

A
CHRISTIAN
GUIDE
TO
MENTAL
ILLNESS

VOLUME 1

**RECOGNIZING MENTAL ILLNESS
IN THE CHURCH AND SCHOOL**

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Preface

“Preach the Word; be prepared in season and out of season; correct, rebuke and encourage—with great patience and careful instruction.”

(2 Timothy 4:2)

By the end of my second meeting with the Howards, I was concerned. Mrs. Howard was furiously angry with her husband and could not put it aside in order to have a productive discussion about their problems. Despite his protestations and entreaties, she was certain he was having an affair. He vehemently denied this. He did admit that he was “really tired” of dealing with her accusations and bad moods. It had been going on so long and had gotten so bad that he wasn’t sure he could do anything to make things right. He didn’t want to leave her, but he could not live like this. They had four children, and the children were also starting to suffer from their mother’s rages.

I was convinced that Mr. Howard had truly done nothing wrong. I was increasingly alarmed that Mrs. Howard might have a fairly serious mental health problem. Her glare seemed to curdle the air in the office. She scoffed every time her husband insisted that he loved her. They were on the same small couch, but she sat as far away as possible, leaning against the side of the couch. She was unreasonable and unrelenting in her accusations of infidelity, whereas Mr. Howard simply looked miserable. He said, “I don’t dare get home late from work or she starts a fight and ends up crying. On the other hand, if I come home early, she says I don’t trust her with the kids.”

At one point, Mrs. Howard blurted out that she was both ugly and terrible. She confessed, “I can’t really blame him for wanting to leave me,” at which point she started weeping. I thought this might be a good moment to address the issue of a possible mental illness. I said, “Have either of you ever been concerned that you may have an emotional problem, such as depression or . . . ?” I was not able to complete the question.

Mrs. Howard had stopped crying and had stood up. She looked at me and, for a panicky moment, I thought she was going to strike me. She snarled, “You’re just like him! You think this is all my fault!” It took ten minutes to persuade her not to walk out of my office. Finally, she sat down again. I thought, “Now what do I do?”

Why Write This Book?

I have written this book to help you answer the question “What do I do?” when you meet someone in your church who appears to have a mental illness or a mental health problem. There are many reasons to do this, but they come down to the following issues:

- First, mental illness and mental health problems are extraordinarily common. You have met and you will meet again many, many people who struggle with these. It is simply inevitable.
- Second, there is intense stigma associated with mental illness and mental health problems. The stigma hinders and even prevents people from seeking help. People are ashamed to talk about mental illness and mental health problems either they or those they love are experiencing.
- Third, if someone in your church has a mental illness or mental health problems, and if she does seek help, she will most likely seek *your* help. Ministers and other church workers are at the front lines in the fight against mental illness. People with broken limbs and infections don’t turn first to their pastor, but people with mental illness do. The reasons for this are obvious. You represent the church, and the church is at the center of the most meaningful events in people’s lives. You comfort them in their grief. You preside over their marriages. You baptize their children. You deliver God’s message of forgiveness and salvation. You are a special and unique person in their lives. Of course they turn to you when facing the confusing, sad, and sometimes desperate issue of mental illness.

- Fourth, you are in a position to help even if they do not seek it out. Ministers and church workers know their parishioners and their families and, often, many of the details of their lives. You are “shepherds of God’s flock that is under your care, watching over them—not because you must, but because you are willing, as God wants you to be” (1 Peter 5:2). As shepherds, you have a duty to help people even when they do not know they need it. This includes gently confronting them about mental illness and mental health problems that they may be experiencing. (It will usually go better than my experience with Mrs. Howard!)
- Finally, you can help. Most obviously, you can help by reminding them of God’s love for them. As Mary sitting at the feet of Christ, you can thus give them all that is needful. However, this book is not written to direct or assist you in that regard.

Instead, this book is written to assist you in understanding mental illness and mental health problems from a Christian perspective. From that understanding, you can help them realize that suffering from a mental illness or mental health problem is not a sign of either weakness or badness. This book is also written to help you understand mental illness and mental health problems from a professional perspective. You will hopefully gain a better understanding of the mental health service system, which comprises psychiatrists, psychologists, clinics, and hospitals that provide inpatient, outpatient, and medication treatment for mental illness. Such understanding will help you help them obtain the professional help that is needed.

