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

Matthew Martin: I remember one day, something had happened a few days earlier that triggered so much anxiety for me that my mind was, my mind couldn't stop and I was getting increasingly depressed and then I had for the first time ever a panic attack. I was so worked up I felt like life was about to end. I couldn't stay in my house, so I got in my car and just started driving around town. I was hyperventilating, didn't know what to do, and out of the blue one of my buddies from university called me. I just said I'm not doing well. He said you shouldn't be alone right now, you need to call somebody. It was just enough to kind of, like, nudge me to call my priest, call up his house. He picks up. I just tell him I'm not doing well, is there any chance we could talk? He said yeah, I'll meet you in my office in thirty minutes. Meet him in his office and for the first time open up about, like, everything that I had been struggling with, all the thoughts, all the fears—kind of in shock and in tears. And I remember he said to me, "Matt, first of all thank you so much for sharing this with me. I want you to know that this doesn't change how I see you. In fact I respect you all the more for the courage of, of opening up about this. I love you. God loves you. And we're going to walk through this together."

**Most Reverend
J. Michael Miller, CSB:**

Mental health is part of who we are, you and I. Men and women, created in God's image and likeness, created with a mind and a spirit, as well as a body. And therefore tending to that part which we call mental is kind of an ingredient of being human, of being someone who is a child, a son or daughter of God. And so it's part of our makeup. There's something very ordinary about, you know, mental health, physical health. I mean it's, these are all just components of human life and activity.

**Most Reverend
Samuel J. Aquila, STL:**

Certainly mental health is important in terms of how we relate to people, how we work with people, and having good mental health really helps us to encounter people in positive ways. When we look at our Catholic faith and when we look at living our faith, and if we truly know and experience the love of Christ for us, the love of the Father for us, or the love of the Spirit for us, through that experience of love we will receive that love and then we will want to share that love. It really helps us to grow in the virtues; it really helps you to live your life the way that the Lord desires us to live.

Matthew Martin: I have generalized anxiety disorder and I also struggle with something called obsessional OCD, which is a lot of obsessional thinking without the compulsive behaviours that go along with it. I first remember feeling extreme anxiety back



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in junior high, high school, which was largely the result of a lot of teasing and bullying, and so going to school I was constantly on high alert. A few years later in university was the first time when my anxiety got so high that I just, I began to believe my life was going to sooner or later fall apart. My friends would abandon me, my family would reject me—and it was a lot of projecting into the future and imagining these scenarios and not realizing it's just mental images that I'm coming up with, it's not reality. It's just this flood of the worst possible case scenarios of the future, feeling like they're already here and they're real. I just remember one day, like, I was sitting in the library at, you know, one of those study carrels, and just so overwhelmed with everything that was going on that I just, all I could do was put my head down and my arms over my head and silently cry, because there was just no emotional outlet. My sister was at school and I remember seeing her that afternoon, and even my own sister, like, I couldn't open up about my feelings or thoughts. I just had to shove it down and keep it quiet, because I felt so much shame and I couldn't let somebody else into that world.

Scott G. Hefelfinger,
STL, PhD:

I think there are a lot of avenues within the Church for strengthening our response to mental health problems. It begins, I think, with people feeling loved and welcomed so that they can be vulnerable enough to acknowledge an issue that they might have, or a family member, a spouse, a relative, whatever it might be, a friend, and so just to kind of bring that out into the open so that it's not a kind of dark secret that people worry about mentioning. And the more that comes out in the open and the more it's part of ordinary conversation, I think that just breaks down some of the barriers to being the kind of community that we want to be. The Catholic Church is the family of God, and you can't be a family if there are barriers between family members. So I think raising the level of awareness, I think providing more and more information about organizations that support those in need of support in the area of mental health, then just in our own personal lives taking ever more seriously the call to serve others and to serve those in need and to realize that the categories that we think of in terms of poverty, we usually think of material poverty. Well there's a kind of a mental poverty as well, and to see that we're called to be there, to alleviate, to support, enter into friendship with those who have mental health problems is really just a very natural part of the mission that all Catholics have.

Matthew Martin:

My anxiety got so high that it turned into depression. Anxiety and depression are different, but they have a close relationship. You know, anxiety is like the fear of terrible things that are about to happen and going to happen in the future, and depression is the feeling of those terrible things are already here, they've already arrived, it's done. My anxiety would get so high that it would tip into depression, and that's happened many times throughout my adult life.



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Going back into, like, a dip of depression and not knowing what to do with it, and you know, kind of functioning somewhat and then eventually it just kind of goes away and yay, I'm you know, better and hopefully that never happens again. But it wasn't until recently a number of things changed at work that increased my stress so much, that I remember one day I was standing in my office and it was like my brain was just going like crazy. Your mind's eye is just spinning out of control. And my brain just said enough, my brain just powered down. I could not think anymore. I could not try and project plan anymore, prioritize anymore. In fact, for the next two weeks if I started to try and think about a task list, I would instantly get a headache. Because of that, and through the help of a few of my colleagues and friends who encouraged me to take time off, I took time off of work. That was when I first connected with a psychologist who first put a name to what was going on in my body and my mind. And she finally in one session, listening to me tell my story and listening to how I think, described both the diagnosis and mirrored back to me the way that my patterns of thinking have been going on for years. It was huge. It was both scary, but I think much more than that, a relief because somebody didn't just understand, they were describing the way that I have always thought in language I could have never come up with. I could have never put words to it like she did. There's a reason for this. There's an explanation for it and there's actually a path to learning how to not let this ruin your life.

Harvey I. Payne, PsyD:

One of the things that has really fascinated me in looking at larger studies of who seeks out mental health services, one of the findings is that it's the frontline people. It's the priests, the pastor, the family physician, who are really the frontline, who really sees the most; and bridging that, transitioning that to counsellors, psychologists, psychiatrists, social workers, is a difficult transition. And so as a church recognizing that somebody is having this difficulty and having individuals that you know will, if not hold the same faith, will at least support the person's faith and values is really critical. One dissertation looked at the difference between Protestant use of counselling, therapeutic services, and Catholics, and Catholics were much less likely to use it. Not that they had any differences in you know, having struggles with mental health. And the primary reason that was given was that they will push me towards values that I don't hold to, might even, you know, sort of make me feel worse, because of my Catholic faith. I think there's a couple things that can be helpful for Catholics in this whole process. One is there are places like Divine Mercy University, helping to develop counsellors, psychologists, who come from a Catholic Christian worldview, well-trained, really want to help people flourish both in mental health and in their spiritual life. And overall the whole field of mental health has recognized the significance of spirituality and religion. And so today more so than ever people have a higher level of, at least, respect; therefore, I think people should feel more comfortable seeking out mental health services, definitely having a priest, pastor, who knows someone



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in the community that they trust, that they can refer you to is very helpful. I have a more optimistic outlook today that even those not of Catholic or Christian faith are more likely to respect somebody's faith because of that being on the radar, if you will, in mental health practice.

Matthew Martin:

For a large season of my life my relationship with God was probably characterized by my need for God to rescue me from the darkness. Wondering, is he real? Is any of this real? Will he ever actually rescue me? And then on occasion hearing his voice, some kind of light breaking in. Only on occasion. It's the most frustrating thing. As I've learned more about how my mind works and about mental health, it's probably made my relationship with God more complicated in some ways. When you start to question your own mind's interpretation of reality, realizing my mind has been like playing games on me, my mind has been construing reality in these negative ways. Well all of a sudden, well what about all the good things that I believed about God and felt about God, or the things that I interpreted as God, how do I know that those things are real? How can I have certainty? One of the things that I think contributed to part of my obsessional thinking being about faith, is going to a school that had a culture where it was like faith is about being absolutely certain what you believe in and going out and preaching it to everybody else. And it instilled in me this fear of if I have a doubt I'm not an authentic believer, I'm not a true Christian. And so part of the, you know, the obsessional thinking has been about constantly scanning for signs that I'm not a true Christian, that I don't truly believe in God, that I'm somehow a heretic or a non-believer or whatever you want to call it, that I'm bad. I think dealing with this condition has changed the nature of faith for me: faith is not primarily about being certain of my beliefs. Faith is primarily about opening up my heart, that deepest part of your soul, to the possibility of God and refusing to close off that place in your heart, and waiting for God there. And at times experiencing him enough that you realize he is there. He is there.

**Lillian Henricks, PsyD,
LCP:**

I think for some of us it's hard to find a balance, we can tend towards extremes. Some of us can tend to over-spiritualize things and to underestimate the human and the natural, and to underestimate how God is in all of creation and how creation speaks to us. And we can sometimes too narrowly just hold onto, or grasp to the security or the structure of our faith and our Church in ways that cannot allow us to kind of grasp the fullness of what God's offering to us through all of creation, and all of science, and so many different means.

**Helena Orellana,
PsyD, LCP:**

I think that the role that mental health plays in the life of the Christian or the Catholic is twofold. First, it's primarily that each Catholic and Christian has



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a mental life and has mental health, and that can be at a place of stability, of strength, but it can also be in a place of suffering. And so to be Christian means to take care of yourself so that you can live out the gospel. And I think that taking care of your mental health is part of being Christian, part of being able to accomplish that call. And I think the second part of the role that mental health plays is an emerging part, where we're trying to learn as a faith community and we're being called to find how truth, goodness, and beauty are lived out and how we communicate about them amongst our community and to the world at large, how being a Christian and what is true about mental health and our needs there, in light of what we know from theology and just even spirituality.

Matthew Martin:

One of the forms of managing anxiety and depression is cognitive behavioural therapy. It's really helped me a lot. One of the turning points for me was when I actually began to do the homework of CBT, cognitive behavioural therapy, and it's these little exercises where you write down a situation that's actually creating some anxiety for you, and then, what am I afraid is going to happen? And then you put yourself in that situation, deliberately not doing the things that you would typically do to make yourself feel safer, and then afterwards you write down what actually happened. And I remember the first couple times that I did that, put that into practice, and looked on the sheet of paper and saw for the first time oh my gosh, this felt extremely true in the moment. These terrible things were probably going to happen, most likely going to happen, and these wonderful, beautiful outcomes are actually what happened. Oh my gosh. How much of life have I been missing out on because anxiety has been driving how I've been behaving? And I don't want to let this determine the rest of my life, to believe the anxiety, to believe the depression. And to see how much my mind had been keeping me in this little box and realizing that I don't have to stay in that box. Not that it's easy, but there's actually a path out of this box, this alley that I backed myself into.

**Scott G. Hefelfinger,
STL, PhD:**

Mental health is really important for all Christians because it forms a part of the larger picture that I think of as the good news. One of my favorite kind of points of departure in the Gospel of John is Jesus' promise of life in abundance, or "I have told you these things that my joy may be in you and your joy may be complete." So we have this promise of abundance, this promise of joy, and health obviously comes into play there too. It's not that the good news is easy news, it's not a "cheap grace," to quote Dietrich Bonhoeffer, but it's a costly grace. There's something costly about it so it's not a promise that everything will go super well or easy, but it is a promise for the fullness of life.

Father David Songy,



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OFM Cap., STD, PsyD:

The world would like to say when they're suffering God doesn't exist, but we as Christians believe that God is present in the moment of suffering itself. You can go to Romans 6:8 where it talks about Christ died once and for all, death has no more power over him. And this is what we believe as Christians, death has no power. So I can be someone who is suffering and just be destroyed by it, or I can be someone who is suffering and it does not destroy me. When we speak about the death and resurrection of Christ, we're not talking about something that happened 2000 years ago and wasn't that beautiful. When we speak about the death and resurrection of Christ we're saying, we're talking about something that we experience today; even in death there is life. So I think this is how we're to approach people with suffering. And many people aren't ready to hear that so it's not something that I say the first time I meet someone who's suffering, but if I at least have this perspective and I'm not afraid of the suffering, eventually I can also help people to not be afraid of it.

