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Restoring Shattered Lives

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Restoring Shattered Lives

Through Christian Counseling

Beverly Murphy entered her college freshman year full of promise, only to have her hopes dashed. At 19, she was raped and later discovered she was pregnant. “I was utterly devastated by the trauma,” she relates in an interview more than four decades later.

She knew her parents would be furious, especially since they were pillars in the church and community. Yet, because of her convictions, abortion was not an option. She said she prayed that the baby would resemble her and her family, but, at the same time, began destroying her life and the fetus with alcohol. “I just couldn’t cope,” she says.

In the midst of the anguish and pain, Beverly found what she believes was a God-sent connection, a Christian doctor who was not only an obstetrician/gynecologist but also a psychiatrist. “I knew I had to face some issues that

would plague me for the rest of my life,” she acknowledges. She said she received exceptional counseling and by the time she left school, she was able to deal with most issues, including having parents who didn’t believe her story.

“Talking with my counselor gave me a handle on my situation,” she says, realizing the difference that professional help can make. “I had two friends who were in the same situation and they both rejected counseling. One young lady committed suicide, killing herself and the baby; my other friend turned to drugs and a life on the streets, leaving the baby with her mother.”

BY ESTHER GREEN



When it comes to mental health issues, we are a lot more reluctant to talk about it because there is quite a bit of shame and guilt, especially in the Christian world.

While Beverly's situation was resolved through counseling, unfortunately there remains certain hang-ups about it in Christian circles.

"There is still a sense that if I am connected to Christ, then all I need to do is pray when things are not working right, and it should go away. Or, a person may think, 'I am having this mental health issue because of sin in my life,'" explains Judith Fisher, director of the Counseling and Testing Center at Andrews University. "These are issues that have been repeated, even in church organizations. 'Well, you need to go back and see what you did wrong that God may be punishing you for.' These are beliefs that continue to keep people from reaching out and getting help." Fisher says that the fact of the matter is, mental health issues are just as real as medical issues. "If we have a toothache or we have a medical issue, we have no qualms with going to the doctor. We go there, and we tell people, 'Hey, I have a toothache' or 'I have a broken leg,' or something. But when it comes to mental health issues, we are a lot more reluctant to talk about it because there is quite a bit of shame and guilt, especially in the Christian world."

The question is, how do we help ourselves move past the negative associations of counseling to gain the relief and healing that's needed? In a series of interviews, two experts offer their professional wisdom in the application of mental health interventions and therapeutic modalities available for Christians today.

Spiritual Devotions as Therapy

David Sedlacek, PhD, LMSW, CFLE, professor of Family Ministry and Discipleship at the Seventh-day Adventist Theological Seminary

"The Bible and meaningful time with the Lord have mental health benefits. That said, the reality is that here are some people who have more serious mental illnesses and may not have a solid trust relationship with God. Because of that, their ability to hold on to God is rather tenuous. In addition, most people in the church have not been taught how to use the Bible or their personal devotional time in a therapeutic way. Part of the challenge is that we can easily talk

problems. Most people who are depressed or anxious need experiential solutions, not just cognitive solutions.

"Cognitive solutions are left-brain solutions where you can figure it all out and rationally decide certain things. There is a place for that to challenge our own negative, self-defeating thinking and to change our thinking to be in harmony with the truth or God's Word. Jesus said, *You'll know the Truth and the Truth will set you free*. There's powerful, powerful truth to that. But, for most people, wounding occurred not primarily cognitively, but affectively. In other words, it's more of a right-brain experiential challenge for them.

"Therefore, we have to go beyond left-brain solutions to also right-brain solutions, which are more experiential. For example, if you take a verse like Isaiah 51:3, it says, *For the LORD shall comfort Zion: He will comfort all her waste places; and He will make her wilderness like Eden, and her desert like the garden of the Lord; joy and gladness shall be found therein, thanksgiving, and the voice of melody* (KJV). If you have listened to someone's story of hurt and pain that's leading them to be anxious, sad or depressed, you could take that Scripture and put that person's name in there. Make it personal, experiential, as you're praying through it with them.

"As an example, *For the Lord will comfort 'Esther.' He will comfort all of your waste places*. When I'm praying through that with someone, I ask them to name the garbage can, waste place, hurtful, damaging experiences that they've had. I say as they are naming them, "The Lord will comfort all of your waste places and make your wilderness like Eden." Personally speaking, looking at my wilderness experience, the more I can then identify it and speak to the Lord about it and begin experiencing His comfort in that wilderness place. It is important that we tell our story to God. When there's a human ear that can hear us, too, who knows that their job is to connect you with God the way Jesus did, then that's a real powerful intervention because then God is using that person as His representative in order to touch and to heal people's lives."



Pastoral Counseling

Roy Gatton, DMin., BCCC, Diplomate, Psychotherapy associate professor of Pastoral Care and Counseling, director of Counseling Services, Seventh-day Adventist Theological Seminary

"Pastoral counselors are a major blessing to the church. It is important to know, however, that they are not trained to be professional counselors or psychologists. Pastoral counseling training gives pastors the opportunity to be able to become more effective in listening to people and being present with them. It allows us the opportunity to be able to process a person's story and what they are sharing.

