



mental health & faith

**Daniel &
Élida Rota**

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MENTAL HEALTH AND FAITH

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Introduction

When we were proposed to write a book about mental health and faith, the idea excited us immensely. “Mental health” and “faith” are familiar concepts to us, and in this book, we aim to expand on them, as understanding how they interact is vital in the life of a Christian dealing with mental illness, their family, and the pastors and leaders of the faith community they belong to.

To address these topics, we draw upon truths from God’s Word, as well as insights from studies and scientific discoveries in the fields of psychology and psychiatry. Advances in understanding brain function and psychological sciences are incredibly useful tools in comprehending mental illnesses.

We know that God created the principles and laws that govern our entire being, and science seeks to discover and understand them. God has also revealed many things about human nature in the Scriptures. Therefore, the science of mental health and Christianity should not be seen as antagonistic. The challenge we face today is not choosing between faith and science; rather, we need both.

The times we live in are not easy. The rates of mental health disorder diagnoses have increased significantly, and the impact of mental health disorders is too significant to be ignored in our churches. Furthermore, among those who have mental health disorders are pastors, Christian leaders, and many church members and their families.

In this book, we present guidelines for preserving and improving mental health, as well as a set of skills and competencies that are useful in counseling and ministering to Christians who experience mental health disorders. We also describe the boundary between a

spiritual issue and a situation that requires psychological or psychiatric help, because treating a person with a mental illness as solely a spiritual or behavioral problem would be a mistake. We debunk prejudices, challenge misconceptions, and explain truths about the experiences of Christians with mental illnesses

Mental illness in Christians will not prevent anyone from hearing the Lord's "Well done, good and faithful servant; you have been faithful over a little, I will set you over much..." because many, despite their illness, have been able to develop their spiritual gifts and have been a great blessing. In countless cases, the deficiencies, frailties, and vulnerabilities of faithful Christians in many areas of their lives have led them to equip themselves and serve the Lord better, and to be a blessing to many.

We hope that reading these pages will help to provide a better understand what mental illness entails and how to minister more effectively to the mentally ill and their families in our churches. It is our greatest desire, as children of God and as mental health professionals, to fulfill this objective and for this book to be a blessing to the beloved people of our Heavenly Father.



Chapter 1

Mental Health

Allow us to begin this book by sharing with you some astonishing facts:

The brain God gave us

During the nine months of gestation in the mother's womb, around 250 nerve cells are formed in the developing baby's brain each minute, completing close to 100 billion neurons by the end of its development (a number similar to the amount of stars in the Milky Way). In turn, a single neuron can have up to 200,000 connections with other neurons.

The brain is divided into two hemispheres, and in each of these, we can identify several lobes that fulfill different functions, from memory and reasoning capacity to the regulation of our movements and the senses that allow us to perceive the world around us.

Biologically, humans have five senses: hearing, sight, smell, taste, and touch. Sensory neurons are responsible for carrying the information they receive from our body and the external world—via the ears, eyes, nose, tongue, and skin—to a specific area of the brain. The part

of the brain where the optic nerve reaches cannot perceive or distinguish the characteristic sensations of the nerves of the ear, and that part of the ear cannot perceive or distinguish characteristics of taste or smell, or distinguish those of the nerves of the skin. Within the brain, the data received by the sense organs (ears, eyes, nose, tongue, and skin) each arrive at the corresponding location to be processed, integrated, associated, and interpreted.

Isn't all of this wonderfully designed?

The mind God gave us

The mind is a completely different entity from the brain. The brain is material and the mind is something immaterial.

The mind deals with emotions, ideas, opinions, interpretations, the way a person thinks, responses to different circumstances, beliefs, values, moral judgment, memories, reasoning, and much more. Despite ongoing scientific advances, it is impossible to explain, except through faith, how the brain has the capacity to make and contain memories, thoughts, emotions, valuations, judgments, etc., and all of this

in infinite combinations.

For the mind (sometimes also called the “soul”), there is no distinction made whether the sensations are received by the optic, auditory, olfactory, gustatory, or tactile nerves. This capacity goes beyond the biological functions of the brain. The mind is a completely separate entity from the brain. The brain is material and the mind is immaterial.

The physiologist (a scientist who studies the organs of living beings and their functioning) cannot give an acceptable explanation of how,

once the sensations from the nerves reach the correct place (the area of the brain where the stimulus is received through the corresponding nerve), new phenomena appear, which are completely different from everything that depends on the organization of the brain or the nerves. Suddenly a thought emerges. An idea presents itself in the mind, and emotions, will, and the ability to decide are added. This phenomenon cannot be explained by the knowledge acquired about nervous matter. This capacity must reside in something that goes beyond the brain. The body itself cannot alter its natural phenomena. But the mind can do this with respect to the brain; a thought alters its entire action. Therefore, the physiologist is convinced that there is something more in the human being, distinct from the brain, to which the phenomena of the mind must be attributed.¹

We are incomprehensible even to ourselves! And this is because we were created by a masterful hand far superior to our: God Himself. Just as the essence of God cannot be understood, neither can the functioning and scope of the human mind be fully understood.

