

EMOTIONAL + MENTAL HEALTH THROUGH A BIBLICAL LENS

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The Church is best suited to lead in the work of Emotional and Mental Health.

Our mental health care system is not a true "system" of care. The care comes from disconnected resources that individuals and families need help accessing and understanding. Our current resources are important, but they do not provide a holistic approach to meeting the needs of people struggling with mental health. The Church is in an amazing position to give what the mental health care system cannot offer.

Our goal is to understand better how the Church can respond to mental and emotional health crises by providing tools and creating a holy, wholesome, healthy, safe, educated, supportive, assertive, and caring church culture.

Luke 6:36 (NLT), *Jesus says You must be compassionate just as your father is compassionate.*

Mental Health Statistics

- 23% of adults experienced a mental illness in the past year. 60 million Americans
- 5% of adults and 13% of youth reported experiencing serious thoughts of suicide.
- The percentage of adults reporting serious thoughts of suicide is over 12.1 million adults.
- 2022 had the highest number of deaths by suicide ever recorded in the U.S.
- 1 in 5 youths had at least one major depressive episode (MDE) in the past year
- Over ½ (3 million youth) did not receive treatment
- Of those who did receive treatment, 65% said it helped them
- 18% of adults in the U.S. had a substance use disorder in the past year
- 77% of them did not receive treatment (not available)
- 1 in 4 adults with frequent mental distress could not see a doctor due to cost, a 2% increase over the last report
- 10% of adults and 8.5% of youth still have private insurance that does not cover mental health
- There is only ONE mental health provider in the U.S. for every 340 people needing service.
- The average wait time to get an appointment is 4-6 months.
- Millions of adults with mental illness reported that they were not able to receive the treatment they needed because they could not afford it.

Church ministers and leaders lack education, training, and skill in counseling emotional and mental issues in the Church. Mental illness is complex, and so it must be addressed at multiple levels.

Mental and Emotional Health Concerns include trauma, PTSD, stress management, personality disorders, emotional issues, domestic violence, addictions, or other factors that may impact an individual, such as clinical personality patterns, personality pathology, psychopathology: schizoid, avoidant, melancholic, dependent, histrionic, turbulent, narcissistic, antisocial, sadistic, compulsive, negativistic, masochistic, schizotypal, borderline, and paranoid personalities.

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Safety in the Church requires accessibility, caring, love, respect, and acceptance.

- Be aware of personal space.
- Teach people how to hug people.
- Learn to ask questions first before making statements.
- Ask for permission to touch when praying; don't assume you have permission.
- When you have a word from the Lord, share it with humility and lovingkindness.
- Acceptance does not mean agreement. This is a cultural challenge today.
- Look at people, but don't stare at them. Be sensitive to your passion and intensity.
- Be aware of people's trauma. 1 in 3 females have been assaulted. 1 in 4 males have been assaulted.
- You cannot always know who has been hurt, so treat everyone as if it is possible until you know otherwise.
- Respect God's power. When the Lord is working, let the Lord work; He doesn't need your help.

The pastor, counselor, and therapist—what are the differences, boundaries, and priorities?

We need healthy transparency and vulnerability. One of the things we need to try to remove is the stigma related to mental health. Some people have lived a long time with depression, anxiety, or any number of issues without ever having a conversation or seeking help or resolution.

Emotional Health

Did you know that we have an EQI (Emotional Intelligence)? This is different from our IQ (Intellectual Intelligence). Both intelligences can be measured. Our IQ tends to be static, while our EQ is dynamic.

Emotional Intelligence is the ability to manage your emotions and understand the feelings of people around you.

Research shows that 85% of our work success, no matter how intelligent or skilled we are, will be determined by our attitude and personality.

Just a little increase in Emotional Intelligence can make a big difference in your life. We all love to live and work with people who have good EQ.

Self-awareness is understanding your emotions and their impact on your performance. You know what you are feeling, why, and how it helps or hurts what you are trying to do. You have an accurate sense of your strengths and limitations, which gives you realistic self confidence. It also clarifies your values and sense of purpose so you can be more decisive when you set a course of action.

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Defining Emotional Health.

Emotionally healthy people can start and stop friendships. We can begin or end a relationship appropriately. We can reach out to others without fear. We confidently take risks to express our care for our friends and how we want to be their friend. We can have closure with events, situations, and circumstances, complete relational transactions, end conflicts, and solve problems. We can accept help, ask for help, and say thank you.

1 Thessalonians 1:2 *We give thanks to God always for all of you, constantly mentioning you in our prayers.*

Emotionally healthy people take responsibility for their emotions. They do not blame others. You "make" me mad is recognized as an emotionally immature statement. Setting healthy emotional boundaries and priorities is a form of self-care and respect. We know how and when to define an emotional boundary.

James 4:17 *So whoever knows the right thing to do and fails to do it, for him it is a sin.*

Emotionally healthy people have clear relational expectations. They don't try to fix people (without permission). Emotionally strong people don't view others as projects. We can express clear expectations.

John 13:34 *A new commandment I give to you, that you love one another: just as I have loved you, you also are to love one another.*

Emotionally healthy people are emotionally safe. We can meet others, listen, ask questions, and be open to another's thoughts and feelings without defensiveness. We can share emotionally and reveal feelings honestly and lovingly. The people around us know we are genuinely open and available in the relationship.

No gaslighting, stonewalling, negative criticism, contempt, or defensiveness exists. The simplest version of emotional safety is having at least one person or relationship to be your genuine self. We can be ourselves with the Lord, the most emotionally safe person.

Hebrews 13:6 *So we say with confidence, The Lord is my helper; I will not be afraid.*

Proverbs 2:2 *Make your ear attentive to wisdom and incline your heart to understanding.*

Emotionally healthy people can recognize the needs of self and others. They can admit when they need help. We give without expecting anything in return, rising above the give-and-take exchange. We have empathy, compassion, and support for others. We make suggestions and do not feel rejected if they are not taken. We can express feedback in affirming and supportive ways.

Philippians 2:4 *Let each of you look not only to his own interests but also to the interests of others.* **1 Peter 3:8** *Finally, all of you, have unity of mind, sympathy, brotherly love, a tender heart, and a humble mind.*

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Emotionally healthy people play well with others. They are kind, nice, and open to others. We can share what we think or feel, talk about ourselves with others, including problems we face, and ask for help. We can be clear about what we believe and feel, express anger positively, express either negative or positive feelings, and openly share our disagreements or resentments.

We can find humor in life and laugh. We put effort into non-work activities and play. We feel free to take risks and try new ventures. We can smell the roses, enjoy a sunset, and celebrate God's creation. We are willing to play in non-competitive ways and do not feel guilty because they take time to play. We believe God loves us for who we are, not what we do.

Ecclesiastes 3:4 *A time to weep, and a time to laugh; a time to mourn, and a time to dance.*
James 5:16 *Therefore, confess your sins to one another and pray for one another, that you may be healed.*

Emotionally healthy people embrace a relational version of Christian living, believing God cares more about who we are than what we do. We know our limitations and have moved past trying to save the world. We are patient and hopeful, motivated by love to serve others. But we don't allow our works for God to outweigh our time with God.

Mark 10:42-45 *But whoever would be great among you must be your servant, and whoever would be first among you must be slave of all. For even the Son of Man came not to be served but to serve, and to give his life as a ransom for many.*

The Whole Person

Humans are designed and created to be physical, emotional, mental, relational, and spiritual. Treatments and interventions focusing solely on a single aspect of a person's bring limited relief. Addressing the whole person will provide better healing and recovery.

Spiritual Health Tools

Prayer. Talking to God in times of stress. Prayer can release tensions.

Psalms 77:1-6 *I cried out to God with my voice – To God with my voice; and He gave ear to me. In the Day of my trouble, I sought the Lord. (Psalm 62:1-2).*

Stress ought to remind us to pray.

Philippians 4:6-7 *Don't worry about anything; instead, pray about everything. Tell God what you need and thank him for all he has done. If you do this, you will experience God's peace, which is far more wonderful than the human mind can understand. His peace will guard your hearts and minds as you live in Christ Jesus.*

Reading the Bible. God has promised wisdom, strength, and practical life principles.

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James 1:5 *If you need wisdom — if you want to know what God wants you to do — ask him, and he will gladly tell you. He will not resent your asking.*

Psalms 19:7-11 *The law of the LORD is perfect, reviving the soul. The decrees of the LORD are trustworthy, making wise the simple. The commandments of the LORD are right, bringing joy to the heart. The commands of the LORD are clear, giving insight to life. Reverence for the LORD is pure, lasting forever. The laws of the LORD are true; each one is fair. They are more desirable than gold, even the finest gold. They are sweeter than honey, even honey dripping from the comb. They are a warning to those who hear them; there is a great reward for those who obey them.*

Worship. Jeremiah 8:21-22 *I weep for the hurt of my people. I am stunned and silent, mute with grief. Is there no medicine in Gilead? Is there no physician there? Why is there no healing for the wounds of my people? We are made whole, restored, renewed, and released in God's presence. Worship that connects the human soul to the touch of the Holy Spirit leads us into the very presence of God, and in His presence, we experience His power and healing.*

Isaiah 54:1-8 *Fear not; you will no longer live in shame. The shame of your youth and the sorrows of widowhood will be remembered no more, for your Creator will be your husband. The LORD Almighty is his name! He is your Redeemer, the Holy One of Israel, the God of all the earth but with everlasting love, I will have compassion on you, says the LORD, your Redeemer.*

Relational Health Tools

Psalms 69:20 (MSG) *I'm broken by their taunts, I'm flat on my face, I'm reduced to a nothing. I looked in vain for one friendly face, not one. I couldn't find one shoulder to cry on.*

Social support contributes to recovery from many types of stress, including burnout and compassion fatigue.

Seeking social support in both personal and occupational settings may be an effective step toward coping with stress.

Matthew 18:20 *For where two or three come together in my name, there I am in the midst of them.*

- No one must be alone or left behind.
- Together, you, me, and the Lord, are where we find strength.
- The surest place to find God is in a community of other believers.

Romans 12:5 *So it is with Christ's body. We are all parts of his one body, and each of us has different work to do. And since we are all one body in Christ, we belong to each other, and each needs all the others.*

Isolation is the enemy of mental and emotional health.