Matthew Martin:

Having people of faith who are totally affirming and encouraging to take care of all of the dimensions of myself is really helpful. At the same time, the spiritual care is also really helpful. It's not like a clear line sometimes between what is spiritual care and what is psychological care, because our minds and our souls and our bodies are all intertwined. Sometimes it's going to confession, for example, experiencing not just the forgiveness of sin but the release of shame. The embrace of God in that moment takes off a burden that is actually contributing to my poor mental health. You know, in our churches we have a lot of relatively anonymous people who come up and they go to Mass and then they're gone and they might not be connected, and we might not know at all what's going on in their lives, and the kind of spontaneous care and reaching out that the Church, we as Christians, should be doing doesn't happen unless somebody else sees a need. What we can probably be better as a Church at doing is intentionally creating spaces where people can meet and share about those situations in their lives, that they might not otherwise do if the Church didn't have, like, a forum for sharing those things. If all that we do are Bible studies and religious devotion type things and we don't talk about what's going on in our families, what's going on for us physically, finances, like the other dimensions of life, we don't have venues to talk about those things and people don't know, and then they can't befriend and come alongside one another. I thought of the story, you know they call her the hemorrhaging woman, who approached Jesus through this big, massive crowd of people and he suddenly feels this power go out from him, and she didn't pull herself up by her own bootstraps so to speak. She had been trying really hard for a really long time to find healing, to find relief, to find care, and things had only gotten worse and that's what it feels like, and has felt like a lot of the time: you talk to a doctor, you talk to a psychologist, you talk to a counsellor, you know you pray with your priest and things keep cycling. She didn't give up, she kept reaching out. She's been an example to me of I can't just kind of lie down and



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give up, or lie down and wait for God to come rescue me. He is a rescuer but I need to keep taking one step at a time to reach out to him or to reach out to others. Like, she literally took a few steps to get close to Jesus and reached out, and she didn't know if she was going to be healed, she didn't know if this was just one more in a long line of attempts. So to not give up and to keep reaching out.

Matthew Martin:

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



SESSION 2

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Kasey Kimball, MA:

Why are you cast down, O my soul, and why are you disquieted within me? Hope in God; for I shall again praise him, my help and my God. (Psalm 42:5-6)

Kasey Kimball, MA:

When I look back at my childhood, I think I probably had an anxiety disorder from a really young age; and things that now I look back and say oh, that was a panic attack, oh, that was a manifestation of anxiety, rather than just being kind of an intense kid. I don't think I got any kind of diagnosis until I was in my twenties, and that was actually really helpful. It was like oh, okay there is something else at play here and I can kind of separate what my mind is doing from who I am. I was working for a campus ministry and starting to have doubts and questions about the way that we were going about doing that. I was working with a therapist, finally, on anxiety management techniques. And I think I believed a version of Christianity that said like, follow Jesus and you'll be happy, and you'll have this kind of inner peace and confidence, and you'll never feel lonely. And that was all breaking down, and so I really came to theological school to figure out, was this all a sham? Or was there a different version of the story that I needed to kind of, come to grips with? And then in graduate school everything spun out even more. My parents decided to get divorced after a year of being separated, and then my dad was diagnosed with cancer, and then my mom was diagnosed with cancer, and then I got a concussion, and that meant that I was spending a lot of time alone, not able to pursue my degree. But it was just this crazy time of physical health and mental health and family breakdown, and it was all very connected with this deeper question of, is God trustworthy? Is Christian faith worth pursuing when it's so hard and when everything else in life is breaking down? Through the process of being at theological school I got kind of a renewed vision of what following Jesus means, and especially writing my thesis on Saint Bonaventure. I ended up doing exploration of suffering as I was working with his texts. I found like, oh yeah there's really something here. I am finding a transformation with respect to what's happening in my life.

Scott G. Hefelfinger,
STL, PhD:

When people might not fully understand the importance of mental health, they can fall into one of two camps. One camp is the camp that would say yeah, well maybe you just need to pray more or go to Mass more. Or, if your faith were stronger you wouldn't have these issues, right, and that's a kind of, I think, over-spiritualization of some of these things. And on the other hand, there's a way that doesn't pay any attention to the spiritual dimension and says, not if your faith were stronger but, I feel like this is common amongst men and that's probably an overgeneralization, but if you just sort of man up, you know you'd get over this, right? And I think both of those perspectives miss something. And when we talk about mental health, I think we quickly think of mental and spiritual as being kind of coterminous, meaning the same thing, but they don't really mean the exact same thing. Grace plays a role,



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but grace works with nature. The mind plays a role, the soul plays a role, but the soul is unified with the body and so there are these bodily dimensions. And so keeping all of that in view I think helps to underscore how central mental health really is, but also how complex it is, and so there's a need to kind of educate and bring awareness to people, I think, about some of these complexities, and really just about using all of the resources at our disposal. Therapy, medication, exercise, right, as well as prayer, fasting, sacraments, all of these great spiritual goods. So, keeping all of those together and making the greatest use of all the resources that we have, that seems to me the wise approach to someone who might be questioning, you know, is this really a thing? It's a real thing and there are real resources out there to help.

**Most Reverend
Samuel J. Aquila, STL:**

Both the spiritual life and the mental health aspect of life, or the human element of life, go together and have to be integrated, that you really have to look at the whole person, body, mind, and soul. And that at the heart of it, certainly for us as Catholics, is the soul and then our relationship with the Lord. And that doesn't mean that I won't have suffering within life, that doesn't mean that—because with human limitations, with original sin, all of those elements are there, but the Lord came to give us life and life abundantly. He came to be there for us in those times of suffering, in those times of challenges and difficulties. Certainly, people have mental illnesses, but I'm a firm believer that their faith and their trust in the Lord helps them cope with that mental illness, whatever it may be.

Kasey Kimball, MA:

I think for me, anxiety manifests as obsessive thinking about something that may or may not be true, and not being able to push that kind of obsessive thought to the side. I can think of a few times where I've been in that space and that there's a tipping point from this is kind of bothering me in the back of my head, and I'm getting a little worked up in my body about it, and my heart is racing, and I feel like I'm going to cry, and there's a pit in my stomach. And at some point that just takes over and you can't not start physically responding in a certain way, and it takes a long time to calm down. You get really hot, and you can't breathe, and you're kind of shaking. It's like everything is closing in and the only thing you can hear is this one thought. The word anxiety is thrown around a lot and people think it's just that kind of nervousness, that kind of jitteriness. But when it's clinical it's on a whole other scale and it's not something that is controllable, at least until you've learned some techniques. And still, if I'm in the right moment with a certain kind of vulnerability, I can go back to that place. I think depression feels much more like fatigue, like everything is in black and white or grey. For me it's a deep sense of existential meaninglessness. It's hard to think clearly. I just end up going to this kind of weepy place of crying for no reason. Everything is meaningless and terrible and sad.



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Dr. Chi-Chi Obuaya,
MRCPsych, MBA, MBBS:

Mental health problems are really common. The figure that's often used is that one in four of us over the course of our lifetime suffers from mental health problems, so it's either going to be one of us or a close family member that's going to experience significant mental health difficulties at some points across our lifespan. Now inevitably, when people do experience mental health difficulties, it's going to throw up a bunch of questions either for the individual or their loved ones. Why has this happened, is going to be one question, and what do we do about it? As a psychiatrist we think of most mental health conditions having a range of causes. So, a lot of conditions are multifactorial; there may be biological reasons, psychological, or social. Inevitably as Christians it gets to the heart of who we are as human beings and our identity. There may be questions about why this has happened and why God has allowed difficulties to arise. So, I think it's important for the Church to think about how it responds in supporting people. So we're talking about something that's really common, that's going to be affecting members of the Church and the Church should be a sanctuary for people experiencing such difficulties. So the Church has to be equipped to answer some of the questions, not to be able to offer all of the solutions, but there has to be a narrative within the Church for people experiencing these difficulties.

Kasey Kimball, MA:

I took Saint Faustina as my confirmation saint because her writings connected with me a lot and framed my journey of suffering. She experienced a lot of physical suffering; she had tuberculosis for a long time, and it was she who got that vision of the image "Jesus, I trust in you," and her big message was of the mercy of God. It's a really comforting message to me and that, ultimately, I'm not relying on the health of my body or the health of my mind but trusting the person of Christ. And in the midst of her suffering she had all of these revelations and visions. And that seems to be the pattern whether it's Julian or Teresa or Therese, that suffering and ecstasy, or suffering and revelation, are connected; and suffering kind of lays us bare in a way that we can receive from God, and in a way that we couldn't normally. But again of course I, I would say don't, don't chase it. Like, life gives us enough suffering without us having to manufacture it or ask for it. But it's, are we being attentive to God in the suffering that happens when it does come, 'cause it will. And we shouldn't be surprised by it.

Most Reverend
J. Michael Miller, CSB:

There is a really profound truth that suffering unites us or pulls us closer to Christ. If we can't say that, then we would say that Christ's suffering was either purely externally inflicted or a brute fact. If we are to imitate Christ, it's not surprising that that also includes a share in his suffering. Why would we be surprised, in a sense why would it be otherwise, that this is to enter into the great mystery? Still a mystery, but we've seen it in the Lord and for us to



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exclude ourselves from that or to imagine that it is somehow better to be excluded, I don't see that. But suffering of course is really hard because it's, when you're in it you don't have the consolation often of seeing that, and that's what makes it very tough.

Kasey Kimball, MA:

The Catholic tradition has a really robust sense that actually faithfulness and suffering usually, if not always, go together. Certainly, Jesus is the prime example of that, but we have all this other evidence from saints and martyrs; and a lot of these saints were dealing with illness. And so I felt like okay, these are people who understand me, they know what I'm going through, and I felt kind of a deep kinship with them. And I think also my growing interest in a Catholic kind of ecclesiology meant that even if I'm in my bed sleeping a lot because of my physical injury or sleeping a lot because I'm depressed, that the connection between me and the rest of the body of Christ is real. Suffering united with the suffering of Christ actually has implications for the Church, and that God could be at work both in my life and through my life while I was doing nothing in my bed became a very powerful idea to me.

**Helena Orellana,
PsyD, LCP:**

The beauty of Christ and redemption and Easter is that all suffering, for the most part, has become redemptive through the cross, through the crucifixion and death of God. All suffering gains new meaning, it gains new depth, new richness, and it gains redemption, most powerfully. All of our suffering can be offered up to God, which is a profound gift that only humans can give. We are the only creatures that have suffering in this way and can give it to God. It's kind of paradoxical and painful to think about, but it is a beautiful gift because it's almost returning to him the very gift that he gave to us. When I think about it clinically, when I think about it as a psychologist, and as a therapist, and someone who walks with people who are suffering, I think we have to be mindful of falling into a sense that we have to suffer and that that's all that God wants for us, and there is a need to kind of discern and be clear. I think that takes a collaboration on the ground level between the person, their spiritual advisor, but also a therapist to really understand, does this come from a wound in me where I feel obligated to suffer, or deserving of suffering, or taking on unneeded suffering? Or does this come from a true call from God to enter into intimacy and closeness with him so that gifts can be born out, so that we can be drawn into closer connection?

**Scott G. Hefelfinger,
STL, PhD:**

Embracing suffering doesn't mean that we have to avoid trying to alleviate some of that suffering. It doesn't mean we should avoid therapy or routes that involve various medication and things. We want to avail ourselves of all of those gifts and possibilities that we have while at the same time looking, well if it doesn't work completely, or if recovery isn't shaping up the way that



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I expect it to be, can I continue to embrace that so that I can draw closer to Christ in that suffering?

Harvey I. Payne, PsyD: The Church throughout the centuries has talked about what it means for people to flourish, and part of flourishing is in fact having not just a healthy physical body, healthy spiritual life, healthy relational life, healthy emotional life, all those things that contribute to good mental health. Human flourishing actually brings glory to God. We'll often talk about grace is built upon nature; that basic reality of what it means to be a human, and to be a healthy human, is actually part of the process of having grace and living out the grace of God.

Kasey Kimball, MA: A lot of my recovery journey has been nurturing practices that get me out of my head. So, a lot of my hobbies are working with my hands; so I love to cook, to knit, and to be outside. And I've made good friends with a faculty member and his wife and their dog, Finley, who's a delightful border collie. I don't know, to me he's like a small sacrament of the love of God because he's always excited to see me, he doesn't care what kind of mood I'm in. Before this, kind of, physical and mental health breakdown I was a pretty high energy, pretty high capacity person who could produce a lot, perform at a high level. And I think I've become a lot more okay with smaller things, with days that aren't packed, taking long naps every day, spending some time outside every day and, and have it be okay to have a life that's ordinary. I think that pursuing Christlikeness, pursuing sainthood is possible in ordinary life and that I don't have to be, kind of, an epic Christian out on the front lines.

Kasey Kimball, MA: Why are you cast down, O my soul, and why are you disquieted within me? Hope in God; for I shall again praise him, my help and my God. (Psalm 42:5-6)



SESSION 3

TRANSCRIPT

Hillary Mast:

My soul is cast down within me; therefore I remember you from the land of Jordan and of Hermon, from Mount Mizar. Deep calls to deep at the thunder of your cataracts; all your waves and your billows have gone over me.

