from therapists with esoteric practices and thinking, than from atheists who abstain from religious (or pseudo religious) rituals in their treatment.

Secondly, and maybe more importantly, we need to understand that mental health professionals can become quite wary of Christians who think that just another extra prayer will do “the trick” (in fact, a heathen concept! (Matthew 6:7-8). When professional help is delayed, because “spiritual solutions” are given priority, we unfortunately often find them to be neither spiritual nor to be solutions to the problem. “Spiritual” always implies looking at the whole person and trusting in God, who in his grace will use various means, to help those in need. Even James 5 cannot be used to deny professional help. It rather is meant to be a supporting tool for people in affliction. “Solution” then is any improvement that uplifts a person as a child of God (James 5:15).

**Working together for the common good**

Once we no longer view mental health professions as a threat to our faith, we still have to ask, how the various professions can interrelate for a common good. I will present and discuss two rather common models, hoping to be able to combine the best of each into one conclusion.

In the first model we find a progression from everyday life to problems, disorders and finally mental illness which is “treated” by increasingly specialized practitioners (from pastor to counsellor, to psychotherapist and maybe psychiatrist). The setting also becomes more and more specialized. While church members may be visited in their homes for their everyday issues, more serious problems may be discussed in the pastor’s office or the private practice of a counsellor, while dangerous mental illness may even require hospitalization. (See Chart 1)
This model is strong when it comes to discussing various areas of field competence of the various professions. It relieves stress and expectations from a pastor, who does not have to be a mental health expert, and from the therapist who does not have to do home visitation. There is some considerable overlap of function, but overall roles are well defined. However, there is a serious down side to this model! Pastors would visit their parishioners even in hospital and take care of their spiritual needs! Prayer does not stop with illness. However, pastoral care will cooperate rather than interfere with the appropriate helping professions.

The second model for pastoral care vs. psychotherapy (and counselling) looks at the content of each approach to helping. While pastoral care is concerned with restoring the relationship with God (the transcendent or vertical dimension), psychotherapy is concerned about restoring the relationship to people - including yourself – (the immanent or horizontal dimension). (See Chart 2)

![Chart 2](chart2.png)

The strength of this model is to focus on the main intention of each “mode” of working. Pastoral care is a theological discipline, while counselling and psychotherapy belong to the field of social sciences. With this focus some of the problems of model 1 are overcome. Yet it is immediately obvious that there are limitations in this model as well. Reconciliation with God always has implications for our relationships with people (compare James 2), while strengthening relationships with people will have spiritual implications (Matthew 25:40). In fact the whole idea of God Incarnate is witness to the fact that the vertical and horizontal dimensions belong together.

How about pastoral care, counselling and therapy then? I would like to suggest that pastoral care, counselling and psychotherapy are working methods and attitudes, that need to be differentiated on the basis of the task at hand, the goals to be achieved and your personal calling. They are not in opposition to each other but interact and complement each other for a common good. As a church we can be thankful and open (1 Thess. 5:21) that God has many ways to help us in our needs. As mental health professionals we will need to remain humble, knowing that whatever our intervention techniques and treatment methods may be, the ultimate good will not be healing, but salvation.
UNDERSTANDING MENTAL HEALTH

By Elsie Staple
SEC Health Ministries Director

“There is no health without mental health.”

This chapter/section will identify the components of health, attempt to define mental health, identify the determinants of mental health and then consider some of the mental health conditions which can promote mental wellbeing including the self system.

‘I wish above all that thou prosper and be in health even as thy soul prospereth.’ (3 John 2) is God’s ideal for mankind. However in this sin polluted environment disease is inevitable. We are aware that degeneration can be swift and rapid. So how can one prosper and be in health? Let us first consider the question “What is health?”

It is important to note that health is holistic and consists of many components. These are physical, emotional, spiritual, mental, sexual, environmental, and societal. These strands are closely related and deeply interconnected. Therefore ill health in one facet can have repercussions in another aspect of one’s health.

Mental Health Defined

Mental health is not mental illness! Mental health is not an absence of a mental disorder! When one considers the term ‘mental’ it often has a negative connotation. We frequently hear the phrase “You are mental!” but we are all mental beings with mental needs. Therefore, what is mental health?

Mental health is not easy to define because values differ across cultures as well as among subgroups (and indeed individuals) within a culture. Therefore, what it means to be mentally healthy is subject to many different interpretations which are rooted in value judgments that may vary across cultures.

- Mental health is a concept that refers to a human individual’s emotional and psychological well-being. It is the balance between all aspects of life - social, physical, spiritual and emotional. It impacts on how we manage our surroundings, make choices in our lives - and is an integral part of our overall health.

- Webster’s dictionary defines mental health as "A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.'

- Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

(World Health Organization 2006)
• Mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and cope with adversity from early childhood until late life. Mental health is the springboard of thinking and communications skills, learning, emotional growth, resilience and self-esteem.

• Mental health is the emotional and spiritual resilience which enables enjoyment of life and the ability to survive pain, disappointment and sadness; and as a positive sense of wellbeing and an underlying belief in our own and other’s dignity and worth. (Department of Health 2001a)

However mental health can be described in a variety of different but complementary ways. The terminology includes:

• Psychological wellbeing
• Psychosocial health
• Psychosocial wellbeing
• Wellness
• Wellbeing
• Positive mental health
• Emotional health

The Determinants of Mental Health Promotion

According to MacDonald and O’Hara (1998) model there are 10 elements of mental health. These determinants range from individual to environmental factors and which pairs protective and risk factors to inform and design appropriate interventions. The determinants are:

**Protective factors**

- Environmental + Self + Emotional + Self + Social Skills
- Quality esteem processing management participation

**Risk factors**

- Environmental deprivation + Emotional abuse + Emotional negligence + Stress + Social exclusion

Mental Health Promotion

Mental health promotion involves actions that create living conditions and environments to support mental health and allow people to adopt and maintain healthy lifestyles. This includes a range of actions that increase the chances of more people experiencing better mental health.

Mental health promotion works from the principle that everyone has mental health needs, not just people who have been diagnosed with a mental illness.

Mental health promotion is essentially concerned with making changes to society that will promote people’s mental wellbeing.
Mental health promotion is a term that covers a variety of strategies. These strategies can be seen to occur at three levels:

- **Individual (micro)** - encouragement of individual resources by promotion of interventions for self-esteem, coping, assertiveness in areas such as parenting, the workplace or personal relationships.

- **Communities (meso)** - increasing social inclusion and cohesion, developing support structures that promote mental health in workplaces, schools, churches and neighbourhoods.

- **Government (macro)** reduces socioeconomic barriers to mental health at governmental level by promoting equal access for all and support for vulnerable citizens.

**Positive Mental Wellbeing**

Positive mental wellbeing includes:

2. Personal growth and development: developing talents and abilities to their full potential.
3. Autonomy: being capable of independent action.
4. Accurate view of reality: not distorting the world in any way.
5. Positive friendships: the ability to build relationships of many varieties.
6. Environmental mastery: meeting the requirements of the many different situations encountered in everyday life.

**Characteristics of Mental Health**

*The Ability to Enjoy Life* - The ability to enjoy life is essential to good mental health. The practice of mindfulness meditation is one way to cultivate the ability to enjoy the present. We, of course, need to plan for the future at times and we also need to learn from the past. Too often we make ourselves miserable in the present by worrying about the future. We need to play and have fun.

*Resilience* - The ability to bounce back from adversity has been referred to as "resilience." The ability to face problems, resolve them and learn from them. It has long been known that some people handle stress better than others.

*Balance* - Balance in life seems to result in greater mental health. It creates an awareness of how the mind and body interact. Just as our state of mental health can affect our physical health, the reverse is also true. We all need to balance time spent socially with time spent alone, for example the use and enjoyment of solitude. Those who spend all of their time alone may get labelled as "loners" and they may lose many of their social skills. Extreme social isolation may even result in a split with reality. Those who ignore the need for some solitary times also risk such a split. Balancing these two needs seems to be the key – although we all balance these differently. Other areas where balance seems to be important include the balance between work and play, the balance between sleep and wakefulness, the balance between rest and exercise and even the balance between time spent indoors and time spent outdoors.
**Flexibility** - We all know people who hold very rigid opinions. No amount of discussion can change their views. Such people often set themselves up for added stress by the rigid expectations that they hold. Working on making our expectations more flexible can improve our mental health. Emotional flexibility may be just as important as cognitive flexibility. Mentally healthy people experience a range of emotions and allow themselves to express these feelings. They are aware of what can go wrong. They have the ability to laugh both at themselves and at the world. Some people shut off certain feelings, finding them to be unacceptable. This emotional rigidity may result in other mental health problems.

**Self-actualization** - What have we made of the gifts that we have been given? We all know people who have surpassed their potential and others who seem to have squandered their gifts. We first need to recognize our gifts, of course and the process of recognition is part of the path toward self-actualization. Mentally healthy people spend time reviewing their lives from time to time. They consider what their goals in life are and what steps are being taken to achieve them. Mentally healthy persons are persons who are in the process of actualizing their potential. They develop emotionally, creatively, intellectually and spiritually. Problems can arise when we feel that life is not satisfying and fulfilling.

**Healthy Relationships** - The ability to form healthy relationships with others is necessary for mental wellbeing. Social contact, having contact with others whose company we enjoy, whether at school, work, at home or as a member of a club, helps to develop social interaction. It aids initiation, development and sustains mutually satisfying personal relationships. This affects how we feel about other people. It engenders awareness and the capacity to empathise with them. It aids in the development of confidence and assertiveness and encourages healthy sexuality. It is important to have someone to go to with our problems and worries, such as friends, teachers or family members - someone we can trust.

**Preventative Tips for Positive Mental Health**

- making time to do the things we enjoy
- taking moderate physical exercise
- cutting down on coffee, alcohol, nicotine and other addictive substances
- remembering and celebrating the things we like about ourselves
- keeping things in perspective
- developing and sustaining friendships
- listening to and respecting other people, even if we disagree with them
- asking for help if we feel distressed or upset
- listening to other people who say they feel distressed or upset
- taking as much care of ourselves as we do the people we care for

**The Self System**

It is imperative for mental health to appreciate who you are and be honest with yourself. What are you really like? Are you both beauty and beast or wonderful and terrible? What are your strengths and limitations? The self system is made up of words which refer to attributes of the way we think, view and the value we place on ourselves. These are:
Self-image, self-concept, self-perception - all refer to the overall picture a person has of him or herself.

Self-confidence, self-efficacy - suggests one’s ability to perform.

Self-acceptance, self-worth, self-respect, self-esteem - they imply judgement, value and evaluation of oneself.

<table>
<thead>
<tr>
<th>People with low self esteem</th>
<th>People with high self esteem</th>
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<tbody>
<tr>
<td>Expect people to be critical of them</td>
<td>Are active self agents</td>
</tr>
<tr>
<td>Are passive or obstructive self-agents</td>
<td>Have positive perception of their skills, appearance, sexuality and behaviours</td>
</tr>
<tr>
<td>Have negative perceptions of their skills, appearance, sexuality and behaviours</td>
<td>Perform equally well when being observed as when not watched</td>
</tr>
<tr>
<td>Perform less well when being watched</td>
<td>Are non-defensive and assertive in response to criticism</td>
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<tr>
<td>Are defensive and passive in response to criticism</td>
<td>Evaluate their performance realistically</td>
</tr>
<tr>
<td>Have unrealistic expectations about their performance</td>
<td>Express general satisfaction with life</td>
</tr>
<tr>
<td>Are dissatisfied with their lot in life</td>
<td>Have a strong social support network</td>
</tr>
<tr>
<td>Have a weak social support system</td>
<td>Can accept compliments easily</td>
</tr>
<tr>
<td>Have difficulty accepting compliments</td>
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We can only get over our problem of self-esteem if we set out to care both for ourselves and for others.

**The only proper mirror for seeing our true selves is God’s word.**

Discover:

- We are God’s art work  
  Gen 1:27
- What God intends us to become  
  Eph 2:10
- Loved and accepted unconditionally  
  Rom 8:1
MENTAL HEALTH PROBLEMS

Grace Walsh  
NEC Health Ministries Director

In the UK it is estimated that a quarter of the population will experience some kind of mental illness at some point in their lives. Mental illness can affect any one of us; it is indiscriminate of age, gender, and status. It can strike at any time, sometimes with warning and sometimes without. So how can you recognize if you are suffering from a mental illness?

How to Recognize Mental Illness

Mental illness can manifest itself in many different ways and no two people will be affected in the same way or to the same degree. Someone suffering from a mental illness may be mildly inconvenienced by their symptoms in their daily lives and yet others can be severely debilitated to the extent that they are unable to care for themselves or integrate into society at any level.

Psychiatric Classification of Mental Health Problems

The disciplines of psychiatry and psychology define mental health problems in terms of dysfunctions or disorders; that is, ‘something not working properly’. ‘The dysfunctions in mental disorder are assumed to be the product of disruptions of thought, feeling, communication, perception and motivation.’

Two handbooks are used in psychiatry to classify mental health problems:

- The Diagnostic and Statistical Handbook of Mental Disorders (DSM-IV), published by the American Psychiatric Association

Mental health problems can be classified as either psychosis or neurosis.

What is Psychosis?

The word ‘psychosis’ is used to describe a person experiencing things that are outside of what is considered normal within their own culture. Some people have a single episode of psychosis. Others may have on-going problems with it for the rest of their lives.

Mental health problems usually described as ‘psychoses’ are:

- organic psychoses (dementia, brain injury, toxic confusional states)
• functional psychoses (schizophrenia, bipolar disorder, some types of depression)
  drug-induced psychosis.

What is Neurosis?

The word ‘neurosis’ is used to describe a person having experiences that are still rooted in normal emotional experience within their own culture but whose responses are more severe than what is considered to be normal.

Mental health problems usually described as neuroses are:

• depression
• anxiety
• phobias and panic disorder
• post-traumatic stress disorder
• obsessive-compulsive disorder

Psychiatric classification of the main forms of mental health problems

Schizophrenia

Two types of signs occur in schizophrenia. These are called positive and negative symptoms.

Positive symptoms include:

• hallucinations, the experience of sensing something which is not there;
• hallucinations can be heard, seen, touched, smelled or tasted delusions;

A delusion is a mistaken belief, which is not shared by other people of the same cultural background and is firmly held in spite of arguments to the contrary, for example:

• passivity phenomena, the experience of one’s thoughts or feelings being under the control of other objects
• thought broadcasting, the feeling that one’s thoughts are detected by other people
• thought insertion/withdrawal, the experience that thoughts are being put into or taken out of one’s mind.

Negative symptoms include:

• lack of motivation
• slowing down or disorganisation of speech or behaviour
• lack of emotional responses
• flat mood (referred to as ‘blunting’)
• incongruous mood which is showing inappropriate responses to situations
• avoiding contact with other people.
Bipolar Disorder (manic depression)

Changes in mood, thoughts and feelings that may lead to a diagnosis of bipolar disorder include:

- elated or irritable mood
- distractibility and poor judgement
- delusions and hallucinations
- racing thoughts
- overspending

At the end of a period of elated mood, the person’s mood either returns to normal or they become depressed.

Changes in appearance include:

- the person may dress in a flamboyant or provocative manner.

Physical changes include:

- restlessness and over-activity
- disrupted sleep
- appetite may increase or the person may be so active they do not eat
- increased sexual activity may occur, or disinhibition about sexual matters.

Depression

Changes in mood, thoughts and feelings that may lead to a diagnosis of depression include:

- intense feelings of guilt
- intense feelings of worthlessness
- hopeless misery
- suicidal ideas and behaviour
- inability to concentrate
- low mood
- loss of interest in life
- possibly intense anxiety
- delusions of poverty, poor health, being ‘sinful’.

Changes in appearance include:

- possible neglect of personal hygiene
- loss of interest in appearance
- looks distressed or ill.

Physical changes include:

- disrupted sleep, particularly early morning wakening
- poor appetite
• reduced energy
• loss of libido.

Anxiety

People who are anxious:

• are restless
• may be close to tears
• have autonomic symptoms, (fast heart rate, sweating, shaking, feeling weak, hyperventilating, are nauseated, look pale)
• have disturbed sleep
• have troublesome thoughts which will not go away
• have feelings of apprehension and dread.

When anxiety becomes persistent and severe, and takes over a person’s life, it is known as ‘generalised anxiety’.

Other forms of anxiety are:

• panic attack – a sudden and usually short-lived episode of extreme anxiety with more severe autonomic symptoms
• phobias – unreasonable fears triggered by particular circumstances (e.g. agoraphobia, social phobia, arachnophobia; fear of spiders)
• obsessive-compulsive disorder – an irrational compulsion to repeat a thought, an urge or an act such as cleaning or washing one’s hands
• post-traumatic stress disorder – this is severe anxiety, and includes other symptoms such as emotional numbness, flashbacks and feelings of guilt, which may follow a severe trauma. The trauma could be an assault, a serious accident or a combat situation. The condition is commonly seen in refugees and service personnel.

Personality Disorders

Ten different types of personality disorder.
Personality disorder main signs:

• Paranoid - constant, unwarranted distrust of other people; highly suspicious that others are out to harm them.
• Schizoid - uninterested in forming close relationships.
• Schizotypal - displaying very eccentric behaviour and distorted patterns of thought.

Borderline may display: very impulsive behaviour, self-harm, frequent mood swings, unstable relationships, fears of being abandoned.
• **Histrionic Attention-seeking, over-dramatic behaviour, over dependence** on the approval of others.

• **Narcissistic** - constant need for attention from others to confirm their own importance.

• **Antisocial** - previously known as ‘psychopathic personality disorder’ and associated with criminal behaviour, exploitation of others, and lack of empathy.

• **Avoidant** - constant anxiety and fear of disapproval/rejection from others.

• **Dependent** - clinging personality, over dependent on others, submissive, need to be taken care of.

• **Obsessive-compulsive Preoccupation** with order, control and cleanliness. Not necessarily linked to obsessive–compulsive disorder.

  The Mental Health Foundation describes this diagnosis as controversial (see www.mentalhealth.org.uk for a fact sheet about personality disorder):

  Often, the symptoms experienced by the person do not fit into any obvious diagnostic category. The behaviour might be a reaction to problems experienced in early life. Many people with this diagnosis fit the criteria for at least two of the different types of personality disorder. A diagnosis of personality disorder places a very negative label on a person. It is difficult to decide on appropriate interventions for personality Disorders. Personality disorders are associated with depression or substance misuse, or both. There are worries about the ‘dangerousness’ of people with this diagnosis.

**Substance-related Disorders**

Commonly misused substances are described in the table below.

- Stimulants Amphetamines (speed, whiz, uppers)
- Khat (gat, qat)
- Cocaine (charlie, coke)
- Crack cocaine (rocks, ice, base)
- Sedative-hypnotics Tranquillisers – temazepam (jellies, mazzies)
- Depressants Alcohol
- Cannabis (blow, dope, draw, grass, skunk)
- GBH (Liquid E)
- Hallucinogens Ecstasy (doves, E)
- LSD (acid, tabs, trips)
- Mushrooms (mushies)
- Opiates Heroine (smack, gear, brown)
- Methadone (juice)
- Volatile substances Solvents such as glue and lighter fluid
- Amyl nitrite (poppers)

(www.nhsdirect.nhs.uk)
Substance misuse may be a form of self-medication to alleviate the symptoms of depression, anxiety or sleep problems. It may uncover a predisposition to mental disorders and can be directly related to drug induced psychosis. The potential for cannabis use to precipitate psychosis has recently received a high media profile.

**Dual Diagnosis**

Dual diagnosis is a term used to describe the co-existing problems of a mental health problem and substance misuse. It is a rather unsatisfactory term, as dual diagnosis could apply to other sets of circumstances (for example, a person with depression having a co-existing personality disorder).

The relationship between substance misuse and mental health is very complex and is different for each individual.

The Dual Diagnosis Good Practice Guide published by the Department of Health (2002) describes four different patterns:

- a primary mental health problem leads to, or precipitates, substance misuse
- use of substances makes the mental health problem worse
- substance dependence leads to psychological symptoms
- substance misuse or withdrawal leads to mental health problems.

Dual diagnosis is often, but not always, associated with homelessness, poverty, violence or offending and failure to engage with mental health services. Research conducted in America suggests that 50% of users of mental health services may misuse substances. (Hall & Farrell, 1997). Turning Point and Rethink have published a Dual Diagnosis Toolkit (Hawkings & Gilburt, 2004).

Access the Sainsbury Centre for Mental Health website to read five short case studies about people who have dual diagnosis (www.schm.org.uk).

**Eating Disorders**

Eating disorders include anorexia nervosa, bulimia nervosa and binge-eating disorder. There is significant overlap between the categories and the whole classification system is evolving. Major physical complications can arise from eating disorders.

Anorexia nervosa has the highest mortality of any mental health problem. Most of the deaths result from medical complications or from suicide. Often, depression and anxiety co-exist with eating disorders. The social consequences of eating disorders are very considerable, and place massive pressures on families. About 90% of people with anorexia nervosa are female (Neilsen, 2001).
Seasonal Affective Disorder (SAD)

This condition occurs in sufferers mostly during the winter period. With the change of seasons, or lack of sunlight, this affects the brain and causes some of the symptoms of depression. When the light returns again in the spring, the symptoms disappear the most usual symptoms of winter depression are increased sleep, increased appetite, weight gain, irritability and problems with relationships (especially feelings of rejection). There is some evidence that light therapy helps, but it is not effective for everyone with SAD. Women are more prone to SAD than men.

Multiple Personality Disorder (Re-classified in 1994 by the DSM-IV as DID or Dissociative Identity disorder)

DID is a chronic, complex, post-traumatic stress disorder. It is a consequence of an individual being confronted by physical, sexual, or deprivational events that overwhelm his or her immature ego capacities. Individuals strive to compartmentalize traumatic experiences. Those with an inborn ability to dissociate can use this talent to firm up this compartmentalization and establish multiple realities.

Autistic Spectrum Disorders

This is a term used to address the range of presentations of autism and which includes Asperger syndrome. Studies of adults with Asperger syndrome show a high level of associated mental health problems and high risk of suicide (Howlin, 2000).

Associated Health Problems

Adults with brain diseases such as Huntingdon’s disease, Parkinson’s disease and multiple sclerosis may also have associated mental health problems.

People with mental health problems need help and support to enable them to cope with their illness. There are many treatment options, including medication, counselling, psychotherapy, complementary therapies and self-help strategies. It's important that people with mental illnesses are told about the options available so they can make a decision about what treatment suits them best.

References


Mental Health Foundation www.mentalhealth.org.uk


National Institute for Mental Health in England www.nimhe.org.uk


DEPRESSION

By Sharon Platt-McDonald, BUC Health Ministries Director

“Anxiety in the heart of man causes depression, but a good word makes it glad.” (Prov. 12:25 NKJV)

According to the World Health Organisation, depression will be the second leading cause of disability across the globe by 2030.

Sharon Platt-McDonald raises the issue of the church response and gives an overview of what might be helpful in assisting sufferers.

Depression – How Should We Respond?

She was tearful as she recounted the experience. Many years previously, a student of hers had tried to explain to her that he was struggling with depression and as a result felt too low to study and didn’t feel that he could go through with the forthcoming exams. She remembered being quite flippant, telling him that he needed to pull himself together as his exams were approaching and that he would get over the ‘blues’ as it was only exams nerves. Then the shock came when days later she learnt that the same young man had taken his life. He had left behind a suicide note informing his parents that he could no longer live under the blackness that was clouding his mind and the sadness that seemed to swallow up his entire life. The young lady sharing the tragic story ended by stating, “I never took depression lightly from that day on and sought to listen to and be there for those sharing with me that they struggled with depression.”

This may seem an extreme case but it demonstrates the extent to which depression can have an influence on an individual. Remember, depression is a common experience and can affect any individual at any point in their life. However, depression in its severe form is categorised as an illness and should be treated as such, which necessitates intervention.

Being both sensitive and responsive to an individual experiencing depression is crucial in helping you to understand the condition and in some cases assisting them in seeking help.

Common signs and symptoms of depression include:

- **Loss of interest in life activities.** Decreased interest in daily activities, no interest in or ability to enjoy social activities, hobbies, or sexual intimacy.
- **Poor concentration.** Difficulty focusing, making decisions, or remembering things (typically short term memory).
- **Feelings of helplessness and hopelessness.** A mindset that only sees challenges. Having a bleak outlook which expresses the view that things will not get better and an inability to impact or improve the situation.
- **Altered sleep patterns.** Insomnia – difficulty getting to sleep or waking in the early hours of the morning. Oversleeping (also known as hypersomnia) may be another indicator.
- **Appetite or weight changes.** Increased or decreased appetite. Significant weight loss or weight gain - for example a change of more than 5% of body weight in a month.
• **Loss of energy.** Constantly feeling fatigued and physically drained no matter how much rest one gets. Finds it difficult to execute even the smallest tasks and takes a long time completing it.

• **Neurological and physical changes.** This may include nervousness, anxiety, irritability, worry and/or physical symptoms such as sluggishness, palpitations, headaches, cramps or aches and pains that do not ease with treatment.

• **Self-loathing.** This includes negative self talk and highlights perceived faults and mistakes as major character flaws. Experiences strong feelings of worthlessness or guilt resulting in harsh criticism of self.

Clinical depression is diagnosed when several of the above signs and symptoms are present. It is important at this stage to seek medical or therapeutic intervention.

**Risk Factors and Causes of Depression:**

The following have been identified as suggested risk factors and causes for the onset of depression.

- Early childhood trauma or abuse
- Family history of depression
- Chronic or recent stressful life experiences
- Health problems or chronic pain
- Marital or relationship problems
- Lack of social support
- Financial strain
- Alcohol or drug abuse
- Loneliness
- Unemployment or stressful work environment

An understanding of the underlying cause of depression is an important factor in confronting and trying to overcome the problem.

**Depression in Church?**

It is common in religious circles for depression to be seen as a spiritual condition that just needs to be cured through prayer alone. Unfortunately, well meaning individuals attempting to ‘encourage’ those suffering from depression chide them for a lack of faith and an inadequate prayer life. This can leave the individual feeling guilty, misunderstood and alone and further isolates them driving them to a deeper depression.

How should the church deal with the issue of mental health challenges? Before I answer that question, let me first make a bold statement. In not seeing mental health challenges in the same light as we see physical health challenges; when we stigmatize, pass judgement and withdraw from people with depression, the church, rather than being part of the solution, becomes part of the problem. The answer: we need to learn how to deal with all afflictions of the soul, mind and body with the compassion of Christ, demonstrating unconditional love, support and understanding.

In the book, ‘I’m Not Supposed to Feel Like This: A Christian Approach to Depression and Anxiety,’ authors Whitton, Richards and Williams use insights from the psychiatric profession, a biblical standpoint and the Christian pastoral profession to guide the reader to a deeper understanding of the subject. The authors write for those Christians experiencing depression and anxiety to enable
them to understand why they feel the way they do and encourage them to draw on God’s love and grace to guide them through depression and anxiety. The book also speaks to church leaders and members to enable them to be more supportive in practical and helpful ways to those experiencing depression. It challenges the misguided thinking that real Christians don’t experience depression and that psychiatric problems are the result of a poor or faulty relationship with God.

In attempting to support those suffering from depression it is useful to consider the following:

**Spiritual Support and Prayer**

It is most reassuring to hear someone tell us “I’m praying for you” when we are going through difficult circumstances. This is a particular supportive act to those experiencing depression as they sometimes find it difficult to pray. Anointing is also effective as the biblical directive for all who are sick.

**Working with Medication and Therapy**

Depending on the cause and severity of the depression, medication may be prescribed. Patients should be encouraged to note the effects of the medication and report any side effects (including suicidal thoughts) to their practitioners so other treatment options, alternative medication or therapy can be considered.

**Depression Recovery Programs**

Therapeutic interventions like Dr Neil Nedley’s world renowned depression recovery program delivered via books and workbook, DVD or residential setting has helped thousands in their recovery from depression. More information on these programs and resources can be accessed at www.drnedley.com.

**Food Factors**

A change in eating may occur when individuals experience depression. Lack of appetite, overeating, comfort eating or craving for junk food is common. A lack of some essential vitamins and fatty acids are often found to be lacking in the diets of people and are sometimes recommended as supplements for managing the condition.

Fatty acids make up 15% of the brain’s weight. Deficiencies in these nutrients (omega 3 fatty acids) are thought to contribute to severe mental health challenges including depression. Vegetarian sources: flax B vitamins particularly B6, B9 and B12 are believed to be particularly beneficial for people with depression. Vegetarian sources: B6 - bananas, nuts and seeds, potatoes, whole grain cereals; B9 – Asparagus, nuts, peas, whole grains, yeast; B12 – seaweed, yeast extract.

Tryptophan is a naturally occurring amino acid used by the body to make serotonin (an important brain chemical, affecting mood). Rich sources include bananas and oats.

**Exercise**

In mild cases of depression, exercise has been found to be as effective as antidepressant drugs in reducing symptoms. Exercise is effective because it increases the levels of endorphins (also known as happy hormones) which makes you less sensitive to pain and engenders a ‘feel good’ factor. Exercise enhances
health and wellbeing, improves physical appearance, boosts confidence and raises self esteem. All these factors help to improve mood and fight depression. The challenge however is the motivation to begin exercising or maintaining it. Gentle encouragement to commence a manageable program is useful.

Counselling and Support

Professional counselling is encouraged for ongoing or severe depression.

It is useful to ask the person suffering from depression how best they feel you can help them. Key first steps are to be a good listener, non-judgmental and consistent in our follow up.

Some self management tips for dealing with depression.

- Make leisure time a priority. Find activities that you enjoy doing which enables you to relax and lift your mood.
- Practice relaxation techniques. This has been found to promote better physical and mental health.
- Manage stress effectively. Good stress management builds emotional resilience. This includes managing your time so you don’t put yourself under pressure (see section on stress).
- Create ‘me time’. Find time to nurture your own needs with activities that enhances your sense of wellbeing. Enjoy time pampering yourself.
- Get adequate rest and sleep. Research demonstrates that 8 hours sleep each night is best for optimal physical and mental health.
- Exposure to sunlight daily. Sunlight helps improve mood. Daily exposure of 10-15 minutes can be achieved during walking, outdoor exercise, gardening or socializing.
- Develop supportive relationships. This increases your level of support and gives you options for sharing when you feel able. Spend time around positive people.
- Identify an ‘accountability buddy’. This is someone who you have agreed to ‘check in’ with you on a regular basis. You may find this helpful as a buffer or additional support for low times. Sometimes this individual can pick up when you are slipping into depression and encourage you to seek help early.
- Challenge negative thinking. Keep a ‘thought dairy’ to monitor feelings and negative self talk. Practice positive thinking by looking at alternative outcomes to negative situations.
- Know when to seek additional help. Some people find support groups helpful. Others use online resources, referral agencies or a listening ear from family and friends.
- Enjoy – nature, a good book, a humorous movie, relaxing music, positive friends.

Useful resources on depression include the following:

SUICIDE

Addressing the sensitive and tragic issue of suicide, is Life Management and Forensic Psychiatric Specialist C. W. Cyrus.

Throughout history, many traditions and myths have developed around suicide, the act of taking one’s own life. However, in more recent times, it was viewed as a criminal offence and those who failed were charged with attempted homicide. As more has been learned about suicide, it is no longer a criminal offence. We have come to realise that anyone contemplating suicide is in need of serious and immediate help, assistance and intervention.

I acknowledge use of information and statistical material from the Mind website’s information section.

Suicide is the second most common cause of death in men aged 15 – 44 years. The majority of people who die by suicide make contact with health care professionals a very short time before death. For those with mental ill health, relationships with health professionals are very important; negative relations have been cited as a key factor precipitating death by suicide. Thus, health professionals can make a major contribution to reducing the number of deaths by suicide - Mind.

Prediction of Suicide

Recent bereavement or other loss
Recent break-up of a close relationship
A major disappointment (such as failed exams or a missed job promotion)
A major change in circumstances (such as retirement, redundancy or children leaving home)
Physical or mental illness
Substance misuse
Deliberate self-harm, particularly in women
Previous suicide attempts
Loss of a close friend or relative by suicide

People are at particular risk if they have a history of suicide in their family, or if they have begun tidying up their affairs (making a will or taking out insurance). Suicidal thoughts are a key element of depression and people who have symptoms of depression are therefore at particular risk, especially if they express a sense of hopelessness about the future, or see no point in life or living. Let me hasten to put some things in perspective. Making a will or taking out insurance, do not necessarily indicate suicidal possibilities. It is the COUPLING of a SENSE OF HOPELESSNESS – Conditioned Hopelessness – and the belief that LIFE IS NOT WORTH LIVING, that makes the difference.

