

THE ANCTUARY COURSE[®]

COURSEBOOK



SANCTUARY

Mental Health Ministries



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The purpose of *The Sanctuary Course* is to raise awareness and reduce stigma by starting conversations about mental health in church communities. Consequently, *The Sanctuary Course* is intended for educational purposes only and the information provided is not a substitute for medical or therapeutic advice. If you feel you may need medical advice, please consult a qualified health care professional.

The films used in *The Sanctuary Course* capture the experiences of individuals in their own words. The views and opinions expressed are those of the speakers and do not always represent the views of Sanctuary Mental Health Ministries.

All persons involved in the filming for this course (Sanctuary staff, contractors, and interviewees) followed the safety procedures put in place by Sanctuary Mental Health Ministries to reduce the risk of COVID-19 transmission, in accordance with protocols provided by the relevant government bodies in each filming location.



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Second Edition

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LAND ACKNOWLEDGMENT

WHAT IS A LAND ACKNOWLEDGMENT?

Land acknowledgments are a longstanding Indigenous practice recognizing and honoring the relationship of people to space and place. In Canada, where Sanctuary is headquartered, these statements are increasingly offered in public life to recognize the traditional territory of the Indigenous peoples who called the land home before the arrival of settlers/colonization. Through acknowledging whose land we are on, we remind ourselves of the relationships that need repair and our ongoing commitment to reconciliation. For more information and links to additional resources, visit our [Indigenous History Month](#) blog post.

Sanctuary gratefully acknowledges that our organization operates on the unceded and traditional territories of the xʷməθkʷəy̓əm (Musqueam), skwxwú7mesh (Squamish), and selílwitlh (Tseil-Waututh) peoples. We also recognize that this acknowledgment is a small part of the bigger ongoing work to foster true reconciliation. As an organization which promotes mental health and wellbeing, we are aware that historic and ongoing overt and systemic racism have impacted the mental health of Indigenous peoples, and we condemn and denounce racism, oppression, and genocidal policies in every form. We also celebrate and acknowledge the dignity, worth, and value of all people made in the image of God. We are immensely grateful for the Indigenous people who have chosen to work with us. It's an honor to share their stories, expertise, art, and poetry.



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PARTICIPANT'S GUIDE

Thank you for choosing to participate in *The Sanctuary Course*. This course is for:

- People with questions about mental health and mental health challenges
- Mental health professionals
- People living with mental health challenges
- People supporting loved ones with mental health challenges
- Leaders who want to engage their communities in conversations about mental health, mental health challenges, and faith

Your questions, your experiences, and your knowledge are valuable and will enrich the group discussions. Everyone has something meaningful to contribute to the conversation because mental health affects everyone. Now, here is some important information that will help orient you to this course.

WHAT IS SANCTUARY MENTAL HEALTH MINISTRIES?

Sanctuary equips the Church to support mental health and wellbeing.

Sanctuary Mental Health Ministries is a Christian non-profit organization that was founded in 2012 for the purpose of equipping churches in Canada to love and support community members with lived experience of mental health challenges. Although its reach has now extended beyond North America, Sanctuary remains committed to its founding mission: raising mental health awareness within faith communities and providing theologically-grounded educational resources and training to promote mental wellbeing. *The Sanctuary Course* has been developed in consultation with mental health professionals, theologians, and people with lived experience—all from diverse denominational, racial, and cultural backgrounds. Through this collaborative effort, Sanctuary hopes to see local churches inspired and equipped to engage in conversations about mental health, mental health challenges, and faith. (If you are interested in learning more about Sanctuary's programming, please see our [website](#).)



WHY IS MENTAL HEALTH IMPORTANT?

The best way to answer this question is to ask another question: Do you know anyone who has experienced a mental health challenge? The chances are high that you responded with an emphatic “yes.” After all, the World Health Organization reports that one in four people will experience a mental health challenge at some point in their lives.¹ A statistic like this tells us that we will all be affected in some way by mental health challenges, either through personal lived experience or through the lived experience of those around us.

This fact alone should cause the Church to pay attention. The gospel calls us to demonstrate God’s love to those within our communities, and this includes individuals living with mental health challenges. How many of the people attending Sunday services in local congregations are silently suffering from issues like depression or anxiety? Do they feel seen, understood, and supported by their communities of faith?

