HEALING THE HEALERS

Series 3: Youth Mental Health

Encouraging and Preparing Faith Leaders to Respond

Expert Discussion Guide & A Trauma-Informed Approach to Screening Healing the Healers

A PROJECT FROM

ODYSSEY IMPACT

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Project Description

HEALING THE HEALERS

This third series from the Telly Award-winning Healing the Healers project focuses on the urgent need for faith leaders to address the dramatic rise in anxiety, depression and suicide/suicidal ideation for youth over the past year of compounding pandemic isolation and racial justice movements. The film series focuses on breaking the silence and stigma surrounding youth mental health and addresses issues specific to COVID/pandemic, isolation, suicide, trauma, social justice and racial justice movements, and the support needs particular to BIPOC and LGBTQ+ communities. Also addressed is the growing loss of confidence in institutionalized religion as well as the ways youth are leaning into rituals of faith for comfort and healing. Ultimately, the series explores how spiritual care can help (and not harm) youth who are experiencing loneliness, anxiety, depression and/or suicidal ideation.

Throughout the episodes, faith leader experts engage in peer-to-peer conversations about their personal experiences and innovative work in supporting youth, including learned wisdom and solutions engaging technology, brain development science, and the increased connectivity and sense of purpose that spiritual and faith communities can provide.

"We faith leaders must face these mental health concerns directly and honestly in order to help stop deaths by suicide, to provide appropriate pastoral care to those who experience a mental health crisis, and to support families who need encouragement, a listening ear, and clear direction to find best practices in mental health services in the church and community."

– **Rev. Dr. Scott Weimer**,
Pastor Emeritus, North Avenue Presbyterian Church, Atlanta, Georgia
& Executive Director, JLW Foundation

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Episode 1 Reflection

HEALING THE HEALERS

Reflecting on Body and Space

Rev. Dr. Lakisha R. Lockhart
Assistant Professor of Christian Education, Union Presbyterian Seminary

Whew. I don't know about you, but every time I watch the conversation between Daniel and Tandra I just have to take a deep breath. I invite you to breathe with me and to let whatever you are feeling, whatever is sticking with you in your mind and body, to settle. Put your hand where it is in your body that you are feeling this conversation and rub it in. Then breathe.

Inhale and exhale.
Inhale and exhale.
Inhale and exhale.

Now, let's dig in. There is so much in this episode! And there are two things that continue to stick. The first is the importance of acknowledging the body in our mental health care for youth. The second is the reality of how crucial space curation is for youth. For me the two are intricately intertwined since how one shows up in their body affects how one shows up in a space and vice versa.

Tandra explains how much of mental health care is about inviting our young people to think about and listen to what their brains are telling them. She advocates using language like "How's your brain doing?" [Episode 1, 7:50] in check-ins with our young people. Checking in on our brains is crucial, and I would like to expand that to include "How's your body doing?" Our brains and bodies are deeply connected so it makes sense that when things are affecting our brain they can show up in our body and when things are not feeling right in our body it affects our brain.[1]

How often do you somaticize your experiences and feel them in your body? Just take a moment to consider this. When you are stressed, how does your body feel? When you are happy, how does your body feel? When you are worried, where does that show up in your body? I don't know about you, but when I am upset, I feel it the most in my face. My anger often shows up in my forehead from furrowing my eyebrows and my jaw from clenching my teeth. They both end up hurting, which is often a signal for me that I am angry about something and need to take a moment to reflect. This is a valuable tool for the faith leader's toolbox. We can invite not only ourselves but our young people to check in with their bodies. What and where they might be holding things is important. Once we know what and where our youth are feeling and holding things at it could lead to more communication about the cause of the feeling, which in turn can help us as faith leaders know how to help. Maybe we will be able to walk more intentionally with our youth in their particular journey or refer our youth to someone else in order for them to get the help they need.

[1] APC Competency ITP2: "Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of spiritual care." Somatics has become a foundational set of theories for understanding persons we serve in spiritual caregiving.

Often this kind of body and brain recognition can only be done if the space has been curated well with the needs of youth in mind. Towards the end of the episode, Daniel mentions that there are many "programs for teens that are not based in their faith communities, and yet they've chosen to come to these spaces" [Episode 1, 29:14] – faith spaces. So how are we curating these spaces to be what our youth need? Daniel uses the term "safe space," and of course we hope that youth will feel safe in the spaces we curate. I used to use the term "safe space" until I had a young Black man come up to me at an event and tell me that "safe space is bullshit." I thanked him and asked him if he would like to say more. He stated that he is a Black boy in this world and that no matter where he goes he will always be a Black boy in a world that fears him. He has to always be on guard so spaces are never safe for him, and I shouldn't promise him something I can't deliver. You know what – he was absolutely right. Promising safety when we cannot deliver it is just dangerous. It can often cause more harm. Youth gatherings often get real and messy. When someone says the wrong thing, microaggressions happen. We have to be able to talk and address what's at the heart of the matter, which means a lot of youth might not feel comfortable or safe. I think it is important to name what our spaces can and cannot do and what they should and should not be. What would it mean to allow youth to name their space for themselves? What if they choose to name it as brave or courageous space because they want to be open and vulnerable, but also hold each other accountable to do the work as they call each other in and out? What if they choose to call their space sacred or creative? It is important to be open and honest with our youth about what we can and cannot do and let them help name and curate what they want and need in their space.[2]

Often spaces are curated for youth without them. Faith leaders and well-intentioned adults often overlook youth cultures, histories, experiences and bodies when curating spaces. What would it mean to shift and change how we curate space so that youth not only feel welcome but also see themselves reflected? I believe that it is in these kinds of spaces that young people will feel welcome to check-in with their brains and bodies, to wrestle with thoughts and ideas, and to be open to sharing and asking for help. In these kinds of spaces, leaders will then be better able to see and be present to our young people, thus allowing the transformative love of the divine to permeate.

[2] ACPE Outcome 1.2: "Identify and discuss major life events, relationships, social location, cultural contexts, and social realities that impact personal identity as expressed in pastoral functioning." And ACPE Outcome 2.2: "Provide pastoral ministry with diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, justice and applied clinical ethics issues without imposing one's own perspectives." Understanding our own and others' cultural histories informs our sensitivity and skill in the relationship with care seekers.

Discussion Questions

1. How have you checked in with your body lately? What practices do you use for staying connected to your body and how your body experiences the world?
2. What techniques have you used for inviting youth to check in with their brains and their bodies?
3. What religious or scriptural thoughts or ideas about brain and body might make it difficult for youth to be open to listening to their brains and bodies? What can we offer in return?
4. Have you ever told youth that it is "ok, not to be ok"? Other than with words, how can we let youth know this?
5. Look around your youth space. Who and what do you see reflected? Is this a space for the youth in your community, with all their uniqueness, to feel open? What might you need to add or to remove?
6. When was the last time you asked the youth in your community what they need right now? What did you do about it?

Resources

Safe vs. Brave Spaces

Brian Arao and Kristi Clemens. "From Safe Spaces to Brave Spaces: A New Way to Frame Dialogue around Diversity and Social Justice." *The Art of Effective Facilitation* Stylus Publishing, 2013. https://www.gvsu.edu/cms4/asset/843249C9-B1E5-BD47-A25EDBC68363B726/from-safe-spaces-to-brave-spaces.pdf

Lily Zheng. "Why Your Brave Space Sucks." The Stanford Daily. 2016. https://www.stanforddaily.com/2016/05/15/why-your-brave-space-sucks/

Video Resource

"Holding Lightly: Cultivating Playfulnness in Youth." Courtney Goto and Lakisha Lockhart. Yale Youth Ministry Institute. February 2017. https://www.youtube.com/watch?v=VkcV3V9AX34

Multiple Intelligences

Howard Gardner. *Frames of Mind: The Theory of Multiple Intelligences*. Basic Books, 2011.

Films for Facilitating Youth Discussion on Mental Health

Inside Out. Directed by Pete Docter. June 2015. 1h 42m. This film focuses on the importance of needing all of one's feelings and emotions to be whole, including feelings of joy, sadness, and anger.

Resources (cont.)

Moana. Directed by Ron Clements and John Musker. November 2016. 1h 53m. This film focuses on identity and knowing who one is even when others might not always see it, and trusting self and the divine.

Books Focusing on the Uniqueness of Religious Education with Young Girls

Arm in Arm With Adolescent Girls: Educating Into the New Creation by Emily A. Peck-McClain. Wipf and Stock Publishers, 2018.

Doing Girlfriend Theology: God-Talk with Young Women by Dori Grinenko Baker. Pilgrim Press, 2005.

The Sacred Selves of Adolescent Girls: Hard Stories of Race, Class, and Gender by Evelyn L. Parker. Pilgrim Press, 2005.

Books Focusing on Spiritual and Practical Practices with Youth

Go Deep: Spiritual Practices for Youth Ministry by Doris E. Kizinna. Copper House, 2009.

Mission Trips that Matter: Embodied Faith for the Sake of the World by Don C. Richter. Upper Room Books, 2008.

Sticky Faith: Youth Worker Edition: Practical Ideas to Nurture Long-Term Faith in Teenagers by Kara Powell, Brad Griffin, and Cheryl Crawford. Zondervan, 2011.

Sustainable Youth Ministry: Why Most Youth Ministry Doesn't Last and What Your Church Can Do About It by Mark Devries. Intervarsity, 2008.

Books on Caring for Black Youth

Empowering Black Youth of Promise: Education and Socialization in the Village-Minded Black Church by Anne Streaty Wimberly and Sandra Barnes. Routledge Research in Education, 2016.

Fear+Less Dialogues: A New Movement for Justice by Gregory C. Ellison II. Westminster John Knox Press, 2017.

Making Space at the Well: Mental Health and the Church by Jessica Young Brown. Judson Press, 2020.

Raising Hope: 4 Paths to Courageous Living for Black Youth by Anne Streaty Wimberly and Sarah Farmer. Wesley's Foundery Books, 2017.

The Spiritual Lives of Young African Americans by Almeda Wright. Oxford University Press, 2017.

Working with Black Youth: Opportunities for Christian Ministry by Charles R. Foster and Grant S. Shockley. Abingdon Press, 1992.

Youth Ministry in the Black Church: Centered in Hope by Anne Streaty Wimberly, Sandra Barnes, and Karma Johnson. Judson, 2013.

Books Focusing on Youth and Various Cultural Realities

Almost Christian: What the Faith of Our Teenagers is Telling the American Church by Kenda Creasy Dean. Oxford University Press, 2010.

Branded: Adolescents Converting from Consumer Faith by Katherine Turpin. Pilgrim Press, 2006.

Children, Youth, and Spirituality in a Troubling World by Mary Elizabeth Moore and Almeda M. Wright. Chalice Press, 2008.

Coming Out Young and Faithful by Leanne McCall Tigert and Timothy J. Brown. Pilgrim Press, 2001.

Nurturing Different Dreams: Youth Ministry Across Lines of Difference by Katherine Turpin and Anne Carter Walker. Wipf and Stock Publishers, 2014.

Tribal Church: Ministering to the Missing Generation by Carol Howard Merritt. Alban Institute, 2007.

Books Focusing on Youth, Science, and Technology

Always On: Practicing Faith in a New Media Landscape by Angela Williams Gorrell. Baker Publishing Group, 2019.

Exploding Stars, Dead Dinosaurs, and Zombies: Youth Ministry in the Age of Science by Andrew Root. Fortress Press, 2018.

iPod, YouTube, Wii Play: Theological Engagements with Entertainment by D. Brent Laytham. Cascade Books, 2012.

Resources (cont.)

Books on Youth Development

Emerging Adulthood: The Winding Road from the Late Teens through the Twenties by Jeffrey Jensen Arnett. Oxford University Press, 2005.

Generation Me: Why Today's Young Americans are More Confident, Assertive, Entitled – and More Miserable Than Ever Before by Jean M. Twenge. Free Press, 2007.

Generation We: How Millennial Youth are Taking Over America and Changing Our World Forever by Eric Greenberg with Karl Weber. Pachatusan Publishing, 2008.