A history of past suicide attempts is the most accurate predictor of future risk attempts. It is estimated that 10-15% of people in contact with healthcare services as a result of a first suicide attempt, eventually die by suicide, the risk being highest during the first year after an attempt.
Suicide and Mental Distress

Research indicates that virtually all mental illnesses and some medical disorders – heart disease, cancer, visual impairment and neurological disorders, increase the risk of suicide. Suicidal thoughts and actions – both past and present – increase the risk still further. Functional mental disorders such as schizophrenia and depression are associated with the highest risk overall; substance misuse and organic disorders are associated with a lesser degree of risk. On average, people with recurrent depression have a 15 – 20% increased risk.

The Mental Health Foundation estimates that 70% of recorded suicides are by people experiencing depression, often undiagnosed. The deeper the depression, the more likely are suicidal thoughts and ideas. However, acts of suicide are more likely when a person is coming out of a depressive episode and energy levels and motivation become stronger.

A study by the World Health Organization (WHO), found that suicide was the leading other drug cause of death in those with a diagnosis of Schizophrenia. Suicidal intent is due more to hopelessness about the future, than the degree of the depression. Despite the occasional dramatic psychotic suicide, the greatest risk for suicide occurs during non-psychotic depressed phases of the illness.

Suicide and Substance Misuse

Substance misuse has long been recognised as a risk factor for suicide and suicide attempts. Alcohol and other drugs affect thinking and the ability to reason. They can also act as depressants. They decrease inhibitions, increasing the likelihood of a depressed person making a suicide attempt.

A 1999 report by the Department of Health found that, among suicides outside of a hospital setting, 38% had a history of alcohol misuse and 26% had a history of misuse of other drugs. Estimates suggest that about 15% of individuals who misuse alcohol, may eventually kill themselves, while among those who misuse other drugs, the risk of suicide is 20 times that of the general population.

Research suggests that men are nine times more likely to misuse alcohol than women and men diagnosed with an alcohol problem are six times as likely to die by suicide as men in the general population. Although women are less likely to misuse alcohol than men, those who do, are at a much greater risk of suicide than men, with a suicide rate 20 times that of the general population.

Alcohol and other drugs are thought to be of particular significance in suicides that appear to be impulsive and are particularly implicated in suicides of young men. Drug misuse is thought to be a factor in the increase in young male suicides.

Suicide and Gender

Men are far more vulnerable to death by suicide than women; suicides by men account for 75% of all suicides in the UK. Suicide rates are higher in men than in women, across all age groups. Between 1971 and 1998, the suicide rate for women in England and Wales almost halved, while the rate for men almost doubled.
In the 25 – 44 yrs of age range, men are 3.5 times more likely than women to take their own lives, while men aged 45 yrs and over are more than twice as likely to die by suicide as women in the same age range.

Among young people (15 – 19 yrs old), girls are more likely to attempt suicide, but boys are much more likely to die as a result of a suicide attempt.

Suicide is more common among men and women who are single or recently separated, divorced or widowed. However, women are more likely to seek psychiatric and other medical intervention. Men are more reluctant to talk about problems or express their feelings. They are less likely to go to their GP with psychological problems and are more likely to present with physical problems, which may not be recognised as a manifestation of mental distress.

The breakdown of traditional gender roles and the concept of the ‘new man’ have left many men feeling uncertain as to what is expected of them, particularly in terms of significant relationships. Research suggests that marriage is a protective factor against suicide in men and that half of the increase in young male suicides may reflect the greater proportion of young men who are unmarried.

The risk of suicide in unemployed males is two to three time higher than in the general population. Factors such as race, age and substance misuse also contribute to gender differences in suicide rates.

**Suicide in the Young**

Suicide accounts for almost 23% of all deaths in persons 15 – 24 yrs of age, second only to accidental death. It has been estimated that 7 – 14% of adolescents will self-harm at some time in their life, and as many as 20 - 45% of older adolescents say they have had suicidal thoughts.

For every suicide recorded in the 1980s among 10 – 14 year olds in the UK, three other children were deemed to have died from ‘undetermined’ causes or ‘accidental’ drug overdoses.

Academic pressure, family break-up and relationship problems are all causes of mounting stress and anxiety for young people and play a very important role in suicide attempts in this group.

Young people, who have been physically or sexually abused, are often at increased risk of suicide or deliberate self-harm.

Substance misuse is also thought to be a significant factor in youth suicide.

Research in the USA suggests that one in three adolescents is intoxicated at the time of a suicide attempt.

**Suicide in Older Persons**

Although suicide rates in older persons of both sexes have fallen considerably since the 1950s, they are still high, particularly in older men.

Suicide in older persons is strongly associated with depression, physical pain or illness, living alone and feelings of hopelessness and guilt.
Community surveys suggest that 10 – 20% of older people may be experiencing depression, but only a fraction of these are known to their GP or the psychiatric services.

The majority of older people who commit suicide live in the community and most have had no contact with old-age psychiatric services. One study found that community old-age psychiatric services were seeing fewer than 25% of older people with depression who later kill themselves, and most of these persons had not seen their family doctor within the month before they took their lives.

**Suicide, Race and Culture**

Race and cultural background can be major influences on suicidal behaviour. For example, one study found that the suicide rate in women aged 16 – 24 yrs was three times higher in women of Asian origin than in white British women.

Asian women’s groups have linked this high suicide rate to cultural pressures, conservative parental values and traditions such as arranged marriages that may clash with the wishes and expectations of young women. Asian men appear to be far less vulnerable to suicide than young men from white British backgrounds.

Hindus appear to have a taboo against suicide, particularly among men; however, the idea of ‘altruistic’ suicide is acceptable, and there is a historic tradition associated with bereaved women, particularly widows, ending their life by suicide.

Patterns of self-harm and suicide continue to be different for white people and people from minority ethnic groups. Suicide rates are higher among women than men of Chinese origin. This is in line with reports of suicide in China.

Friends, relatives, employers and colleagues must be vigilant at all times and must always pay attention to even the slightest hint of depression or suicide and seek immediate help. The church must also upgrade its concepts and thinking on the subject. Blaming, finger pointing and equating mental health issues and especially suicide and self harm, with some form of punishment from God or His displeasure are unacceptable and wrong. Such individuals need our help, empathy and compassion. We must demonstrate our ability to care by supporting and being there for them.

*Remember, no one cares how much we know, until they know how much we care! That is why I care. Do you?*
PART TWO

ENCOURAGING EMOTIONAL HEALING
Mrs E. G. White’s quotes on Mental Wellbeing
All quotes taken from Mind Character, and Personality Volumes I & II

Excerpt from the Foreword of Mind, Character, and Personality

In Ellen White’s lifetime studies related to mental wellness and emotional healing were in their infancy, yet there emerges throughout her writings a distinctive philosophy in which guidelines to mental health are clearly portrayed. Seventh-day Adventists and others widely believe that Ellen G. White wrote under the influence of the Spirit of God and they treasure guidance in a field where schools of thought are divergent and changeable. Ellen White’s statements on the various aspects of the Mind, its vital place in the human experience, its potentials, and the factors that lead to its optimum functioning, help us to comprehend what man is and to understand his relationship to his earthly environment, to God and to the universe and set us on a path for victory in the battle for the mind.* (Italics applied)

Mental Health

Man Created with a Perfectly Balanced Mind. - The Lord made man upright in the beginning. He was created with a perfectly balanced mind, the size and strength of all its organs being perfectly developed. Adam was a perfect type of man. Every quality of mind was well proportioned, each having a distinctive office, and yet all dependent one upon another for the full and proper use of any one of them. 3T 72 (1872). MCP Pg415.

Mind Adapts to That Upon Which It Dwells. - It is a law of the mind that it gradually adapts itself to the subjects upon which it is trained to dwell. If occupied with commonplace matters only, it will become dwarfed and enfeebled. If never required to grapple with difficult problems, it will after a time almost lose the power of growth. An educating power, the Bible is without a rival. In the Word of God the individual finds subject for the deepest thought, the loftiest aspiration. The Bible is the most instructive history that men possess. It came fresh from the fountain of eternal truth, and a divine hand has preserved its purity through all the ages. ... Here the great problems of duty and destiny are unfolded. The curtain that separates the visible from the invisible world is lifted and we behold the conflict of the opposing forces of good and evil, from the first entrance of sin to the final triumph of righteousness and truth; and all is but a revelation of the character of God. In the reverent contemplation of the truths presented in His Word, the mind of the student is brought into communion with the infinite mind. Such a study will not only refine and ennoble the character, but it cannot fail to expand and invigorate the mental powers. PP 596-599 (1890). MCP Pg418.

Mind Has Power of Choice. - God has given us the power of choice; it is ours to exercise. We cannot change our hearts, we cannot control our thoughts, our impulses, our affections. We cannot make ourselves pure, fit for god’s service. But we can choose to serve God, we can give Him our will; then He will work in us to will and to do according to His good pleasure. Thus our whole nature will be brought under the control of Christ. The tempter can never compel us to do evil. He cannot control minds unless they are yielded to his control. The Will must consent, faith must let go its hold upon Christ before Satan can exercise his power upon us. But every sinful desire we cherish affords him a foothold. Every point in which we fail of meeting the divine standard is an open door by which
he can enter to tempt and destroy us. And every failure or defeat on our part gives occasion for him to reproach Christ. **MH 176 (1905).** MCP Pg320.

**Uncontrolled Mind Becomes Weak.** - The mental powers should be developed to the utmost; they should be strengthened and ennobled by dwelling upon spiritual truths. If the mind is allowed to run almost entirely upon trifling things and the common business of everyday life, it will in accordance with one of its unvarying laws, become weak and frivolous, and deficient in spiritual power. **ST 272 (1885).** MCP Pg421.

**Mental Powers Depend on Health.** - Health is a blessing of which few appreciate the value; yet upon it the efficiency of our mental and physical powers largely depends. Our impulses and passions have their seat in the body and it must be kept in the best condition physically and under the most spiritual influences in order that our talents may be put to the highest use. Anything that lessens physical strength enfeebles the mind and makes it less capable of discriminating between right and wrong. **RH, June 20, 1912. (MYP235.)** MCP Pg441.

**How to Preserve Mental Powers.** - He who will observe simplicity in all his habits, restricting the appetite and controlling passions may preserve his mental powers strong, active, and vigorous, quick to perceive everything which demands thought or action, keen to discriminate between the holy and the unholy and ready to engage in every enterprise for the glory of God and the benefit of humanity. **ST, Sept 29, 1881. (2BC 1006.)** MCP Pg445.

**Bible Study Gives Power to the Mind.** - Those who hunger for knowledge that they may bless their fellowmen will themselves receive blessing from God. Through the study of His Word their mental powers will be aroused to earnest activity. There will be an expansion and development of the faculties and the mind will acquire power and efficiency. **COL 334 (1900).** MCP Pg447.

**Emotional Factors**

**Emotions to be Controlled by Will.** - Your part is to put your will on the side of Christ. When you yield your will to His, He immediately takes possession of you and works in you to will and to do of His good pleasure. Your nature is brought under the control of His Spirit. Even your thoughts are subject to Him. If you cannot control your impulses, your emotions as you may desire, you can control the will and thus an entire change will be wrought in your life. When you yield up your will to Christ, your life is hid with Christ in God. It is allied to the power which is above all principalities and powers. You have a strength from God that holds you fast to His strength; and a new life, even the life of faith, is possible to you. **MS 121, 1898. (ML 318.)** MCP Pg 124.

**Emotions Controlled by Reason and Conscience.** - The power of truth should be sufficient to sustain and console in every adversity. It is in enabling its possessor to triumph over affliction that the religion of Christ reveals its true value. It brings the appetites, the passions and the emotions under the control of reason and conscience and disciplines the thoughts to flow in a healthful channel. And then the tongue will not be left to dishonour God by expressions of sinful repining. **ST 314 (1885).** MCP Pg124.

**Study of Nature Strengthens Powers.** - In these lessons direct from nature there is a simplicity and purity that makes them of the highest value. All need the teaching to be derived from this source. In itself the beauty of nature leads the soul away from sin and worldly attractions and toward purity, peace and God. Too often the minds of students are occupied with men’s theories and speculations, falsely called science and philosophy. They need to be brought into close contact with nature. Let them learn that creation and Christianity have one God. Let them be taught to see the harmony of
the natural with the spiritual. Let everything which their eyes see or their hands handle be made a lesson in character-building. Thus the mental powers will be strengthened, the character developed, the whole life ennobled. **COL 24, 25 (1900)**. MCP Pg446/447.

**Impairing of Life Forces**

**Guilt**

**Guilt Impairs Life Forces.** - Grief, Guilt, Anxiety, Discontent, Remorse, Distrust, Depression, Fear, all tend to break down the life forces and to invite decay and death. ... Courage, Hope, Faith, Sympathy, Love, promote health and prolong life. **MH 241 (1905)**. MCP Pg458.

**How One Gains Freedom From Guilt.** - This feeling of guiltiness must be laid at the foot of the cross of Calvary. The sense of sinfulness has poisoned the springs of life and true happiness. Now Jesus says, ‘Lay it all on Me; I will take your sin, I will give you peace. Destroy no longer your self-respect, for I have bought you with the price of My own blood. You are Mine; your weakened will I will strengthen; your remorse for sin I will remove.’ Then turn your grateful heart, trembling with uncertainty, and lay hold upon the hope set before you. God accepts your broken, contrite heart. He offers you free pardon. He offers to adopt you into His family, with His grace to help your weakness, and the dear Jesus will lead you on step by step if you will only put your hand in His and let Him guide you. **Lt 38, 1887**. MCP Pg451.

**Anxiety**

**Not the Will of God.** - “It is not the will of God that his people should be weighed down with care.” **SC 122 (1892)**. MCP Pg467.

**Anxiety Tends to Sickness and Disease.** - When wrongs have been righted, we may present the needs of the sick to the Lord in calm faith, as His Spirit may indicate. He knows each individual by name and cares for each as if there were not another upon the earth for whom He gave His beloved Son. Because God’s love is so great and so unfailing, the sick should be encouraged to trust in Him and be cheerful. To be anxious about themselves tends to cause weakness and disease. If they will rise above depression and gloom, their prospect of recovery will be better; for “the eye of the Lord is upon them” “that hope in His mercy” (Psalm 33:18). **MH 229 (1905)**. MCP Pg467.

**God’s Responsibility and Mine.** - When we take into our hands the management of things with which we have to do and depend upon our own wisdom for success, we are taking a burden which God has not given us and are trying to bear it without His aid. We are taking upon ourselves the responsibility that belongs to God, and thus are really putting ourselves in His place. We may well have anxiety and anticipate danger and loss, for it is certain to befall us. But when we really believe that God loves us and means to do us good, we shall cease to worry about the future. We shall trust God as a child trusts a loving parent. Then our troubles and torments will disappear, for our will is swallowed up in the will of God. **MB 100, 101 (1896)**. MCP Pg468.

**Borrowed Care and Anxiety.** - In trusting in God continually there is safety; there will not be a constant fear of future evil. This borrowed care and anxiety will cease. We have a heavenly Father who cares for His children and will and does make His grace sufficient in every time of need. **2T 72 (1868)**. MCP Pg469.

**Leaving the Future With God.** - Though their present needs are supplied, many are unwilling to trust God for the future and they are in constant anxiety lest poverty shall come upon them and their
children shall be left to suffer. Some are always anticipating evil, or magnifying the difficulties that really exist, so that their eyes are blinded to the many blessings which demand their gratitude. The obstacles they encounter – instead of leading them to seek help from God, the only source of strength - separate them from Him because they awaken unrest and repining. Jesus is our friend: all heaven is interested in our welfare; and our anxiety and fear grieve the Holy Spirit of God. We should not indulge in a solicitude that only frets and wears us but does not help us to bear trials. No place should be given to that distrust of God which leads to make a preparation against future want the chief pursuit of life, as though our happiness consisted in these earthly things. **PP 293, 294 (1890).** MCP Pg469.

**Undue Anxiety.** - God does not condemn prudence and foresight in the use of the things of this life; but the feverish care, the undue anxiety, with respect to worldly things, is not in accordance with His will. **RH, Mar 1, 1887. (CS 159.)** MCP Pg 469.

**Christians With Anxious Hearts.** - Many who profess to be Christ’s followers have an anxious troubled heart because they are afraid to trust themselves with God. They do not make a complete surrender to Him, for they shrink from the consequences that such a surrender may involve. Unless they do make this surrender they cannot find peace. **MH 480, 481 (1905).** MCP Pg469/470.

**Fear**

**Distrusting God, They Have A Thousand Fears.** - Many neglect to lay up for themselves a treasure in heaven by doing good with the means that God has leant them. They distrust God and have a thousand fears in regard to the future. Like the children of Israel they have evil hearts of unbelief. God provided this people with abundance as their needs required but they borrowed trouble for the future. They complained and murmured in their travels that Moses had led them out to kill them and their children with hunger. Imaginary want closed their eyes and hearts from seeing the goodness and mercies of God in their journeying and they were ungrateful for all His bounties. So also are the distrustful, professed people of God in this age of unbelief and degeneracy. They fear that they may come to want, or that their children may become needy, or that their grandchildren will be destitute. They dare not trust God. They have no genuine faith in Him who has entrusted them with the blessings and bounties of life and who has given them talents to use to His glory in advancing His cause. **2T 656, 657 (1871).** MCP Pg474/475.

**Faith Grows in Conflict with Doubt and Fear.** - The Lord frequently places us in difficult positions to stimulate us to greater exertion. In His providence special annoyances sometimes occur to test our patience and faith. God gives us lessons of trust. He would teach us where to look for help and strength in time of need. Thus we obtain practical knowledge of His divine will, which we so much need in our life experience. Faith grows strong in earnest conflict with doubt and fear. **4T 116, 117 (1876).** MCP Pg476.

**Fear Reveals Unbelief.** - As Jesus rested by faith in the Father’s care, so we are to rest in the care of our Saviour. If the disciples had trusted in Him, they would have been kept in peace. Their fear in the time of danger revealed their unbelief. In their efforts to save themselves, they forgot Jesus; and it was only when in despair of self-dependence, they turned to Him that He could give them help. How often the disciples’ experience is ours! When the tempests of temptation gather and the fierce lightnings flash, and the waves sweep over us, we battle with the storm alone, forgetting that there is One who can help us. We trust to our own strength till our hope is lost, and we are ready to perish. Then we remember Jesus and if we call upon Him to save us we shall not cry in vain. Though He sorrowfully reproves our unbelief and self confidence, He never fails to give us the help we need. Whether on the land or on the sea, if we have the Saviour in our hearts, there is no need of fear.
Living faith in the Redeemer will smooth the sea of life and will deliver us from danger in the way that He knows to be best.  

**DA 336 (1898).** MCP Pg476/477.

**Fear Grieves the Holy Spirit.** - Faith takes God at His word, not asking to understand the meaning of the trying experiences that come. But there are many who have little faith. They are always fearing and borrowing trouble. Every day they are surrounded by the tokens of God’s love, every day they enjoy the bounties of His providence; but they overlook these blessings. And the difficulties they encounter, instead of driving them to God, separate them from Him by arousing unrest and repining. ... Jesus is their Friend. All heaven is interested in their welfare, and their fear and repining grieve the Holy Spirit. Not because we see or feel that God hears us are we to believe. We are to trust His promises. When we come to Him in faith, we should believe that every petition enters into the heart of Christ. When we have asked for His blessing, we should believe that we receive it, and thank Him that we have it. Then we are to go about our duties, assured that the blessing will be sent when we need it most. When we have learned to do this we shall know that our prayers are answered. God will do for us “exceedingly abundantly,” “according to the riches of His glory” and “the working of His mighty power” Eph. 3: 20,16; 1: 19. GW 261, 262 (1915). MCP Pg477.478.

**What to do When Fearful.** - Only the sense of God’s presence can banish the fear that, for the timid child would make life a burden. Let him fix in his memory the promise, “The angel of the Lord encampeth round about them that fear Him and delivereth them.” (Psalm 34:7) Let him read that wonderful story of Elisha in the mountain city, and, between him and the hosts of armed foemen, a mighty encircling band of heavenly angels. Let him read how to Peter, in prison and condemned to death, God’s angel appeared; how, past the armed guards, the massive doors and great iron gateway with their bolts and bars, the angel led God’s servant forth in safety. ...  

** Depression 

Many Diseases Result From Mental Depression.** - A contented mind, a cheerful spirit is health to the body and strength to the soul. Nothing is so fruitful a cause of disease as depression, gloominess, and sadness. – 1T 702 (1868). MCP 482.

**Removing Depression Hastens Recovery.** - Because God’s Love is so great and so unfailing, the sick should be encouraged to trust in Him and be cheerful. To be anxious about themselves tends to cause weakness and disease. If they will rise above depression and gloom, their prospect of recovery will be better; for “… the eye of the Lord is upon them ... that hope in His mercy” (Psalm 33: 18). MH 229 (1905). MCP Pg482.

**The True Christian and Depression.** – The true Christian does not allow any earthly consideration to come in between his soul and God. The commandment of God wields an authoritative influence over his affections and actions. ... When depression settles upon the soul, it is no evidence that God has changed. He is “the same yesterday, and today, and forever.” You are sure of the favour of God when you are sensible to the beams of the Sun of righteousness; but if the clouds sweep over your soul, you must not feel that you are forsaken. Your faith must pierce the gloom. Your eye must be single, and your whole body shall be full of light. The riches of the grace of Christ must be kept before the mind. Treasure up the lessons that His love provides. Let your faith be like Job’s, that you may declare, “Though He slay me, yet will I trust Him: …” (Job 13: 15 pt 1.) Lay hold on the promises of your heavenly Father, and remember His former dealing with you and with His servants; for “all things work together for good to them that love God, …” (Romans 8: 28.) RH, Jan 24, 1888. MCP Pg496.
Interrelationship of Body and Mind

A Mysterious Interrelationship. - Between the mind and the body there is a mysterious and wonderful relation. They react upon each other. To keep the body in a healthy condition to develop its strength, that every part of the living machinery may act harmoniously, should be the first study of our life. To neglect the body is to neglect the mind. It cannot be to the glory of God for His children to have sickly bodies or dwarfed minds. 3T486 (1875). MCP Pg373.

The Harmonious Development of Both Mental and Moral Faculties. - The improvement of the mind is a duty which we owe to ourselves, to society, and to God. But we should never devise means for the cultivation of the intellect at the expense of the moral and the spiritual. And it is only by the harmonious development of both the mental and the moral faculties that the highest perfection of either can be attained. RH, Jan 4, 1881. MCP Pg374.

Mental Effort Affected by Physical Vigor. - We should seek to preserve the full vigor of all our powers for the accomplishment of the work before us. Whatever detracts from physical vigor weakens mental effort. Hence, every practice unfavourable to the health of the body should be resolutely shunned. ... Yet how many who call themselves Christians are unwilling to exercise self-denial, even for Christ’s sake. How often the love for some pernicious indulgence is stronger than the desire for a sound mind in a sound body. Precious hours of probation are spent, God-given means squandered, to please the eye or to gratify the appetite. Custom holds thousands in bondage to the earthly and sensual. Many are willing captives; they desire no better portion. ST, June 1, 1882. MCP Pg381.

Physical Habits Affect the Brain. - The brain is the citadel of the being. Wrong physical habits affect the brain and prevent the attainment of that which the students desire – a good mental discipline. Unless the youth are versed in the science of how to care for the body as well as for the mind, they will not be successful students. Study is not the principal cause of breakdown of the mental powers. The main cause is improper diet, irregular meals, a lack of physical exercise, and careless inattention to other respects to the laws of health. When we do all that we can to preserve the health, then we can ask God in faith to bless our efforts. CT 299 (1913). MCP Pg381/382.

Unhealthful Food Stupefies the Conscience. - In health reform our people have been retrograding. Satan sees that he cannot have so great power over minds when the appetite is kept under control as when it is indulged, and he is constantly at work to lead men to indulgence. Under the influence of unhealthful food the conscience becomes stupefied, the mind is darkened, and its susceptibility to impressions is impaired. ... Und MS 132. MCP Pg394.

Shunning Extremes. - Those who understand the laws of health and who are governed by principle will shun the extremes both of indulgence and of restriction. Their diet is chosen, not for the mere gratification of appetite, but for the up-building of the body. They seek to preserve every power in the best condition for highest service to God and man. The appetite is under the control of reason and conscience, and they are rewarded with health of body and mind. While they do not urge their views offensively upon others, their example is a testimony in favour of right principles. These persons have a wide influence for good. MH 319 (1905). MCP Pg395.

Mind Controls the Whole Man. - The mind controls the whole man. All our actions, good or bad, have their source in the mind. It is the mind that worships God and allies us to heavenly beings. ... all the physical organs are the servants of the mind, and the nerves are the messengers that transmit its orders to every part of the body, guiding the motions of the living machinery. The harmonious action of all the parts – brain, bone, and muscle - is necessary to the full and healthful development of the entire human organism. SpTEd 33, c1897. (FE 426.) MCP Pg396.
Few Realize the Power of Mind Over Body. - But few realize the power that the mind has over the body. A great deal of the sickness which afflicts humanity has its origin in the mind and can only be cured by restoring the mind to health. There are very many more than we imagine who are sick mentally. Heart sickness makes many dyspeptics for mental trouble has a paralyzing influence upon the digestive organs. 3T 184 (1872). MCP Pg396/397.

Body Medium for Mind and Soul. - The body is a most important medium through which the mind and the soul are developed for the upbuilding of character. Hence it is that the adversary of souls directs his temptations to the enfeebling and degrading of the physical powers. His success here often means the surrender of the whole being to evil. The tendencies of the physical nature, unless under the dominion of a higher power will surely work ruin and death. The body is to be brought into subjection to the higher powers of the being. The passions are to be controlled by the will, which is itself to be under the control of God. The kingly power of reason, sanctified by divine grace is to bear sway in the life. Intellectual power, physical stamina, and the length of life depend upon immutable laws. Through obedience to these laws, man may stand conqueror of himself, conqueror of his own inclinations, conqueror of principalities and powers, of “the rulers of the darkness of this world,” and of “spiritual wickedness in high places” (Eph. 6:12). PK 488, 489 (1917). MCP Pg406/407.

Assurance of God’s Approval. - The assurance of God’s approval will promote physical health. It fortifies the soul against doubt, perplexity, and excessive grief that so often sap the vital forces and induce nervous diseases of a most debilitating and distressing character. The Lord has pledged His unfailing word that “His eye shall be over the righteous and His ear open to their prayer.” (Psalm 34: 15) LS 270, 271 (1915). MCP Pg410.

Life’s Energising Force

Love, the Principle of Action. - When the heavenly principle of eternal love fills the heart it will flow out to others, ... because love is the principle of action, and modifies the character, governs the impulses, controls the passions, subdues enmity, and elevates and ennobles the affections. 4T 223 (1876). MCP Pg205.

Love Springs Forth Spontaneously When Self Is Submerged. - When self is submerged in Christ, true love springs forth spontaneously. It is not an emotion or an impulse but a decision of a sanctified will. It consists not in feeling but in the transformation of the whole heart, soul and character, which is dead to self and alive unto God. Our Lord and Saviour asks us to give ourselves to Him. Surrendering self to God is all He requires, giving ourselves to Him to be employed as He sees fit. Until we come to this point of surrender, we shall not work happily, usefully or successfully anywhere. LT 97, 1898. (6BC 1100, 1101.) MCP Pg206.

Love Not an Impulse but a Divine Principle. - Supreme love for God and unselfish love for one another – this is the best gift that our heavenly Father can bestow. This love is not an impulse but a divine principle, a permanent power. The un-consecrated heart cannot originate or produce it. Only in the heart where Jesus reigns is it found. “We love Him because He first loved us.” (1 John 4: 19.) In the heart renewed by divine grace, love is the ruling principle of action. AA 551 (1911). MCP Pg206.

Source of true Human Affection. - Our affection for one another springs from our common relation to God. We are one family, we love one another as He loved us. When compared with this true,
sanctified, disciplined affection, the shallow courtesy of the world, the meaningless expression of effusive friendship, are as chaff to the wheat. Lt 63, 1896. (SD 101.) MCP Pg211.

To love as Christ loved means to manifest unselfishness at all times and in all places, by kind words and pleasant looks. ... Genuine love is a precious attribute of heavenly origin, which increases its fragrance in proportion as it is dispensed to others. MS 17, 1899. (SD 101.) MCP Pg211.

**Love Binds Heart to Heart.** - Let there be mutual love, mutual forbearance. Then marriage, instead of being the end of love, will be as it were the very beginning of love. The warmth of true friendship, the love that binds heart to heart, is a foretaste of the joys of heaven. ... Let each give love rather than exact it. MH 360, 361 (1905). MCP Pg211.

**Love Impulses Not to Be Stifled.** - Encourage the expression of love toward God and toward one another. The reason why there are so many hardhearted men and women in the world is that true affection has been regarded as weakness and has been discouraged and repressed. The better nature of these persons was stifled in childhood; and unless the light of divine love shall melt away their cold selfishness, their happiness will be forever ruined. If we wish our children to possess the tender spirit of Jesus and the sympathy that angels manifest for us, we must encourage the generous, loving impulses of childhood. DA 516 (1898). MCP Pg212.

**True Love Preparation for Successful Marriage.** - True love is a high and holy principle, altogether different in character from that love which is awakened by impulse and which suddenly dies when severely tested. It is by faithfulness to duty in the parental home that the youth are to prepare themselves for homes of their own. Let them here practice self-denial and manifest kindness, courtesy, and Christian sympathy. Thus love will be kept warm in the heart and he who goes out from such a household to stand at the head of a family will know how to promote the happiness of her whom he has chosen as a companion for life. Marriage, instead of being the end of love, will be only its beginning. PP 176 (1890). MCP Pg213.

**Men, Women and Youth Involved in Moral Depravity.** - The moral dangers to which all, both old and young are exposed, are daily increasing. Moral derangement, which we call depravity, finds ample room to work and an influence is exerted by men, women and youth professing to be Christians that is low, sensual, devilish. Lt 26d, 1877. MCP Pg228.

Satan is making masterly efforts to involve married men and women and children and youth in impure practices. His temptations find acceptance in many hearts because they have not been elevated, purified, refined and ennobled by the sacred truth which they claim to believe. Not a few have been low and vile in thought and common in talk and deportment so that when Satan’s temptations come, they have no moral power to resist them and fall an easy prey. Lt 26d, 1887. (HP 199.) MCP Pg228.

**Avoid Reading, Seeing and Hearing Impurity.** - Those who would not fall prey to Satan’s devices must guard well the avenues of the soul: they must avoid reading, seeing, or hearing that which will suggest impure thoughts. ... AA 518 (1911). MCP Pg228.

You will have to become a faithful sentinel over your eyes, ears, and all your senses if you would control your mind and prevent vain and corrupt thoughts from staining your soul. The power of grace alone can accomplish this most desirable work. 2T 561(1870). MCP Pg229.

**Salacious Novels and Pornography.** - Impure pictures have a corrupting influence. Novels are eagerly perused by many, and as a result, their imagination becomes defiled. ... The lust of the eye and corrupt passions are aroused by beholding and by reading. ... The mind takes pleasure in contemplating scenes which awaken the lower and baser passions. These vile images, seen through
defiled imagination, corrupt the morals and prepare the deluded, infatuated beings to give loose rein to lustful passions. Then follow sins and crimes which drag beings formed in the image of God down to a level with the beasts, sinking them at last in perdition. Avoid reading and seeing things which will suggest impure thoughts. Cultivate the moral and intellectual powers. 2T 410 (1870). MCP Pg229.

Example of Unselfish Love Irresistible. - The more closely we resemble our Saviour in character, the greater will be our love toward those for whom he died. Christians who manifest a spirit of unselfish love for one another are bearing a testimony for Christ which unbelievers can neither gainsay nor resist. It is impossible to estimate the power of such an example. Nothing will so successfully defeat the devices of Satan and his emissaries, nothing will so build up the Redeemer’s kingdom, as will the love of Christ manifested by the members of the church. 5T 167, 168 (1882). MCP Pg240.
EMOTIONAL EDUCATION

by Karen Jordan-Nicholls
Systemic Psychology

We need Emotional Education to understand the impact of unresolved negative emotions on our life. When people acquire emotional education skills, tools and knowledge about unresolved negative emotions they will have access to spiritual, physical and emotional optimal health and well-being. Emotional Education is the term we use to describe the learning process which encompasses emotional literacy and emotional intelligence.

An emotion is a mental and physiological state associated with a wide variety of feelings, thoughts, and behaviour. Emotions are subjective experiences, or experienced from an individual point of view. Emotion is often associated with mood, temperament, personality, and disposition. The English word 'emotion' is derived from the French word émouvoir. This is based on the Latin emovere, where e- (variant of ex-) means 'out' and movere means 'move'. The related term "motivation" is also derived from movere.” (Wikipedia)

Unresolved Negative Emotions

To acquire optimal health and well being, negative emotions must be resolved. Unresolved negative emotions come about when conflicts with another person, or a situation from our past, have not been resolved or released. The body holds on to the life force energy (emotional charge) created at the time the conflict took place. The unresolved negative emotion creates an imbalance in our hormones. As a result the body becomes toxic. The toxicity in the body depletes our immune system. The immune system is the body’s defence against infectious organisms and other invaders. It is our defender and fighter protecting our body from the common cold to cancer. It is the job of the immune system to regulate our hormones to rid our body of toxicity.