But there is another reason for the Church to pay attention. Research suggests that people experiencing a mental health challenge or crisis will often seek help from spiritual leaders first.² This can occur for a variety of reasons. First and foremost, it is natural for people to turn to their faith in the midst of crisis. This is especially true when it comes to mental health challenges, which often affect our sense of identity and purpose, as well as our spirituality. There can also be practical considerations regarding access to services. Some may find it difficult to schedule an appointment with a doctor, navigate lengthy waitlists, find transportation to and from appointments, or pay for services that aren’t covered by health care. Others may feel overwhelmed by the idea of discussing something as vulnerable as mental health with a stranger, and so they seek out the familiar face of a pastor or priest for advice and assistance. Still others may be hesitant to trust a mental health system that appears predominantly white, and that may be ill-equipped to understand and support people of color. These are just some of the reasons why the Church is viewed as a potential resource for people facing mental health challenges.



Given this reality, it is disheartening to hear so many reports from individuals who were not met with understanding in their local congregations. One survey conducted among Christians diagnosed with depression found that most churches are unprepared to address the topic of mental health challenges. Teaching and worship often fail to meet the experiential needs of those with lived experience, and fellow congregants are uneducated regarding mental health.³ This is certainly not the case in every church, and the congregations that engage in advocacy and provide meaningful support for those with mental health challenges should be acknowledged and celebrated. But many believers want to see more churches growing and succeeding in these areas.

In order for this to happen, we need to discover what God, Scripture, and the Church have to say about mental health and mental health challenges. *The Sanctuary Course* is designed to assist you in this process of discovery. It is the prayer of this ministry that you will find meaningful answers and be strengthened as a community of faith through your participation.

WHAT IS THE PURPOSE OF THIS COURSE?

The Sanctuary Course was created to raise awareness and reduce stigma by starting conversations about mental health in local churches. It is not meant to be used as a tool for developing a mental health ministry or designing an individual recovery plan. Instead, this course will help you build a mental health vocabulary within your community so that honest conversations and genuine transformation can take place.

You may have noticed by now that community is talked about quite a bit in this course. In fact, *The Sanctuary Course* is designed to encourage communities. You may receive some benefit from reading through the following sessions on your own, but it is strongly recommended that you go through them with a small group. These sessions are designed to be engaged in a group setting because community is created and strengthened through shared learning experiences. You are encouraged to share your questions with your group, as well as any personal experiences that might illuminate the session topic. The information presented in this course is introductory in nature, which means that you don't need to have any prior training or experience in the area of mental health in order to participate. *The Sanctuary Course* is available to all community members—those with and without lived experience.



WHAT CAN YOU EXPECT FROM THE COURSE?

There are eight sessions, and each one addresses a different mental health-related topic. In the first seven sessions you will redefine your understanding of mental health, learn about various experiences of mental illness, consider the impact of stigma, explore the process of recovery, discover the importance of companionship, reflect on the experience of caregiving, and examine self-care practices. In the final session you will be invited to reflect on your experience of the course individually and as a group.

There is a coursebook. This is where you can learn about the session topics in greater detail. The coursebook defines key terms, presents relevant research, addresses common questions, and explores important concepts from three different perspectives: a psychological perspective, a social perspective, and a theological perspective. It is not necessary to complete the coursebook reading in order to participate in group discussions. However, if you are looking for more information on a particular topic, the coursebook is a great place to start.

There are discussion guides containing questions for your community to ponder together, along with opportunities for deeper reflection through art, poetry, prayers, and spiritual practices. Although the discussion guides include questions for groups to engage in together, there is no obligation to participate in discussions. Please only share when you are ready, and do not share more than you are comfortable with. You may find it helpful to follow this guideline: talk about scars, not wounds. If an experience is fresh and painful, it may not be helpful to explore it in a group setting. If you have some distance and perspective, though, you may be ready to share.

There are films. Each session is accompanied by a film featuring the story of a person of faith with a mental health challenge, along with the insights of mental health professionals, theologians, and church leaders. A description of the film content will be included in the corresponding discussion guide. Please read this description before viewing the film, and let your leader know if you would prefer to step out of the room or minimize your screen in order to avoid sensitive or emotionally triggering content.

WHAT ARE THE SUGGESTED GROUP GUIDELINES?

The following guidelines are designed to help create an atmosphere of safety and respect. We suggest that you read through them together during your first group meeting, and then discuss whether specific guidelines need to be amended, deleted, or added.



1. Don't Interrupt

Allow each person time to finish speaking before responding.

2. Share the Air

Ensure everyone has the opportunity to participate by respecting the time available. The leader has permission to redirect the discussion if it gets off track.

