Mental Illness and the Church

Developing a *Compassionate and Comprehensive* Biblical Counseling Response

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Presentation Focus

As the Body of Christ and as a biblical counseling movement, God calls us to respond *compassionately and comprehensively* to individuals (and their families) suffering with troubling emotions and thoughts. To minister Christ's gospel of grace to people *compassionately and comprehensively*, we need to reflect biblically and historically (church history) on several interrelated questions. How do we cultivate a gospel-centered culture of grace in our churches as we respond to sufferers struggling with deep, ongoing emotional distress? How do we become redemptive communities engaging in gospel-centered relationships with people diagnosed with mental illness? How do we respond to a Christian world that has, perhaps, accepted a definition of mental illness that is not always comprehensively biblical or fully compassionate? How do we speak wisely about mental illness and the complex interaction of the brain/body/mind/heart/soul? How do we address root causes of life struggles (heart) without being heard to say that we are ignoring the whole person or lacking empathy for social factors (nurture) and physiological issues (nature)?

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Introduction: "Dave's" Story at the "Bowen Center"

During my four years as a student at Grace Theological Seminary, I worked at The Otis R. Bowen Center for Human Services. The "Bowen Center" as we called it, was a 5-county psychiatric inpatient unit.

While working there, I met a man I'll call "Dave." Dave was diagnosed as "manic-depressive"—which today would carry the diagnosis of "bipolar disorder." More specifically, Dave would be labeled by today's diagnostic codes as "296.64 Bipolar I Disorder, Most Recent Episode Mixed, Severe with Psychotic Features."

Dave was *very troubled*. One night when Dave became particularly agitated, he punched a worker in the chest, knocking him to the ground. We had to restrain Dave and place him in seclusion.

On a Saturday, Dave escaped from the locked unit, dressed in a three-piece suit and made his way to the local Cadillac dealership. He identified himself as our head psychiatrist. With a car salesman in the passenger seat, Dave test drove a Cadillac down country roads at speeds approaching 100 MPH. We received a call from the dealership asking about our head psychiatrist, and we said he was sitting in his office as we spoke. We then drove to the dealership to return Dave to the Bowen Center.

On another occasion, not long after John Hinkley had attempted to assassinate President Reagan, Dave used a pay phone on our unit to call in a threat to the White House. I wasn't working that night, but one of my good friends was. My friend received a call from the Secret Service in the middle of the night asking for information about Dave. My friend, being a good mental health worker, refused to divulge any confidential information. The Secret Service, being the Secret Service, informed my co-worker that they had a black helicopter warming up in Indianapolis and it would land on his front lawn in less than an hour if he did not tell them everything they needed to know. My friend then called his supervisor at the Bowen Center who gave him permission to tell the Secret Service *whatever* they needed to know.

As a young Christian studying to be a pastor, I began to ask the Lord to grant me compassion and wisdom as I interacted with Dave. Soon after that prayer, we discovered that Dave had been secretly spitting out his medication—lithium was the prescription of choice. By now, Dave and I were developing a trusting relationship. So, I asked Dave why he would deceive us about his medication. He was honest in his reply.

> "Bob, in addition to the side effects, I don't like lithium *because it works*! It gets me off my highs. When I'm up, I feel on top of the world. When the lithium kicks in, I'm a *nobody* again. I'm *totally* empty."

That's interesting, isn't it? Sometimes we may wonder if taking psychotropic medication might be, for some people, a way to escape facing what is going on in their heart. For Dave, *not* taking his medication was his way of trying to escape what was going on in his heart.

My first inclination was to confront Dave about not taking his medication and not facing the reasons why he felt like a nobody. Instead, in what I believe was the Lord's answer to my prayer for compassion and wisdom, I said:

> "Dave, those highs and lows must be incredibly difficult. I'd like to know more about what those highs and lows are like for you…"

In response, Dave asked, "Bob, have you ever been down, almost depressed?" I answered, "Yes, at times." Then he asked, "Have you ever been up, feeling on top of the world?" Again I answered, "Yes."

Dave then looked me in the eyes with a stare that shot straight through me and said:

> "Well, Bob, my guess is that your up times are like the one yard ridge above the creek outside the Bowen Center and your down times are like the one yard incline where the creek flows. *My* up times are like Mt. Everest and my down times are like the bottom of the Grand Canyon."

Dave was trembling now, and it wasn't from the lithium. For the first time ever he was being gut-level honest with someone about what was going on in his heart. I was trembling, too, because I now saw Dave as a suffering human being created in the image of God. I realized that I had no experiential idea what it was like for Dave to move from his Mt. Everest highs to his Grand Canyon lows.

Regardless of the label that people put on Dave—whether manic-depressive, bipolar 1 disorder, or an idolatrous refusal to turn to God in his emptiness—I wanted to minister to *the person, not to the label*.

