



UNDERSTANDING
NERVOUS
BREAKDOWN



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**Handles
to Doors of
Hearts and Minds**

Reconre Publications



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Understanding Nervous Breakdown

Handles to Doors of Hearts and Minds

Silent Sufferers Ignored

Psalm 27:1

*“The Lord is my light and my salvation,
of whom shall I fear?”*

*The Lord is the stronghold of my life,
of whom shall I be afraid?”*

Introduction

“*Nervous Breakdown*” is a layperson’s term for any serious emotional and/or mental upheaval. Let me explain what this state of change feels like to the suffering man, woman or child who may be facing a nervous breakdown. Most of them have no voice in the church because members usually view them as “*devoid of clear thinking*” and/or “*a speculator*”. I have known many who were pushed beyond their limits of endurance by those who care for them but do not understand them. I have also seen that the limit of tolerance, before a breakdown, varies from person to person even if the amount of pressure is the same.

The plea here is for us to understand one another in our common weaknesses and strengths so that we may live His life of compassion and truth before a watching world. Anyone may experience a nervous breakdown if we do not help one another live Christ's life in us or continue to help when the inevitable eventuates.

Definitions

When someone who is consistently slow and steady loses control of his composure at home or in meetings, or when there is a change of personality in someone we know, lay people may view them as being on the brink of a nervous breakdown.

In medical traditions, apart from the most up-to-date definitions and explanations, those who suffer from more severe "*Nervous Breakdowns*" are classified into two categories.

A. The first group is suffering from certain *disorders* of the mind and emotions. Such conditions cover former cases medically classified under *neurosis*. Generally, the sufferers are *still in touch with reality (except that they may appear queer, awkward or fussy, for example)*. Today, the conditions have names such as personality disorder or anxiety disorder.

Though all of us are neurotics in that we do have some imbalance of our personality somewhere as imperfect men and women, here we are talking about those who have symptoms that affect the joy of living. *Broadly speaking, because these individuals are still in touch with reality*, most of them can still fulfill their basic daily routines e.g. complete their housework and keep a job. However, some will have conflicts with others at home, work, church or neighbours. Further, symptoms, such as phobias (intense irrational fear), may not show up in a person until he has to meet the very object or event he greatly fears.

Many have difficulty receiving help because persons who live with such symptoms may not be sick enough to be incapacitated or be *ordered* to seek for help. Many Christians who suffer from neurosis are ashamed of their hang-ups and so continue with the uncomfortable symptoms their whole life without seeking help.

It is particularly painful to watch sufferers of emotional and mental disorders as they struggle to live among others who, in the beginning, could not see their masked (often unintentionally used) needs.

Acquaintances and family alike often find their behaviour unacceptable. Of course, it is even more painful when others are aware that something is wrong but cannot pinpoint what it is. After a while, everyone around the person may simply pretend that nothing is wrong. Meanwhile, the person carries on with the *neurotic* behaviour happily or blames others for his problems.

B. Those in the second group are said to be suffering from other disorders previously classified under the condition of *psychosis*. They seem to be *out of touch with the real world around them*. Under this category are:

- i. those with thought disorders such as:
 - hallucinations (receiving of abnormal verbal or visual messages)
 - illusions (false beliefs about something which does not exist by, especially, firmly maintaining belief in distorted interpretations of real events e.g. thinking that a religious leader is holy or perfect when he is not)
 - delusions (a false belief or opinion about oneself or one's situation e.g. being suspicious of a spouse having an affair when there is no such situation)

These symptoms are commonly identified with those suffering from *schizophrenia* (*more a disorder of thinking than feeling, and usually showing some dissociation between thought and feeling where the thoughts appear irrelevant to the feelings shown*).

If not due primarily to evil oppression, most need medical treatment as soon as possible so that therapy will be more effective. If left without medical help for too long, their minds may have been damaged beyond functional recovery unless, of course, the Lord decides to heal miraculously.

- ii. *those with basically mood or feeling disorder*. The patients are more commonly known as suffering from depression or the mood swing type of bipolar disorder, previously classified as manic depressive psychosis (MDP). This problem is basically one of moods rather than thinking, though feelings and thinking work in collaboration, of course.

In most cases, both conditions above are due to abnormal quantities of normal chemicals produced by brain cells, whatever the cause.

Unhealed grief for someone significant in early childhood and *sexual abuse* are common recurring themes in the lives of the patients. Further, many of those already in intense people work unintentionally suffer from burnout due to overwork as they lack self-understanding and self-care. *Prolonged burnout* may also lead to depression.

However, we need to *guard against over-diagnosis* because unless we are trained and more experienced in the care of people afflicted with these conditions, it is difficult to assess accurately. The *line between the acceptable “normal” and “abnormal” is thin* indeed. When in doubt and you care, seek professional assessment. By God’s grace, Malaysia has several discerning psychiatrists today though we need many more.