3. Choose Wonder

If you disagree with something shared, don't immediately give voice to criticism or rejection. Instead, allow yourself to wonder what led this person to these thoughts/beliefs. Make room for others to offer opposing views and diverse experiences.

4. Respect Confidentiality

What is shared in the room stays in the room.*

5. Do Not Give Advice

What works for you may not work for someone else. Respect the journeys, experiences, and processes of each group member, and do not attempt to fix, correct, or save anyone.

6. Exhibit Sensitivity

This course sometimes deals with difficult and painful subjects which can affect participants emotionally. Decide in advance how you will respond to one another in these sensitive moments. Some options include giving participants permission to take a break and step outside, asking participants what they need in the moment, and offering participants comfort items like tissues, a blanket, or a warm beverage.

You are encouraged to view the experiences, the pain, and the mental health journeys of your fellow participants as Holy Ground—a place to walk with gentleness, reverence, and respect. Please keep this perspective in mind when someone in your group shares about their own mental health.

Thank you again for investing your time in this course.

*Note: Participants' stories should not be shared outside the group. However, if a participant is a danger to themselves or others, emergency services should be contacted.



ENDNOTES

1. WHO, “The World Health Report 2001: Mental Disorders affect one in four people,” accessed January 22, 2021, <https://www.who.int/news/item/28-09-2001-the-world-health-report-2001-mental-disorders-affect-one-in-four-people>.
2. Christopher G. Ellison, Margaret L. Vaaler, Kevin J. Flannelly, and Andrew J. Weaver, “The Clergy as a Source of Mental Health Assistance: What Americans Believe,” *Review of Religious Research* 48, no. 2 (2006): 191, accessed January 13, 2021, <http://www.jstor.org/stable/20058132>.
3. John Swinton, *Spirituality and Mental Health Care: Rediscovering a ‘Forgotten’ Dimension* (London: Jessica Kingsley Publishers, 2001), 125.





THE SANCTUARY COURSE®

SESSION 1

MENTAL HEALTH

SESSION 1
MENTAL HEALTH

*As a deer longs for flowing streams,
so my soul longs for you, O God.
My soul thirsts for God,
for the living God.*

PSALM 42:1-2 (NRSV)



SESSION OVERVIEW

In this session you will:

- ✓ Learn about the mental health continuum
- ✓ Discover the importance of community when it comes to supporting mental health
- ✓ Explore biblical perspectives on suffering

In the Participant's Guide, we shared a sobering statistic: one in four people will experience a mental health challenge at some point in their lives.¹ While this statistic may be new to you, the sense of urgency it conveys is probably familiar. Mental health challenges are increasingly common within our society. Perhaps you are looking for ways to support a loved one, or perhaps you are in search of answers for yourself. Either way, you want to better understand the complex dynamics of mental health and illness, as well as the role that faith plays within lived experience and recovery.

→ *Lived experience* is a term used to refer to the personal experience of living with a mental health challenge or illness.

This is why *The Sanctuary Course* was created: to raise awareness and reduce stigma by starting conversations about mental health in local churches. In order to achieve these goals, we have created discussion guides and films to accompany each session in this coursebook. The discussion guides contain questions for your community to ponder together, along with opportunities for deeper reflection through art, poetry, prayers, and spiritual practices. The films feature the stories of people of faith with lived experience. Most of us know that a good conversation requires listening as well as talking. These films allow individuals directly impacted by mental health challenges to be heard in their own words, and they present us with the opportunity to learn through listening well.

Finally, the sessions in this coursebook are designed to help you explore significant mental health topics in greater detail. You may want to think of them as part of an ongoing conversation between clinical and theological experts—a conversation where you are encouraged to ask questions, reflect on your experiences, and talk with God about what you are learning, thinking, and feeling. To that end, every session will begin with a reading from Psalm 42, followed by a few reflections that relate the verses to the session content.





OPENING PSALM

Throughout history, people have turned to the psalms in order to express the deepest cries of the human heart. Life is filled with highs and lows, and the psalms capture all of these emotions and experiences and teach us to bring them before God in prayer and worship. Psalm 42 is a specific type of psalm known as *lament*. It contains both the raw and desperate prayers of those who are suffering, and the confident proclamation of hope in God's goodness. Although the psalmist is writing about the experience of exile, there are many analogies that can be drawn between the longing for a physical home and the longing for healing in mind, body, and spirit.