Inside the Teenage Brain: What the New Discoveries about the Teenage Brain Tell Us About Our Kids by Barbara Strauch. Doubleday, 2003.

The Millennials: Connecting to America's Largest Generation by Thom S. Rainer and Jess W. Rainer. B&H Publishing Group, 2011.

Books on Youth Spirituality and Accompanying Youth Through Discernment

Lives to Offer: Accompanying Youth on Their Vocational Quests by Dori Grinenko Baker and Joyce Ann Mercer. Pilgrim Press, 2007.

Nobody Cries When We Die: God, Community, and Surviving to Adulthood by Patrick B Reyes. Chalice Press, 2016. OMG: A Youth Ministry Handbook, Kenda Creasy Dean (Nashville: Abingdon, 2010),

Practicing Discernment with Youth: A Transformative Youth Ministry Approach by David F. White. The Pilgrim Press, 2005.

Practicing Passion: Youth and the Quest for a Passionate Church by Kenda Creasy Dean. Eerdmans, 2004.

Reverse Mentoring: How Young Leaders Can Transform the Church and Why We Should Let Them by Earl Creps. Jossey-Bass, 2008.

Soul Searching: The Religious and Spiritual Lives of American Teenagers by Christian Smith and Melissa Lundquist Denton. Oxford University Press, 2005.

Souls in Transition: The Religious and Spiritual Lives of Emerging Adults by Christian Smith with Patricia Snell. Oxford University Press, 2009.

Episode 1 Theme Timecodes

Each Episode is structured by key themes that emerge in the filmed conversation. Through our expert partners and scholars, we've learned the value of aiding the use of themed clips from the Episodes in classrooms, curriculums and workshops. Please reference the Theme Timecode list below to find them in the video:

Raising Resilient Youth: Teaching Mental Wellness Early and Often	Timecode: 3:57 (5 minutes)
Faith Spaces as Brave Spaces: Reducing Stigma and Supporting Connection	Timecode: 8:22 (4 minutes)
Asking Deep Questions and Building Authentic Relationships	Timecode: 12:00 (4 minutes)
The Impact of Racism and Other Forms of Discrimination on Mental Health	Timecode: 15:34 (5 minutes)
Intentional Community, Intentional Diversity	Timecode: 20:30 (2 minutes)
Suicide Prevention: What is Your Faith Community's Action Plan?	Timecode: 22:55 (3 minutes)
Expanding Your Mental Health Toolbox	Timecode: 25:09 (4 minutes)

Episode 2 Reflection

HEALING THE HEALERS

Religion and Resilience in Youth Today

Farha Abbasi, M.D.
Assistant Professor, Department of Psychiatry, Michigan State University

Religion can harm and religion can heal. Tahera and Pardeep are both faith leaders in communities persecuted for their religious identities. Yet they both witnessed how, even within persecuted communities, faith can be a protective factor that fosters mental well-being and can also contribute to healing from mental illness.[3] Research shows this can occur in myriad ways.[4] When we are facing stressful situations, we perceive trauma as a loss of control. Believing in a higher power gives us a sense of being protected and taken care of. This can restore our sense of security. Praying gives us a semblance of control, structure, and predictability. Religiosity and spirituality help mitigate the sense of disaster and aid people in withstanding the effects of life crises.[5] Faith fosters hope and can help us to envision a future beyond the present. This can then augment one's sense of wellness and resilience.[6]

As Tahera shared in the film, "When you have a sense of belonging within a community [...] research suggests that has a positive impact on mental health" [Episode 2, 23:25]. I believe spiritual gatherings help cement this positive impact even further. However, many youth are disenchanted by organized religion.

How can we acknowledge the landscape of youth religiosity and still cultivate sacred spaces of belonging? Families, friends, peers, teachers, and religious leaders all play an important role in the development of one's religious identity. It is imperative that these interactions are positive and validating. Faith communities need to be inclusive and focus on forgiveness and love. The model of sin and punishment can come across as punitive and disheartening to youth. Developing from a child to a teen to a young adult can be a challenging experience. The process of individuation and finding a moral direction might lead to experimentation and faltering.[7] Those suffering from depression and anxiety might already be feeling forsaken and alone. Assurance and encouragement from family and faith leaders can be of vital importance during this period of vulnerability.

[3] ACPE Outcome L1.1: "Articulate the central themes and core values of one's religious/spiritual heritage and the theological understanding that informs one's ministry." When spiritual care practitioners are aware of the potential of their own religious background to hurt or heal, they increase this awareness in their work with others' histories and theologies as well.

[4] APC Competency ITP6: "Articulate how primary research and research literature inform the profession of chaplaincy and one's spiritual care practice."

[5] APC Competency PPS6: "Provide religious/spiritual resources appropriate to the care recipients, families, and staff."

[6] A trauma-informed approach to spiritual caregiving: ACPE Outcome L1.7: "Initiate helping relationships within and across diverse populations." And ACPE Outcome L2.4: "Assess the strengths and needs of those served, grounded in theology and using an understanding of the behavioral sciences." Additionally, APC Competency ITP2: "Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of spiritual care."

[7] APC Competency ITP3: "Incorporate the spiritual and emotional dimensions of human development into one's practice of care."

Tahera and Pardeep both stressed the importance of cultivating interfaith sanctuaries or spaces where youth can come together amid difference. Pardeep shared, "I think part of the blessing is that sanctuary has had to expand and it's expanded past the walls of the synagogue, the Masjid, the gurdwara, the church [...] it's had to expand" [Episode 2, 5:35]. Interfaith collaborations can help to promote mental health and combat the stigmatization of mental illness. Building such collaborative efforts requires overcoming mistrust of each other. Building relationships intra-faith and inter-faith, and creating brave spaces to have these conversations, is the key.[8]

Tahera and Pardeep addressed how challenging it is to be faith leaders serving youth today and the very real danger of burnout. Tahera shared, "I need to ensure that my own spiritual reservoir is fueled and we're surrounded by crisis" [Episode 2, 7:05].

The seemingly entrenched social inequities and systemic injustices in the U.S. today can cause us to feel hopeless, helpless, and without any ability to influence or change or control. Our own spiritual and religious practices are essential for combating burnout.[9]

As a practicing Muslim, I derive strength from the Quranic Āyah (verse) and salat (ritual prayers performed five-times a day). Islam puts great emphasis on the protection of your intellect; it is part of the Shariah law. You have to be mentally competent to understand and practice your religion or you are deemed "majnoon" (mentally ill) and exempt from all religious and societal duties. Quran repeatedly emphasizes mental wellness and admonishes us not to lose hope or get tired and be weak. Salat prayers are interjected throughout the day as mental health breaks. They entail meditating and performing yoga like movements. When you bow your head in front of the Almighty, you are allowing blood to the head, which decreases your stress. But also you are letting go of worldly matters and giving up control. These practices keep me humble and grounded.[10]

Discussion Questions

1. In the film, Tahera shared that the word chaplain is rooted in the term "to cloak," referencing how chaplains aim "to cloak someone in their time of need." How do you understand what it means to serve as a clock for youth?
2. Tahera and Pardeep discussed how many youth today feel a sense of existential threat for a variety of reasons. Based upon your own cultural and religious identities, how do you understand this existential threat? How, if at all, do you share this feeling or experience?
3. What models for interfaith belonging have you witnessed or experienced? Did these communities address mental health? If so, how? If not, why?
4. What helps you to fill your spiritual reservoir and protect yourself from burnout? What practices do you employ that foster your resilience?
5. How do you as a faith leader navigate the injustices in the world today and stay hopeful?

[8] APC Competency PPS7: "Develop, coordinate, and facilitate public worship/spiritual practices appropriate to diverse settings and needs."

[9] APC Competency PIC3: "Attend to one's own physical, emotional, and spiritual well-being."

[10] ACPE Outcome L1.1: "Articulate the central themes and core values of one's religious/spiritual heritage and the theological understanding that informs one's ministry. And ACPE Outcome L2.1: "Articulate an understanding of the pastoral role that is congruent with one's personal and cultural values, basic assumptions and personhood." Additionally, APC Competency ITP1: "Articulate an approach to spiritual care, rooted in one's faith/spiritual tradition that is integrated with a theory of professional practice."

Resources

Pargament, K. I., & Cummings, J. (2010). Anchored by faith: Religion as a resilience factor. In J. W. Reich, A. J. Zautra, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 193–210). https://psycnet.apa.org/record/2010-10101-010

Ale, B. J. M., Hartford, D. N. D., & Slater, D. H. (2020). Resilience or faith. *Proceedings of the 30th European Safety and Reliability Conference.* Singapore: Research Publishing. https://www.researchgate.net/profile/David-Slater/publication/342480988_Resilience_or_Faith/links/5ef731b3299bf18816ea81fc/Resilience-or-Faith.pdf

Madge, N., Hemming, P., & Stenson, K. *Youth on religion.* London: Routledge. https://www.taylorfrancis.com/books/mono/10.4324/9781315851068/youth-religion-nicola-madge-peter-hemming-kevin-stenson

Episode 2 Theme Timecodes

HEALING THE HEALERS

Each Episode is structured by key themes that emerge in the filmed conversation. Through our expert partners and scholars, we've learned the value of aiding the use of themed clips from the Episodes in classrooms, curriculums and workshops. Please reference the Theme Timecode list below to find them in the video:

Walking Through Trauma With Youth	Timecode: 3:11 (6 minutes)
Communal Trauma and Effects on Youth	Timecode: 9:22 (3 minutes)
Destigmatizing Mental Health Care and Increasing Accessibility For Youth	Timecode: 12:22 (1 minutes)
In the Face of Discrimination: Resilience, Strength and Courage in Youth	Timecode: 13:33 (6 minutes)
Social Justice: Understanding the Layers of Trauma	Timecode: 19:29 (3 minutes)
Opportunities for Belonging During Crisis	Timecode: 22:56 (4 minutes)

Episode 3 Reflection

HEALING THE HEALERS

Integrating Mental Health into All Levels of Your Faith Community

Rev. Dr. D. Scott Weimer

Pastor Emeritus, North Avenue Presbyterian Church, Atlanta, Georgia and Executive Director, JLW Foundation

I will never forget a conversation I had with an impressive, well-spoken woman at a church fellowship gathering. She and I found ourselves unexpectedly face-to-face. Without engaging in small talk, she looked me directly in the eyes and said, "Scott, if you want to be a successful pastor of this congregation, then you will have to learn how to pastor people who are struggling with mental illness; and you will have to learn how to pastor their families."[11]

Little did I know at the time that her words of challenge to me that day were remarkably poignant, prescient, and ultimately painful. Over the course of the next 22 years, I came to discover that many church members of all ages, and their families, were dealing with mental health issues ranging from crippling anxiety, to unresolved trauma, to overwhelming grief, and more. I learned that caring for someone with chronic mental health challenges can be utterly exhausting and perplexing, almost beyond belief.

Of particular concern to me was my growing knowledge that young people in the congregation were regularly experiencing social isolation, cyber-bullying, and suicidal ideation. In a congregation with considerable ethnic, cultural, and socio-economic diversity, I learned that young people, who often felt like they didn't fit in with their peer groups for any number of reasons, were experiencing mental health crises.

In time, I felt compelled to take the risk to speak about these issues from the pulpit and in other settings within the church. When people knew I cared about mental health, they began to talk to me about their own mental health concerns. Young people personally shared with me when they were experiencing suicidal ideation. Our youth minister began to encourage the youth regularly and honestly to express their mental health challenges to her and even to one another. On multiple occasions we assisted families in finding professional mental health care and treatment for their children. It was not unusual for either of us to be invited to literally go into the woods to help parents find a child who had gone missing due to a mental health crisis.

Although the congregation I served made progress in openly addressing mental health concerns, it wasn't enough to prevent our own beloved son from losing his battle to depression and suicide at the beginning of his senior year of college. It wasn't enough for other young people in our congregation to overcome their own struggles, as they too ended their lives by suicide. The devastation of each loss of life by suicide is nearly beyond comprehension - almost too much to bear. We faith leaders must face these mental health concerns directly and honestly in order to help stop deaths by suicide, to provide appropriate pastoral care to those who experience a mental health crisis,...