Sharing the struggle. **Philippians 3:10** *that I may know Him and the power of His resurrection, and the fellowship of His sufferings, being conformed to His death.*

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Mark 14:32-34 *And they came to an olive grove called Gethsemane, and Jesus said, sit here while I go and pray. He took Peter, James, and John with him, and he began to be filled with horror and deep distress. He told them, My soul is crushed with grief to the point of death. Stay here and watch with me.*

There are many things you will never learn about life unless you're in community.

Galatians 5:22-23 *But the fruit of the Spirit is love, joy, peace, longsuffering, kindness, goodness, faithfulness, gentleness, self-control.*

Social media. Does it help?

Social media is a neutral commodity. Technology itself is neither inherently harmful nor beneficial. Misuse is what causes problems. Social media is like a chainsaw—used properly, it is a helpful, productive tool; used improperly, it is a disaster waiting to happen.

Ways to safely use social media:

- Set time limits on social media apps within your phone settings
- Designate specific hours for social media usage
- Look through your friends and followers list and unfriend people whose content makes you feel bad about yourself.

The downside of social media:

- Instant intimacy is not true emotional closeness.
- Fake Intimacy with So Many 'Friends'
- Cyberbullying and Virtual Conflict
- Dysfunctional and Damaging Comparisons
- Toxic Content
- Wasting Time
- Emotional Pollution

Marriage Health Tools

Healthy interdependency is the ability to balance healthy individuality (separateness) and togetherness in a love-committed relationship.

It is important to learn to know your mate throughout the seasons of life.

- Newly married – no children (early 20's)
- Married with babies and toddlers (20's)
- Married with school-aged children (30's)
- Married with adolescents ('30s-'40s)
- Married with young adults ((40s–50s)
- Married with an empty nest (50s–60s)
- Married with young grandchildren (50' – 60's)
- Married with older grandchildren (70s–80s)
- Married in the mature years of life (80's +)

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Maintain a weekly Marriage Appointment. Give to your marriage at least the same you give to your ministry.

Check-ins. Communicate daily.

Shared spiritual experience.

Be quick to forgive each other. Practice the discipline of forgiveness.

Learn healthy biblical conflict resolution skills. Resolve conflicts when they occur. All marriages will have conflicts, but they do not need to become warfare.

Protect your marital confidentiality.

Maintain and do the work to care for your marital friendship.

Invest in your marriage regularly. Attend one marriage conference or enrichment weekend once a year. Take vacations. Have dinners out. Remember, it is important to play and have fun together.

FACT: You are much better at helping others than yourself!

Family Health Tools

- They have genuine faith that is highly valued and practiced, and their parents pass on their faith.
- They expect more from one another for being responsible for themselves.
- They can laugh, play, and have fun with one another, and they can keep work and play in perspective.
- They develop and mature in trust with each other
- They feel safe with each other (in all areas)
- They model, teach, and demonstrate kindness, love, and respect.
- They affirm and accept individuals for who they are, not for what they look like or can do
- They allow time to talk with each other.
- They can quickly forgive and reconcile with each other as needed.
- They can balance togetherness with separateness as needed. They differentiate from each other.

Mental Health Tools

Our minds can redirect our moods and emotions! In combination with the Holy Spirit, we can overcome our negative thought patterns. Much of God's Word teaches us to use our brains and how the Lord helps us deal with life stresses.

Romans 12:2 (NIV) *Do not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing, and perfect will.*

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"To think" in the Bible is a major theme in the NT. There are 526 NT Scriptures that convey the concept 'thinking, thoughts, consider, and mind.'

Philippians 4:8 *Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.*

We have a strong tendency towards a Negative Bias. We have a built-in tendency to register negative stimuli more readily and dwell on these events. Also known as positive-negative asymmetry, this negativity bias means that we feel the sting of a bad thought more powerfully than the joy of praise.

As humans, we tend to:

- Remember traumatic experiences better than positive ones
- Recall insults better than praise
- React more strongly to negative stimuli
- Think about negative things more frequently than positive ones
- Respond more strongly to negative events than to equally positive ones

We are what we think.

Philippians 4:8 (NIV) *Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.*

Learn how God builds hope and faith through difficult circumstances or personal failings.

Romans 5:3-4 (NIV) *Not only so, but we also glory in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope. (James 1:2-4)*

Re-appraise your love for God and His purposes for your life.

Reflect on your strengths and what needs improvement in your life with God. Even though you may not change your circumstances, your circumstances can work for good if you are proactive in your relationship with God.

Romans 8:28 (NIV) *And we know that in all things God works for the good of those who love him, who have been called according to his purpose.*

Emotional Health Tools

To be healthy, we need to be honest with:

- Self: admit your hurt, shame, pain, fear, etc.
- God: Lord, this is how I feel. God can handle it, and He will grieve and hurt with us. He will love and care for us.
- Others: A few others (1-3) with whom we feel safe; yes, this needs to be your mate, friend, counselor, pastor, elder, etc.

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DO WE TRUST THE LORD? Psalm 32:1-3 *Oh, what joy for those whose disobedience is forgiven, whose sin is put out of sight! Yes, what joy for those whose record the LORD has cleared of guilt, whose lives are lived in complete honesty! When I refused to confess my sin, my body wasted away, and I groaned all day long. Finally, I confessed all my sins to you.*

Release those who have hurt you! We cannot get emotionally healthy if we are bitter, resentful, and unforgiving.

Ephesians 4:31-32 *Get rid of all bitterness, rage, anger, harsh words, and slander, as well as all types of evil behavior. Instead, be kind to each other, tenderhearted, forgiving one another, just as God through Christ has forgiven you (Romans 12:17-19).*

We must be willing to forgive those involved in our past hurt(s), problems, and be willing to forgive ourselves.

Matthew 6:14-15 *If you forgive those who sin against you, your heavenly Father will forgive you. But if you refuse to forgive others, your Father will not forgive your sins.*

We must ask the Holy Spirit to help us understand our hurts and how to pray and be healed.

Romans 8:26-28 *Likewise the Spirit also helps in our weaknesses. For we do not know what we should pray for as we ought, but the Spirit Himself makes intercession for us with groanings which cannot be uttered. Now He who searches the hearts knows what the mind of the Spirit is, because He makes intercession for the saints according to the will of God.*

Physical Health Tools. (Diet, Sleep, Exercise)

Exercise. Exercise is a good physical outlet for your body's stress hormones. It increases energy, tones muscle, improves the cardiovascular system, and relaxes nerves (raises endorphin levels).

Benefits of exercise include:

- Shifting attention away from work stress
- Strengthening the heart
- Lowering blood pressure
- Improving sleep and mental health
- Weight loss
- Better sex life
- Improved mental and emotional outlook

Plan for where and what you'll do to exercise

Stretching is simple and easy to implement. Even a 30-second break can be helpful, as it may help you adjust your body after sitting and taking a break from the daily routine. Stretching. Reaching. Bending.

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Changing how you breathe is another effective tool for reducing stress and burnout. Controlled breathing is a form of breathing in which you slow and maintain it systematically, focusing on expanding the belly, increasing lung ventilation, reducing stress, and decreasing hypertensive symptoms.

Diet. Eat Healthy! Avoid processed foods. Eat clean and simple. Start your day with a healthy breakfast.

Eating fruits and whole grains helps provide your body with the essential nutrients needed to cope with stress.

- Vitamin A dark green and yellow vegetables
- Whole grains, cereals, nuts and seeds, dark green vegetables, and wheat germ contain B-complex vitamins, which help with concentration and calm anxiety.
- Vitamin C helps the body restore itself – fresh fruits and vegetables.

Eat fiber – reduces blood cholesterol levels and helps to keep blood sugar levels constant.

Eat slowly and chew food thoroughly because gulping down food can cause intestinal distress and increase tension.

Sleep. Get enough sleep! Your brain needs the opportunity to reboot itself. The average person needs 5–7 daily sleep cycles (90m per cycle). Naps help!

Sleep hygiene education. Practicing these techniques can be an effective component of treatment.

- Do not consume beverages containing caffeine within eight hours of bedtime.
- Avoid heavy meals and alcohol before sleeping.
- Limit your intake of fluids in the evening.
- Do not smoke.
- Maintain a consistent schedule—eat meals, take medicines, and wake up at the same time each day.
- Use your bed for sleeping and sex only.
- Go to bed only when you are tired.
- Limit or avoid naps, and do not nap close to bedtime.
- Exercise regularly, but do not work out within three hours of bedtime.
- Engage in relaxing activities, such as reading or bathing, before sleeping.

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The National Sleep Foundation went through 300+ studies to identify the ideal amount of sleep time a person needs according to their age:

- Newborns (0 to 3 months): 14 to 17 hours
- Infants (4 to 11 months): 12 to 15 hours
- Toddlers (1 to 2 years): 11 to 14 hours
- Preschoolers (3 to 5 years): 10 to 13 hours
- School-aged children (6 to 13 years): 9 to 11 hours
- Teenagers (14 to 17 years): 8 to 10 hours
- Young adults (18 to 25 years): 7 to 9 hours
- Adults (26 to 64 years): 7 to 9 hours
- Older adults (65 years or older): 7 to 8 hours

Our Health, Good or Bad, is NOT Our Identity in Christ.

Our human chemistry is not our character and does not need to define us.

You may struggle with mental illness, but that's not your identity; if you're a follower of Christ, your identity is in Jesus Christ. We have hope that overcomes circumstances supernaturally by the work of the Holy Spirit. Hope is the fuel that powers the engine of mental health recovery. Hope releases motivation and opportunities for change.

The hope offered by the Mental Health System is symptom reduction and management. The Church understands that hope is more than a feeling. Hope is found in the person of Jesus Christ by the work of the Holy Spirit. Our hope in Jesus sustains us when the world sees the situation as hopeless.

Hosea 2:15 (NLT) I will transform the valley of trouble into a gateway of hope.

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APPENDIX

APPENDICES

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APPENDIX I

Anxiety (worry)

The two main treatments for generalized anxiety disorder are medications and psychotherapy. Generally, most people receive the best benefit from a combination of the two. It may take some trial and error to discover exactly what treatments work best, because everyone is different and respond differently to treatment protocols.