*As a deer longs for flowing streams,
so my soul longs for you, O God.
My soul thirsts for God,
for the living God. (Psalm 42:1-2, NRSV)*

In these opening verses the psalmist writes about a desperate need for God. There are many experiences in life that can produce desperation within us, including a mental health challenge or crisis. However, the psalmist finds comfort in calling out to a *living* God—a God who is real, and present, and listening. May the revelation of the living God be a source of comfort to you as well.





THE PSYCHOLOGICAL PERSPECTIVE

It is often helpful to begin a conversation by defining important terms. (For a complete list of key terms and definitions, please see [Appendix A](#).) Imagine that you have a friend named James. James is physically healthy, happily married, part of a vibrant church community, and loves his job as an engineer. In other words, he is experiencing *mental health* and *wellbeing*. These two terms are sometimes used interchangeably, but they actually mean slightly different things. *Mental health* refers to emotional, psychological, and social wellbeing.² It is defined by the ability to experience positive emotions, think clearly about life, relate to others in meaningful ways, and connect with a sense of hope and purpose. *Wellbeing* is a broader term that refers to life circumstances as well as emotions, thoughts, and behaviors.³ Physical condition, income, housing, education, and other external indicators of health and happiness are all part of wellbeing.

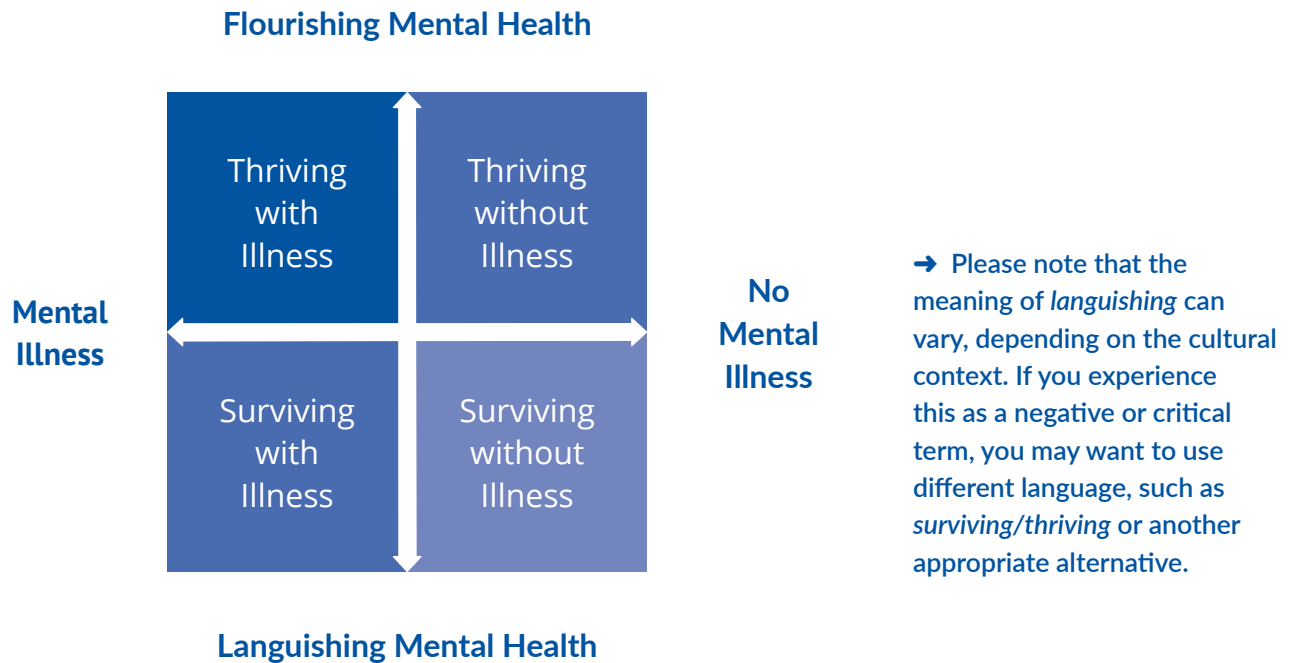
→ Psychology is the study of the mind and behavior. The psychological perspectives offered throughout this course will primarily focus on the emotional and relational experiences of people living with mental health challenges. Key terms and concepts in the field of psychology will also be defined and explored. However, this content is not intended to produce experts or mental health professionals. Instead, it is designed to help you grow in awareness and empathy.

What about *mental illnesses*? These are disorders that affect emotions, thoughts, and behaviors, causing distress and disrupting a person's ability to function in various environments and relationships. The impact of a particular mental illness can range from mild to acute: some people have few or infrequent symptoms, while others experience severe and persistent symptoms that affect significant portions of their lives. Mental illnesses are diagnosed by qualified mental health professionals based on the nature, degree, and longevity of impairment experienced.