[11] APC Competency ITP2: "Incorporate a working knowledge of psychological and sociological disciplines and religious beliefs and practices in the provision of spiritual care." And APC Competency PPS2: "Provide effective spiritual support that contributes to well-being of the care recipients, their families, and staff." Additionally APC Competency PPS9: "Facilitate group processes, such as family meetings, post trauma, staff debriefing, and support groups."

...and to support families who need encouragement, a listening ear, and clear direction to find best practices in mental health services in the church and community.

The woman in our congregation who first admonished me to become a pastor to those with mental health challenges and to their families knew exactly what she was talking about. I learned from her how to pastor her son with schizophrenia; I learned how to support her and her extended family as they cared for him in his chronic illness. For the past six years of dealing with the painful loss of our own son, I have been learning how to come alongside others who have lost a child to suicide.

With utmost urgency, I encourage all faith leaders to pay careful attention to Jarrod and Talitha as they speak wisdom to all of us about the need for faith communities to move beyond the stigma, shame, and silence surrounding mental health issues. My hope and prayer are that every faith community will be all the stronger by implementing their vision of integrating mental health concerns into every aspect of the community's life and mission. Following their guidance will help others avoid unnecessary suffering, including the catastrophic loss of death by suicide.

The need is urgent. The time to listen and act is now.[12]

Discussion Questions

1. When did you first hear the word suicide and what impact did it have on you?

2. Jarrod and Talitha both talked about the death by suicide of a family member. For each of them, death by suicide was not a subject that was discussed within their communities of faith. Do you recall the first time you heard suicide addressed in a faith community? How readily does your faith community today discuss mental health concerns, especially death by suicide?

3. Talitha seeks to foster mental health awareness within every dimension of congregational ministry and mission. As a faith leader, she recognizes that fostering mental health awareness begins with her. How comfortable are you in speaking publicly about mental health awareness, especially death by suicide? If you have not spoken about such matters, what factors might be keeping you from doing so? If you have spoken publicly about mental health awareness and/or suicide, what has been the response? Were you affirmed, ignored, shunned? How did you react?

4. Jarrod and Talitha both shared that faith communities sometimes do more damage than good by telling people who are struggling with mental health concerns that they simply need to pray more or read the Bible more. What would you say to someone who responded to an open discussion about mental health awareness within your community of faith by saying something similar - that the best answer is more prayer, more Bible reading?

5. Jarrod and Talitha encouraged faith leaders to address suicidal ideation and death by suicide directly. Speaking directly about suicide does not increase a person's risk for suicidal ideation or enactment. Have you ever asked someone who is expressing suicidal ideation if they have a plan for ending their life? What was the response? Have you ever led a funeral/memorial service for someone who died by suicide? Did you directly address the suicide? Why or why not?

6. As a youth leader and counselor of youth and their families, one of the most important lessons that Jarrod seeks to impart is knowledge of how the brain develops in youth and young adults. How does knowledge of brain development inform your own interactions with youth or families in crisis? Can you think of a time when such knowledge would have been helpful, had you known it?

[12] APC Competency PIC5: "Use one's professional authority as a spiritual care provider appropriately." And APC Competency PIC6: "Advocate for the persons in one's care."

Discussion Questions (cont.)

7. Optional Exercise: In groups of two or three, role-play what you would say to someone who shares with you that they are experiencing suicidal ideation. How would you respond? What resources would you turn to?

Episode 3 Theme Timecodes

HEALING THE HEALERS

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An Urgent Call to Address Mental Health Needs in a Tumultuous Time	Timecode: 3:47 (3 minutes)
The Faith Community as Protective Factor: Promoting Mental Health	Timecode: 6:17 (2 minutes)
What's Faith Got to Do With it?	Timecode: 8:51 (5 minutes)
Knowledge is Power: Embracing the Developing Brain	Timecode: 13:40 (4 minutes)
Building Authentic Relationships with Youth	Timecode: 17:29 (3 minutes)
Value and Self Worth in a Performance Economy	Timecode: 20:55 (3 minutes)
Recognizing Layers of Trauma: Advocating for Youth Mental Health Needs	Timecode: 23:25 (3 minutes)
Beyond the Stigma and Shame: Reframing the Conversation	Timecode: 26:44 (2 minutes)

Reflection

HEALING THE HEALERS

Healing Spiritual Violence Through Love: A Conversation on Sexual and Gender Diversity

Angel Celeste Collie
Assistant Director, Center for Sexual and Gender Diversity, Duke University

A scared rural teenager came out as gay unsure of how others would respond. A few days later, their youth minister and a law enforcement officer pull into the driveway. They knock on the door. Without saying much, they put the young person in handcuffs and explain they are taking them to a faith-based psychiatric facility for an evaluation due to their "sinful homosexual lifestyle." They learn their mother was cooperative and the young person now feels betrayed by trusted adults in their life.

When they arrive at the facility, they think about running out of fear, but there is no way out of the handcuffs. The facility, confident they can "help," suggest hospitalization for the "homosexual tendencies." When they learn this young person does not have insurance, they refer them to a state psychiatric facility.

The handcuffs click back onto their wrists, and they are driven to the state facility to undergo a second evaluation. Here, the social worker listens without an agenda and judgment. He questions the youth minister's request for Christian-based counseling and advises that it would be harmful. The social worker sees things differently, and he normalizes questioning sexual orientation and coming out as a natural part of identity development.

The above is a real story. It is my story. I was that scared young person being taken away in handcuffs. Growing up in a Christian community, I was shamed both for my identity within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) community and for the mental health struggles from the rejection I faced upon coming out.

Like Tandra, I wonder how everything would have been different for me and many like me if others understood mental health and youth development and asked, "What does [your] brain need right now?" [Episode 1, 3:28]. Reflecting on my biological, developmental needs would have prevented others from leading me to deliberate, "What's wrong with me?".

The conversation between Tandra and Daniel presents two crucial lessons for any faith leader approaching conversations about mental health with LGBTQIA+ youth. First, there is a history of spiritual violence against LGBTQIA+ people from faith communities. Second, LGBTQIA+ identities were historically pathologized as a mental disorder within psychological and medical communities. It is essential for faith leaders to recognize that LGBTQIA+ people may have warranted fear or skepticism when interacting with communities of faith, religious leaders, and mental/physical health care providers.[13]

Spiritual care with LGBTQIA+ youth requires recognizing the widespread assumption of rejection that results from faith-based beliefs and ideologies being used to promote social and cultural discrimination. Building trust takes time and necessitates a sustained commitment to showing up and advocating alongside LGBTQIA+ communities. To show up in meaningful ways, learning is essential. Too often well-meaning people and communities make costly mistakes that make building trust difficult.

Tahera names the burden of educating others that is so often put onto marginalized people. "The burden is on these minority groups who constantly have to, like, educate the other…always having to say … or share who you're not versus who you are, …having to justify not only your presence, your practice of your faith, … [and] have to answer for who you're not versus the expression of who you are" [Episode 2, 17:37]. This kind of storytelling is exhausting and can be harmful. Pardeep calls this repetitive storytelling trauma looping [Episode 2, 7:40]. He explains that when someone shares their story repeatedly without thinking about it or taking it apart, it reinforces and cements the trauma. In my work, I have observed that folks with privileged identities almost expect people with marginalized identities to share their stories and educate people about their identities. Instead, sharing one's identity and life should be seen as a gift shared if and when someone chooses.

Communities must take the initiative to educate themselves first or this dynamic will unintentionally go unnoticed and repeated. As LGBTQIA+ people, we know when communities have done the work to ensure they provide a supportive, knowledgeable, and welcoming space versus those that scramble to figure out what to do with us once we arrive.

Faith communities are uniquely situated to respond to the needs, concerns, and challenges brought on by social stigma and discrimination. Encouragement, belonging, and a caring community are what faith communities do best. Rev. Talitha would agree as she suggests first asking, "What are you already doing that are protective mental health factors?" [Episode 3, 7:09]. Relationship, human dignity, self-worth, and resilience are all cultivated through spiritual life and community. Furthermore, there is a call or mandate to work towards more extraordinary love, a stronger community, and the liberation of those most marginalized in society in most of our sacred traditions.

[13] ACPE Outcome L2.2: "Provide pastoral ministry with diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, justice and applied clinical ethics issues without imposing one's own perspectives." This outcome includes addressing sexual orientation and gender identity. And APC Competency PIC7: "Function within the Common Code of Ethics for Chaplains, Pastoral Counselors, Clinical Pastoral Educators, and Students." This Code of Ethics covers sexual orientation and gender identity. Additionally, APC Competency PPS3: "Provide spiritual care that respects diversity and differences including, but not limited to culture, gender, sexual orientation and spiritual/religious practices."

Pardeep alludes to the reality that people with marginalized identities know too well – that "societ[ies], systems betray us all the time" [Episode 2, 21:57]. So what better place than faith communities to provide counter-cultural space to harmful worldly systems? In my tradition as a Christian, Jesus always put the needs of people over politics, policies, and politeness. The charge of faith has never been small but has always been purposed as a healing force for humanity. Tahera gets it right when she reminds us all that "in order for humanity to heal, everyone has to recognize that… [each] person's liberation is part of my liberation" [Episode 2, 22:52].

When we see our connectedness and begin to see and listen to the other, love grows. Faith communities are fertile ground for this type of encounter. It is through relationship that the divine is experienced and healing can occur. Pardeep calls us to the powerful transformation that is possible when we seek to understand and be understood: "Just to say I understand, and when somebody feels understood, it's almost as if their pain is released and they get to be themselves. When somebody is understood for their own experience, nobody has to be an expert in that. And that's a genuine form of love" [Episode 2, 18:37].

To be seen, understood, and feel a sense of connection and belonging is what we can offer one another in a spiritual community. Doing this work in a campus cultural and identity center, I often hear students and colleagues hesitating to enter into a community because they are so afraid of saying the wrong thing or not doing the right things. Thankfully part of the power of what our faith communities teach us is that we can sit with people in their pain and discomfort. As Jarrod reminds us, there is transformation when we surrender to love and allow ourselves to have the faith to enter into the unknown. It is adopting the attitude that "I don't know what the right thing is, but I know that this ain't right. …I don't know what the path is forward, but I will commit to being here with you" [Episode 3, 20:50]. In short, we don't have to have it all figured out to act from a place of love.

Discussion Questions

1. When have you been told that you had to do something or could not do something based on the identities you hold? How did this feel? How could you use that experience to understand the experiences of LGBTQIA+ youth better?
2. When have you felt like you entered a space where there was forethought about what your needs might be? When have you felt you entered a space and people were unsure or scrambling to ensure your comfort? How can you use those lessons to ensure a more radical welcome of LGBTQIA+ youth in the communities you are a part of?
3. When have you sought to understand the experience of another? When have you felt someone has truly understood you? How can you use those experiences to reach out to those around you?
4. When someone opens up to you about experiences of pain and rejection, how do you discern when to focus on being present to their suffering and when to point towards hope?"
5. How have the communities you are a part of encouraged or discouraged healthy conversations around sexual and gender diversity and mental health?

Discussion Questions (cont.)

6. When was the last time you heard the needs, rights, and experiences of Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, or Asexual people and communities discussed in your community?

7. How can you support conversations and movements in your communities to decrease the stigma surrounding mental health and marginalized communities?

Resources

Organizations Supporting LGBTQIA+ Mental Health and Well-Being

Trans LifeLine: http://www.translifeline.org

The Trevor Project: http://www.thetrevorproject.org

SoulForce: http://www.soulforce.org

Reflection

HEALING THE HEALERS

Chaplaincy and Bridging the Gap between Spirituality and Mental Health

Michael Skaggs, Ph.D.
Director of Programs, Chaplaincy Innovation Lab

The Chaplaincy Innovation Lab is grateful for this timely, accessible, and thought-provoking entry in the Healing the Healers series. By capturing compelling encounters among professionals, Odyssey Impact helps do the vital work of bridging the gap between spirituality and mental health, illustrating well why these two components integral to human flourishing must be considered jointly. With the enormous social interruptions created by the ongoing COVID-19 pandemic, attention to the mental health of our communities' youth is needed now more than ever.