As Christians, we use the words “mind,” “heart,” or “human spirit” for this, and we know that entering this territory is entering into the work of God, when He breathed the breath of life into the already formed body of Adam. We read in Genesis 2:7, *“Then the Lord God formed the man from the dust of the ground. He breathed the breath of life into the man’s nostrils, and the man became a living person.”* With His breath, God infused physical, mental, and spiritual life, and man became a living being. In 1 Corinthians 15:45 we read, *“The Scriptures tell us, ‘The first man, Adam, became a living person.’ But the last Adam—that is, Christ—is a life-giving Spirit.”*

The brain organ is part of our body, which was formed by God from the dust of the earth, and is certainly something wonderful. Still, it is just material like our liver, kidneys, or bones. On the other hand, the

1. 1. Battie, W., Monro, J. y otros.

mind (or soul, or psyche, or human spirit) was given to us by God when He breathed the breath of life into man.

This sets us apart from animals, as it is what makes us bear the image of God in us! Genesis 1:26 says, *“Then God said, ‘Let us make human beings in our image, to be like us. They will reign over the fish, the birds, the livestock, and all the wild animals, and the small animals that scurry along the ground.’”* This part of our being is immortal. It is what, after physical death, has as its destiny heaven or hell, according to Matthew 25:46: *“Those who have done good will go into eternal life, and those who have continued in sin will go into eternal punishment.”*

The Holy Spirit God gave us

Christians have a third component, one that we did not inherit but received when we believed in Jesus Christ as our Lord and Savior. It is the Holy Spirit. In 1 Corinthians 6:19-20 it says, *“Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your bodies.”* And in Romans 8:9 we read, *“You, however, are not in the realm of the flesh but are in the realm of the Spirit, if indeed the Spirit of God lives in you. And if anyone does not have the Spirit of Christ, they do not belong to Christ.”* We also read in Acts 5:32, *“We are witnesses of these things, and so is the Holy Spirit, whom God has given to those who obey him.”* By receiving Jesus as our Savior, and when the Holy Spirit enters our lives, we receive something that goes beyond our natural minds: It is the mind of Christ. The mind of Christ is not something we are born with, nor do we develop it with age. In 1 Corinthians 2:16 it says, *“For who has known the mind of the Lord so as to instruct him?”* But we have the mind of Christ. And in John 14:26 it says, *“But the Advocate, the Holy Spirit, whom the Father will send in my name, will teach you all things and will remind you of everything I have said to you.”* In Christians, the human mind is enriched by the mind of Christ.

The origin of disease

In Genesis 3, we are told the story of the fall of humankind and its consequences. Before the fall, Adam and Eve had a perfect relationship with God, with whom they conversed and walked in the garden of Eden. Together they formed the image of God, and there was love and harmony between them. They were naked and felt no shame. We can say that there was joy, trust, and total openness; there was nothing to hide.

With the fall, sin entered the world, and with it came disorder, illness, and death.

There was love and communion with God.

Adam and Eve had dominion over the environment. They ruled over all the animals (to which Adam himself had given names) and over everything the earth produced. And in Genesis 1:28-29 it says, *“God blessed them and said to them, ‘Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground.’ Then God said, ‘I give you every seed-bearing plant on the face of the whole earth and every tree that has fruit with seed in it. They will be yours for food.’”*

Up to that point, everything was beautiful. But unfortunately, with the fall, sin entered the world, and with it came disorder, disease, and death.

The biblical account shows us various symptoms Adam and Eve began to experience after sinning. In them we see the basis of most symptoms of mental illnesses we can observe today. These are:

- ▶ **Shame (dishonor, embarrassment, blush, confusion).** Genesis 3:7: *“As soon as they ate it, they were filled with shame and began covering themselves with fig leaves.”*
- ▶ **Fear (panic, shyness, fear, terror).** Genesis 3:8: *“Then the man and his wife heard the Lord God walking in the garden. They were frightened and hid behind some trees...”* Genesis 3:10: *“The man replied, ‘I was afraid because I was naked, so I hid.’”* We see a feeling of inferiority regarding their own bodies, a low self-esteem. There is a distortion in the perception of the human body given by God.
- ▶ **Blame shifting.** Genesis 3:12: *“The woman you put here with me...”* Adam shifts the blame to the woman, and she then blames the serpent: *“The serpent deceived me, and I ate”* (Genesis 3:13). There is no assumption of responsibility. It tends to blame others spontaneously.
- ▶ **Exile (lack of belonging, confinement, alienation).** Genesis 3:23: *“So the Lord God banished them from the Garden of Eden...”* We see this today in people who “can’t find their place in the world,” or in feelings of loss of identity or emotional instability.
- ▶ **Sadness (distress, deep sorrow, anguish).** Adam and Eve began to suffer mental pain as a consequence of their actions and it affected their happiness.
- ▶ **Physical pain.** Physical pain is another symptom that appears after the fall. Genesis 3:16: *“To the woman he said, ‘I will make your pains in childbearing very severe; with painful labor you will give birth to children...’”*
- ▶ **Dissatisfaction.** Haggai 1:5-6: *“Now this is what the Lord Almighty says: ‘Give careful thought to your ways. You have planted much, but harvested little. You eat, but never have enough. You drink, but never have your fill. You put on clothes,*