"There is a difference between a Christian counselor and a secular counselor. The way they approach counseling and their counseling goals are different. Pastoral counseling is unique in that many times when someone comes, it's someone from the congregation whom the pastor might already know. Therefore, clear boundaries need to be set. This moment is for counseling as opposed to a chat session or time of general prayer. There is a specific modality for counseling and that is seen in the boundaries that it sets and how the pastor interacts with and listens to the person."

It is how we handle those storms in our lives that can mean the difference between utter devastation or, as in Beverly's case, restored health.

There has to be established counseling goals and then the identification of the issue or issues to be worked on. The work happens for a time and then there has to be a termination of that relationship so they can go back to a parishioner and pastor relationship.

“Another way pastoral counseling is different is that we recommend that a pastor does not do more than three to four counseling sessions. The pastoral counselor helps the person, enables the person and may also pray with the person, but if there needs to be long-term counseling involved, then they need to refer them to a licensed professional counselor or therapist.

“Indicators that something long-term may be needed or a referral made is when a pastor is dealing with addictions or mental disorders. At the seminary, we train pastors to identify disorders like bipolarism, schizophrenia, manic depression or critical depression. These issues are beyond the scope of pastoral training. A pastoral counselor needs to be wise enough to recognize his or her limitations, to know when they can help and when they need to refer.”

Both Sedlacek and Gatton have provided very practical and even insider information to help church members begin to make more informed use of the mental health resources that are freely and readily available to them. It is important to know, however, that while these tools and resources exist, they also have limits. Christians can and do have serious mental health issues that may require more specialized modalities in which other licensed practitioners are more versed.

It is how we handle those storms in our lives that can mean the difference between utter devastation or, as in Beverly's case, restored health. Forty-two years later, she can look back and see the difference counseling made. The child conceived from that traumatic event has grown to have a master's degree in electrical engineering and is a journeyman electrician for a union. She also had three more children who are thriving adults. “I know my story could have been different,” she says. “I credit this to the counseling received in a timely manner and the relationship I have with God.” ■

Esther Green is a second year MDiv student at the Seventh-day Adventist Theological Seminary.

You Can Help Prevent Suicide

The statistics are startling, heartbreaking and deeply concerning.

Tragically, in 2017, suicide claimed the lives of over 47,000 people, and was the tenth leading cause of death in the U.S. overall, the Centers for Disease Control and Prevention (CDC) reports.

Yet the numbers only hint at the profound emotional pain felt by those who take their own lives. Many of us want to know: How can we help those who hurt so much? How can we stop a suicide?

It could be anyone.

Anyone can be thinking of suicide — even a loved one or a friend who “seems fine.” But several experiences in a person's life may increase their risk.

Risk factors include having a history of abuse, depression, alcohol or other substance misuse, or a previous suicide attempt. Having recently experienced personal loss — such as loss of a relationship, job or physical health — is another risk factor.

And while suicide occurs among people of all ages and backgrounds, rates are higher among certain demographics, such as American Indians, Alaska Natives, older men and veterans. It's also the second leading cause of death among young people ages 10 to 34, CDC numbers show.

There are warning signs.

Even though some groups are at higher risk for suicide, it can happen to the people we least expect. It's good to know what the warning signs are so that you can get help before it's too late.

People having suicidal thoughts may show a number of behaviors, including any of the following:

- Talking about death a lot or saying they want to die.
- Talking about feeling trapped, with no way out of a difficult situation.

- Claiming to be a burden to others.
- Talking about feeling empty, hopeless or having no reason to live.
- Making a suicide plan — they may search online for ways to kill themselves, or try to obtain something to harm themselves with, such as a rope or a gun.
- Giving away important possessions.
- Starting to use drugs or alcohol more often.
- Withdrawing from family or friends.
- Telling loved ones goodbye.

You can help.

Not everyone who shows these signs may attempt suicide. But if there's any concern, don't hesitate to help. The National Institute of Mental Health recommends taking these four actions:

Be blunt and ask. Don't be afraid to ask the person, “Are you thinking of killing yourself?” Contrary to what you may have heard, asking this question will not put the idea of suicide in someone's head.

Listen carefully. Try to understand and acknowledge what they're going through.

Try to limit access to lethal means. For example, if the loved one you're concerned about lives with you, you may be able to safely remove or lock up any firearms, poisons or other lethal items in the home.

Share resources. Encourage the person to call the National Suicide Prevention Lifeline at 800-273-TALK (8255). Or call the hotline yourself. You also might help connect the person to a spiritual advisor or mental health counselor.

Bottom line: If you know someone who is in crisis, take them seriously. If you think it's an emergency, call 911. ■

Adapted with permission from Adventist Health blogpost: <https://www.adventisthealth.org/blog/2019/september/you-can-help-prevent-suicide/>