Spiritual care in higher education is a particularly challenging component of this vital issue. Amid increasing religious diversity in the U.S., chaplains in higher education play a unique role in accompanying young people as they transition both out of childhood and into the rest of their lives in an era of profound social and economic uncertainty. As students seek to identify, confirm, or interrogate their spiritual identities, they also grapple with the mental health implications that are unique to our moment in time. While professional chaplains do not function as counselors or therapists, they can and do help people integrate spirituality into their whole selves. Recognizing how integrated spiritual and mental wellbeing can be, the Chaplaincy Innovation Lab, with support from the Ruderman Family Foundation, offered support groups for students at Brandeis University and Northeastern University. These groups were facilitated by a two-person team: one chaplain and one therapist. As well as confirming our hypothesis that discussing spirituality and mental health together would lead to feelings of greater student wellness, we learned that students themselves were eager to combine these two aspects of their lives and learn how one can interact with the other, with positive outcomes.[14] (An eBook on this approach is available at no charge and listed in the Resources below.)

Beyond the university campus, and in various contexts, the work of chaplains is focused on "meeting people where they are." Chaplains have long been present in institutional settings like healthcare, corrections, the military and more, accompanying those in crisis at some of the most intense moments of their lives. Even as the profession branches out into other settings of spiritual care, professional chaplains seek not to proselytize, preach, or convert. Instead, they come alongside those in need to offer a "ministry of presence." This presence is precisely what so many young people need today: not just one program or framework that risks formalizing itself out of relevance, but instead a compassionate presence that seeks to address the mental health needs of youth as young people themselves define it. Chaplains' ministry of presence offers nonjudgmental, unconditional positive regard to youth facing myriad mental health challenges.

[14] APC Competency PPS2: "Provide effective spiritual support that contributes to well-being of the care recipients, their families, and staff." And APC Competency PPS10: "Formulate and utilize spiritual assessments, interventions, outcomes, and care plans in order to contribute effectively to the well-being of the person receiving care."

The work of chaplaincy also embodies what one of the Lab's projects calls covenantal pluralism, embracing the multifaith nature of our world and working across lines of difference. The model of spiritual care whereby ordained clergy minister only to those of their own tradition has been surpassed by a model wherein chaplains cannot, and should not, expect those they serve to share their own philosophical commitments.[15] While chaplaincy has a long history and has been variously defined throughout that time, today professional chaplains provide a non-anxious presence to all individuals or groups, whoever they may be, when they are in need, however that need is defined.[16] We are grateful to Odyssey Impact for sharing in our vision of a world in which the spiritual needs of all are met — including when those needs inform, and are informed by, mental health.

Resources

Chaplaincy Innovation Lab

Back to School: A Pilot Approach to Supporting the Mental Health Needs of College Students
https://chaplaincyinnovation.org/projects/back-to-school

Chaplaincy Innovation Lab

Chaplains as Facilitators of Covenantal Pluralism
https://chaplaincyinnovation.org/projects/chaplain-demand

Chaplaincy Innovation Lab and Ruderman Family Foundation

Student Mental Health & Spirituality: Insights from the Counselor-Chaplain Model
https://chaplaincyinnovation.org/resources/student-mental-health

[15] ACPE Outcome L2.2: "Provide pastoral ministry with diverse people, taking into consideration multiple elements of cultural and ethnic differences, social conditions, systems, justice and applied clinical ethics issues without imposing one's own perspectives."

[16] ACPE Outcome L2.6: "Demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear and responsible boundaries."

Reflection

HEALING THE HEALERS

Liturgical & Ritual Resource Guide[17]

Rev. Talitha Arnold
Senior Minister United Church of Santa Fe

Prayer

Prayer offered at the National "FAITH.HOPE.LIFE" Weekend for Suicide Prevention

God of all mercy, from whose love nothing can separate us, we pray this day for all persons dealing with mental illness and those who love and care for them.

Especially this day, we pray for all whose lives have been touched by suicide, for those who have died by suicide and those who have attempted it.

We pray for those who, because of mental health challenges such as depression, PTSD, or bipolar disorder, live with thoughts of suicide.

We pray for those who live in despair and without hope because of poverty or discrimination.

We pray for families and friends, colleagues and co-workers, who have been touched by the suicide of a loved one,

We pray for counselors and therapists, psychologists and psychiatrists,
for rabbis, pastors, priests, and imams,
for policy makers and legislators, and for all who seek to help.

And we pray, too, that you might give us the courage and wisdom to be there for others in distress,
to offer your love and our care,
to help break the silence and change the conversation about suicide,
to be your listening ear, your hands, and your heart for others.

Amen.

[17] APC Competency PPS7: "Develop, coordinate, and facilitate public worship/spiritual practices appropriate to diverse settings and needs."

Hymns of Hope in Times of Despair

People of faith have often expressed that faith in song. Some, like those listed below, were written by composers whose names and stories we know. The origins of others, like the songs of lament and hope found in the Book of Psalms or African American Spirituals are unknown. But whether written by a particular composer or arising from the voice and experience of a people, such songs sing across the ages to give hope and courage in our time and our lives.

The songs and hymns listed below can be found in many hymnals or also online at sites such as Hymnary.org.

- In the desperation and suffering of slavery, African-American Spirituals such as ***Nobody Knows the Trouble I've Seen and Were You There?*** reminded African Americans that God was still with them and that Jesus had experienced such suffering and oppression, too, and therefore understood their suffering. Other spirituals, such as ***Didn't My Lord Deliver Daniel?*** and This Little Light affirmed God's power to overcome oppression and to empower them to do the same.

- ***When Peace Like a River (It is Well with My Soul)***
  In the course of four years (1869-1872), Presbyterian Elder Horatio Spafford and his wife Anna lost their toddler son to Scarlet Fever, their business to the Chicago Fire, and their four daughters in a shipwreck. It was in the midst of such that Spafford wrote this hymn as a source of comfort to himself and his wife.

- ***Precious Lord, Take My Hand***
  Known as the father of American Gospel Music, Thomas Dorsey started out as a jazz and blues musician. He also suffered two "nervous breakdowns" as a young man. In 1932, Dorsey had just started to introduce jazz and blues rhythms into church music when his wife and infant child died in childbirth. Unable to perform or play for months, he found himself at a piano one day. He started to play a well-known tune, but new words came to him:

  Precious Lord, take my hand, lead me on, let me stand.
  I am tired, I am weak, I am worn;
  Through the storm, through the night, lead me on to the light:
  Take my hand, precious Lord, and lead me home.

  It became his most famous work.

- ***God of Grace and God of Glory***
  One of the best known preachers of his day, Harry Emerson Fosdick suffered from depression as a young man. As a seminary student in the early 1900's, he attempted suicide. His family and seminary community supported him through the ordeal. He graduated, was ordained, and eventually became the founding Pastor of New York's Riverside Church. An early advocate of civil rights, he also encouraged ministers to address the human issues—like depression—of their congregations. His hymn, God of Grace and God of Glory, was written at the height of the Great Depression and has given hope to thousands ever since.

- ***In the Bulb There is a Flower***
  Composer Natalie Sleeth was inspired by a poem of T.S. Eliot's for this hymns that sings of God at work in our lives even when we can't see know or feel it:

  In the bulb there is a flower, in the seed an apple tree;
  In cocoons a hidden promise, butterflies will soon be free.
  In the cold and snow of winter, there's a spring that waits to be,
  Unrevealed until its season, something God alone can see.

  Sleeth dedicated the hymn to her husband who died of a malignancy shortly after she finished it.

- ***God Moves in a Mysterious Way***
  William Cowper, composer of almost 70 hymns in the 1700's, lived with severe depression his entire life. This hymn was written a few months after a suicide attempt. It was first published by John Newton, a colleague and mentor, with whom Cowper found peace and stability in his life. In it, Cowper affirms:

  O fearful saints, fresh courage take,
  The clouds you so much dread
  Are big with mercy and shall break
  In blessings on your head.

- ***Amazing Grace***
  Probably the best-known of any Christian hymn, Amazing Grace was written by the former slave trader John Newton. Sometimes called his "spiritual autobiography," Newton's hymn sings of a God whose grace was greater than any brokenness or sin in him. A God who never gave up on him In turn, Newton over time became a person who didn't give up on others, including his friend and colleague William Cowper.

Your Faith Community Can Make a Difference In Suicide Prevention

Susan had struggled with depression for much of her life, although she had managed to stay active and involved. However, after the birth of her first child, Susan went into a depression so severe that she couldn't leave the house. Her husband Dave called their minister and said he was worried that Susan's depression was getting worse. Based on what David shared, the minister told him she was concerned that Susan might be suicidal and urged him to take her to the emergency department. Then the minister asked to speak to Susan. After talking with the minister for a while, Susan finally agreed to go to the hospital, where the minister met her and her husband.

Following an evaluation, Susan entered into a program of intensive psychiatric care that was appropriate for a mother of a newborn. The doctors and nurses worked to regulate her medication and help her talk about her feelings and her fears. Following the program, she was able to resume her life with the help of her outpatient providers.

What happened with the church was also very important. With Susan's permission, the minister shared with the congregation that she was in treatment and encouraged church members to help as they would have if she was dealing with a physical illness. They helped Susan care for her baby, brought meals for the family, and wrote notes. They included Susan and her family in prayer concerns and when she returned, she was welcomed back into the community as any beloved member, for indeed she was.

That was 12 years ago. While Susan still has occasional "blue" times, she has never gone back to the severity of that time. Nor has the church gone back to its previous silence about mental and emotional illness. One could say that new life came in all kinds of ways.*

(*From the experiences of a faith community leader)

How Can Faith Communities Help in Suicide Prevention?

Studies show that persons experiencing mental health problems or emotional distress frequently turn to faith communities and their leaders for help. You and your faith community can help in many ways:

- **Know the facts.** Suicide touches everyone—all ages and classes; all racial, ethnic, and religious groups. It takes the lives of almost 40,000 people a year and impacts the lives of many more. However suicide is also a preventable public health problem. There is hope and there is help.

- **Talk about mental illness.** Help your faith community members understand mental health problems as being real and treatable in the same way that physical health problems are. Speak and pray about mental illness just as you would about physical illnesses, such as cancer, heart disease, or diabetes.

- **Promote connectedness.** Fellowship groups, choirs, service work, worship—all are ways people connect in faith communities. Such connections let people know they are not alone and that they are cared for.

- **"Narratives of hope."** Faith communities share stories—from the Bible, the Koran, or other sacred texts—of how people have overcome adversity and experienced God's presence in times of struggle and hardship. They also share the stories of their own lives—their faith and courage—that can give hope and strength to others.[18]

[18] APC Competency PPS8: "Facilitate theological/spiritual reflection for those in one's care practice."

Sermon Sample[19]

Angels in the Wilderness

In those days Jesus came from Nazareth of Galilee and was baptized by John in the Jordan. And just as he was coming up out of the water, he saw the heavens torn apart and the Spirit descending like a dove on him. And a voice came from heaven, 'You are my Son, the Beloved; with you I am well pleased."

And the Spirit immediately drove him out into the wilderness. He was in the wilderness for forty days, tempted by Satan; and he was with the wild beasts; and the angels ministered to him.

Mark 1:9-13
–

There were angels in the wilderness. It's important to remember that.

After the same Spirit that descended on Jesus like a dove at his baptism then drove him out to the desert like a dive bomber, there were angels in that wilderness. Along with Satan and the wild beasts and everything else one finds in the desert—heat that burns your skin, thirst that makes your tongue stick to the roof of your mouth, plants that are crowned with thorns—there were also angels, "who ministered to him."

It's important to remember those angels as we hear again this well-known story for the First Sunday of Lent. They are easy to overlook. In fact, they usually are. Do an internet search for commentaries and sermons on this passage, and the two themes that surface most often are temptation and repentance. Angels never seem to make the cut.