Medications. Several different types of medications are used to treat generalized anxiety disorder:

Antidepressants. These medications influence the activity of brain chemicals (neurotransmitters) thought to play a role in anxiety disorders. Examples of antidepressants used to treat generalized anxiety disorder include Paroxetine (Paxil), sertraline (Zoloft) and venlafaxine (Effexor).

Antidepressants are used to treat depression and they are often effective for anxiety disorders. Although these medications begin to alter brain chemistry after the very first dose, their full effect requires a series of changes to occur; it is usually about 4 to 6 weeks before symptoms start to fade. **It is important to continue taking these medications long enough to let them work.**

One classification of antidepressant medicine is called selective serotonin reuptake inhibitors, or SSRIs. SSRIs alter the levels of the neurotransmitter serotonin in the brain, which, like other neurotransmitters, helps brain cells communicate with one another.

Fluoxetine (Prozac®), sertraline (Zoloft®), escitalopram (Lexapro®), paroxetine (Paxil®), and citalopram (Celexa®) are some of the SSRIs commonly prescribed for panic disorder, OCD, PTSD, and social phobia. SSRIs are also used to treat panic disorder when it occurs in combination with OCD, social phobia, or depression. Venlafaxine (Effexor®), a drug closely related to the SSRIs, is used to treat Generalized Anxiety Disorder (GAD).

These medications are started at low doses and gradually increased until they have a beneficial effect.

SSRIs have fewer side effects but they sometimes produce slight nausea or jitters when people first start to take them. These symptoms usually fade with time. Some people also experience sexual dysfunction with SSRIs, which may be helped by adjusting the dosage or switching to another SSRI.

Buspirone: This anti-anxiety medication may be used on an ongoing basis. As with most antidepressants, it typically takes up to several weeks to become fully effective. A common side effect of buspirone is a feeling of lightheadedness shortly after taking it. Less common side effects include headaches, nausea, nervousness and insomnia.

Benzodiazepines: In limited circumstances your doctor may prescribe one of these sedatives for short-term relief of anxiety symptoms. Examples include lorazepam (Ativan), diazepam (Valium), clordiazepoxide (Librium) and alprazolam (Xanax). Benzodiazepines are generally only used for relieving acute anxiety on a short-term basis. They can be habit forming and can cause a number of side effects, including drowsiness, reduced muscle coordination, and problems with balance and memory.

Psychotherapy: Also known as talk therapy and psychological counseling, psychotherapy involves working out underlying life stresses and concerns and making behavior changes. It can be a very effective treatment for anxiety. Cognitive behavioral therapy is one of the most common types of psychotherapy for generalized anxiety disorder.

Generally a short-term treatment, cognitive behavioral therapy focuses on teaching you specific skills to identify negative thoughts and behaviors and replace them with positive ones. Even if an undesirable situation doesn't change, you can reduce stress and gain more control over your life by changing the way you respond.

To be diagnosed with generalized anxiety disorder, you must meet criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

The following criteria must be met for a diagnosis of generalized anxiety disorder (GAD):

Excessive anxiety and worry about several events or activities most days of the week, for at least six months

- Difficulty controlling your feelings of worry
- Anxiety or worry that causes you significant distress or interferes with your daily life
- Anxiety that isn't related to another mental health condition, such as panic attacks, substance abuse or post-traumatic stress disorder (PTSD)

Generalized anxiety disorder often occurs along with other mental health problems, which can make diagnosis and treatment more challenging. Some disorders that commonly occur with generalized anxiety disorder include:

- Phobias
- Panic disorder
- Depression
- Substance abuse
- Post-traumatic stress disorder

If your primary care doctor suspects your anxiety may have a medical cause, he or she may order blood or urine tests or other tests to look for signs of a physical problem or underlying medical issues. In many cases the treatment of the medical issue will reduce or eliminate the anxiety.

There are several key passages that talk about anxiety (worry):

Matthew 6:31-33 *Don't worry about having enough food or drink or clothing. Why be like the pagans who are so deeply concerned about these things? Your heavenly Father already knows all your needs, and he will give you all you need from day to day if you live for him and make the Kingdom of God your primary concern.*

Jesus tells us not to worry about those needs that God promises to supply. Worry and anxiety may:

- damage your health
- cause the object of your worry to consume your thoughts
- disrupt your productivity
- negatively affect the way you treat others
- reduce your ability to trust in God

Instead of worrying about what we cannot do, we need to focus on what God can do. We need to keep things in proper perspective. Planning for tomorrow is time well spent; worrying about tomorrow is time wasted. Sometimes it's difficult to tell the difference.

Careful planning is thinking ahead about goals, steps, and schedules, and trusting in God's guidance. When done well, planning can help alleviate worry. **Worrying, in contrast, is being consumed by fear and finding it difficult to trust God.** It is letting our plans interfere with our relationship with God.

Philippians 4:6-7 *Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus.*

We cannot remove worry until we replace it with something better – prayer. Imagine never worrying about anything! It seems like an impossibility. We all have worries on the job, in our home, at school. **The Bible teaches us to turn our worries or anxieties into prayers.** Do you want to worry less? Then pray more! Whenever you start to worry, stop and pray.

God's peace can replace worry. God's peace is different from the world's peace (John 14:27). True peace is not found in positive thinking, in absence of conflict, or in good feelings. It comes from knowing that God is in control. Let God's peace guard your heart against anxiety.

1 Peter 5:6-7 *Therefore humble yourselves under the mighty hand of God, that He may exalt you in due time, casting all your care upon Him, for He cares for you.*

APPENDIX II

Depression: Ministering To Those Who Are Depressed

What is depression?

- Describe how you think one feels and acts when depressed.
- What does the Bible teach us about depression?
- Is depression a sin?
- What do you feel is the greatest cause of depression?
- What passage of scripture might you share with someone who is depressed?
- Do healthy people get depressed?

Depression is a signal that something in life is not right or off center and we need to heed the message and respond in a holy and healthy manner.

Depression Statistics: Women Fact Information

- Women are twice as likely to experience depression as men.
- Approximately 7 million women in the United States are clinically depressed.
- One in five women can expect to develop clinical depression at some time in her life.
- Depression is the leading cause of disability in women.
- Only one of every three depressed women will seek professional help.
- Almost 15 percent of women suffering from severe depression will commit suicide.
- About 10 percent of women will experience postpartum depression in the months following the birth of a child.
- Married women have higher rates of depression than single women, with depression most likely during childbearing years.
- Depression in women occurs most frequently between the ages of 25 and 44.

Depression Statistics: Men Fact Information

- One in seven men will develop depression within 6 months of becoming unemployed.
- Retired men are also at an increased risk for depression.
- Men recently diagnosed with depression are at double the risk of cardiovascular problems in the next five years.
- Though women experience depression at double the rate of men, men are three times as likely to commit suicide as women.
- Suicide is most common among men who are separated, widowed, divorced.

Depression Statistics: Children Fact Information

- Research indicates that the onset of depression occurs earlier now than in past.
- Up to 2.5 percent of children in the United States suffer from depression.
- Up to 8.3 percent of adolescents in the United States suffer from depression.
- During childhood, boys and girls experience depression at about equal rates.
- Girls entering puberty are twice as likely as boys to experience depression.
- Children with depression are more likely to have a family history of depression

Depression Statistics: Elderly Fact Information

- Depression affects about 6 million elderly people.
- Elderly women experience depression more often than elderly men.
- Older people, as a group, are most at risk for suicide.
- One quarter of all suicides are committed by the elderly.
- Depression occurs in about 15 percent of those over the age of 65.
- Depression in nursing home residents can be as high as 25 percent.
- Only about 10% of the elderly experiencing depression seek professional help.
- Caucasian men over the age of 80 are six times more likely than any other demographic group to commit suicide.
- Older people with depression have about 50 percent higher healthcare costs.

No one is immune to depression.

Psalm 34:18 The Lord is close to those who are of a broken heart and saves such as are crushed with sorrow for sin and are humbly and thoroughly penitent.

Psalm 88:1-5 O LORD, the God of my salvation, I have cried to You for help by day; at night I am in Your presence. [Luke 18:7] 2 Let my prayer come before You and really enter into Your presence; incline Your ear to my cry! 3 For I am full of troubles, and my life draws near to Sheol (the place of the dead). 4 I am counted among those who go down into the pit (the grave); I am like a man who has no help or strength [a mere shadow], 5 Cast away among the dead, like the slain that lie in a [nameless] grave, whom You [seriously] remember no more, and they are cut off from Your hand.

Depression affects all of us – no matter the economics, sex, social status, etc.

- Interestingly depression often affects those of us who are – reliable, capable, and conscientious – especially those of us who were expected to be this as children.
- Women are treated for depression 2-3 times more often than men; but this tends to be more because our society allows women to admit weaknesses, problems or to seek help more readily than men who are taught to be tough, brave, and strong no matter what. This may be why male alcoholics outnumber female alcoholics and why men are three times more likely to commit suicide successfully.

The good news: if depression is caught early 95% of those who are depressed can be healed. But it is important to learn to see the signs of depression early on and act quickly.

How long does depression last? Most people will "bottom out" of their episode of depression within three weeks – after which there is an improvement. However, unless the problem is diagnosed and help is sought from family members, physicians, counselors, chaplains, and pastors the depression can become worse.

One of the characteristics of a healthy person is their ability to ask for help when help is needed. Learning to know when to ask for help and where to go is an important step in becoming healthy. Untreated attacks of depression run a 50:50 risk of a second attack coming within three years – with the second attack longer and more intense.

What is Depression?

Feelings of hopelessness, despair, sadness, and apathy. Feelings of overall gloom.

A depressed person loses perspective. There is a difference between being unhappy and depressed. The way you experience life, your job, family is blurred when you are depressed.

Depressed people experience changes in physical activities, such as eating, sleeping, family activities, work energy, and sexual interest.

General loss of personal value or worth.

Depressed people will withdraw from others because of the fear of being rejected. Depressed people cancel favorite activities, fail to return phone calls, and seek ways of avoiding others.

There is a desire to escape from problems and even from life itself.

A depressed person is oversensitive to what others say and do; they misinterpret actions and comments in a negative way and become irritable due to these mistaken perceptions.

A depressed person has difficulty in handling their feelings – especially anger.