And I wanted to minister to him *compassionately and comprehensively*—my whole person ministering to his whole person. I worked the 3 PM to 11 PM shift, and I remember praying as I drove home. In fact, I was up well past midnight praying about how Christ's gospel of grace could make a difference in Dave's life. That began what has now become a three-decade search to build a gospel-centered approach to these "hard cases." This presentation is my summary of my search. The cover page captures the essence of that search:

> As the Body of Christ and as a biblical counseling movement, God calls us to respond *compassionately and comprehensively* to individuals (and their families) suffering with troubling emotions and thoughts. To minister Christ's gospel of grace to people *compassionately and comprehensively*, we need to reflect biblically and historically (church history) on several interrelated questions. How do we cultivate a gospel-centered culture of grace in our churches as we respond to sufferers struggling with deep, ongoing emotional distress? How do we become redemptive communities engaging in gospel-centered relationships with people diagnosed with mental illness? How do we respond to a Christian world that has, perhaps, accepted a definition of mental illness that is not always comprehensively biblical or fully compassionate? How do we speak wisely about mental illness and the complex interaction of the brain/body/mind/heart/soul? How do we address root causes of life struggles (heart) without being heard to say that we are ignoring the whole person or lacking empathy for social factors (nurture) and physiological issues (nature)?

As we work our way through these questions, I want to encourage you to be picturing people in your life like Dave. Who do you know and who is God calling you to minister to that is deeply troubled?

I. Mental Illness and Biblical Counseling: Two Important Approaches

As we seek to minister to people like Dave, it will be helpful for us to consider two overlapping ways that biblical counselors can and should speak to the issue of mental illness. I call one the "apologetic approach" and the other the "*parakaletic* approach."

A. The Apologetic/Prophetic Approach: Addressing Worldview Issues Related to Mental Illness with Compassion and Comprehensive Wisdom

Apologetics means to defend, as in defending the faith, defending the truth of the Bible. In counseling, the apologetic approach addresses the worldview question, *"How do we respond to a Christian world that has accepted a definition of mental illness that is not always comprehensively biblical or fully compassionate?"* I also call this the "prophetic" approach. God calls some to be prophets speaking against the prevailing worldview when that view is neither biblically true nor scientifically accurate.

One area where the apologetic approach comes into play is when we're told that the only compassionate response to mental illness is to accept the label uncritically. For example, *World Magazine*, in the article, "Condemnation Trumps Compassion in Suicide Response," claims that "Christians still don't know how to offer grace and mercy to people suffering from mental illness."

In a blog in response to the *World Magazine* article, entitled, *Mental Illness and Compassion*,[1] Dr. Charles Hodges explains that *compassion does not require us to acquiesce to ill-defined terms*. He writes:

> "The article [by *World Magazine*] is off by a couple of degrees, which in golf means it will be yards away from the green on landing. The problem is not so much with the church. If you aim the discussion there you will miss the point. The problem often can be with the *undefined term mental illness*. In order to be compassionate, the church does *not* need to agree to a concept whose definition is in dispute. The current definition of mental illness is the DSM 5. It comes with controversy because many believe it takes normal human behavior and redefines it as disease. This is not a view held just by a small segment of biblical counselors; it is the view of a significant number of those in psychology and other counseling disciplines."[2]

A blog post by Ed Stetzer[3] provides another example of the imprecise use of the term "mental illness." Stetzer writes:

> "If I'm struggling with grief, with sin, or with any host of issues, having people who can encourage me or even counselors in the Christian tradition are wonderful. But there is a difference between that and mental illness, which is a physiological reality. We wouldn't shame someone for getting a virus. Why do we shame someone for having a chemical imbalance that leads him or her to a lifelong struggle with depression?"

To which Dr. Hodges responds:

> "I know that it is hard to communicate complicated subjects in 500 word blogs and Stetzer has done a good job with it. However, his effort illustrates the struggle. As long as we speak of 'psycho-biological disease' in *undefined terms* such as mental illness and then leave the definition of it to those who control the DSM, we will be faced with deciding how to help people based mostly on their labels. *I do not think it is wise or helpful to concede to the idea that compassion does not include a careful scientific and theological examination of the diseases and disorders that we are asked to accept*. In fact, I believe we are obligated. Otherwise we will find ourselves saying 'disruptive mood dysregulation disorder' when we mean tantrum."

Dr. Hodges helps us to understand that true compassion requires a truly comprehensive biblical understanding of people. Dr. Hodges' article represents the apologetic/prophetic approach. It is *valid and vital* worldview response that we need to make as a biblical counseling movement.

B. The *Parakaletic*/Pastoral Approach: Ministering to Persons Diagnosed with Mental Illness with Compassion and Comprehensive Wisdom

As I noted, there's a second approach to biblical counseling and mental illness, one that will be the focus of the rest of our time together. I call it the *parakaletic*/pastoral approach.

The New Testament uses *parakaletic* and related words over 110 times. It's the word Jesus uses in John 14-16 to describe the Holy Spirit as our Divine Counselor—our *Paraklatos* who comes alongside to help us by comforting us, encouraging us, and guiding us.

In 2 Corinthians 1:3-7, Paul uses the word *parakaleo* eight times in five verses—all in the context of comforting and encouraging those who are suffering. Paul applies it to himself and his suffering which he describes as "despairing even of life and feeling the sentence of death" (2 Corinthians 1:8-9). Paul was suffering and he needed *parakaletic* comforting from the Corinthians.