(Psalm 42:6-7)

Hillary Mast:

I was diagnosed with clinical depression when I was about ten years old. I had this idea that I needed to be perfect in order to be a good Christian. And when that wasn't the case because of what I saw as my mental health, I saw that as something that was bad about me; and if I just prayed hard enough, and if I just, you know, did the right kind of moves in my life then God would take it away from me. I remember talking to my mom about it and just telling her, like, I just feel so sad sometimes. And I just feel like I just want to go to sleep and not wake up. I would pretend to be sick so I could stay home and not have to deal with trying to pretend to be happy at school. I remember on one occasion I slept with my window open in, like, the wintertime, because I kind of hoped, well maybe if I actually have a cold then I can just stay home. And just trying to at least give myself an excuse to feel the way that I was feeling. I don't have any reason to be this sad. I don't have any reason to be this anxious. There's no external thing that is causing this. So why, why do I feel this way? It did get to a point where I was experiencing what I now know were suicidal thoughts, which was just, you know, it would be better if I wasn't here. I am really a burden on my family and I should just go away. There was also this voice inside of me that was saying, that's not true and God would be so sad if you didn't exist.

**Scott G. Hefelfinger,
STL, PhD:**

For those who are struggling with mental health issues it's really a question of making use of all of those resources that God has given us, whether the resources of prayer, the sacraments, these God-given supernatural gifts, or through the natural gift of human ingenuity, and innovation, and developing these things through the arts and sciences, therapy, counselling, medication. If used in a wise and judicious and discerning way, they're there to support us in our faith journey, ultimately. If a Catholic is struggling with mental health, by all means find a trusted counsellor, find someone who can help you to discern the appropriate and rightful use of therapy and medication and these great resources that we have.

Hillary Mast:

My mom, thankfully, has a background in mental health. She got her master's degree in counselling, so she took me to a child psychiatrist and he, you know, basically said I think that this is depression, and given that we have, my family has, a family history of it, and just kind of the things that you're telling me. Thankfully, when I was about fourteen I started taking antidepressants. That is, I know, what helped save my life. Being able to find a good antidepressant



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and being able to manage that through my teen years and into college, and then also young adulthood and into motherhood. I've considered that, you know, really a blessing to be able to not have to worry about finding the right medication.

Harvey I. Payne, PsyD:

The example I use the most about medication is, yeah, I could go through life without my glasses. Wouldn't be able to drive, nobody would want me to drive. Very hard for me to see anything beyond my nose; I have very bad eyesight. It's not like glasses make me a different person, but it actually enables me to function at the level that God has given me. That's really what we're looking at with medication. The Catholic Church has written on the goodness of medication and its use, and on psychotherapy and counselling. The Church has clearly come out to say that it's not a sign that you're not a good Catholic Christian. It's not a sign that there's something horribly wrong with you, that these are gifts from God that he has given to humanity.

**Dr. Chi-Chi Obuaya,
MRCPsych, MBA, MBBS:**

With my clinical training I know that we work around a bio/psycho/social model, so we understand that different mental health conditions do have a basis in neuroscience and in psychosocial factors. So, broadly speaking, a range of environmental stressors can lead to certain mental health conditions. So for me, it may seem to be quite obvious that there is very strong evidence for people to take medication where it's indicated, and I think the important thing to say is that despite the fact that I'm a psychiatrist, I wouldn't inevitably seek to medicate someone. Our first role as mental health professionals is to understand what's going on. So we take a detailed history, and by that I mean exploring someone's life experiences, which includes information about their family, their early childhood, and development into adolescence and adulthood, and then thinking about whatever difficulty they're experiencing in the moment that's brought them to my attention. There are a number of instances where I will diagnose someone with a mental health condition and not feel that it's appropriate to give them medication. And I would look, having obtained information about that person's normal experiences, environments, support systems, I may signpost them to interventions that don't involve any medication. And in the case of Christian patients, that might mean drawing upon resources within their church community. That, for me, is why it's really crucial that the Church can be equipped, where appropriate, to support people; and that might be in very informal ways. And I have a number of patients who have good relationships with church members. So, their home Bible study groups, that might be the sort of support that they need and that's sufficient, or there may be more formal Christian counselling that people are able to draw upon. However, there certainly are some instances and certain conditions which lend themselves very firmly to medication, but it's not an either or; it might be that that sits alongside some of these other forms of support.



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Hillary Mast:

I was doing well on my medication and doing well with friendships. There weren't really any huge stressors in my life, and then I got married and had children, and after my second child was born, I had postpartum depression. I remember being in the car with her and my other daughter, and she was screaming. We're sitting in traffic, there's nothing I can do to really help her and I just had this thought of, like, well what if I just drive off the road? Like what would happen? And it just, that was something that really scared me because I immediately, you know, told myself oh my gosh, I'm such a terrible mother. You know it was just this big feeling of like, I'm not good enough. I'm not a good enough mom. There's something that is wrong with me as a person. Those five months before I really had a diagnosis was just like white-knuckling my way through taking care of two small children. Part of me is thankful that I had that experience as a child, so that when I experienced that as a young mother, once I recognized it I thought oh, okay this is depression again, this is something that I need help with. It's not something that I can pray away. It's not something that I can just hope goes away. It's not something I can ignore, it's a medical issue that needs medical attention. I came in and found a really great therapist, thankfully, who helped me deal with postpartum depression. But I shared with her, you know I'm taking my medication and I'm coming to therapy, but I still don't feel fixed. And, you know, she's the one who kind of shared, she was like, well maybe this is just depression, that you don't have any sort of expiration date on when you have to be finished with it. I mean, that was really the first time I thought of it that way, of being open to not being okay and actually asking for help.

**Helena Orellana,
PsyD, LCP:**

The reality for some, if not many, is that mental health is a cross that they have to bear throughout their life. And I think that it's very difficult but very worthwhile to think about it that way, because it is a suffering. I think part of how you bear that cross is going to therapy, is pursuing medication. Because, let me tell you, therapy is really hard. Those who suffer, particularly with more chronic severe mental illness like psychosis—that for them, beginning to acknowledge that this illness, that these experiences are things they have to carry with them through all their life—that that becomes part of the cross. And so carrying your cross means taking care of yourself, it means going to therapy. It doesn't mean the opposite, which I think we often assume; that if I go to therapy, then I'm ditching my cross and I'm not suffering like I should. I think the two are profoundly harmonious, that you can be carrying your cross and walking the path that God has given you by pursuing these avenues. And the beauty of it is the way of the cross is the way to redemption, and to salvation, and relief. Therapy and medication can be the path, and even Christ had people who assisted him on his own path.

Hillary Mast:

I think it's so important to not see mental health as this thing that keeps us away



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from God, or that it's somehow a punishment from God, but to just see this is a part of life for so many people. You know, I realize there doesn't have to be any sort of reason for me experiencing depression other than just... I am. Taking medication, going to a therapist, isn't rejecting God. It's not, you know, having a lack of faith in him. And in my experience it's been putting even more faith in him because I'm, you know, taking part in these really wonderful, modern ways of serving people with mental health issues and saying okay God, I think you can bring something really beautiful out of this, and I think he has. Something that was very helpful was just spending time in adoration with Jesus in the Eucharist. In adoration chapels there's always a crucifix somewhere, and just seeing that with all of the burdens that I brought to Jesus was so comforting. And so, you know, almost relieving, because just to see that our God suffered, and that he, you know, that was part of his story of redemption. Even our God knows what it's like to suffer. And I think just meditating on those parts of Jesus' life was very helpful, or meditating on these parts of, you know, saints' lives where it wasn't just this perfect, you know, nice little postcard version of their faith.

**Most Reverend
J. Michael Miller CSB:**

In the life of the Church there are saints who have obviously had what we would now call bouts of depression. The father of Saint Therese of the Child Jesus was just canonized five years ago. In his latter years he suffered severe depression and OCD compulsiveness and so on. So we can see that this is, that you know, struggles with mental health enter into the lives of ordinary Christians who are working out their salvation with God's grace like everybody else.

**Scott G. Hefelfinger,
STL, PhD:**

We have a lot of models in the history of Christianity, you know, to draw from. At the beginning we have, of course, Jesus Christ, who a significant part of his ministry was going out to those in need—some of them with significant issues that, you know, when he's going to a demoniac or someone who seems possessed, you know there's spiritual things going on there. There can be some mental things going on in those scenes, going out to those poor, in one way or another. In the Catholic Church, you know, we have a number of saints who took that witness so seriously and tried to live it out in a way that responded to the needs of their time. Recently, I've been thinking about and reading some of Saint Teresa of Calcutta's writings about her life, and a big part of her ministry from very early on was going out to those marginalized because of issues in mental health. She saw this ministry not only as an imitation of Christ's own life and ministry, but she saw Christ in each and every one of those people to whom she was ministering. When we look at these different examples, what I find very helpful is that they show us a fundamental part of being a Catholic, of being a Christian, is serving those in need, going to those who have been



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forgotten, who have been marginalized, who are on the outskirts in one way or another. And in that we imitate the saints, and in imitating them we imitate Christ.

Hillary Mast:

Talking with a Catholic therapist specifically has helped me realize a lot of assumptions that I didn't even really realize I was making about my faith, assuming that well yeah, if you believe in Jesus and you follow Jesus you're going to be happy. You're going to be perfectly, you know, well and nothing's going to go wrong. And she was really the one who helped me untangle a lot of that and realize, like, we do have suffering in our lives, and especially something that's not your fault like mental health, is not a sign that God doesn't love you or that you're not a good enough Catholic, or you're not a good enough mom or whatever it is. It's just something that's there and something that you can take care of and that God wants you to take care of.

**Most Reverend
Samuel J. Aquila, STL:**

I think that the way that we can advance mental health care is, first of all, to recognize that it is a good. There is certainly a Catholic approach to mental health care that is deeply rooted in the Christian understanding of the human person, and also in the understanding of the sacraments and how they help us to be not only spiritually healthy, but also mentally healthy. A scripture passage that really caught me a few years ago was from John's Gospel where Jesus states, "I have told you all this so that my joy may be in you and your joy may be complete." And when you think about that, that it's like wow, that is what Jesus really desires for me. And that is what I find in the sacraments and that is what gives us joy: the gospel. That is what gives us the courage to work in mental health and to really help people reach the joy that only Christ can give.

Hillary Mast:

These burdens are meant to be shared. And for me, I had spent a lot of time living in fear of somebody finding out about it, and finally I just kind of decided, well, I'm just going to tell everyone about it. I'm just going to post it on the internet. In this letter I explained that just because I have this diagnosis it doesn't mean that I should sit there in that suffering and not get help for it. Even Jesus on his way to his crucifixion, he received help from Simon who helped him carry the cross. I think that it is very important that we know the gospel and we participate in the sacraments—they are very helpful. Having, you know, a counsellor available at my parish was so helpful because it just showed me that my pastor takes this seriously, and that he wants to support his parishioners in this way. This place where I receive so much grace from God can be a place where I receive so much healing with mental health issues.



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Hillary Mast:

My soul is cast down within me; therefore I remember you from the land of Jordan and of Hermon, from Mount Mizar. Deep calls to deep at the thunder of your cataracts; all your waves and your billows have gone over me. (Psalm 42:6-7)



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Simone: These things I remember, as I pour out my soul: how I went with the throng, and led them in procession to the house of God, with glad shouts and songs of thanksgiving, a multitude keeping festival. (Psalm 42:4)

Simone: While I was at uni I was in my lodgings. I was asleep and I had a visit and the voice said, I am the Alpha and the Omega. So, I thought it was Adam. I was stood by this tree and underneath this tree I had an apple, a beautiful big red apple. This man come approach me and I said, excuse me, would you like to share my apple? And he looked, he went, that's very kind of you. I went, it's alright. So I cut the apple in half. I'm talking with this man, very genteel, very striking eyes, very soft, very comforting manner. And I turned around and didn't eat my part of the apple, and I said, would you like another piece of apple? And he said, you're very kind, very caring. Goes round this campfire and sat down, and he turned around to me and he said, why do you try to use big words? And I said, I don't mean to use big words. I don't understand big words. People don't listen to me. He said, what do you mean? And I said, I find it very hard to put my point across on paper let alone in speaking to somebody. He went, you'll be heard. He said, try to be yourself and be honest with yourself and true. You won't remember everything I say to you. We got up and he was walking away and as he was waving, I went oh my gosh, I know who you are. I went, you're Jesus. And he waved and he went like that as he was walking away. And all I heard was, you've got it right, or something like that. And I've kept that memory with me all the time. And I thought, I've just been visited by Jesus. I've been visited by his angels. I've been visited by God himself. I've heard God, I've heard Our Lady. Living with schizophrenia and knowing that God is by your side is a positive aspect. He may not answer you as an immediate solution, but the end result can be more rewarding than what you can ever anticipate. It's taken me to here, so I'm going to be heard. So, Jesus was right. I grew up in the Catholic faith, had a lot of misgivings about the Catholic faith. When I was in junior school there was a lot of prejudice and racism due to unethical and immoral behaviour towards Black individuals, us Black children: always correcting our speech, not having the understanding that we were saying things differently, but it means the same thing. With the faith I got frightened, frightened from certain nuns and one particular priest. I looked at the faith as a very unsharing, uncaring, and unloving aspect. There was only one or two within the ministry who were very loving, and giving, and understanding, and nurturing to help me to understand how I was feeling and fitting into the environment and the society that I was growing up in.