Guilt is usually present at a time of depression – it can be both real and/or imagined.

Depression leads to a state of dependence upon other people, reinforcing feelings of helplessness.

Questions to ask in order to gauge the extent of depression:

- Are you tired even when you have had enough sleep?
- Do you have difficulty getting yourself into action in the morning?
- Do you accomplish less than you want?
- Are you restless?
- Have you lost interest in life such as family, work, sex, etc.?
- Are you unable to make decisions?
- Are you continually angry and resentful?
- Do you often have feelings of dread? Do you expect something awful to happen?
- Are you a chronic complainer?
- Are you critical of yourself and do you feel inferior or inadequate?
- Do you spend much time daydreaming?
- Does your mood fluctuate? Do you have some weeks that are "up" and some that are "down"?

Severe or clinical depression is often indicated if:

- Do you cry often?
- Have your sleeping habits changed so it takes you longer to fall asleep or you wake up much earlier?
- Do you sleep more than you used to?
- Have you lost weight without dieting? Does the thought of food almost make you sick?
- Do you have a lot of guilt?
- Do you think of ending your life?
- Do you feel as though you are in a fog and things are unreal?
- Are you unable to concentrate and do you go over certain thoughts?

Causes of depression:

- Insufficient rest – sleep deprivation
- Unhealthy diet – what you eat and how you eat.
- Reaction to drugs – alcohol is a depressive drug; most illegal drugs have depression as a side effect; improper use of prescription and over the counter drugs
- Physical causes – infections, hypoglycemia, glandular: thyroid, hyperthyroidism, excessive ovarian hormonal irregularities, postpartum loss, imbalance of secretions from the adrenal or pituitary glands, etc.
- Repressed anger – turned inward will lead to depression. Anger caused by fear, frustration or hurt.
- Grief depression – loss of a loved one, loss of job or opportunity.
- Biochemical (endogenous) – depression results when the brain and nervous system don't function normally and become disorganized.
- Unhealthy cognitive processes
- There are three faulty patterns of thought that distort a person's life and cause depression:
 - Looking at your experiences in a negative manner. This negative worldview brings about interpretations and interactions with the world as defeat, disparagement, or deprivation. All of life is filled with burdens and obstacles. Everything is concluded to be negative; people's comments, actions, and inaction, everything is generalized and magnified as a personal attack. Depression becomes a means to cope and deal with the pain of feeling self-hatred – it is like playing dead only emotionally.
 - Unrealistic expectations: the "performance trap" or the view of the "perfect self" will lead to depression. I must, ought or should be the perfect mom, worker, provider, etc. I must have a perfect house, car, clothes, etc. When a perfect self fails to perform up to standards that people will despise themselves and to relieve the pain of failure, depression comes in to numb the hurt.
 - Excessive self-pity: an overabundance of self-pity indicates a poor self-concept. Most of us have felt sorry for ourselves at one time or another, and this is normal but giving up is an invitation to depression.
- Immoral behaviors: if the way you are acting is contrary to your moral standards or value system, depression could be the result.
- Achieving success: one who has worked hard and strived for a position finally attains the goal and then becomes depressed. All the emotional and physical energy put out has depleted the person, leaving them without reserves. The new position may bring new challenges and more unexpected work.

Other causes of depression:

- Death of a child, spouse, close family member or friend
- Major financial difficulty.
- Business failure.
- Being fired.
- A miscarriage or stillbirth.
- Divorce.
- Marital separation due to an argument.
- Unwanted pregnancy.
- Unemployment for a month (Additional studies indicated that four out of five marriages end in a divorce when the man is out of work for nine months or more.).
- Death of a close friend.
- A demotion.
- A major personal illness or illness in the family
- Start of an extramarital affair.
- Loss of personally valuable objects.
- A lawsuit.
- Academic failure.
- Child married without family approval.
- A broken engagement.

Many believers in Jesus seem to think they are always supposed to be happy and joyful, always the opposite of depressed. The correctness of this view depends on the definition of these words.

Does God teach us that we are to be up all the time? Or is it God who gives us a "settled sense of contentment" where even during tears or pain, we are still okay in Jesus, and we can come to the conclusion that we can see how God might use this pain to bring something good into my world? And if we could choose to change it all and lose the good we would not change or lose the pain. We never lose the deep reality of God's strength and intervention in our lives. We easily relate to the passage:

2 Corinthians 4:8-9 We are hedged in (pressed) on every side [troubled and oppressed in every way], but not cramped or crushed; we suffer embarrassments and are perplexed and unable to find a way out, but not driven to despair; 9 We are pursued (persecuted and hard driven), but not deserted [to stand alone]; we are struck down to the ground, but never struck out and destroyed; (AMP)

What can we do? **C.A.R.E.**

C: concern, share concern with the depressed person. Someone who is depressed needs a person who is willing to be concerned, to talk about their life, and spend time with them. Approach them in a quiet, warm, accepting, firm and objective manner.

A: assurance, a depressed person needs assurance. The tendency when depressed is to give up and we can come and help someone know there is hope. Isaiah 40:28-31; 41:19; 42:3; 43:1-4; Philippians 4:4-9

R: revelation, we can assist someone in seeing their life from a different perspective. Help them to see things from a different viewpoint.

E: encouragement, by the sharing of life's experiences through your relationship with Jesus. One of the important things you can do is help the depressed person see a way out by way of your experience. Using the Word of God, your personal experience can give them hope.

Here are some suggestions you can make to a depressed person:

- Try to keep up your daily routine – establish a routine for short term goal accomplishment.
- Try to get out of the house even for short periods, take a walk, and go to your favorite store.
- Push yourself to see others, call up family and friends and make appointments to see them, even if briefly.
- Deliberate physical activity is very important. Swimming, bicycle riding, walking, jogging, etc., all help.
- Let your family and friends know what is happening and ask for encouragement, support, and help.
- Find a trusted friend, counselor, chaplain, or pastor to talk and pray with you.
- If after trying to help yourself, after several weeks and you are still depressed, get help from a professional. Make an appointment to see your medical doctor.

There are biblical responses we can bring when appropriate to a depressed person:

- God has given us a new life – John 3
- We are a new creation – 2 Corinthians 5:17
- The Word says we are to "renew" – Ephesians 4:23
- The Bible says to not conform but be transformed – Romans 12:1-2

Another way by which we can experience healing is through the Holy Spirit as He changes our thoughts, imaginations and reasoning:

A. We need to let the Holy Spirit of God work in our life, and we need to stop running our own lives apart from Him.

B. Thought-life: what do we think about? Proverbs 23:7 – What a man thinks in his heart so is he...We are largely responsible for the things we let our minds dwell upon. Philippians 4:8

C. As Christians we don't have to be dominated by the thinking of the old mind or old patterns, He has set us free. 2 Timothy 1:7.

D. As believers in Jesus let our minds be filled with the mind of Christ. Philippians 2:1-8

E. As believers in Jesus let our minds be girded: 2 Peter 1:13

F. As believers in Jesus the Bible tells us WHAT to stop thinking about and WHAT to begin to think about: Philippians 4:6-8

G. Every thought that would be contrary to the Christian way of life is to be eliminated. Every thought should be brought into control to Jesus Christ: 2 Corinthians 10:3-5

H. In order to sustain new thinking patterns it is important for the believer in Jesus to fill his or her mind with those thoughts and resources which will help them. Psalm 119:9-11; 1 Peter 2:2; Proverb 16:3

The Lord and other great men of God dealt with depression:

- Jesus: Matthew 26:37-38
- Moses: Numbers 11:10-15
- Elijah: 1 Kings 18-19

APPENDIX III

What Does Emotional Health Look Like?

- Being self-aware. Being in tune with your emotions
- The ability to express healthy emotions. Having self-control over your reactions
- Being other person aware. Reading what other people are feeling through their eyes and body language.
- Able to be emotionally connected to others. Being able to have empathy for others

Accurate self-perception (self-aware) Romans 12:3 *For by the grace given to me I say to everyone among you not to think of himself more highly than he ought to think, but to think with sober judgment, each according to the measure of faith that God has assigned.*

- Self-regard – who we are in Christ
- Self-actualization – purpose
- Emotional Self-awareness – connected to self (know thy self)

Healthy stress management tools. Matthew 11:28 *Come to me, all who labor and are heavy laden, and I will give you rest.*

- Flexibility – with structure
- Stress Tolerance – management and skills to handle good and bad stress
- Optimism – attitude positive outlook – trust in the Lord

Healthy self-expression (healthy emotions) Philippians 4:5-6 *Let everyone see that you are considerate in all you do. Remember, the Lord is coming soon. Don't worry about anything; instead, pray about everything. Tell God what you need and thank him for all he has done.*

- Emotional Expression – communication
- Assertiveness – conflict skills
- Independence – interdependence

Ability to make decisive decisions. Proverbs 11:14 *Where there is no counsel, the people fall, but in the multitude of counselors there is safety.*

- Problem Solving – decision making
- Reality Testing – real world view – knowing the difference between real and fantasy
- Impulse Control – delayed gratification – self-control

Interpersonal support and interaction (emotionally connected to others). Ecclesiastes 4:12 *And though a man might prevail against one who is alone, two will withstand him—a threefold cord is not quickly broken.*

- Interpersonal Relationships – connectedness with others – friendship – community
- Social Responsibility – concern for the world around us – community connections
- Empathy – caring – ability to care for others – put yourself in their shoes

APPENDIX IV

What About Trauma? What Do We Know and What Can We Do To Help?

If someone who has experienced trauma was interested in a church's help, would they be able to find it? According to Barna, roughly one-third say their churches offer counseling services, either with a professional counselor (36%) or a non-professional church staff member (32%). A similar proportion (35%) says their churches refer to resources outside the Church, which might also include counseling. Other support methods include preachers giving messages from the pulpit about trauma or suffering (29%) or offering classes or support groups for trauma healing (21%).

A practicing Christian's experience of what a church offers for trauma varies by generation, which may be due to the different types of churches people of different generations attend. For example, more than half of Millennials (54%), compared to less than one-third of Gen X (29%) and Boomers (27%), go to a church that has a professional counselor at Church.

What can we do when someone with trauma comes to us for help?