Imagine Paul having time-warped to our century and telling a physician that he was "despairing of life and feeling the sentence of death." He likely would have been prescribed medication and been given a diagnostic label of major depression.

If Paul time-warped into our church, how would *we* treat him? How would *we* relate to him? If Paul entered our church, would he enter a congregation that had cultivated a culture of grace as we responded to his struggles with deep, ongoing emotional distress? Or, would he be stigmatized? These questions address the *parakaletic*/pastoral response to suffering.

It's my conviction that if our pastoral approach to those diagnosed with mental illness is filled with *winsome wisdom*, then the world and the church will be more likely to listen to us when we share our apologetic approach. On the other hand, if our actual care for hurting people lacks compassion and comprehensive wisdom, then we have no right to ask anyone to listen to our worldview.

Consider the "hearing" Faith Church in Lafayette, Indiana has earned through their Vision of Hope Ministry. When someone says to Pastor Viars, "You biblical counselors just deal with the easy 'spiritual stuff.'" Steve can say:

> "In our Vision of Hope Ministry, we're counseling women who have been diagnosed with PTSD, who have been severely emotionally, mentally, and sexually abused. At times they

> struggle with severe depression, with cutting and other self-harm issues. We're dealing with the hard cases and by God's grace having a life-long impact on these young women. Would you like to hear how?"

When we care well and wisely (*parakaletic*), then people are more apt to listen to our perspective on mental illness (apologetic).

II. Mental Illness and the Church: A Biblical/Historical Perspective

We need to develop our perspective on mental illness from the Bible *and* from church history. One of the failures of the modern evangelical church is our tendency to start over from scratch each generation. We fail to glean from the wisdom of those who have gone before us and faced similar issues in ministry. Perhaps this is because we think we're the first generation to face what society today labels as "mental illness." That is not true.

A. Martin Luther: Care and Cure by Charity and Company—Redemptive Relationships

There are many places we could look in church history to uncover how God's people have always helped deeply troubled people. Today we'll focus on Martin Luther.

Winfried Schleiner studied 500 years of history from the Renaissance through the Reformation in his article "Renaissance Exempla of Schizophrenia: The Cure by Charity in Luther and Cervantes."[4] What's fascinating is Schleiner's conclusion that during this 500-year era in the treatment of schizophrenia and psychosis:

> "Medical writers of the period rarely show any sympathy for such delusional conditions. Instead, one must look to theologians … to find sympathetic treatments of the condition of schizophrenia and psychosis."

When treating people who thought they were a clay jar or a rooster with flapping wings, rather than care and cure, the medical writers treated them with ridicule and disdain. Martin Luther, however, presented a very different, a very compassionate, approach. Schleiner even entitles his section on Luther, "Cure by Charity and Company." Listen to what Schleiner's says about Luther's compassionate care:

> "If, then, a certain kind of psychotic case tended to attract medical ridicule … we may have to look elsewhere in the Renaissance for a glimpse of what has become so strikingly obvious in our times: that a knowledge of the patients' histories, empathy with their condition, and endeavors to understand their particular thought processes are important in the treatment of psychotics, whose suffering and pain are beginning to be fully recognized."

How did Luther care like Christ? He emphasized knowing the patients' histories—listening well. He focused on empathy with their condition—feeling with them in their agony and inner turmoil. And he endeavored to understand their thought processes—diagnosing heart issues.

Luther took their symptoms, their situation, and their soul seriously. That's how God calls us to care.

Schleiner notes that medical doctors were content to map out diagnostic categories (sounds familiar, doesn't it?), but only in Luther did he find someone manifesting "*an encompassing sympathy for the psychotic*." May that be said of our churches—that we manifest an encompassing sympathy.

Schleiner summarizes Luther's ministry to the mentally ill by saying that compassionate care was a major part of the cure: "*Indeed it can be said that this sense of caring becomes a* ***vehicle*** *of therapy*."

As biblical counselors, we don't simply *dispense* truth. We *share* truth in love. We don't preach *at* counselees. We lovingly listen *to* and interact *with* fellow strugglers. Our Christlike, loving, empathetic relationships should become vehicles of Christ's care and cure.

1. Reintegrating the Soul through Compassionate Relationships

What sort of strugglers does Luther interact with? Schleiner describes one individual as:

> "A melancholic who refused to eat and drink and hides in a cellar. He rebuffs any charitable helpers with the words 'Don't you see that I am a corpse and have died? How can I eat?'"

Talk about "hard cases!" Here is a person who is both depressed and psychotic—insisting he is dead.

In a second hard case, Luther dealt with a person who thought he was a rooster "with a red comb on his head, a long beak, and a crowing voice." How did Luther minister to these two individuals? Schleiner says the two elements common in every one of Luther's cases were:

> "The consideration of the psychotic's past, and the role of *societas* (company, relationship) in re-integrating such a person into the community."

Luther listened well to people's personal history. He reintegrated deeply troubled people into the Body of Christ by using his personal relationship to encounter another person on behalf of God. Through redemptive relationships the troubled person's image of God and relationship to God were altered, which brought integration to their personality. Schleiner even labeled Luther's approach "*compassionate reintegration.*"

When someone comes to see us as a biblical counselor, do we counsel like Luther? Do we listen well to their past—to the history of their struggles and suffering? Do we use our relationship with them as a bridge that helps them to encounter Christ and the Body of Christ?