Helping You to Help

This book is written to assist you in helping your parishioners overcome mental illness. This can be quite challenging.

One minister described his first call as one of two assistant pastors to a large church in the Northeast. He did a lot of counseling under the supervision of the head pastor. He fairly quickly established a reputation as a good listener, as someone who would listen before speaking, and as someone who seemed to understand the stress of present-day life. His most memorable counseling experience was with a parishioner who was widowed a decade prior. She would allow him to visit but would not invite him inside her home. Indeed, she would not even open the door when he visited. He would speak with her through the

door. At the end of every conversation, she would tell him that she hoped he would come back the next week. He didn't reply that he hoped it didn't snow the next week, but he often thought it.

Another minister described Matt to me. At age 18, Matt tried to kill himself. Matt never received treatment following the emergency hospitalization, despite the pastor's encouragement to the family that he do so. The only counseling Matt received after the suicide attempt was with this pastor, and that amounted to brief conversations and an occasional phone call initiated by the pastor. He still wonders about Matt, who moved to a different state with his mother and stepfather about a year later.

These examples illustrate a small portion of the issues and questions most people have about mental illness and mental health problems. These questions are addressed in this book:

- How can you determine whether someone has a mental illness or not?
- What are the defining features of the different mental illnesses?
- What are the effects of mental illness on the person and on the person's family?
- What causes mental illness?
- How do you talk to someone about your concern or belief that he or she may have a mental illness?
- How do you address the common concern that developing a mental illness is a sign that someone has too little faith?
- When should you refer someone to a mental health professional, such as a psychologist, psychiatrist, or counselor? When does a referral become not merely a good idea but a necessity?
- How can you find a good psychologist, psychiatrist, or counselor for your parishioners who may need one? Even more important, how can you be sure that the mental health professional will be respectful of your church's teachings?
- If you do decide you need to refer someone to a mental health professional, how do you convince him or her to accept it?
- After you have made a referral, should you stay involved? The short answer is "YES!" You need to stay involved to be sure that the treatment is progressing as it should (which will be described in this book) or to get the parishioner to another pro-

fessional if it is not. You should stay involved because the mental health professional should not address issues of faith and forgiveness, and your parishioner will need to hear those words of comfort from you.

Preview of Volume 1

This book will be a two-volume set. This first volume is intended to help pastors and other church workers to identify and understand mental illness. (The second volume is previewed at the end of chapter 21.) It comprises three parts.

Part 1 covers the basics of mental illness. Chapter 1 begins the journey by addressing the importance of distinguishing between mental illness and mental health, and chapter 2 provides an overview of mental health functioning, whether healthy or unhealthy. The formal definition of mental illness used by mental health professionals is presented in chapter 3. Chapter 4 discusses the prevalence of mental illnesses to show that it is *inevitable* that churches and schools (and businesses and everything and everyone else) will encounter mental illness. Chapter 5 reviews the devastating effects mental illness has on individuals, couples, families, and society in general.

Part 2 details the various types of mental illness. Depression and the anxiety-related disorders are reviewed in chapters 6 and 7, whereas the psychotic disorders (such as schizophrenia) are covered in chapter 8. Bipolar disorder is covered in chapter 9, and chapter 10 covers the stress-induced disorders, such as post-traumatic stress disorder. Chapter 11 reviews the substance use disorders, eating disorders, and disorders related to impulse control problems. Chapter 12 covers less common mental illnesses, including the somatization, tic, sleep, and sexual disorders. In chapter 13, three of the most common personality disorders are discussed. Chapter 14 reviews the mental illnesses that primarily affect children, and chapter 15 covers the issues of child abuse and neglect. Chapter 16 reviews those illnesses that primarily affect the elderly. Chapter 17 discusses domestic abuse, also known as spousal abuse or “intimate partner violence.” Chapter 18 reviews the many issues related to suicide, which is more common among persons with mental illness.