Yet Mark remembered them. In his lean, spare Gospel—the shortest one of all—Mark included the angels Jesus met in his lonely sojourn on the other side of the Jordan. In Luke's version of the same story, he leaves them out entirely. In Matthew's Gospel, the angels only show up at the end. But in Mark, they're there the whole time, all forty days.

It's not as if Mark has a thing for angels. He doesn't. Other than this story about Jesus in the wilderness, angels seldom show up in Mark's Gospel. When they do, they're simply part of God's royal court. They're not down on earth helping people. Unlike Luke's Gospel, Mark records no encounter between Mary and the angel Gabriel nor any angelic appearance to shepherds. Mark leaves out Matthew's angel telling Joseph not to be afraid to take Mary as his wife or whispering in his ear to take his family and flee to Egypt. In Mark, there's no angel who strengthens Jesus in Gethsemane, and it's not clear if it's an angel the women meet at the empty tomb or just a young man dressed in white.

So when Mark does include angels helping Jesus in the wilderness, we need to sit up and take note. To do so doesn't disregard the temptations or even the Tempter himself that Jesus confronted in those forty days. Nor does it negate Lent's call to repentance, to acknowledge our own temptations and to wrestle with our own demons.

[19] APC Competency PPS8: "Facilitate theological/spiritual reflection for those in one's care practice."

Yes, we need to be honest about the trials and temptations Jesus faced in the wilderness and that we face in our lives. Yes, we need to acknowledge the wild beasts that surrounded him in that desert, just as we need to acknowledge the things that scare the bejeezus out of us in our lives. Lent is a time to do that.

But it's also a time to remember the angels, in his wilderness experience and in ours. To remember, as Mark does, that they were there for him from the very beginning of his 40-day journey, just as God had been with his ancestors every day of their 40-year desert journey in the wilderness. Just as God promises to be with us in the wild, lonely places of our lives.

Lent can be a time to take stock of our lives, to come clean about the things that tempt us and the things that scare us. Part of our Lenten discipline can be to acknowledge, in the words of the old prayer, "the harm we have done and the good we have left undone"—or in the words of Step 10 of every 12-Step program, "to do a fearless moral inventory."

But I also invite us to do another Lenten inventory, an accounting of the angels we have known and loved, and who have loved us, in the wilderness times of our own lives. To remember, as Mark remembered, those angels that show up when we're tired, thirsty and surrounded by wild beasts—just as they did for Jesus.

Our wilderness angels probably don't look like we imagine angels should. No long white robes, no rustling wings. Instead they may resemble the middle school teacher who believed in us when we couldn't believe in ourselves. Or the coach who gave us a chance to play, even if we weren't very good. Maybe one of your angels is a colleague who had your back during a rough time at work or a friend who listened to your fears and grief after a relationship ended. Sometimes our wilderness angels are the people who accept our apologies when we've hurt them or others, the people who remind us through that acceptance that, in the words of William Sloan Coffin, there "is more grace in God than sin in us."

And sometimes our angels are simply the people who are willing to walk with us into the scary, wild places of our lives. My friend Bill tells this story from growing up in the 1960's. The youngest of three children, he was in the sixth grade when his father began to manifest signs of what turned out to be a severe mental illness. The day before Bill's fourteenth birthday, his father was committed to the State Hospital. Given the stigma surrounding mental illness in that time, neither his mother nor his grandparents wanted anyone to know what had happened. The family story was simply that his father was away on business.

The silence around his father's illness and hospitalization only increased my friend's fears. In addition, jokes about the mentally ill and places like the State Hospital abounded in that time. When his friends made cracks about the "Looney Bin," as one friend called it, Bill joined in the laughter. What else could he do? None of his teachers, not even the minister at the church, knew of his father's situation.

The one exception was Mr. Moore, his 4-H leader and a trusted family friend. Bill never talked with him directly about his dad, but he knew that Mr. Moore somehow knew what had happened. That made a difference, Bill said.

It really made a difference when his mother wanted him and his sisters to go with her to the State Hospital on his dad's birthday. Bill was terrified. He had no idea what to expect from either his father or the other patients. All he knew were all the stories he'd heard about "maniacs" and other crazy people. (It was the 1960's, after all.) He dreaded walking through the hospital gates with his mother and sisters. How could he protect them from what he imagined they would find? He told his mother he didn't want to go, he had other things to do, he didn't want to see his father there.

His mother insisted that he go, but a few days before the visit, she called Mr. Moore to ask him to come along. He agreed. My friend said it was like a gift from God. "Going through the hospital gates, seeing my father for the first time in weeks—-all of that was still scary," Bill said. "But having Mr. Moore along made a difference. He knew what to say and do. He simply gave my dad a big hug and teased him about getting old. He shared stories about all the funny things he and my dad had done together. He got him to ask me and my sisters about our 4-H projects and school.

"We stayed until visiting hours were over," Bill continued. "It was actually hard to leave, which surprised me since I'd dreaded it so much. But as we walked out, I realized I was no longer afraid. Having Mr. Moore there made it seem normal, like we were all around the kitchen table at home and not in the visitors room at the State Hospital. He made us feel normal, too. That my dad was still my dad, even if he was dealing with a mental illness."

"Mr. Moore wasn't anyone special," Bill concluded. "He didn't have special training in psychiatry or pastoral counseling. He was just a friend who was willing to walk through those hospital gates with us and sit and eat birthday and talk with my dad."

Lent begins with Jesus' 40-day journey into the wilderness, where according to Mark, he was "tempted by Satan and was with the wild beasts." Our Lenten journey also leads us into such wilderness times and places, be they in our own lives and into the world around us. Yes, it can be a hard journey filled with fearsome things, not the least of which are our own failings and the times we've let those fearsome things get the best of us. In our own deserts of Lent, we can feel beset by the wild beasts of despair or regret.

But even in such a time, don't forget about the angels in the wilderness. Mark didn't. My friend Bill didn't. And neither should we.

"He was in the wilderness forty days, tempted by Satan, and he was with the wild beasts, and the angels ministered to him."

Even in the wilderness, according to Mark, the angels got the last word. May that be true for us in our wilderness journey this Lent, too.

Thanks be to God. Amen.

Memorial Reflection Following Death by Suicide[20]

A Reflection for the Memorial Service for Stewart Swearingen

Last Friday, Carolyn and Fred asked if I would say a few words at today's service. The first word I want to say is that it is an honor to be with you today, all of you—Carolyn, Fred, Jan, Cathy, Leah, Scott, Chris, and Don—as it has been an honor to share other times with you, be it a wedding at Ghost Ranch or a dinner around your table. I stand with you today not as a minister, but simply as a fellow traveler who is familiar with some of the valleys you've gone through. I thank you for allowing me and others to stand, sit, and simply be with you over these last several days.

Last night as we talked, Cathy, you said that because of this experience, you'll have a lot more understanding in your work as a hospital chaplain. That's true. The experience you all have been through is like joining a club you have no desire to belong to. One of the reasons we come together is simply to share the experience, to hold one another in this time and to be held.

When death comes, it brings with it all kinds of feelings—grief, loss, anger, emptiness. It brings all kinds of questions of what we might have done or said, what we wish had happened or wish we had heard.

Suicide brings its own particular questions, questions that aren't there in other deaths, especially questions of "why?" What could I have done? What could we have done?

The first thing I want to say is it's not your fault. I know you've heard that a lot in the last few days. I simply want to say again in this sacred space and time. Unlike other deaths, suicide can bring shame as well as grief. Often that shame has been reinforced by the church. In my own experience when the church was silent or couldn't deal with suicide, then it felt like God was silent and couldn't deal with it either. That's why I want to say, in this sacred space and time, God can deal with this. God does hold you in this time. And as William Sloane Coffin said at the death of his own son, when Stewart died, "the first heart to break was God's."

It's not your fault, any more than it would be your fault or anyone's fault if Stewart had suffered from a terminal physical illness—diabetes or cancer. When death comes at one's own hand, as it did for Stewart, the temptation is to try to figure it out, to wonder all the "what if's." If only I had done this or not done that, if only I had said this or not said that.

The truth is, we are finite human beings. All of us. We all make mistakes as parents, children, partners, siblings, spouses.

And the truth also is that I have never seen a family work as hard as you have in the last several years. Nor can I think of no more difficult work than the work you have all done.

No more difficult work—nor more loving work.

The poet Adrienne Rich speaks of that kind of love. She writes:

[20] APC Competency PPS8: "Facilitate theological/spiritual reflection for those in one's care practice."

> *An honorable human relationship—that is, one in which two people have the right to use the word "love"—is a process, delicate, violent, often terrifying to both persons involved, a process of refining the truths they can tell each other.*
>
> *It is important to do because there are so few people who will go the distance with us. . . who know we are trying, all the time, to extend the possibilities of truth between us. The possibility of life between us.*

"The process of refining the truths we can tell one another." You all did that before Stewart died. You were doing it even before you went to Wickenburg and you have done it since, even last night as Scott took the lead and took the conversation to another level.

It's hard work. It's loving work. And it's the only way I know to know redemption in such an experience.

Because it's the only way I know to choose life. And that's the real work. Death can heighten our awareness of the preciousness of life. But when someone chooses death, when they take their own life, we who are survivors are aware not only of the gift but of the need to choose that gift. Faced with another's conscious choice for death, we must make a conscious choice as well—to take life, to choose life. In your willingness to share with one another, in your willingness to let others care for you, you've been doing that, too.

When I was in high school, trying to understand my father's death, I came across a quote from Anne Morrow Lindbergh that I've kept ever since. She wrote in her journal after the death of her first child these words:

> *I do not believe that sheer suffering teaches. If suffering alone taught, then the whole world would be wise because the whole world suffers. To suffering must be added mourning, understanding, patience, love, openness, courage, and the willingness to remain vulnerable.*

It is your willingness to be vulnerable, to share your grief, your anger, frustration, and your loss that has made all the difference.

You have often allowed others to be vulnerable and held them in such times. Yesterday after I had shared with our congregation the news of Stewart's death, a member of the church told me afterward, Carolyn, how you had been one of the first people to call on her when her daughter died. You brought a present for her other child, and then you simply sat and listened. She has never forgotten the way in which you let her be in that time.

Last night, Fred, you said to Sheila how much you, Carolyn, and the family appreciate the care and the support of First Presbyterian. I know—and I know you know, as a pastor—that care and support is only possible when someone is open to it and accepts it. You have done that. And I know it hasn't been easy for any of you.

Being clergy or being related to clergy makes it hard sometimes just to be human and to acknowledge our own needs and sorrows. But you've stepped out of those roles, with one another and with others, and you've allowed us to care for you and love you. You've had the courage to be vulnerable and that has made all the difference.

One final word. Over the last years and especially the last days, you have experienced a lot of angry words. Words of rage and blame, words of anger that have hurt each of you deeply. My hope for you is that you know, as deeply as you can, that those words were not and are not the last word on Stewart's life or your own. They are not the last word on who you have been or who you are—as parents, father or mother, siblings, brother or sisters.

In my own wrestling with a family legacy of mental illness and suicide, I have come to trust that the last word, even in a time as dark as this, is the word of this season, the word of light that shines in the darkness and the darkness cannot overcome. For me, it is the only word that makes sense at such a time. And when you can't believe that word or hear that word for yourself, know that you are surrounded by people who will offer that word and make it flesh in their love and care for you.

In the midst of all the words that you have heard, there is that word that was in the beginning, the word that was and is light. The light that shines in the darkness and the darkness cannot overcome it.

That is the last word.

Thank you. And thanks be to God.

Reflection

HEALING THE HEALERS

The Faith Community and Adolescent Psychiatric Hospitalization

Lisa B. Ziv
Chief Executive Officer, The Blue Dove Foundation

Yael Ziv
High School Senior

In December 2019, 15-year-old Yael Ziv was admitted to an inpatient psychiatric unit after she bravely gave voice to her suicidal ideation. Through the support of her family, including her mother, Lisa Ziv, and the consistent, compassionate spiritual care of Rabbi Shmuel Silber, Yael received the mental health treatment she needed to begin a healing journey. Youth mental health challenges are common, though commonly unacknowledged, in faith communities. Their story is sacred and unique as it demonstrates how through simple acts of care and concern Rabbi Silber strengthened the Ziv family and conveyed G-d's love.