When we have unresolved negative emotions the immune system is in constant battle attempting to restore our optimal health and well-being. This battle reduces the capabilities of the immune system and reduces our defence mechanism leaving us susceptible to dis-ease.

Conflict is the root cause of all unresolved negative emotions. Many people have unresolved negative emotions but are totally unaware of this fact. I have yet to meet a person who does not have an unresolved negative emotion.

“It is estimated that 90 percent of all physical problems have psychological roots”
Prevention Health Magazine, Emrika Padum

“Only those who yield control of their minds to God can in the full sense of the word have a sound mind and enjoy true and complete mental and emotional stability”.
The SDA Commentary Vol.5, Pg575
"You shall love the Lord your God with all your heart, and with all your soul, and with all you strength, and with all your mind; and your neighbour as yourself"

(Luke 10:27)

We are instructed to commit our whole self to God and humankind in love by embracing God’s commandments and the fruits of the spirit. When we live in harmony with body, mind and spirit, we encompass the peace of mind that surpasses all understanding and are able to love and be loved as we were created to be. We must focus our minds on the things of the Spirit and have thoughts and desires governed solely by God.

When we hold on to conflicts of the past that evolve from fear, anger, loneliness, sadness and anxiety, we become disconnected from God and we no longer retain the holistic balance of life required by a human being to have optimal health and abundant living.

More often than not we believe that we have dealt with the conflict and we tell ourselves that we will forget about it or we say to ourselves “I will forgive but I will never forget”. Both of these actions impact negatively on our emotional well-being and optimal health because the person you are hurting is yourself. We fool ourselves because the negative emotion remains buried within us and comes alive when we least expect, in the form of anger, fear, jealousy, anxiety and many, many more negative self destructive behaviours which eat away at our very soul. Furthermore the truth of the matter is that feelings buried alive NEVER die. They need to be resolved and released.

As a Magistrate I often have the same defendant come before me, (who is known as a persistent youth offender, (PYO)). This PYO has been convicted for committing a long list of offences, the majority of which are of a similar nature. Furthermore, there are mums, dads, brothers, sisters, uncles, all from the same family who also persistently offend. What we see are patterns of negative behaviour being passed down from adult to child. My hypothesis is that a major contributing factor to this self and family-destruction is that the conflict, which created the unresolved negative emotion that triggers the negative and offending behaviour, has never been resolved.

Commentators have said that what was once speculation has now been firmly established as fact. A healthy body cannot be divorced from a healthy mind or a healthy spirit.

“ Emotional health, it can be said with certainty, is an integral part of our overall wellness. Yet many people continue to neglect their emotional health and damage their physical health in the process”.

E.G. White, Ministry of Healing.

The relationship between stress and disease is clearly taught in the Bible. This relationship has been substantiated by medical science.

British cardiologist Peter Nixon, explains that increased stress and arousal cause numerous changes in the body functioning, that eventually interfere with immune function, protein synthesis and cardiac functions. Repetitive stress also uses up the body’s reserves, leading to increased stress on other physiological functions. This in turn can result in heart disease, cancer or depressions.

**Stress and Unresolved Negative Emotions**

Stress caused by unresolved emotions is a pre-requisite and a leading contributor to dis-ease.
When the stressful situation remains unresolved it can have a negative impact on your behaviour and your health.

Stress is destructive:

- when its intensity or duration exceeds a person’s capacity to react constructively.
- Any power, force or experience that touches our lives physically, mentally, or spiritually, against which we must react in order to maintain balance in our lives is STRESS.

The condition of the mind affects the health to a far greater degree than many realize. Many of the diseases from which men suffer are the result of mental depression. *E.G. White, Ministry of Healing, Pg 241.*

**Toxic Unresolved Negative Emotions**

Certain emotions poison the body. Dr. Cannon, of Harvard University, has shown that hate, envy, scorn, jealousy, and fear actually create poisons, not psychological poisons, but powerful toxic substances, which poison the life stream - the blood, and under their influence, the body weakens and all the life processes are disturbed. A person, who lives under fear, or under the shadow of any depressing emotion, seems to shrivel up. He grows old prematurely. He further added *Worry kills a hundred people where work kills one!*

Unresolved negative emotions contribute to an imbalance in our hormones which create toxicity in our body. This toxicity causes our immune system to become depleted. Hormones stimulate and increase activity, while colyones impede and reduce activity. Both substances are necessary for a well-balanced mind and body.

Dr. Christiane Northrup coined the term “toxic emotion”. In *Women’s Bodies, Women’s Wisdom* (Bantam, 1994), she writes, “A thought held long enough and repeated often enough becomes a belief.” That belief then becomes a biology in which emotional stress causes our adrenal glands to produce corticosteroids - hormones that weaken our immune systems.

“Grief, anxiety, discontent, remorse, guilt, and distrust all tend to break down the life forces and invite decay and death. Courage, hope, faith, sympathy, and love promote health and prolong life. A contented mind, a cheerful spirit, is health to the body and strength to the soul" *E G White Ministry of Healing (Pg 97).*

There are times that we may feel upset and angry and not know why, we feel like a task is easy one day and difficult the next, we feel that no one understands us and we don’t understand ourselves or we may suffer from insomnia for nights at a time. If this is true for you – you may have an unresolved negative emotion.

“The relationship that exists between the mind and body is very intimate. When one is affected the other sympathizes.”

*E. G. White, Ministry of Healing (Pg 241)*
Although many people put a great emphasis on the body, the mind is of equal and I say more importance than the body as before the body acts it requires communication from the mind. When Adam and Eve chose to eat from the tree of knowledge of good and evil they thought about it first. Eve thought about how good it would be to become wise then she proceeded to act. When God inquired as to Adam’s whereabouts, he attempted to hide from God. Adam was frightened because he felt guilty. He then proceeded to accuse Eve of giving him the fruit. Eve then accused the serpent. The fear and guilt that Adam felt was the first conflict to be experienced by man as a result of an unresolved negative emotion but the second to be described in the Bible.

Conflict, the Root of ALL Unresolved Negative Emotions

“Lucifer was the first to experience an unresolved negative emotion. When discontent entered his heart he sought to instigate conflict in Heaven when he envied God’s position, challenged His authority and tried to turn the angels against God.”

The Bible says “There was War in Heaven” (Revelations 12:7). War is the result of conflict. Today we see evidence of conflict and wars existing here on earth. We see global war, civil war, the internal war that man has with himself because of his inability to identify, resolve and release the conflict and the external war that man experiences as he projects on to others the unresolved anger, fear and resentment that festers within him as a result of Satan’s unresolved negative emotion and the conflict he created.

Lucifer was the most powerful of the fallen angels but he opposed God. God gave Lucifer a certain amount of power and authority but Satan perverted that power. Satan attempted to exalt himself above God… rather than “just” being the Angel of God. “He aspired to be like God in position, power and glory, but not in character. Satan’s adversary to God was the birth of sin. A created being, he sought honour and glory due alone to the Creator.” SDA Commentary Vol 4, Pg 171.

“Instead of seeking to make God supreme in the affections of the angelic host, he sought for himself first place in those affections.” SDA Commentary Vol 4, Pg 171 (Isaiah 14 v12-14.)

Satan wanted to be God but God said “NO!” and expelled Satan and his angels from Heaven. Satan led one third of the heavenly angels astray in a misguided attempt to overthrow God’s authority. He was defeated by God, but he turned his focus on the people of this world, especially on God’s chosen people, you and me. Satan experienced an internal conflict and gave way in his heart to negative emotions such as self-centeredness, vanity, greed, lust, envy, jealousy, strife, hatred, competition, violence and destruction and became deceptive. Today many people see and experience firsthand the backlash of unresolved negative emotions which are the manifestation of a conflict within their own family, where there is a break down in the parental relationship. Children who sometimes blame themselves and are tormented as they are led astray by a parent often a mother who subjects them to the deep, embedded bitterness she holds towards the father as a result of being left as a lone parent to raise the children by herself. The children become resentful of the father and take the side of the mother and themselves develop a resentment, anger even hatred and the circle goes on and on as they form similar dysfunctional relationships in their adulthood with similar patterns of behaviour.

Equally many people hold on to the past. They are stuck in the what could have been, what should have been and the ‘if only’ syndrome. They repeat the same old story time and time again. “When I was … everything was great… and if only it had worked out for me…, do you know who I would have
been…” They hold on to their story for dear life, like a dog with a bone and time passes in the form of years, 5 years, 10 years, 20 years and yes 30 years and they still have not moved on. Is this YOU? Do you recognize yourself? They blame parents, family members they even blame God! But never themselves! They take no responsibility and they fail to recognize that in most cases where they are in their life is the result of their choice not to resolve and release the conflict within them. Satan failed to recognize that he chose to become angry and bitter in response to what God wanted for him. Satan had a choice to resolve his conflict by recognizing that he could never be God. Had he done so he would have felt joy and love for the Lord God Almighty and for himself.

Satan began to interfere with the relationship between God and the first humans Adam and Eve. This is when Satan used the serpent as a medium to question Eve by cleverly mixing truth with falsehood. “Ye shall not surely die?” (Gen. 3: 4) Satan challenged the truthfulness of God’s Word with an unconcealed lie (John 8:44). Today, Satan attempts to lead earthly people astray as he roams the earth. He covers people with his cloak of unresolved negative emotions by overwhelming them with spiritual, emotional, physical, financial, social, birth family and church family conflict.

Fathers and mothers who have experienced conflict in their childhood and have an unresolved negative emotion may as adults lead their family astray and down a path which leads to abuse, drugs and crime etc., in the same way Satan lead the angels, Adam and Eve astray. Today we call these families dysfunctional.

Recently in the news, Shannon Matthews and Baby P were reported as coming from dysfunctional families. (Please see link below)

http://www.centreforsocialjustice.org.uk/default.asp?pageRef=298

Similarly we see mothers and fathers’ negative behaviour towards their children and towards each other because of their unresolved negative emotions which were created in childhood through, emotional, physical and sexual abuse. We see this in the form of alcoholism, drug addiction, and criminal activity to finance their self-destruction. We see people locked away in this cage of self destructive behaviour most of which is self inflicted. This is why we must identify, resolve and release our negative emotions.

Conflict is the root of ALL unresolved negative emotions.

It is said that Character is all we take with us when we leave this earth. It is also said that Character is made up of feelings, thoughts and emotions. We cannot embrace the Character of God when we have an ‘unresolved negative emotion’, the disparity between them is far too great, and they are complete opposites. We therefore need to identify, resolve and release all of our ‘unresolved negative emotions’ before we can embrace the Character of God and have eternal life. Failure to do so will result in spiritual and physical death.

How to Resolve a Negative Emotion

The Bible has several references to mind (thought and emotion) and body connections such as,

"A merry heart doeth good like a medicine." Proverbs 17:22
and “As a man thinketh in his heart so he is.” Proverbs 23:7.
These scriptures tell us that we must keep joy in our heart and choose the thoughts we hold on to as they are a major influencing factor on our optimal health and well-being. So therefore with this knowledge we must choose to take hold of the fruits of the spirit, love, joy, peace, patience, kindness, goodness, faithfulness, humility and self-control so that we will enjoy in abundance all that life has to offer.

Positive emotions enhance the activity of all the bodily functions. Under the influence of joy, the small arteries and capillaries dilate, and every organ receives an increased and more active blood supply. There is not only an increased disposition to activity, but an increased capacity for effort and endurance. The heart beats stronger, the mind is more alert, and breathing is deeper, digestion more active, the eyes brighten; the glow of health is in the vibrancy of the skin. The whole body rejoices and prospers under the influence of cheerful and joyous emotions.

We should learn to use our emotions to help us decide how we should act and not act on our emotions. If you are feeling anger towards a particular person, first acknowledge this negative emotion and use your awareness of it to make a decision that it is not a good time to have a conversation with this individual as you may say something you later regret. When you make a conscious decision not to speak to someone because you feel anger towards them, you are using your emotions intelligently to choose your behaviour. The result is that you make a wise decision by not allowing your emotions to control or influence your thoughts negatively. We must remember that it is important to validate our emotions and equally important to question our thinking.

**Emotional Education for Children**

We need to be aware of the messages we send to our children. We have to be conscious of the emotional education we give to our children. We are our children’s first teacher in the formative years.

We should:

- Encourage our children to share their feelings with us and **not** teach them to shut off or close down their emotions.
- Teach our children to acknowledge their unresolved negative emotions and **not** deny their feelings (bury them).
- Talk to our children with respect and **not** say “Go away and leave me alone.”
- Be gentle and support children and **not** say “Don’t worry about it, it will sort itself out.”
- Encourage our children to speak to us and **not** say “Children are to be seen and not heard.”
- Remind them that they are young and that there is no pressure on them and **not** say “Grow up you’re not a baby.”
- If they are crying take time to talk about what’s happening and **not** say “I’ll give you something to cry about.”

**Positive comments lift the spirit,** build confidence and set a good solid foundation for life. **Negative comments crush the spirit,** deplete confidence and create a lack of self-esteem also for life.

Emotional education should take place throughout the life of a child in order for our children to experience emotional, physical and spiritual optimal health and well-being in their life.
The Five Components of Good Emotional Health

Good Emotional health consists of five key components:

1. **Being aware of your emotions.** Emotionally healthy people are in touch with their emotions and can identify and acknowledge them as experience.

2. **Being able to process your emotions.** After connecting with their emotions, emotionally healthy people develop appropriate ways of expressing them.

3. **Being sensitive to other people and their emotions and having the ability to empathize.** The ability to identify their own emotions enables emotionally healthy people to identify emotions in others and to have an intuitive sense of what it feels like to experience them.

4. **Being self-empowered.** Emotionally healthy people honour their emotions, which empowers them to fulfil their goals.

5. **Being in healthy relationships.** Using their emotional intelligence and empathy, emotionally healthy people build and maintain strong, functioning relationships.

Thinking is not confined to the brain. The whole body participates. Agreeable thoughts and pleasant emotions induce bodily conditions which favour health, efficiency, physical and mental optimal health and well-being.

*Ellen White wrote,* "True education includes the whole being. It enables us to make the best use of brain, bone, muscle, body, mind, and heart." *Ministry of Healing* (p. 168).

Freedom From Unresolved Negative Emotions

7 Steps to Freedom

1. **Freedom Through Acknowledgement** – Psa. 32:5; 51:1-13
2. **Freedom By Beholding Jesus Christ** – 2Corinthians 3:18; 1Corinthians 13:1-13
3. **Freedom Through Prayer** – Phi. 4:6,7; James 4:8; Luke 18:1; Psa. 61:1,2; 66:18
4. **Freedom Through the Word** – John 8:31,32; 2Corinthians 3:17; 1Peter 1:3,4; Psa.119:11
5. **Freedom Through Forgiveness** – 1John.1:9; Col. 3:13; Mk. 11:25; Prov. 19:11; Mat.18:27
6. **Freedom Through Serving Others** – Phil. 2:7; Gal. 5:13; Matthew 20:24-28; Rev. 7:3
7. **Freedom Through Correct Lifestyle Habits** – 1Cor. 6:18,19; 10:31; 9:25-27; Rom .12:1,2

*From Dr T Jackson - http://www.meetministry.org*

As human beings, both adults and young people need a balanced lifestyle. To achieve this we must embrace emotional, spiritual and physical holistic healing to acquire optimal health and well being.

Roy and I have come to understand and appreciate that adults and young people are challenged when it comes to managing their emotions effectively. They are not able to identify or resolve their negative emotions and very few people question their stressful thoughts.

Holistic Emotional Lifestyle Programme (H.E.L.P.! TM)

As a result Roy and I have put together a programme called the Holistic Emotional Lifestyle Programme H.E.L.P.! TM
H.E.L.P.! TM incorporates emotional, spiritual and physical healing which results in a manageable transitional lifestyle change that incorporates the eight natural laws of health and a “Change 4 Life”, the government directive for a healthier life for everyone.

H.E.L.P.! TM comes in different forms to support adults and young people to resolve the core unresolved negative emotions that influence their life. We will use H.E.L.P.! TM to facilitate individuals through a seven stage holistic process. In addition adults and young people will learn to question their thinking. This process will teach adults and young people to recognise that we all have choices.

When we question our thinking we come to understand and appreciate that we have access to an abundance of options and solutions that we were unaware of prior to questioning our thoughts.

H.E.L.P.! TM is being targeted at both young people between 14-18 years old and adults. We are presently in discussions with the view to agreeing the date for the young people’s pilot. We also intend to run a two day H.E.L.P. TM programme for adults. Each participant takes away with them a transitional personalized Lifestyle Plan that will benefit all the family.

In the meantime Roy and I continue to do our work in the classroom and the community as we teach and share H.E.L.P.! TM with the Love and Grace of God.

Blessings.
Karen Jordan-Nicholls.

Please feel free to email me on:  karen.jornics@ymail.com
Or telephone me on: 07943 191 735

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TRAUMA

By Thembie Mapingire

Trauma seems to be one of the unavoidable aspects of human life. By the time most people are adults, they will have experienced one form of trauma or another. A traumatic event is any event that involves serious injury or death of a family member or colleague, or any person. It could also be defined as any incident charged with profound emotion or involving serious threat in which event people could be killed. It is an event with extremely unusual circumstances that produce a high level of immediate or delayed emotional reaction beyond the individual’s normal coping mechanisms, making them feel overwhelmed by feelings of fear, helplessness, horror, rage and shame.

The American Psychiatric Association defines trauma as:

Direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity, or witnessing an event that involves death, injury or a threat to the physical integrity of another person or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. The person’s response to the event must involve intense fear, helplessness, or horror and shame. (In children, the response must involve disorganized or agitated behaviour.)

Reactions to Trauma

It is normal for one to experience the following reactions after a trauma.

Tearful feeling tired and a lack of energy, poor memory and concentration, sleeplessness, numbness, loss of feelings, irritability and low tolerance, increased muscle tension, nightmares and flash backs, loss of interest and headaches.

Fear of similar events happening again, of loosing control, of being alone, of damage to oneself or loved ones.

Guilt for surviving or being better off than others, regrets for things not done.

Shame at not having acted as you would have wished, for having been exposed as helpless, emotional and needy.

Anger at what happened or who caused it or at the lack of understanding in others

Disappointed about all the plans that can never be fulfilled.

Strained relationships: the good feelings may be replaced by conflict, you may not have as much to give, and others may not understand or give you what you need.
Helpful care after Trauma

Immediately after the event

Make sure you talk to people.

Don’t go home to an empty house; get a friend or a relative to stay with you.

Talk about the incident with others, it will help you get over the reactions.

Remind yourself that the event is over and you are safe now.

Do some physical exercise to help burn off the tension and anxiety.

Try to avoid alcohol, sedatives and sleeping pills - they will dull the experience and stop you dealing with your reactions properly.

Try to avoid or reduce the use of stimulants such as tea, coffee, chocolate, cola or cigarettes - you don’t want to make your body more agitated than it is.

Try to eat something even if you don’t feel like it. Extreme stress responses can eat up a lot of your body’s energy and cause weight loss.

If you can’t get to sleep, don’t stay in bed tossing and turning – get up and do something relaxing until you are tired.

In the few days following the event

Remind yourself that your reactions are a normal result of experiencing traumatic events and will pass in time.

Try to re-establish your normal routine as soon as possible, but don’t exact too much on yourself. Slowly introduce yourself to tasks that seem hard.

If you feel uncomfortable, anxious or afraid, take some long, slow abdominal breaths and remind yourself that the trauma is over.

Be sure to do some things you enjoy that relax you, don’t overwork yourself.

Continue talking to your family, friends and colleagues about the trauma. This will help you get over your feelings. You might feel a bit detached from other people, still do not reject their support.

Reduce stress levels by making sure you get enough sleep, eat well and healthily and exercise on a regular basis. Practice relaxation to reduce nervous tension.

Be more careful when driving or using machinery as it is common to have accidents after severe stress.

Permit yourself to have time to deal with the memories. Some aspects of the experience might be hard to forget.
How to cope after a trauma

1. **Accept feelings of numbness**: Your mind allows the misfortune to be felt only slowly.

2. **Keep active**: Helping others might bring some relief but be careful not to overdo it as a way of avoiding thinking about the event. Maintain a balance between the two.

3. **Confront reality**: Return to the scene of event and attend funerals.

4. **Seek support**: Share with others, allow others to offer physical and emotional support.

5. **Maintain privacy**: As you deal with feelings, there will be times where you will need to be on your own or just with close family or friends.

6. **Process your feelings**: It is helpful to think and talk about it over and over again. This will help you better process your feelings and helps you to move forward with your life.

7. **Understand the meaning of trauma**: Discuss how this might link up with earlier events in your life.

8. **Examine and alter unhelpful attributions**: e.g., “I should have done more.”

Some Do’s and Don’ts

Do express your emotions - cry if possible.

Do take every opportunity to review the experience with yourself and others.

Do take time out to sleep, rest, think and be with those important to you.

Do try to keep your life as normal as possible: let children keep up with their activities and stay at school.

Do try to go along with situations or triggers that bring back painful memories of the event, rather than avoiding them.

Don’t bottle up feelings.

Don’t avoid talking about what happened.

Don’t expect the memories to go away – the feelings will stay for a long time to come.

When to seek help

1. If you feel you cannot handle intense feelings or body sensations. If you feel your emotions not falling in place over a period of time, and you feel chronic tension, confusion, emptiness or exhaustion.
2. If after a month you continue to feel numb and empty and do not have the appropriate feeling described.

3. If you continue to have nightmares and poor sleep.

4. If you have no person or group with whom to share your emotions and you feel the need to do so.

5. If your relationships seem to be suffering badly, or sexual problems.

6. If you have accidents.

7. If you continue to smoke, drink or take drugs in excess since the event.

8. If your performance suffers.

9. If you note that those around you are particularly vulnerable or are not healing satisfactorily.

10. If as a helper you are suffering exhaustion.

Do remember that you are basically the same person as you were before the event.

Do remember that there is a light at the end of the tunnel.

Do remember that if you suffer too much or too long that help is available.

Where to find help

- Your family doctor

- The Social Services department of your local Council

- Cruse Bereavement Care: Website – www.crusebereavementcare.org.uk

- Local representatives of:
  - British Red Cross
  - Relate
  - Samaritans

Your Citizen’s Advice Bureau will have the address of these and other voluntary organizations that can help you.

Cornerstone Counselling Service has qualified Trauma Counsellors
Tele: 0207 723 8050 or 0845 741 3602

Adapted from:
2. Centre for stress management (2004) Trauma and PTSD
RECOGNISING SEXUAL ABUSE

By Sandra Dawes

Disclaimer: Within our society it is an accepted fact that men are generally the main perpetrators of the sexual abuse of children. Therefore the language used in this paper bears out this reality.

Sophia’s Story: [A Journey’s End]

For the first time in years Sophia felt a sense of relief when she woke up that morning. She knew that today was going to be the last time she would have to live with the secret she has been hiding for the last 7 years. She had exhausted all her coping strategies and she was tired to the point of exhaustion. God no longer heard her cries for help. He seemed to have stopped listening to her a long time ago. She finished writing the letter to her mother which she had started eight weeks before - that’s how long it had taken her to put her plans in place. She tidied the house then went and had a shower. She got dressed, then went to the drinks cupboard and took out a bottle of wine that belonged to her aunt. Armed with the wine, she extracted the bottle of tablets she had been hoarding for weeks. She washed down the entire content with the wine and went to sleep. She awoke to find herself in hospital having her stomach pumped.

Sexual abuse is a private pain. Why? Because there are few external indicators which can be used to identify it. Sometimes abuse is only recognised because of dramatic changes in the behaviour of a child. An overdose, the broken limb or cut that needs attention is often the vehicle by which the experience that was shrouded in secret is either discovered or articulated.

While the ‘acting out’ of abuse is often public, its pain is often borne in secret and the memory is locked away. While the memory of the abuse is obscured from public view, the child is going through their own private turmoil and may experience nightmares, flashbacks, anger, guilt, shame, grief. In older children and adults the trauma may worsen to include amnesia, bulimia nervosa, psychosis and eating disorders, low self esteem, self-hatred, self-harm, depression, substance abuse, suicide.

Strange Talk

Disclosure comes in a variety of forms. It is as wide as it is deep. Some children will ask questions relating to specific body parts and function. Sometimes it would appear that the child has developed a whole new language as they try to convey their message in abstract and complex ways. Abstract and complex to the hearer maybe but to the child they are using the full range of the vocabulary, nuances and actions available to them. Sexualised behaviour is one of the identifying marks of abuse, a language in and of itself. However it is only one very small way that the child will use to express their experience and pain.

They may become sullen, angry, extremely secretive and argumentative. In Christian homes they may; withdraw from family activities, reject any mention of obedience to God, and also refuse to associate with other children from Christian backgrounds. Where intimacy and friendship are often
commonplace in church activities such as Pathfinders, AY and Sabbath school those abused often shy away from close associations with their peers.

These behaviours are more than defiance. They are the only behaviour available to the child in adapting to and dealing with the complexities of what should be and what really is. This is the language of desperation. They are the “spoken” words of the broken.

**Don’t Look For Me**

In isolating themselves, they are of the opinion that they are in fact “protecting” their peers from the contamination they feel is within them. Deep down inside they desperately want to be good, to be normal, to be acceptable but they know that while no one else can see inside, the reality for them is that they believe they are dirty, soiled, contaminated.

They withdraw from friendships. In so doing, they do not have to deal with the pain of the loss that accompanies the rejection they anticipate will happen, once their friends find out the ‘truth’ about them and abandon them. The fear of that ‘truth’ becoming public is worse than the pain itself. It’s like playing hide and seek and as you wait to be found, your anxiety rises to such a level that it feels as though it would be easier to surrender than to have someone come up behind you and shout “got you”.

**The Absent Father**

For the older child, the God that is being worshiped by others is unfamiliar to them. From family devotions to worship services they have heard how much Jesus loves the little children, especially when they are good. They are told that He looks after little children as a shepherd takes care of his sheep. So they ask, how could the good shepherd allow such evil things to happen to the lamb under his care? The answer is simple they must be bad it must be their own fault.

Significantly, for many, the masculine images of God as Father and Jesus as Son, which should convey feelings of protection and security often have the opposite effect. As most abusers are men, God (who is perceived as masculine) may evoke negative responses in females who have been abused. This is because he is seen by some as being inclusive or, sympathetic to the abuser or turning a blind eye to the pain of the child. As a result instead of turning to God those abused often turn away from Him.

**Are You Listening?**

Adults tend to interpret a child’s behaviour [good or bad] with a full range of vocabulary, understanding, knowledge, social, economic, religious norms and much more that they have developed during their lifetime. They fail to understand that these attributes are not available or developed in the child. Furthermore the majority of children down play the frequency and severity of the abuse. And as they attempt to explain themselves in their own child-like and awkward way, they are told by the adult that they are not making sense.

Talking about and reliving the experience of abuse will induce immense physical and emotional responses in that child. And in the extremely emotive state, the language used by a child may not
fully convey the seriousness of the matter. Inevitably what they say will often lack clarity and may only be fragmented segments of an incident and will not be sequential.

A child who has been repeatedly abused over a period of time cannot be expected to tell their story with a specific beginning, middle, and end. They are not developmentally capable of departmentalising the pain, frequency, duration, and severity of each attack to give definite and/or specifics. Any sign of disbelief [subtle or otherwise] from the hearer can be a powerful deterrent and could cause the child to either stop talking or change the detail of their story.

Often a child’s survival technique depends on their ability to “file” away the experience. As each attack differs in the degree of pain, frequency, duration, and severity each time the abuse happened, that episode gets filed away so that the child can somehow cope with what has happened and its likely reoccurrence.

**Controlled Explosion**

Living with the secret of abuse can have devastating effect on the child. They want it to stop, they want to tell, but telling is an option they do not have because of the threats of physical harm, either to themselves or to those they love, by the perpetrator. For some children the most traumatic aspect of the abuse is the violence that accompanies it. They believe that this person has all the power and strength to do all the things she/he has promised. At their tender age they bear the full weight of carrying the responsibility daily of protecting their loved ones by holding on to the secret. They live in an atmosphere of heightened tension. They are constantly waiting, waiting for the next attack. They try to use every tactic available to them to avoid being alone with their perpetrator. Fear takes hold of their entire being, and they are constantly nervous, on edge, trying to cope in an adult world without any of the emotional, physical, sexual maturity of an adult. They are like little time bombs, primed and waiting to explode. And often when they do explode it is usually in self-destructive ways.

**Too Young For Love**

The older child may begin to resent those around them. As mentioned before, they feel they have nothing in common with their peers. And while they may have been introduced to adult behaviours they do not have the maturity to go with the practice. For that reason, some of the greatest long-term damage is caused by being introduced to sex while they are far too young to cope with sexual feelings and experiences. They have had sexual love awakened much too early, and may find it difficult to cope with their awakened sexuality. They often do not know how to have a caring relationship with another person which does not involve sexual intercourse.

As the nature of sexual abuse varies from one case to another, so does the harm it causes. And it is not uncommon for child victims of sexual abuse to become promiscuous as adults and to have difficulty in establishing stable relationships with the opposite sex. Others respond to sexual abuse in the opposite way and cannot readily include sex in a loving marriage because they associate sex with being used. Either way they have been robbed of the opportunity of experiencing the natural process of maturity. They have been robbed of a childhood which can never be replaced or restored.
**Growth Pains**

There are no definitive set of criteria that can be used to measure the effects or responses of someone who has experienced childhood abuse. It is worth remembering also that not all the children who have been abused will go on to develop symptoms or disturbed behaviour in adult life. Theirs is a life-time of pain that permeates their entire being like a sharp sword cutting through mind, soul, and body leaving scars of mammoth proportion. There are women [grandmothers, mothers, daughters, sisters, aunts, cousins] in our churches today who are living with the memories and the pain of an abuse filled childhood.

Many were brought up in an era when counselling was not available or considered essential. They had to deal with the effects of abuse completely alone. It is important to bear in mind however that counselling could only have been a consideration if there were prior knowledge of the abuse.

**The Dreaded Path**

For some women the memories of the abuse are as vivid today as if it had happened yesterday. Many have lived their adult life in this state of ‘disrepair’ because of the taboo that surrounds sexual abuse. They hide their pain from the people closest to them because they are ashamed. This pain sometimes finds expression in ways which does not always leave them in a good light. They may be seen as harsh, unfriendly, bitter, unforgiving and even vindictive. But inside they are screaming out for affection, understanding and love [under that tough exterior lies a heart of flesh].

For others, they overcompensate by trying to please everyone. They know what pain is and try desperately not to be the cause of pain to anyone but are themselves crushed when others ‘deliberately’ hurt them. They too are craving affection, understanding and love [under that ‘soft’ exterior lies a broken and wounded heart]. O! That God would release them from their pain and set them free in their twilight years.

Having learnt from childhood the very painful experiences that there are adults that cannot be trusted, it is almost impossible to learn the language of trust. Therefore choosing to have God in their life is a step forward to recovery. Deciding to place their trust in the God that [they believe] had abandoned them when they were in most need of His protecting care is contradictory by its very nature. It generates an internal dialogue that oscillates between love and hate, anger and placidity.

**Rebirth**

Recovery is an extremely complex and individual process. Some people may feel that they are ok, as long as they don’t have to think about the abuse. This may work for them. However, there are others who desire to share their story with the people they trust - but will be conscious not to wear their listener out by being too repetitive, even though this is a story that needs to be told and retold.

The retelling of this experience can be more cathartic than some of the methods available. Wisdom needs to exercise when deciding to solicit the help of a counsellor. Although we live in a world of ‘quick fixes’, this is definitely not a process to be hurried. There is no time-line for dealing with the pain of guilt, shame, grief, anger etc. that often accompanies childhood abuse.
A good counsellor will ‘walk’ alongside their client as they take them on the journey that has lead to where they are now. Even when all seems to be going well, there may be periods during the therapeutic process when the counselee decides to stop attending sessions.

This is a natural response as talking about painful experiences such as childhood abuse week after week can often seem more distressing than the abuse itself. Furthermore the counselee will spend days - after a session - dealing with the pain that has been ‘revived’. This is a process that is personal and private and requires much inner strength and prayer to move forward.

Something else to be aware of is that the counselling sessions can be extremely tiring. This aspect of counselling has not been given much attention, but it saps a person’s physical, emotional and psychological energies and has the effect of leaving that person totally exhausted. Added to this is if that person is prone to depressive episodes their mental health needs to be monitored.