Part 3 discusses the essential role of the church in the understanding, care, and treatment of persons with mental illness and their loved ones. Chapter 19 reviews commonplace ways that mental illness is mis-

understood, both within general society and within the church. Chapter 20 reviews the proper understanding of mental illness from the perspective of the Bible and by reference to various Christian pastors throughout history, including St. Paul and Martin Luther. Chapter 21 discusses the central role that the church and its workers have in helping persons with mental illness, focusing on issues specific to Christians who need mental health treatment, including stigma and shame.

Postscript

After Mrs. Howard sat down again, with a glare for both me and her husband that, for some reason, made me think of Medusa, I decided to try a different approach. Clearly Mrs. Howard was having nothing to do with the suggestion that she might have a mental illness.

I acknowledged the distress in the room, demonstrating that I was listening and that I understood how they were feeling. “This situation is very distressing to both of you. You’re both feeling upset and miserable. And although you didn’t say it, I’m guessing you’re both worried about the kids as well.” That helped her to see that I realized she wanted things to be different and that she was a caring, concerned mother. I showed that I did not see her as a bad person.

I then offered a contrast between where they were and where they wanted to be. “You’re both unhappy and your family isn’t what you want it to be. You want to be able to trust each other, and you want to be trusted. The reason you married is because you love each other and you want to feel that love again. This situation has to change.” Again, this was to show both of them, but her in particular, that I thought they were good people who were in a bad situation.

I then tried to instill some hope that things could change. “This won’t be quick or easy, but if you stick with this, it can help.” Unless someone has this hope, they won’t bother returning for another meeting.

Finally, I asked them for their patience, noting that the problem had developed over a long period of time and might take more than one meeting to resolve. I then asked them to return, with the intention of getting them to a point where change was actually possible.

ONE

PART 1

BASIC INFORMATION ABOUT MENTAL ILLNESS

**WHAT IS IT? HOW COMMON IS IT?
HOW BAD IS IT?**

Preview of Part 1

The first part of this volume provides basic information about mental illness, including what it is, how common it is, and the varieties of misery that it causes.

This basic information will hopefully clarify areas of confusion. A common source of confusion is the difference between mental illness and normality, which is covered in chapters 1 through 3. Perhaps the reader has heard, thought about, or even asked these questions:

- How do you tell the difference between sadness and depression?
- She's always been very shy around people, but could this actually be an anxiety problem?
- How do you know if you have a drinking problem?

Another commonly held misconception is that mental illness is very rare. As chapter 4 demonstrates, anyone who knows more than four people likely knows someone who is presently experiencing a mental illness. It is not rare at all.

Some claim that mental illness is really not that bad. "My aunt Betty supposedly had depression, but we all figured she was just seeking the attention of others. How bad is it really?" Here's a short preview of chapter 5, which addresses this issue—it's bad.

These first three chapters address commonly held beliefs about mental illness, which are a conglomeration of "It's not real," "It's not that common," and "It's not that bad." These beliefs are inspired by the commonly held *hope* that only bad or weak people will be stricken with mental illness. Christians sometimes adopt a particularly virulent and condemnatory notion that mental illness only happens to those of weak faith. I

consolidate these notions into what I call the weakness-badness theory of mental illness. The effect of such notions, which are widely held, is that persons suffering with mental illness feel incredibly ashamed. As a result, they may be very reluctant to admit that they or someone they love may have a mental illness. They are reluctant to admit this even to themselves, but are especially reluctant to admit it to others. If they are too ashamed to admit as much, they are unlikely to get help for the mental illness.

This issue of stigma is almost entirely unique to mental illness. When I broke my arm because I tried to walk downstairs while drinking hot coffee and talking on my cell phone, I laughed about it with my friends. I was not ashamed of the cause of my injury. However, people whom God afflicts with mental illness almost always do feel shame, as if, somehow, they should have been able to avoid its cause. The third part of this volume addresses this issue in greater detail.

My prayer is that proper education about the reality of mental illness, the commonness of mental illness, and the misery that mental illness causes will diminish the weakness-badness theory. If you and I do not hold stigmatizing attitudes towards mental illness, we are much more capable of helping those suffering from it.