Before we move on to our final term, take another look at the definition of mental health above. Did you notice that it does not describe mental health as the absence of mental illness? It is time to introduce you to a psychologist and sociologist named Dr. Corey Keyes. He was one of the first researchers to point out that symptoms and diagnoses are not the whole picture when it comes to mental health. Keyes decided to measure the frequency of positive emotional, psychological, and social experiences in two groups of people: those living with a diagnosed mental illness, and those living without a diagnosed mental illness. He found that people living with mental illnesses could still be mentally healthy, and that people living without mental illnesses could still experience poor mental health.⁴



Based on his research, a model known as the **mental health continuum** has been developed. This model takes into consideration not only the presence or absence of mental illness, but also the more subjective indicators of mental health discussed above—indicators such as feeling good, thinking clearly, forming positive relationships, engaging in meaningful work, and connecting to community. Here is what the model looks like:



What does this model tell us about mental health? It tells us that mental illnesses are just one factor among many when it comes to understanding mental health. It also tells us that mental health is a constantly-changing reality in our lives.

Let's return to our friend, James, and take a look at our final term: *mental health challenge*. One day, James receives the news that his mother has died unexpectedly. Several weeks later, James loses his job due to a budget crisis at his company. He is no longer spending time with his friends, he is anxious about his finances, he is not sleeping, and he is struggling to summon the energy to get out of bed every morning. It is important to note that these are normal reactions to sad and difficult circumstances. However, if this pattern continues for an extended period of time and prevents James from living his life well, then he is probably facing a *mental health challenge*. This term refers to mild or moderate experiences and symptoms of poor mental health, which may or may not coincide with a formal diagnosis of mental illness.

When we first met James, he was flourishing, but if we wanted to locate him on the mental health continuum at this point, we would find him somewhere in the bottom two quadrants. After successively losing his mother, his job, and his sense of wellbeing, James is now languishing. This isn't the end of the story, however. Over time, James can recover. He can find peace through his grieving process, start a new job, and begin to experience flourishing mental health again.

This is just one example of what it looks like to move up and down the vertical axis of the mental health continuum. Each of us will experience periods of languishing and flourishing, whether or not we live with a mental illness. These changes in our mental health and wellbeing can be precipitated by biological, psychological, social, and spiritual factors.

→ It should be noted that other organizations and publications may offer different definitions of *mental health challenge*. In fact, the term can be used in the following ways: 1) it can refer to a diagnosed mental illness; 2) it can refer to symptoms that are not severe enough to be classified as a mental illness; 3) it can refer to generally poor mental health and the absence of positive life experiences. However, in this course the term *mental health challenge* will be used to describe all experiences of languishing mental health, regardless of whether those experiences include symptoms of illness or a diagnosis. The term *mental illnesses* will only be used when referring to diagnosed disorders exclusively.



The next session will examine some of these factors more closely, but for now it's time to introduce one more important model. If the mental health continuum shows us what it looks like to move from languishing to flourishing and vice versa, then this model tells us a little bit about what it feels like to move around on the continuum. The **bio/psycho/social/spiritual model** represents the idea that mental health challenges are more than just medical or biological experiences. They are psychological, involving thoughts, feelings, and behaviors; they are social, impacting relationships; and they are spiritual, affecting the way people perceive God and engage in their faith.⁵ These “layers” are present in all experiences of mental health challenges, no matter how different those experiences may be. Here's one helpful way to illustrate this model: think about a time when you had a physical injury or illness and then ask yourself the question, “How did my injury/illness affect my emotions, my thoughts, my activities, and my relationships?” You might be surprised at how many connections you discover.

Reflection Question

What stood out to you in the psychological perspective? Why do you think it stood out?





What does the mental health continuum tell us about mental health? It tells us that mental illnesses are just one factor among many when it comes to understanding mental health. It also tells us that mental health is a constantly-changing reality in our lives.





THE SOCIAL PERSPECTIVE

Now that a foundation has been laid for understanding mental health and mental health challenges, it is time to take a look at the social implications of the mental health continuum.

Let's return to our friend, James, one last time. During his mental health recovery journey, the presence of his wife served as a constant reminder that he was not alone. In addition, James had a few good friends who regularly checked in on him and provided emotional and practical support. Finally, a small prayer group that James attended at his local church volunteered to make a few meals for his family and spent time praying for him each week. All of these people contributed to his recovery.

