The Christian
and Good Mental Health

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For the committed Christian, locating competent mental health professionals who are committed to Christian values and principles is becoming increasingly difficult. Our permissive, secular culture has infiltrated almost every discipline, and mental health is no exception. Mental health providers who have little or no spiritual or moral values can often do more harm than good, and certainly from a spiritual point of view can lead a person in a direction away from Christ and His teachings.

I believe that good mental health treatment and maintaining spiritual values are compatible, and that a person does not have to compromise one to receive the other. But even among those who are Christian therapists, there are varying degrees of spiritual commitment. A client or patient must be willing to ask the right questions in the beginning to know if his therapist is a good fit for his mental and spiritual health. Make a list of what is important to you spiritually. Don’t be afraid to ask a therapist her thoughts on those various spiritual values. Keep an open mind, but also be willing to question any suggestions or advice that you may feel compromises your spiritual ideas and values. Seldom will we ever find anyone who agrees with us on everything spiritually, so it is important to define what is most important to you and let those principles be your guideline for selecting a competent therapist.

This book is designed primarily to get an overview of some of the most common mental and emotional illnesses and disorders.
Descriptions and definitions along with symptoms and treatment possibilities are suggested for each chapter. At the end of the book, there is a hotline and information lines for those who are in crisis. These phone numbers will assist you in receiving information or critical help in times of depression, anxiety, grief, or other mental or emotional crises. It is my sincere prayer that this book will be of assistance to Christians seeking guidance and direction for developing and maintaining good mental health.

It would be difficult, if not impossible, to discuss every mental or emotional condition listed in the *Diagnostic and Statistical Manual* used by mental health professionals. But I have selected those that I have most often seen in my practice over the last thirty years.

During a mental health emergency, one should seek the closest mental health professional for immediate assistance. Long-term therapy decisions can be made at a later time, when the patient is not in crisis.
Biblical Example

Those whose lives are portrayed for us in the Bible from Old and New Testament times are basically no different than we are. They struggled with the same difficulties, emotional problems, stresses, and temptations each of us does. Some were more successful than others in trying to live according to God’s will. We sometimes think that, because thousands of years have passed since the beginning of the Old and New Testament eras, we are somehow different today from our predecessors. The truth is that we still struggle with all of the same problems, difficulties, and temptations that they did. As we progress through this book, developing an understanding of mental and emotional problems, we will come to realize that even in biblical times, though not diagnosed as we are today, many people struggled with the same emotional and mental illnesses that we do. It could be said that Paul, Peter, Judas, Cornelius, King Saul, Moses, David, Solomon, Mary and Martha, Noah, and others struggled with what could be defined as mental or emotional illnesses for varying lengths of time and degree during their lives. Mankind has always struggled to think rightly and often gone in directions that lead to mental problems. The answer to dealing with these difficulties and problems is depending on the grace and mercy of God, changing what we can and, with God’s help, accepting what we cannot change. Jesus, our perfect example, teaches us how to accept the will of God when it may not be our own desire or will and how to accept the circumstances that come our way that we cannot change.
One in three people will have a significant mental or emotional problem during their lifetime. If this were any other illness, we would call it epidemic. The Bible says “As [a man] thinks in his heart or mind, so is he” (Proverbs 23:7, NKJV). What we put into our mind and the thought patterns we develop affect our behavior.

Sometimes we allow ourselves to be programmed incorrectly. A thought goes in, becomes confused or abnormal, and we repeat that thought pattern over and over again, receiving the same incorrect results. When this happens we have what is called an abnormal thought pattern. Some mental illness is a result of incorrect thought patterns.

Most of us at one time or another have some minor emotional or mental struggles. They may not rise to the level of being called a mental or emotional illness, but it is an emotional mental struggle. Approximately 60 million Americans experience some type of mental emotional problem each year. Mental illness is defined as “any various psychiatric condition usually characterized by impairment of an individual's normal cognitive (how we think, what we think about, how we develop our minds, attention, language, perception, problem solving, creativity) and emotional behavior functions that are caused by psychological or psycho-social factors” (Mayo Clinic). Another definition of mental or emotional illness is “a broadly inclusive term generally denoting one or all of the following: a disease of the brain with predominant behavior symptoms such as paresis (a partial paralysis), acute alcoholism, a disease of the mind, a disease of the personality, as evidenced by abnormal behavior such as hysteria, schizophrenia, also called on occasion emotional disease or disturbance or behavioral problems and behavioral illness” (National Alliance on Mental Illness).
Numbers of Americans Affected by Mental Illness

* One in four adults, approximately 61.5 million Americans, experiences mental illness in a given year. One in 17, about 13.6 million, live with a serious mental illness such as schizophrenia, major depression, or bipolar disorder.

* Approximately 20 percent of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13 percent.

* Approximately 1.1 percent of American adults, about 2.4 million people, live with schizophrenia.

* Approximately 2.6 percent of American adults, 6.1 million people, live with bipolar disorder.

* Approximately 6.7 percent of American adults, about 14.8 million people, live with major depression.

* Approximately 18.1 percent of American adults, about 42 million people, live with anxiety disorders, such as panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), generalized anxiety disorder and phobias.