Chapter 1

The Importance of Distinguishing Mental Health and Mental Illness

“Stop judging by mere appearances, but instead judge correctly.”
(John 7:24)

The most basic question regarding mental illness is “What is it?” This is a surprisingly challenging question. It can be difficult to decide whether someone’s feelings, thoughts, and behavior are an indication of something abnormal. But making the distinction between normal and abnormal is absolutely essential. Consider Jenny and Richard.

Jenny the First Grader

Mrs. Wilson teaches first grade at Our Redeemer Grade School. She and Mr. Peters, the principal, ask for a meeting with Jenny’s parents because they have some concerns. Jenny has missed almost three weeks of school in total, and it is only early November. When she is at school, Jenny seems anxious and fearful. She often asks to go to the office because her stomach is upset or she has a headache. During the meeting, Mom admits that some mornings she gives in to Jenny’s pleas and crying and allows her to stay home.

On the one hand, school can be a scary place for any child, and first grade can be especially scary. On the other hand, teachers and schools

know this and go out of their way to ease the fears of children. Most children are not so fearful that they beg to stay home. Missing school because of fear is not normal.

Should Jenny be referred to a psychologist? She is exhibiting at least some of the signs of separation anxiety disorder, which means that a child experiences extreme anxiety when separated from her parents. Perhaps a referral to a psychologist would be appropriate. On the other hand, perhaps mom should be referred to a psychologist. Perhaps Mom is somehow encouraging Jenny, her only child, to resist going to school. Jenny needing to stay home and be near her mom might make Mom feel better about herself.

However, Jenny's fears and refusal to go to school might be both normal and understandable. Perhaps Jenny is being teased and bullied by some of the other kids in her class. It might be the case that Jenny is being mistreated by her teacher. In these cases, there is a problem (i.e., the way Jenny is being treated at school), but it has nothing to do with Jenny or her family.

If the teacher and principal cannot tell whether Jenny's thoughts, feelings, and behaviors are normal or abnormal, they cannot know whether they are seeing a problem with Jenny (or her mom) or a problem situation that needs to be resolved. The difference is important.

Richard the Salesman

Richard sells commercials for a nationally broadcast radio program, and he is very good at it. He has won sales awards. He was offered a promotion to management several times, but he kept declining because he could make more from commissions than he would from being a supervisor.

Richard has not worked in several months. His employer put him on unofficial sabbatical, and his office waits empty in hopes of his return. When Richard didn't show up for a major out-of-town sales appointment, his boss called to find out why. Richard was home, as he had missed his flight. He was also intoxicated. He insulted his boss repeatedly, made disparaging remarks about the radio program, started crying, and hung up. He hasn't been back to the office since.

Does Richard need to be referred to a substance abuse counselor? He is exhibiting signs of an alcohol problem. He is drinking too

much, and the drinking is causing some problems. (Missing appointments, skipping work, and insulting one's boss are almost always bad for one's career.)

If Richard's behavior is abnormal, we might conclude that he needs to be referred to a mental health professional. With the details just provided, it seems that this might be the case. But distinguishing normal and abnormal requires that we know all of the details about someone's situation.

Two weeks before Richard missed his flight, his eldest son, Robbie, had been killed in a plane crash. Richard had taught Robbie to fly. They loved to fly together, and Richard had helped Robbie buy his first plane. Richard's last view of his son's plane was of it crumpled off the side of the runway, surrounded by emergency vehicles. Ten days after his son's funeral, Richard sat in the waiting area at the airport, staring at the tunnel leading to the plane. He watched the other passengers board, heard his name called, heard the name of the standby passenger who took his seat, and watched the plane pull away. After several more hours, he went home and got drunk.

Perhaps it now seems clear that Richard does not need a substance abuse counselor. His reaction and his behavior seem more normal, and we may think he simply needs some more time to grieve and that he may benefit from a group that allows parents to talk about the exquisite pain felt when one loses a child. On the other hand, if we learn that Richard is a recovering alcoholic and has had a relapse due to Robbie's death, then his behavior is once again perceived as problematic. Distinguishing normal and abnormal can be difficult.