Some people will decide to terminate counselling after only a few sessions. Others will choose to complete the process. Regardless of what choices are being made, it is important not to give up at the first hurdle. Along the path to recovery, there will be days when the feelings and emotions will fluctuate between great highs and even greater lows. Often they will feel that they have made four steps forward and eight backwards. A person will experience situations that will severely impact on their lives, situations that will bring back the memories of the abuse or aspects of the abuse which they may be unable to deal with by themselves.

It is advisable to seek counselling at such junctures. In these instances, counselling should not be viewed as a one-off experience. It might therefore be useful to think of counselling as a process that has built in to it the flexibility that has no definitive end.

Finally, God desires the best for all of His children. And it is reasonable for you to ask ”why does God allow such pain to afflict those whom He loves”. The simple answer is because of sin. Unfortunately there are questions that only the creator can answer. However with faith and trust in God we can derive comfort from the Bible. In Jeremiah 29:11-13 God gives to us words of hope regarding His plan for our lives. “For I know the plans I have for you,” declares the LORD, ”plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call upon me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart.”

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http://www.adventist.org/beliefs/statements/main_stat41.html
What is Systemic Therapy (or family therapy)?

Systemic therapy can be useful for families, couples and even individuals because of the techniques used, so you can come on your own if you need to talk about something that bothers you. It is based on the concept that we are all part of a system, just like parts of a body. When one part hurts, everything hurts and wants to find healing. When one body part changes, other parts have to do something different too. Systemic therapy explores how the relationship is working, what works well and how looking at challenges from a fresh perspective can help you to find new skills, ideas and resources to help you have healthier and happier relationships.

It also looks at patterns that happen in families over the generations, how the resourceful patterns can help us to discover new strengths and how unhelpful patterns can be challenged. It looks for encouraging stories in people’s lives, identifies their strengths and looks at changing interactions between people rather than trying to change people. Systemic therapy is also interested in the beliefs and values people have that shape their behaviour and the ideas people have about themselves in relationship to others.

How we do Therapy Together

We (Bernie and Karen Holford) work together as a team when we do therapy. One of us will lead out in the session and the other person will listen. From time to time we will stop talking with you and spend time talking between ourselves, whilst we are still in the room with you. That way you will be able to listen to some of our thoughts and you can think about whether or not these ideas will be useful to you. We appreciate you letting us know if we don’t understand you clearly. We think of you as the experts on your own lives, not us! We are here to bring other useful perspectives and ideas that you may find helpful.

Timing

Each session lasts about 60-75 minutes but the first session, which is a taster session for you to see if you think this way of talking will be useful for you, may last 90 minutes. We usually plan to meet with you about every two to three weeks, but this is flexible.
Prayer and Spirituality

If you wish, we will also pray with you but this is your choice. As we are Christian counsellors, even if we do not pray with you, we will be silently asking God to help us as we work with you. Everything we do is based on the Christian principles of love, looking for the best in others and saying what builds up.

Venue

The therapy takes place, usually in our home. We have found that this is a more relaxed, private and comfortable place to meet together than in the other facilities available to us. This means that sometimes there are other people in the house but they do not see you or know who you are.

Fee

We charge per session on a sliding scale, depending on your family income. (This kind of therapy would probably cost at least £80-£100 per hour privately). Also, we want to make this service available to anyone who needs it, so we would not turn anyone away who could not manage to pay this amount. This money helps pay for the costs of our training and supervision.

Confidentiality

We place a strong emphasis on confidentiality and will keep your information strictly private, unless we have a concern that you or someone else could get hurt. In this case we could work with you, to find the best way together to tell only the people who need to know.

Supervision

Part of good professional practice is that we each have supervision for our work as therapists. For this we spend time with qualified supervisors discussing some of our cases. Our code of confidentiality also covers these meetings so that your privacy continues to be protected at all times. We refer to our clients by their initials only during our supervision times.

Things to Think About if we Know Each Other in Other Ways

Some kinds of therapy discourage therapy taking place between people who are also friends, colleagues, or members of a small community such as a Church. However, we believe that therapy can take place, even if you are our friends, colleagues, fellow Church members, or if we have met you at a seminar. There may be some challenges for us all when we know each other but we also believe that there can be some benefits, too, because we may be more aware of the resources that you have to support you.
Creating a Safe Place to Talk

As therapists it is very important for us to make sure we help to create a safe place for you to talk about whatever is on your mind. When we are working with you as therapists we aim to create a ‘space of grace’, so that people can feel comfortable talking about the things that trouble them, without the fear of criticism, judgement or betrayal. People have come and talked to us about all kinds of things, such as:

- Dealing with life after a divorce
- Coping with a bereavement
- Working towards healing after a family relationship has been hurt
- Discovering how to build broken or damaged marriage relationships
- Helping couples in a ‘happy’ marriage increase a sense of intimacy
- Making transitions into or out of a couple relationship
- Talking with engaged couples about their hopes for their relationship
- Talking with people who are wondering about their sexual orientation
- Talking with families who have concerns about their children
- Finding a way forward after a trauma, rape or an abusive experience
- Managing anger and violent feelings
- Spiritual concerns
- Living with ‘blended’ families (step-families)
- Forgiveness and reconciliation
- Health concerns
- Coping with a disability
- Sexual difficulties
- Working with families and their children who are facing life-challenges
- Plus many other things

Some Things to Consider Before We Meet

Time, place and talking space

We need to talk about how often we will meet for therapy, where we will meet for therapy and how to create clear boundaries around our talking together. If we meet you in another context (e.g. at a church event) during the time you are having therapy with us, or afterwards, we need to agree how we will respond. Usually we don’t initiate a conversation but let you decide whether to come and talk to us and what you will talk about. A general principle is that it is best to keep the ‘therapy’ talking for our therapy times together so that confidentiality is maintained.

Concerns you may have

We will talk about some of the benefits as well as the challenges of working therapeutically with those with whom we have other different kinds of relationships. We also invite you to talk with us about any concerns you may have in working together. Some people may be concerned that we will judge them if they are not living up to the Church’s standards and that is an understandable concern but that is not our role when we are taking the position of therapists. We offer a grace-space and aim to be judgement-free so that the best possible place can be created to help you find healing and move forward.
**Spirituality**

We do value your spiritual experience, and its influence in your life, and we may talk about these aspects during the therapy.

**What’s Useful for You?**

We also find it useful to check out with you how you are experiencing talking with us, and what things are helping to make a difference in your life. This will help us to work together in a way that appreciates your unique skills, resources and experiences.

**We can talk about your questions when you come**

We find it useful for you to have this information, about how we work, before you come to see us so that you can think about these ideas and let us know your thoughts about them when we meet for the first time.

Warm regards,
Bernie Holford MDiv, MSc,
and
Karen Holford, MSc, MA, DipCot,
UKCP Systemic Family Therapists
FAMILY ISSUES

by Pastor Bernie and Mrs Karen Holford

Help! My family is falling to pieces!

Many families try to stay together, but sometimes this isn’t possible. Husbands and wives separate and family relationships break down. For most children this is a traumatic experience, and most parents want to find ways to help their children through this difficult time. Here are some ideas that others have found helpful:

- Help the children to talk about their emotions. The children may feel that they’ve had to hide their feelings so that they don’t hurt either of the parents. It can be hard for a parent to listen to the difficult feelings of their hurting children, but the children need to know that their feelings are important, and that they won’t be judged for having those feelings.

- If you find it hard to open up a discussion about feelings with your children, find another adult you both trust who can take the time to talk through the children’s feelings with them.

- Let your children ask you questions about the family breakdown and how it will affect them. Often they have all kinds of fears and worries, just because they’ve not been invited to ask questions. They may have questions like: ‘Is it still alright to love both of you?’ ‘What will happen to me?’ ‘When will I be able to see daddy/mummy again?’ ‘Why did you break up?’ ‘Do you still both love me?’ ‘Did you break up because of me?’ Answering these questions can reassure your children and help to soothe their fears.

- Many single parents find that God is a great source of comfort for them and their children. Even those who never thought they were particularly religious find that God has a new meaning for them when they try to parent on their own. Some children can also find comfort and hope from finding a faith in God and learning how to pray, by talking to God as a friend. There are several stories in the Bible about God and Jesus helping single parent families in a special way. (See inset.)

- Be respectful towards the other parent. Remember that your children need to have a healthy and positive relationship with both of their parents, as long as their safety is not at risk. It can be hard for your children to hear their parents talk disrespectfully of each other. Your children need to feel proud of both of you.

- Avoid using your children as message bearers between the parents, or to ‘spy’ on the other parent and then be asked to tell secrets about them. Try to do your own communicating with the child’s other parent.

- Avoid competing with each other for your child’s love, by trying to be one up on the other parent. Some parents try to buy their children’s favour with expensive toys and treats, by giving them everything the other parent can’t, or by using money to try and make up for the lost time together.
- Do all you can to help your children feel positive about themselves. Help them find their special talents and nurture them, whether it’s sport, art, music, technology, being a good friend, or being a good cook. Build up your children’s self-confidence and teach them life skills, such as money management, home organisation, how to fix simple things on their own, etc.

- After the emotional earthquake of a family separation the children need to feel secure again. Have a clear calendar where all family events and parental visits are clearly marked. Try to avoid last minute changes to schedules. If the children will be spending time in two parental homes, try to agree together on bed-times, activities, home-work, etc, so that the children have as few changes as possible.

- Try to maintain contact with all the children’s relatives, even the relatives of their other parent. These people are still part of their family and heritage. It may be hard at times. But try to keep an open conversation with your children about their feelings and needs.

- It’s not easy being a parent on your own. There will be huge challenges, every day, every week, every wedding and funeral. No one can give you all the answers, but the greatest gift you can give your children is to encourage them to talk, and then to listen to what they have to say. Once you understand their perspective, you’ll be much better equipped to help meet their needs, and to be loving enough to put their needs before your own, when necessary.

**Single Parents in the Bible**

Hagar was a single parent. As a servant girl she gave Abraham his first son, but she was sent away when Abraham’s wife had a child in her old age. She took her child and went to find a home in the desert. Just when all hope of finding food and water had disappeared, and she thought they would both die, God spoke to her, showed her a well of water and rescued her. Her son, Ishmael, grew up to father a great nation. *(Genesis Chapter 21)*

Elijah was sent to the village of Zarephath during a famine. He met a widow who was gathering sticks to bake the last loaf of bread for herself and her young son. She agreed to bake the loaf for Elijah instead. From then on her flour barrel and oil jar were kept full, feeding Elijah, her son, and herself, until the end of the famine. *(1 Kings Chapter 17)*

Jesus met the funeral procession of a young man. His widowed mother wept as she followed him to his grave. Jesus knew that this mother had no one else to support her, so he raised her son from the dead and gave him back to his mother, to show his love for the widow and his concern for her situation. *(Luke Chapter 7)*

**Helping a Child Cope with the Loss of a Loved One**

- Encourage the child to talk about his or her feelings about the death. Children can feel somehow responsible for causing a death, so it’s important to help them to understand why the person died, and reassure them that they didn’t do anything to cause the death.

- If possible, let the child attend the funeral. Explain everything that will happen, so that the child can understand what will happen and make the choice whether to attend or not. It may be
helpful to give the child a special role to play at the funeral, such as flowers to lay on the casket, or a short poem to read.

- Perhaps you could have a book at the funeral in which people can write their special memories of the loved one, or give out slips of paper to people and collect them to stick into a book of memories for family members to read. Friends, colleagues and neighbours may have very different memories of the person, and you may discover some surprises.

- You may be sad too, but don’t forget the needs of the child. Perhaps you could make an agreement that the child comes to you when he or she feels especially sad. One family has a comfort chair, an old squishy armchair with a soft blanket. Whenever the child was sad, his mother wrapped him in the blanket and hugged him, till he felt better again.

- Help the child make a special collection of memories, in a box, or in a book. Collect photos, stories, cards sent to and from the loved one, a list of presents exchanged, and any special items that represent the relationship, and are meaningful to the child.

- Another idea is to make a small booklet where each page is a different month of the year. The child can draw pictures of memories shared at different times, the loved one’s birthday, family traditions, sledging in January, a holiday by the sea in July, making a hutch together in October.

- You may like to choose a day for remembering the special person each year. It could be on their birthday, or the anniversary of their death. Choose activities to do that become a tradition each year. This may be as simple as laying flowers on the grave, or eating their favourite meal, or having a brief memorial service, with some favourite hymns and a short prayer.

- You could plant a tree in memory of your loved one. The child can choose the tree and help to dig the hole and plant the tree. Take a photo each year of the child next to the tree to see how they both grow.

- At special events, when it feels as if someone special is missing from the gathering, because they’ve died, you could light a candle in their memory, leave an empty chair, or place flowers or their photograph in the place.

- Let the child choose something from the loved one’s belongings, that they can always keep to remind them of the special person. It could be an item of clothing, or a tool, a picture, a piece of furniture, or a cup. Help them to keep it safe.

- Tell the child stories about the life of the person who has died. Maybe you could even write a miniature biography for the child, to fill in the gaps in their memory and give them a fuller picture of the person’s life and achievements.

- Some children may like to have a link with the person who died at their special life events. If you find a half-finished tapestry, keep it for a granddaughter to complete when she’s older, or finish it yourself, and give it to them made up as a cushion. Perhaps you can save other things from the loved one’s belongings to give to the child at different stages in life, such as a book when they start school, an old diary when they reach their teens, old love letters, or an item of clothing to wear at their wedding, and so on. You could say, ‘I think your Grandma would have liked to have given you this today, if she were here.’

- Every child is unique, and every relationship is different. Don’t be afraid to ask the child what they’d like, and what they think should happen, and let them know that they can always talk with
you about the person who has died, and ask you questions. Keep talking and listening to the child, so that you’re always ready to help them through the stages of their grief.
WORKING WITH CHILDREN IN THERAPY

Velletia Davis

shares some key principles to be guided by and tells her journey of how she came to be working in family therapy. She writes:

“... I have come that they might have life and have it more abundantly”

John 10:10(KJV)

My Journey to becoming a Family Therapist

I don’t imagine that many of us as Adventists, when reading John 10:10, spare a thought for emotional health and wellbeing. Most Adventists recognise immediately the value of living abundantly, spiritually and physically and even financially. However, emotional health seems to have somehow been relegated to the bottom of the list of priorities.

My journey to becoming a family therapist began in 1990 when I qualified as a teacher and began my teaching career the inner city schools of South East London. I quickly discovered that the most valuable skill I had was never taught in university and that was the ability to manage challenging behaviour. Back then, without any knowledge of systemic theory, I was instinctively curious about what else was happening in the child’s life that was enabling the behaviour. This would inevitably lead me to involve parents at an early stage and tailor-make my response to each child according to their issues.

Fourteen years later my interest in the link between behaviour and emotional wellbeing culminated in my retraining as a Systemic Psychotherapist. Therapists trained in this genre assume that any problem with an individual exists as a symptom of relationships, events and beliefs in the system in which the problem occurs, i.e. the family, the school, the church, the workplace etc. The systemic therapist helps the family or the individual to explore those relationships and find the family’s unique route to change.

I currently work for mental health Trusts, in East London and Buckinghamshire, specialising in children and adolescents. Referrals are received from GPs, schools and social care with a wide range of concerns including delinquency, anger/aggression, low mood, school refusal, anxiety, exclusion etc. In all cases children and young people are invited for family therapy sessions along with members of their family, usually those with whom they live. The therapist helps the family to explore the contributing factors to the problem and to uncover the resources within the family that could ultimately be the solution.

It is not unusual for parents to have to deal with challenging behaviour; particularly as the teenage years are navigated. As children go through developmental stages and learn about the world and their place in it, friction inevitably occurs, hence the need for sound parenting. However, at other times issues can become chronic and potentially lead to the complete breakdown in relationships and potentially more serious mental health issues.
Parents usually know their child best and can be guided by their instincts as to whether something beyond developmental angst is going on. I have added below some symptoms that may be general indicators that professional help might be needed.

**Symptoms that Professional Help might be Needed**

- Your child becomes more secretive, and it seems like more than a desire for greater privacy.
- Your teen has regular, sudden outbursts of anger that are clearly unreasonable and out of proportion to whatever has caused the anger.
- Your teen regularly misses curfew, does not show up when expected, and lies about his or her whereabouts (is not where you expected them to be if you check up on them).
- Your teenager has suddenly changed his or her peer group and hasn't made an effort to let you meet these new friends. The new group has led to a distinct change in appearance (clothing and change in attitude, more sullen, defiant, and hostile).
- Your adolescent has stolen money from your purse on regular occasions.
- Your adolescent has extreme mood swings, from depression to elation, and seems to sleep a lot more than usual at times.
- Your child's grades have suddenly dropped and the child has lost interest in the usual activities.

If your child or teenager is showing any number of these symptoms it might be worth talking to your GP or school staff who can make a referral to local children’s mental health services where help is available free of charge.

Just as we seek to ensure that our children’s physical, spiritual and intellectual needs are met let’s not neglect the emotional wellbeing that can be the missing ingredient to ‘life more abundantly.’

Velettia Davis  
BEd, MSc Family Therapy
MENTAL WELLNESS TIPS FOR TEENS

Sharon Platt-McDonald explains:

Mental Health Problems in Teenage Years: Recognising the Warning Signs

Teenage years can be challenging years. Both parents and children will have their share of challenges to face and sometimes handling them can be tough.

Think of some of the stressors that teenagers face. Most adolescents looking back on their adolescent years often report that they encounter varying levels of stress reacting to demands or expectations from parents, educational establishments, peers and society at large. Listing the stressors they identified that put them under pressure were the following: the stress of trying to get along with family members; doing well at school; being popular with their peers and associates; being responsible and making life decisions they were not always ready for. Amongst the key challenges that they found most problematic was the pressure to be liked and to excel in scholastic achievements or even hobbies like sports. These appeared to impact their sense of value more than the other stressors.

It is clear that although these pressures are generally unavoidable, it is quite natural for teenagers to worry about them. However the warning signs that there may be an underlying problem or something more serious going on is when the worrying becomes excessive and interrupts their ability to function normally resulting in sudden and extreme behaviour change. So, for example, if your teenager appears to be sad most of the time or complains of feeling extremely unhappy, hopeless or worthless, becomes very withdrawn or aggressive these could be early indicators of a mental health problem.

Identifying mental health problems early is key to the wellbeing of the individual as well as their family. Undiagnosed, these problems can escalate and can lead to family conflict, failure at school, loss of friends, stigmatisation, isolation and in some cases rejection by the wider society.

For both the individual experiencing the mental health challenge and the family members it can be a very painful and traumatic experience. However the symptoms cannot be ignored and if discovered early, appropriate help can be sought and effective intervention gained.

There are some signs that could be indicative of a possible mental health problem. It might be helpful if you are a parent, guardian, other caregiver, peer, friend or interested other to recognise the following expressed feelings, experiences/changes and behaviours as warning signs that need to be investigated.

The following table gives an indication of what to look out for
<table>
<thead>
<tr>
<th>FEELINGS:</th>
<th>AFFECTED BY:</th>
<th>EXPERIENCES/CHANGES</th>
<th>BEHAVIOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overreacts often</td>
<td>Poor concentration</td>
<td>Loses interest in hobbies</td>
<td>Erratic behaviour</td>
</tr>
<tr>
<td>Very angry most of the time</td>
<td>Excessive fidgeting</td>
<td>Avoids friends or family</td>
<td>Alcohol consumption or other drugs use</td>
</tr>
<tr>
<td>Frequent crying</td>
<td>Difficulty making decisions</td>
<td>Declining performance at school</td>
<td>Develops behaviour which raises suspicion of anorexia or bulimia (diets or exercises excessively to ‘lose weight’ although obviously thin, abuses laxatives, takes enemas when not constipated, eats large amounts of food and then induces vomiting)</td>
</tr>
<tr>
<td>Frequently expresses feelings of worthlessness or guilt</td>
<td>Lacks focus</td>
<td>Excessive daydreaming</td>
<td>Finds enjoyment in hurting others</td>
</tr>
<tr>
<td>Preoccupied with physical appearance or problems</td>
<td>Exhibits repetitive acts or demonstrates compulsive behaviour like hand washing, cleaning, or performing certain routines several times a day</td>
<td>Inability to complete activities</td>
<td>Wilfully destroys property</td>
</tr>
<tr>
<td>Anxious or worried a lot more than other young people</td>
<td>Persistent nightmares.</td>
<td>Isolates themselves preferring to be alone most of the time</td>
<td>Deliberately breaks the law</td>
</tr>
<tr>
<td>Extremely fearful generally</td>
<td>Worry about being harmed or hurting others</td>
<td>Expresses inability to cope with life</td>
<td>Takes uncalculated risks</td>
</tr>
<tr>
<td>Expresses grief for an extended time after a loss or death</td>
<td>Thinking they are a bad person or prone to do ‘bad things’</td>
<td>Expresses inability to cope with life</td>
<td>Endangers life of self or others without apparent concern</td>
</tr>
<tr>
<td>Frightened that they are no longer in control of their mind or that someone else is controlling it</td>
<td>Irrational thoughts</td>
<td>Hears voices that cannot be explained</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Talks about suicide</td>
<td></td>
</tr>
</tbody>
</table>

If you are a parent and observe any of the above in your teenager seek help by discussing your concerns with your child’s teacher, school counsellor, school nurse or family doctor. A referral may need to be made to a behavioural therapist, psychologists, psychiatrists or educational psychologist. Additionally other specialists like a social worker or Christian counsellor could get involved.

If you are not the parent of the teenager then discussing your concerns tactfully and in a sensitive manner with the parents is a good starting point. Of course speaking with the teenager first is best if you are able to gain their trust. Let them know that they are not being judged but that you genuinely care. This will help to assist them in being more compliant with any necessary interventions which may follow.
COPING WITH THE TOUGH TIMES

Karen Holford shares her tips

Tough times happen. This is a difficult world to live in. There are famines, droughts, wars, pests, dangers, illnesses, disappointments and death. It’s not easy to deal with the difficult times. They can challenge our families to the limits. Sometimes we may feel like giving up because life feels too difficult to manage.

Each of us faces different challenges in life. A challenge that you face easily may seem impossible for me to face. One thing is certain in an uncertain world, and that is when we face challenges together we are often stronger, and the experience brings us closer together.

How can you help your family face the big and little challenges in life?

• Firstly, look out for signs that someone in the family is struggling with a situation. When someone is hurting, be sensitive to their different needs. We may feel that they just need to grow up and manage their feelings on their own, but when someone has to face challenges without sympathy, they can learn to lose sympathy for others too.

• Look out for those who suddenly want to be alone, look sad, don’t want to eat, or who seem to find everything about life too much to cope with. A child may not want to go to school because he is being bullied or teased there, but he may pretend to be ill instead, so that he doesn’t have to admit that he’s being bullied.

• Find out what is causing their unusual behaviour.

• Accept the feelings of the struggling person, and don’t minimize the feelings or tease the person. Let him know it’s all right to cry, even if he is a boy, or a man. Humans were made with eyes that cry, and tears can cleanse the heart of all kinds of hurts. Feelings aren’t good or bad – feelings just are. We can’t always control our feelings, just like we can’t control our heart-beat, or our digestion. Crying can be very helpful in soothing a distressed mind or body, so let the tears flow freely.

• Take the time to listen to each other and understand each other’s unspoken communication so that you can tell when someone is upset or afraid even if they can’t find the words or the courage to tell you.

• Show comfort for each other by using appropriate affection, such as touches, hugs, kind words and gentleness. Physical contact with other human beings can be very comforting at a distressing time. Touch can be reassuring when we’re afraid, soothing when we’re stressed and even healing when we’re hurt.

Encourage the distressed person to talk to you, by showing that you care and that you can be trusted. When they talk, listen well, and concentrate on what the other person has to say. Put yourself in their situation for a while and think how they must feel. Say things like, ‘That must have been very distressing for you...’, ‘You must have been very frightened then...’, or ‘I think I would have felt like that, too.’ If someone shares a secret with you, ask their permission if you need to tell someone else what they said.
• If someone in your family is suffering, make spending time with them your top priority. Let them know in lots of ways that their needs are important to you. Don’t wait for things to get better naturally. They probably will, but in the meantime it will be much better if you’re there to help take away their fears, comfort their tears and deal with their resentments.

• Be honest about how much you can do to help. You’re not perfect and you can’t be there all the time, but you do care. If you have been part of the original hurt, be willing to ask for forgiveness. Admit your failures and your fears, even as a parent. Your children will know your weak points anyway, and will respect you for being honest about them. Children need to know that you’re not perfect, and that you don’t expect them to be perfect all the time either.

• When there’s a physical calamity, such as famine, drought, flood, or crop failure, we’re often powerless to help ourselves. We can just hope and pray that people will come to help us and bring us what we need. In those situations we can feel very vulnerable because there is so little we can do to help ourselves help the person who is struggling to find a way to forgive the source of the hurt, if forgiveness is needed. Those who are eventually able to forgive a deep hurt will usually cope with the difficult situation better than those who let resentments build up. But forgiveness for a great hurt can take a long time, so sometimes we need to be patient and not rush anyone into forgiving another person until they are ready.

• Think of all the positive things that can come out of the difficult situation. Sit down together and say anything that comes to mind that might be positive about the situation. When locusts ate Lennie’s crops, his family enjoyed trying to catch the locusts because in their culture deep-fried locusts were a special treat. Then some aid workers came to his area to teach the farmers good farming skills. They trained Lennie to teach the other farmers, paid him for his work and even provided food for the family.

• You might even find a way to do something good for a person who has caused you hurt. This may sound unusual, but it can have dramatic and positive effects. Sometimes the most hurtful people are those for whom no one has ever done anything nice. A wise person once said that a gift given in secret can soothe an angry heart, and open up closed doors.

• When you’re facing a difficult situation with your family, use wisdom, listen to others who’ve faced similar circumstances, and talk together about the best decision to follow.

• If the whole family is facing a difficult time, stay close together to comfort and support each other. Let everyone know that they’re loved and special and that you’re doing your best to take care of their needs, even if you can’t put everything right.

• When the tough times come, as tough times will, use them to bring your family closer together, spend time with them, notice their feelings and help them to talk about their fears and their sorrows. That’s real strength.

Jesus says:
I am with you always. Comfort each other with the comfort you have received from me. Encourage the weak.
TIPS FOR MANAGING A CRISIS

By Wallace Cyrus

In any crisis situation, the first and most important thing to remember and avoid doing is **PANIC**. We must never panic, as it limits our options and results in poor or bad decisions being made. Whilst what we do is going to be dependent on the situation, there are some tried and true principles which we can follow to deal with any and all emergencies.

1. Do not panic.
2. Be prepared. Learn first aid and CPR.
3. Always seek wise counsel.
4. Always start with your GP.
5. Always think first and use reason and simple measures.
6. Remember, situations are not always as serious as they first appear.

Agencies that help in emergencies and in time of need.

1. The Red Cross.
2. The Emergency Department of your local hospital.
3. Your GP, make him/her your best friend and first port of call.

Contact details and time of access are below for advice or just for someone to listen to your query:

Phone: 0207-993-6956;
Email: <Cyrus@inhms.org>.
Emails preferred, but calls welcome, between 0900hrs to 1700hrs.

There are many books in the library and the many book stores, however, I would recommend the internet – <www.nhs.uk> – Mental Health; Psychiatry; and any other subject on health and emergencies. <www.mind.co.uk>.
HOW TO DEAL WITH ANGER

Karen Holford shares her tips

The closer people are to each other, the more likely there is to be times of conflict and possibly anger. Anger can be good when it stands up for what is right and protects the vulnerable and the innocent. We can even be angry when we feel that we’re being victimised, and our expression of anger can help to protect us from the person who is abusing us.

Hot anger

Anger can be a problem when it’s an expression of our own selfishness, and it’s in response to our own needs not being met. When we display anger loudly, with shouts and noise, banging and even threatening others, we alienate them.

Cold anger

But there is another kind of anger: an anger that’s cold and quiet. It’s an anger that is silent and suppressed, that hurts us inside and leads to resentment and bitterness. It’s often hard to see where this anger is, but it can eat us away inside, leaving us emotionally empty like a hollow tree.

Anger is inevitable

Feelings of anger are inevitable. At some time in our life most of us are going to feel angry. How can we cope with our anger in a way that won’t hurt the people around us, especially those we care for in our own families?

Admit how you are feeling

Firstly, we can admit that we feel angry. Just by saying, ‘I feel really angry right now,’ can help you to control some of the anger because it gives you a few moments to take some deep breaths and begin to feel calmer. Those around you also need to accept your admission of anger, not as a weakness, but as simply as if you were saying that you were thirsty, or tired. Say very simply, ‘In the situation when ... (describe the situation as if you were an onlooker), I feel angry, and I think I feel this way because... I think it would help me if you could...’

Respect those who admit they feel angry

We need to respect those who are able to admit they’re angry, and we need to avoid attacking, blaming or making them feel guilty or bad for having the feeling of anger.
Teach others how to handle you when you feel angry

Talk about how you deal with your anger at a time when you’re not angry. Let each of you tell the other person how you could best be helped when you’re feeling angry. One person may just need the space to walk away from the situation until they feel calmer. Another person may like to go outside and chop wood, or do some other physical work or exercise to help use up their emotional energy in a useful way, rather than being angry with those they love.

Discover the feelings hiding under the anger

When someone’s angry it’s important to find out what’s really behind the anger. Take the time to think about the different layers of emotion underneath the anger, such as fear, hurt, frustration, a sense of threat, rejection, disappointment, anxiety, loneliness, jealousy, helplessness, or being misunderstood or feeling victimized. When the underlying emotion is dealt with, the anger may dissolve too.

Take time to listen to the other side of the story

Sometimes when we’re angry we need to listen to the other person’s story first. Then we might discover that we need to be caring, helpful, or gentle instead.

Find ways to express your feelings positively

Be willing to share feelings. Make a list of words or pictures that describe different emotions and use them to help you express whatever it is you’re experiencing.

Encourage positive feelings in others

When people feel good about themselves they are less likely to be prone to anger and to see situations as a threat.

Thinking about Anger

What happens when there is a time of anger?
What happens before you get angry and what happens afterwards?
Does each angry time follow a similar pattern?
Are there some times when you don’t get angry?
What makes the difference?
Can you learn how to prevent anger at other times, by noticing what happens when you don’t get angry?
What would you like others to do to help you cope better when you feel angry?
What differences could you make in your lifestyle and thinking so that you don’t feel so angry?
Living with the boss!

Mary noticed that she only got angry at home. When she was at work with her boss, she wouldn’t get angry about irritating and disappointing things. She would try to make a joke about it, or be calm about the situation. She decided to imagine that her boss lived in her house and then she didn’t get so angry with her own family.

Keeping the family safe

Ted used to get angry with his family for not meeting his needs, until he realized that he was there to try and meet their needs, too. He needed to protect his family from angry men, and that included him!

A gentle answer turns away wrath, but a harsh word stirs up anger. Proverbs 15:1, NIV.
UNDERSTANDING MID-LIFE CRISIS

Sharon Platt-McDonald

examines the emotional impact of going through a midlife crisis.

MID-LIFE CRISIS – A STORY RETOLD

Phil and Julia had been married for 7 years. They prided themselves on what they called a ‘good marriage’ and close friendship between them. However, just after their 7th anniversary Phil began to review his life goals and started to express negative self talk about what he had not accomplished in life. Realising that he was soon to turn 50 his evaluation of his achievements over the years revealed that he felt he had not accomplished much and did not see how he was going to make up for what he called ‘lost time’. He would occasionally share these thoughts with Julia but the more she encouraged him and tried to point out how well he had done, the more he just could not find anything good in his life to celebrate and his self esteem began to suffer.

In comparison to a number of his friends, Phil was employed in what he referred to as a ‘low paid, dead end job.’ For years he had tried to share some of his innovative ideas with the company but when they did not take up his suggestions, Phil felt resentful. A handful of individuals had been promoted over the years but Phil had been ‘passed over’ as he put it and now there were no more vacancies or other available positions to move up into. He had retrained at evening classes to gain new skills in order to boost his chances of diversifying into a new career. However his attempts to move on seemed futile as he was unsuccessful with interviews for jobs in the area in which he had retrained. He was repeatedly told that he did not have the experience they required. This caused Phil’s self esteem to plummet even further.

To make matters worse, his wife Julia had received a number of promotions over the years and had now moved on to an executive role in a major company where her pay was over twice his salary. Seeking to dull the pain he was feeling, Phil began surfing the internet where he would ‘loose’ himself for hours in an attempt to divert the increasingly low moods he was experiencing. He found himself hooked on the various chat lines and websites where ‘interesting’ women made him feel younger, ‘wanted’ and important. He had adopted a pseudo-name and passed himself off as a successful business executive who was looking for friendship.