But what would have happened without this support network? Perhaps James would have started drinking to numb the pain instead of turning to close friends for emotional relief. Perhaps the stress of daily tasks like meal preparation would have inhibited his ability to search for a new job, thus prolonging the financial strain on his family. Perhaps he would have been angry and hurt due to the lack of support from his local church and eventually stopped attending services altogether. What was initially a temporary period of languishing could have become his new normal.

Research shows that social support is critical when it comes to coping with stress, and the reduction of stress can have a significant impact on recovery.⁶ Some studies even suggest that faith communities are particularly effective when it comes to cultivating resilience and promoting recovery.⁷ These studies have found that in addition to providing social support, faith communities equip individuals with coping techniques rooted in spiritual practices,⁸ and with a sense of comfort, hope, and meaning in the midst of crisis.⁹ (This last coping mechanism will be examined in more detail at the end of the session.)

→ The social perspective in each session will focus on the ways that mental health challenges affect not just individuals, but also relationships and communities of faith. Research suggests that meaningful relationships and supportive communities play a key role in recovery. Devoting an entire section to this perspective will give you the opportunity to examine the unique ways that the Church can support the mental health and wellbeing of its members.



Clearly, our movement on the mental health continuum is affected by our relational network. Individuals with community support (particularly faith-based community support) are more likely to move from languishing to flourishing over time. However, there is another social implication contained in this model. Simply stated, everyone is on the continuum *together*. Each one of us will experience languishing and flourishing mental health, regardless of the presence or absence of mental illnesses in our lives. This reality can empower us to dismantle the stigma that creates barriers between people living with and without diagnoses. The Church is at its best when it is able to demonstrate a love that includes everyone and encourages genuine unity. We can help our communities of faith move towards this love by learning to think about mental health as a continuum rather than a condition, and by remembering that symptoms and diagnoses are not the whole story.

Reflection Question

What stood out to you in the social perspective? Why do you think it stood out?





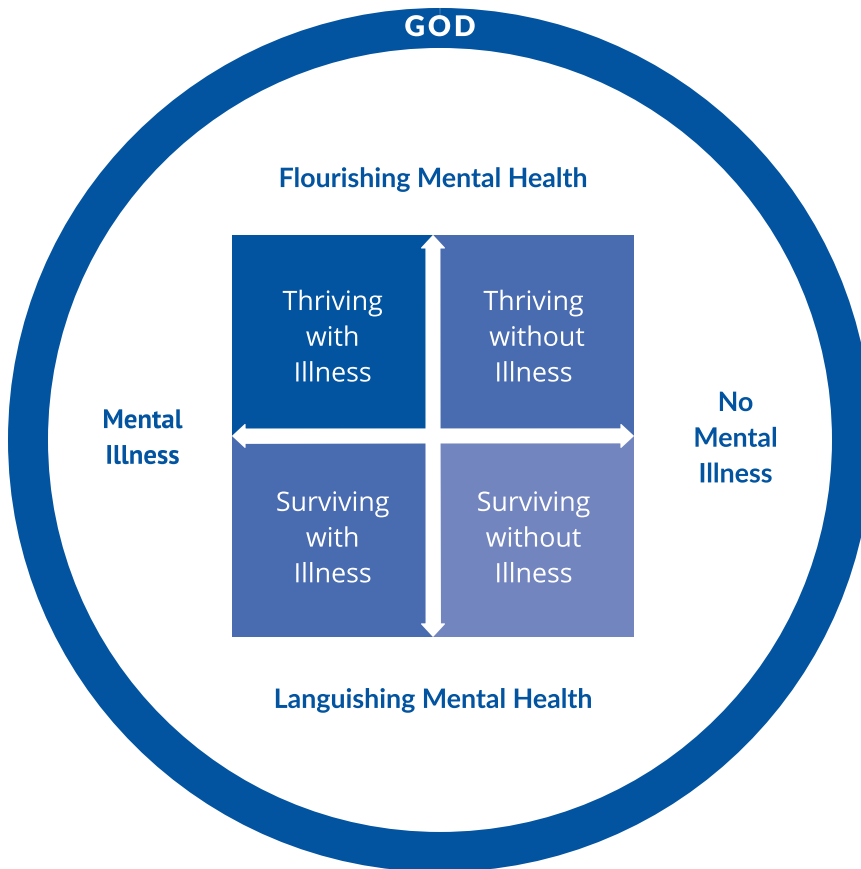
Simply stated, everyone is on the continuum *together*. Each one of us will experience languishing and flourishing mental health, regardless of the presence or absence of mental illnesses in our lives. This reality can empower us to dismantle the stigma that creates barriers between people living with and without diagnoses.