Lisa Ziv [Mother]: We were a family others looked at with admiration — happily married with three beautiful children, active in our vibrant synagogue, and committed to giving our children a strong Jewish day school education. Having worked as the youth program coordinator for the Jewish Community Center when my children were in preschool, and as the youth director of my synagogue when they were pre-teens, I knew a lot of Jewish families with children and teens; but I never knew of any with serious mental health challenges. It isn't that the Jewish community doesn't have youth and teens with mental health challenges, but it is not a topic often discussed within the Jewish community. There is still a stigma associated with talking about mental health challenges. Such matters remain private, which is a disservice to the family as too often Jewish families are left alone to suffer. My daughter, Yael, is very brave for allowing her story to be told in hopes of helping others.

About two years ago, Yael was suffering from acute depression and suicidal ideation. She missed weeks, and then months of school, and was too depressed to do much of anything. Upon the advice of her medical care team, she participated in an intensive hospital outpatient program where her mental health treatment became the priority. I thought this was a good plan for her to learn coping skills so she could return to school. I hoped it would help get our family back on a regular schedule where all our children would be in school or a school-like program. And, most of all, I prayed for Yael's return to good health and happiness.

Yael Ziv [Daughter]: It was Friday morning, the last day of my two weeks in an intensive outpatient program. After being in the day program for two weeks, I was supposed to be discharged. My medical team asked me, "Do you feel safe going home?" I knew right away that I had to tell them the truth...

…I said: "I don't feel safe. I want to take the pills from around my house and never wake up again." They calmly told me, "Okay, so then we don't feel safe sending you home." Then, maybe an hour later, my parents showed up at the hospital. I felt relieved that they took action so quickly. I really didn't know what to expect. I was just hoping it would help me feel better.

Lisa Ziv [Mother]: As I was heading out to my company's annual holiday luncheon, my cell phone rang. When I saw the doctor's number, I took a deep breath, bracing myself for what was likely not good news. He told me that Yael had reported for two days that she had a plan to complete suicide. He advised us to immediately transfer her from the adolescent psych outpatient program to the inpatient program. Having heard horror stories about what happens in inpatient hospitalization, I had done everything possible to avoid it. But at that moment, admitting Yael was the obvious and potentially life-saving choice. I called my husband and we both sped down the highway to meet at the hospital.

On the drive to the hospital, I called my mother, my anchor during these turbulent times, and then, from the hospital parking lot, I called my rabbi. Rabbi Shmuel Silber had been a compassionate counselor when we needed to make difficult decisions about caring for our daughter's mental health. With Shabbat coming in a few hours, there were a lot of logistics that needed to be taken care of quickly to arrange kosher food and fill out hospital forms before sundown when Jewish law prohibits me from writing or driving on the sabbath. The thought of leaving my child alone at the hospital was more than I could handle but considering that she might not live was even more terrifying. The second Rabbi Silber said "hello" I started crying, instinctively knowing he felt our pain. He gently answered my questions with care and knowledge. At that moment, I sensed he had counseled others in similar situations. His quiet wisdom gave me strength. His words still echo in my mind, and I have now shared them with thousands of other parents: She is exactly where she needs to be. With that comforting thought, I dried my tears, put on some lipstick, and pulled myself together to begin the admission process. With Hanukkah only days away, there was an extra layer of emotions thinking of the possibility that my daughter might need to stay in the hospital during the holiday.

Yael Ziv [Daughter]: I was willing to give inpatient treatment a try because I was sick of being sad. I was scared I might do something that I would regret. I thought I'd probably have to stay there a long time because I didn't see how anything, or anyone could help me. Still, I wanted to give it a try. I was there for nine days. I liked the safety of knowing the nurses were always watching me and helping me to participate in group classes and activities. I trusted that my care team knew when I would be ready to go back home. I felt like it was possible for me to feel way better than I had been feeling. For the first time in a long time, I could see a future for myself. Sometimes it was annoying to hear the positive messages and encouraging words from the hospital staff. Now, after working on myself and reflecting on this intense time, I realize what they said was true.

In the adolescent psychiatric ward, no one celebrated Hanukkah except for me. My parents brought an electric menorah to my room. We said the blessing each night during visiting hours, and they gave me a present every night. My mom kept apologizing that the gifts weren't wrapped fancy because the nurse had to check the gifts for safety before they were allowed on the unit.

My mom told me that Rabbi Silber, and my grandmother who came from North Carolina to see me, wanted to come during visiting hours; but I wasn't up for visitors. Instead, every evening of Hanukkah, my mom brought me delicious doughnuts fresh from the bakery with love from Mama Mére.

On the first night of Hanukkah, my family pulled off a big surprise. They somehow managed to talk the staff into waiving the rule that no one under 18 is allowed to visit. The nurse set up a blanket outside the security desk where we had a family Hanukkah party. We plugged in an electric menorah and recited the blessings, played dreidel, ate hot latkes with applesauce and traditional jelly doughnuts, and my brother and sister gave me gifts. I was so happy in that moment and knew that my family really loved me.

Lisa Ziv [Mother]: Rabbi Silber gave me tremendous support when my daughter was in crisis. Knowing that my rabbi was truly there for my family during this painful and frightening chapter in our lives meant so much to me. I was comforted knowing he was praying for us and sincerely wanted to help in any way he could. More than what he did to be helpful, perhaps my rabbi was most helpful in what he didn't do. He never tried to cheer me up; he shared my heartache without judgment and with incredible sensitivity. He did not offer words of wisdom or religious teaching; he listened generously. There were times when I reached out and he wasn't available to talk, but he always responded within minutes to let me know when he could talk. Perhaps the greatest service he gave me was to let me ramble when I needed to.[21]

During the worst of times, Rabbi Silber would send me a simple, yet incredibly genuine text message, always personalized, using my name or my daughter's name. He wrote: "How is Yael doing? What can I do to help?" "Lisa - please know that I am here to help in any way you need." "Lisa - just wanted to check in and see how things are going." "Please keep me posted." Knowing he cared to reach out renewed my strength.

Yael Ziv [Daughter]: Being inpatient is only part of my life story. What I want youth to know is that it does get better. One year after my inpatient hospitalization I sent this text to my parents: "I don't even know how to start this. Exactly a year ago today, I was self-harming myself so much and all I thought was about how I'd kill myself. I just read my journal I wrote in while I was in a psych ward and can't even imagine thinking like that today. All that I went through was so worth it. I've never been so happy. Literally, my resting face is a smile — it feels comfortable to smile. I just started crying 'happy tears' because I just admitted and wrote that I beat depression. Thank you so much."

Lisa Ziv [Mother]: Deaths by suicide and suicide attempts have increased in recent years. Based on the most recent Youth Risk Behaviors Survey for 2019, 8.9% of high school students reported that they had made at least one suicide attempt in the past 12 months.[1] According to the Centers for Disease Control, in June 2020, 25% of young adults 18-24-years-old reported experiencing suicidal thoughts in the past 30 days.[2] We do not have accurate mental health statistics for the Jewish community, but we know the prevalence of mental illnesses like depression and addiction mirrors that of the community at large. I think we can assume the same holds true for suicide.

[21] ACPE Outcome L2.3: "Demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/ transformation, confrontation, crisis management, and appropriate use of religious/spiritual resources." And ACPE Outcome L2.6: "Demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear and responsible boundaries."

[1] Centers for Disease Control and Prevention. Youth Risk Behavior Survey: Data Summary & Trends Report 2009-2019. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf

[2] Yard, E., et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic. MMWR Morb Moral Wkly Rep 2021; 70:888-894. https://www.cdc.gov/mmwr/volumes/70/wr/mm7024e1.htm

Thank G-d Yael was brave enough to ask for help and do the hard work of recovery. I am truly grateful for Rabbi Silber's support. His care was a striking contrast from those who knew of our struggles and did nothing. Although we only shared our situation with a close group of friends, Yael's twin brother remained in the school that she left mid-year, and very few acknowledged her absence or offered support. In a community that is quick to provide care whenever someone is in the hospital or in need, when it came to mental health, there was silence. We need to do more on #QuietingTheSilence. When we suspect that someone is having a tough time, we need to reach out to let them know we care. We need to think more deeply about helping those who struggle with mental health with the same *chesed* (kindness) we give to those facing other challenges.

Discussion Questions

1. In Episode 1, Tandra stresses that talking about mental health "should be a normal part of parenting and education in the schools" [Episode 1, 5:02]. How can we advocate for mental health training that equips school personnel to recognize the signs of mental health challenges?

2. In Episode 1, Tandra counsels viewers to "Validate. Listen. Don't judge… that's how we save lives" [Episode 1, 13:07]. How do we train our community leaders, clergy, and volunteers to practice these life-saving skills? How do these skills serve the entire family — the youth in crisis, their siblings, their parents, their grandparents, and their peers?

3. In Episode 1, Tandra said, "Building resilience is a skill — it's the things we do to cope and build a toolbox" [Episode 1, 25:15]. What lessons from our traditions and sacred texts can we teach to illustrate how our ancestors struggled and overcame obstacles?

4. In Episode 1, Daniel and Tandra discuss how too often "we are reactive and not proactive" [Episode 1, 23:49]. How do we establish protocol within our faith communities to care for those experiencing a mental health crisis or suicidal ideation?

5. How can faith communities build partnerships to prioritize mental health and wellbeing and create safe and welcoming spaces? For example, the Blue Dove Foundation's #QuietingTheSilence program of sharing personal stories is helping to increase awareness and decrease stigma associated with mental illness and substance misuse in the Jewish community and beyond. What other examples are you familiar with?

6. In Episode 1, Daniel talks about "creating a community of conversation" [Episode 1, 8:58] and says that faith spaces are protective factors for young people. When the synagogue/church/mosque shies away from the topic like mental illness and suicide, we are saying that this space is not a place to talk about mental health. What can our faith-based, youth-serving organizations do to create environments that support mental wellness?

7. The video, Episode 3, Talitha addressed the importance of naming mental illness in worship and incorporating it into prayers. For example, "We lift up in prayer all those who are suffering from mental illness and their families" [Episode 3, 12:15]. What can we do in our faith communities to lift up others?

8. In Episode 2, Pardeep said, "Faith and mental health are always a part of somebody's life. As we go forward, we need to develop a spiritual care model for society" [Episode 2, 5:05]. What do you think a spiritual care model should include?

Resources

NAMI FaithNet is an online, web resource of National Alliance on Mental Illness dedicated to providing and promoting the creation and exchange of information, tools, outreach materials and other resources which will help NAMI members and friends educate faith communities about mental illness and the vital role spirituality plays in recovery. NAMI FaithNet is not a religious network but a mental health education and awareness outreach to clergy and congregations of all faith traditions as well as to individuals who seek faith as a component of their recovery. NAMI publishes original content on faith and recovery that strives to inform and inspire the community on the latest research, events and stories related to faith, spirituality, religion, and mental health. Please visit the NAMI FaithNet Facebook page to join the NAMI FaithNet Facebook discussion group.

Parents of Children with Anxiety and Depression Support, a Facebook online support group of 25,000+ parents providing understanding and advice based on lived experience parenting children with anxiety and depression.

No Shame On U is a 501(c)(3) organization dedicated to breaking the stigma associated with mental health in the Jewish community so the people who need the help will seek it, family members and friends will know how to provide proper support, and to save lives. The NSOU

Teen Ambassador Program, an immersive leadership program that educates 10th, 11th, and 12th graders in North America on mental health issues and empowers them to spread awareness in their communities.

The Blue Dove Foundation
https://thebluedovefoundation.org/

Additional Resources

HEALING THE HEALERS

Organizations

American Foundation for Suicide Prevention - https://afsp.org/
"Established in 1987, the American Foundation for Suicide Prevention (AFSP) is a voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education, and advocacy to take action against this leading cause of death."

INMI (Interfaith Network on Mental Illness) - http://inmi.us/
"Our mission is to increase awareness and understanding of mental illness among clergy, staff, lay leaders and members of faith communities and help them more effectively develop and nurture supportive environments for persons dealing with mental illnesses and their families and friends."