In his conclusion, Schleiner writes:

> "Luther shows none of the dehumanizing amusement that often animates even learned physicians when they report certain kinds of cases. The 'cure' is brought about not by trickery but by friendly persuasion, by appeal to common humanity, by company. The entire story is informed by a strong sense of sympathy for a patient who becomes stigmatized by society."

When deeply troubled people come to our churches, rather than stigmatizing them, Christ calls us to offer them Christian company, common humanity, and a strong sense of sympathy.

2. Renewing the Mind through Redemptive Relationships

Schleiner discussed a third hard case that Luther addressed. The person was labeled a "*voluntary retentive*"—someone who refused to urinate. In most similar Renaissance cases, no history was taken. Not so with Luther. In talking with this person, Luther traced the beginning of this "disorder" to a sermon this person heard about works-righteousness. The person came to believe that if he could *perfectly control* his body and soul, then he would be *accepted* by God.

Having gleaned this history, Luther then gives an etiology or cause as he calls this person a "*iustitiarius*"—someone attempting to justify himself by works rather than by faith." Luther's cure was redemptive or gospel-centered—*pointing the person away from works of righteousness to the righteousness of Christ*. His interactions with this person helped him to see that his behavior was rooted in the pride of self-sufficiency. Luther also helped this man to put on renewed images of God in Christ as a God of grace.

When troubled people come to us, we have the privilege of offering them redemptive relationships. They can experience us caring deeply, listening compassionately, and wisely applying specific ways that the gospel of Christ's grace relates to their life struggles.

B. God's Shepherds: Caring for God's Fragile and Frail Flock—Ezekiel 34:1-16

Luther's ministry was the ministry God calls *all of us* to as His shepherds. In Ezekiel 34:1-16, the Sovereign LORD castigates false shepherds who take care only of themselves.

In the midst of these woes against false shepherds, the LORD reveals the calling of every true shepherd: *to strengthen the weak, heal the sick, bind up the injured, return the strays, seek the lost*.

In Ezekiel 34:10 we read God's nouthetic confrontation of these false shepherds. "This is what the Sovereign LORD says: 'I am against the shepherds and will hold them accountable for my flock.'"

In our day, we find models of pastoral ministry that teach that the pastor is only to engage in the pulpit ministry of the Word and only to focus on the healthy sheep. He's not to engage in the messy personal ministry of the Word or minister to the sickly sheep. Ezekiel 34 teaches *a very different* model—the biblical model of ministering to the weak, sick, injured, stray, and lost.

By whatever definition or label, people who come to us diagnosed as struggling with mental illness certainly fit into the Good Shepherd's diagnostic category of *weak, sick, injured, stray, or lost sheep* needing a shepherd. Will God say to us and our churches, "Well done, thou good and faithful shepherds of the weak and the sick"? Or, will God nouthetically confront us and our churches saying, "I am against you false shepherds who refuse to minister compassionately to my weak and sick sheep"?

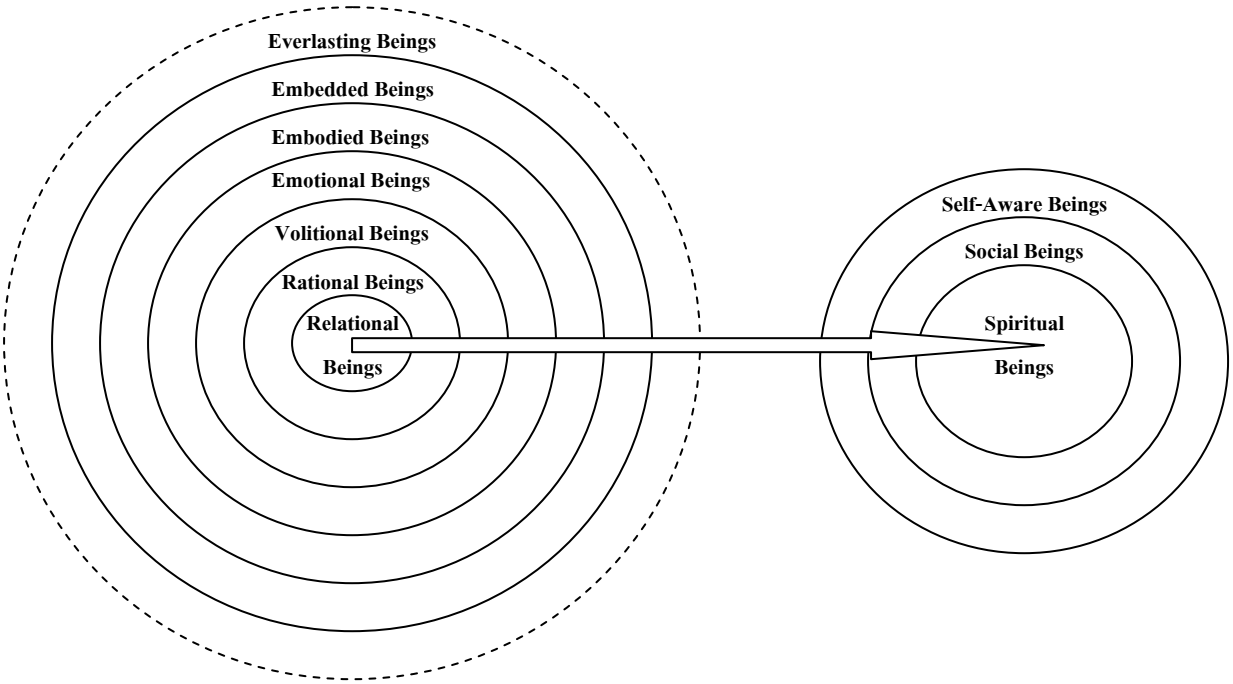
III. A Compassionately Comprehensive Approach to Biblical Counseling and Mental Illness