Abnormal or Normal? A Difficult But Important Distinction

Does Jenny need treatment? Or does her mom? Or does neither? If Jenny or her mom have a mental illness, then treatment would be beneficial. But if neither has a mental illness, treatment would be unnecessary and even potentially harmful. Imagine telling Jenny, who is being bullied, that she needs treatment because there is something abnormal about how she is feeling!

What about Richard? Distinguishing normal and abnormal is the difference between telling Richard who is grieving and Richard who is a lapsing alcoholic that there is something wrong. The difference is the difference between savage cruelty and steadfast kindness.

Does Someone Need Treatment?

Distinguishing the difference between normal and abnormal is thus very important for knowing who should be referred for treatment and who should not. It is similarly important for knowing when treatment is no longer necessary. Psychological and psychiatric treatment should discontinue when a person is no longer mentally ill and no longer needs it. Although some persons stay on psychiatric medications essentially forever in order to maintain mental health, most individuals who obtain treatment are helped enough that they eventually stop.

Research

Knowing the difference between normal and abnormal is essential for research. Research informs us about the causes of mental illness, as well as what works to treat it. To do research, researchers need to agree on what they are studying. This is why scientists distinguish frogs from toads, crickets from grasshoppers, and moths from butterflies. It is impossible to know anything about any thing unless there is agreement on what that thing is. This might be why the first task given to Adam was to name the creatures. When Adam told Abel to gather some goats, Abel needed to know the difference between the goats and the gorillas. Likewise, mental health researchers need an agreed-upon definition of mental illness so that we are all studying the same thing.

Mental health professionals need to distinguish mental health and mental illness. It seems like it should be easy, but it is not. This is because mental health, mental health problems, and mental illness lie on a continuum.

The Mental Health—Mental Health Problems—Mental Illness Continuum

There are no bright, bold lines of demarcation separating normal from deviant. That is, there is no definitive way of knowing that the way someone is feeling, acting, or thinking is indicative of abnormality.

For this reason, it is best to consider mental health and mental illness as points on a continuum, such as is shown in Figure 1. At one end is good mental health, at the other end is mental illness, and in between are mental health problems. Few people will go all of life with uninterrupted good mental health. Instead, most people will go back

and forth along the continuum. Even those in good mental health will occasionally experience mild or moderate mental health problems, such as an episode of prolonged extreme sadness or anxiety. Some of these people will actually develop a diagnosable mental illness at some point, but the illness will be time-limited. Still others will develop a mental illness that never goes away.

Mental health, mental health problems, and mental illness are defined more thoroughly in the next two chapters.

Figure 1

Mental Health	Mental Health Problems	Mental Illness
Feel well Think well of self and others Infrequent feelings of sadness, anxiety, anger, etc. Able to do things much the way you want Successfully fulfill roles (as spouse, worker, friend, etc.) Able to establish and maintain relationships	Intermittent feelings of sadness, anger, anxiety, etc. Occasional unhealthy or inappropriate behavior Sporadic problems with roles and relationships, but usually able to work them out	Serious and persistent distress, including intensely negative self-perception Persistent negative feelings, such as depression, anxiety, anger, etc. Behavior that is unhealthy or inappropriate or that puts one at risk Serious problems fulfilling roles, including problems in relationships

Postscript

Should you refer Jenny and Richard to a mental health professional? Yes, you probably should. You should because you are concerned that the person *may* have a mental illness, and that is enough reason to do so. This book is intended to help you determine, to some extent, whether or not a person has a mental illness and needs referral to a mental health professional, but the distinction can be quite difficult. Reading this book might not be enough to help you make it.

If you are uncertain, make a referral. Mental health professionals are specially trained (thus the term *professional*) to distinguish between abnormal and normal reactions to the crises, events, and traumas that

life throws at people. Of course, that means that some of the time the mental health professional should say to Jenny, Richard, or whomever he or she is evaluating, “No, this is not something that needs to be treated. Go home.” Other times they may say, “While this is not mental illness, I can help you deal with this terrible situation, if you are willing to enter treatment.”

We talk about how to make a referral in the second volume, including how to approach the person about your concerns and about your hope that he or she seek treatment, and also how to identify mental health professionals who are qualified to help.