* About 9.2 million adults have co-occurring mental health and addiction disorders.

* Approximately 26 percent of homeless adults staying in shelters live with serious mental illness, and an estimated 46 percent live with mental illness and/or substance abuse disorders.

* Approximately 20 percent of state prisoners and 21 percent of local jail prisoners have “a recent history” of a mental health condition.

* Seventy percent of youth in juvenile justice systems have at least one mental health condition, and at least 20 percent of those youth live with a several mental illness.
Getting Mental Health Treatment in America

* Approximately 60 percent of adults and almost one-half of youth ages 8-15 with a mental illness received no mental health services in the previous year.

* African Americans and Hispanic Americans used mental health services at about one-half the rate of whites in the past year and Asian Americans at about one-third the rate.

* One-half of all chronic mental illness begins by the age of 14; three-quarters by age 24. Despite effective treatment, there are long delays—sometimes decades—between the first appearance of symptoms and when people get help.

The Impact of Mental Illness in America

* Serious mental illness costs America $193.2 billion in lost earnings per year.

* Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18 to 44.

* Individuals living with serious mental illness face an increased risk of having chronic medical conditions. Adults living with serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions.

* Over 50 percent of students with a mental health condition age 14 and older who are served by special education drop out—the highest dropout rate of any disability group.

* Suicide is the tenth leading cause of death in the U.S., more common than homicide and the third leading cause of death for ages 15 to 24 years. More than 90 percent of those who die by suicide had one or more mental disorders.

* Although military members comprise less than 1 percent of the U.S. population, veterans represent 20 percent of
suicides nationally. Each day, about 22 veterans die from suicide. (Source: *Psychology Today*)

We often attach a stigma to mental or emotional disorders that we would not attach to physical illnesses or disorders. Some people feel, as Job’s friends did, that we must have done or thought something rising to the level of a sin to result in our having a financial loss, or an emotional or mental problem, or a serious significant physical illness. We know, of course, that such thinking is certainly not true. It is true that some mental and emotional problems are the result of bad choices, just like some physical injuries with which we have to live for a lifetime are results of bad choices. We are not the ones who can judge adequately what is or is not the result of bad choices. Since all of us are poor choosers, we cannot and must not unduly judge anyone for the circumstances of their life. Judging is God’s business, not ours. Accepting and loving people as they are, regardless of what circumstances may have brought them there, is our responsibility.

What we need is a type of “hospital church,” where anyone who is in need, anyone who is hurting or desperate, anyone who feels abandoned, thrown away, or misunderstood, can find a fellowship of God’s people who will encourage and help them and, if nothing else, just listen to them. Catharsis, the art of releasing emotional pain, often just by talking it out, is one of the most important and valuable tools of therapy. There are millions of people who do not need anything more than someone to listen and to acknowledge that their problems are real—someone to feel a little sympathy and empathy for them. Yet many with emotional problems are unable to find such friends. It may be that some people who are classified as emotionally ill are simply lonely. Because of that loneliness, they can become confused and are unable to get feedback because there is no one who cares enough to listen. When we talk with friends like this, we do not need to offer advice. We need only to listen. As Christians, we must
be willing to invest time and effort in our friends, our brothers and sisters in Christ, to help bring them to where they need to be. Christians have a responsibility to every hurting person who crosses their path—everyone—and we have a responsibility to help them in whatever way we can. And for most of us, it’s just being a good listener. God may allow us to cross paths with the needy as He did with the Ethiopian eunuch or Esther. Each of us has talents and abilities and opportunities. Esther had an opportunity, which she seized and, with the help of God, was able to save her nation. We have great opportunities, and when we take advantage of them with God’s blessings and help, we can do great things as well. If we can help just one person, then we have done well.

Learning to Live With the Problem
We would like to eliminate our physical, mental, and emotional illnesses and disabilities. But the reality is that some of us will have to live with some of these conditions. Many will have to learn to cope with their mental and emotional illnesses, just as some must learn to live blind, deaf, crippled, or disfigured, and some will have to learn to live with debilitating physical diseases. Christians as well as non-Christians can have emotional problems. There should be no stigma or guilt attached to such illnesses. The church should be loving, compassionate, and helpful. Unfortunately, not all members of the church are mature enough to accept and encourage those who are mentally ill. I attended a church once where one of the ladies in our congregation had a significant mental illness. She would often have bouts of depression that would bring her to the brink of suicide. She was in and out of the local mental hospital. After being released from the hospital on one occasion, she came to church and was sitting near the back. During the service, she had an episode that resulted in calling attention to her problem. Some of the members of the congregation began to snicker and laugh, turning around and
looking as if they were disgusted, even repulsed. Sad to say, she never returned to our congregation. There should be no stigma attached to mental illness. As brothers and sisters in Christ, we should be understanding and compassionate, just as Jesus never ridiculed, made fun of, or judged those who suffered with mental or emotional problems.