Imagine that Dave—my friend from the Bowen Center—has started attending one of our churches. How would we minister to him biblically? A compassionate approach includes a *comprehensive* biblical understanding of Dave. Compassion requires that our understanding of *people*, our diagnosis of *problems*, and our prescription of *solutions* be biblically robust.

A. Listen to What the Scriptures Say about the Soul: A Comprehensive Understanding of People—Understanding the Creature through the Creator

If our approach is going to be comprehensive, then we need to listen to what the Scriptures say about the soul. The world attempts to understand the creature through the *creature*. Biblical counselors understand the creature through *the Creator*. Figure 1:1 seeks to capture the Bible's comprehensive portrait of human nature created in the image of God.

Figure 1:1: Understanding Image Bearers—Biblically[5]



Don't let this chart intimidate you. We're going to use this comprehensive biblical understanding *of* people as our guide for compassionate interaction *with* people.

According to the Bible, we are, at the very least:

- *Everlasting Beings*: We're created by God to live through and for God by grace. As Jay Adams says in *A Theology of Christian Counseling*, God is our ultimate "environment."
- *Socially Embedded Beings (**Nurture**)*: God designed us to be embedded in, impacted by, and influenced by our cultural, social setting.
- *Physically Embodied Beings (**Nature**/Physical Being)*: God designed us as complex, unified mind-brain, soul-body beings. We are embodied souls; soulful bodies.
- *Emotional Beings*: God designed us to feel and experience life deeply—our emotions can either drive us to God or away from God; we can handle our emotions either like Christ or unlike Christ.

- *Volitional Beings*: God designed us with the capacity for actions and also with the capacity for motivation—purposeful behavior—which can either be self-centered or Christ-centered and other-centered.
- *Rational Beings*: God designed us with the capacity to think in stories, images, and beliefs and we can do so either wisely or foolishly.
- *Relational Self-Aware Beings*: God designed us with the capacity for self-awareness, where we can either find our identity in Christ or in self.
- *Relational Social Beings*: God designed us so that it is not good for us to be alone and we either love one another mutually and sacrificially or manipulatively and selfishly.
- *Relational Spiritual Beings*: God designed us so that the holy of holies of our soul is our capacity for relationship with God. We are worshipping beings—who always worship either the Creator or the creature.

Often the world, when working with someone diagnosed as "mentally ill," focuses *primarily* on *nurture (the social factors) and nature (the physiological issues)*. The world might say that a large part of the reason for a mental illness is *situational* —the *nurture*, upbringing, past history, social environment, or family system the person was raised in. Or, the world might say that the primary reason for a mental illness is *nature*—our body, our brain chemistry, our neuro-transmitters, our serotonin level, or other physiological components. The world tends to emphasize these *outer nature and nurture* issues, but to minimize the *inner person* who responsibly chooses.

On the other hand, sometimes in our biblical counseling world, we can so emphasize the *inner person*—the heart, and our personal responsibility, that we ignore or minimize the influences of nature and nurture—our bodies and our social situation.

Neither of these perspectives is comprehensive. To overemphasize nature and nurture and to leave out the inner person is not comprehensive. At the same time, to highlight the heart, but to act as if we are not embodied and embedded beings is also not a comprehensive biblical understanding of people.

The Biblical Counseling Coalition's (BCC) Confessional Statement communicates this comprehensive balance. First, it emphasizes how biblical counseling must be attentive to heart issues.

Biblical Counseling Must Be Attentive to Heart Issues

> "We believe that human behavior is tied to thoughts, intentions, and affections of the heart. All our actions arise from hearts that are worshipping either God or something else, therefore we emphasize the importance of the heart and address the inner person…. Wise counseling seeks to address both the inward and outward aspects of human life to bring thorough and lasting change into the image of Christ. The Bible is clear that human behavior is not mechanical, but grows out of a heart that desires, longs, thinks, chooses, and feels in ways that are oriented either toward or against Christ. Wise counsel appropriately focuses on the vertical and the horizontal dimensions, on the inner and the outer person, on observable behavior and underlying issues of the heart."

Having started with this heart focus, the BCC Confessional Statement then highlights the interrelated roles that *the heart, nature, and nurture* play.