Mental Health Ministries - http://www.mentalhealthministries.net/index.html
"Mental Health Ministries was founded in 2001 by United Methodist minister, Rev. Susan Gregg-Schroeder. It has evolved into a web-based interfaith outreach that offers a wide variety of downloadable print and media resources that can be adapted to the unique needs of each congregation. The focus is on using one's faith and spirituality as an important part of the recovery and treatment process and as a way for family members to find strength and hope in caring for a loved one with mental illness."

NAMI FaithNet - https://www.nami.org/Get-Involved/NAMI-FaithNet
"NAMI FaithNet is an interfaith resource network of NAMI (National Alliance on Mental Illness) members, friends, clergy, and congregations of all faith traditions who wish to encourage faith communities who are welcoming and supportive of persons and families living with mental illness."

National Action Alliance for Suicide Prevention -Resources from the Faith.Hope.Life. Campaign - https://theactionalliance.org/faith-hope-life/resources-materials

Pathways to Promise - https://www.pathways2promise.org/
"P2P collaborates with faith and spiritual communities to share resources that assess, educate, and effect change to welcome, support, engage, and include persons with mental illnesses and those who care for them."

The Trevor Project – https://www.thetrevorproject.org/
"Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25."

Books

Carlene Hill Byron. *Not Quite Fine: Mental Health, Faith, and Showing Up for One Another.*

Timothy Doty and Sally Spencer-Thomas. *The Role of Faith Communities in Suicide Prevention: A Guidebook for Faith Leaders.*
https://www.sprc.org/sites/default/files/migrate/library/2010FaithLeaderGuideBookweb.pdf

HollyKem Sunseri and F. Dean Sunseri. *A Roadmap to the Soul: A Practical Guide to Love, Compassion, and Inner Peace*. TVW Publishing. [Jarrod drew upon this book for his "Wounds and Warrior" model as referenced in Episode 3]

Video

"Interfaith Perspectives on Spiritual Practice & Suicide Prevention: The Role of Faith Communities" [1:59:05] - https://www.youtube.com/watch?v=0hMNXzl6TA0

Audio/Podcasts

Fuller Youth Institute - https://fulleryouthinstitute.org/anxiousworld/resources
Faith in an Anxious World: Resources for Leaders and Parents offers podcasts and blogs for parents and leaders of youth.

World Council of Churches – WCC COVID-19 Support, Episode 1: Mental Health - https://soundcloud.com/worldcouncilofchurches/mental-health-covid-19-support-series-episode-1?in=worldcouncilofchurches/sets/wcc-covid-19-support-series/s-XUKR4kE6ODN

Link to transcript of "The War Came Home/The Home Front" - https://www.npr.org/1998/11/11/1032783/the-war-came-home
[This is a transcript of an interview with Rev. Talitha Arnold featured on NPR]

Trainings

Mental Health First Aid - https://www.mentalhealthfirstaid.org/population-focused-modules/faith-and-spiritual-communities/
"Faith and spiritual communities have diverse views on mental health and substance use as it relates to their belief systems. Mental Health First Aid educates faith leaders and communities about common mental health and substance use challenges, as well as an action plan to help faith populations."

Soul Shop offered by the American Foundation for Suicide Prevention – https://afsp.org/soul-shop
"The goal of this workshop is to familiarize participants with the incidence and impact of suicide on their faith communities, and train them to address issues related to suicide." It is a one-day training.

Articles

Amy Deutscher. "Who Are Gen Z Talking to About Mental Health and Faith?" https://www.sanctuarymentalhealth.org/2021/04/16/gen-z-mental-health-faith/

Crystal Amiel M. Estrada, et al. "Religious Education Can Contribute to Adolescent Mental Health in School Settings." *International Journal of Mental Health Systems*. https://ijmhs.biomedcentral.com/articles/10.1186/s13033-019-0286-7

Jane Cooley Fruehwirth. "The Science Is In: Faith Can Be Effective Against Adolescent Depression." *America Magazine*. https://www.americamagazine.org/faith/2019/08/19/science-faith-can-be-effective-against-adolescent-depression

A Trauma-Informed Approach to Screening Healing the Healers

HEALING THE HEALERS

Reverend Storm Swain, Ph.D.
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Documentary screenings engage the visual, auditory, emotional centers of the brain for everybody, and, as a screening host, it is important to be aware that the topic of a documentary is likely to relate in some way to the lived experience of persons in the room. An audience member experiences both the **content** of the documentary, and the **context** of a screening. During a screening, a person who has experienced traumatizing experiences may be triggered by the documentary, and their bodies may experience a fight, flight, or freeze response.

Anyone could be a survivor of traumatic experience, and not everybody's trauma response looks the same. Trauma does not mean someone is sick or weak; it means that someone is both a survivor and is vulnerable. With the right conditions, traumatic experience can be addressed, worked through, metabolized, healed, and provide an impulse for social change and personal growth.

Odyssey Impact has prepared suggestions for taking a trauma-informed approach to your screening of *Healing the Healers*. In engaging any documentary, we need to attend to the three following spaces:

1. **The Holding Space:** The host should build trust and establish safety before a screening to create a space that is as safe as possible for all audience members.
2. **The Suffering Space:** Audience members who identify with subjects of the documentary series may find themselves grieving losses anew; for others, for whom the subject material may be new, empathy with the suffering of others can foster accountability and inspire action in new ways. Hosts need to be open to audience members experiencing the documentary in different ways.
3. **The Transforming Space:** Through solidarity and discussion, hosts can help engage audiences to reconnect with the ordinary goodness of life and community, through compassion and action.

The following sections offer hosts the opportunity to think critically about how they can seek to cultivate spaces that attend to audience members' traumas with compassion.

1. The Holding Space

Traumatic material warnings are not enough when the subject is in the room. When screening a documentary that contains emotionally provocative content, we need to be conscious of the likelihood that audience members may have experienced or witnessed, or been connected to someone, who has experienced the situation or similar to that being screened. This trauma-informed reality needs to shape our awareness, attitude, and actions before, during, and after a screening.

As a host, we need to attend to the context of a screening to make the experience of the content something that can be witnessed and processed in ways that are not overwhelming. The Holding Space is both environmental and relational, which in a trauma-informed approach seeks to establish a safe space for gathering, viewing, and discussing a documentary, in a way that may lead to post-traumatic growth (small or large) rather than re-traumatization.

A trauma-informed approach seeks to build, even before the viewing of a documentary, a relational holding space that reminds people that they are not isolated, but in community, and it is okay to be vulnerable. Cultivating a holding space informs audiences that there are trusted others and intentional actions they can take to prevent or cope with being overwhelmed.

Knowing that a documentary engages almost all the sensory areas of the brain, attention to the sensory experience surrounding a film or series is important. For those with a history of trauma, this may be crucial in making the screening a safe space. For screenings in settings like educational institutions, community organizations, or houses of worship, this would mean attention to seating, lighting, sound, entry and exit, distractions, bathrooms, food and drink, etc.

The space should be set up well before attendees arrive, and the screening team should familiarize themselves with the space, and work out a plan before a screening, which includes decisions like - what lights to turn off first/last, and what to keep on.

Ideally, you would want to have a screening in a room that can be darkened but with some visible light for people to orient themselves when looking away from the screen, and safe enough to see to leave the room while the documentary is playing. Ideally the room should have multiple exits, and the seating should be set in a way that people can choose to leave their location without drawing too much attention to themselves.

If feasible, there should be a space adjacent to the room where the documentary is to be screened that people can be without leaving, perhaps with water and food, which provides normality and agency. This may also be a good space for quiet conversation.

It is important to research appropriate local resources for support, referral, and calls to action. If there will be outside presenters, especially representatives for support, it is critical to have these individuals introduced by local trusted persons. This will contribute to setting the scene, or framing the space before starting to play the documentary.

It is important to frame the screening well, through:

1. Building Trust by sharing identity and identification in context.
   For example: "Welcome to… [location]. I am…[Name and title]. You will notice, as you look around the room, that available exits are… and in case of an emergency exits are… [orienting to the physical space]. Bathrooms are… and there are [beverages/and appropriate food (e.g. not popcorn)] available [in another location]. This screening is of… [name of film/series and brief public description]. It is produced by/or shown in partnership with… [name of organization, with brief content of mission]."

   Those framing the space would do well to make comments inclusive and not objectify those with a trauma history. For example, "Those of us who…" rather "Those of you that have experienced…"

2. Establish Safety by providing a road map that tells people what is going to happen and orienting them to the context.

   For example, "Our plan is to… [screen, provide space, panel/discussion/etc.]. I encourage you all to take care of yourselves, monitor your response, and if you feel overwhelmed, get re-grounded with your feet flat on the floor, look around and check out your surroundings, including behind you. You may find it helpful to consciously breathe in and out, three times, making sure you breathe out for one count longer [as that activates the parasympathetic nervous system]."

2. The Suffering Space

A trauma-informed approach recognizes that many more persons are survivors of traumatic experiences than may have been diagnosed with post-traumatic stress disorder. Beyond those who have suffered events that could have caused a loss of life, serious injury, or some form of sexual violence, many have survived other potentially traumatizing events, adverse childhood experiences, or a series of continual threats that have overwhelmed their physical, psychological, social, and spiritual resources to cope against such a threat or event.

For those who have not had the benefit of trusted others with whom they could share, remember, and work through the thoughts, feelings, and reactions associated with the traumatic experience, there may be a greater risk of being unconsciously triggered by a sight, sound, or other circumstance in a documentary. This may activate the traumatic experience and risk re-traumatizing the person. Even those who have had the privilege of working through trauma can also be surprised and triggered unexpectedly.

Several practices can mitigate against being unexpectedly triggered, and other practices can help when it happens. In fact, a number of trauma survivors find it helpful to be able to experience the sense of solidarity with those who have suffered similar circumstances, and not only "lived to tell the tale," but have allowed their story to be a gift of survival to others. They also may find it helpful to face their feelings in a safe space, in a gradual way, without becoming overwhelmed.

Cultivating a suffering space in which to view *Healing the Healers* can be aided by the following ten suggestions:

1. A screening is not therapy, therefore, practices around a screening must be appropriate to the context. Whether a screening is in a classroom, community center, or house of worship, any suggested intervention or practice is best offered generally to the group as information or education, and no one should be compelled to participate, nor singled out to disclose any traumatic history before or afterwards.

2. A brief explanation of what to expect by a trusted person, or someone who seems trustworthy, can go a long way towards countering an unexpected and unconscious response. This is best done in a non-anxious way where the presenter is settled or grounded in their own body, in touch with their emotions, and will not communicate anxiousness to the viewers.

3. When screening documentaries that focus on personal or communal violence, it is a good practice to have an experienced supportive community resource person, such as a local clergy person or a mental health professional, available for informal conversation should someone be triggered unexpectedly by the film or series' content. It is to be expected that some members of a group may self-select not to view a documentary they know might trigger traumatic associations. Oftentimes, knowing that they have the choice not to stay, or there is someone there to speak with should they experience distress, are other factors that make viewing a documentary feel safer than would be the case without these possibilities. Even when a support person may not be used, it does not mean their presence is not valuable.

4. Many people watching a documentary will have a strong emotional response, which is not uncommon or undesirable. Being triggered is an instinctual response that can precede emotion when a person unconsciously perceives they are under threat, perhaps in the same way they encountered during a traumatizing experience. They may react by wanting to (or actually) fleeing, getting ready to fight, or freezing up, and feeling incapable of action. These are all common ways our body instinctually copes with threat. Also, common are a crying out for those who could offer protection, or an instinctual reaching out for those in their care (this response is often called the "tend and befriend" response). The key thing to note is that these responses are faster than thought, and even emotion, and therefore do not necessarily seem rational or connected to present reality. These adaptive survival responses were necessary when they needed them, but when they remain, they can become emotionally destabilizing and demoralizing to the survivor.