but are not warm. You earn wages, only to put them in a purse with holes.”

- ▶ **Anger and bitterness.** In Genesis 4:6, God asked Cain, “*Why are you angry? Why is your face downcast?*”
- ▶ **Murder.** Genesis 4:8: “*Now Cain said to his brother Abel, ‘Let’s go out to the field.’ While they were in the field, Cain attacked his brother Abel and killed him.*”
- ▶ **Lying.** Genesis 4:9: “*Then the Lord said to Cain, ‘Where is your brother Abel?’ ‘I don’t know,’ he replied. ‘Am I my brother’s keeper?’*”
- ▶ **Spiritual blindness.** 2 Corinthians 4:4: “*The god of this age has blinded the minds of unbelievers, so they cannot see the light of the gospel that displays the glory of Christ...*”
- ▶ **Death (physical and spiritual).** Genesis 3:19: “*By the sweat of your brow you will eat your food until you return to the ground, since from it you were taken; for dust you are and to dust you will return.*” Romans 6:23: “*For the wages of sin is death...*”

As we can see, disobeying God resulted in very unpleasant consequences for Adam and Eve. By distorting the image of God they bore, they brought pain, illness, and death upon their lives. Moreover, trying to hide the consequences of sin inhibited the joy they felt at the beginning of their relationship with God, and opened the door to fear, shame, and guilt.

But it wasn’t just Adam and Eve who suffered. With sin, illness came into the world: Everything was altered, nature began to produce thorns and thistles (Genesis 3:18: “*It will produce thorns and thistles for you...*”), and all of creation suffered (Romans 8:19-20: “*For the creation waits in eager expectation for the children of God to be revealed. For the creation was subjected to frustration...*”).

Body, brain, and mind were created by God, and the Bible tells us that we are made in His image and likeness. However, illness is a reality in our lives because of the fallen nature and the presence of sin in this world.

Therefore:

- ▶ The body becomes ill. Living in a fallen world, all people, Christians or not, can become physically ill.
- ▶ The brain becomes ill. Living in a fallen world, all people, Christians or not, can have illnesses of the brain.
- ▶ The mind, soul, or heart becomes ill. Living in a fallen world, all people, Christians or not, can become emotionally ill.

Every good feeling given by God was corrupted by original sin, and this can bring mental illnesses or other types of suffering.

Every good feeling given by God was corrupted by the original sin, and this can bring mental illnesses or other types of suffering to people. Love turned into lust and lechery, anger into hate and violence, guilt into despair, depression, and suicide, and peace into indolence and inactivity, to name just a few examples.

In addition, our brain, mind, and body interact constantly; therefore we must take care of all of them to enjoy integral health. Many times the mind is affected as a result of physical conditions, such as with hypothyroidism, a thyroid disease that produces symptoms such as loss of interest, inability to enjoy pleasurable activities, psychomotor retardation, apathy, memory loss, and depression.

The mind can also be affected by diseases of the brain, such as dementia, which causes loss of cognitive abilities. Inflammation of the

brain due to infection can cause symptoms like sudden changes in personality and confusion.

The body, in turn, is prone to being affected by what affects the mind. This is evident when it comes to many intense emotions such as hope, fear, love, anger, joy, sadness, happiness, or despair, as they usually present with symptoms like tachycardia, sweating, hypertension, and headaches.

As an example of mental illnesses of biological origin—that is, originating in the brain—we find endogenous depression. This disease is created within the brain, without an external factor. It results from physiological changes, by chemical imbalances in the brain itself, and is not related to stressful or negative life events. The chemical substances involved in this disease are called “neurotransmitters.” Neurotransmitters serve as messengers, transmitting signals from one neuron (a nerve cell) to another. Some of these neurotransmitters, such as serotonin, norepinephrine, and dopamine, play an important role in regulating mood. This depression is caused by a decrease in the available serotonin for brain cells.