Biblical Counseling Must Be Comprehensive in Understanding

"We believe that biblical counseling should focus on the full range of human nature created in the image of God. A comprehensive biblical understanding sees human beings as relational (spiritual and social), rational, volitional, emotional, and physical. Wise counseling takes the whole person seriously in his or her whole life context. It helps people to embrace all of life face-to-face with Christ so they become more like Christ in their relationships, thoughts, motivations, behaviors, and emotions.

We recognize the complexity of the relationship between the body and soul. Because of this, we seek to remain sensitive to physical factors and organic issues that affect people's lives. In our desire to help people comprehensively, we seek to apply God's Word to people's lives amid bodily strengths and weaknesses. We encourage a thorough assessment and sound treatment for any suspected physical problems.

We recognize the complexity of the connection between people and their social environment. Thus we seek to remain sensitive to the impact of suffering and of the great variety of significant social-cultural factors. In our desire to help people comprehensively, we seek to apply God's Word to people's lives amid both positive and negative social experiences…."

When we listen to what the Scripture says about the soul, we hear the following:

> While we must focus on the comprehensive capacities of the heart—our inner person; we can't ignore the relationship between the heart and two central arenas of influence: the body (we are embodied beings—nature) and our social environment (we are embedded beings—nurture).

B. Listen to What the Person Says about Their Story: A Compassionate Approach to People—Take People's Situation, Symptoms, and Soul Seriously!

When we listen to the Scripture's comprehensive view of people, then we have a full-orbed map that guides us as we listen to people like Dave. Good listening:

- Takes seriously Dave's *situational* story—his social situation (nurture).
- Takes seriously Dave's *symptoms*—including physical symptoms (nature).
- Takes seriously Dave's *soul* story—how his inner person (heart) is responding to his outer world.

1. Not Just Data Collection, But Soul Connection

Before we share examples of listening compassionately and comprehensively to Dave, notice our next header: *Not Just Data Collection, But Soul Connection*. The modern biblical counseling movement has historically done a fine job emphasizing data collection. That's invaluable and laudable. However, data collection has the potential of keeping us at arm's length, aloof, stiff-arming the Dave's of the world.

That's *no*t what God calls us to. It's not how Jesus ministered at any point in his life. Listen to how Spurgeon describes Jesus in Matthew 9:36 where the text says Jesus "was moved with compassion."

> "This is said of Christ Jesus several times in the New Testament. The original word [for moved with compassion] is a very remarkable one. It is not found in classic Greek. It is not found in the Septuagint. It was a word coined by the evangelists themselves. They did not find one in the *whole* Greek language that suited their purpose, and therefore they had to make one. It is *expressive of the deepest emotion; a striving of the bowels—a yearning of the innermost nature with pity*. I suppose that when our Saviour looked upon certain sights, those who watched Him closely perceived that *His internal agitation was very great, His emotions were very deep, and then His face betrayed it, His eyes gushed like founts with tears, and you saw that His big heart was ready to burst with pity for the sorrow upon which His eyes were gazing*. He was moved with compassion. *His whole nature was agitated with commiseration for the sufferers before Him.*"

Wow! When Dave comes to us with his story of downs deeper than the bottom of the Grand Canyon and highs higher than Mount Everest, is our whole nature agitated with commiseration for the sufferer before us? That's what it means to care like Christ. That's what I mean by "soul connection" and not just "data collection."

During the rest of this presentation, I'll be sharing samplers of the types of interactions that invite Jesus-like soul connection. We would not want to copy or mimic the samplers that follow—that would be data collection. We would want to ask God to guide us to engage in person-specific gospel conversations that encourage soul-to-soul relating.

2. Listen to the Person's Situational Story: Nurture/Nature

So, Dave sits across from us. We know a little about his story, but not much. Where do we start? I suggest that we move *from the outside in*. Dave is most aware of his external situation. We want to listen well to his external story and then journey with him inwardly to his soul story.

a. Compassionately Explore Dave's Symptoms and Diagnosis

If Dave were to begin by sharing with me that he has a diagnosis of bipolar 1 disorder, then I would start there. I would *not start* with an apologetic approach of *talking him out* of the disorder. I would start with the *parakaletic*/pastoral approach of *hearing him out*. We might interact with Dave like this:

- "Dave, I can only begin to imagine that this diagnosis and the symptoms that go with it have been incredibly hard to handle. What has this been like for you?"
- "Dave, give me a sense of your symptoms. You talk about bipolar 1 disorder—what are the 'ups' and the 'downs' like for you? When are they worse? When are they better?"

Then, as we interact, we could ask Dave clarifying questions such as:

- "When you heard this diagnosis, Dave, was it encouraging—because now you had label for what you were going through? Or, was it discouraging, because maybe you don't like or want that label?"

Only then would I suggest that we begin to probe a bit more about the actual diagnosis:

- "Dave, could you clarify for me who gave you this diagnosis? Was it your family physician, a counselor, a psychiatrist?"
- "Could you tell me, Dave, how they made this diagnosis, what the process was like, what questions they asked you, what tests they ran?"