As time went on Phil lost interest in church activities and began missing church services saying that God was no longer listening to him. His interest in Julia waned and she would sometimes cry herself to sleep as he became more and more distant. Julia became concerned about his emotional stability as his personality had changed so drastically. Once when they were talking he had mentioned that he felt as though he was ‘loosing it mentally’. Julia often wondered about the many hours he spent on the internet and who it was he was talking with. Additionally, after these lengthy internet sessions he always seemed disconnected and cold towards her. Julia tried to address the issue and the change it was bringing about in their marriage. However, every time she brought the subject up he became very defensive. Phil denied that anything untoward was going on. Nevertheless, after several internet relationships Phil became deeply connected to one particular woman and soon they began planning their meeting.

It was at this point that his wife Julia found out what Phil had been doing. One night as she had awakened with a cough and went to get a linctus from the medicine cupboard she heard Phil taking and laughing in the office. On entering the room she found Phil talking on webcam to a scantily clad...
woman. Needless to say the tight relationship that Phil and Julia once enjoyed became very strained and bitter arguments ensued. Phil suggested that maybe it was best that he left as he no longer felt connected to Julia in the way that he felt with some of the women he had been interacting with on the chat lines. The shock of the discovery created an emotional strain for Julia and the trauma she experienced as a result caused her to develop panic attacks. She lost confidence in herself and became fretful and anxious each time she saw her husband speaking with other women on the rare occasion that they went out together.

In an attempt to save their marriage Julia suggested that both herself and Phil book in for a series of marriage counselling with a Christian counsellor. Phil stepped down from his position at church as he realised that he had become bitter with God and had neglected his Christian values and faith as he became more deeply involved with his internet relationships. It was only at the point of their counselling sessions that they both realised that James had been experiencing a mid-life crisis. It also became evident that he had become addicted to the chat lines and required professional help to assist him in overcoming his addiction. Julia took some time off from work and adjusted her schedule to spend more time with James.

The process took close to two years to restore their relationship and for Phil to no longer feel the need to seek the affirmation of other women on chat lines. Recommitting himself to God, Phil was able to allow God to rebuild his self esteem and his trust and faith in God grew. Today Phil reports that he is stronger than ever emotionally, reconnected with his wife and looking forward to the next 50 years whatever it brings.

(Phil and Julia – not their real names - have given permission to share this story)

**Midlife Crisis? What is it?**

Researcher Nancy Better defines mid-life crisis: “It’s a time of profound psychological turbulence that usually occurs between the ages of 38 and 55, and often results in dramatic life changes. It can last from 2 to 12 years; the defining symptom is a sense that the values that have guided you for many years no longer hold meaning.”

Although many jokes have been made about mid-life crisis, it is far from amusing to those who suffer debilitating symptoms. It continues to be a controversial syndrome which health experts think is related to the brain or to hormonal changes. Dr Derek Milne, a clinical psychologist for the NHS, and author of the book *Coping with a Mid-life Crisis*, reports it as a poorly researched topic.

**Stages of Midlife Crisis**

It has been found that both males and females go through the same stages during a midlife crisis which mirror the bereavement process.

- Shock
- Denial
- Depression
- Anger
- Acceptance
What are the Key Symptoms?

Frequently reported problems include:

- Irritability
- Lowered self esteem
- Sudden change in sexual behaviour including loss of libido (sex drive) increased sexual appetite
- Erectile dysfunction (impotence) in men
- Sudden change of image particularly dressing much younger than one’s age in an attempt to look ‘youthful’
- Behavioural changes including secrecy, isolation
- Significant change in sleep pattern including insomnia or oversleeping
- Addictive behaviour including significant increase in time spent watching TV, long periods engaged on the internet
- Fatigue
- Loss of interest in work, family and usual circle of friends
- New circle of friends to the exclusion of former friendships
- Depression, characterised by low moods and (often apparently unaccountable) feelings of sadness and lethargy.
- Extra marital affair

Some people have also reported that they have been affected by the following:

- Muscle and joint stiffness
- Night sweats
- Dry skin
- Hair loss
- Weight gain

What causes it?

Unresolved Negative Experiences and Emotions

Sometimes, people who have had distressing childhood experiences cut themselves off from family members. However later in life, they may feel the need for reconciliation, before it’s too late. It’s at this mid-life stage that they find themselves dealing with deep emotional issues which they are usually unprepared for. Unresolved childhood difficulties may cause acute distress at mid-life, and this realization can sometimes force the individual to come to terms with their own hang ups and fears as well as having to analyse and learn how to deal with estranged family members. The adjustments can sometimes take its toll on the emotions.

Working Life Insecurities

Mid-life may be the time when people come to the realization that they are not going to be at the top of the tree. Accepting this can be hard for some. Additionally, being in a secure position at work in your mid 40’s to 50’s but with few promotion prospects, could mean you facing the same routine for the next 10 or 20 years.
For others this may be a time when job security becomes more uncertain as companies sometimes choose to dispense with their higher paid, older staff. Facing up to the fact that younger people are being given greater opportunities for promotion could be a bent to the ego. Also, if a significant part of someone’s life was built around the structure of work and achievement, he or she may find redundancy or early retirement very difficult.

Health Challenges

Coping with illness in mid-life can be challenging if the individual has been experiencing relatively good health up to that point. However sometimes serious illness may create a powerful urge for change and it is this change that can sometimes pose a challenge in mid-life.

Becoming a Carer

As our parents age, our duty of care increases. Substantial numbers of people, particularly women, in mid-life years become involved in caring for disabled or sick partners and relatives. With this added responsibility their physical and mental health becomes compromised by the demands of this new role and many succumb to the pressure in one way or another.

Fears About our Mortality

Generally, people have a strong desire to deny their own mortality. However, at mid-life, we become increasingly aware that we are moving towards older age and inevitably our own death at some point. As we age people around us die. Losing a parent, we are pushed into coping with the pain of loss of a loved one, as well as the awareness that we are the next generation and next in line to face death.

Empty Nest Syndrome

Men as well as women may experience the ‘empty nest’ syndrome. This is characterised by the loss or ‘emptiness’ a parent or parents feel as children leave home to commence university or set up their own home. Research demonstrates that women still tend to spend more time with their children and sometimes have a closer relationship with them. As such, the ‘empty nest’ experience may be more hard hitting for them. However, men who are the key care givers or guardians may experience the same emotion.

It has also been found that if either parent has been too busy pursuing their career to have a close relationship with their children, they may feel that any chance for a deeper relationship has slipped past. This gives rise to feelings of regret and the impact of the ‘empty nest’ can be quite profound.

Marriage Break-up

Research identifies that between the ages of forty to sixty approximately thirty per cent of marriages dissolve. Numerous reasons have been cited for this. Earlier on, marriages may have been cemented by the shared responsibility of bringing up children. However when that common purpose no longer exists, (children grown up, left home or deceased) this can put a strain on the marriage as
attention is focused on their relationship with each other and if this becomes too pressured can lead to break up. Being in an unhappy relationship for years, mid-life may be the time where individuals feel it's their last chance to commence a new life for themselves.

Other factors may influence the relationship experience. For example the power balance in a partnership may change when, for example the roles change drastically. For instance, the husband may find that he has to take early retirement just at the time when his wife is retraining for work, launching out on a new career, developing greater confidence, and enjoying greater freedom because the children have left home. The man no longer feels ‘in charge’ or ‘useful’ and looses confidence as he no longer is the provider. The shift in roles and responsibility can put a tremendous strain on the marriage.

**Financial Challenges**

In mid-life, finances can be affected along with work changes. As individuals move towards retirement or working less hours, the financial impact can be significant. This then has an impact on lifestyle and subsequent happiness for some people.

Recent research from MIND has found that the recession is making people more prone to depression caused by job losses and rising unemployment. The mental health charity in their recent May 2009 report - Men and Mental Health: Get it off your chest - shows that the recession is having an adverse effect on men’s health both physically and in terms of their emotional/mental wellbeing. Mind has called for a strategy on men’s mental health to be developed in line with the current women’s mental health strategy, encouraging men to realise the importance of talking about their problems.

**Communicating Feelings and Emotions**

The differences in how men and women express thoughts, feeling and emotions can influence the experience of emotional wellbeing. The Mind survey (12th May 2009) found the following:

- Men were only half as likely as women to talk to their friends about their problems
- Women were five times more likely to feel tearful than men
- 45 per cent of men believe they can fight feeling down as opposed to 36 per cent of women
- 4 per cent of men aged 18-24 years old would see a counsellor if they felt low compared to 13 per cent of women of the same age
- 37 per cent of men feel worried or low
- If they felt low for over two weeks only 23 per cent of men would see their GP
- Men of middle age are seven times more likely than women to have suicidal thoughts
- The report highlights that 75 per cent of all suicides are by men, who are more likely to suffer in silence
Gender Differences

Nancy Better reports: “My research shows that women’s midlife crises are likely to stem from introspection, a family event, or problem, such as divorce or death or disappointment in their children. Men’s midlife crises are more likely to be driven by work or career issues. Even though more women these days are working, I find that these differences haven’t entirely disappeared. But men and women alike can be physically reckless, turning to adventure sports or extramarital affairs to deal with midlife angst”.

From numerous reports it appears that men go through midlife crisis because they reach a certain age and realize that life is passing them by. The prevailing emotion tends to be fear:

- Fear of the changes that come with aging.
- Fear of becoming ill.
- Fear of becoming less attractive to the opposite sex.
- Fear of not attaining goals they have set for themselves.
- Fear of dying.

Women, on the other hand are thrust into midlife crisis because they reach a certain age and find they finally have the opportunity to do all the things in life they have put off doing while caring for their family.

- A woman’s children are grown and suddenly she has the opportunity to do all those things she put off while being a mother.
- As a working woman both she and her husband have both worked hard for several years. Now financially secure she views this security as her opportunity to explore all those things she has put on the backburner with a young family.
- Additionally going through the menopause women experience both biological and psychological changes. The combination of these changes can affect emotional wellbeing if they are not managed effectively. The psychological changes a woman experiences during menopause can cause her to question her life up to that point and what possible changes she could now make.

Risk Factors

Experts suggest that men are more at risk of experiencing symptoms of mid-life crisis from the late 30s to age 50. However some men report symptoms as early as 30 but this is rare. Some psychologists argue that almost all men go through a mid-life crisis to some degree. This they attribute to the fact that all have to deal with what is a time of transition and adjust to a new perspective on life.

What Men Experience

- **PSYCHOLOGICAL TRIGGER**
  1. He experiences a loss of self esteem.
  2. Challenges on his spiritual journey. He questions his faith. He feels judged by God and unworthy.
  3. Realising he is aging makes him long for the freedom of youth.
• PHYSIOLOGICAL TRIGGERS

1. Biological changes. The man realizes his body is changing. He begins to lose his hair, his looks, his physique, etc.;
2. Lowered testosterone levels cause physical and emotional changes in men. Some argue men go through a male menopause as a result.
3. Trying to recapture his youth or attempting to prevent the inevitable aging process he begins dressing younger or return to youthful styles he had given up in earlier years.

• SOCIOLOGICAL TRIGGERS

1. Work challenges. Work now becomes monotonous. He no longer finds the job exciting. No system or opening for promotion, overlooked for younger employees.
2. Family challenges - He feels trapped in his marriage. His wife and children lose their appeal and he wants to escape from family responsibilities.

What Women Experience

• PSYCHOLOGICAL TRIGGERS

1. Changes in body image may affect confidence and self esteem.
2. Husband may become interested in other women and she feels displaced.
3. Feeling that she is getting old she processes this as a negative experience.

• PHYSIOLOGICAL TRIGGERS

1. With the commencement of the menopause she encounters uncomfortable symptoms and no longer feels attractive.
2. Changes in hair, skin, weight or body shape may make her feel less feminine.
3. Lowered estrogens levels causes both physiological and emotional changes in women.

• SOCIOLOGICAL TRIGGERS

1. Now past childbearing age she may feel ‘redundant’.
2. Early retirement from work may make her feel as if she is no longer contributing to society.

Prevalence of Mid-Life Crisis

Clinical psychologist Dr Milne states: “I would guess it affects a significantly small amount of the population. Somewhere around 20% of people (mostly men) will have gone through this by the time they’re 50”. He also indicated that everyone’s circumstance is different however he found that depression made up a significant proportion of mid-life crisis.
Is it Preventable?

To some degree it is. However, if it occurs due to sensitivity to hormonal imbalance or falling levels of testosterone or oestrogen then to some extent some degree of mid-life crisis may be experienced. However the degree to which this is so can be tempered by spiritual nurturing, counselling, self help techniques and a good holistic lifestyle.

The following tips have been found to be beneficial:

- **Maintain good health habits.** Avoid the temptation to use alcohol, nicotine or other drugs as a means of release.
- **De-stressing treatments and exercises.** Many complementary approaches, such as hydrotherapy, massage, and aromatherapy, have been found to have a powerful relaxing effect.
- **Exercise.** The effects of exercise in promoting positive moods and reducing mild depression are well-documented.
- **Prayer.** Having close friends and family pray for you during this time is key to maintaining your emotional and spiritual wellbeing, trust and reliance on God to sustain you at this vulnerable time in your life.
- **Acceptance.** Accepting the fact that aging is a natural process and we will all have to face it at some point. No one is immortal.
- **Reassurance.** Life is a journey and one full of transitions. The journeys from youth to middle age and on into old age are transitions that may seem challenging and uncomfortable. Rather than being fearful of what may transpire it can be also be seen as an opportunity to re-evaluate and perhaps change the direction of life. Embrace a positive mindset which captures the belief that ageing is not simply about having to give things up, but about new ways of doing things. It could be an opportunity to commence something new. Just think of it. When you reach 60, you may well be only two-thirds of the way through your life or even less as with a good life style the centenarians are now enjoying life 100+. With so much of life yet to be experienced, it leaves a great deal of time to broaden your interests, travel, return to education, learn new work skills or take up new sports. The sky is the limit!

Do I Need to See a Doctor?

It may be necessary to seek medical help if there is significant health or physiological changes. Additionally, if you are emotionally fragile an assessment may also be useful. There may be underlying physical causes (illnesses) linked to the symptoms of mid-life crisis. For example, erectile dysfunction (impotence) can be caused by depression, diabetes or heart disease. Alternatively, if you feel you’d rather talk your problems over with a sympathetic stranger, such as a counsellor, your GP can refer you. There are also very helpful Christian counsellors who will help you whilst encouraging you to maintain your spiritual wellbeing. Never be afraid to ask for help. Talking things over helps you to clarify issues and share the burden so you don’t feel isolated.

Self Help / Alternative Treatments

**Men**

- **Increase B Vitamins.** A daily dose of a B complex is useful. This assists in testosterone production, boosts energy and enhances blood flow to the sexual organs.
• **Maintain Zinc levels.** Research demonstrates that men low in Zinc have low testosterone, low sex drive and a low sperm count. Smoking, alcohol and coffee deplete zinc levels. Take multivitamin and mineral supplements that contain zinc.

• **Maintain a wholesome diet as natural as possible.** Eliminate junk foods as they aggravate stress symptoms.

• **Regular exercise.** This releases endorphins and gives a positive ‘feel good’ factor.

• **Christian counselling.** This encourages expression and assists in addressing issues.

**Women**

• **Daily vitamin B complex** builds the nervous system for those experiencing nervous anxiety.

• **Undertaking Christian counselling.**

• **Regular exercise.** Good for maintaining holistic health. Releases endorphins also known as ‘happy hormones’ which elevate mood.

• **Healthy eating.** Research points to the more natural plant based diet being more beneficial to physical as well as mental health.
SEXUAL ADDICTION

Secretly Surfing Cybersex
By Karen Holford

The Danger of Internet Pornography

James came home late from his evening shift as a paramedic ambulance driver. Katie, his wife, was already asleep in bed. He made himself a cup of hot chocolate and wandered over to his computer to unwind for a few minutes. He told himself he would only check his emails. He typed his password, downloaded his emails, and answered one that was urgent. Then he clicked on a spam message, which filled his screen with pictures of naked women in seductive poses. After a couple more clicks, he found himself wandering through a labyrinth of erotic websites, watching people engaged in all kinds of sexual activity. One click led to another and soon he had spent three hours and far too much money on internet pornography.

James had started on a journey towards sexual addiction. He would never buy a magazine, rent a video, or go into a Private Shop. Someone might see him or discover what he had bought or hired. But there was no-one watching him at midnight, at home, on his computer. His habit became expensive. His credit card debt grew steadily, month by month. He became increasingly tired and irritable, as he slept less, and escaped into porn to soothe his stress.

One night Katie woke with a bad chest infection and came downstairs to find some medicine. She saw James in the office working on his computer. She opened the door to say “hello” and caught sight of the bizarre, erotic image on the computer screen just before James shut down the website.

Katie was furious when she found out what James had been doing. She was angry about the lies he had told her, the amount of money that they owed, and because she felt that his addiction devalued her as a woman. But, in spite of her pain, she still loved James, and she wanted to help and support her husband in his journey out of sexual addiction.

Sexual addiction is now recognized as an addiction, alongside alcohol and drug abuse. Even though there is not the chemical dependency that is involved with drug and alcohol abuse, watching pornography can stimulate the body to produce tension-relieving endorphins, as well as the chemical epinephrine, which is linked with arousal, excitement and aggression. Curiosity, a desire to explore the forbidden, and a search for ever-increasing ‘highs’ are also ingredients that feed the destructive cycle of sexual addiction. Even though a sex addict may want to stop, he or she is almost powerless to break the habit by themselves.

James and Katie had to work hard at their relationship and they had to explore everything that could help James fight the habit that could destroy their finances, his career, and their marriage.

They explored the Internet to find websites and computer programmes that would help James to break his powerful habit. They learned that they could work together as a team to support James in his battle against sexual addiction.
They discovered www.covenanteyes.com which provides a system for monitoring someone’s internet use. Once signed up to the system, a buddy, or accountability partner, receives regular emails listing the websites that have been visited and whether or not they contain sexual material. Katie agreed to be James’ accountability partner, but generally it is better to choose another trusted person.

James decided to change his shift pattern so that he could go to bed with Katie. They set their bedtime for 10.30pm whenever possible and made a rule that James wouldn’t stay up later than Katie. Katie and James also decided to invest more time and energy in their own marriage, by having more fun together and introducing more creativity into their own sexual relationship.

They found some software to put on their computer that prevented access to any websites with sexual material. They also decided to take up badminton together, starting a new hobby that would increase their fitness.

James also realised that his work as an ambulance driver was quite stressful. The sexual addiction had been an inappropriate way of dealing with his stress. He decided to talk to the occupational health department about different ways to manage his stress and some useful sessions with a stress counsellor.

Together Katie and James drew up an agreement about how the computer would be used, how they would pay off their credit card debt, and how James could invite Katie to help him when he felt tempted to explore internet pornography. It wasn’t easy. There were relapses and frustrations, but they discovered that this was also a normal part of an addict’s recovery.

Katie and James learned that prayer can be very helpful. Katie learned how to pray for James, and he found strength from listening to her pray for him. He also learned how to ask God to help him as he struggled with tempting thoughts, and to fill his mind with positive thoughts about Katie, rather than the images of other women he had seen on the Internet.

James was fortunate. Even though Katie had been very hurt by his behaviour, she wanted to help and support him. The support of trusted and caring friends, or support groups, such as Sex Addicts Anonymous (which functions in a similar way to Alcoholics Anonymous), are also vital for helping people to find a way out of their addiction.

Addictions damage a person’s sense of self worth, their finances, their relationships, their careers and the happiness of those around them, in a downward spiral of despair. Battling with any addiction can be a challenging process. The good news is that help is available, and the journey out of the addiction can bring peace of mind, healthier relationships, bank accounts, and work prospects. The sooner a person starts the battle, and the more people they have to support them, the easier it will be to win.

**Signs that someone may be addicted to Internet Pornography:**

- They spend hours alone, working on their computer late into the night.
- There are regular credit card payments to unrecognised sources.
- They spend less time involved with their family.
- They spend less time with their wife or husband and their sexual activity decreases or changes significantly.
- They lie to cover up their Internet addiction.
They lose interest in their work and spiritual matters.
They become increasingly isolated and irritable.
When you track their Internet history you may be able to identify pornographic sites.

**Overcoming a Sexual Addiction**

- Have the courage to admit you have a problem – you are not the only one who has ever become addicted to pornography.
- Learn all you can about the resources available to support you.
- Choose trustworthy people to support and counsel you – it is extremely difficult to battle with an addiction on your own.
- Where possible find a specialised support group to join.
- Create barriers and boundaries so that it is difficult for you to have access to pornographic material.
- Choose something else to focus on when you feel tempted to indulge in pornography, such as exercise, or a challenging puzzle.
- Become involved in a project that helps others, so that your energy will be focused on something more useful.
- Invest in improving your relationships with your family and friends.
- Be patient with yourself, and don’t panic – there will be setbacks and relapses – these are normal, but you can still keep on working towards overcoming your addiction.

*Whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable – if anything is excellent or praiseworthy – think about such things. Philippians 4:8*

**When you don’t know how to pray for someone with an addiction**

Dear God,

Please help my husband/wife/friend to change their behaviour and to be released from the powerful grip of his/her addiction. Please give them the power to say ‘no’ to their addiction. Please help me to be lovingly and firmly supportive. In Jesus’ name, Amen.

**When you don’t know how to pray about your own addiction**

Dear God,

I am addicted to pornography and I know it is wrong. Please forgive me. I want to be released from the grip that this addiction has on my life. I know that pornography degrades the people engaging in it as well as those who watch it. Help me to show respect to others and to myself by refusing to be involved with this hurtful activity. I know that I cannot do this in my power alone. Please empower me to reject pornography and to choose to fill my mind and life with positive relationships and experiences. In Jesus’ name, Amen.
Useful Internet Sites

www.pureonline.com – a website devoted to helping people understand and overcome their sexual addictions. It offers a 30 day programme for overcoming addictions.

www.sauk.org – a website for Sexaholics Anonymous, a fellowship of self-help groups which follow a 12-step programme of recovery from sexual addiction. They also have a 24 hour helpline on 07000 725463, and aim to respond to all calls or emails within 24 hours.

www.sexaa.org - Sex Addicts Anonymous, SAA, is a fellowship of men and women who share their experience, strength and hope with each other so they may overcome their sexual addiction and help others recover from sexual addiction or dependency.

www.lustfreeliving.com – help for people struggling with sexual addiction

www.lflfilter.com – information about CleanSurf, a filter that protects your computer from viewing internet sites that contain pornography, and that also filters spam and viruses from your emails.

www.covenanteyes.com – this is an Internet accountability system. It does not block access, but sends reports of Internet activity to a selected accountability partner for a low monthly fee.

www.christianpurity.com - is a Christian Internet service provider that provides safe, filtered Internet access.

www.christianet.com/christianbusinesses/churchresources/sexualpurity/ - a website that offers help and information for people struggling with sexual addictions, and those who love and support them.

www.purewarrior.org – this is a website containing details of resources for helping men overcome the grip of internet pornography.

Useful Books


Every Man’s Battle: Winning the War on Sexual Temptation One Victory at a Time, by Stephen Arterburn, et al., Waterbrook Press, 2000, ISBN: 1578563682 (a workbook, and similar books for women are also available)

When a Man's Eye Wanders, by Jeff Olsen. A 32 page booklet which looks at the dangers of pornography, why men are so vulnerable, and why they continue to use it. Gives a six step programme for breaking the addiction. Available in UK from Radio Bible Class Ministries, PO Box 1, Carnforth, Lancs LAS 9ES, single copies free.

Karen Holford is a qualified family therapist and the author of ‘The Family Book’.
PART THREE

FOSTERING EMOTIONAL WELLBEING

Mental health promotion has been identified as an important aspect of wellness. In this section we look at ways in which we can safeguard emotional and mental wellbeing.
Mrs E. G. White’s quotes on Mental Wellbeing
All quotes taken from Mind Character & Personality, Volumes I & II

The Study of the Mind

The Importance of the Mind. - Ellen White’s first comment is that dealing with the Mind is “...the nicest work in which men ever engaged.” She then comments that it is our duty to know the laws of life and to conscientiously obey them. We need to know the most wonderful of all organisms, the human body. We should know and understand the various organs and the dependence of one upon another for the healthy action of all. Indeed, she says, “They should study the influence of the mind upon the body and of the body upon the mind, and the laws by which they are governed.” She counsels that we should Train and discipline our minds by study, by observation and by reflection. The mental faculties will strengthen and develop if we will go to work in the fear of God, in humility and with earnest prayer. *MH 128* (1905). MCP Pg3.

Satan a Student of the Mind. - For thousands of years Satan has been experimenting upon the properties of the human mind, and he has learned to know it well. By his subtle working in these last days he is linking the human mind with his own, imbuing it with his thoughts and he is doing this work in so deceptive a manner that those who accept his guidance know not that they are being led by him at his will. The great deceiver hopes so to confuse the minds of men and women that none but his voice will be heard. *Lt 244*, 1907. (MM 111.) MCP Pg18.

Religion and Health. - Personal religion is of the highest importance. John wrote to Gaius, “Beloved, I wish above all that thou mayest prosper and be in health, even as thy soul prospereth” (3 John 2). Health of body depends largely upon health of soul; therefore whether you eat or drink, or whatsoever you do, do all to the glory of God (1 Corinthians 10: 31). Personal religion is revealed by the deportment, the words and the actions. It causes growth, till at last perfection claims the commendation of the Lord “Ye are complete in Him” (Colossians 2:10). *–Lt 117*, 1901. MCP Pg27.

What Religion Does. - True religion ennobles the mind, refines the taste, sanctifies the judgement and makes its possessor a partaker of the purity and the holiness of heaven. In as exact proportion as the spiritual character is developed, the intellectual capabilities are increased. It brings angels near and separates us more and more from the spirit and influence of the world. It enters into all the acts and relations of life and gives us the “spirit of a sound mind,” and the result is happiness and peace. *–ST, Oct 23, 1884. (CH629, 630) – MCP Pg34.

Basic Relationships

Too Little Thought Given to Causative Factors. - Far too little thought is given to the causes underlying the mortality, the disease and degeneracy, that exist today even in the most civilized and favoured lands. The human race is deteriorating. *–MH380* (1905). MCP Pg59.

Nine Tenths of Diseases Originate in Mind. - Sickness of the mind prevails everywhere. Nine tenths of the diseases from which men suffer have their foundation here. ... Remorse for sin sometimes undermines the constitution and unbalances the mind. *–ST 444* (1885) MCP Pg59.
Mind Affects Body. - The relation which exists between the mind and the body is very intimate. When one is affected, the other sympathizes. The condition of the mind affects the health of the physical system. If the mind is free and happy, from a consciousness of right doing and a sense of satisfaction in causing happiness to others, it creates a cheerfulness that will react upon the whole system, causing a freer circulation of the blood and a toning up of the entire body. The blessing of God is a healing power, and those who are abundant in benefiting others will realize that wondrous blessing in both heart and life. CTBH 13, 1890. (CH 28; see also 4T 60, 61 [1876].) MCP Pg59/60.

A Well-nourished and Healthy Brain. - The brain is the organ and instrument of the mind, and controls the whole body. In order for the other parts of the system to be healthy, the brain must be healthy. And in order for the brain to be healthy, the blood must be pure. If by correct habits of eating and drinking the blood is kept pure, the brain will be properly nourished. - MS 24, 1900. (MM 291.) MCP Pg 60.

Sickness Originates in the Mind. - a great deal of the sickness which afflicts humanity has its origin in the mind and can only be cured by restoring the mind to health. There are very many more than we imagine who are sick mentally. Heart sickness makes many dyspeptics, for mental trouble has a paralysing influence upon the digestive organs. 3T 184 (1872). MCP Pg63.

The Love of Christ Vitalizes the Whole Being. - The love which Christ diffuses through the whole being is a vitalizing power. Every vital part - the brain, the heart, the nerves - it touches with healing. By it the highest energies of the being are aroused to activity. It frees the soul from the guilt and sorrow, the anxiety and care, that crush the life-forces. With it come serenity and composure. It implants in the soul joy that nothing earthly can destroy - joy in the Holy Spirit – health-giving, life-giving joy. MH 115(1905). MCP Pg65.

The Saviour’s Prescription for Mental and Spiritual Ills. - Our Saviour’s words, “Come unto Me. ... and I will give you rest” (Matthew 11:28), are a prescription for the healing of physical, mental, and spiritual ills. Though men have brought suffering upon themselves by their own wrong doing. He regards them with pity. In Him they may find help. He will do great things for those who trust in him. MH 115 (1905). MP Pg66.

The Mind and Spiritual Warfare. - Our improvement in moral purity depends on right thinking and right action. “Not that which goeth into the mouth defileth a man; but that which cometh out of the mouth, this defileth a man.” “For out of the heart proceed evil thoughts, murders, adulteries, fornications, thefts, false witness, blasphemies. These are the things which defile a man” (Matthew 15:11, 19, 20). Evil thoughts destroy the soul. The converting power of God changes the heart, refining and purifying the thoughts. Unless a determined effort is made to keep the thoughts centred on Christ, grace cannot reveal itself in the life. The mind must engage in the spiritual warfare. Every thought must be brought into captivity to the obedience of Christ. All the habits must be brought under God’s control. - Lt 123, 1904. MCP Pg69.

Satan Strikes at the Perceptive Faculties. - Satan comes to man with his temptations as an angel of light, as he came to Christ. He has been working to bring man into a condition of physical and moral weakness that he may overcome him with his temptations and then triumph over his ruin. And he has been successful in tempting man to indulge appetite, regardless of the result. He well knows that it is impossible for man to discharge his obligation to God and to his fellowmen while he impairs the faculties God has given him. The brain is the capital of the body. If the perceptive faculties become benumbed through intemperance of any kind, eternal things are not discerned. - RH, Sept 8, 1874. (MYP 236.) MCP Pg73.
Development of the Mind

Foundation of All Study. - The Word of God is to be the foundation of all study, and the words of revelation, carefully studied, appeal to and strengthen the intellect as well as the heart. The culture of the intellect is required that we may understand the revelation of the will of God to us. It cannot be neglected by those who are obedient to His commandment. God has not given us the faculties of the mind to be devoted to cheap and frivolous pursuits. *MS 16, 1896.* MCP Pg89.

Inspires the Mind. - In the Word of God the mind finds subjects for the deepest thought, the loftiest aspirations. Here we may hold communion with patriarchs and prophets and listen to the voice of the Eternal as He speaks with men. Here we behold the Majesty of heaven as He humbled Himself to become our substitute and surety, to cope single-handed with the powers of darkness, and to gain the victory in our behalf. A reverent contemplation of such themes as these cannot fail to soften, purify, and ennoble the heart, and at the same time to inspire the mind with new strength and vigor. *CT 52,53 (1913).* MCP Pg90.

Minds Find Noblest Development. - If the Bible were studied as it should be, men would become strong in intellect. The subjects treated upon in the Word of God, the dignified simplicity of its utterance, the noble themes which it presents to the mind, develop faculties in man which cannot otherwise be developed. In the Bible a boundless field is opened for the imagination. The student will come from a contemplation of its grand themes, from association with its lofty imagery, more pure and elevated in thought and feeling than if he had spent the time in reading any work of mere human origin, to say nothing of those of a trifling character. Youthful minds fail to reach their noblest development when they neglect the highest source of wisdom - the Word of God. The reason why we have so few men of good mind, of stability and solid worth, is that God is not feared, God is not loved, the principles of religion are not carried out in the life as they should be. *CTBH 126, 1890.* (FE165.) MCP Pg92/93.

Search for its Hidden Treasure. - The Bible, just as it reads is to be our guide. Nothing is so calculated to enlarge the mind and strengthen the intellect as the study of the Bible. No other study will so elevate the soul and give vigour to the faculties as the study of the, living oracles. The minds of thousands of ministers of the gospel are dwarfed because they are permitted to dwell upon commonplace things, and are not exercised in searching for the hidden treasure of the Word of god. As the mind is brought to the study of God’s word, the understanding will enlarge and the higher powers will develop for the comprehension of high and ennobling truth. It is according to the character of the matter with which the mind becomes familiar that it is dwarfed or enlarged. If the mind is not raised up to make vigorous and persistent effort in seeking to comprehend truth by comparing scripture with scripture, it will surely become contracted and lose its tone. We should set our minds to the task of searching for truths that do not lie directly upon the surface. *RH, Sept 28, 1897.* MCP Pg93.

The Growing Personality

The Importance of Prenatal Influences. - The effect of prenatal influences is by many parents looked upon as a matter of little moment; but heaven does not so regard it. The message sent by an angel of God, and twice given in the most solemn manner, shows it to be deserving of our most careful thought. *MH 372 (1905).* MCP Pg131.

Mother’s Feelings Mold Disposition of Unborn Child. - The thoughts and feelings of the mother will have a powerful influence upon the legacy she gives her child. If she allows her mind to dwell upon
her own feelings, if she indulges in selfishness, if she is peevish and exacting, the disposition of her child will testify to the fact. Thus many have received as a birthright almost unconquerable tendencies to evil.

ST, Sept 13, 1910. (Te 171.) MCP Pg132.