THE THEOLOGICAL PERSPECTIVE

When you were looking at the mental health continuum earlier in the session, you may have found yourself wondering where God fits into the picture. Take another look:

→ There are many different ways to define *theology*—it is a broad term that can refer to the knowledge of God, the study of the fundamentals of Christian faith, distinctive denominational beliefs, and more. For the purposes of this course, however, the most helpful definition may be the one offered by Anselm of Canterbury, a famed theologian and philosopher. He defined *theology* as “faith seeking understanding,” and the theological perspective in each session will primarily be concerned with the ways that faith can help us understand and respond to the realities of mental health challenges. In particular, we will examine how Christians read and interpret the Bible in light of lived experience, and how the Church responds to the call to be a redemptive community where everyone is welcome.



In this new image, the circle representing the presence of God completely surrounds the mental health continuum. No matter where you find yourself—whether languishing without a mental illness, flourishing with a mental illness, or some other combination—God is there.



Unfortunately, the Church can fail to communicate this simple truth when congregations deny the existence of mental health challenges, or ignore and ostracize members with lived experience. This failure can be particularly damaging when suffering is a part of the story. Although the mental health continuum reminds us that not all lived experience is characterized by suffering—many people lead fulfilling lives while coping with mental health challenges—the fact remains that experiences of languishing can be deeply painful and disorienting. At times like these, the Church is called to remind people that God is with them in the darkness, and to offer a sense of hope and meaning where possible.

So, what does Christianity have to say about suffering? While the Bible provides us with a wide variety of perspectives, four will be highlighted here. It is important to note, however, that not every perspective is relevant to every experience. In fact, certain perspectives may even be harmful when used to suggest that God inflicts us with suffering for our good. Given this potential for harm, please apply the following perspectives thoughtfully and gently as you consider the role that faith plays in helping people find hope and meaning in the darkness.

The first perspective views **suffering as a means of transformation**. This view is expressed in 1 Peter 1:6-7, where the author encourages persecuted believers:

In this you rejoice, even if now for a little while you have had to suffer various trials, so that the genuineness of your faith—being more precious than gold that, though perishable, is tested by fire—may be found to result in praise and glory and honor when Jesus Christ is revealed. (1 Peter 1:6-7, NRSV)

According to these verses, challenging and painful circumstances can sometimes present an opportunity for growth. Although God does not cause suffering in order to affect our transformation, he can use our suffering to this end when we turn to him for help. (The same idea is found in Romans 5:3-5, where Paul talks about suffering producing endurance, character, and hope.)

A second perspective views **suffering as an opportunity for the revelation of God's glory**. John 11 recounts the resurrection of Lazarus. Interestingly, when Jesus learns that his friend is ill, he decides to wait two days before traveling to Bethany:

But when Jesus heard it, he said, 'This illness does not lead to death; rather it is for God's glory, so that the Son of God may be glorified through it.' Accordingly, though Jesus loved Martha and her sister and Lazarus, after having heard that Lazarus was ill, he stayed two days longer in the place where he was. (John 11:4-6, NRSV)



Jesus didn't arrive in time to heal Lazarus; instead, he raised him from the dead. In a world committed to the ideals of progress, human achievement, and self-reliance, suffering can serve as a reminder of our ultimate need for God. It can also reveal his comfort, healing, and redemption in unique and powerful ways. (If you want to study this perspective further, John 9:1-7 is a good place to start.)

A third perspective views **suffering as an opportunity for communion with God**. Scripture is filled with the testimony of God's compassion. The psalmist proclaims:

The Lord is near to the brokenhearted, and saves the crushed in spirit.
(Psalm 34:18, NRSV)

The Old Testament prophets describe the coming messiah as a shepherd who tenderly gathers his lambs in his arms (Isaiah 40:11), and as a man who bears our griefs and carries our sorrows (Isaiah 53:4). In the New Testament, the book of Hebrews describes Jesus as our great high priest who sympathizes with our weaknesses (Hebrews 4:15). Each of these verses remind us that God cares deeply about human suffering, and also understands what it is like to suffer. Pain can make us feel very isolated, but the truth is that God is with us in our darkest moments. What is more, we often discover the gift of his presence and the comfort of his Spirit in new and deeper ways when we are suffering.