- Referral to resources outside the church, such as a counselor
- Share messages from the pulpit about trauma or suffering
- Direct them to classes or support groups for trauma healing
- Counseling services by a professional counselor at the church
- Counseling services offered by church staff (not a professional)

Barna notes that four in five Protestant pastors (80%) say they typically set up counseling with a pastor at the Church, who then refers the individual to a professional counselor when a person is facing a crisis. Three-quarters (76%) offer to pray with the congregant. Seven in 10 Protestant pastors (71%) say they provide counseling services to congregants.

Mainline pastors are more likely to refer someone to a professional counselor outside the Church (91% vs. 76% non-mainline). In comparison, non-mainline pastors are more likely to offer counseling in the Church with a pastor (84% vs. 72% mainline). This is likely related to mainline churches' lower rate of having professionally trained counselors on staff.

More than half of the Protestant pastors in this study (55%) report having someone on staff who has received professional counseling training or mental health training. Forty-three percent of senior Protestant pastors have received this training themselves, though lay leaders (24%) or other church staff members (12%) may have as well. Still, two in five (41%) indicate that no church employee has received professional counseling training or mental health training.

Seven out of 10 Protestant pastors in churches of 250 or more people (70%) say they have a professionally trained person on staff, which is true of a little more than half of smaller churches (58% of churches of fewer than 100 people, 57% of churches of between 100 and 249 people).

The discrepancy between what practicing Christians and pastors say churches offer raises questions. Are practicing Christians underestimating what churches offer for trauma? Are Protestant pastors over-reporting the counseling or referrals that happen through their churches? Are practicing Christians disproportionately going to under-resourced churches?

We need to make sure our church understands what help is available to them. Of the 53 percent of Protestant pastors who have addressed trauma from the pulpit, 48 percent say this included informing congregants about how the church could help people.

Therefore, just one in four Protestant pastors (26%) have explicitly shared from the pulpit about how their churches can support people experiencing trauma in the past six months.

The Church Can Be an Amazing Resource

BUT the church hurt is real. It only takes one painful church experience for someone to be afraid it could happen again. Suppose a traumatized person seeks help in a church community and does not receive safety, understanding, acknowledgment, patience, and compassion (among other things). In that case, they may become more hurt, and this second wound can be more painful than the first.

If a survivor has experienced church hurt, trust must be earned over time. Expecting a person who has been hurt to trust quickly is the first mistake to be corrected. When church communities have information about what normal responses to trauma are, it may make it easier for them to provide safety and belonging and become the refuges for survivors.

When people have experienced a traumatic event, their primary need is safety and stabilization. Once their basic physiological needs are met, they are out of immediate danger and have personal security (employment, access to resources, health, etc.). They can continue to function, even though this happens at a different level than before the incident. This also means that they need to experience emotional safety within their communities—that friends, family, and church leaders do not demand immediate healing.

What Do People Need From Us?

People who either had turned to a church for help or who are open to turning to a church for help with their trauma answered a series of questions about what they hope a church could offer.

For practicing Christians, the most important aspects of a church's trauma program are **connecting with God and learning how to experience His comfort (79%), and find a way to heal your heart (78%)**. Non-practicing Christians and non-Christians consider **feeling less anxiety (68%) as most important** (on par with the two-thirds of practicing Christians who hope for this outcome) and are **highly motivated by finding a way to heal their hearts (65%)**.

Deepening Faith During Trauma

In addition to how well people cope with their trauma, another important outcome for church leaders to understand is how relationships with God are developed through difficult seasons.

Two-thirds of practicing Christians (65%) say **their trauma brought them closer to God**. One-third of non-practicing Christians and non-Christians agree. **Very few people say it made them lose faith in God** (6% non-practicing Christians and non-Christians, 2% practicing Christians). However, more than one-quarter of non-practicing Christians (28%) are in a period of questioning their faith.

People who say they are coping very well with their trauma also tend to say their experience has strengthened their faith.

What leads Christians to find their faith strengthened through trauma? Considering multiple factors at once using regression analysis, researchers found that whether Christians' faith was strengthened could be partially accounted for by a combination of their age, the severity of their trauma, the recency of their trauma, and whether they sought help from a church.

The results showed that Christians' faith was strengthened if they sought help from someone at a church and **read the Bible before or because of their trauma**. While we do not know if the rate at which people read the Bible changed because of their trauma, we can see that those with a higher frequency of Bible use in general now say their faith was strengthened.

There is a significant difference in whether Christians say their faith was strengthened according to their timing of going to the Bible. A big difference can be seen in those who were already reading the Bible before they experienced the traumatic event; 57 percent of those whose faith was strengthened were already engaging with Scripture, compared to 48 percent of those whose faith didn't change and 39 percent of those who are questioning their faith.

Others turned to the Bible because of their trauma, including a higher proportion of those whose faith is now stronger (19% vs. 11% of those who had no faith change and 9% of those who questioned their faith).

Stopping the practice of reading the Bible because of trauma or never reading the Bible at all are, not surprisingly, significantly less likely to strengthen someone's faith.

Engaging Scripture

What is it about Scripture that might influence or improve a person's faith during a season of trauma?

A third of practicing Christians (35%) and one-fifth of non-practicing Christians (20%) strongly agree that they have become more willing to engage in their faith because of their experience with the Bible. Similar proportions (30% practicing Christians, 18% non-practicing Christians) say that they are more loving toward others because of their use of the Bible. Smaller proportions in both groups (22%

Three-quarters of traumatized practicing Christians say that reading the Bible helped them forgive.

Traumatic events, even severe ones, do not necessarily stymie spiritual growth. Still, they are most likely to result in growth for those who are coping well with their trauma. The changes in practicing Christians see in themselves are strongest for those who are coping well and who had a high severity of trauma. Forty-five percent of those coping very well, and 44 percent of those with high severity of trauma strongly agree that they are more willing to engage in their faith.

Thirty-one percent of those coping very well and 28 percent with high severity of trauma strongly agree that engaging with the Bible has made them more generous.

Forty-five percent of those coping very well and 38 percent of those with high severity of trauma very strongly agree that they have shown more loving behavior toward others due to using the Bible.

Finding Forgiveness

Three-quarters of traumatized practicing Christians say that reading the Bible helped them forgive (75%), though they are less likely to agree when they do not cope well. When trauma is more severe, when a practicing Christian uses the Bible more frequently and when they have been engaging with Scripture before a traumatic event, a motivation toward forgiveness is more common.

The results showed that people agree more strongly that the Bible helped them forgive when they are practicing Christians who are coping well and had a previously established habit of reading the Bible. The more severe their trauma and the more they use the Bible, the more likely they are to say Scripture-inspired them toward forgiveness. When we choose to forgive others, we demonstrate that we understand God's forgiveness and pass on God's love for us.

In the prayer he taught his followers, Jesus has us ask God, "Forgive us the wrongs we have done, as we forgive the wrongs that others have done to us" (Matthew 6:12). He concludes that teaching with a strong statement about his priorities for us and others: "if you do not forgive others, then your Father will not forgive the wrongs you have done." Jesus came into the world as the great Peacemaker to reconcile humans to God and reconcile us to one another.

The Role of Forgiveness in Healing

Forgiveness is a process that recognizes someone has sinned against us, accepts the pain this has caused, and repeatedly brings that pain to Christ. Jesus taught that forgiveness is an act of obedience to God. It is the choice to let go of the wrongs done against us (see Matthew 6:14–15; Mark 11:25; Luke 17:3–4). As a spiritual process that is guided by the Holy Spirit, forgiveness involves personal effort and patience.

The commitment to forgive often comes before experiencing any feelings of forgiveness. Frequently this process can seem to be circular. We begin to forgive a hurt but then come back to the remembrance of the pain it brought. This repetition is normal.

This is a place where Jesus meets us as he invites us to bring that pain and lay it before him continuously. As we repeatedly bring our pain to Jesus, we move closer to complete forgiveness and eventually feel less pain.

Ideas about forgiveness from our culture or tradition can disrupt the healing process of forgiveness. Sometimes people are afraid to forgive because of the misperception that forgiving means minimizing the pain or accepting the offense as normal. Sometimes people believe that forgiveness and reconciliation are the same or occur at the same time. They then expect that trust must immediately be rebuilt between the offender and the victim. But forgiveness of an offender does not deny the offense's seriousness, and reconciliation is not a requirement in the healing journey. Reconciliation *may* occur after forgiveness, but reconciliation is neither necessary nor safe if the offender has not repented or changed.

Forgiveness is instead about releasing our pain and bitterness and letting go of our natural desire for revenge. To remain angry or bitter allows Satan and the traumatic event a foothold into our hearts (Ephesians 4:26–27). If we hold on to anger and bitterness, these feelings will destroy us and affect all aspects of our well-being. They become a form of bondage that will prolong our suffering and will come out in physical and emotional ailments, negative behaviors, and increasing isolation from other people.

The act of forgiveness frees us and opens us to healing. It is often difficult to forgive, but Christians are required to do so. The Christian faith is based upon the forgiveness that God extends through his Son. We live in a world damaged by sin and full of offenses and injustices—and none of us is innocent.

In His abundant love, God offers us forgiveness by the death and resurrection that treats them the opposite of how the trauma did. It takes a very courageous soul to seek help because, again, they're acknowledging the trauma that they most want to forget, and often they're quite sure that people will react negatively to that acknowledgment. Whether it's in a clinical relationship, in a church, or wherever, anybody who comes forward shows tremendous courage. That courage needs to be honored.

Empathy, not Advice

Empathy is a primary requirement for those assisting people in overcoming the impact of trauma. Much of trauma care is about coming alongside. **Practical advice—even great advice—is not what is needed, and offering information or direction instead of simply listening may slow the healing process.** Knowing this can ease the pressure on caregivers.

Trauma caregivers should be chosen from church members who can be patient and compassionate with survivors because they can identify and name another person's emotions and understand their internal frame of reference. While some of us are naturally empathetic, most people can develop this critical skill.

The Bible offers several models and encouragements for empathy. It presents God as expressing a full range of emotions, including compassion, for His people (for example, Isaiah 54:8). The apostle Paul directs followers of Jesus to show empathy towards one another (Colossians 3:12), and to “rejoice with those who rejoice” and “weep with those who weep” (Romans 12:15).