If the mother unswervingly adheres to right principles, if she is temperate and self-denying, if she is kind, gentle, and unselfish, she may give her child these same precious traits of character. MH 373 (1905). MCP Pg132.

**Fathers as Well as Mothers Involved.** - Fathers as well as mothers are involved in this responsibility, and they too should seek earnestly for divine grace that their influence may be such as God can approve. The inquiry of every father and mother should be, “What shall we do unto the child that shall be born?” By many the effect of prenatal influence has been lightly regarded; but the instruction sent from heaven to those Hebrew parents and twice repeated in the most explicit and solemn manner, shows how the matter is looked upon by the Creator. ST. Feb 26, 1902. MCP Pg135/136.

**Satan Seeks to Debase Minds.** - I have been shown that Satan seeks to debase the minds of those who unite in marriage, that he may stamp his own hateful image upon their children. ... He can mold their posterity much more readily than he could the parents, for he can so control the minds of the parents that through them he may give his own stamp of character to their children. Thus many children are born with the animal passions largely in the ascendancy while the moral faculties are but feebly developed. 2T 480 (1870). MCP Pg136.

**The Power of Heredity.** - Consider the power of heredity, the influence of evil association and surroundings, the power of wrong habits. Can we wonder that under such influences many become degraded? Can we wonder that they should be slow to respond to efforts for their uplifting. MH 168 (1905). MCP Pg142.

**Disease Transmitted From Parents to Children.** - Through the successive generations since the Fall, the tendency has been continually downward. Disease has been transmitted from parents to children, generation after generation. Even infants in the cradle suffer from afflictions caused by the sins of the parents. Moses, the first historian, gives quite a definite account of social and individual life in the early days of the world’s history, but we find no record that an infant was born blind, deaf, crippled, or imbecile. Not an instance is recorded of a natural death in infancy, childhood, or early manhood. ... It was so rare for a son to die before his father that such an occurrence was considered worthy of record: “Haran died before his father Terah.” The Patriarchs from Adam to Noah, with few exceptions lived nearly a thousand years. Since then the average length of life has been decreasing. At the time of Christ’s first advent the race had already so degenerated that not only the old but the middle-aged and the young were brought from every city to the Saviour to be healed of their diseases. CTBH 7, 8, 1890. (CD 117, 118.) MCP Pg143.

**Satan Takes Advantage of Inherited Weakness.** - In our own strength it is impossible for us to deny the clamors of our fallen nature. Through this channel Satan will bring temptation upon us. Christ knew that the enemy would come to every human being to take advantage of hereditary weakness and by his false insinuations to ensnare all whose trust is not in God. And by passing over the ground which man must travel, our Lord has prepared the way for us to overcome. It is not His will that we should be placed at a disadvantage in the conflict with Satan. ... “Be of good cheer,” He says; “I have overcome the world.” (John 16:33). DA122, 123 (1898). MCP Pg145.

**Christ’s Teaching to be a Guide.** - Christ’s teaching, like His sympathies, embraced the world. Never can there be a circumstance of life, a crisis in human experience, which has not been anticipated in
His teaching and for which its principles have not a lesson. The Prince of teachers, His words will be found a guide to His co-workers till the end of time. Ed 81, 82 (1903). MCP Pg181.

**He Understands the Hidden Working of the Human Mind.** - He who has paid the infinite price to redeem men reads with unerring accuracy all the hidden workings of the human mind and knows just how to deal with every soul. And in dealing with men, He manifests the same principles that are manifest in the natural world. SpT Series A, No. 3, p 17, 1895. (TM 189, 190.) MCP Pg181.

**Mind to Become One With His Mind.** - When we submit ourselves to Christ, the heart is united with His heart, the will is merged in His will, the mind becomes one with His mind, the thoughts are brought into captivity to Him; we live His life. This is what it means to be clothed with the garment of His righteousness. Then as the Lord looks upon us He sees, not the fig-leaf garment, not the nakedness and deformity of sin, but His own robe of righteousness, which is perfect obedience to the law of Jehovah. COL 312 (1900). MCP Pg186.

**Selfishness and Self Respect**

**Developing Self Respect.** - If we wish to do good to souls, our success with these souls will be in proportion to their belief in our belief in, and appreciation of, them. Respect shown to the struggling human soul is the sure means through Christ Jesus of the restoration of the self-respect the man has lost. Our advancing ideas of what he may become are a help we cannot ourselves fully appreciate. MS c1893. (FE 281.) MCP Pg255.

**Respect for the Dignity of Man as Man.** - Wherever principle is not compromised, consideration of others will lead to compliance with accepted customs; but true courtesy requires no sacrifice of principle to conventionality. It ignores caste. It teaches self-respect, respect for the dignity of man as man, a regard for every member of the great human brotherhood. Ed 240 (1903). MCP Pg255.

**Maintain Self-respect.** - Some with whom you are brought into contact may be rough and uncourteous, but do not, because of this, be less courteous yourself. He who wishes to preserve his own self-respect must be careful not to wound needlessly the self-respect of others. This rule should be sacredly observed toward the dullest, the most blundering. What God intends to do with these apparently unpromising ones, you do not know. He has in the past accepted persons no more promising or attractive to do a great work for Him. His Spirit, moving upon the heart, has roused every faculty to vigorous action. The Lord saw in these rough, un-hewn stones precious material, which would stand the test of storm and heat and pressure. God does not see as man sees. He does not judge from appearances, but searches the heart and judges righteously. GW 122, 123 (1915). MCP Pg255/256.

**Cultivate Self Respect.** - It is not pleasing to God that you should demerit yourself. You should cultivate self respect by living so that you will be approved by your own conscience and before men and angels. ... It is your privilege to go to Jesus and be cleansed, and to stand before the law without shame or remorse,. “There is therefore now no condemnation to them which are in Christ Jesus, who walk not after the flesh but after the Spirit.” (Romans 8:1). While we should not think of ourselves more highly than we ought, the Word of God does not condemn a proper self-respect. As sons and daughters of God, we should have a conscious dignity of character, in which pride and self-importance have no part. RH, Mar 27, 1888. (HC 143.) MCP Pg260.

**By Nature We Are Self Centred.** - Naturally we are self-centred and opinionated. But when we learn the lessons that Christ desires to teach us, we become partakers of His nature; henceforth we
live His life. The wonderful example of Christ, the matchless tenderness with which He entered into the feelings of others, weeping with those who wept, rejoicing with those who rejoiced, must have a deep influence upon the character of all who follow Him in sincerity. By kindly words and acts they will try to make the path easy for weary feet. **MH 157, 158 (1905).** MCP Pg271.

**Talk Less of Self (counsel to one who was overbearing and dictatorial).** - Let your heart be softened and melted under the divine influence of the Spirit of God. You should not talk so much about yourself, for this will strengthen no one. You should not make yourself a center and imagine that you must be constantly caring for yourself and leading others to care for you. Get your mind off from yourself into a more healthy channel. Talk of Jesus, and let self go; let it be submerged in Christ and let this be the language of your heart: “I live; yet not I but Christ liveth in me” (Galatians 2:20) Jesus will be to you a present help in every time of need. He will not leave you to battle with the powers of darkness alone. Oh, no; He has laid help upon One that is mighty to save to the uttermost. **2T 320, 321 (1869).** MCP Pg272.

**Living for Self dishonours God.** - The perils of the last days are upon us. Those who live to please and gratify self are dishonouring the Lord. He cannot work through them, for they would misrepresent Him before those who are ignorant of the truth. ... God may see that you are fostering pride. He may see that it is necessary to remove from you blessings which, instead of improving, you have used for the gratification of selfish pride. **MS24, 1904. (1SM 87.)** MCP Pg273.

**Adolescence and Youth**

**Youth are receptive and Hopeful.** - The youth are receptive, fresh, ardent and hopeful. When once they have tasted the blessedness of self-sacrifice, they will not be satisfied unless they are constantly learning of the Great teacher. The Lord will open ways before those who will respond to His call. **6T 471 (1900).** MCP Pg281.

**Youth Must Choose Life Destiny.** - By the thoughts and feelings cherished in early years every youth is determining his own life history. Correct, virtuous, manly habits formed in youth will become a part of the character and will usually mark the course of the individual through life. The youth may become vicious or virtuous, as they choose. They may as well be distinguished for true and noble deeds as for great crime and wickedness. **ST, Oct 11, 1910. (CG 196.)** MCP Pg281.

**Discipline which Stimulates and Strengthens.** - Beyond the discipline of the home and the school, all have to meet the stern discipline of life. How to meet this wisely is a lesson that should be made plain to every child and to every youth. It is true that God loves us, that He is working for our happiness, and that, if His law had always been obeyed, we should never have know suffering and it is no less true that in this world - as the result of sin - suffering, trouble, burdens, come to every life. We may do the children and the youth a lifelong good by teaching them to meet bravely these troubles and burdens. While we should give them sympathy, let it never be such as to foster self-pity. What they need is that which stimulates and strengthens rather than weakens. **Ed 295 (1903).** MCP Pg284.

**Youth Need Discipline of Labour.** - And now, as in the days of Israel, every youth should be instructed in the duties of practical life. Each should acquire a knowledge of some branch of handbook labour by which, if need be, he may obtain a livelihood. This is essential, not only as a safeguard against the vicissitudes of life, but from its bearing upon physical, mental, and moral development. Even if it were certain that one would never need to resort to handbook labour for his support, still he should be taught to work. Without physical exercise, no one can have a sound
constitution and vigorous health; and the discipline of well-regulated labour is no less essential to the securing of a strong and active mind and a noble character.  PP601 (1890). MCP Pg287.

**Facing the Need for Counsel.** - The young should not be left to think and act independently of the judgement of their parents and teachers. Children should be taught to respect experienced judgement and to be guided by their parents and teachers. They should be so educated that their minds will be united with the minds of their parents and teachers, and so instructed that they can see the propriety of heeding their counsel. Then when they go forth from the guiding hand of their parents and teachers, their characters will not be like the reed trembling in the wind. 3T 133 (1872). MCP Pg293.

**The Highest Training Expected.** - The Lord desires us to obtain all the education possible, with the object in view of imparting our knowledge to others. None can know where or how they may be called to labour or to speak for God. Our heavenly Father alone sees what He can make of men. There are before us possibilities which our feeble faith does not discern. Our minds should be so trained that if necessary we can present the truths of His word before the highest earthly authorities in such a way as to glorify His name. We should not let slip even one opportunity of qualifying ourselves intellectually to work for God. COL 333, 334, (1900). MCP Pg293.

**Exalt the Conscience to its rightful place of Authority.** - God has given men more than a mere animal life. He “so loved the world, that He gave His only begotten Son, that whosoever believeth in Him should not perish but have everlasting life.” (John 3:16) He expects those for whom He has made so great a sacrifice to show their appreciation of His love by following the example that Christ has set them, living lives that are in harmony with His will. He expects them to respond to the love he has expressed for them by denying self for the good of others. He expects them to use the powers of mind and body in His service. He has given them affections, and He expects them to use this precious gift to His glory. He has given them a conscience, and He forbids that this gift be in any way misused; it is rather to be exalted to the place of authority to which He has assigned it. SW, Mar 1. 1904. MCP Pg319.

**Parents to Help Children to Preserve a Clean Conscience.** - I am instructed to say to parents, Do all in your power to help your children to have a pure, clean conscience. Teach them to feed on the Word of God. Teach them that they are the Lord’s little children. Do not forget that He has appointed you as their guardians. If you will give them proper food and dress them healthfully, and if you will diligently teach them the Word of the Lord, line upon line, precept upon precept, here a little and there a little, with much prayer to our heavenly Father, your efforts will be richly rewarded. MS 4, 1905. MCP Pg327.

**Clear Conscience Brings Perfect Peace.** - Inward peace and a conscience void of offense toward God will quicken and invigorate the intellect like dew distilled upon the tender plants. The will is then rightly directed and controlled, and is more decided, and yet free from perverseness. The meditations are pleasing because they are sanctified. The serenity of mind which you may possess will bless all with whom you associate. This peace and calmness will, in time, become natural and will reflect its precious rays upon all around you, to be again reflected upon you. The more you taste this heavenly peace and quietude of mind, the more it will increase. It is an animated, living pleasure which does not throw all the moral energies into a stupor but awakens them to increased activity. Perfect peace is an attribute of heaven which angels possess. May God help you to become a possessor of this peace. 2T 327 (1869). MCP Pg328.
Guiding Principles in Education

A Law in Intellectual and Spiritual Worlds. - It is a law both of the intellectual and the spiritual nature that by beholding we become changed. The mind gradually adapts itself to the subjects upon which it is allowed to dwell. It becomes assimilated to that which it is accustomed to love and reverence.

GC 555 (1888). MCP Pg331.

Beholding Evil corrupted the Antediluvians. - By beholding evil, men became changed into its image, until God could bear with their wickedness no longer, and they were swept away by the flood.

SpTED 44, May 11, 1896. (FE 422.) MCP Pg331.

Changed for the Better. - Looking unto Jesus we obtain brighter and more distinct views of God and by beholding we become changed. Goodness, love for our fellowmen, becomes our natural instinct. We develop a character which is the counterpart of the divine character. Growing into His likeness, we enlarge our capacity for knowing God. More and more we enter into fellowship with the heavenly world, and we have continually increasing power to receive the riches of the knowledge and wisdom of eternity.

COL 355 (1900). MCP Pg331.

Students to Have a Real Aim. - Teach the students to use for the highest, holiest purpose the talents God has given them that they may accomplish the greatest good in this world. Students need to learn what it means to have a real aim in life, and to obtain an exalted understanding of what true education means.

SpT Series B, No. 11, p 16, Nov 14, 1905. MCP Pg341.

Failing to realize One’s Potential. - Many do not become what they might because they do not put forth the power that is in them. They do not, as they might, lay hold on divine strength. Many are diverted from the line in which they might reach the truest success. Seeking greater honour or a more pleasing task, they attempt something for which they are not fitted. Many a man whose talents are adapted for some other calling is ambitious to enter a profession; and he who might have been successful as a farmer, an artisan, or a nurse fills inadequately the position of a minister, a lawyer, or a physician. There are others, again, who might have filled a responsible calling, but who, for want of energy, application, or perseverance, content themselves with an easier place.

Ed 267 (1903). MCP Pg342.

“Something Better” - The Law of True Living. - “Something Better” is the watchword of education, the law of all true living. Whatever Christ asks us to renounce, He offers in its stead something better.

Often the Youth cherish objects, pursuits and pleasures that may not appear to be evil but that fall short of the highest good. They divert the life from its noblest aim. Arbitrary measures or direct denunciation may not avail in leading these youth to relinquish that which they hold dear. Let them be directed to something better than display, ambition, or self-indulgence. Bring them in contact with truer beauty, with loftier principles, and with nobler lives. Lead them to behold the One “altogether lovely.”

When, once the gaze is fixed upon Him, the life finds its centre, the enthusiasm, the generous devotion, the passionate ardour, of the youth find here their true object. Duty becomes a delight and sacrifice a pleasure. To honour Christ, to become like Him, to work for Him, is the life’s highest ambition and its greatest joy.

Ed 296, 297 (1903). MCP Pg342/343.
No one to Live an Aimless Life. - Every soul is to minister. He is to use every physical, moral and mental power - through sanctification of the Spirit - that he may be a labourer together with God. All are bound to devote themselves actively and unreservedly to God’s service. They are to cooperate with Jesus Christ in the great work of helping others. Christ died for every man. He has ransomed every man by giving His life on the cross. This He did that man might no longer live an aimless, selfish life but that he might live unto Jesus Christ, who died for his salvation. All are not called upon to enter the ministry but nevertheless they are to minister. It is an insult to the Holy Spirit of god for any man to choose a life of self-serving. *Lt 10, 1897. (4BC 1159.*) MCP Pg344/345.

Students to Learn to Obey God. - I see that a great sentiment must be worked to, and out, under the divine direction in our schools. But the one great lesson the students must learn is to seek with all their heart, mind, and strength to know God and obey Him implicitly. The science of the salvation of the human soul is the first lesson of life. No line of literature or education in book knowledge is to become supreme. But to know God and Jesus Christ, whom He hath sent, is life eternal. Let the students take the love and fear of God with them into their school life. This is wisdom more precious than words can express. Connected with them, it can be said of them, as of Daniel, God gave him wisdom and knowledge in all mysteries. Learning is good. The wisdom of Solomon is desirable; but the wisdom of a greater than Solomon is far more desirable and essential. Through the learning in our schools we cannot reach Christ but we can through Christ reach the highest end of the ladder in science; for the word of inspiration says “Ye are complete in Him.” (Colossians 2:10) Our first business is to see and acknowledge God and then He will direct our path. *Lt 120, 1896. MCP Pg358.*

Brain Must be Healthy. - The brain is the organ and instrument of the mind, and controls the whole body. In order for the other parts of the system to be healthy, the brain must be healthy. And in order for the brain to be healthy, the blood must be pure. If by correct habits of eating and drinking the blood is kept pure, the brain will be properly nourished. *SpT Series B, No. 15, p 18, Apr 13, 1900. (CH 586, 587.) MCP Pg385.*

Close relation Between Eating and Mind. - In connection with the injunction of Peter that we are to add “to temperance patience,” I referred [in an address] to the blessings of health reform and the advantages to be gained by the use of proper combinations of simple nourishing foods. The close relationship that eating and drinking sustain to the state of one’s mind and temper was dwelt upon. We cannot afford to develop a bad temper through wrong habits of living. *RH, July 12, 1906. MCP Pg386.*

Irregular Hours and Careless Inattention to Laws of Health. - The mind does not wear out nor break down so often on account of diligent employment and hard study as on account of eating improper food at improper times, and of careless inattention to the laws of health. ... Irregular hours for eating and sleeping sap the brain forces. The apostle Paul declares that he who would be successful in reaching a high standard of godliness must be temperate in all things. Eating, drinking, and dressing all have a direct bearing on our spiritual advancement. *YI, May 31, 1894. MCP Pg388.*

Overcrowding the Stomach Weakens the Mind. - Overeating, even of the most wholesome food, is to be guarded against. Nature can use no more than is required for building up the various organs of the body, and excess clogs the system. Many a student is supposed to have broken down from overstudy, when the real cause was overeating. While proper attention is given to the laws of health, there is little danger from mental taxation, but in many cases of so-called mental failure it is the overcrowding of the stomach that wearies the body and weakens the mind. *Ed 205 (1903). MCP Pg388.*

Overeating Blunts the Emotions. - Intemperance in eating, even of food of the right quality, will have a prostrating influence upon the system and will blunt the keener and holier emotions. Strict
temperance in eating and drinking is highly essential for the healthy preservation and vigorous exercise of all the functions of the body. Strictly temperate habits, combined with exercise of the muscles as well as of the mind, will preserve both mental and physical vigour and give power of endurance to those engaged in the ministry, to editors, and to all others whose habits are sedentary. As a people, with all our profession of health reform, we eat too much. Indulgence of appetite is the greatest cause of physical and mental debility, and lies at the foundation of feebleness, which is apparent everywhere. 3T 487 (1875) MCP Pg389.

**A Definition of Temperance in Eating.** - The principles of temperance must be carried further than the mere use of spirituous liquors. The use of stimulating and indigestible food is often equally injurious to health and in many cases sows the seeds of drunkenness. True temperance teaches us to dispense entirely with everything hurtful and to use judiciously that which is healthful. There are few who realise as they should how much their habits of diet have to do with their health, their character, their usefulness in this world and their eternal destiny. The appetite should ever be in subjection to the moral and intellectual powers. The body should be servant to the mind and not the mind to the body. PP 562 (1890). MCP Pg394/395.
MEETING CHILDREN’S EMOTIONAL NEEDS

Karen Holford and the BUC Children’s Ministry team wrote the following 10 commandments for safeguarding children’s emotional needs

Promises for our children

I
We will help you to understand how much God loves you by the way we care for you.

II
We will help you to feel welcome every time you come to our church.

III
We will listen to you and put you and your needs at the very heart of our church.

IV
We will make sure you always feel safe, comfortable, and special.

V
We will be happy with you in your happy times and comfort you in your sad times.

VI
We will welcome you when you use your special gifts in our worship services.

VII
We will help you to learn that Jesus loves you, died for you, forgives you, and is making a special place for you in heaven.

VIII
We will be here when you wonder about life and God. We will listen to you and help you to find answers.

IX
We will be here to guide and support you as you learn how to follow Jesus in your everyday life as a Christian.

X
We will encourage you as you discover your special way to serve God and share His love with others.
Counselling Young People in an Educational Setting

‘People don’t care how much you know until they know how much you care.’

This statement is as true for young people as it is for adults. When young people under the age of 18 present for either support, guidance or counselling it has often been at the behest of others, usually an adult. In a school setting, the suggestion may have been initiated by a member of staff and the student may have been gently encouraged to access counselling. However the student accessed the counselling process, it is vital that professionals, who support young people who are experiencing emotional difficulties, keep at the forefront of their minds that they are as vital to that young person as a surgeon to a patient or a coach to an athlete.

The British Association for Counselling and Psychotherapy defines counselling this way;

‘ Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can properly be ‘sent’ for counselling’.

Over the past twenty-five years the number of children with emotional and behavioural difficulties has doubled. The Department for Education and Skills (DFES) describes counselling as one of the important elements of support to be considered for children and young people with emotional and behavioural difficulties. Local education authorities work from the premise that ‘every child matters’ and one of the ways they seek to address the emotional well being of young people is to support access to professional counselling. Counselling aims to give the young person an opportunity to explore, discover and clarify ways of living more resourcefully and towards greater well-being.

It is generally accepted among counsellors that if an individual is coerced, cajoled or indeed forced into counselling, it is likely that they will not fully engage and will cease the process prematurely. Unlike an adult, a young person is answerable to others – parents, guardians and teachers etc. In
most cases, an adult who seeks counselling will have made an independent decision and will have some awareness of the outcome they want to achieve. The setting is likely to be away from their place of work or socialising and the counsellor will be another adult. The school setting is somewhat unique in that students are referred to counsellors through various means, for example:

**Self Disclosure** – Making direct contact with the counselling service advertised or the student may tell an adult, for example, a member of staff they trust, that they have a problem and need some support.

**Parental Disclosure** – a parent or carer informs the school that the student is in need of counselling. This may or may not be at the request of the student initially.

**Pastoral / Personal Support Plan** – a student may have a written plan of support to address behavioural and or emotional issues which are having a negative impact on either their capacity for learning or because they are displaying challenging behaviour at school. Such students will be working towards specific goals or targets and the intervention of Counselling may be written into the plan to assist then with meeting these targets.

**Past /Current Trauma** – A student’s low mood, inability or reluctance to engage with other students in a healthy way or perhaps the display of irrational behaviour may alert school staff.

Whichever route a student was introduced to counselling, my experience is that they will not engage with the counselling process or have any confidence in the Counsellor’s ability to support them unless they feel that you care about them as an individual. Young people need to feel that you are not yet another adult who is advising them on how to conduct their lives or alter their behaviour. Counselling enables young people to gain a better understanding of themselves and the situations they encounter as well as developing strategies to help them manage change.

The range of issues presented to me varies from personal issues and family issues to issues around learning. Bullying, peer conflict, lack of confidence and day to day family issues tend to be top of the list among Key stage 3 students (11 – 14 years). By key stage 4 (14 – 16 years) the issues are often more complex. Students present with issues such as self harm, low self esteem, relationship and sexuality issues, eating disorders and contentious family issues. It may be necessary to encourage the young person to consider other professional support, for example, in the case of eating disorders or substance abuse, the school nurse can supply vital practical information and advice.

I come across young people who, having asked for support, find it difficult to discuss their issues and may appear to be reluctant, yet they are glad to have been given the time, space and option to be heard. Also, younger children may not have developed the vocabulary with which to express their feelings. I utilise a variety of visual and kinaesthetic aids available such as picture cards displaying emotions and feelings that assist the process. The specific approach of the Counsellor will vary according to their model of training. However, all Counsellors have core values that underpin their practice such as confidentiality, empathy, congruence and a non judgemental approach regardless of age, race, gender, sexuality or socio-economic background.

My initial counselling employment was in a local government work based counselling service with adults, but working as a school counsellor has allowed me to see firsthand how long term or intense emotional distress can impact on a young person’s learning, self esteem and ability to succeed in adulthood. I believe that it is vital that the counselling process is not regarded as an isolated temporary process, but to be of continual usefulness after counselling sessions have ceased. Therefore, I continually encourage the students I support to have ownership of the process and be an
I aim to leave them with strategies that they can utilise readily and independently in the future.

I have experienced young people who have appeared sceptical, apprehensive and difficult to engage yet still choose to attend. They may have felt let down by other adults in their lives and will be examining you as a person rather than your skill as a professional - they need time to develop trust in the counsellor as well as the process. The following outlines some general principles that I feel Counsellors should apply when counselling young people and children in general.

**Safe & Secure**

Let’s start with the basics – the counselling room needs to be comfortable to sit in and where possible be visually inviting. In a school, the room allocated for counselling may not always be within the counsellor’s control but where possible the room should be free from hazards, obvious distractions and evoke a sense of calm; therefore it needs to be away from areas of noise or where your voices can be heard by others. They also need to feel emotionally safe; therefore the room should allow a degree of privacy so that they are not in the view of others.

A wide range of school personnel can refer a young person to counselling – be clear with these individuals that you will not offer feedback concerning what a student discloses. It is not uncommon for a student to feel obligated to share the issues they are exploring in counselling with other concerned members of staff who have their interest at heart. Of course the young person has the right to share their information if they so wish.

There may be situations where the Counsellor may act as an advocate by informing staff of a practical issue affecting the students learning environment or access to the curriculum. For example, a young person tells the Counsellor that the reason they truant a particular lesson is that they simply do not understand the work but they lack the confidence to explain this to the teacher. As a result they have fallen behind, hence they truant to avoid embarrassment and escape sanctions. The Counsellor could feed this back to the appropriate member of staff so that the matter can be rectified.

With the exception of child protection issues where the Counsellor is under a legal obligation to disclose abuse, whenever information is shared with a third party, this should always be with the prior knowledge and consent of the young person.

**Rapport & Respect**

Begin to build rapport from the outset. From the moment the student enters your counselling room they need to feel at ease. What you say in the first session will not be nearly as important as what they see and how they felt while in your presence. Young people may not always be able or indeed willing to articulate how they feel but they are picking up your non verbal cues and this will impact on the counselling relationship. The counsellor needs to be relaxed and informal in their appearance, speech and approach. Be careful about using counselling jargon and terminology, which may be very familiar to you and perhaps familiar to adults in general but unfamiliar to young people. Be attentive and demonstrate that you are friendly, interested and non judgemental. Listen to their use of
language and phrases and utilise their terms and frames of reference. But be genuine - check out the meaning of phrases they use that you are unfamiliar with and refer to them when reflecting back what they have said. Apart from the issue they are bringing to Counselling, respect and acceptance will undoubtedly be at the top of every young person’s list of needs particularly for teenagers – they have a need to feel accepted and not judged whatever they say and however they express it.

**Trust and Tact**

Like an adult client, a young person needs to feel that they can trust you and may wish you to keep everything they share totally confidential. They need to understand that there are limitations to confidentiality. At the first session, explain your legal responsibilities in terms of child protection guidelines in a clear and concise way - a simple contract that states that you will not share anything they say with others unless they are at risk, or at risk of endangering others. This may not be clearly understood at the first meeting where they have an opportunity to talk about feelings and may be less interested in the contractual agreement, therefore you may need to revisit this periodically so that they know exactly what confidentiality means in practice. Young people should be assured that the decisions regarding confidentiality would be made in their best interest and preferably with their consent. Even in the case of a child protection issue (such as a student disclosing that they are being abused), it is vital to the young person that they are kept informed about who you need to disclose this information to and what the process will be thereafter.

A young person can have access to counselling without their parent’s permission. The ability to give consent is dependent on maturity and having an understanding of the nature of the consent. The parent or guardian may well be the source of the young person’s distress and the parent’s knowledge that their child is sharing information with another adult could be detrimental to the process and could compromise their right to access support.

It is good practice to have the agreement or contract written down, signed by both of you and to also offer them a copy. Be tactful - they may want to remain somewhat anonymous outside the counselling session, therefore, the counsellor should not insist that they take a copy away with them. If you have been given information about the student prior to meeting them, be open about it if it is relevant. Bear in mind that counselling may have been explored as a way of addressing challenging or anti-social behaviour and the individual could be facing exclusion from school if they do not meet certain targets within a given time scale. This can create added anxiety and might get in the way of the underlying issues. For example, the issue to be explored in counselling may be related to one or more of these targets, however, the student chooses not to raise this issue though it may be the only reason that they have agreed to come. It is better to be open about your knowledge of this at the out-set than to disclose this later – this can be damaging to the counselling relationship and hinder the process as the student may become suspicious about what else you may know about them. It is important that you make a distinction between your role and the role of other school staff – make it clear that you are not part of the punitive process of the institution – therefore the counsellor should never also be a teacher within the same establishment.
**Purpose and Process**

This establishes what the Counsellor can and cannot offer and what the student hopes to achieve. Young people may have a misguided understanding about what to expect from counselling – they might be expecting a fairy tale wand effect where their pain and problems disappear. They may not be fully aware of just how powerful they are in the process and how much their willingness to engage will impact upon the success of the process. It is often expected that the solutions will come from the counsellor. At times young people feel like strangers in the world and will be searching for meaning – they will be hoping to form a link between their thoughts and experiences with their feelings in order to make sense of their world. Once a young person begins to trust the Counsellor, there is the danger of them feeling that the Counsellor has all the answers especially if they begin to have positive experiences as a result. Though the student is expecting change or healing it is important to make them aware that they might experience pain and tears while in counselling and be assured that this is normal and that you are comfortable with this. Explain your approach to counselling in simple terms and to allay any fears that they may have about the process. The capacity to retain information will vary depending on age, experience and intelligence of the individual – be careful not to bombard them with too much information at the first meeting. Their primary need will be to know that you care and that they feel safe enough to come back.

**Challenge and Change**

A key part of the Counsellor’s role is to challenge the young person’s behaviour that is destructive to what they are trying to achieve. However, it is vital to constantly look for opportunities to affirm their efforts and achievements as this will help to keep them motivated towards change. Change can be scary for a young person – it might involve a loss of ‘street cred’ among their peers and might take some time to get used to everything that change brings about for them. A Counsellor might be the only means by which a young person can express their feelings safely and change may mean a loss of this relationship. Change may also bring about feelings of rejection and a sense of loss. It is not unusual for a young person to try to prolong the ending sessions by missing sessions which then have to be rebooked or to suddenly raise a new set of issues. In situations where the service is time limited and the young person still has unresolved issues, or where it is necessary to refer the young person to a more appropriate service, it is important you convey the message that this is for the purpose of adding to their life experience by attempting to meet their needs more effectively.

Like any other intervention, Counselling should be regularly evaluated by the institution and the Counsellor will need to regularly examine their effectiveness and the challenges they come across in their work through professional supervision. Creating a healthy counselling relationship is paramount to the lack or abundance of the Counsellor’s experience; knowing that you care precedes how much you know. The Counsellor’s position is indeed powerful but it is also a privilege and should be regarded as such in order for young people to experience Counselling as a powerful and liberating process.

E.J. Anderson-Grey  
June 2009
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STRESS

Two Professionals talk about Stress

"Stress is not all bad. It can motivate and create self-confidence. The body’s true enemy is constant haste" (Christian Barnard, MD)

In today’s fast paced world, our increasingly complex and fast paced lives can sometimes appear to be out of control. We sometimes feel pulled in so many directions at once and constantly trying to make sense of life’s changing profile and the demands that it makes on us. It’s no wonder we frequently hear the phrase “I’m stressed!”

Staley, a facilitator who runs the CALM program which aims to alleviate stress, says this: “Much of our lives are subject to ‘rainbow chasing’, we go to bed, but not to sleep; eat food but not to satisfy our appetites; take medicine but do not improve our health; live in beautiful houses which are not happy homes; and buy luxuries which do not bring us contentment.” He further states, “Most people are now prey to the tensions of living in one place, working in another and taking leisure in a third”.

What is Stress?

Stress is the body’s natural response psychologically and physiologically to events, both positive and negative that upset our personal balance in some way. These events or demands we call stressors as it forces us to adjust or brings an element of change. This impacts our coping skills and capacity to adapt and we experience the body’s biological stress response.

The causes of stress are highly individual but can be placed into three broad categories of stressors namely: pressures, frustrations and conflicts. If these stressors involve central aspects of your life or persist for extended periods of time they are more likely to result in severe distress and disruption of daily functioning with resulting negative physical and emotional impact.

Recognising the Signs

How does stress manifest itself? In a ‘normal’ stress response the physical effects of stress could be lifesaving. This is the ‘flight or fight’ response when experiencing fear or threat where our body releases a rush of adrenaline giving us the impetus we need to fight the threat or fear or to run away. This is the body’s emergency response. Changes occur in the cardiovascular and metabolic system increasing pulse rate, breathing, blood pressure and sugar levels and blood is diverted to vital organs such as the lungs, heart and muscles.