It is now known that genetic factors can contribute to this type of depression, and genetic variations can be passed from parents to children. Therefore, we must take into account that a person may present endogenous depression if their neurotransmitters are altered or if close relatives have suffered from it. The risk is higher for people who have first degree relatives with type of depression, although they may not necessarily develop the disorder. Medicine can restore the chemical balance of neurotransmitters and help relieve mental symptoms through medications called psychotropic drugs. At present, there are numerous very effective psychotropic drugs to treat this mental illness and others.

Another disease of biological origin is schizophrenia, a disease that results from neurodevelopmental alteration. There are biochemical

alterations in which dopamine is the most altered neurotransmitter. This indicates that the disease, or at least the psychotic symptoms, are the result of excess dopamine activity. This disease also has a genetic incidence.

What is now understood by mental health and illness?

Definition of health: The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”² This definition came into effect in 1948 and has not been modified since.

Of course, it is a very comprehensive definition, given that an economic problem or social conflict is not always a factor in generating disease.

Other definitions that we find interesting are:

“Health is not only the absence of disease, but it is something positive, a joyful attitude towards life, and a joyful acceptance of the responsibilities that life places on the individual.”³

“The state of adaptation to the environment and the ability to function in the best conditions in this environment.”⁴

On the other hand, the Lalonde Report 1, produced in Canada in 1971, says that there are four components that affect the degree of health of a community: human biology, the environment, lifestyle, and the organization of care (the resources available to the community to treat it).⁵

2. Organización Mundial de Salud (Global Organization of Health) - Preguntas Mas Frecuentes (frequent questions) - <https://bit.ly/39YCv8F>

3. Sigerist, H. 1941

4. Dubos, R. 1995

5. Lalonde, Marc: El concepto de campo de la salud: una perspectiva canadiense. En: Promoción de la Salud: Una Antología (The concept of the health field: a Canadian perspective. In: Health Promotion: An Anthology), OPS-OMS, Washington, DC, Publicación Científica N° 557, Págs. 3-5, 1996

Each culture has a different perception of what health is, and in turn, the definitions have varied in each stage of history.

Each person responds differently to health problems. But there is something that surely all people and all cultures of all times would agree on, and that is that preserving health is extremely important. Unfortunately, this is a complex goal.

**Health is not
just the absence
of disease.**

Health is a dynamic concept: A person can be healthy and then not. A person can also get sick and heal, and then get sick again.

Definition of mental health: The Diagnostic and Statistical Manual of Mental Disorders (DSM), which serves as a reference for most mental health professionals in Latin America, the U.S., and much of the world, defines mental illness as “a set of signs and symptoms characterized by a clinically significant alteration of cognitive state, emotional regulation, or behavior of an individual, given by alterations in psychological, biological, or developmental processes of mental functions.”

The WHO says that “mental health is the emotional, psychological, and social well-being that enables individuals to cope with the challenges of life and of the community in which we live,” and that “there is no health without mental health.”⁶

A person with good mental health understands their own abilities, fully exercises their capacities, can deal with the normal stress of life and enjoy it, can work productively, and can contribute to their community.

6. World Health Organization, Mental health: Strengthening our response Fact Sheet (2016), <https://bit.ly/3y3Yd35/>

Mental illness

We speak of mental illness when the state of well-being is compromised, leading to an emotional, cognitive and/or behavioral disturbance, in which basic psychological processes such as emotion, motivation, cognition, awareness, behavior, perception, learning, and language are affected. This makes it difficult for the person to adapt to the social environment in which they live, and also creates a feeling of discomfort.

Among the causes of the appearance of a mental illness, multiple biological factors (genes, heredity, physical illnesses, biochemical and metabolic alterations, etc.), psychological factors (person's experiences, traumatic experiences, etc.), and social factors (culture, social and family environment, etc.) usually converge.

Mental illness is more common than believed. According to the World Health Organization⁷, 12.5% of all health problems are represented by mental disorders (a higher figure than cancer and cardiovascular problems), and one in four people worldwide will experience mental health problems at some point in their lives. And, to make matters worse, between 35% and 50% of people who suffer from these problems do not receive any treatment, or do not receive the right treatment. For all these reasons, it is estimated that mental health problems will be the leading cause of disability in the world by 2030.

We currently live in an increasingly difficult world. Many people have experienced traumatic events, such as a family member's terminal illness, sexual abuse, physical and psychological abuse, job losses and income instability, political violence, or forced migration, among others. Sexual, physical, and psychological abuse usually occur together, as well as child abuse and exposure to domestic

7. La salud mental en cifras (Mental health in figures) - Confederación Salud Mental España - <https://bit.ly/3bE80KF>

violence.⁸ We also see that children are highly vulnerable, leading to mental illnesses in adulthood.