Barriers to Empathy

Empathy can be strengthened as we practice recognizing and overcoming some natural barriers and misperceptions. For example, most of us naturally view other people and events through our own experiences and the culture around us. We expect that what is normal for us is normal for everyone else and are often shocked when someone with a different background violates our values or ethics. Identifying assumptions like this will help us understand another's point of view.

A related barrier to empathy is hurrying. It takes time and energy to understand others, so we are primed to jump to conclusions about people and situations. Think of how often people misjudge you on a poor first impression and how your first impressions of others can linger. We also tend to group people based on our past experiences.

Humans are good at recognizing patterns, and group stereotypes and labels are natural shortcuts. But such shortcuts can lead to a false sense of empathy. Becoming aware of these tendencies and taking the time for deeper conversations will enhance empathy and strengthen our relationships.

Training Ourselves in Empathy

When we train ourselves in empathy, we work on changing our focus from ourselves to others. Such training fosters our desire to learn about other people and consider their thoughts and feelings. We intentionally slow down and demonstrate an interest in the other person, taking the time necessary to understand their experience.

Often, people suffering from significant trauma will not communicate as well with words as through non-verbal communication. We train our ears to listen not only to the other's words but also to their tone. We pay more attention to their body language and facial expressions as they express their emotions.

While the personal experience of trauma is not necessary, as noted, we can enhance empathy when we make full use of our memory, instincts, and imagination. As we listen, we can challenge ourselves with questions: When have I felt how this person says they are feeling? What was that like for me? How would I feel if I was in her shoes? What might he be hiding, fearing, or wanting to say to me? What should I *not* say to this person right now?

Combining these questions with our awareness about our tendency to make assumptions and jump to conclusions will help us focus on the other person. Entering into their story and frame of reference, not ours, is the key to empathy.

Empathy and Trauma Care

Being equipped and prepared to help traumatized individuals does require knowledge about trauma and grief or best practices for recovery. Honoring the vulnerability of people experiencing deep suffering, we draw on empathy to create safe places for them to process their experience. We try to ask open questions, listening carefully so we can avoid adding additional pain or pressure.

Demonstrating true empathy can be a costly discipline. It requires us to sacrifice time and convenience to alter our schedules and reorganize our priorities. It even requires the humility to hold back our best advice so that we can come alongside those in need and invite them into healing.

Knowing that about 25% of U.S. adults and churchgoers is currently suffering from a traumatic event—and that many more have experienced such an event in the past—what can Christians do? Though coping and healing is always a challenge, we see that individuals who go to their Church for help with trauma are generally satisfied. **There are several steps that individuals and church leaders can take to make churches places of healing.**

Empathy Means We Enter Into Others' Pain

Church leaders can prepare for trauma, especially for types they are less familiar with. Forms of abuse, in particular, stand out as weak areas of preparation for pastors. Pastors who feel more prepared have more congregants coming to them for help. As pastors become more familiar with shepherding people with trauma, their churches can become places where more healing happens.

Point to—and Keep Pointing To—The Holy Spirit Who provides Hope and Help

Church leaders can speak more frequently about what their Church offers for trauma. Churches do not have to offer onsite staff or programs for this information to make a difference. Churches can say that they know some people are likely dealing with trauma and that the Church can offer them referrals to counseling and programs.

When pastors talk about trauma and their churches, more people come forward for help with trauma. That means their churches attract more people with trauma or encourage people already there to get help for their suffering.

Be Mindful of the Marginalized

Church leaders and congregations can be aware that certain vulnerable groups have a higher rate of trauma. Women, young adults, ethnic minorities, and people without college degrees report a higher incidence of trauma. Churches can seek to be more representative and understand these groups and increase empathy and trust in their community.

Sign up for the Long Haul

Church leaders and congregations can commit to patience as people heal. The recency of traumatic events makes coping harder for people who suffer from trauma. This pain fades over the course of months and years rather than days. Being a community of healing means being a community that supports people in the long run.

Reach Out To Those Who Are Hurting

Once prepared to help, church leaders can reach out to the traumatized in their communities. People who have not found relief from their trauma say they are open to help from churches, even when they aren't churchgoers. That signals hope that the Church might have a role in healing them.

Find Strength In The Bible

Finally, in one of the clearest findings in this study, the Bible plays a role in healing trauma. How can you help individuals form a habit of studying the Bible, especially in times of great need? Traumatized people who have frequent Bible use patterns are also happier with where they are in the healing process.

While this fact alone does not tell us that Bible reading causes healing, we can also look at what happens when people start or stop Bible reading because of their trauma. Given that people who start reading the Bible are more likely to experience relief than those who stop reading, we have some confidence that this recommendation is helpful.

More specifically we can help people with severe stress and trauma by following the following:

1. We want to work at understanding the changes that are happening that are causing the stress within an individual. By empathizing and identifying this we will help to validate the person's concerns. We are help reframe the experience and stressors and help them increase their self-esteem and better self-awareness.
2. We can use cognitive behavioral techniques to help the client reassessed mistaken beliefs relating to their stressors. These beliefs will often be uncovered in psychotherapy and may be responsible for triggering large components of the stress response as well as undermining coping ability.
3. Focusing on helping people to increase their level of control over the feelings of hopelessness by changing their perception of events that have been stressful. Helping people recognize and take control over the aspects of their work stress and other situations related to the trauma may be helpful.
4. Suggesting multiple short breaks from an on-going stressor appears to be more helpful in battling chronic stress than a single longer break.

5. We can help improve an individual's assertiveness skills. Helping people to take charge of their reactions and help them to respond. Reminding people that it is okay to say no and set appropriate boundaries are helpful in overcoming the stresses.
6. We can work with people in discovering self-care programs. We can work at identifying what are some of the personal changes needed, such as losing weight, more exercise, learning more about healthy sleep hygiene, etc. Self-care is essential in helping individuals recover from trauma and stress. Depression is frequently experienced along with the stressors and the trauma. We have learned that exercise is helpful; in alleviating stress symptoms. Breathing exercises, relaxation techniques are all helpful in managing stress and trauma.
7. One of the critical things we can is help people with the spiritual aspects of self-care. We can become "spiritual coaches" to help individuals. Many people need to spend time with the Lord, pray, worship, and read the Bible. Learning how to meditate on God's Word, spending a "spiritual day" with the Lord, and find times of rest in Him.
8. We want to encourage people to find new and fun recreational activities, hobbies that may include movies, listening to music, reading for pleasure, walking, running, biking, scuba diving, and other sports. Recreational activities and hobbies can be a helpful distraction from the stressors. Getting involved with church, community service and other volunteer work can add significantly to a personal sense of accomplishment and fulfillment.

APPENDIX V

How Food Affects Anxiety

Did you know that just as some foods help anxiety, certain foods can potentially increase anxiety and panic attacks? Everything we consume ends up in our organs and bloodstream, affecting our bodies. Everything we eat and drink can impact our stress levels, mood, and other aspects of our physical and mental well-being.

Research shows that stress and cortisol are linked to anxiety. Therefore, things that we consume that increase cortisol or other stress-related hormones have the potential to increase symptoms of anxiety. There is evidence of an association between healthy eating patterns and reduced anxiety symptoms.

Anxiety symptoms may include:

- Being more sensitive to criticism
- Feeling uncomfortable
- Hypervigilance—waiting for something bad to happen
- Stuttering or slurred speech
- Irrational or “all or nothing” thinking
- Impulsive behaviors
- Stomach aches
- Scared or nervous
- Physical aches and pains
- Restlessness or general uneasiness
- Difficulties with memory
- Increased heart rate
- Feeling like the walls are closing in
- A sudden urge to flee a situation
- Irritability or anger
- Perspiration

Everything we put into our body affects us, whether it is immediately noticeable or not. Everybody is different, and a food that worsens one’s anxiety might not necessarily have the same effect on someone else. Nonetheless, there are certain foods that have been shown to increase symptoms and experiences of anxiety.

Fruit Juice. Many people wrongly assume that fruit juice is healthy because it contains fruit. But whole fruit usually has fiber, which helps your body digest nutrients. Fruit juice is often full of sugar without any of the fiber. It’s better for your body to eat the whole fruit instead. “So a small amount of fruit juice seems to be OK, but too much sugar from all sources — including juice — is linked to poor health outcomes.” A diet high in sugar is linked to increased symptoms of anxiety.

Soda. Soda and soft drinks should be enjoyed in moderation. The high sugar content and other additives have been linked to health conditions such as diabetes. These findings raise the possibility that soft drinks increase hunger, decrease satiety, or simply calibrate people to a high level of sweetness that generalizes to preferences in other foods.

Candy. Many reach for candy when they want a quick “pick me up”. It boosts energy due to the high sugar content and can boost mood by activating the brain’s reward system. This often keeps people reaching for more sugary foods. However, while okay to enjoy in moderation, a diet high in sugar has been linked to increased symptoms of anxiety.

Caffeine. Caffeine is a stimulant and has been used for centuries in many regions of the world to help promote wakefulness and activity. However, some people, especially those who are sensitive to caffeine or other stimulants, must be mindful of its consumption, as it can contribute to anxiety. Caffeine is found in coffee, many teas, energy drinks, and some medications.

Processed Foods. When we eat a diet of highly-processed foods such as meats, pastries, and many packaged foods, we have a higher chance of contributing to anxiety symptoms. A diet of “ultra-processed” foods has been shown to contribute to mental health conditions such as depression and anxiety.

Food Additives. Food additives such as MSG and food dyes enhance the taste, color, and appeal of many foods. However, for many who are sensitive to food additives, they can cause discomfort, such as headaches and GI upset, and contribute to feelings of anxiety.

Sugar Alternatives. When people are looking for something sweet without the added calories or blood sugar boost, sugar-free products are a common choice. However, sugar alternatives such as aspartame have been shown to increase cortisol levels and slow digestion, which could lead to an increase in anxious feelings.

White Breads. When we eat white bread, it quickly turns to sugar in our bodies due to the absence of fiber and other health benefits found in wheat and whole grains. This causes a blood sugar spike and then a crash. For some, especially those who are sensitive to blood sugar changes, this crash can contribute to anxiety and an overall feeling of unease.