**Brief History of Care For the Mentally Ill**

The first asylum was built in the fourth century in Baghdad. The next one was built in Cairo, Egypt in 872 AD. Concerned followers of Jesus built several mental health facilities in Spain, the first one in 1245 AD, the second one in 1436 AD in Seville, Spain. More were constructed—in 1481 in Barcelona, and in 1483 in Toledo. Jumping 300 years, in 1808 one of the first asylums for the mentally ill was built in London, England.

In most parts of the world, as far back as history can go, the mentally ill were cared for by families and friends. When mental institutions began to develop, they were mainly warehouses for the insane. Many of those confined were abused. There was very little hygiene and almost no treatment. In the United States, beginning in the late 1800s, there were a number of mental institutions built. By 1904, there was a significant population in mental institutions. There was much experimenting done on the mentally ill. Experiments involving lobotomies, electric shock, insulin shock, and for those who could not be significantly improved, there was forced sterilization.

Beginning in the early 1950s, lawsuits began to be brought against those owning and operating mental institutions citing inhumane treatment, and there were demands for improvement. Simultaneously, new drugs were being developed to help stabilize many of those with the most common mental conditions. Eventually legislation was enacted, and it was no longer against the law to be “crazy.” You could not be confined against your will to a mental institution unless you were judged to be criminally
insane or you were a continuing threat to yourself or someone else. By the late 1950s and early 1960s, many of these mental health institutions were being closed. Today, most of the larger hospitals have floors devoted to helping the mentally ill, or there are small freestanding additions to our hospitals dedicated to the mentally ill. The length of time a person may be held against his will in a mental facility ranges from 48 to 72 hours, not including weekends. Without a court order in which they must be adjudged by a mental health professional and/or judge to be an immediate threat to themselves or someone else, they cannot be held for a longer period of time.

The High Cost of Mental Illness
The cost of mental and emotional illness is extremely high. Those who are depressed and anxious and those who have even more serious mental disorders will tell you it’s like living in hell. The anguish and pain is beyond description, and most would do any reasonable thing to get rid of the black cloud that engulfs them. The cost to the individual’s happiness, peace of mind, and purpose is higher than we could ever imagine. And there is a cost to their families as well, who must care for those who are mentally or emotionally ill. Many parents, husbands, and wives must put their own lives on hold, put aside their own desires to travel or to enjoy their hobbies, so that they can take care of their mentally ill relatives or close friends. These caregivers often experience much of the pain and suffering that those they care for feel. The truth is, Christians are not immune to mental or emotional diseases any more than they are immune to cancer or any other physical disease or disability, and neither are those who care for them immune from the responsibility and the opportunity of showing true Christian love and care.

The costs go even further than that, however. The incredible financial cost both to the individual and family as well as to the
health care cost to the nation are staggering. An article in the January/February 2015 issue of Foreign Affairs chronicles the hidden cost of global mental illness. The article is authored by Thomas R. Insel, Pamela Y. Collins, and Stephen E. Hyman. “In 2010, the report’s authors found non-communicable disease caused 63% of all deaths around the world, and 80% of those fatalities occurred in countries that are characterized as low income or middle income... But the report contains one big surprise. It predicted that the largest source of future costs would be mental disorders, which the report forecast would account for more than a third of the global economy burden of non-communicable diseases by the year 2030. Taken together, the direct economic effects of mental illness (such as spending on care) and the indirect effects (lost productivity) already cost the global economy around 2.5 trillion dollars a year. By 2030, the team projects most amounts will increase to around 6 trillion in constant dollars, more than heart disease and cancer and diabetes and respiratory illnesses all combined.... In wealthy countries most people continue to view mental illness as a problem facing individuals and families rather than a policy change challenge with significant economic and political implications... In reality, in countries of all levels of wealth and development, mental illness affects almost every aspect of society and economy, and far from lacking relevance or urgency in poor or war-torn countries, mental illness often contributes to the very dysfunctions that plague such places... Mental disorders are far more disabling than most people realize, often preventing the afflicted from working, studying, caring for others, producing, and consuming. In a 2012 report on the global economy burden of disease, the World Health Organization noted that mental illness and behavioral disorders account for 26% of time lost to disability, more than any other disease. The World Health Organization estimates that some 800,000 people commit suicide every year. Globally, more than twice as
many people die from suicide as die from homicide each year. And suicide is the second largest source of mortality for people between the ages of 15 to 29, topped only by traffic accidents. Globally, in low income countries, up to 85% of the people with severe mental illnesses will receive no treatment at all.” Truly the cost of mental illness is high in every area.

Questions

1. What does the way we think have to do with who we are and how we behave?
2. Does what we allow ourselves to think affect our behavior and mental health?
3. How many Americans experience some type of mental or emotional problem each year? Why do you think the number is so high?
4. Do Americans with mental and emotional problems receive adequate treatment? If not, why not?
5. Why do you think there is such a high suicide rate in the United States? What more can we do to reduce this number?
6. Is there a stigma to mental or emotional disorders in our society today? Is there a stigma in the church?
7. As God’s people, how can we best help those who are mentally and emotionally ill?
8. When was the first asylum in recorded history built?
9. Throughout history, who has been responsible for most of the care of the mentally ill?
10. How can we learn to live with sicknesses and illnesses we cannot change?