Traumas of such magnitude are becoming more and more frequent and exceed people's capacity to cope with them. These traumas can result in Post-Traumatic Stress Disorder, or in mental illnesses such as depression, anxiety, social anxiety disorders, and risky behaviors. The adverse effects influence the entire personality, also producing shame, fear, guilt, and low self-esteem.

With proper treatment and spiritual resources provided by a community of faith, we can help heal psychological trauma.

Some of these people may be members of our churches. With proper treatment, combined with the support, understanding, and spiritual resources provided by a faith community, we can help heal psychological trauma.

Medicine and mental Health

In recent years, we have seen remarkable advances in the diagnosis and treatment of mental illnesses. There have been advances in the study of brain function (the use of Positron Emission Tomography has allowed us to see brain activity and its changes in the presence of diseases), advances in the study of neurotransmitters and their influence on the origin of biological diseases, and advances in the study of genes and their influence on some diseases (such as schizophrenia, bipolar disorder, ADHD, and autism have a high genetic influence).

8. Moffitt, E. y Caspi, A. Preventing the Intergenerational Continuity of Antisocial Behavior: Implications of Partner Violence, in D. P. Farrington & J.W. Coid (Eds.), *Early Prevention of Adult Antisocial Behavior* (Cambridge, UK, Cambridge University Press, 2003), 109-29

There has also been a great advance in the discovery of drugs that relieve or suppress symptoms of mental illnesses and reduce relapses.

In relation to the medication, it is possible to take the figures on the consumption of psychotropic drugs as an indication of the increase in mental illnesses. Looking at Argentina as an example, and recognizing what is seen there can be extrapolated to many other countries, we see from the Argentine Drug Observatory⁹ that the consumption of psychotropic medications like anxiolytics, antidepressants, and hypnotics in daily life has increased significantly in recent times. One third of women take some type of psychotropic drug, and the consumption of Alprazolam (a drug that helps control anxiety) reached 55.6% among them, making it “the most chosen.” Likewise, the country sells more than a million tablets of psychotropic drugs per day, for a population of 40 million inhabitants. Among those who reported having consumed stimulants or tranquilizers at some point in their lives, the most commonly referred drugs were antidepressants.

Every time new knowledge is acquired, the communication between the neurons involved is reinforced.

Psychotherapy is also an effective tool in the treatment of mental illnesses. Kandel¹⁰ describes that psychotherapy is effective and produces long-lasting changes in behavior, presumably through learning mechanisms that produce changes in gene expression, alter the strength of synaptic connections, and create structural changes, also modifying the anatomical pattern of interconnections between nerve cells in the

anatomical pattern of interconnections between nerve cells in the

9. Consumo de drogas en la población general (Drug consumption in the general population). argentina.gob.ar - <https://bit.ly/3a2CD71>

10. Kandel E. R. A new intellectual framework for psychiatry. *Am J Psychiatry*, 1998; 155: 457-69

brain. Thus, the therapist who speaks and achieves improvements in the patient is necessarily producing changes in the patient's brain.

It is known that a dendrite—the branching of a neuron to transmit information—can be generated in the brain within minutes due to the stimulus of new learning. Every time new knowledge is acquired, the communication between the involved neurons is strengthened. When a person is engaged in new learning or a new experience, the brain establishes a series of neural connections. This is like establishing a new path between neurons. These pathways are created in the brain through learning and practice, very similar to how a mountain path is formed through daily use of the same route by a shepherd and his flock. These communication pathways can be modified and generated throughout life. This is called neuroplasticity.

In the Bible, we find concern for the care of our overall health.

Bible and Health

In the Bible we find concern for the care of our overall health. In 1 Thessalonians 5:23 Paul says, *“Now may the God of peace himself sanctify you completely, and may your whole spirit, soul, and body be kept blameless at the coming of our Lord Jesus Christ.”*

In Jeremiah 17:14 we read, *“Heal me, O Lord, and I shall be healed; save me and I shall be saved, for you are my praise.”* And in 3 John 1:2: *“Beloved, I pray that all may go well with you and that you may be in good health, as it goes well with your soul.”*

The care of health in general, including mental health, is deeply rooted in the Scriptures. In fact, the prophet Isaiah described that part of the mission of the coming Messiah involved comforting the afflicted—in other words, healing their hearts or their wounded

emotions. In Isaiah 61:1 we read, *“The Spirit of the Lord God is upon me, because the Lord has anointed me to bring good news to the poor; he has sent me to bind up the brokenhearted, to proclaim liberty to the captives, and the opening of the prison to those who are bound.”*

In the New Testament, we see that *“Jesus went throughout all the cities and villages, teaching in their synagogues and proclaiming the gospel of the kingdom and healing every disease and every affliction”* (Matthew 9:35). There are many other biblical texts that speak of God’s interest in our well-being.