When suffering ongoing stress, the body instigates the ‘flight and fight’ response continuously and we experience a variety of symptoms which generally fall into four categories:
• physical - our body’s response
• behavioural - the things we do
• emotional - what we feel
• psychological - our individual thinking style

Physical Symptoms

• aches and pains
• breathlessness
• change in menstrual cycle
• chest pain and/or palpitations
• constipation
• diarrhoea
• headaches
• indigestion
• muscle twitches
• nausea
• recurrence of previous illnesses/allergies
• skin conditions
• sleep problems
• tiredness
• tightness in chest
• weight loss or weight gain

Behavioural Symptoms

• accident-prone
• change in sleeping patterns
• declining work performance
• drinkers and smokers increase habit
• inability to relax
• inability to express feelings
• loss of appetite
• loss of libido
• overeating
• over-reacting to issues
• poor time management
• poor judgment
• withdrawing from family and friends

Emotional Symptoms/Feelings

• anger
• anxiety
• decrease in confidence/self-esteem
• feeling helpless
• feelings of guilt
• feelings of shame
• feeling out of control
• increasingly cynical
• lack of enthusiasm
• mood swings
• poor concentration
• tension

Psychological Symptoms /Recurrent Negative Thoughts and Expressions

• 'I can't cope'
• 'I don't know what to do'
• 'I don't seem to be able to get on top of things'
• 'I keep forgetting where I put things'
• 'I'm a failure'
• 'I should be able to cope'
• loss of judgment
• 'nobody understands'
• 'what's the point?'
• 'why is everyone getting at me?'

Recognising what stresses us and an awareness of how our symptoms presents, will enable us to take action to minimise or reduce the stress effect.

Life Events

If you are experiencing stress symptoms a key step in beginning to address it is to look at the current events that are occurring in your life. Numerous studies point to significant life change events occurring over a short period of time as being potential stress inducers.

A popular check for identifying stress was devised by two American psychologists *Holmes and Rahe who created a scale of 43 life events considered to be stressful. They indicate that if you experienced two or more life change events within a 12 month period the greater the risk of you suffering from stress.

Each event is scored according to the degree of stress associated with the activity. According to the scale the top 10 most stressful life events are listed below:

1. death of a partner
2. divorce
3. separation from partner
4. imprisonment
5. death of a close family member
6. personal illness or injury
7. marriage
8. dismissal from work
9. change of job
10. retirement.
Work Stress

The Public & Commercial Services Union undertaking research in 2003 produced the following alarming statistics:

- Stress costs the UK economy £8 billion per year
- UK Employees work the longest hours in Europe
- 42% regularly work more than 48 hours a week
- 60% of all work absences in the UK are caused by stress
- 52% of employees often find work means they are too tired to enjoy their free time
- 1 in 3 UK residents find their working hours prevent then spending enough time with their family

Achieving Life Balance

Having a good life balance means looking after our physical, emotional, social and spiritual well being. Rest is an essential part of this. Our culture is results driven. Fuelled by industries obsession with productivity and competitiveness, we are constantly being pushed to perform beyond our boundaries. Indeed our work life balance has been interrupted with the increasing demands of life and the pressure to ‘do more.’

Perhaps your life is bursting at the seams with activity and the juggling of work demands, family commitment and trying to find time for yourself. Take time to pause from the busy treadmill of life.

Combating Stress

Try these tips for effective stress management.

1. Recognise when stress becomes destructive; remember some stress is necessary to motivate or inspire productivity
2. Recognise symptoms early. Too much stress (pressure that continues for too long and leaves you feeling out of control) can be harmful.
3. Identify the cause as it helps you to work through the pressure
4. Write down in order of priority what stresses you and tackle individually
5. Talk to a friend or counsellor; unloading helps
6. Accept what cannot be changed; it brings some relief
7. Try to avoid too many life change events in the course of a 12 month period
8. Let go of resentment, it’s toxic to the mind and induces stress
9. Take time for rest and relaxation; it rejuvenates
10. Avoid junk food; it can aggravate stress symptoms
11. Maintain regular exercise to burn excess adrenaline
12. Nurture your spiritual wellbeing. Spiritual health heals emotions
13. Learn to take one day at a time
14. Pace yourself. Don’t try to fit too many tasks into a short time frame.
15. Practice saying ‘no’ so that you can say ‘no’ to requests that put you under pressure
16. Enjoy the beauty of nature. Going for regular walks in one way to do this
17. Identify and enjoy more ‘me’ time where you do something pleasant just for you
18. Spend time with positive people who help to lift your spirit
19. Make a list of things you are grateful for; it helps to keep a positive perspective
20. Set life and personal goals but be mindful that life changes may cause a detour.
   Adaptability is the best response to combat disappointments.

HOW TO HANDLE STRESS
By Karen Holford

Overwhelmed by life

Amanda sat in the middle of her house and didn’t know what to do first. There were so many clothes that needed washing that her family hardly had anything left to wear! The baby was sick, and hadn’t really slept all night, and neither had she. Her husband was away for a few days, she needed to get her older children ready to go to school, and she had to do all her husband’s chores too.

Amanda felt overwhelmed by her life and all that she needed to manage. She felt as if all the things she needed to do were like a big and heavy burden that she had to carry, and it seemed as if she could hardly move under the weight. She felt miserable; she couldn’t concentrate, or even begin to make a decision about where to start on her day’s work, and she wanted to cry.

Too much to do

Jerry sat in his carpentry workshop and he didn’t know what to do. He badly needed to earn more money, so he had taken on a few extra jobs, but then his brother, who worked with him, had fallen and broken his arm. He had no-one to help him and so much work to do. Several big jobs had to be finished by the end of the week. One order was very important. If he did a good job he knew that he’d be given a much bigger order that would really help the business. But he felt that if he was behind with any of the orders, people wouldn’t trust him to do the work on time in the future, and he didn’t want to let anyone down. He was proud of his craftsmanship and he didn’t want to cut corners to get the jobs finished, because he knew that his reputation as a carpenter depended on the quality of his work. When he tried to work, he was so anxious that he made little mistakes and he found himself getting more and more frustrated.

What is stress?

Stress is a normal part of everyday life for many people. Life is full of unavoidable stresses as well as avoidable stresses, which make our life more complicated and difficult, and prevent us from feeling happy, relaxed and confident.

Some stress is good. It can be healthy and stimulating. A little bit of stress can keep us alert and aware and can even help us to do some things better. But too much stress can be exhausting.

Often when we feel under pressure we don’t relate well to those around us. We may become irritable towards our children and perhaps resentful towards our spouse, because all that we feel we...
have to do may seem more important at that moment than our relationships with those who are closest to us.

Stress causes tension in our bodies. We feel tight and our bodies may ache and tire more quickly. Stress seems to use up our physical and emotional energy. Difficulties seem to happen when we feel that we aren’t able to meet the demands on our energy and time, and when we start to suffer from the negative symptoms of stress.

**Symptoms of Stress**

When a person is overstressed, it’s like being ill, because they will often experience a range of symptoms. Some of the symptoms are things like:

- Problems trying to get to sleep
- Problems trying to wake up and get started each morning
- Fatigue and feeling tired all the time
- Headaches
- General pains in the body
- Feeling fidgety and finding it hard to sit still and just relax
- Unhappiness and tearfulness
- Being critical of self and others
- Lack of concentration,
- Frequently forgetting things
- Problems making decisions
- Quietness and avoiding contact with other people
- Loss of self-confidence
- Feeling that life is too difficult to manage at times

**Some ways to manage stress**

Stress can be different for different people. What will be very stressful for one person, will be exciting and interesting for another person. We’re all different and what makes us stressed will be different too, as well as the ways in which we respond to stress. When we realize that someone is stressed it’s important not to expect them to behave the same way we would in the situation. One person may find it stressful being alone and struggling on their own. Another person might find it stressful if there are too many people around. One person may respond to stress by being quiet and withdrawn, whilst another person may respond by being noisy and cross with everyone.

Some of the biggest causes of avoidable stress are expectations. It may be that we feel other people expect too much of us. Or it may be that we expect too much of ourselves. Expectations can be good. They give us goals to aim for, but when we don’t reach up to the expectations of others, and ourselves, we can feel as if we’ve failed. When we manage everything perfectly, it seems that nobody notices how well we are coping. It’s only when we don’t live up to their expectations that people begin to grumble and complain about us.

We can’t take all of the stress out of our lives. Unexpected things happen. There are natural disasters, babies get sick, people make mistakes from time to time, and have accidents. But there are some things we can do to minimize the extra and avoidable stresses in our lives.
We can try to set realistic goals for ourselves. If we set out to do three things in a day, and we only ever manage to complete one of those things, maybe we need to set ourselves only one goal for the day, and then feel good when we’ve completed that. If we’re putting the pressure on ourselves because our expectations are too high, we need to lower the expectations we have of ourselves. It’s better to do one thing at a time and feel good about what we’ve done, than to try and do too much and feel bad because we can’t do everything we planned.

Balance work with pleasure. Don’t just work all the time. After doing a particularly difficult task, reward yourself with something you enjoy doing, and have a break. Get plenty of sleep. When we feel rested we are much more able to cope with the stresses of the day. If you’re a mom, try to nap when your baby does, or find someone to help you with the children so you can have your own rest. Find some help. Challenging jobs are always easier and more enjoyable when the work is shared with a friend.

Plan ahead if you think there’ll be a challenge coming. Do one small part of the job at a time, and spread the load over several days or weeks. Find extra people who can support you and help you through challenging times, such as a friend or family member that you feel comfortable with. Don’t try to do as much as you normally do when you feel under pressure.

Learn to say ‘no’. Sometimes we suffer stress because we find it hard to say ‘no’ to people who ask us for help. Whenever we say ‘yes’ to others we are saying ‘no’ to our own family.

Find out what helps you to feel better. Some people find hugs relaxing. Others like to go for a walk on their own. Amanda found it helped when she took ten minutes a day to work on a sewing project, and Jerry liked to do some heavy sawing when he felt stressed. Think of a few things you enjoy doing that help you to feel more relaxed, and choose one to do each time you sense that you’re getting more stressed. Find time to laugh, because a good laugh always relaxes the body, or do something energetic to use up the extra stress energy in your body.

Remind yourself that you don’t need to know everything, and you don’t need to do everything perfectly. It’s all right not to be perfect, and it’s all right to make mistakes.

If something you do seems to make you feel stressed, ask yourself, ‘what am I doing this for? Am I trying to show someone how good I am? Is it making me a better person, or is it making me into a miserable person? When I do this, what effect does it have on those I love? Are they happier or sadder because of what I’m doing? What would they want me to do if they could choose?’

What can you do today to take some of the stress out of your life, or out of someone else’s life? You can spread stress and anxiety, or peace and joy. What will you choose?
DEALING WITH THE MENOPAUSE

The menopause is a natural process that all women go through as they transition between mid-life to older adulthood. Sharon Platt-McDonald examines the journey and some of the possible emotional implications.

Pricilla’s story

Pricilla tried to look excited as she entered the room to the cheers and whistles of friends and family who had sprung a surprise for her 55th birthday. The room was full of well wishers and was beautifully decorated in her favourite colours. However, amidst the celebration, Pricilla felt a tinge of sadness as she reflected back on the past 5 years. She had missed a birthday bash on her 50th birthday due to her having to have an emergency operation. Subsequently the years that followed were far from pleasant and void of the good health that she had previously experienced.

Following the total hysterectomy she had had five years ago, Pricilla was now experiencing symptoms of menopause which often left her feeling uncomfortable and miserable. The hot flushes meant she could no longer wear the fitted designer clothes she was used to and for which she once received too many compliments to mention. Instead with all the psychical changes she was experiencing, she now had to opt for loose fitting simple attire which she disliked and in which she did not feel confident. She no longer felt feminine and desirable and to make matters worse her intimate relationship with her husband had begun to suffer. Pricilla now found intercourse painful and was convinced that her husband no longer found her attractive. She felt on edge all the time and suspected that she was becoming depressed as she had lost interest in most of her hobbies and found she did not have the energy to enjoy life anymore.

It was whilst at the party that a friend took Pricilla aside to ask if she was ok as she had noticed that Pricilla appeared a little distracted at times. Pricilla realized that she was beginning to appear somewhat ‘different’ from others which meant that her behavior change was now evident and the unhappiness she had been feeling could no longer be hidden.

Although her faith in God was strong, Pricilla found that her spiritual life had somehow been affected as she was beginning to feel worn down by the scale of the physical and emotional changes she was experiencing. Having a close friend and prayer partner with whom she regularly prayed, Pricilla requested special prayer for God to guide her to the right individuals in order for her to get the help she needed to turn her life around.

Following the party Pricilla booked an appointment with her GP and then gained a subsequent referral to a specialist. A friend also introduced Pricilla to a Christian therapist who was qualified in natural therapies. Now having a wide range of treatment options to choose from Pricilla felt more in charge of her life and hopeful about possible health outcomes. Opting for the natural treatments, prayer support and counseling, within three months Pricilla felt a noticeable difference and within six months she looked and felt significantly better. She has joined a support group organization to help other women who suffer from the discomforts of the menopause.
What is the Menopause?

The word ‘Menopause’ is defined as the point when a woman naturally stops ovulating and menstruation ceases. Menopause occurs when a woman comes to the end of her reproductive life and the levels of oestrogen and progesterone drops.

What are the Symptoms?

‘Going through the change’ is a common description of what happens to a woman in midlife. Some women go through the menopause without much discomfort and few obvious changes. However for many women, they are faced with the challenges of annoying symptoms that affect their physical, emotional and social wellbeing.

A range of symptoms have been reported by women experiencing the menopause. Amongst them are the following:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional / mental</th>
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<tr>
<td>Hot flushes</td>
<td>Mood swings</td>
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<td>Heart palpitations</td>
<td>Difficulty concentration</td>
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<td>Headaches</td>
<td>Irritability</td>
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<td>Night sweats</td>
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<td>Breast tenderness</td>
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<td>Irregular periods</td>
<td>Feelings of sadness</td>
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<td>Bloating</td>
<td>Depression</td>
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<td>Weight gain</td>
<td>Memory lapses or loss</td>
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<td>Muscle tension</td>
<td>Lack of motivation</td>
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<tr>
<td>Sore joints</td>
<td>Tension</td>
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<td>Vaginal dryness</td>
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<td>Loss of libido</td>
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<td>Frequent urination</td>
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<td>Urinary tract infections</td>
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<td>Fatigue</td>
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<td>Sleeplessness</td>
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Menopause: An Emotional Roller Coaster?

The Menopause has often been light-heartedly referred to as an ‘emotional roller coaster’. For some women, declining oestrogen levels associated with menopause can be more challenging than the irritation of hot flushes. The emotional impact can be immense. Some women for example suffer symptoms which make them feel as though they are in a constant state of PMS (premenstrual syndrome). This manifests in the range of emotional and mental symptoms identified above.

Women experiencing any of these symptoms in mid-life could find that it is related to menopause. However the above listed symptoms are not linked only to the menopause. Therefore anyone experiencing them should consult their doctor as there are a number of conditions that can effect emotional and mental changes. A visit to the doctor to share these feelings will ensure they are investigated to rule out any other serious underlying conditions causing the emotional or mental distress.
Although some women exhibit the symptoms of depression during this time it is not accurate to state that depression is caused by the menopause. It is advised that a woman feeling increasingly unable to cope at this time should see their doctor who will make an assessment of physical and emotional symptoms and administer treatment or makes referrals as necessary.

Coping with the emotional changes

Emotional symptoms of menopause like irritability and feelings of sadness are the most common. Reports on the outcome of natural interventions have found that symptoms like these can be managed effectively through lifestyle changes. This includes effective stress management to reduce stress, learning ways to relax and how to boost emotional resilience.

Tips for managing fluctuating emotions:

- Maintain regular exercise and eat healthy eating as part of a daily routine
- Engage in a creative outlet that fosters a sense of achievement.
- Avoid tranquillizers and alcohol.
- Stay connected with family and community.
- Nurture friendships
- Seek regular calming interventions like massage, prayerful reflection, deep breathing, listening to relaxing music etc

Natural interventions during the menopause

Menopause is a natural process which occurs at the natural end of every woman’s reproductive life. As such it should be treated as naturally as possible.

In order to remain healthy and feel better emotionally and physically, there are a number of steps women in menopause and post-menopause can take to enable them to continue to enjoy life.

The following have been found to be beneficial health practices:

- **Maintaining a balanced diet** - Nutritionists recommend whole grains, cold pressed oils, leafy vegetables, and nuts to help keep the body healthy and potentially help relieve hot flushes. It is suggested that some Soy may also ease mild hot flushes. It is best to use a small amount of non-genetically modified soya products that are not over processed. The natural preparations of Tofu, Miso and Tempeh are better options to the processed soya products that have become popular.

- **Omega 6 and Omega 3**. Studies suggest that these essential fatty acids can help regulate hormones and combat mood swings. Good sources of fatty acids are flaxseed, pumpkin seeds and safflower. Research demonstrates a strong link between hormonal balance in women and their emotional wellbeing.

- **Vitamin B-Complex** is key to a healthy nervous system. B vitamin levels are often depleted due to emotional stress related to menopause. Vitamin B helps the body to perform the proper metabolic functions and assists in decreasing irritability and fatigue.

- **Calcium** is required daily to help keep bones strong.
• **Vitamin D** also assists in the prevention of osteoporosis brought on by the menopause.

• **Avoidance of stimulants** like caffeine, alcohol and toxins like smoking.

• **Avoidance of junk food**, excess salt and sugar.

• **Choose foods that are low in saturated fat and cholesterol.**

• **Keep active.** Exercise releases ‘endorphins’ (also known as ‘happy hormones’) which give a feel good factor. Engage in weight bearing exercises daily, for at least 30 minutes.

• **Some herbal medicines and teas** can relieve both physical and emotional symptoms of the menopause. However it is strongly advised that GP’s and health professionals should be made aware of all herbs and alternative treatments. In fact it is best to inform them before taking complimentary medicine/therapy. Helpful herbs are: Black Cohosh which mimics the effects of oestrogen, relieves hot flushes and vaginal dryness, is reported to have a sedative and relaxing effect and can also relieve anxiety and irritability. Red Clover and Agnus Castus have also had some favourable research results in helping to minimise the discomforts of menopause.

• Most women find that once they are able to control or find relief from some of the physical symptoms it helps improve their emotional and mental wellbeing.

**SUPPORT**

**Menopausematters.co.uk** is an independent, clinician-led website. It provides easily accessible, up-to-date, accurate information about the menopause, menopausal symptoms and treatment options, including Hormone Replacement Therapy (HRT) and alternative therapies, so that women and health professionals can make informed choices about menopause management.
THERAPEUTIC WRITING

Karen Holford

talks about the value of therapeutic writing and how it helps us to explore our thought processes about key issues in our lives.

Two methods of achieving this are through the following:

- Restoring Re-storying
- Narrative therapy techniques for explorers!

Other therapeutic writing methods are described below.

Using metaphors

Metaphors are useful ways of communicating that we can explore in all kinds of ways, for new ideas and inspiration, like the parables that Jesus told. We often use metaphors to describe our lives and relationships:

I feel like I keep going round in circles.
I can see the light at the end of the tunnel.
My life is as predictable as a traffic jam on the M25.

What metaphors could you use to describe the way you see your life right now?
List two or three if possible:

Choose one metaphor to work with. Explore it as much as you can, be playful and see where it takes you.

Imagine the metaphor is your reality, and then explore it.

For example, if you feel as though you are locked inside a castle...

What kind of castle is it?
Describe the castle as accurately as you can.
What is your room like? How did you get there?
Do you feel safe or imprisoned, or something else?
What is guarding you, or stopping you from escaping?
Do you want to escape, or are you happy in your tower?
Who is trying to reach you, or fight you, or release you?
What could he or she do to help you?
How could you try to escape or leave?
What would happen if you did get out?
Where would you rather be?
Is there something you would like to leave in the castle, or take with you from the castle?
Would you want to go back to the castle at some time?

If you become stuck for questions or if you feel uninspired, describe your metaphor to someone else and ask them to interview you about your metaphor.

**The Miracle Question (Brief Solution Focused Therapy)**

If you woke up tomorrow, and there had been a miracle in the night, and your life was just how you wanted it to be, what would be happening? Who would notice first? What would you notice? What would you be doing/saying differently? Who would be most surprised, pleased, etc?

Explore the miracle in detail, moment by moment, from the time you wake up, for as far into the day as you can manage. This focuses you on your goals and hopes, and helps you to describe in detail how your life might look if things were better or different.

Then ask yourself – what would it take for that miracle to happen? What are the tiny steps from where I am now, to where I want to be, and what might I need to be sure I get there? How will this miracle story be a part of the miracle that God wants to achieve in my life?

**The Power of Appreciation, Positive Questions, and Our Use of Words**

**Ephesians 4:29.** Word the questions you wonder about in ways that help you to focus on what you appreciate about yourself, or someone else, however small that detail might be. Appreciation changes people in highly aesthetic ways, and it is much more effective than pointing out faults or nagging.

When am I happiest with my life, health, relationships, spiritual development etc?
What is happening in those times when things feel good and I feel right with God and other people?
What are the things that make me strong/resilient/a good writer/etc?
How did I learn those skills?
What are the good and healthy things that are happening in this situation?

**Philippians 4:8** – look for the good. Think about the things in your life that are true, noble, right, pure, lovely, admirable, excellent, etc and focus on them, rather than the negative aspects of your life. Remember - you see (and become like) what you are looking at, so look at something good.

We often write (and live) the story we tell ourselves about ourselves, or the story others have tried to tell about us. Look for the healthy stories and tell them. What story did Jesus tell about Zacchaeus, or the woman caught in adultery, or the woman at the well? And what difference did those stories make to the people whose stories he ‘retold’?

**Future questions**

Future questions are useful because they help us to look at our lives from a very different perspective – maybe even God’s perspective? It helps us to see the bigger story, or picture, of our lives. And that fresh perspective helps us to write today’s page in a more effective way.
Ask yourself a future question about your life:

What would you like your family and friends to say about you in the future? Write a letter you would like one of your friends or relatives to write about you to another of your friends or relatives in ten years’ time.

Where would you like to be in one, two, five, ten years, etc?

If you were to place yourself in the future, and to look back on yourself today, what letter would your future self write to your present self that might be useful for your life now?

**Externalising**

Externalising is a way of exploring a hard-to-describe or elusive emotion. When we externalise we imagine that the emotion is an object or creature outside of ourselves. It may help to draw it or to shape it out of clay.

What is your fear like? What shape is it?
What colour is it, what texture is it?
How does it move, and what does it eat?
What name would you like to give it?
What invites the fear into your life and what sends it away?
When does the fear feel weak, or strong? How can you weaken it further?
When is your fear afraid of you?
Where does it hide? What games does it play with you?
Do other people see your fear too? What does it look like to them?

Externalise a positive emotion such as hope, peace, love, joy and explore it as much as you can. Write a description of the emotion as if it were a character in your life story. You can try externalising troubling experiences too, but start with simpler ones first and make sure you get help from a counsellor if something is disturbing you in a troublesome way.

**Sifting thoughts**

If something is troubling you, write down all the thoughts that come into your head on separate pieces of paper. Then prayerfully evaluate each of your thoughts. Is it true, lovely, helpful, and uplifting, or is it critical, destructive, and depressing? *(Philippians 4:8, Proverbs 16:24 and 2 Corinthians 10:5 ‘We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ.’ NIV)*

Where does the thought come from? Is it still relevant for today, or is it a message that was useful for a specific time, such as when you were a child? Are they messages from people who love and care for you, or people that didn’t have your best interests at heart?

Is this a message that your loving Father wants you to keep in mind, or one that prevents you from experiencing the fullness of God’s grace, forgiveness and love?

Separate the thoughts into two piles. The ones that God wants you to retain and the ones that God wants you to release. Then decide what you will do with the ones that need to be released – bury, burn (safely!), shred, compost, or whatever you feel suits your needs.
Find an attractive book and journal your useful thoughts on the pages. When you have other positive thoughts and ideas, write them down and add them to your ‘treasure book’. Add Scriptures and other reflections. Regularly ‘audit’ your thoughts so that your mind is filled with healthy spiritual messages about yourself and others.

**Use humour and comedy**

Explore the funny side of your experience. There is usually a healthy and humorous way of looking at most things. This may require extra creativity, but often our greatest challenges have a special irony. ‘A cheerful heart is good medicine.’ Proverbs 17:22

**Explore the Psalms**

Find a psalm that most fits your experience, or that comforts you. Be careful with Psalm 88 as this one does not end in a positive place, but it may be your reality occasionally, just as it was for the writer of this psalm. Adapt it to suit your needs, following the thought patterns that the psalmist uses. How does he get from the depths of despair to praising God? What causes you to praise God and acknowledge His power in your life, even through the challenges?
SELF ESTEEM

By Karen Holford

Self-Esteem – Don’t leave home without it!
Self-Esteem – The gift that lasts a lifetime!

Are you a Builder or a Demolition Squad?

Harry and Rob face an exciting challenge at work. A new project is opening up and they’ll both have the chance to be at the cutting edge, to put their ideas into practice and head up a vibrant and energetic team. It seems like a dream come true. A once-in-a-lifetime opportunity. Harry can’t wait to get started, but Rob decides to stay at the routine job he’s done for years.

Kelly and Tina are at a party. Dave spots them and walks over. He chats and flirts with them, and then offers them each an ecstasy tablet. Tina refuses. She doesn’t need anything to help her feel good about herself. But Kelly doesn’t feel very comfortable at the party. She’s afraid everyone will think she looks fat, or that her clothes aren’t right, or that she can’t dance properly. She doesn’t want Dave to think she’s childish or stupid, so she takes the ecstasy.

Two people. Same situations. Different responses. One of them has a healthy self-esteem, and a strong self-confidence: the other is unsure and insecure, afraid of rejection and failure.

Question time at the end of a parenting seminar. One dad asks, ‘What’s a good present to give my son?’ He’s wondering about books, or a train set, or maybe football lessons. The group leader says, “The best gift you can give your son is to make sure that he has a healthy self-esteem. That’s a gift that will last all through his life, he’ll get lots of pleasure out of it, and you’re the best person to give it to him.” Self-esteem is such an important gift, and yet many people leave home without it.

How we rate ourselves is often based on how we feel others rate us. Most of our feelings about who we are come from our experiences as a child, and the messages given to us by the words and actions of our parents, teachers, and peers. If I heard and experienced lots of positive messages when I was a child, I’m more likely to feel good about myself. But, if I faced lots of criticism and rejection, I may feel that I’m not lovable, or that I’ll never be good enough.

People who feel accepted and loved are:

more confident than other people
more able to stand up for what they believe to be right
more able to say no when their friends try to persuade them to do harmful and dangerous things.
more able to build strong friendships with others
more healthy, physically, spiritually and emotionally
more likely to do well at school and to be successful as adults
more likely to be happy and less likely to suffer from depression and mental illnesses

It’s much easier to build self-esteem into a child’s experience from a young age, than to transform an adult who has had low self-esteem for years. But the exciting thing is that it’s never too late to start!
We can still help to build each other up, no matter how many years the demolition squad has been at work.

Here are a few ideas:

**How to Build My Self-Esteem (at any age!)**

Let me see that you make being with me a top priority in your life.
Spend time with me – I’d much rather have five hours of your time than a fiver of your money.
Listen to me and be interested in what I’m interested in.
Take care of my emotional needs as well as my physical needs.
Be my cheerleader.
Value what I do, what I say, and what I give you.
Keep your promises to me so that I know you can be trusted.
Love me for who I am, not for what I can do, or how I look.
Hug and touch me, and keep me safe from harm.
Help me to discover my special gifts, then help me to use them.
Ask me what I’d like to do with you, and then take the time to do those things with me.
Take care not to say destructive and critical words to me. Replace these words with appreciative comments for what I do right, and thankful words about our relationship.
If I’m shy, talk to me about my shyness, show that you understand my feelings, and then help me find ways to cope with difficult situations.
Even if I am far from perfect, keep on believing the best about me and acting on that belief. It will do far more good for me than listening to nagging and criticism!
When I make mistakes, come alongside gently and quietly help me pick up the pieces.

**Builder or demolisher...What are you going to be?**

Karen Holford
The Power of Positive Thinking

By Karen Holford

Looking for Emeralds

Much has been said and written about the effects of thinking positively about yourself. It’s suggested that just by thinking great things about yourself, and having great hopes, that you can accomplish great things. But what about the possibility of thinking positively about others? How can that help us and our relationships to be happier? How can thinking great thoughts about others help us to accomplish great things together?

A husband passes a florist on the way home from work and pops in to buy a bunch of roses for his wife. It makes him a few minutes later than usual. When she opens the door she has a choice. She can see the bunch of roses as a delightful surprise – a wonderful gift of love. Or she might wonder what her husband has done wrong, and become suspicious about his motives for giving her the flowers. One attitude could give the roses a positive meaning, and the other attitude could give them a negative meaning. One meaning could make the relationship happier and closer, and one meaning could drive a wedge between the couple.

A father and son were looking around the field and caves by the edge of a lake. All around them were coarse rocks piled in untidy heaps. It looked a mess. The son kicked at a stray rock. It looked like dried mud to him, useless and boring. Until dad picked up the rock, turned it over and showed him the clusters of tiny emeralds hiding underneath. What the son saw as mud, the father saw as treasure.

Thinking great thoughts about others

Put yourself in their shoes for a while, and walk the roads they walk, until you can understand more about the life they lead, the values they have and the hopes and dreams they have for the future.

Think about them until you are filled with awe and wonder at how they manage their life so well, considering all their circumstances, even if they do things differently from you, and make different choices from the ones you would make.

When someone is different from you, it can be easy to look for the things they do that you don’t like. When you focus on what you don’t like it can hurt the relationship, as you begin to think critical thoughts about the person, and you focus on everything that they do wrong. Try making a list of everything that the other person does well, and think about those things. See if you can find thirty things to write. It’s good to aim for a high number because that will stretch your creativity and help you to search for good things in unexpected places.

Try looking for other people’s positive qualities, and their strengths. Turn the characteristic you think of as negative upside down and find a different, or even an opposite, way to describe it.

For example:

Kate finds it hard to plan ahead, but she could also be described as choosing to be spontaneous.
Pete doesn’t like spending money, but he is good at saving it.
Sam doesn’t seem to stop talking, but he is very good at expressing himself.

When someone has done something that has unintentionally disappointed you, or annoyed you, you might like to reframe their actions positively, and find different ways to describe what they are doing.

Paula may have left the house in a mess because she would rather spend her time playing with her children while they are young.

Bill working late at the office, and missing dinner, could be described as a husband working hard to care for his family.

Lloyd, a teenager who stays in his room listening to music with his headphones on, can be described as someone who is being considerate, and not wanting to force his taste of music on the rest of the family.

The slow driver in front of you could be described as someone who is preventing you from getting a speeding fine!

If you see a child about to do something that they know they shouldn’t do, find a way of turning their actions into something positive and helpful. Luke saw his young son, Jon, pick up a hammer and move towards the cupboard. He was tempted to yell at him to put the hammer down and not hit the cupboard. But instead he said ‘Thank you so much for finding that for me! I was just wondering where that was!’ When the child sees that you believe good things about them, they are more likely to want to do good things too.

Develop a sense of humour, and see the funny side of situations, especially if they are not too painful. Laugh at the situation, rather than at the people involved, and be willing to laugh at yourself occasionally. Finding the gentle humour in a situation can help you to think positively about the event.

When you are talking to people, ask questions that will help them to look for positive qualities in themselves and others.

What do you like most about your job, children, hobby, community, boss, car, etc?
What are the special skills you think you have that make you a good worker, student, husband, friend, etc?

Thinking great thoughts about others may be a new skill that could take some time to develop. Whenever you catch yourself thinking a negative thought about someone, see if you can stop yourself, pick up the thought, and turn it around until it becomes something positive. When you’re tempted to say something critical about someone, stop, edit your speech, and find an appreciative thing to say instead.

Finally, what would you like others to think about you? If you are critical of others, they are more likely to think critically about you. But if you believe the best about people, they may also be encouraged to think the best about you.

Whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable — if anything is excellent or praiseworthy — think about such things. Apostle Paul in Philippians 4:8, NIV
RELATING TO EACH OTHER IN A BIBLICAL WAY

By Karen Holford

Every relationship we have is a two-way experience. Whatever we do or say to others will affect the way they relate to us. We also respond to each other in different ways, with different consequences.

Here are some Biblical guidelines for encouraging healthy relationships.

Love each other

Love each another as I have loved you. John 15:12.
Be devoted to one another in brotherly love. Romans 12:10.