Common Signs and Symptoms of the Early Stages of a Nervous Breakdown

The list below may not be as obvious as they read. Human beings are unique individuals and behave uniquely. This is only an attempt to help fellow believers be more sensitive to the needs of others and to help their neighbours through crises for the sake of the Lord.

Note:

We must *be alert to false or over-imaginative diagnoses* in order to prevent more confusion and problems arising in our churches.

What we are looking for is *the change of behavior* from the normal for a specific person. In other words, what we see as unhealthy in one person may be “*normal*” for him/her if he/she has always been like that. I do not mean that the morality of a behavior is relative. We are discussing the mere observation of behaviour, for example:

- Absence from e.g. regular Bible Study Groups without warning or explanation.
- Inattention at meetings or during normal conversations.

- Sudden explosive criticism of church members, elders or pastors as authority figures.
- Frequent job or committee changes.
- Inability to fulfill a reasonable and promised project by an otherwise responsible person.
- Prolonged sleep disturbances i.e. difficulty in falling asleep or waking up in the early hours of the morning and feeling consistently low for weeks or months.
- Excessive loss of weight in a short period when physical health is otherwise normal.
- Excessive crying/weeping during meetings for prayer or sharing times.
- Evasive prayer requests, asks for time to talk with someone or sudden frequent telephone calls for no specific reason.
- Excessive talkativeness or spending sprees in an otherwise prudent person.
- Fluctuations between extremes of enthusiasm and gloom at regular or irregular intervals.

- Sudden deterioration in examination results.
- Sudden changes in appearance e.g. overloaded with cosmetics/colour or untidiness in a usually tidy person.
- Woolly thinking and speech in a usually clear thinking person.
- Gradual withdrawal from others and leaving meetings or services quickly.
- Excessive suspicion of someone wanting to harm him or excessive mention of evil power against God's and own power i.e. power talk.
- Apparent back-sliding.
- Unusual facial or body movements e.g. stooped gait, mask-like facial expressions.

Main Causes (C) and Precipitating Factors (PF)

1. Emotional and mental stress (PF)
2. Spiritual depression (C) ¹
3. Physical - secondary to changes in body chemistry (C)
4. Social and financial problems (PF)
5. Oppression/possession by evil spirits (C) ²

Some Common Problems

Pathological grief.

A widow at church casually mentioned to a friend,

"Since my husband has gone home to the Lord ...".

There is nothing wrong with such mention of a loved one who has died. But "died" is the word that some find extremely difficult to use. Why is this so? This is because many Christians decide to be gentler with words and so do not want to use a word that means something bad. Yes, death is bad because it separates loved ones and seems to tear them apart. Yet, to die is as sure a reality as

to be born into our world. Many who miss their departed loved ones stay away from that word. It is too painful to mention. In some cases, this may be a symptom of unresolved grief.

Note also the difference between the verbal statement,

“It’s good to know that she’s with the Lord ...”

and the restrained tears in the eyes of one still grieving for his mother two years after death unexpectedly took her away. Yet someone else may express the unresolved grief by not being able to enter Mum’s room, years after the latter’s death. In my personal struggles in the past, I used to avoid farewell parties for even casual friends for fear of looking silly if I were to become too emotional ³.

Grief is a natural and needed process of healing from the pain of the loss of someone close to us or even a favourite object. When prolonged to beyond 6 to 12 months, the grief becomes pathological (i.e. dis-ease producing) and therefore needs special attention from those who want to help the sufferer out of his condition. Christians often further compound pathological grief by the misinterpretation of the phrase,

“ ... to die is gain ...”

One meaning is that when Christ is our everlasting Friend, to die is only to be with Him always and to see Him face to face. This every believer should anticipate with longing joy.

In another sense, *to die to self-will* is also good because then God's will has overtaken our will. Consequently, many Christians take the words to mean that death is a good thing and so we must be thankful for it and not feel sad. However, our inner beings feel the pain of loss. So what do we do under such a distorted belief? We suppress our tears to avoid appearing selfish. We do this to the detriment of our mental and emotional health. Some start accusing church friends who place false guilt on them when they are unable to socialise fast enough after the funeral.

Such unresolved vicious cycles may push the unhealed person into the sin of resentment against God for the loss, resulting in more unnecessary suffering.

Perhaps we need to do more frequently is to teach our members to accept the variety of experiences of people rather than to deny the realistic experience of the facts of this earthly life.

A grieving person usually passes through five stages of experiences before grief work is completed. They may not be in the order presented below:

1.

Shock

Initially, the person is shocked by the actual loss (by death, bankruptcy, robbery, natural disaster, etc.), especially if it is sudden, as in a tragedy. Where there is time to prepare for the impending loss, as in the case of loved ones suffering from chronic illnesses or prolonged serious illness, the shock may not be as great, due to the gradual dawning of the fact of loss. Even then, when it happens, it is still a shock to the system.

In some cases, the person's numbed emotions actually helps him handle the funeral preparations better than if he were to feel the loss immediately.