- ▶ *“Heal the sick, cleanse the lepers, raise the dead, cast out demons. Freely you have received, freely give.”* (Matthew 10:8)
- ▶ *“He heals the brokenhearted and binds up their wounds.”* (Psalm 147:3)
- ▶ *“Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord. And the prayer offered in faith will make the sick person well; the Lord will raise them up. If they have sinned, they will be forgiven.”* (James 5:14-15)
- ▶ *“Nevertheless, I will bring health and healing to it; I will heal my people and will let them enjoy abundant peace and security.”* (Jeremiah 33:6)
- ▶ *“The Lord sustains them on their sickbed and restores them from their bed of illness.”* (Psalm 41:3-4)
- ▶ *“When evening came, many who were demon-possessed were brought to him, and he drove out the spirits with a word and healed all the sick. This was to fulfill what was spoken through the prophet Isaiah: ‘He took up our infirmities and bore our diseases.’”* (Matthew 8:16-17)
- ▶ *“Surely he took up our pain and bore our suffering, yet we considered him punished by God, stricken by him, and afflicted.”* (Isaiah 53:4)

- ▶ The Bible also speaks to us about the works of the sinful nature in contrast to the fruit of the Spirit in Galatians 5:19-23 when it says:

“These are the acts of the sinful nature: sexual immorality, impurity, and debauchery; idolatry and witchcraft; hatred, discord, jealousy, fits of rage, selfish ambition, dissensions, factions and envy; drunkenness, orgies, and the like. I warn you, as I did before, that those who live like this will not inherit the kingdom of God. But the fruit of the Spirit is love, joy, peace, forbearance, kindness, goodness, faithfulness, gentleness, and self-control. Against such things there is no law.”

The result of the fallen nature has two aspects. One is that the person will not inherit the kingdom of God. The other is that, in everyday life, these behaviors influence and contribute to illness. Behaviors that arise as the fruit of the Spirit, on the other hand, promote health.

The Church and mental health

Within the Church, there are different opinions about mental illnesses, the professionals in the field, and the Christians who suffer from them. In many cases, mental illness generates fear because it is not well understood, or because of the behaviors of some patients, which creates confusion about how to deal with them.

In our personal case, both of us were born into Christian homes and grew up attending the same church. Our parents were elders (pastors) of that congregation. When I, Elida, finished my high school studies and enrolled in a psychology course, several church members tried to dissuade me, saying that it would lead me away from the Lord and that these studies were not appropriate for a Christian.

I (Daniel) experienced the same thing when, after completing medical school, I chose to specialize in psychiatry. “Psychiatry is not for Christians, and a Christian cannot be a psychiatrist,” I was told. Even

later, in the practice of my profession, I read some Christian books that hold the same position. Here is an example:

Most Christian psychologists and psychiatrists are like a Christian carpenter who hammers a nail just like a non-Christian carpenter. This does not mean that a Christian practicing therapy is insincere in their therapy or in their relationship with the Lord Jesus Christ; it is claiming that they have not experienced abundant, victorious life, or do not know how to share it in their clinical environment. If they did, they would be compelled to repudiate much of their technique as being of questionable value and to abandon their therapy in deference to that of the Holy Spirit.

[...] People who come to us for counsel are not assigned a classification such as schizophrenic, even though it is recognized that their symptoms could fit into that category. Such classification is truly unnecessary, given that Christ is the cure for every emotional ailment.¹¹

In contrast to this view, we, as Christian mental health professionals, believe that psychology and psychiatry can be good allies of faith, helping us better understand how God made us: as spiritual beings with a physical body and a soul (or mind). We believe that God reveals Himself in a special way through the Scriptures and in a general way through creation. Therefore, there can be congruence between the Scriptures and psychological findings. God, in creating humans, created the possibility of psychology. As Lawrence Crabb says in his book *Biblical Principles of Counseling*, “The truths of secular psychology are not in conflict with the Scriptures, and the Scriptures have much to say about psychology. The study of both will give us a more complete understanding of human personality.”

It is an illusion and a fantasy to think that simply being Christians makes us immune to mental illness, or that all mental dysfunction

11. Solomon, C. R. *Hacia la felicidad (Towards Happiness)*. Casa Bautista de publicaciones, 1978, págs. 26 y 37

develops as the result of hiding some sin. This argument is used by our enemy, Satan, to destroy and affect the lives of many believers and their families, who also need help.

It is necessary to understand that mental illness can be an illness like any other, and that it can affect anyone, even faithful Christians. As Collins says, “If the influences of the past and the stress of the present are too heavy, it can result in a breakdown of the person.”¹²

The Lausanne Covenant is widely considered one of the most important theological documents of the evangelical movement. In that context, at the World Evangelization Forum in 2004, the Holistic Mission thematic group explicitly included mental health as part of the Church’s holistic mission, stating, “Holistic mission is a mission directed towards meeting basic human needs, which include the need for God, but also the need for food, love, shelter, clothing, physical and mental health, and a sense of human dignity.”