Harvey I. Payne, PsyD: I think stigma often arises out of people just not knowing. Here's somebody who acts different, somebody who might talk different, somebody that you know there's something wrong but you're not sure what it is. And those kinds of unknowns, those kinds of differences almost always push us away. And



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so for me the answer, if you will, to stigma is education and helping people understand that—as one of my favourite theorists would say, Harry Stack Sullivan—we're all more human than otherwise, whether we be well or mentally distressed. Whatever you would do with anybody, you know, say hello, be kind, take an interest, it's really okay. You know the example of Jesus going to everybody of his culture that was in some way stigmatized, whether it was tax collectors, prostitutes, the woman in adultery, people who were demon-possessed, for Jesus they were all people.

Helena Orellana,
PsyD, LCP:

The first thing that comes to mind for me when I think about stigma is that ultimately it's a lie, right? Something that's been stigmatized means that the truth behind it has been blurred and obscured by something that is off-putting to the person who sees it. We look at it and we think no, not going to go there, not going to go there. Or even something as simple as, like, bad. But what a stigma truly is, is a mask for what is the truth underneath it.

Hannah Waite,
MA, PhD Cand.:

Stigma originated actually in Ancient Greek times, it was basically people were burned or tattooed or scarred and it was a mark of devaluing. It was a way to devalue the person and show that they were blemished, and they were someone to be ignored and avoided. It used to be this physical mark, but now it's become more ingrained, and I would say it's more of an attitude now. So stigma can't happen in a vacuum, it's enacted by people and it's enacted in relationships. So it's more of a social attitude in a way that people are approached, I would say, and understood. And with mental health in particular, the people who are stigmatized are the people who are different.

Simone:

I got into a university in Lancaster and during my time studying religion and ethics, I was going through a very difficult phase in my life. I ended up having a breakdown and I went to Darlington Memorial Hospital, and the unit there for psychiatric clients was very scary. I started to feel strange and couldn't sleep—hearing voices, going through a lot of trauma, fear of going to sleep, fear of staying awake. I would study intensively because of my learning disability, financial problems and everything, and relationship problems. Extreme fear, I was petrified. And the more I was petrified the more they were getting stronger, the voices were getting stronger. The things that I was seeing were getting more demonic. Everything just enclosed in on me, imploded, that I thought there's no way out of this. I was in a really bad place, very alone, very emotional. It's an area which I wouldn't like anyone else to go through. It has been a test and it will always be a test.



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Hannah Waite,
MA, PhD Cand.:

Being stigmatized there's a theory, which I would say is very accurate, that people experience, which is self-stigma. So it means that once someone's stigmatized and they're told they're worthless, they're nothing but their diagnosis, they are no longer valid—whatever the message is that they get from their stigma, they internalize that and they believe that. So if you're told, actually you don't really have value or anything to offer us, the more you hear that, the more you're going to believe that, the more you're going to go, I don't have anything to offer. I have no value. I'm not worth anything. I'm not worth someone's time to spend time with me in church. There's the exclusion from community. I'm not worth time in people getting to know me and not worth being loved. I think that self-stigma is insidious and can be incredibly dangerous and damaging. And unless you have a really strong voice that can come against that, there's different ways in which that becomes internalized and different degrees of severity, but it can be incredibly damaging and harmful. And coming out of stigma and no longer experiencing that is hard.

Most Reverend
Samuel J. Aquila, STL:

Self-imposed stigma is really more or less produced by the self listening to the wrong voice. One has to begin to discover their self-worth, their value, and their dignity as a human being, and that it's a struggle that I have and I can bring it with confidence to the Lord. And it may take me the rest of my life. And it may be something that I'm dealing with for the rest of my life. I'm thinking about people who struggle with schizophrenia or have those mental illnesses that are challenging and yet really helping them in that. We ourselves really have to look at, am I treating this person with their God-given dignity?

Simone:

I used to have a stigma myself about mental illness. When I was younger, in the eighties, there was a lot of stigma about the violence of those who have schizophrenia. When I ended up with the diagnosis, it's taken me many years to understand who I am and who schizophrenia is, to learn that it's not all negative. There's a lot of positive aspects with individuals who are living with schizophrenia. Then to have the stigma of schizophrenia, ooh keep away, you know what I mean, she's, she's certified mad and she could be violent and that, so you're thinking negative of yourself.

Hannah Waite,
MA, PhD Cand.:

Stigma, it's not a tangible thing, it's an abstract, but it can only be enacted by us. It takes place in a person-to-person communication connection, be that a good or a negative one. And a lot of the times when people experience stigma or when someone stigmatizes someone else, it's in a way which is very implicit. You don't realize you're being stigmatized or some people don't realize that they're doing the stigmatizing, and otherwise it can be more



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explicit. Language creates the worlds in which we inhabit, and the language that's used around mental health is "I am" language, which is something that I'm sure many of us have heard before: I am depressed, I am bipolar, I am schizophrenic, I am anorexic, etc., etc. Their "I am" and those labels become a way in which it speaks of the person's essence, who that person is. They're no longer Hannah, they are depressed, that's how they're viewed. And I think that one of the problems within Church is, again, that we can use those medical languages or medical models or diagnoses to understand a person, and not understand the person for their strengths, their weaknesses, their character attributes, likes, dislikes, that's something that we should seek to do and to seek to do better.

Simone:

One psychiatrist said because you're Black, because you're female, because you have learning disabilities and you have schizophrenia, this is the reason why. So I put you in that label, in that category. And I turned around and I said, one, I don't fit into no category. Two, I am an individual. You do not look at me as a label or number. You look at me and look at my profile, and then you diagnose me on those facts, not on what you have read or what you have studied, to fit me into a criteria which labelled me as a negative. You see me as someone, as an individual, which I see is positive. I'm learning from it, I'm growing from it. How can you put a face on learning disability, mental disability, how can you put a face on racial discrimination, how can you put a face to it? You can't, because it's in different sizes, it's in different bodies, it's in different ways of dealing with things. You can be racist and put all these things, all the negative aspects on that one person or a group of people. So, how can you turn around and give that a structural image? You can't, so don't put me in that same light. It needs to be voiced that there's good people out there than all the media aspects of saying it's always a negative person who has schizophrenia, that does the extreme crime cases and things like that.

Harvey I. Payne, PsyD:

Individuals who are struggling with mental health issues, just like each of us, have this very unique story. And just asking somebody, what's your story? Making that connection, and then finding out how God is alive and at work in this person throughout the good times, the times of struggle and just, if you will, humanize the person and see the person in front of you as opposed to the disease, disorder, whatever it is.

**Father David Songy,
OFM Cap., STD, PsyD:**

There was a woman who had schizophrenia who used to go to all the diocesan gatherings in one of the places I lived. Some of the priests knew her because she had some symptoms, so when they saw her coming they would run away. I remember once I was talking with a priest and I saw this woman coming up and he said oh, I have to go. So I recognized her, I said oh you know, okay. So



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I talked to the woman and I said oh, we've met before. And she said yes, and thank you very much for listening to me. And then she went away. In every other encounter what she would do is talk and talk and talk, but because I recognized her, and I acknowledged her, and was kind to her, that's all she needed. It's very interesting. I saw somebody else in a similar situation helping someone, and the way they approached it was to say oh, and so your name is...? Tell me your name, I don't know your name. And so they made the person into a real person. So, there's something about recognizing the whole person. It's interesting, many people who have more serious mental illnesses, they recognize it and it's interesting that they're eventually able to accept it. It's others that are a bit more nervous about it, and so to not be nervous about it and say no, this is just a person who also has a mental illness.

Simone:

The Church needs to look at the individual first, listen if they can about that person, then listen to them about their illness. The idea of "just pray" is not enough. They need talking to about every aspect of their life. So I've been lucky, I've found a handful of priests that have nurtured me throughout all my trials and tribulations. But not just the trials and tribulations, trying to understand my own home environment, my own culture, and learning that there's good people out there. And there are people who're not going to be patronizing to you and say oh well, you know, I know someone who's like that, or oh well, you just have to shrug it off. Having schizophrenia is not something that you can shrug off. It's there for life. It's nice to have somebody to listen to you within the Church, and to help you to grow, to learn, to adapt, and to live with schizophrenia and to live with the faith that I have, that God's by my side.

**Helena Orellana,
PsyD, LCP:**

In relationship, that is where profound healing takes place. We're never called by God to walk through this life alone. Removing silence, figuring out how to put words on this, how to bring it into relationship is very difficult. But for me, it's one of the first steps that I ask people to do as they're walking away from the stigma, as they're entering into this place of recovery. Go back and talk to them about it, go back and ask them about their experience. And what you'll find is this paradox of the thing that was so off-putting, so intimidating, and so filled with fear like it will corrupt and pollute if we say these things, becomes incredibly moving. This radical encounter with humanity, and then with Christ through that, through suffering and seeing what tremendous things relationships can do. So even if it feels like it's going to be torturous or going to be horrible, what it ends up being is beautiful, difficult, painful, but you're left with this sense of awe. And I think that that's what we don't talk about when we talk about stigma: that when it's brought down, when it's removed and the truth is revealed, there's this profound human meaningful moment.



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Simone:

Learning to live with schizophrenia and now I'm learning to live with dementia through my mom. It's hard, very hard, because I'm still learning about my condition and I've got to learn about hers. And sometimes it clashes, and sometimes I feel that I'm out of my depth. Other times I feel that I'm doing okay and we have those special moments. When there is a hand that can guide you through, through God, through somebody who's caring, it will be inspiring to know that there's someone there who may be able to help you. The devil is not going to conquer me. I've got God by me. He's with me. He's in me. He's around me. He supports me. He nurtures me. He takes me through every aspect of my living days and nights.

Simone:

These things I remember, as I pour out my soul: how I went with the throng, and led them in procession to the house of God, with glad shouts and songs of thanksgiving, a multitude keeping festival. (Psalm 42:4)



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Augustina Oguntoye: By day the Lord commands his steadfast love, and at night his song is with me, a prayer to the God of my life. (Psalm 42:8)

Augustina Oguntoye: I was in junior high when I knew that there was something not quite right with me. I was always sad, I always went over into my own little corner. I disappeared into my own head. I do a lot of thinking and I tended to be by myself a lot, but it wasn't anything, at least at that time, it wasn't alarming or anything like that. Over time, though, I became sadder. At some point in junior high I seriously thought about dying, I just thought what was the point? I had a quarrel with my mom, I think I was rude to her or something, and she was really upset. I was just sad and I was just like, you know, why can't things go right? I'm always the one at fault, there's always something wrong with me, I can't be happy. What is my purpose, why am I here? I had all those questions and I wanted to die. I prayed, I told God, I'm sorry, but you know I want to come to you. I'm tired anyway, and I don't see the purpose of my life here, so I just want to come to you. Even though I had these seriously dark moments where I wanted to die, I recognized the fact that I belong to God, he created me for a purpose. I may not know the purpose, I may feel like I'm not living the purpose, it may sadden me that my life isn't going the way I would expect a Christian's life to go, but there's always that assurance at the back of my mind that God is God, regardless of what I'm going through and that God loves me. It's granted, it's a guarantee, and that is extremely comforting.

**Helena Orellana,
PsyD, LCP:**

What I have found is that recovery is both the journey and the destination; that makes it more complicated, but also it makes it more real. For me, it is about symptom relief. It is about removing those things which are causing continual hurt and suffering. But also, maybe more importantly, removing those things that make it difficult, if not impossible at times, for someone to live out the reality of their own dignity, the reality of their own vocation, and the call to be in relationship and of service to others. For some people that can happen, there can be a total recovery, a total symptom relief. But for others who struggle there can only be a coming back to something different, but still rewarding and meaningful, and you have to kind of renavigate your life around what's happened. When I think about it as a clinician, I think that recovery is really that journey. It's these tiny steps that sometimes you don't even see that lead to healing, that lead to growth where, ultimately, I think a sign of recovery is that you start to feel freer to offer the gifts that you have and to share them with others, and see how you may not have been able to do it before, but now you're able to. Where you're starting to really encounter who God made you to be and what that means, what it means to be beloved, what it means to be called to a certain act. Your faith life is deepening, your spiritual awareness is deepening, but also your ability to, kind of, enter into your life is becoming more possible.