Energy Drinks. Because of the caffeine and sugar, energy drinks give us an instant rush of energy. Unfortunately, for some, this energy also stimulates the nervous system and causes anxiety. This can lead to stomach aches, increased heart rate and perspiration, and other uncomfortable symptoms that might outweigh the benefits of an energy drink.

Alcohol. An occasional drink, such as a glass of wine with dinner, is usually fine for most healthy adults. However, each of us metabolizes alcohol differently and is therefore affected differently. Some people cannot tolerate any alcohol, or else it makes them anxious. Others can enjoy it in moderation. Knowing how it affects you is the key to enjoying it in a healthy way.

APPENDIX VI

VI Health Supplements Effective in Relieving Depression and Anxiety

1. **Vitamin B-Complex:** 100 mg daily. Necessary for maintaining the biochemical balance of all B vitamins when supplementing with any single B vitamin.
2. **Vitamin B 1:** 400 mg daily. Helps restore brain levels of the neurotransmitter acetylcholine, a mood elevator.
3. **Vitamin B 12:** 2,000 mcg daily. Needed for making BH₄, the raw material for synthesizing anti-depression neurotransmitters. Always supplement when taking high amounts of folic acid.
4. **Omega Three:** 1,000 mg daily
5. **Vitamin C:** 1,000 mg three times daily. Needed for making BH₄, the raw material for synthesizing anti-depression neurotransmitters.
6. **Folic Acid:** 5 mg daily. Needed for making BH₄, the raw material for synthesizing anti-depression neurotransmitters.
7. **S-adenosylmethionine:** (SAME) 400 mg twice daily for three weeks, then 200 mg daily for maintenance. Activates the brain to make the neurotransmitters serotonin and dopamine.
8. **Vitamin D:** At present, vitamin D supplementation by itself is not regarded as an effective SAD treatment. The reason behind its use is that low blood levels of vitamin D were found in people with SAD. The low levels are usually due to insufficient dietary intake or insufficient exposure to sunshine. However, the evidence for its use has been mixed. While some studies suggest vitamin D supplementation may be as effective as light therapy, others found vitamin D had no effect.
9. **Saint John's wort:** St. John's wort is a plant with yellow, star-shaped flowers. St. John's wort might cause serious interactions with some medications. St. John's wort is most commonly used for depression and mood disorders. There is some strong scientific evidence that it is effective for mild to moderate depression.
10. How does it work? For a long time, scientists thought a chemical in St. John's wort called hypericin was responsible for its effects on improving mood. More recent information suggests other chemicals like hyperforin may play a larger role. These chemicals act on messengers in the nervous system that regulate mood.
11. Depression: Taking St. John's wort extracts by mouth improves depressive mood and decreases nervousness and tiredness related to depression. Certain St. John's wort products might work as well as some prescription drugs. But not all St. John's wort products available on the market will be the same quality as those used in these studies. So they may not work as well. Also, St. John's wort might not be as effective for more severe cases of depression.

Additional options:

1. **L-tyrosine:** 1,500 mg after breakfast and lunch. Deficiencies linked to depression.
2. **DL-phenylalynine:** 1,000 mg taken twice daily with L-tyrosine. Deficiencies linked to depression.

APPENDIX VII

Definitions of Various Types of Stress

BURNOUT

Burnout (BO) refers to emotional and physical exhaustion resulting from both occupational and personal stressors. If you are experiencing burnout you may feel exhausted, cynical and low in energy. You may be struggling to fully participate or even to stay engaged in your work. More severe burnout can lead people to feel that their personal contributions at work are meaningless or insignificant. Burnout is defined as prolonged work stress. Burnout can be experienced by busy educational professionals regardless of the populations they serve. Burnout can reduce the quality of care being provided. Self-awareness and monitoring for early signs of burnout can significantly improve provider functioning.

SECONDARY TRAUMATIC STRESS

STS (Secondary Traumatic Stress) is work-related secondary exposure to extremely traumatically stressful events. STS is about being AFRAID. Secondary Traumatic Stress is an element of Compassion fatigue and is related to Vicarious Trauma. STS is about your work-related, secondary exposure to extremely stressful events.

STS includes symptoms similar to PTSD that can occur in providers who frequently listen to trauma histories. STS symptoms include re-experiencing, avoidance, and hyperarousal. It has cognitive, emotional, and interpersonal aspects as well, including anger, low mood, and social isolation. STS can also lead to a reduction in self-efficacy. Self-efficacy reflects confidence in the ability to exert control over one's own motivation, behavior, and social environment.

COMPASSION FATIGUE

Compassion fatigue (CF) is stress resulting from exposure to a traumatized individual. CF has been described as the convergence of secondary traumatic stress (STS) and cumulative burnout (BO), a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment.

CF (Compassion fatigue) is broader than STS. It can happen to any caregiver who has direct or indirect contact with trauma survivors and it is characterized by the emotional strain experienced when working with individuals coping with traumatic stress. It also includes more general symptoms of burnout (e.g., emotional exhaustion). CF may occur in other professional and caregiving experiences as well, such as working with the chronically ill.

VICARIOUS TRAUMA

VT (Vicarious trauma) is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. VT describes the cognitive, emotional, social, and behavioral changes that may occur while working with traumatized individuals. Educators' views about self, others, and the world may change. In particular, views of trust, safety, control, and esteem, may be called into question.

ADDITIONAL DEFINITION INFO

STS (Secondary Traumatic Stress), CF (Compassion fatigue) , and VT (Vicarious trauma) are overlapping terms that can apply to providers who work with those who have experienced traumatic stress. Despite differences, the terms are often used interchangeably. Both compassion fatigue and vicarious trauma can lead to burnout. It means that symptoms have been happening on a regular basis for a long time and longer-term support will likely be necessary to recover. In extreme cases, burnout can lead to serious physical and mental illness. The difference between secondary trauma and vicarious trauma is that secondary trauma can happen suddenly, in one session, while vicarious trauma is a response to an accumulation of exposure to the pain of others.

APPENDIX VIII

VIII HOLMES-RAHE STRESS TEST

RANK EVENT		VALUE YOUR SCORE
1.	Death of spouse	100
2.	Divorce	73
3.	Marital separation	65
4.	Jail term	63
5.	Death of close family member	63
6.	Personal injury or illness	53
7.	Marriage	50
8.	Fired from work	47
9.	Marital reconciliation	45
10.	Retirement	45
11.	Change in family member's health	44
12.	Pregnancy	40
13.	Sex difficulties	39
14.	Addition to family	39
15.	Business readjustment	39
16.	Change in financial status	38
17.	Death of close friend	37
18.	Change in number of marital arguments	35
19.	Mortgage or loan over \$10,000	31
20.	Foreclosure of mortgage or loan	30
21.	Change in work responsibilities	29
22.	Son or daughter leaving home	29
23.	Trouble with in-laws	29
24.	Outstanding personal achievement	28
25.	Spouse begins or starts work	26
26.	Starting or finishing school	26
27.	Change in living conditions	25
28.	Revision of personal habits	24
29.	Trouble with boss	23
30.	Change in work hours, conditions	20
31.	Change in residence	20
32.	Change in schools	20
33.	Change recreational habits	19
34.	Change in church activities	19
35.	Change in social activities	18
36.	Mortgage or loan under \$10,000	18
37.	Change in sleeping habits	16
38.	Change in number of family gatherings	15
39.	Change in eating habits	14
40.	Vacation	13
41.	Christmas season	12
42.	Minor violation of the law	11

TOTAL: _____

SCORING: Add up the point values of all the items checked. If your score is 300 or more, you stand an almost 80 per cent change of getting sick in the near future as a result of the events. If your score is 150 to 299, the chances are about 50 percent. Less than 150, about 30 percent. This scale suggests that change in one's life requires an effort to adapt and then to regain stability. This process probably saps energy the body would ordinarily use to maintain itself, so susceptibility to illness increases. Reprinted with permission from the *Journal of Psychosomatic Research* (vol. II) by Thomas H. Holmes and Richard R. Rahe (Pergamon Press, 1967).

APPENDIX IX

Christian Ways to Reduce Stress

1. Pray, pray some more, pray even more...
2. Go to bed on time.
3. Get up on time so you can start the day unrushed.
4. Learn to say no to projects that won't fit into your time schedule.
5. Delegate tasks to others.
6. Simplify your life – get rid of the clutter.
7. Less is more. (Although one is often not enough, two are often too many.)
8. Allow extra time to do things and to get to places.
9. Pace yourself. Spread out big and difficult projects over time.
10. Take one day at a time.
11. Separate worries from concerns. If a situation is a concern, find out what God would have you to do and let go of the anxiety. If you can't do anything about a situation, forget it.
12. Live within your budget; don't use credit cards for ordinary purchases.
13. Have backups; an extra car key in your wallet, an extra house key buried in the garden...
14. K.M.S. (Keep Mouth Shut.) This advice can prevent an enormous amount of trouble.
15. Do something for the child in you everyday.
16. Carry a Bible with you to read while waiting, have a Bible app, and your favorite praise/worship music playlist on your device/phone.
17. Exercise.
18. Eat healthy.
19. Get organized.
20. Listen to messages/podcast/lectures as you travel.
21. Journal your thoughts and inspirations.
22. Everyday, find time to be alone with Jesus.
23. Having problems? Talk to God on the spot. Don't wait until its bedtime to pray.
24. Make friends with healthy, Godly people.
25. Buy a Bible promise book to read.

26. Remember that the shortest distance between despair and hope is Praise to Jesus!
27. Laugh.
28. Laugh some more!
29. Take your work seriously, but yourself not at all.
30. Develop a forgiving attitude (most people are doing the best they can).
31. Be kind to unkind people (they probably need it the most).
32. Show respect to others.
33. Talk less; listen more.
34. Slow down.
35. Remind yourself that you are not the general manager of the universe.
36. Every night before bed, think of one thing you're grateful for or one positive event and give praise to the Lord.