It is an illusion to think that simply being Christians makes us immune to mental illness. This argument is used by Satan to destroy many believers.

Continuing on, the group stated:

Lack of attention to this important issue, both by the Church and by secular society, has left thousands of mentally ill people stigmatized, judged as spiritually deficient, and sometimes, in the case of severe mental illnesses, exposed to precarious living conditions. Those suffering from mental health problems receive lower quality healthcare, diminished human rights, and higher mortality rates. It represents one of the greatest mission fields for the Church worldwide. Research in the United States shows that

12. Collins, G. Search for Reality. Santa Ana, Vision House

*often pastors are the first people a family calls in a mental health crisis. But pastors often hesitate to talk about mental illness from the pulpit or feel unprepared to do so.*¹³

What Can the Pastor Do?

No pastor or leader would be surprised to hear that their prayer for a sick person has beneficial effects, and that it can result in a medicine for that person's soul and spirit. But many pastors and leaders might be surprised if we told them that they themselves, their own person and presence, constitute a medicine.

Remember that 2 Corinthians 5:20 says, “*We are therefore Christ's ambassadors, as though God were making his appeal through us.*” You are an ambassador of Christ to the sick person! And the presence, the word, the attitude, and a multitude of unexpected resources that operate in the encounter between the pastor and the sick person—all of these things have a therapeutic effect on the person who is suffering.

You can be a factor of blessing in that person's life, not only through the prayer you make but also through what you represent to that person! It is well known that for a large percentage of Christians who begin experiencing symptoms of mental illness, the first person they consult is their pastor. Your mere presence can have therapeutic effects that should not be forgotten.

You are a health agent! A hand that grips firmly and conveys calm and affection. A gaze that goes to the eyes and not just to the reading of a biblical text. The respectful and engaged silence of attentive listening. A person who lets the other person know that what is happening to them is important.

13. Padilla, C. R. Holistic Mission, Lausanne Occasional Paper No. 33: Holistic Mission, 2005, 11-23 <https://bit.ly/30RnfLk>

All of this makes you a health agent. But, for the same reasons, you can also be an obstacle to another person's relief. The opinion you have formed about mental illness in the life of a believer is going to be transmitted in your encounter whether you want it or not, through your attitudes and comments. It is very important to be careful with your words, as sometimes a word becomes (for better or for worse) a self-fulfilling prophecy.

Pastors, like all Christians, are vulnerable in some aspects of our lives, and recognizing this prepares us to ask for help when we need it. We should not be ashamed; acknowledging it in front of others makes us see ourselves as normal people, like all the other members of the church.

We thus avoid being seen as Superman, as someone who knows and can do everything. In this way, the expectations that the members have of the pastor are lowered, that a pastor is a person who never needs anything from anyone, who is only there in the church to give and never to receive. We must show ourselves as we are, because we are all vulnerable humans and, if we are faithful, only by the grace of God are we useful and a blessing to others.

The article “Mental Health and the Church: People are looking for mercy”¹⁴, speaks on this issue. “Pastors need to learn to help troubled souls and remove the stigma associated with mental illness,” say Rick Warren and Tony Rose in an interactive video dialogue with Russell D. Moore, president of the Religious Freedom and Ethics Commission. “The phrase ‘mental health’ or ‘mental illness’ does not equate to dementia,” said Warren, pastor of Saddleback Church in Lake Forest, California, in a video broadcast on the entity's website. “Ninety-nine percent of us—and I include all of us—struggle with mental health issues, and we are not disconnected from reality. Depression

14. La salud mental y la iglesia: La gente está buscando misericordia (Mental health and the church: People are seeking mercy). Baptist Press - https://bit.ly/3_3D09u

is a mental health issue. Worry is a mental health issue. Compulsions are a mental health issue...Fear is a mental health issue.”

Warren spoke about a brain disorder that causes him to experience dizziness and partial blindness when he has an adrenaline rush. It once caused him to faint while preaching, leading to years of struggle with fear and depression, and seeking guidance from Christian counselors. “When I start sharing issues like this, it allows my church to open up about their own mental health issues,” Warren said.

Dr. Ed Stetzer, executive director of the Billy Graham Center at Wheaton College, urges pastors to openly discuss mental health issues as they would any other health problem, and to educate their congregations. Stetzer coined the phrase, “Sermons end the stigma.”¹⁵

What can the Church do?

Promoting, protecting, and restoring mental health should be a concern for individuals, society, and the Church as a whole. Churches, as communities of faith and healing centered on Christ, can make it their mission to address mental health and trauma. They can offer resources such as biblical teaching, prayer, fellowship, hospitality, care, and counseling to those suffering from mental health issues.