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Augustina Oguntoye:

I'm originally from Nigeria. We don't talk much about depression, I didn't know I was depressed. A friend of mine, when I was in high school, kept saying there's something wrong with you. I did finally, eventually, see a doctor who said okay yes, you have moderate to severe depression. I lived with it for years before I did get this diagnosis, before it became something I was like okay yes, this is what is happening. Even knowing what I do know about God, about Christ, and our lives and how we're supposed to live our lives, and how faith is supposed to help us, being told that you are sick and it's not physical is actually hard to understand.

**Most Reverend
Samuel J. Aquila, STL:**

The Lord always invites us to faith, to trust, even in those times that are difficult. That doesn't mean that if you're a person of faith you're not going to have mental illness, because certainly people have mental illnesses, but I'm a firm believer that their faith and their trust in the Lord helps them cope with that mental illness, whatever it may be.

Augustina Oguntoye:

I completely believe that you can be healed. I do believe in miraculous healing, but with me and my journey with depression I feel like it's my cross to bear. And I say this not because I don't want to be healed. I do want to be healed. I do pray about healing. I have come to see it as something that isn't impossible, something that isn't foreign to me, but it's a journey. And if I have to live with feeling depressed or being depressed forever, I don't see it as God failed me in any way or that, you know, I haven't been healed. Recovery for me does not necessarily mean that I am not feeling the symptoms of depression, I'm not exhibiting the symptoms of depression, but that point that most depressed people get to where all they can think of is they want to die, that that is completely gone from my life. Recovery for me also includes being in a place where you can speak with people about it and not feel shame. You can be open and honest and help others. That for me is the point where I started to feel like okay yes, I am recovering from this. I am being healed. And also to try to have a relatively healthier lifestyle, so try to exercise; I hate exercising, but then I realized that it helps. And also just talking to people, so I do speak with a counsellor from time to time. Again, I just, it's not through church, but it's through my work. And I did ask, okay can I speak with someone who is a Christian? Because that helps me and my faith, and I think it helps with how you speak about it, knowing that you're speaking to someone who knows God. Not only do I feel better as a person, I feel like I bring more to my environment, my surroundings, to the people around me, because I have been through this. It's knowing that this has, as they say I guess, made me stronger. It has strengthened my relationship with God.



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Dr. Chi-Chi Obuaya,
MRCPsych, MBA, MBBS:

Thinking with my clinician hat on, my goal is to diagnose and treat mental health conditions. One of the things we think about is the recovery model, and it's a term that's sometimes misunderstood. So, we aim for clinical recovery where possible, so someone is free of their symptoms, but the recovery model actually looks at the individual and the assets that that person has. There was a danger that as doctors and other healthcare professionals we would look at an individual as "Mr. X with schizophrenia," and actually what we weren't understanding was that that person was a son, a brother, an artist, a sports person, and not understanding the person behind the illness. So, the recovery model is about building that person's assets and I think that's something that we should be able to identify with as Christians and as a church community. So part of that, I think, is what the Church can do to support people, but also understanding that Christians with mental health difficulties have great assets and they have something to share and to bring to that church community.

Augustina Oguntoye:

When we talk about healing, when we talk about recovery, knowing that it's not that the signs, and the symptoms, and the feelings that we have will just automatically disappear. Knowing that even though we're still feeling these things it doesn't change who God is. It doesn't change his love for us. It doesn't change how our relationship with him is supposed to be. Digging deeper into my faith, it's digging deeper into the Word of God. It is proclaiming the Word of God over my life, gaining strength from that. Recovery is a journey, healing is a journey, but it's celebrating those little milestones. I may not be great, I may not be 100%, but I'm not where I used to be.

Scott G. Hefelfinger,
STL, PhD:

I think one way that faith is very helpful in thinking about the recovery process is, I think it firstly gives us a helpful analogy. When we dive into, kind of the spiritual tradition of the Church, some of the spiritual masters and mystics, what we find about the life of faith, the interior life, is that you never, kind of, arrive at a point and say aha, I've reached, sort of, spiritual maturity. But for many I think it's a kind of ongoing process, an ongoing struggle, one filled with hope. And in that ongoing process I think there's a kind of parallel with the interior life and the journey of faith, that you don't necessarily reach the end in this life, healing and growth are ongoing. And the fact that you don't reach the end doesn't mean that it's bad. In fact, it makes it quite the adventure in the spiritual life. And similarly, I think there can be wonderful adventures within the ongoing process of, of recovery. So, I think that's a very helpful kind of comparison or analogy. And in addition, faith is just a great source of strength and hope and meaning. So, not only does it provide this, I think, helpful illustration or analogy, but it actually can provide a great source of support, and comfort, and companionship in Christ and in our faith communities as we walk the sometimes long road of recovery.



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Harvey I. Payne, PsyD:

I'm a big fan of what's called outcome studies, and outcome studies look at, so what is it that really works in recovery? What works in therapy and counselling that makes a difference? Sort of, what's the difference that makes the difference? And for fifty years now the research is really clear that it's this thing that we call the therapeutic alliance, this working alliance between the counsellor and the client that really makes the difference. And when you break that down it comes out to be three critical things. One is the bond, that you have this sense that I'm really here for you, but it's more than that. I actually like you, I appreciate you. The second one is that you really believe that together we're working on your goals, working on the things that, really, you want to pursue that matter to you. Then the third thing is that the things that we do in our time together are meaningful; meaningful in the relationship, and meaningful to help you reach your goals. We talk about, like, the three-legged stool of the alliance. Well, what strikes me about that is those are the three theological virtues, that this bond is love. And what deeper love can we share than the love of Jesus, the love that God has given us? And when you talk about goals, you're really talking about hope; this deep sense that there's hope for change. And again from a Catholic Christian worldview, our deepest hope is in the kingdom that Jesus brought that's going to be made manifest in the end. And then the things that I do within the session is faith that I can actually, I believe that God is going to be working in and through me to do things. And so for me, there's just this great parallel between the psychological science of what really brings about recovery, what helps people, and what the Catholic Christian Church teaches about what are the key virtues, and so I think they're really hand in hand, if you will, in helping recovery.

Augustina Oguntoye:

One thing my mom always said to me for some reason, in fact she still reminds me today, she's like, you know I've always told you this and I strongly believe it and I don't know where it comes from, but I've always had that feeling, she would say, God loves you specially. And she would tell me, I don't know why, but I honestly believe that God loves you specially. So for me, that became this comforting hug. No matter how down I feel, and maybe this is my cross to bear, but I just tell myself I may not understand it, but God loves me specially. She was very practical in how she approached my depression, despite the fact that she didn't understand it. She would say, just say thank you Jesus. And at some point she bought us this thank you Jesus rosary. In a very strange way that helped me a lot, and my mom would just say, say your thank you Jesus rosary. I'm like mommy, it's not like I don't have anything to thank God for, but like, I don't have to say thank you Jesus rosary. She's like just say it. A few years back when I was working in Nigeria, I'd be driving to work and I'd just have my rosary in my hand as I'm driving. And I'm saying thank you Jesus, and over time I realized that it made a difference in my day. I may start the day not thinking that I have anything specifically or anything special to thank God for,



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but then as I'm saying the rosary things start to come to me and I'm like, oh yeah, thank you Jesus, thank you Jesus, yes for that, thank you Jesus, and I get excited. All these little things I take for granted as a Catholic, but that has made life so much more bearable. I have two sisters and a brother, and my sisters have been beyond amazing. We, it's been a while since we've all lived in the same country, so you can imagine like, they're not easily accessible to me but they're always there. Part of the reason we're this close is because they know I need them. It also helps, I hope, them; it brings us all together, it makes us closer even though we're not physically close. Having that strong family support is probably one of the most important things. Just knowing that they're there, just knowing that they may not feel how I feel, but they would never ridicule me or they would never, they would never not be there.

Helena Orellana,
PsyD, LCP:

In my own work as a clinician, but also in my own work as a person, therapy is this mysteriously human encounter. It's two, three people in a room together wrestling with suffering. And I think that if we can start to see it that way, start to see it as an accompaniment and as a true human experience, there's a way in which there's a, kind of, mutual piercing of hearts and this deep connection. And I think we underestimate that that's the fertile ground for healing. And that is what works in therapy, as well as the skills and the techniques and the science. That that reality is possible in families, in relationships, in churches. And it takes effort and it takes skill, but it's possible, but it's going to be difficult, but you kind of have to keep pushing through and remain in the fortitude of the Holy Spirit to keep going.

Augustina Oguntayo:

I am now realizing that we all need people. My mom actually used to say nobody is an island, because again, all I wanted to do was stay in bed and she didn't understand it. And she would say go out there and make friends, talk to people, and I'm like I don't want to, she's like nobody's an island. I heard that so often growing up. Knowing that people have tried to be there for me has made me try to be there for others also. I have learned that over time, everyone is searching for something and they don't necessarily know what. And in my experience as a Christian, knowing God, I feel like we are all searching for God, whether we know it or not. I'm more open to sharing and it may not make a lot of difference, but even if it's just one person, and even if it's just getting that person to reconsider how they view things, I think it's worth it.

Most Reverend
J. Michael Miller, CSB:

Almighty and ever living God, source of all consolation and compassion, we invoke your blessing upon all of us, especially those of us who are suffering at this time from mental difficulties or challenges in our lives. Be with us as we continue our journey, help us to see that the particular sufferings that we are



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undergoing can be united to the passion and death of your Son, a saving work for all of humanity. May we see in what we are going through, the hand of your love. Be ever with us as we continue along, enfold us with your mercy and give us strength to continue. We make this prayer through Christ our Lord, Amen.

Augustina Oguntoye:

By day the Lord commands his steadfast love, and at night his song is with me, a prayer to the God of my life. (Psalm 42:8)



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Lisa Rumpel:

When shall I come and behold the face of God? My tears have been my food day and night, while people say to me continually, "Where is your God?" (Psalm 42:2b-3)

Lisa Rumpel:

It was my eighteenth birthday. I was admitted to a psychiatric ward, and I was given an evening pass on that birthday to go home with my family. They showered me with gifts, with love, with cake, because I needed love so desperately at that time, because my world was falling apart. I was hearing voices, I was having hallucinations. I didn't know what was real and what was not. The week before, my mom found me crying on the floor and she said, Lisa are you okay? I was in the living room and I was crying and shaking and I said, get the devil off of me, get the devil off of me! And my mom just tried to give me a hug and console me. I said, I'm not okay. Because in my head thoughts were going through my mind like, why are you here? What's the point? And I thought that it was better if I wasn't alive. So, they took me to the hospital and I was admitted. I found out that I had a psychosis, it was a break with reality. I didn't know if I could ever have a good life again. I truly believed that I was not good enough, that I was never going to be, you know, successful. I might not be able to pursue my dreams. Yeah, I had to adjust to school life again and finish grade twelve, and it was difficult because I was going through medication changes. So, there were side effects and, you know, just a lot of anxiety, but with the help of my school community I actually graduated, and I had honours, and I had a scholarship to Corpus Christi College. It was because of my parents, and my family, and my teachers, and my principal; they helped me believe in my success.

Harvey I. Payne, PsyD:

Probably the number one thing that I hear in counselling is, nobody ever listens, nobody ever just talks to me. This aloneness that's really not a part of the mental health issue, but that we as a society have sort of created, by not willing to be with people. One of my favourite Old Testament stories is Hagar and the whole story with Ishmael, and how she goes out in the desert. And God hears her, God talks to her, but she calls him the God who sees, not the God who hears. And I think there's this great power in being seen, being noticed in a positive way. I really think that's probably the primary gift of just recognizing, and noticing, and treating that person with respect and honour. The gift of time to just be with somebody, and to be a listening ear. Don't be like Job's friends, don't tell them what they're doing wrong, what they need to fix to be okay. But to give them, what we would call in our program, this sacred space of just, really, someone who really listens and attends to the person. I think another thing that I realize is very scary for people, but inviting the person into your home, having a meal with them. I mean, that was sort of the unusual thing about Jesus, is eating, you know, with people. Why, because he was going to fix them, he was going to make everything okay? No, actually, he



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just liked to party with people. And just to invite people in, I think, can be so healing.