If God is for us, who can be against us? (Romans 8:31)

APPENDIX X

Mental Health Tools

- Ambient Sound Machine
- App: CALM
- Art Journaling
- Bilateral Stimulation: Butterfly

Breathing exercises:

1. Box breathing: inhale for 4 seconds; hold breath for 4 seconds, exhale for 4 seconds, hold lungs empty for 4 seconds (repeat as needed to calm down)

2. Calm breathing: Slow breath in through the nose, hold for 1-2 seconds, exhale slowly through the mouth for about 4 seconds; wait a few seconds before taking another breath (practice for 5 minutes 2x day)

3. Deep Breathing

- Boundaries (emotional): book review
- Deflection
- Distraction
- Connecting/talking with others
- Crisis Line 988
- EMDR
- Emotional Awareness: list emotional expectations
- Emotional Records App – Sanbello
- Emotional scaling
- Exercise: walking, jogging, racquetball, resistance training
- Faster scale (Pure Desire)
- Feeling word charts
- Get into the present.
- Hot Bath
- Listen to calming music
- Listen to the audiobook app
- Light Therapy
- Massage Device/Professional
- Meditation Art Book
- Noticing the differences
- Neurostimulator
- Rescue Meds
- Phone a friend
- Prayer
- Prayer and Meditation
- Progressive Relaxation
- Scripture reading: Psalms
- Scripture Reading Passages
- Scripture cards
- Soothing images

- Scheduling program on calendar – set up reminders
- Therapeutic Journaling (writing)
- Thought distraction
- (5 4 3 2 1): 5 – Five things you can see 4 – Four things you can hear 3 – Three things you can touch 2 – Two things you can smell 1 – One thing you can taste
- Thought record
- Selah: 1 min vacation: deep breathing, focus on Jesus.
- Full Body Scan: lie down and start from the feet and move up to the head – tighten and release each muscle group (x2), then move up to the next muscle group: feet, ankle, calf, thigh, buttock, stomach, chest, shoulder, arms, neck, face.
- STOP: Observe/breathe/experience the present/relax-respond
- Sunshine: increase vitamin D
- Visualization
- VR Virtual Reality
- Worship

APPENDIX XI

Greek NT Words "To Think"

1. *doceo* (NT:1380) to suppose, to think, to form an opinion, which may be either right or wrong, is sometimes rendered "to think," e. g., Matt 3:9; 6:7;

2. *hegeomai* (NT:2233) is rendered "to think" in Acts 26:2; 2 Cor 9:5, "I thought"; Phil 2:6, KJV (RV, "counted"); 2 Peter 1:13.

3. *noeo* (NT:3539), "to perceive, understand, apprehend," is rendered "think" in Eph 3:20.

4. *huponoéo* (NT:5282), "to suppose, surmise" (*hupo*, "under," and No. 3), is rendered "to think" in Acts 13:25, KJV (RV, "suppose).

5. *logizomai* (NT:3049), "to reckon," is rendered "to think," in Rom 2:3, KJV (RV, "reckonest"); 1 Cor 13:5, KJV, RV, "taketh (not) account of" i. e., love does not reckon up or calculatingly consider the evil done to it (something more than refraining from imputing motives); 13:11, "I thought"; in the following, for the KJV, "to think," in 2 Cor 3:5, RV, "to account"; 10:2 (twice), "count"; 10:7, "consider"; 10:11, "reckon"; 12:6, "account." In Phil 4:8, "think on (these things)," it signifies "make those things the subjects of your thoughtful consideration," or "carefully reflect on them" (RV marg., "take account of").

6. *nomizo* (NT:3543), to suppose, is sometimes rendered to think, e. g., Matt 5:17.

7. *phroneo* (NT:5426), "to be minded in a certain way" (*phren*, "the mind"), is rendered "to think," in Rom 12:3 (2nd and 3rd occurrences), RV, "not to think of himself more highly (*huperphroneo*, see No. 13) than he ought to think (*phroneo*); but so to think (*phroneo*) as to think soberly [*sophroneo*, see Note (3)]"; the play on words may be expressed by a literal rendering somewhat as follows: "not to over-think beyond what it behoves him to think, but to think unto sober-thinking"; in 1 Cor 4:6, some inferior texts have this verb, hence the KJV "to think"; in the best texts, it is absent, hence the RV, puts "go" in italics; lit., the sentence is "that ye might learn the (i. e., the rule) not beyond what things have been written." The saying appears to be proverbial, perhaps a rabbinical adage.

Since, however, *grapho*, "to write," was a current term for framing a law or an agreement, it is quite possible that the apostle's meaning is "not to go beyond the terms of a teacher's commission, thinking more of himself than the character of his commission allows"; this accords with the context and the whole passage, 3:1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23; 4:1, 2, 3, 4, 5. In Phil 1:7, KJV, "to think" (RV to be minded).

8. *oioma i* or *oimai* (NT:3633), "to imagine," is rendered "I suppose" in John 21:25; "thinking" in Phil 1:17, RV v. 16 , KJV, "supposing"; "let (not that man) think," James 1:7.

9. *phaino* (NT:5316), in the passive voice, "to appear," is rendered "(what) think (ye)" in Mark 14:64, lit., "what does it appear to you?"

10. *eudokeo* (NT:2106), "to be wellpleasing," is rendered "we thought it good" in 1 Thess 3:1.

11. *axioo* (NT:515), "to regard as worthy" (*axios*), "to deem it suitable," is rendered "thought (not) good" in Acts 15:38.

12. *enthumeomai* (NT:1760), "to reflect on, ponder," is used in Matt 1:20; 9:4: see No. 14. Cf. *enthumesis*, "consideration" (see THOUGHT).

13. huperphroneo (NT:5252), "to be overproud, high-minded," occurs in Rom 12:3, rendered "to think of himself more highly."

14. dienthumeomai (NT:1223 and NT:1760), "to consider deeply."

15. epiballo (NT:1911), "to throw oneself upon," is used metaphorically in Mark 14:72, "when he thought thereon (he wept)," lit., "thinking thereon," but "to think" is an exceptional sense of the word; hence various suggestions have been made. Field, following others, adopts the meaning "putting (his garment) over (his head)," as an expression of grief. Others regard it as having here the same meaning as archomai, "to begin" (at an early period, indeed, archomai was substituted in the text for the authentic epiballo); Moulton confirms this from a papyrus writing. Another suggestion is to understand it as with dianouan, mind, i. e., "casting his mind thereon."

Notes:

(1) In Acts 26:8, KJV, krino, "to judge, reckon," is translated "should it be thought" (RV, "is it judged").

(2) In Luke 12:17, KJV, dialogizomai, "to reason" (RV, "reasoned"), is translated "thought."

(3) In Rom 12:3, sophroneo, "to think soberly," RV, is, lit., "unto sober thinking," the infinitive mood of the verb being used as a noun (KJV marg., "to sobriety")

APPENDIX XII

Books and Resources

Emotional/Spiritual/Relational Healing

1. Boundaries, Updated & Expanded Edition, When to Say Yes, How to Say No to Take Control of Your Life, by Dr. Henry Cloud and Dr. John Townsend
Boundaries Workbook
2. Changes that Heal, Four Practical Steps to a Happy, Healthier You, by Dr. Henry Cloud
Changes that Heal Workbook
3. Emotional Intelligence, Why it Can Matter More Than I.Q., by Daniel Goleman
4. Forgive and Forget, Healing the Hurts We Don't Deserve, by Lewis B. Smedes
5. Healing for Damaged Emotions, by David A. Seamands
Healing for Damaged Emotions Workbook
6. Love Acceptance and Forgiveness, Being Christian in a Non-Christian World, by Jerry Cook and Stanley Baldwin
7. Mind Over Mood: Change How You Feel by Changing the Way You Think, by Dennis Greenberger, Christine A. Padesky.
8. The New Personality Self-Portrait: Why You Think, Work, Love and Act the Way You Do, by John M. Oldham and Lois B. Morris
9. The Wounded Heart, Hope for Adult Victims of Childhood Sexual Abuse, by Dan B. Allender
The Wounded Heart Companion Workbook, for personal or group use
10. The Anger Workbook: An Interactive Guide to Anger Management, by Les Carter and Frank Minirth
11. The Art of Forgiving, by Lewis B. Smedes
12. Unmasking Male Depression by Archibald D. Hart

Disorders

1. Christ Centered Therapy, by Neil T. Anderson
2. Healing the Wounds of Sexual Addiction, by Dr. Mark R. Laaser
3. Is it You, Me, or Adult A.D.D: Stopping the Roller Coaster When Someone You Love Has Attention Deficit Disorder, by Gina Pera and Russell Barkley
4. Overcoming BiPolar Disorder, A Comprehensive Workbook for Managing Your Symptoms and Achieving Your Life Goals, by Mark Bauer MD, Amy Kilbourne PhD MBH
5. The CBT Toolbox, Second Edition: 1854 Tools to Manage Anxiety, Depression, Anger, Behaviors & Stress. A Workbook for Clients, Clinicians & Coaches, by Jeff Riggerbach
6. The Clinicians Guide to CBT Using Mind Over Mood, by Christine A. Padesky and Dennis Greenberger
7. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V)

APPENDIX XIII

Northwest Family Counseling Services

NW Family Counseling Services offer comprehensive diagnosis and treatment for issues related to individual, marital, pre-marital, and family concerns. We have a combined total of sixty years of experience dealing with a wide range of problems.

We utilize a broad range of therapeutic techniques that emphasize an eclectic approach in order to provide quality care.

Our mission is to reach out to those in our community who are filled with hopelessness, frustration, anger and loss; to come alongside side those who are experiencing broken lives and broken relationships.

Areas of Emphasis ...

Our staff of highly qualified licensed therapists and profesional counselors offers a complete range of therapeutic services, including:

- Blended family issues
- Children and adolescents
- EMDR
- Financial management and
- Group therapy
- Individual, couple, and family therapy for adults, adolescents, and children
- Marriage counseling and family counseling
- Military issues
- Personality disorders
- Pre-marital counseling
- Psychodiagnostic testing
- ADHD
- Grief Recovery

Specialties Include ...

- Abuse issues & relationships
- Adolescents & conduct disorder
- Anger management
- Anxiety and panic disorders
- Attention deficit disorders
- Bipolar disorder
- Boundaries
- Career issues and job stress
- Challenges of parenting
- Co-dependency
- Depression
- Difficulty with life transitions
- Divorce recovery
- Eating disorders
- Physical and/or sexual abuse
- Play Therapy for children
- Post Traumatic Stress
- Emotional issues
- Stress Management
- Personality Disorders
- Trauma, Complex Trauma, PTSD
- Cognitive behavioral therapy
- Dialectical behavior therapy

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