Here are some ideas:

- ▶ Speak on the topic using language appropriate to the cultural setting. A pastor addressing mental health and trauma from the pulpit can have a tremendous impact on breaking stigmas with wisdom and without prejudice toward mental illnesses.

15. Stetzer, E. Sermons Stop Stigma, Plenary address via video at the Summit on the Church, Health, and Mental Health (Belhaven University, Jackson, MI, 2016)

- ▶ Use the pulpit, small groups, discipleship, and activities with homogeneous groups to introduce principles that promote a healthy lifestyle and prevent or mitigate mental illnesses.
- ▶ Encourage the congregation to offer practical help and hospitality to those suffering and their families, as a church body would for any illness or crisis. Every member sensitive to pain, suffering, and illness is equipped to fulfill the words, “*Carry each other’s burdens...*” (Galatians 6:2).
- ▶ Help connect people with specific needs to reliable community resources. Have information about referral resources in the area and make sure the congregation knows they are available.
- ▶ Reach out and extend the love of Christ through friendship. People with mental health problems often feel excluded and isolated, and may need additional outreach to know they are welcomed as part of the community.

Unfortunately, it is very common in some congregations for people who struggle with mental illness to receive less pastoral support, such as prayer, visitation, and assistance with their needs, than those who suffer from physical illness. In many cases, this is due to inadequate understanding of mental illness, which can be solely related to spiritual issues, or a lack of knowledge on the topic, which generates fear due to prejudice and misconceptions.

What can the family do?

The onset of mental illness in a family member disrupts the functioning of the family and impacts each of its members. The changes that occur depend on various factors, such as the family’s lifecycle, the age of the patient, the strength of relationships, the family history, and the level of communication among family members. No one is prepared to face the first episode of a serious mental illness.

There may be perplexity, fear of strange behaviors and of what may come, and confusion about what to do.

In general, flexible families adapt better to the necessary changes. For example, in a prolonged illness, whatever roles or functions the person with mental illness previously performed patient performed may need to be taken on by another family member. If this doesn't occur, a crisis may arise. In acute illnesses, such as a first psychotic crisis, the impact is very large and the family must respond quickly. At the same time, if the illness persists, the family may suffer chronic stress.

There are families that tend to take care of and meet all the needs of someone who is mentally ill. Other families are in denial; they do not want to see what is happening to their family member, and each member continues with their tasks and responsibilities, denying any help and care that is offered to them. And in other families, the care falls on one person, usually a woman, such as the mother or sister of the person who is ill.

In all cases, it's important to pay attention to the siblings of the mentally ill, as it is very common for them to experience a mix of feelings: guilt for having a better or easier life, fear and anguish at the possibility of suffering the same illness or it happening to their children, sadness and pain for what the sibling will not be able to achieve in life, shame in front of their friends due to the stigma of the illness, anger and resentment for receiving less attention from their parents, love for their sick sibling, and concern for their own future due to the responsibility of having to care for that sick sibling.

Each family is unique in its structure and dynamics, and so are the responses to the problem. When a family has difficulty dealing with the mental health problems, symptoms include early exclusion of the sick member from the home; marital breakdown or crisis; psychosomatic symptoms in the spouse or children; non-compliance with

medical treatments; intense feelings of anger, guilt, or despair; and silence about the illness.

Some tips for families of the mentally ill:

- ▶ No one is to blame.
- ▶ It is natural to feel anger.
- ▶ It is nothing to be ashamed of.
- ▶ Seek help and advice quickly, because it is necessary to learn how to treat the patient according to their pathology.
- ▶ Keep in mind that good intrafamily communication is what holds the family together. The more intrafamily communication, the better the response to treatment.
- ▶ There should be a space for each family member to talk about their feelings and thoughts about what is happening, and to share fears and anxieties.
- ▶ Avoid pointing out the undesirable behaviors of the patient, highlighting flaws, mistakes, inconsistent behaviors, or errors. One should not shine a light on a person's weaknesses. Pointing out a person's negative aspects is unlikely to bring about the opposite behavior, and will greatly damage the sick person's self-worth.
- ▶ Remember that words spoken in a moment of frustration or anger can make things worse.
- ▶ They must accept the fact that there is an ill person in the family, and that they have to learn to deal with this situation in the best possible way. It's a good idea to see if there are support groups or therapeutic groups for family members of patients with the same pathology in your area.
- ▶ Family education should work with families on how to manage medication, how to handle stress, how to get external support, future prospects, and early signs of relapse.

- ▶ The family should be a place where the patient can find love, understanding, support, and spiritual strength to cope with the illness. Clothing, food, money, and shelter can be provided by the family or other institutions, but what makes the Christian family unique is that it can provide faith in God's care for each person's life, love, and acceptance of the patient.



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