When you would like to show love

You might ask ‘What can I do today to show you how much I love you?’ and then respond to the answer in the best way you can. Offer affection in a way that you know will be appreciated.

When you would like love to be shown to you

You might say, ‘I feel really loved by you when you...Please would you do that for me now?’ or ‘I feel in need of a hug right now. Please would you hold me?’

Have a thankful attitude to each other (Appreciation)

I thank my God every time I remember you. Philippians 1:3.

When you want to show appreciation

You might say, ‘I really appreciate it when you do...’ ‘It means so much to me when you take the time to do...’ Or you might send a note of thanks or appreciation. Be as specific as you can be about what you appreciate.

Comfort each other

Praise be to...the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God. 2 Corinthians 1: 3,4. Mourn with those who mourn. Romans 12: 15

When you would like to show comfort

You might say, ‘I am so sad that you hurt so much. What would you find most comforting right now?’
When you would like comfort to be shown to you

You might say, ‘I feel so sad, but I would really like it if you could ... hold me for a little while ... stay with me ... help me by ... etc.’

Respect Each Other

Honour one another above yourselves. Romans 12:10.
In humility consider others better than yourselves. Philippians 2:3.
Let us not become conceited, provoking and envying each other. Galatians 5:26.
Each of you should look not only to your own interests, but also to the interests of others. Philippians 2:4.

When you would like to show respect

You might say, ‘What would you like to do?’ ‘What do you think about this?’ ‘Your opinion is important to me.’ Avoid doing things that upset or offend the other person. Consider how your words and actions will affect those around you.

When you would like respect shown to you

You might say, ‘Would it be possible for me to tell you what I think about this?’ ‘I have an idea that may help you.’ ‘Please could you consider my perspective?’

Encourage Each Other

Encourage one another and build each other up, just as in fact you are doing. 1 Thessalonians 5:11.
Each of us should please his neighbour for his good, to build him up. Romans 15:2.

When you would like to show encouragement

You might say, ‘You are doing a great job! Don’t give up! Is there anything I can do to help you towards your goal?’

When you would like encouragement shown to you

You might say, ‘I’m feeling overwhelmed by this project at the moment, and I would really like it if you would be able to…’

Accept One Another

Accept one another, then, just as Christ accepted you, in order to bring praise to God.
Romans 15:7.

When you would like to show acceptance

You might say, ‘I want you to know that I love you, whatever you do. Even when you feel as if you have made a mistake, I’m still here for you, and I always will be.’
When you need acceptance

You might say, ‘I know I’m not perfect, but I just need to know that you still love me.’
Inspired by Dr David Ferguson, Intimate Life Ministries.

Building a Closer Relationship with Someone You Love

By Karen Holford

Whether you want to build a closer relationship with a child, spouse or friend, these relationship-builders can help you to find ways to express your care for them in a meaningful way.

Remember the other person, even when you are apart. Send messages to them in different ways, or find a tiny gift for the person you love that they will really appreciate. Carry their photo, or something special from them, with you.

Enter into their emotional world with them and see things from their perspective. Be happy with them when they are happy and be sad when they are sad.

Love them just the way they are, accepting them without expecting them to change, and offering your love and acceptance even when they make mistakes.

Appreciate them, thanking them for the special things they do for you. Appreciate your relationship as well, and find ways to let them know how you value them, and how important the relationship is to you.

Togetherness is vital in a healthy and growing relationship. Do the everyday things together, and spend enjoyable time together, too.

Inspire and encourage them to reach their goals, especially when they are feeling overwhelmed or tired.

Open yourself up and be vulnerable. Share your hopes, dreams and struggles, and encourage them to share theirs, as you listen attentively.

Needs

Understand the things that they need in a relationship and know that these things may be different from the things you need in a relationship. Find ways to meet each others’ needs.

Support them when they are facing challenges. Take some of the burden from their shoulders, and be there for them at all times.

Happiness comes from making the other person happy. Find new and creative ways to delight them.

Inspire them with God’s love, shown through you.

Protect them from harm. Help them to feel safe from physical threats, keep their secrets, and avoid causing them extra stress or fear. Pray specifically for them whenever you can.
EMOTIONAL INTELLIGENCE

By Sharon Platt-McDonald

“We are being judged by a new yardstick: not just how smart we are, or by our training and expertise, but also by how well we handle ourselves and each other.”

Daniel Goleman, Working with Emotional Intelligence.

What is Emotional Intelligence?

Emotional Intelligence - EQ – has been heralded as another breakthrough in understanding human behaviour. It is a relatively recent behavioural model which rose to prominence with Daniel Goleman’s 1995 Book titled 'Emotional Intelligence'. Originally developed during the 1970s and 80s the Emotional Intelligence theory emerged by the work and writings of psychologists Howard Gardner (Harvard), Peter Salovey (Yale) and John 'Jack' Mayer (New Hampshire).

Daniel Goleman defines Emotional Intelligence as:

“The capacity for recognising our own feelings and those of others, for motivating ourselves, for managing emotions well in one’s domestic life and in our relationships.”

Emotional intelligence can be described as a set of acquired skills and competencies exhibited by individuals which enhances their emotional development and positively impacts their interaction with others. This results in a greater measure of success in ones domestic live, family relationships, career and work experiences. It has been observed that people who possess a greater level of emotional intelligence are healthier, less depressed, more productive at work, and have better relationships.

Components of Emotional Intelligence

- Knowing our emotions – the ability to identify them and predict their impact on self and others
- Managing our emotions – the way we respond to life events; appropriate and effective expression of feelings; not giving free reign to emotions; developing positive self talk
- Recognising emotions in others – the awareness of other people’s emotions and the appropriate response to them
- Managing relationships with others – dealing effectively with different personalities in a way that fosters good relationships and engenders positive outcomes
- Motivation – the ability to inspire positive action in self and others

Facts:

- Whereas IQ is associated with genes, EQ (Emotional Intelligence) is not inherited. Therefore it is possible to improve it over time as EQ is largely learned and can grow with experience.
- Research now points to EQ being more responsible for success than IQ

For more info on Emotional Intelligence these books give a good overview:

GOLEMAN, D 1995, Emotional Intelligence: why it can matter more than IQ, Bantam Books, NY
TIPS FOR MENTAL WELLBEING

By Sharon Platt-McDonald

Mental wellbeing is generally influenced by two key areas:

- Biological factors - changes in the central nervous system, illnesses and family history.
- Social / environment changes - and our emotional response to it - losses, traumatic events, stress and low economic status

A number of recent studies have indicated that achieving mental wellness is possible through:

- Spiritual nurturing
- Physical activity
- Good nutrition
- Adequate rest and sleep
- Stress reduction
- An optimistic attitude that can include humor, creativity and faith
- Emotionally enriched environments
- Medication management where necessary

A few well researched examples of the above can be summarized as follows:

- **Feed the spirit** – prayer and meditation (silent reflection) has been shown to provide stress relief and resiliency to face difficult life situations.
- **Nurture your faith** - The Royal College of Psychiatrists discovered that mental health service users identified positive outcomes associated with good quality spiritual care. Additionally, a study by the Mental Health Foundation published 2006 found that religious people, in particular those who believed in a transcendent being, are more likely to recover from depression.
- **Move more** - A 2002 study found that exercise, particularly outdoor, was invigorating to both body and mind. The recommended exercise is 5 -6 times per week. Building up gradually until you are exercising at 80 percent of your maximum heart rate is vital.
- **Eat well** – Omega-3-fatty acids found in flaxseeds, pumpkin seeds and walnuts or for non-vegetarians in oily fish like salmon. Omega-3- has been shown to improve mood. B vitamins, in particular B12 which is excellent for maintaining the nervous system. Increasing foods rich in fibre such as legumes, raw fruits and vegetables and oat bran. These are particularly nourishing to the brain tissue.
- **Rest more** – Scientists have indicated that we need on average, 7-8 hours sleep per night to rejuvenate us holistically and recharge the brain.
- **Enjoy music** – Listening to music that you enjoy has been found to be beneficial. A 2008 Cochrane review demonstrated that music enhances mood. In particular, for those who are depressed, music therapy was found to boost the emotional level so that they appeared to have less negative thoughts when listening to their favourite music.
- **Monitor and manage medication** - Check with your healthcare professional about medication interactions. Inform your GP / consultant of all over-the-counter medications, vitamins, nutritional supplements, herbal remedies and teas that you take.

The following are some recommended daily brain boosters to foster emotional resilience:
• Pray daily – it enhances spiritual and emotional wellbeing
• Drink 2 litres of water daily to boost brain function
• Eat brain enhancing foods rich in B vitamins and Omega-3 (see the section on food below)
• Exercise your mind by reading one book a month, doing puzzles, watching documentaries or listening to a stimulating debate. This enhances brain efficacy by increasing the stimulation of specific parts of the brain
• Reduce stress - it helps to preserve brain function and prevent premature aging of the brain
• Enjoy good humour – it helps with the release of endorphins (also called ‘happy hormones’) to the brain giving a feel good factor
• Get adequate sleep, it helps to rejuvenate the brain
• Enjoy family & social networks
• Nurture a pet

The Food Factor

Nutrition and emotional wellbeing are significantly linked. Insufficient magnesium, zinc and vitamin B6 (found in vegetables, fruit and pulses) have been linked to depression. Depressed individuals may crave sugary and / or fatty foods during stress.

Excess amounts of sugars and refined foods can diminish thiamine, niacin, B12, magnesium and calcium. Reduced levels of these nutrients can increase nervousness, anxiety, fatigue, irritability and nervous system response leading to increased stress sensitivity and tendency to aggression. Heart-healthy diets also contribute to the relief of depression.

Omega 3 fats have been suggested by research to have a calming and anti-depressive effect on the nervous system enhancing brain health and mental wellbeing. Rich sources of Omega-3 are: flax seeds, walnuts and almonds.

High fibre diets improve mood and curb afternoon drowsiness. Foods rich in fibre include: fresh fruits, vegetables, nuts and whole grains.

Experts in the field of stress management have identified the following key foods which aggravate stress reactions in certain people:

**Action:**

**Avoid the following:**

• High intake of refined sugars such as chocolate, cake, biscuits and sugar-based foods
• High fat
• Stimulants such as coffee or cola-based drinks
• Saturated fat intake. Harmful saturated fats, including butter, whole milk, cheese, ice cream, red meat, palm, coconut, and cottonseed oils, raise the level of LDL cholesterol that can cause narrowing of blood vessels
• Cholesterol. You can reduce cholesterol by avoiding egg yolks and organ meats (kidney, brain and liver)
Pause for peace

The words of Jesus are truly comforting when He reminds us in scripture:

“Peace I leave with you; my peace I give you. I do not give you as the world. Do not let your hearts be troubled and do not be afraid” John 14:27 (NIV)

“And the peace of God which surpasses all understanding, will guard your hearts and minds through Christ Jesus” Philippians 4:7 (NIV)

Self Help Action Points

P.E.A.C.E - a recipe for tranquil moments of reflection. I have used it as an acronym to incorporate five elements that engender a peaceful state: Pause, Environment, Attitude, Calm and Exercise.

P – Pause. Stop and be still. Delight in the fact that you choose to ‘be’ rather than ‘do’ at this moment. Don’t feel guilty about this time of seeming inactivity. Just enjoy it. Think of this time as a time of renewal where your energies are being replenished and you gain new strength to go again.

E – Environment. Retire to a treasured spot where you can easily unwind. Ensure that the lighting, the temperature and the furniture is comfortable and enhances a relaxing and reflective mood. Make this your personal area, a safe haven of retreat. You may wish to choose some appropriate music which adds to the ambience and aids your restful mode.

A – Attitude. Detox your mind. Getting rid of negative thoughts helps you to think more clearly and enhances general wellbeing. With a positive mindset you can face life with all its challenges, conquer the past with its disappointments and embrace the future with hope.

Encourage yourself and others. It lifts your mood and reminds you of what is possible

C – Calm - The ability to bring body, mind and spirit into a state of rest. Try a soothing herbal tea like chamomile known for its calming properties to relax the nerves and induce sleep. Prayer is a powerful exercise which releases the pressure and allows you to express hopes, hurts and joys. It enables you to connect with God, reflect and pace your thinking as you gain strength and wisdom to continue the journey of life.

E – Exercise. Engage in regular exercise; it’s a great stress buster. Exercise improves the circulation, boosts immunity and maintains good health both mentally and physically. It also enhances rest.

May you be renewed in body mind and spirit as you implement these daily tips for mental wellbeing into your life.

The above mental wellness tips are excerpts taken from Sharon Platt-McDonald’s latest book:

C.A.R.E.

By Sharon Platt-McDonald

In attempting to assist church members and community individuals in addressing life challenges which impact emotional wellbeing, we need to be both sensitive and supportive in our approach demonstrating genuine care and concern.

C.A.R.E. is an acronym for: Compassionate Action for the Restoration and Encouragement of individuals. Recognising the need to address emotional wellbeing as a key aspect of our journey through life, CARE exists both as a supportive outlet for challenging times and a tool for encouragement. It is a network ministry which seeks to harness the support, understanding and skills of individuals and other agencies to assist those who are facing crisis and life challenges.

As part of the Mental Wellness Strategy recently launched by the BUC Health Ministries department, Sharon Platt-McDonald BUC Health Director developed the C.A.R.E. network as a practical tool to aid individuals in offering a range of options and resources to enhance emotional and spiritual wellbeing.

C.A.R.E. can be accessed via the BUC Health Ministries page on the BUC website or via C-A-R-E-adventist.org.uk.

There are three key aspects to C.A.R.E.:

- prayer ministry (including prayer requests and testimonies to answered prayer)
- support ministry (including resources, and details of relevant referral agencies)
- affirmation cards (a range of inspirational cards to encourage and affirm individuals)

These are briefly described below:

PRAYER MINISTRY

Prayer link

The prayer section is interactive. You can submit your prayer requests and also post the praise report when you have received the answer to your prayer.

The 24 hour prayer clock

Sharon developed the 24 hour prayer clock as a tool for intensive prayer sessions. It has been designed for use in prayer vigils; for consistent prayer cover over the duration of a crisis; and for ongoing seasons of prayer.

For example it has been used successfully to cover an individual undergoing life threatening surgery and during the period of their recovery; for an individual in intensive care until they were discharged and for individuals experiencing strongholds/severe spiritual warfare who require immediate breakthrough. A copy of the prayer clock is available for downloading.
SUPPORT MINISTRY

This section highlights useful books and other resources which can assist the individual in addressing the various challenges that they face.

AFFIRMATION CARDS

This entails an exclusive range of affirmation postcards, with 12 assorted scenes and text, designed to encourage and affirm members, family and friends. Do you know someone who is in need of encouragement or who would value being appreciated? Here is an opportunity to send them an uplifting message set against a vibrant background.

Under the categories of encouragement and support are the following 7 cards: ‘Missed you at church’; ‘Thinking of You’; ‘Praying for your healing’; ‘Trust God’; ‘For Such a Time as This’; ‘Are You Discouraged?’; ‘Remembering’. Under the category of acknowledgement are the following 5 cards: ‘Thanksgiving’; ‘Appreciation’; ‘A friend like you’; ‘Friends’; ‘Happy Anniversary’

The postcards are assembled in packs of 12 and packs of 6. The pack of 12 postcards includes the full range (one of each of the 12 cards). This comes with 12 envelopes in a cellophane package at a cost of £4.00 per pack.

The pack of 6 postcards include 6 of the same design (in the encouragement and support range) with 6 envelopes in a cellophane package at a cost of £2.50 per pack.

When you enter the C.A.R.E website via C-A-R-E-adventist.org.uk we advise you to browse each segment and utilize the identified resources.

It is my prayer that as you access the resources from C.A.R.E. you will find direction, strength and comfort as you face life’s challenges and assist others in doing so.
GOD’S WORD ON MENTAL WELLBEING

• “Anxiety in the heart of man causes depression, but a good word makes it glad” Proverbs 12:25 NKJV

• “I will bless the Lord at all times; His praise shall continually be in my mouth” Psalm 34:1

• “....be still and know that I am God…” Psalm 46:10

• “Bless the Lord o my soul, and forget not all His benefits: Who forgives all your iniquities, Who heals all your diseases, Who redeems your life from destruction, Who crowns you with loving kindness and tender mercies, Who satisfies your mouth with good things, So that your youth is renewed like the eagle’s. The Lord executes righteousness and justice for all who are oppressed” Psalm 103:2-6

• “Thy word is a lamp unto my feet and a light unto my path”. Psalm 119:105

• - “In my distress I cried unto the Lord and He heard me” Psalm 120:1

• “I will lift up my eyes to the hills – from whence comes my help? My help comes from the Lord.” Psalm 121:1,2

• “He will not suffer your foot to be moved...” Psalm 121:3

• “A merry heart does good like medicine, but a broken spirit dries up the bones” Proverbs 17:22

• “For as a man thinks in his heart, so is he.” Proverbs 23:7

• “For by wise counsel you will wage your own war and in the multitude of counsellors there is safety” Proverbs 24:6

• “Your ears shall hear a word behind you, saying, ‘This is the way, walk in it, whenever you turn to the right and whenever you turn to the left” Isaiah 30:21

• “When you pass through the waters...it shall not overflow you…” Isaiah 43:2

• See, I have inscribed you on the palms of my hands” Isaiah 49:16

• “Then shalt thy light break forth as the morning....” Isaiah 58:8

• “…the garment of praise for the spirit of heaviness…” Isaiah 61:3

• “…the oil of gladness instead of mourning…” Isaiah 61:3

• “For I know the plans I have for you” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future....” Jeremiah 29:11 (NIV)

• “…for the joy of the Lord is your strength” Nehemiah 8:10
• 'And He said to them, “Come aside by yourselves to a deserted place and rest a while”’ **Mark 6:31**

• "......He has sent me to heal the brokenhearted, to preach deliverance to the captives...... to set at liberty those who are oppressed." **Luke 4:18 NKJ**

• “Let not your hearts be troubled; ...believe also in me...” **John 14:1**

• “Peace I leave with you; my peace I give you. I do not give you as the world gives. Do not let your hearts be troubled and do not be afraid” **John 14:27 (NIV)**

• “And we know that all things work together for good to those who love God, to those who are the called according to His purpose.” **Romans 8:28**

• “And do not be conformed to this world, but be ye transformed by the renewing of the mind, that you may prove what is that good and acceptable and perfect will of God” **Romans 12:2**

• “Therefore there is now no condemnation for those who are in Christ Jesus” **Romans 8:1**

• “I press towards the mark of the prize of the upward call of God in Christ Jesus” **Philippians 3:14**

• ”Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God. And the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus” **Philippians 4:6-8**

• Instead of worrying, pray. Let petitions and praises shape your worries into prayers, letting God know your concerns. Before you know it, a sense of God’s wholeness, everything coming together for good, will come and settle you down” **Philippians 4:6,7 (MGE)**

• "....whatever things are true, whatever things are noble, whatever things are just, whatever things are pure, whatever things are lovely, whatever things are of good report, if there is any virtue and if there is anything praiseworthy – meditate on these things” **Philippians 4:8**

• “I can do all things through Christ who strengthens me” **Philippians 4:13**

• "For God has not given us a spirit of fear but of power and of love and of a sound mind” **2 Timothy 1:7**

• ”I will never leave you or forsake you...” **Hebrews 13:5**

• “You were redeemed from the empty way of life...” **1Peter 1:18**

• ‘Casting all your care upon Him, for He cares for you’ **1 Peter 5:7 NKJV**
CONCLUSION

Having read the contents of this handbook, it is hoped that you have gained a broader knowledge of the varying emotional and mental challenges experienced within our church and community.

*We recognise that there are many sensitive issues discussed in this handbook. If you are affected by any of the enclosed subject matter and wish to discuss this further or get more information, please refer to the ‘Useful Resources’ section in the Appendix. In this section, you will find local counselling services and relevant organisations who are qualified to assist you further.*

As a church body, we need to ensure that we are embracing of the diverse needs of individuals we minister to. An aspect of ensuring this is to identify that where prejudices or ignorance exist they are addressed as quickly as possible and barriers removed. This helps to facilitate a more relevant church which aims to understand emotional and mental health challenges that members may grapple with and seek ways to reach out to them. Additionally, when witnessing to the un-churched we will be able to bring the message of Salvation to as many people in our community as possible.

Our ultimate goal is to create an environment within our churches and communities where individuals feel welcome and their diverse needs met within the confines of the services and programs that we offer.

It is my hope and prayer that God will continue to bless our ministry as we embrace the diverse needs of others and endeavour to enhance the experience of all in our community as we serve with the compassion of Christ.
“A person whose mind is quiet and satisfied in God is in the pathway to health.”

Mind, Character & Personality
EG White
Abbreviations in Mind, Character & Personality

AA The Acts of the Apostles
AH The Adventist Home
AM An Appeal to Mothers Relative to the Great Cause of the Physical, Mental, and Moral Ruin of Many of the Children of Our time.
1BC The Seventh-day Adventist Bible Commentary, Vol. 1 (2BC etc. For Vols. 2-7)
CD Counsels on Diet and Foods
CED Christian Education
CG Child Guidance
CH Counsels on Health
CM Colporteur Ministry
COL Christs Object Lessons
CS Counsels on Stewardship
CSW Counsels on Sabbath School Work
CT Counsels to Parents, Teachers, and Students
CTBH Christian Temperance (E.G.White) and Bible Hygiene (James White)
CW Counsels to Writers and Editors
DA The Desire of Ages
Ed Education
Ev Evangelism
EW Early Writings
FE Fundamentals of Christian Education
GC The Great Controversy
GCB General Conference Bulletin
GH Good Health
GW Gospel Workers (1892, 1915)
HC Our High Calling
HL Health: or How To Live
HP In Heavenly Places
HPMMW Health, Philanthropic, and Medical Missionary Work
HR Health Reformer
HS Historical Sketches of the Foreign Missions of the Seventh-day Adventists
KH That I May Know Him
LS Life Sketches of Ellen G. White
Lt Ellen G. White Letter
MB Thoughts from the Mount of Blessing
MH The Ministry of Healing
ML My Life Today
MM Medical Ministry
MS Ellen G. White Manuscript
MYP Messages to Young People
PHJ Pacific Health Journal
PK Prophets and Kings
PP Patriarchs and Prophets
RH Review and Herald
SC Steps to Christ
SD Sons and Daughters of God
4SG Spiritual Gifts
SL The Sanctified Life
1SM Selected Messages, Book One
2SM Selected Messages, Book Two
SpT Special testimonies, Series A
SpTBC Special Testimonies to the Battle Creek Church
SpTED Special Testimonies on Education
SpTM Special Testimonies Relating to Medical Missionary Work
SpTMWI Special Testimonies to Managers and Workers in Institutions
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<td>Undated Ellen G. White Manuscript</td>
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Glossary of Terms

**Anti-Depressants**: Drugs whose main purpose is to remove symptoms of depression.

**Acrophobia**: fear of height.

**Agrophobia**: fear of open space.

**Algophobia**: fear of pain.

**Astrophobia**: fear of storms.

**Biochemicals**: Natural chemical substances created by the body.

**Bipolar Depression**: A form of depressive illness where the person experiences periods of both abnormally high and abnormally low moods.

**CFS**: Chronic Fatigue Syndrome (also thought to be similar to, or the same as, Myalgic Encephalomyelitis or ME) often occurs after a viral infection. The sufferer becomes very tired and listless for no real reason. May last for months to years.

**Circadian Rhythm**: A biological pattern based on a daily cycle of about 24 hours, e.g. sleeping and eating.

**Clinical Depression**: A low mood which is deeper than is normal and which continues for an abnormally long time.

**Claustrophobia**: fear of closed spaces.

**Cognitive**:

**Depressive Phase**: Periods of low mood experienced by someone who has a bipolar disorder.

**ECT**: Electro-Convulsive Therapy is the administration of a controlled electric shock to the brain, usually to lift a depression.

**Empowerment**: Giving real power to the decisions made by people, usually in a work environment, i.e. people are not encouraged to make decisions only to have them over-ruled by someone higher-up.

**Endogenous Depression**: An old description of a depression due to and maintained by chemical changes from within the body and thus not able to be changed by thinking your way out of them.

**Endorphins**: The chemicals produced by the body which give a 'high' feeling. These are so called because they are a form of endogenous morphine i.e. a drug produced within the body itself which gives the person a 'high' similar to that produced by taking morphine.

**Environmental Influences**: Influences of other people or lifestyles or our way of living. Any influences which do not come from within ourselves.

**Euphoria**: A feeling of being on a 'high'. This is a common symptom of the manic phase of a bipolar depression.

**False Belief**: Beliefs held by depressed people, usually about themselves, which they believe and act on but which have absolutely no justification. Beliefs such as everything I do is wrong.

**False Decision**: When a person is 'talked into' a particular decision against their real wishes.

**Family Suicide**: When a parent with a depressive illness not only sees no future for him or herself but can see none for the children either, so takes the lives of the children too.

**Genetic Influences**: Those tendencies we are born with because they are inherited in our genes.

**Helplessness**: When you feel unable to influence what is happening in your own life, even though you feel you ought to be able to.

**Hopelessness**: When you feel there is no way out of your predicament.
**Hormones**: Chemicals released into the bloodstream by a particular gland or tissue that has specific effect on tissues elsewhere, e.g. the effect of oestrogen on the reproductive system.

**Haematophobia**: fear of blood.

**Immune System**: A collection of cells and proteins that work to protect the body from potentially harmful infectious micro-organisms.

**Insomnia**: The inability to follow what is regarded as a normal sleep pattern.

**Love**: Accepting someone you care deeply for as they are and allowing them to live as they wish.

**Mania**: The 'high' phase of bipolar depression.

**Manic**: Describes a person in the 'high' phase of a bipolar depression. Someone who is abnormally high spirited and happy when conditions do not really warrant it.

**Manic Depressive Psychosis**: A bipolar depression in which the sufferer has phases of both 'downs' and 'ups' i.e. of both high and low mood.

**Masked Depression**: A depression which is not immediately obvious because the main symptoms are of something else, e.g. anxiety.

**Mild Depression**: The first stage of depressive illness where only a few symptoms are noticed. This stage may be overcome with self-help measures.

**Moderate Depression**: The second stage of depressive illness. The symptoms such as sleep problems and negative thoughts are more intrusive. The sufferer may need help.

**Mood Disorder**: Any abnormal mood, be it abnormal happiness or sadness, when nothing has happened to justify it.

**Mysophobia**: fear of disease or contamination.

**Monophobia**: fear of being alone.

**Neurotransmitter**: A chemical released from nerve endings that transmits impulses from one nerve cell to another or to a muscle.

**Nyctophobia**: fear of darkness.

**Personality State**: The mood you are in. This may change depending upon circumstances, and is always a passing thing.

**Personality Trait**: A fairly permanent aspect of your personality which colours the way you interpret what goes on around you, e.g. whether you are a pessimist or an optimist.

**Pathophobia**: fear of disease.
## USEFUL RESOURCES

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<th>AUTHOR</th>
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<tr>
<td>Changes that Heal Workbook</td>
<td>Dr Henry Cloud</td>
<td>Zondervan</td>
<td>1994</td>
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<td>Compulsive Overeating</td>
<td>Dr Linda Mintle</td>
<td>Strang Communications</td>
<td>2002</td>
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<tr>
<td>Don’t Call It Love: Recovery From Sexual Addiction</td>
<td>Patrick Carnes</td>
<td>Random House Inc</td>
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<td>Embracing the Challenges Of Life And Loving It: The A-Z Of Inspirational Living</td>
<td>Suzanne Mornan-Vaughan and Sharon Platt-McDonald</td>
<td>Penn Press</td>
<td>2005</td>
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<td>Every Man’s Battle: Winning The War On Sexual Purity One Victory At A Time</td>
<td>Stephen Arterburn and Fred Stoeker</td>
<td>More in Every Man Series</td>
<td>2008</td>
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<tr>
<td>Healing Hearts RestoringMinds: The A-Z of Emotional Wellbeing</td>
<td>Sharon Platt-McDonald</td>
<td>For All Occasions</td>
<td>2009</td>
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<tr>
<td>Healing the Child Within: Discovery and Recovery for Adult Children of Dysfunctional Families</td>
<td>Charles Whitfield</td>
<td>Health Communications</td>
<td>1987</td>
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<td>Healing Wounds of Sexual Addiction</td>
<td>Mark R Laaser</td>
<td>Zondervan</td>
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<td>I'm Not Supposed To Feel Like This: A Christian Approach to Depression and Anxiety</td>
<td>Whittington, Richards and Williams</td>
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<tr>
<td>Menopause – Answers At Your Fingertips</td>
<td>Dr Heather Currie</td>
<td>ISBN: 9781859591550</td>
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<td>Mind, Character &amp; Personality</td>
<td>Ellen G White</td>
<td>Resources for Changing Lives</td>
<td>2004</td>
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<td>Self-Injury: When Pain Feels Good</td>
<td>Edward T Welch</td>
<td>SOS Programs &amp; Parents / Press</td>
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<td>Stressed? How To Handle The Pressure</td>
<td>Sharon Platt-McDonald</td>
<td>Autumn House</td>
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<td>The Christian Psychologist: (BACIP Newsletter)</td>
<td>British Association of Christians in Psychology</td>
<td></td>
<td>2009</td>
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<td>The Path to Sexual Healing</td>
<td>Linda Cochrane</td>
<td>Baker</td>
<td>2000</td>
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<tr>
<td>The Wounded Heart: Hope For Adult Victims of Childhood Sexual Abuse</td>
<td>Dan B Allender PhD</td>
<td>Nav Press</td>
<td>1990</td>
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<tr>
<td>Victory Over Depression: How To Live Above Your Circumstances</td>
<td>Bob George</td>
<td>Harvest House Publishers</td>
<td>2001</td>
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<tr>
<td>When Your Past Is Hurting Your Present: Getting Beyond The Fears That Hold You Back</td>
<td>Sue Augustine</td>
<td>Harvest House Publishers</td>
<td>2005</td>
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REFERRAL AGENCIES

British Union Conference of Seventh-day Adventists Agencies

North England Conference Counselling Service:
THE RAINBOW COUNSELLING SERVICE (In conjunction with NEC Family Ministries)
Humphrey Street, Cheetham Hill, Manchester, M8 9JS.
Tel.: 161 740 3602  Available: Monday and Thursday 6.00-8.00pm

South England Conference Counselling Service:
CORNERSTONE COUNSELLING SERVICE
South England Conference of Seventh-day Adventists
25 St John’s Road, Watford, Hertfordshire, WD25 9JZ.
Tel.: 020 7723 8050  Available: Monday 6.30-9.00 and Tuesday 9.00 – 12.00 noon.
Mob.: 0845 741 3602

UK/National Referral Agencies

MIND
15-19 Broadway, Stratford, London, E15 4BQ.
Tel.: 020 8519 2122,
Fax: 020 8522 1725
email: contact@mind.org.uk

RELATE
Relate Central Office, Premier House, Carolina Court, Lakeside, Doncaster, DN4 5RA.
Tel.: 0300 100 1234
Email: enquiries@relate.org.uk

Compass
25 Hope Street, Liverpool, L1 9BQ.
Tel.: 0151 708 6688

Counselling & Prayer Trust
The Courtyard, Fulham Palace, Bishop’s Avenue, London, SW6 6EA.
Tel.: 020 7384 9212.

Care in Crisis
39 Union Street, Lurgan, Craigavon, Co Armagh, BT66 8DY, Northern Ireland.
Tel.: 028 3832 9900

Crossline Scotland
2 Glasgow Road, Camelon, Falkirk, FK1 4HJ, Scotland.
Tel.: 01324 630 643  Help Line: 0845 658 0045

Cardiff Christian Healing Ministry
Woodvale Christian Centre, Crwys Road, Cathays, Cardiff, CF24 4ND, Wales.
Tel.: 029 2019 0113

Churches’ Ministerial Counselling Service
P O Box 44, 129 Broadway, Didcot OX11 8RT.
Tel.: 01235 517705
Fax: 01235 517715
Email: admin@cmcs.org.uk
Website: www.cmcs.org.uk
British Union Conference of Seventh-day Adventists

This Handbook is part of the Mental Wellness Strategy Set of Resources, launched by the BUC Health Ministries Department in 2009. As well as the Handbook, the set incorporates the book:


It also includes a series of Affirmation Cards (These are vibrant postcards, available in a pack of twelve assorted cards or in a pack of six-of-the-same single cards) to affirm, encourage and support the individual.

These resources can be used in a variety of ways to enhance the work of your Health Ministries Department under the Mental Wellness Strategy. They can also be used as ministry or evangelism tools for other departments in their outreach work with the community.

If you would like to obtain any of the resources mentioned, these can be ordered from Faye Weekes, at the contact details below:

Health Ministries Department
British Union Conference
Stanborough Park
Watford
WD25 9JZ

Tel.: 01923 672251 (Main)
Fax.: 01923 893212

Email: fweekes@adventist.org.uk