Lisa Rumpel:

I finished high school and I was doing better, I was even off my medication. I said to my doctor, I'm feeling great, I'm feeling fine, and he believed me and he's like yeah, you're doing really well. I go to Corpus Christi College and I have another breakdown, and this time I was in a psychiatric ward for a month. They diagnosed me with bipolar disorder. I had a mix of emotions, I was like, well finally I have something that I can find a solution for, but it was difficult. I didn't get to go back home right away. I had to go to a group home, that's what my counsellor and my parents decided would be best for me. They said, you know, this will help you in your independence and it'll help you get you back on your feet. Every weekend I would go and see my parents, and I would travel three hours to see them. They were integral to my healing.

**Lillian Henricks,
PsyD, LCP:**

For those who are attempting to care for people who struggle with mental health issues, I would tell them to love, to trust, to accompany, to be present. And I can't help but think of Mary the mother of God and the way she accompanied her son, Jesus, all throughout his life, and then most especially during his passion. She couldn't change the circumstances. It wasn't within her control in order to take away her son's passion, just as for many of us trying to support people who are struggling with their mental health. We do what we can to alleviate, we do what we can to support and provide treatment, but ultimately we are limited. It's not within our control, in our power. Like Our Lady, we can be present, we can suffer with, we can encourage, we can just care for, really. We can pray, we can sacrifice. And also, seeing in the one who is suffering Christ and honouring them for who they are, and honouring Christ in them, and valuing them, valuing their suffering, seeing the gift that it is for the body of Christ. Honouring the experience of the person who is suffering and attributing great value to it.

Lisa Rumpel:

Our late Archbishop, Raymond Roussin, he bravely shared to the Catholic community that he was suffering from depression. And this really impacted me, because I remember sitting in church hearing a letter read to all the parishes in the Catholic archdiocese that he was suffering from depression, that he needed to take a break to take some rest, but that he was still going to come back to his duties as an archbishop. And that really impressed me, that he was brave enough to tell people, look I'm suffering, I'm not well right now. He was one of my shining lights. I actually was in a conference in Quebec City one year, and he was there and I happened to be volunteering on the floor. I was so excited and I was actually so thrilled to just see him, and to actually thank him. So, I went up to him and really thanked him for being such



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a witness, because I was like, if he can be okay in sharing this story, then there's no shame, you know? And that was a huge turning point for me. He was still our fearless leader, he was still working in the Church and that made an impression upon me.

Helena Orellana,
PsyD, LCP:

Each person created is meant to live and move and work in the lives of others through giving gifts. And so each person, whether or not they struggle mentally, has gifts. And I think our tendency is to, kind of, assume that someone who's struggling doesn't have gifts anymore. They're just closed in on their suffering and have to take care of that. And that's a lie and something that we need to uproot from our communities, but also from our own hearts, so there's no conflict there. Someone who's struggling has just as many gifts to offer and, maybe even more so, needs to be called upon to offer those gifts. Because when you're suffering you feel weak, and you feel cast out, and we tend to, kind of, give those who are suffering less to do and less of a role, and that can contribute to suffering unintentionally. And so, I think we have to, kind of, move in a corrective way to the opposite direction of saying, no, I know you have these gifts. And that can be an act of service we do for someone who's suffering, is saying no, I still know you have something to offer. Calling them to give the gift, so they can remember in their suffering that not all is lost.

Lisa Rumpel:

I definitely saw many miracles. I see God's work in my life. Through my journey, through my healing recovery, or you know, talking on the phone with my mom, having comforting long phone calls, or having a friend say oh yeah, I'm free, let's go grab a bite if you're not feeling well, and just having that presence with someone. That God is present in each person that is with me and supports me, and that's how I see God's work, how God is helping me. I also go to a support group, and I found that a couple of years ago; now, I'm helping to co-lead it. It's been really helpful being with people who also have an illness, who can really understand what you're going through, who are walking the same kind of path.

Father David Songy,
OFM Cap., STD, PsyD:

Saint John Paul II wrote *Salvifici Doloris*, which is a beautiful document that speaks about suffering as redemptive. He makes it very clear that we are to be with people in their suffering and as a Church to help them to experience redemption. So, I think it's the most important because so many people when they're suffering feel alone, and often we see people who are suffering and we want to help them, but we can also be afraid of approaching them because their suffering is painful. Whereas, what the Church invites us to, is to be with them in the moment of suffering so that they can experience that Christ is present there.



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Helena Orellana,
PsyD, LCP:

There's a unique gift that people who suffer offer, and I think it's kind of twofold. First, they bear the face of Christ to everyone else, and someone who's suffering can hide and mask that, and try and push that away so that nobody sees it. But they're actually unintentionally pushing away this gift that the Christian is profoundly called to, which is to find the suffering face of Christ, and that's within you. And so, when you're struggling, I try and remind people that that's what people need to see. And the other thing is then when you are able to, kind of, recognize that even in your suffering you bear this intimacy with Christ, that those who don't suffer don't have, you also become an opportunity for others to give a gift, that the sufferer puts on a call to those who witness suffering to respond. But when you see someone who's suffering, you are called to be Christ to them. And that's a kind of two-way; the person who's suffering needs to be able to offer that gift to someone else and say, I need your help. I need you to see the suffering Christ in me, I need your consolation. And then the person who witnesses it needs to respond to the call of being Christ to the other. And it becomes this unique gift of suffering and consoling. I think people underestimate what an honour it is to be a therapist, and what a gift it is when someone opens up to you and they share with you their own suffering. And I think we underestimate the power of that, and the beauty of it, and how moving it is. And I think that's a gift that we're losing out on every day. And it's made the reality of Christ so much deeper to me, but I think it's something we're not tuning into: that people who are suffering can be this tremendous gift to others, and how we as ministers and consolers can discover who Christ is by giving back to those who are suffering.

Lisa Rumpel:

When I'm in church at Mass on Sundays, I look up at the cross and I see Jesus' broken body. I know that he knows my suffering. He can understand what I've been through, he can understand what I will go through, and he's there for me. I am a daughter of God, so I am worthy to be living here, worthy of breathing, worthy of walking, and going after my dreams. I have that hope that he has done great things for me and he will continue to do great things for me. When I've been sick or unwell I've really clung to holy objects, so a rosary, and just held that in my hands. When I was in the hospital I held it a couple of days. I couldn't actually pray, but I just knew that it was a comforting feeling that God is with me, and that I'm being taken care of, and knowing that okay, there's going to be ups and downs, it's kind of a rollercoaster of emotions sometimes, but that there's hope, there's always going to be a new day.

Most Reverend
Samuel J. Aquila, STL:

The Lord always invites us to faith, to trust, even in those times that are difficult. The Catholic vision, the Christian vision, is one of recognizing that every human being, whether they realize it or not, has been created in the



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image and likeness of God. And that is what brings us our dignity, that we truly recognize God as our Creator. Now, Jesus deepens that understanding with the revelation of the Father and the Holy Spirit, and that there are truly three persons in the one God, and we are called to be in relationship with those three persons. In Jesus, we truly discover our true identity as human beings, that we are to be the beloved sons and daughters of the Father. When one begins to open one's heart to that truth, that I am truly the son of God or the daughter of God, and that the Lord loves me as a loving and merciful Father, that changes everything—how we see ourselves as human beings, but also how we see other human beings. Whoever the person is, we recognize the inherent dignity of that person, because we see God in that person. The question was posed to Saint Teresa of Calcutta, how can you go pick up the dying off the streets? Especially in Calcutta and, and when they may have been covered with maggots, they may have been covered with lice, or... She said, because I see the face of Christ in each and every person. And when I pick them up, I know I'm picking up Christ. And that reveals to the other their dignity, and truly gives them a sense of joy, a sense of yeah, I have value.

Harvey I. Payne, PsyD:

I know God loves me. God has to love me. God is love. And therefore, one of my favourite questions is, does God like you? And how many times do people, like, does he like me, what do you mean does God like me? Well, that's that level of just being who you are, God delights in you, and I too, I like you, I appreciate you. Because, especially individuals with serious and persistent mental illness feel like people either are walking on eggshells around them, or feel like people are always trying to take care of them, baby them, if you will, as opposed to, you know what? You're this really unique, special person that I really like, and I want to get to know you. And it's that communication, I think, that God gives to us every day if we're open to receive it, that we need to give to others.

**Helena Orellana,
PsyD, LCP:**

When I thought about who our models, kind of, in our faith and in our tradition are, just the model of the Good Samaritan and this idea that even if you are Christian, it doesn't really matter who you minister. What matters is, who you minister to, rather, what matters is the person who's suffering who needs care and concern, and that you enter into their suffering, and you enter into a space of offering consolation and giving the gift of self to the other.

Lisa Rumpel:

In the midst of the struggle I remember my sister Monica, she was helping me down the stairs. All my support was on her because I was just shaking like a leaf. My parents and my family were such strong supporters of my health. I really feel the community has really helped me. And I kind of, I call it, I have a team, like I have a team of supporters. Without them I feel like I'd be floundering



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and I would be kind of lost. There's a quote from Peter Wohlleben, *The Hidden Life of Trees*. He says, a tree is only as strong as the forest that surrounds it. In his book he talks about how sick trees in a forest, they're supported by the healthy trees, their root systems actually connect, and they'll send nutrients through the root systems to support the sick tree. And I really feel like that, like just as in nature, in my community of family, friends, co-workers, they all help me to sustain my health. I really foster that. I really foster friendships to keep me healthy.

Lisa Rumpel:

When shall I come and behold the face of God? My tears have been my food day and night, while people say to me continually, "Where is your God?" (Psalm 42:2b-3)



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Katrina Ong: I say to God, my rock, “Why have you forgotten me? Why must I walk about mournfully because the enemy oppresses me?” (Psalm 42:9)

Katrina Ong: I live with bipolar type two and I studied engineering in UBC, and you aren’t supposed to have disorders. You are supposed to function at a capacity that is sometimes even beyond—like, you don’t have a social life. So, that already in itself makes it really hard to cope. The first time I had an inkling that I had it was in my second year of college. I was struggling with, kind of, the workload of university. I was taking a lot of courses at the time. I just wasn’t functioning in a sustainable way at that point. After the semester ended I got my grades back, and was very disappointed to learn that I had failed a few of my courses. And yeah, that’s when it started tanking. I stopped eating, I stopped talking to my family. I was probably eating just, like, half a slice of bread a day. I was saying probably four sentences a day, and that went on for about four months, and I think that’s when me and the people around me sort of knew that there was something bigger happening than just being upset. Not being able to care for myself was a symptom of my illness. It made it really hard for me to snap out of it, because it isn’t a choice, it’s something that’s happening to you instead of because of your actions. One of the very pointed memories that I had was, I was in my bedroom and I dropped something, so I went down to pick it up, but I was so weak that when I was standing to lift my body up I could see my knees shaking. My doctor looked me in the face and she just said if, if you don’t start force-feeding, if you don’t start trying to talk to your family, like, I need to admit you into a hospital. That was really hard, but it was like a big wake up. My mom was with me in the room that day. She started watching me eat, which is what you do for a four year old or something, but it was necessary and, like, I’ll never forget, like, that. Yeah.

Helena Orellana, PsyD, LCP: When I think about God’s call to serve others and to love neighbour, it is just that, it is a call; and he even builds into it a sense of, like, as you love yourself, which implies that you should love yourself. But underneath both of those is the sense that you are the instrument of accomplishing this mission. And with any instrument of work you have to take care of that instrument in order for the work to be effective. What does it mean to really care for that instrument? I think it means to spend time in your spiritual life, return to a life of connection with Christ, so that you’re hearing his call and so that you can become, I think especially for myself, a vessel of his grace.

Katrina Ong: Bipolar disorder has ups and downs, so there’s periods where you’re less active, less upbeat, and there are periods when you’re very upbeat and very productive. When I was in high school I could go into the night and study, get all my work done that I needed to, and it didn’t matter, like, I would have three,



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four hours of sleep. I would get up the next morning and go to school, go to practice, go to work, and do my studies again and repeat. For about a two and a half, three week period everything was golden. And I was so happy with that, and I thought that that's what success meant, was just to do it all and to do it, like, over the top. I thought there was nothing abnormal about that, or nothing destructive about having that be untreated and just left on its own. It would be hard to say that, just, if I cared for myself more I wouldn't have bipolar. People with bipolar have symptoms and, just like a physical illness, the symptoms come after having the illness; it's not the other way around, that you're causing the symptoms to happen. I'd wake up in the morning and have a lot of negative self-talk, and I would judge myself based on a bar that was totally unrealistic. When I was upset or when I was having hard times I, again, would judge myself for not being able to cope, or not being able to function like other people, or like my peers, or at a capacity that I thought was normal. And that capacity was my heightened, kind of, overdrive capacity.