Asked with compassion and a true desire to learn and understand, these are legitimate, non-threatening questions that take Dave's symptoms seriously.

b. Compassionately Journey with Dave as a Socially-Embedded Being

Part of listening to Dave's situational story includes the fact that he is a socially-embedded being. That means that Dave is in relationship with others and how they have related to him has impacted him. It *doesn't* mean that we join Dave in blaming his past. It *does* mean that we seek to understand the *impact* others have had on Dave. So, we might interact with Dave like this:

- "Dave, could you tell me your story? Your background, family life, upbringing. Take me on a journey from childhood to now…"
- "Dave, can you pinpoint when these struggles started for you? If so, was anything in particular going on in your life and relationships at that time?"
- "Dave, how have your family and friends responded to your ups and downs? How have they related to you?"

Such interactions honor the fact that God designed Dave as a social being who is affected by others.

c. Compassionately Journey with Dave as an Embodied/Physical Being

Dave is also a physical being. While we do not surrender to the world's view that Dave is all body and no soul, we also do not give into a gnostic view that Dave is all soul and no body. So we journey with Dave, exploring who he is as an embodied, physical being—the *nature* issue.

- "How are you handling all of this physically, Dave?"
- "Let's talk a bit about your diet, exercise, rest, and sleep habits…"
- "Could you explain to me about the medication you're on—what it does, how it works?"
- "Have your doctors explained how they see physical, brain chemistry issues behind your bipolar 1 diagnosis? Can you help me to understand that?"
- "I understand there can be side-effects to the medication. Have you experienced any?"

By listening well to and empathizing with Dave's outer or situational story, we gain great insight into what he is going through.

3. Listen to the Person's Soul Story: The Heart

Next, by listening well to Dave's soul story, we begin to understand and empathize with how Dave is responding to what he is going through.

a. Compassionately Journey with Dave as an Emotional Being

We start by compassionately journeying with Dave as an emotional being. Here's one example:

- "Dave, you've said that my 'ups' are like a one yard ridge and my 'downs' are like a one yard incline. And your 'ups' are like Mount Everest and your 'downs" like the bottom of the Grand Canyon. I can't even imagine that, but I would like to try to understand something of what this is like for you…"

This one comment could lead to *hours of interactions*. The key is that we honor the fact that God designed us to feel and experience life deeply. If for whatever combination of reasons—nature, nurture, choice—Dave's emotional experience is magnified 100-fold, then let's compassionately hear and empathize with who he is as an emotional being.

We should also help Dave to relate his emotions to his relationship to Christ.

- "Dave, during your lowest lows, what do you say to Christ?"
- "Dave, if you were to write a Psalm of the Dark Night of the Soul, what would you write?"
- "During your lowest lows, Dave, what do you think it would be like to soothe your soul in your Savior—to cry out to God?"

Comprehensive biblical counseling does not fear emotions. Compassionate biblical counseling explores our emotions in light of our compassionate Savior.

b. Compassionately Journey with Dave as a Volitional Being

God also created us as volitional beings—with the capacity to respond to our environment with purposeful behavior. We can compassionately journey with Dave as a volitional being in many ways:

- "Dave, when you're feeling your lowest lows, what do you do? How do you respond? Why do you think that is?"
- "When you are feeling your highest highs, Dave, what do you do? What do you think drives or motivates those reactions?"
- "If you sensed that you had control over your actions when you are experiencing a lowest low or highest high, how would you want to respond?"

As we gain some understanding into the motivations behind Dave's reactions, we can help Dave link his reactions to his relationship to Christ.

- "Dave, as you face all of this, how could you tap into Christ's resurrection power?"
- "Dave, as you go through this, what would a Christlike response look like?"
- "You said that you don't take your medication because you hate those down feelings and you love those feelings of elation. What would it be like for you to choose to courageously face those down feelings with Christ?"

Interactions like these begin to help you and Dave to understand better the motivations of his heart. On the one hand, these interactions do not deny the extreme difficulty that Dave may face in responding maturely to his emotional lows and highs. On the other hand, these interactions do not communicate to Dave that he is a helpless victim of his diagnosis.

c. Compassionately Journey with Dave as a Rational Being

As a rational being, God designed Dave to think in images and beliefs that can be either wise or foolish. We can interact with Dave about his beliefs regarding his situation and symptoms:

- "Dave, give me a glimpse into your thinking during your lowest lows and highest highs—what's going through your mind?"
- "Dave, let's explore God's Word to assess the wisdom of your thinking during those highest highs and lowest lows…"
- "Let's explore God's Word to see what it would mean to renew your mind even during those highest highs and lowest lows…"
- "Dave, if you captured your life story right now in one image, one movie or song title, what would it be? So, if that is the title of your life story now, dream with me about Christ renewing your life story—what might a Christ-renewed title of your story be?"

d. Compassionately Journey with Dave as a Self-Aware Being

God's Word teaches that we are also relational beings. We can relate to God, others, and to our own self—self-awareness. "Self-awareness" can seem like thinking about ourselves instead of Christ and others. But in Romans 12:3, Paul never tells us not to think about ourselves. He tells us to think about ourselves according to the truth of who we are in Christ. So interactions with Dave might sound like this…