A fourth perspective views **suffering as a temporary condition**. In Revelation 21:3-4, John describes the reunion of heaven and earth:

And I heard a loud voice from the throne saying, "See, the home of God is among mortals. He will dwell with them; they will be his peoples, and God himself will be with them; he will wipe every tear from their eyes. Death will be no more; mourning and crying and pain will be no more, for the first things have passed away." (Revelation 21:3-4, NRSV)

This is an incredibly beautiful picture that tells us a lot about who God is and what he has in store for his creation. Even though our present existence is filled with suffering, this is not what God wants for us. He is committed to ending suffering and creating a new world where love, joy, and peace authentically abound in every human heart. When we are in pain, the reminder that this is a temporary experience can be a great source of hope and comfort. (Paul also relied on this truth to sustain him—in Romans 8:18 he declares that his present sufferings aren't even worth comparing to the glory that awaits him in Christ.)



There is no doubt that these four perspectives on suffering can be encouraging in hindsight. However, they may be less helpful when we are in the middle of a difficult season or processing a deeply traumatic event. In such moments it is often difficult to see God at work, and the mystery of human suffering can feel impossible to comprehend. While we may recognize that pain and suffering are inevitable in a fallen world where sin and evil exist, we can still fail to find satisfactory answers to questions like, “Why is this happening?” or, “Who is responsible?”

Fortunately, the Bible doesn’t only provide us with different ways of thinking about suffering; it also shows us how to respond to suffering. Remember the brief description of lament at the beginning of this session? The practice of lament invites us to release all of the powerful and painful emotions that come up when we are suffering, while reminding us that God is present and that he cares. In fact, the majority of the psalms are lament, teaching us that there is space within our faith to voice our pain, doubt, and anger, even as we hold on to God’s goodness and affirm his activity in our lives.

There is a lot more that could be said on the subject of suffering. In fact, Session 5 will explore another important perspective: the view that suffering can produce empathy and compassion, thereby teaching us to care for one another more deeply. Hopefully, though, this brief survey has illuminated a few meaningful ways to think about and respond to the suffering that sometimes accompanies mental health challenges. Ultimately, the greatest source of hope in the Christian life lies in the reality that Christ has risen from the dead, his Spirit is with us now as a source of comfort and peace, and there is a resurrection still to come.

Reflection Question

What stood out to you in the theological perspective? Why do you think it stood out?





The majority of the psalms are lament, teaching us that there is space within our faith to voice our pain, doubt, and anger, even as we hold on to God's goodness and affirm his activity in our lives.



ENDNOTES

1. WHO, “The World Health Report 2001: Mental Disorders affect one in four people,” accessed January 22, 2021, <https://www.who.int/news/item/28-09-2001-the-world-health-report-2001-mental-disorders-affect-one-in-four-people>.
2. Gerben J. Westerhof and Corey L. M. Keyes, “Mental Illness and Mental Health: The Two Continua Model Across the Lifespan,” *Journal of Adult Development* 17, no. 2 (2010): 110-119, accessed January 28, 2021, doi:10.1007/s10804-009-9082-y.
3. WHO Regional Office for Europe, “Measurement of and target-setting for well-being: an initiative by the WHO Regional Office for Europe” (Paris, France: June 25-26, 2012), accessed January 28, 2021, https://www.euro.who.int/__data/assets/pdf_file/0009/181449/e96732.pdf.
4. If you want some dense academic reading, you can look at Corey Keyes’ 2002 article, “The Mental Health Continuum: From Languishing to Flourishing in Life,” published in the *Journal of Health and Social Research*.
5. John Swinton, *Spirituality and Mental Health Care: Rediscovering a ‘Forgotten’ Dimension* (London: Jessica Kingsley Publishers, 2001), 38-39, 56.
6. Ichiro Kawachi and Lisa F. Berkman, “Social Ties and Mental Health,” *Journal of Urban Health* 78, no. 3 (September 2001): 459-460, accessed January 15, 2018, <https://www.ncbi.nlm.nih.gov/pubmed/11564849>.
7. John Swinton, *Spirituality and Mental Health Care: Rediscovering a ‘Forgotten’ Dimension* (London: Jessica Kingsley Publishers, 2001), 71-72.
8. Gary R. Collins, *Christian Counseling: A Comprehensive Guide*, 3rd ed. (Nashville: Thomas Nelson, 2007), 19.
9. John Swinton, *Spirituality and Mental Health Care: Rediscovering a ‘Forgotten’ Dimension* (London: Jessica Kingsley Publishers, 2001), 83.