Harvey I. Payne, PsyD:

God has called us to flourish in our health, in our relationships, in our emotions, and we can't really do that without taking care of ourselves. I'm always struck by the words found in Saint Timothy, you know, we should live these quiet lives, and that quiet life is sort of this calm, peaceful kind of life—working with our hands, as Paul would say. There's this picture in the New Testament: a Christian is not the superstar, is not the lone wolf, is not the one who's giving so much that they have nothing left, but this sustainable, flourishing, day in and day out person. But to do that you actually have to deny yourself, because you can't do the things that you feel the world wants you to do, if you will.

Katrina Ong:

I had to throw everything at it. I was pretty ill. I did group therapy at a hospital, it was full-time, it was five days a week. After that I did part-time school with part-time treatment, so I would go in once a week. I did one-on-one counselling for just shy of three years. I journal a lot. I had to keep up my exercise. I had to force myself to first do things that I would enjoy, to later then enjoy those things again. And I also had to take medications. I ended up taking time off from school. So, I was a full-time student, went to zero credits for eight months. At that time my brother was very involved in a Christian organization, it's an ecumenical group that meets on university campuses. He was doing his last year of service in Vancouver and then moving to Michigan. He was going to live with a bunch of lay brothers. If he's willing to pick up his life, move away from his family, and go to a different country, then I should check this thing out. And so, it ended up being, like, a positive way for me to draw closer to God and it really started, kind of, my personal relationship with the Lord. Prior to that point, it was all me. I had my grip on my career, I had my grip on my studies, who my friends were, how I, what I shared and what I didn't share with my family. It was all mine and it was, like, very tight. So, when I met others who were university students and were pursuing their degrees just as hard as



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my peers, but bringing God into their life, that witnessed to me, allowed me to see that it was a possibility for myself. I don't think I would have accepted the help that was given to me if I didn't know that God wanted good things for me. In practicing self-care I've been able to encounter God more closely.

**Most Reverend
J. Michael Miller, CSB:**

The biggest self-care would be care for our soul, that we care about our relationship with the Lord. We have a responsibility to take care of ourselves. If we're going to be of service, first of all to our families and to the community, there's a way in which we have to be able to do that, we have to be healthy. In the scriptures that might be part of loving ourselves in order to serve others.

**Father David Songy,
OFM Cap., STD, PsyD:**

I think it's very important for anyone who is in the helping relationships that they make sure that the source of their strength is God. You see in the Gospel Jesus himself, after healing a bunch of people, decides to go to the mountains and pray. When he sends out the disciples and they come back after announcing the good news everywhere, he says let's go to a place and rest and eat. It's important for us to remember that we can't heal the world. There's no way that we're going to be able to do this. We're cared for by God, so self-care is essentially always going back to that, that well of strength and saying no, I, on my own, cannot do this. People who burn out are people who think that it's only through their efforts that they're going to save the world. And the ones who do well are the ones who think it's only through the effort of God that the world will be saved, and so they themselves receive from God.

Katrina Ong:

You can't have your healthcare team with you 24/7. You can't have your parents with you, your friends with you, your colleagues with you 24/7, so self-care really kicks in when you are by yourself. For me, what it looks like is being really active, taking my dog for a walk, having a meal where I get to put my own food on my own plate and just eat it in peace and quiet, and spending some quiet time journaling. So, I first started journaling in 2012 when I experienced pretty strong symptoms. I journal at very pointed moments, so where there's big peaks, big highs, big lows, it goes in the journal. It's a good place to be accountable to yourself, it's a good way that God can, like, speak to you through your thoughts. There have been times when my hand moved faster than my brain. It was odd, because I didn't even think it, and so I feel like there's grace in those moments. They're mostly words of encouragement, to be honest, when it skips the brain. You can kind of relive really painful moments and know that you're elsewhere. You know you're in a different place now.

**Helena Orellana,
PsyD, LCP:**

If you're struggling, prayer has a profound impact. I think the work of grace is



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tremendous and should always be called upon, but that doesn't preclude other interventions, and other ways of taking care of yourself can work alongside grace and do profound things. You can think of prayer as the intervention from a spiritual angle, but you can also intervene from another angle in line with that prayer and in conjunction with it. For some, truly, prayer is a huge aid and may be the only thing that's needed in their lives to navigate these struggles, weather these storms, but for others it can be a prayer through medical intervention, a prayer through exercise, a prayer through going to therapy—and they don't cancel each other out. They don't eliminate each other, but the more the merrier. Like if you, if you're struggling you probably should do something physically to help yourself feel well, feel powerful in your body, but you can also do something mentally, and continue to do something spiritually. And I think that God in many ways has given us these means, given us this physical body, this mental life, this spiritual life, so that we can live all of them and live them in harmony, as much as is possible.

Katrina Ong:

I think the Church was helpful in that I had a stable place to go, and I had a stable place to recharge. I think the more challenging parts of it were relational. So, for example, my grandmother is like, you just need to pray more and this'll be over. And, like, you just have to, you know, be thankful for what you have and then you won't feel sick. But I mean, it's a very simplified view of it, as well as a simplified view of faith. So in that is a softer kind of stigma of, people with mental health challenges just aren't praying enough, or aren't faithful enough, or don't speak to God enough, or don't have personal prayer time, like all these things. Like, it's possible that you're still sick and you're still struggling, yet you're still connected with God. People who are flourishing in their mental health often frame self-care as a practice that gives them an edge. I have to use self-care because it's kind of like a necessity, rather than an edge. Self-care in the context of my faith community is often only phrased as prayer. God told us to care for our bodies and all our needs, so to widen the discussion as also caring for your physical needs, that means getting as much water as you need in a day, having your meals, going for walks, getting fresh air. I think people get tunnel vision into thinking we're in a church or we're in a small group, we're in a Bible study, so we're talking about Jesus. And yes, you do speak to Jesus with words, but you also speak to Jesus with your life. So, if you're caring for yourself or asking others to care for themselves, for their other needs, that is the work of Jesus. You don't have to be tunnel visioned into thinking there's only one solution for this. And you can pray as you do these things, that's true. Not widening that view for the other person can be detrimental, because then they can get stuck in a rut when there's so many resources, and so many joys that we are given to be well and to be healthy. For people who are experiencing mental health challenges it's really about a very basic sort of level of care, doing things that are essential and necessary to support your mental health.



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Scott G. Hefelfinger,
STL, PhD:

Self-care, I think, is a way of not putting ourselves in situations where we're being asked for more than we can physically give. It doesn't mean we run from any challenge, but it means that we have to attend to ourselves, not for the sake of ourselves, but for the sake of loving and serving others. So, in thinking about self-care I think it's important to realize that you can't give what you don't have, so self-care begins for Catholics by cultivating a deep interior life, a relationship with Jesus Christ, a life of prayer and sacrament. That's the most fundamental level of self-care. And then on top of that, attending to our physical health and wellbeing; leisure time is important, this is why we have Sunday rest within the Church, this balance between work and rest. So, keeping the spiritual and the natural in top form, so to speak, allows us then to be able to reach out to others with the good news of the gospel, because we have that relationship in prayer with Jesus Christ, and also in serving others with their mental health needs.

Most Reverend
Samuel J. Aquila, STL:

For the Christian self-care is entering into the love of Christ, being sustained by the love of Christ. That is where it is important to spend time in daily prayer. I encourage lay people at least fifteen minutes a day, just take fifteen minutes in silence and truly be with the Lord. Or, do a holy hour a week and spend one hour a week with the Lord in Eucharistic adoration, because that is where we really encounter Christ, receive his love, and that gives us the energy to go out. Because essentially, when we go to adoration it is the Lord loving on us for a full hour, and there are many graces that can be received there. Or praying the rosary, and you can do that while you're out walking, getting exercise and relieving tensions by praying that rosary. And so there's many ways that we can self-care with prayer.

Katrina Ong:

For me, recovery means coping with my illness by practicing self-care. I don't think it'll come to a point where I no longer have bipolar, I think I will just manage it. So now I am working, I ended up graduating from school. It took longer than most people, but got the degree. I work for a consulting company, I'm an engineer-in-training, so I'm looking to get my professional designation in about three years. So, living, working, talking to my family, eating, sleeping. I think the people within the Church should educate themselves and understand that there are a lot of different illnesses that aren't seen and aren't physical, and they still need healing and they still need support. I think the Church, to its core, does love and accept people with mental illnesses. It's just in practice, it's lost sometimes. It's important for the clergy and laity to talk about mental health, because it normalizes it. It's just a normal part of life. It's not something vastly understood, because it's more recent that we're, kind of, bringing this into the realm of health, but it's there and we know it's there now, so I think it's a good step forward in the right direction. If you feel like you're struggling



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with bipolar don't be afraid to ask for help, be kind to yourself when you go a little up, or you go a little down. And it is a real thing, like, you don't have to hide from it, and you don't have to pretend that you have certain emotions or certain impulses that are pulling you in directions that you don't want to go. It's an actual thing and there are a lot of people that successfully live with this illness. I'm not the first and I won't be the last, certainly, to be living with bipolar and just going about their life.

Katrina Ong:

I say to God, my rock, "Why have you forgotten me? Why must I walk about mournfully because the enemy oppresses me?" (Psalm 42:9)



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Brian Lamson: Why are you cast down, O my soul, and why are you disquieted within me? Hope in God; for I shall again praise him, my help and my God. (Psalm 42:11)

Brian Lamson: I was in the army for seven years. I did six years active duty, one year in the reserve. I was a military police officer, I performed the law enforcement duties for the army. Your basic patrolling around, giving tickets, which I kind of enjoyed, doing security for maybe change of command ceremonies, and just basic law enforcement duties that a civilian law enforcement agent would do. So, I was diagnosed with PTSD in the middle of 2015. In the army you never think oh, this is what's going to happen to me. You definitely think, like, I can handle anything. I'm trained for this, this, and this, I can perform these duties. PTSD or depression, these things aren't going to get me. When I got back from Afghanistan I noticed more and more people were saying, what's going on with you, you're acting weird. Why are you jumping, it's just a firework, or why are you, why are you always looking at the exits, man, you're acting a little weird. With PTSD it's not just jumping at loud noises, it's visualizing; it's the visual, it's the visceral, it's the gut reaction.

Fiona Choi, PhD: PTSD, which stands for post-traumatic stress disorder, it's a very general term that can cover a lot of different symptoms that result from experiencing extreme trauma. It's an illness that develops after, potentially, one single very traumatic experience where a person feels like their life is an imminent danger, and so their body has a very intense stress response and that can lead to recurring memories and traumatic flashbacks to that one single event. In some other cases PTSD develops after recurring trauma, so repeated incidents where the person feels very helpless, out of control, but these traumatic events continue to happen to them and to occur, and over time they would develop symptoms of PTSD. Apart from military experience, PTSD can also occur after a car accident, for example. So some people, after that one event, can develop an intense fear of, for example, driving again, or even going out in traffic, and they can develop a lot of social anxiety and kind of lock themselves up at home. So, those kinds of events are very different from a military experience, but at the same time a person can experience some very severe symptoms that are debilitating to their day-to-day lives. So, some of the misconceptions we do have about PTSD and those who have PTSD, is that they're very unpredictable and they can be very violent. And I think it could be the influence of media and how it's portrayed in film, and often even in the news they tend to capture, sort of, that type of reporting and I don't think it does it justice. So, people who have PTSD often can become very withdrawn and depressed, and actually close themselves off from other people. So, rather than outwardly expressing violence, they actually become isolated and isolate themselves.

Brian Lamson: Before the diagnosis of PTSD I was living alone, trying to go to school, that's



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what you do after you leave the military. I was missing school, not reaching out to my friends or my family. I was really isolating myself. I hadn't really given mental health much thought until my doctor sat me down and said, we need to talk about your mental health and we need you to go see somebody, you can't do these things on your own. You need people, you need community. That's kind of when it hit me, I was like, now I have something to put, like I have a name to put to how I'm feeling and what's going on.

Fiona Choi, PhD:

Living with PTSD on a day-to-day basis can vary a lot from individual to individual, but in a general sense it's living with a lot of unknown, because a person doesn't know when a certain event or emotion might trigger that traumatic experience and those memories from flooding back into their mind, and then reliving that trauma again in the moment. So, they may become triggered by an event or emotion, and then they are back in that same time, same place with that traumatic kind of environment around them, and that can happen to individuals very easily. For others, it's living in fear of situations that may bring up those emotions and the trauma. And so, very simple things that we think are benign, to them may feel like a precursor to triggering the trauma again and so they avoid very simple situations and interacting with people on a social level, because they don't know when they may be re-experiencing the trauma and react to it. So, it really affects their day-to-day routine and who they want to interact with and socialize with.