   Many people who experience "triggers" of reactivations of trauma become quite adept at managing or predicting them, and others may not know they are in distress. If a person self-discloses or is noticeably triggered by traumatic content, such as being unable to move after a screening, or in a discussion group, or leaves the room during the screening, it is often helpful for a support person to and sit or stand near them, without intruding on their intimate personal space (establishing safety).

   Keeping at that person's same level or below, keeping a calm, firm, and non-anxious tone, and grounding yourself may be helpful. Knowing that a traumatic reaction can both precede and interfere with thought, it is helpful to either introduce yourself or remind them who you are, and what your role is, where you are (orienting them to the present), and what you plan to do (building trust).

   For example, "Hi [name]. I'm [my name] from [organization], here for the screening of [film/series,] here at [location.] You look a little overwhelmed, so I'm going to sit here with you for a while, if that's okay, and just keep talking for a bit. You don't need to answer, but you look like you're holding your breath, and you may find it helpful to just take a big breath, and blow it out [modeling such breathing yourself]."

5. Keep interventions focused on the here-and-now, coping with and orienting to the present rather than exploring the past. You do not need to know what triggered the reaction, and any later question should be open-ended and invitational.

   For example, "Do you want to tell me what's going on with you here?" It is okay if they don't want to talk, or aren't ready to do so.

   Responses can range from flashbacks and other forms of re-experiencing to dissociation, where a person feels cut off from emotion, sensation, or may even feel disembodied. It may be helpful, if possible, to assess whether the person is experiencing too much or very little. If you are alongside someone whose coping resources are (temporarily) overwhelmed, it can be easy to feel anxious yourself.

6. Grounding yourself is part of being alongside someone who needs to be grounded. Whether a person is feeling too much or very little, it is helpful to direct their awareness to their here-and-now sensory experience.

   For example, "I'm wondering if you can hear my voice/ feel the seat beneath you and at your back (orienting). It would probably be helpful to open your eyes and notice that…" "You might find it helpful to flex your feet, and push them into the floor a bit, so you can feel the ground solid beneath you." "How about we take three deep breaths, and blow some of the stress out (grounding)?"

   It is important that you do not presume you can touch the other person, even if your intention is to give them a supportive hand-on-the-back or arm. You do not know how touch was connected to the traumatic experience and you do not know how touch will be received or interpreted.

7. When someone who has experienced a traumatic trigger is able to talk, continue to affirm their agency and orient them to the current reality through questions that help them move from that instinctual reaction, and regulating their emotional experience, to thinking about what is next.

   For example, "Would it be helpful for someone to get you a glass of water?" to "What do you need, here and now?"

8. It is not appropriate for an untrained person to delve into the content of someone's traumatic experience as this may risk re-traumatizing them. However, they may wish to share something of their story and have you respectfully listen, and witness this, and affirm their ability to cope.

9. When it seems appropriate to start orienting to "What's next?", it is helpful to assess resources in the person's life to process their experience.

   For example, "Who do you have that you can talk to about what happened here?" If they do not have anyone, then referral to a local resource (mental health practitioner, trusted and experienced clergy person, etc.) may be called for.

10. Orienting the person to leaving is a helpful way of engaging their own ability to care for themselves.

    For example, "What will you do today/tonight after you leave here?" "What might you do to take care of yourself?" "What do you need to do to be ready to leave?" Some way of closing the conversation is helpful for both of you. "I trust that you'll do what you need to do to take care of yourself. All strength to you. I'll let you collect yourself before you go. Bye, now."

3. The Transforming Space

When a documentary is coming to a close, it is a good practice to more visibly enter the screening space, to the side, perhaps by standing, and watch the credits yourself. This continues to psychologically hold the space for the viewers without making an abrupt transition.

If you are able, start to turn the lights up slowly behind the viewers first, rather than turning them on all at once and startling those who may be still drawn into the experience of the documentary. If you have to turn lights on all at once, give people a verbal warning before you do so.

Moving into the central place to address the viewers, it is helpful to take a large breath – in and out - (or three) before you begin talking. This communicates taking care of yourself, and grounding yourself in the moment. Reaffirm the road map or plan of engagement that you outlined at the beginning of the movie to remind people or inform latecomers. Reaffirm the choice to stay or leave, and the ability to take a break before discussion may start.

A trauma-informed approach to viewing *Healing the Healers* seeks to build a safe holding space with trustworthy people to facilitate the process, attend to suffering that arises, and discover life-giving transformation in community and conversation in an effort to build resilience in individuals and communities.

Trauma-Informed Practices for a Virtual Screening

Like in-person screenings, virtual screenings can also elicit a trauma response within viewers. This requires the host to consider how The Holding Space, The Suffering Space, and the Transforming Space can be adapted to the virtual context. Fostering predictability can help viewers to emotionally regulate. For this reason, explaining processes and procedures for the screening is of utmost importance in a virtual setting.

Creating a Holding Space is both environmental and relational. When hosting a virtual screening, invite viewers to locate themselves in an environment that meets their psychological needs. For some this may mean sitting on a couch with the lights dimmed while for others it may mean being seated in a bustling public venue with headphones. Empower the viewer to select the physical setting and circumstance that creates the most emotional safety for them. Creating relational space in a virtual setting can be challenging. When possible, greet people individually by name when they log on. Explain to viewers when and how they will be able to connect with others (i.e., by participating in small group discussions following the screening). Encourage viewers to keep their cameras on throughout the event except when the film is being screened, noting that the choice is theirs and it is not a requirement. Establish guidelines for when and how it is appropriate to use the chat feature during the event and particularly as the film is screened. Prohibiting viewers from using the chat feature can decrease their sense of agency. However, some viewers will find the chat to be distracting. One strategy for managing this difference is to empower those who find chat interaction helpful to engage, with specific guidelines, and encourage those who find it distracting to sit far enough away that the messages can be ignored.

When hosting a virtual screening, it can be difficult to assess who has entered a Suffering Space. Virtual hosts can aid their own ability to assess others' reactions by screening the film prior to the event. If the host is processing their own reaction at the same time as others, it can decrease their sensitivity to others' reactions. The virtual host could share their own response to model resiliency. For example, saying something like, "Before I had seen [this documentary piece] I was worried that..., but now I feel..." This may be a way of normalizing but containing apprehension. Consider inviting participants to send you a direct message via the chat feature if they are overwhelmed or experiencing a trauma response. The host should not provide therapy, but immediate connection with a responsive, caring individual can help those experiencing a trauma response to regulate. Two useful practices the virtual host can use are to invite the person to:

1. Breathe in for a count of three, hold it, then breathe out for a count of 4. This helps to activate the parasympathetic nervous system when one feels overwhelmed by emotion.

2. Engage in the 3x3 grounding exercise, inviting the person to look around the room they are in and name three things they can see, three things they can hear, and three things that they can feel. This is helpful in the case of someone who may be becoming dissociated.

Once or twice during the screening consider posting the numbers for a hotline or warmline in the chat feature if someone needs immediate peer or professional support. Many cities, counties, and states have warmlines geared toward people who need someone to connect with because they are feeling anxious, depressed, or isolated. These are not for mental health emergencies. Many cities, counties, and states also have hotlines for individuals in crisis, and you might consider providing the National Suicide Prevention Lifeline Number (800.273.8255).

Although the host cannot control the context or environment in which virtual viewers are located, the host can work to create a Transforming Space by engaging in the same transitional practices as during an in-person screening: watch the credits as this allows a transition time to the present; leave a short time of silence following the film's conclusion; from a place of calm, invite viewers to engage in three, deep belly breaths. The host's ability to be as calm and settled as they can will help participants do so as well. Perhaps consider allowing time for viewers to put a word in the chat features that captures their immediate feeling or response. Tell participants how online discussion will occur and, for greater safety, share with them guidelines for engaging in empathic, trauma-sensitive discussion.

Suggested Readings

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Lartey E. Y. (2003). *In living color: An intercultural approach to pastoral care and counseling* (2nd ed.). London: Jessica Kingsley Publishers Ltd.

Suggested Readings (cont.)

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Taylor, S.E., Klein, L.C., Lewis, B.P., Gruenewald, T.L., Gurung, R.A., & Updegraff, J.A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological Review*, 107(3), 411-429. https://doi.10.1037/0033-295x.107.3.411

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About Odyssey Impact and Transform Films, Inc.

HEALING THE HEALERS

Odyssey Impact

Odyssey Impact drives social change through innovative storytelling and media, connecting faith and secular communities. Founded in 1987 as the National Interfaith Cable Coalition, Odyssey Impact is a multimedia and interfaith 501c3 that harnesses the goodwill of faith based and secular organizations to build awareness, change attitudes and catalyze actions for social change through award-winning films, powerful stories, impact campaigns and coalitions of change makers.

Transform Films, Inc.

Transform Films, Inc. a documentary production company that tells stories of hope, compassion and the quest for a more just world, presents *HEALING THE HEALERS - Youth Mental Health*.

In Partnership with

American Foundation for Suicide Prevention

American Foundation for Suicide Prevention: https://afsp.org

Established in 1987, the American Foundation for Suicide Prevention (AFSP) is a voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy to take action against this leading cause of death.

AFSP is dedicated to saving lives and bringing hope to those affected by suicide. AFSP creates a culture that's smart about mental health by engaging in the following core strategies:

- Funding scientific research
- Educating the public about mental health and suicide prevention
- Advocating for public policies in mental health and suicide prevention
- Supporting survivors of suicide loss and those affected by suicide

The Blue Dove Foundation: www.thebluedovefoundation.org

The Blue Dove Foundation was created to help address the issues of mental illness and addiction in the Jewish community and beyond. Based in Atlanta, we work with people and organizations across the United States and around the world.

The Jewish community is not immune to the problems the rest of society wrestles with when it comes to mental health and substance abuse. Yet we as a group too often have refused to acknowledge and discuss the issues. As a result, many individuals and their families suffer privately and lack the information necessary to address their struggles.

Recognizing the importance of collaboration when it comes to solving this community problem, we accomplish our work through program, promotional, and support partnerships. The Foundation values both our existing relationships and future partners whose missions align with ours.

Chaplaincy Innovation Lab: https://chaplaincyinnovation.org

The Chaplaincy Innovation Lab (CIL), based at Brandeis University, launched in October 2018 to bring chaplains, theological educators, clinical educators and social scientists into conversation about the work of chaplaincy and spiritual care.

As religious and spiritual life continues to change, the CIL sparks practical innovations that enable chaplains to nurture the spirits of those they serve and reduce human suffering. Our work is shaped by four central commitments maintained by all who are connected to CIL.

Soul Shop: https://www.soulshopmovement.org

Soul Shop™ is an interactive workshop that equips faith community leaders and other people of faith to train their congregations to minister to those impacted by suicide. At a Soul Shop events, attendees will learn:

- How prevalent suicide is in their communities
- To recognize the signs of suicide risk
- To ask a person at risk if they might be thinking about suicide.
- Ways to companion those experiencing and healing from suicide loss
- About the local and national resources available for suicide prevention
- What the Bible has to say about suicide
- How to integrate suicide prevention into the life and ministry of the church

Suicide is a public health crisis which requires our communities to response. We believe all congregations are well situated to be significant sources of hope and healing for those impacted by suicide, and Soul Shop trains leaders how.

Well Being Trust: www.wellbeingtrust.org

Well Being Trust is a national foundation dedicated to advancing a vision of a nation where everyone is well in mental, social and spiritual health.

Launched by Providence St. Joseph Health in 2016 as an independent 501(c)(3) public charity with an initial seed endowment of $100 million plus an additional $30 million to be invested in California from 2017 to 2019, Well Being Trust is now investing in approaches that have the potential to model the way forward. Well Being Trust was created to advance clinical, community and cultural change… *to transform the health of the nation and improve well-being for everyone*.

We recognize that this work cannot have the needed impact if it is driven by any one organization. It needs to be co-owned by all of us and informed by the wisdom of people, organizations, and communities. With partners and grantees, we are supporting and encouraging a powerful movement that benefits everyone.

Credits

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HEALING THE HEALERS

Series 3: Youth Mental Health

Encouraging and Preparing Faith Leaders to Respond

Expert Discussion Guide & A Trauma-Informed Approach to Screening Healing the Healers

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