- "Satan lies to us and gives us condemning images of who we are. Dave, what lies about who you are do you have to fight during your highs? During your lows?"
- "The Bible gives us scores of images of our identity in Christ: saint, son, more than conqueror… Dave, of the many biblical images of your identity in Christ, which ones stand out for you?"
- "Dave, one diagnosis or description of who you are is "a person suffering with bipolar 1 disorder." I'm not denying your struggle, but that's not the *essence* of your identity in Christ. In one word or picture, how would you describe the essence of who you are in Christ?"

e. Compassionately Journey with Dave as a Social Being

God also designed us as social beings. When we talked about being socially-embedded, there we focused more on how *others* relate to us and impact us. Now we are addressing the heart issue of how *we* relate to and impact *others*. With Dave, our interactions might sound like this:

- "Dave, I know that when I'm a little down, I tend to focus on *me*. I can imagine that when you're *way* down, that you're tempted to focus on yourself and your pain. Am I on target there? What is that like for you? What would it be like to find Christ's strength to focus on others?"
- "Dave, when you're up, from how you've described it, everything is focused on you. Can you imagine in those moments finding Christ's strength to control your thoughts and feelings and direct them toward empowering others?"

f. Compassionately Journey with Dave as a Spiritual Being

The holy of holies of the soul is our relationship with God. Dave is a *worshipping* being. While he may be fighting bipolar 1 disorder, he still is either living with a worship *dis*order or with worship *order* as he faces his bipolar disorder. We can interact with Dave about this…

- "Dave, as you face your extreme highs and lows, my hunch is that you have a lot of thoughts and feelings toward God. I'm here to hear them…"
- "Dave, if you captured your idea or image of God in a word or image, what would it be? Where do you think that image of God comes from?"
- "What would it be like to invite God into the middle of your diagnosis—to go through it moment by moment with Him?"
- "Romans 8 talks about groaning to God in the midst of our agony. What would it be like to groan to God as you face this bipolar disorder diagnosis?"

C. Listen Together to God's Grand Gospel Story: God's Whole Story Impacting the Whole Person

Every biblical counselor should always be asking:

"What difference does Christ's gospel of grace make in my counseling?"

We should also be asking gospel-centered questions of our counselees, including dear folks diagnosed with mental illness. We should be listening together to God's grand gospel story so God's whole story impacts their whole person. With Dave, our gospel-centered interactions might sound like this…

- *Salvation and Suffering*: "Dave, to your deep grief, the gospel says, 'Mourning does not have the final word. Healing does. Joy does.' What difference could this gospel grace of final hope make during your lowest lows and highest highs?"

- *Reconciliation*: "Dave, to your lostness and aloneness, the gospel says, 'You are accepted. Adopted. You are family. Welcome home!' What difference could this gospel grace of reconciliation make during your lowest lows and highest highs?"
- *Justification*: "Dave, to your sin, failures, and guilt, the gospel says, 'Not guilty! Forgiven. Declared righteous!' What difference could this gospel grace of justification make during your lowest lows and highest highs?"
- *Regeneration*: "Dave, to your fallenness and your old heart, the gospel says, 'You are a new creation in Christ with a new heart. You're a saint in Christ!' What difference could this gospel grace of regeneration make during your lowest lows and highest highs?"
- *Redemption*: "Dave, to your enslavement to sin and defeat at the hands of the world, the flesh, and the devil, the gospel says, 'You are more than a conqueror through Christ. You are a victor in Christ!' What difference could this gospel grace of redemption make during your lowest lows and highest highs?"

Conclusion: Dave's Story in Our Churches and in Our Ministries…

I asked you to picture a person in your life like my troubled friend, Dave. I want to ask you to take a moment to reflect on what application you could make in your church, your life, and your ministry as you minister to folks like Dave. Will we:

- Ask God to grant us compassion and wisdom as we interact with deeply troubled people?
- Minister comprehensively: our whole person ministering to the whole person?
- Offer *parakaletic* care: coming alongside to comfort and encouraged troubled people?
- Minister like Luther: Care and Cure by Charity and Company—Redemptive Relationships?
- Not simply pursue data collection, but soul connection?
- Minister like Christ: Our whole nature agitated with commiseration for sufferers?
- Compassionately journey with people by taking seriously their symptoms, situation, and soul?
- Listen compassionately and comprehensively to people's soul story?
- Listen together to God's grand gospel narrative?

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[1] http://biblicalcounselingcoalition.org/blogs/2013/05/15/mental-illness-and-compassion/

[2] "America's Depression Diagnoses and How to Fix it" http://www.thedailybeast.com/articles/2013/03/30/america-s-depression-diagnoses-epidemic-and-how-to-fix-it.html

[3] Ed Stetzer: http://www.edstetzer.com/2013/04/mental-illness-and-medication.html

[4] Winfried Schleiner, "Renaissance Exempla of Schizophrenia: The Cure by Charity in Luther and Cervantes" Renaissance and Reformation, Vol. 1, no 3, 1985: 157-176.

[5] See chapter 7 in Robert Kellemen, *Gospel-Centered Counseling: How Christ Changes Lives*. Grand Rapids: Zondervan, 2014.