**Helena Orellana,
PsyD, LCP:**

When I think about trauma, I think about how it reveals how we are made for relationship. And when someone experiences something traumatic, typically what happens is there's some way that they've been cut off from the rest of the world, because the world doesn't share this experience, the world can't make sense of it. But also, because what happens is an encounter with something evil, ultimately, and that those levels of evil and gradations of evil can really change. The evil of being in a car accident, right, it's not a good, it's an absence of good, but it can really shake your sense of safety, your sense of control in your life, of your power as a person being much smaller than you thought it was. We're meaning makers, we like to understand and make sense of our experience, and when we're traumatized, when we're going through something that doesn't fit experience and that is having physical and emotional and spiritual ramifications, we try and latch on to some way of making sense of it all, because that gives us back a sense of control. But, the meaning we make in those moments profoundly shapes how we go about our lives, and there's a need for, kind of, time and particularly safety, to come back and see, how did I make sense of this trauma? What happened to me in this experience that's so disorganized the way I see myself, the way I see others, the way I see the world, and how has it continued to impact and shape my life?



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Brian Lamson:

Once the doctor in California just said hey, we need to talk about your mental health, the first thing I thought of was, I lost more friends to suicide than I ever knew that died in combat. I knew three people I worked with, they were in the air force the four years I was in Germany. It hit me that we didn't, like, talk to them as much as we would when we would work together. It would be one air force guy, one army guy in the patrol car, and you have twelve hours with that person. You, I mean, you get to know people pretty well, especially if you were there for four years like I was. When you leave the military you don't have that close-knit community, you don't have those shoulders to lean on, and you kind of just have to fend for yourself.

Harvey I. Payne, PsyD:

One of my favourite saints is Saint Ignatius, and we often look to him as this very rugged warrior who got harmed in a battle and then turned all that around to follow God. He actually lost his mom very early in life. Brothers were out there being, sort of, the warriors, the explorers, and his one brother got married and his sister-in-law Magdalena came into his life at a young age and, sort of, became his substitute mother. And after the battle where he got so wounded and he, you know, went back home, she was the one who helped nurse him back and provided him with the book, *The Life of Christ, The Lives of the Saints*. And his deep relationship with his sister-in-law paralleled his deep relationship with Mary, and just this understanding of, it's okay to be seeking Christ and Christ will help me, but you almost never hear that story; and yet, it really was the healing that she brought emotionally as a young child, physically, emotionally, and spiritually as an adult and just the whole sense of community and growing in relationship. Because I think it's often easy in the Catholic Church to think of saints as these individuals that had these unique, you know, character strengths and abilities, and yet very human like all of us, God's grace evident, and often other people, that was a part of the process.

Brian Lamson:

Being Catholic for about two years, looking back at it, I think my journey with faith and my journey with mental health have always been intertwined. First time I ever experienced faith was when I had to go speak to a chaplain. He wasn't a Catholic priest, he was just a non-denominational Christian chaplain, and we had three meetings. We sat there, we talked about my experiences, my upbringing. He started talking about God, and he started talking about love, acceptance, community, pillars of faith, and I think I held on to that. Even, even though I didn't, like, jump right on board and say hey let's go, that was always in the back of my mind. That's what led me to Lisa, and I met her in Sacramento. She's been Catholic her entire life. After a few weeks of dating she invited me to go to Mass with her, and I think in the back of my mind it was like that light bulb. Like God was saying hey, I've been here the whole time. Come take that step with me, here's the door, it's still open. You're not lost yet.



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Lisa Lamson:

I have a favourite saint, her name is Saint Monica and she's the mother of Saint Augustine. Throughout Saint Augustine's life, he continued to make mistake after mistake; anyone who knows his life knows his failures. Her husband was not Catholic, up until very close to her, to his, death he was a pagan. And she had, just, such devout faith and she knew God would bring him to him whenever. And he was not a good husband, not a good father, and very close to his death—on his deathbed—he actually converted, and just attributed it to her prayers. So, when Brian was first starting RCIA I consistently asked for Saint Monica's intercession, and I said, if God wants him to be Catholic, I'm asking for your prayers. And I just, you know, I know that it's him, and I know that it's this community, but I also think that Saint Monica might have had a part in that. And I love that.

Brian Lamson:

Lisa, she's helped me overcome little things, major obstacles. She's always looking for something more to do for me, or to do for other people. She shows me that there's still joy and happiness in the world, and especially if I'm having a hard day. She gives me hope. She does more than she can know.

Lisa Lamson:

One thing that I love about Brian's journey and our story is that he came into the Church on his own. We met with our priest, who is just incredible, and he never pushed Brian, and he didn't say you have to become Catholic before you guys can get married, and you need to do this. He said, you might think we're crazy and this might be a lot, so why don't you come to RCIA and just hear a few things, and RCIA is basically Catholic initiation classes for adults. And I'm so thankful to that priest and the community and our church, because I truly believe that's what brought Brian to the Catholic Church. I'm just so thankful that both of us have that community, we've just found such support. Finding a community you can be vulnerable with is so important, and I'm just really thankful that we found that here in Denver.

**Helena Orellana,
PsyD, LCP:**

In some ways, the work of healing from trauma is to go back down into the depths of it with a guide, with a sense of safety, and a sense of distance. So, you're not totally in it, but you're also able to go back and make sense of it, and see the truth there. See what, name what is evil as evil, name what is good as good, so that you can rise up and come back. And it needs healing, but most of all it needs relationship and safety. And that is, that's a big call. I think as Christians we're called to do that for our brothers and sisters, for those sitting next to us in church, for those in our community. But, I think we're also in need of people who are able to, through, kind of, education and training, really create and cultivate the safety and the accompaniment that's needed for trauma to be healed. And what I like to do is, kind of, involve others as well, so that I'm working with an individual who's trying to recover, is trying to make sense



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of this, but also drawing others in, because others are impacted by trauma. It just spreads, and it ripples, it just hits everyone around you. Work with a person who's suffering, but also draw others in their lives into your work; then this trauma can be healed, and health can be restored, and that fall can meet redemption.

Fiona Choi, PhD:

I think a faith community can play a very important role in a person's recovery from PTSD. Peers themselves, even if they're not trained therapists, can provide a great sense of comfort and safety to individuals. And sometimes that is just what a person needs, is just to know that those around them understand what they're going through, even if they haven't maybe experienced the same trauma; that they are understanding, and accepting, and accommodating of some of the constraints they may have. For example, that they need to avoid crowded areas. Or certain sounds could be triggering, so they may need to remove themselves from some situations. And if they have peers, and a community, and a group that are supportive and understanding of that, that can be so beneficial and helpful to their recovery. The feeling of safety is such an important element to recovery from PTSD; knowing that God is our refuge and feeling safe in Christ can be so helpful. That knowledge is very comforting, and that can bring an individual out of the feeling of stress, and also from the anxiety of reliving a traumatic experience. So, when symptoms are triggered, if they can find a sense of safety in Christ it helps. So, there's general breathing and grounding techniques, but there's also other faith-based practices that we have, like meditating on God's Word. And that daily meditation on Scripture, when it becomes a routine and a practice, then that can be very comforting and create the sense of safety as well.

Brian Lamson:

You're not shown a lot of outward signs of the Church dealing with mental illness, whether it's like a podcast or writings, literature, this is how the Church views mental illness. You're not, you're not really given those, so in your mind it's oh, people are going to look down on you. So it's nothing the Church is doing, and it's all to do with the mental illness that you're dealing with inside. It might be the Church's opportunity to show a more open and accepting community.

Dr. Chi-Chi Obuaya,

MRCPsych, MBA, MBBS:

One of the big difficulties I think people face is that within a vibrant church community people are putting their best foot forward, and there's a danger, therefore, that we don't have difficult conversations around mental health difficulties, that church isn't the place for that to happen. And we've really got to try and develop authentic relationships within those communities, so that we can have difficult conversations; show genuine interest in people,



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and make sure they don't feel abandoned. So, I think there are massive opportunities for church members. It's important to remember that we don't have the solution, so I think just treading carefully, but showing genuine interest and then building relationships. There are massive opportunities for that person to be embraced by the community, but also for us to learn and for us to grow as individuals.

**Father David Songy,
OFM Cap., STD, PsyD:**

I think every parish priest, every person working in the parish, and also lay people should know, what are the resources that are available? To be able to put together a list like that is very important. And also to encourage people, if you see a person has a problem, to say you should talk with somebody about this. I actually think priests and those who work in the parish staff can be tremendous helps, and people in the parish should be encouraged to go and talk with them. And their job might not be to do counselling themselves, their job is to help that person get to the one they need to be speaking with.

**Most Reverend
Samuel J. Aquila, STL:**

Certainly, for priests and for staff members, it's presence, it's listening, it's giving them encouragement, it's referring them to Catholic counsellors. And then the parish community, just how they accept people and make them feel a part of our family, of our Christian family. It's up to the whole community to do that and to really give witness to what it means to love as Christ loves.

Brian Lamson:

I'll live with PTSD probably my whole life, in some sense or another. A recovery means building up the coping mechanisms that I'm able to use to ground myself. I found, especially for my journey, if I'm shutting out the whole world I'm also shutting God out. And I found that the community, or especially outside entities like medication, therapy, that allow myself and will also allow other people to feel empowered enough to open that door. Humans need people. When you're alone you'll wither away, but I've found, in my experience, if you surround yourself with people, especially people of faith that also believe in community like I do, you thrive. All of a sudden what you're experiencing or maybe struggling with, that doesn't take a back seat, it's not cured, but it's helped, it's moved along, it's brought to light. One of the big motivating factors that has pushed me in my journey has just been other people. I think it's important for all of us to realize that you're not alone. That's the biggest thing I could say is, you're not alone.

Brian Lamson:

Why are you cast down, O my soul, and why are you disquieted within me? Hope in God; for I shall again praise him, my help and my God. (Psalm 42:11)



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- Hillary Mast:** I was experiencing suicidal thoughts. You know, it would be better if I wasn't here. I am really a burden on my family and I should just go away.
- Most Reverend Samuel J. Aquila, STL:** Heavenly Father, we come before you who have created us in your image and likeness.
- Augustina Oguntoye:** I thought about dying. I just thought, what was the point? There's always something wrong with me. I can't be happy.
- Most Reverend Samuel J. Aquila, STL:** You have made us your sons and daughters.
- Lisa Rumpel:** Thoughts were going through my mind, like why are you here? What's the point?
- Most Reverend Samuel J. Aquila, STL:** We ask you, Lord, to strengthen us in our faith.
- Brian Lamson:** Nothing's wrong with you. You're being a little kid. You're being a baby. Get over it.
- Most Reverend Samuel J. Aquila, STL:** Continue to pour forth your healing spirit upon those who suffer from mental illness.
- Hillary Mast:** I was diagnosed with clinical depression. I saw that as something that was bad about me. If I just prayed hard enough and if I just did the right moves in my life, then God would take it away from me.
- Lillian Henricks, PsyD, LCP:** I think as Catholics some of us can tend to over-spiritualize things and to underestimate the human and the natural.
- Scott G. Hefelfinger, STL, PhD:** When people might not fully understand the importance of mental health they might say yeah, well maybe you just need to pray more, go to Mass more. If your faith were stronger you wouldn't have these issues.



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- Augustina Oguntoye:** I'm a Christian, but I'm human and if I can be physically ill I can be mentally ill.
- Harvey I. Payne, PsyD:** Too often when we're in a crisis it feels like this is it. And if something doesn't happen right now it will never be better. It's hard to see a way that this could be different. Hang in there. Get help. Because it really can be different.
- Lisa Rumpel:** I look up at the cross and I see Jesus' broken body. I know that he knows my suffering. He can understand what I've been through, he can understand what I will go through, and he's there for me.
- Most Reverend
J. Michael Miller, CSB:** There is a really profound truth that suffering unites us or pulls us closer to Christ.
- Kasey Kimball, MA:** The connection between me and the rest of the body of Christ is real. Suffering united with the suffering of Christ actually has implications for the Church.
- Father David Songy,
OFM Cap., STD, PsyD:** Faith is about me and God in the context of community and being known by each other to support each other, to help each other.
- Helena Orellana,
PsyD, LCP:** In relationship—that is where profound healing takes place. We're never called by God to walk through this life alone.
- Simone:** When there is a hand that can guide you through, through God it will be inspiring to know that there is someone there who may be able to help you.
- Brian Lamson:** You're not alone. That's the biggest thing I could say is, you're not alone.