A few brave it all to share the testimony of God's grace at wake services.

This is healthy and part of the protective mechanism God has endowed upon us.

2.

Denial

At this stage, the grieving person, in order to cope with the impact of the shock, goes into conscious or subconscious denial of the fact that life will never be the same again.

The lost object has been, for so long, part and parcel of his life experiences, whether for good or for bad.

Subconscious denial is probably more debilitating in the long run, if it lingers on, because the person refuses to admit and deal with it, even if others want to help.

As God's children, we can and must always reach out to such a needy brother or sister with the love of God through prayer and friendship. To laugh at them for being unreal will only rub salt into the wound as it will just make them feel more deeply misunderstood and rejected.

3. Bargaining

When the grieving person recovers his emotional strength somewhat and is able to think clearly again, he starts to bargain with God

"Why, WHY did you allow this to happen?" ...

in the hope of receiving a fair answer.

He needs to make some sense out of the apparent nonsense in the midst of intense suffering.

4. Anger

When bargaining does not bring the lost object back, he begins to get angry with God or with those he thinks caused the death or loss.

It is like taking revenge on them or asking for compensation from Him for taking away his loved one.

5. Depression

Finally, when the truth sinks in that the person who died is not going to return, the grieving person may fall into a temporary depression or deep sorrow. Thought it may be some months after the funeral,

he must be allowed to cry and talk it out.

Remember, if we block hurting people from *talking out their confusion* with someone they trust, they will still *need to work it out* another way in order to prevent a nervous breakdown or unhealthy lifestyle. However, that way will usually be a pathological method, intentionally or unintentionally arrived at.

*We must lend them our ears, and encourage them
to talk about the real person who has died,
not the imagined super-hero or scoundrel.*

*He must talk about the good and the bad times
they had, not just the good or the bad,
for no one is perfect.*

*The truth is, that, no matter how good a parent,
husband, wife or child was, the real person who
died was an imperfect person and so is everyone
else.*

*In this way, the grieving one left behind is enabled
to emotionally relinquish the real person back to
God.*

Our Lord Jesus must have known all about this. Do you not think that He talked with His Father about His approaching death on the cross for a sin-sick world that had shunned His love? I believe He did so...many times. What can compare with the losses He suffered? He lost the trust from His much loved disciples, relatives and friends; He lost His reputation, good family name and, eventually, He lost, through death for sin on our behalf, the fellowship of His beloved Father from whom He had never been separated before. Finally, Jesus gave up His Spirit to Him who could raise Him up from the dead.

6. Acceptance

What a joy it is to reach this stage of grief when resolution is complete. There is now acceptance that

“Life will never be the same again ... but it will be O.K. because God is always with me and will enable me to go on living a fruitful life on earth without my child or sister or husband ... etc.”

Those made righteous by the Lamb of God will continue to live by faith in the faithful One who will never leave or forsake them (Hebrews 13:5,6).

Will we be God's agents of healing to our fellow brothers and sisters in Christ who are grieving over their losses or will we continue to leave them alone out of fear of hurting them and/or ignorance of the reasons for their cries or worse, condemn them by our snide remarks ...

“No faith-lah....may be she needs deliverance!”

NOTE:
In the case of death by suicide

Having experienced the intense trauma of facing a colleague and two friends, whom I love, commit suicide, I would like to add that those who are left behind need the understanding of those around them.

*The deep sense of guilt (false or real) that one feels for not being able to prevent such a death is strong;
the stronger the bonds between the deceased and the living person before death occurred, the stronger that sense of guilt in the living.*

Example

In another situation, a faithful pastor bore the guilt of his father's suicide for more than 10 years. A heavy pastoral workload prevented him from hurrying home to see his father when the latter wrote to him just before he died.

The pastor-son was left in a no win situation: he felt guilty for not helping his father; he would have also felt guilty for running away from his church responsibilities if he had rushed home.

Years later, these buried guilt feelings led him into a severe depression precipitated by seemingly minor incidents of rejection in his local church. He subconsciously felt that God had rejected him for being such a bad son to his father. By God's grace, he has since received His forgiveness and healing and faithfully continues in the pastoral ministry.

False Guilt Depression

False guilt knocks a person's emotions harder than true guilt, especially for God's beloved children. This is because if we confess our sins, He is faithful and righteous and will forgive our sins and cleanse us from all unrighteousness (1 John 1:9).

However, false guilt intertwines us in the trap of vicious cycles of guilt feelings for sins that do not exist. One cannot really deal with an imaginary event. Therefore, false guilt can eventually push us into depression as well. If you have known a severely depressed friend, you will feel the pain of their wrong beliefs about themselves or about what others say. Sometimes the burden of guilt is so great that it drives them to suicide.

People helpers or relatives may also behave in ways meant for good but are misinterpreted to be sarcastic or downgrading. Such behaviour adds on to the false guilt of the sufferer. We need to be aware of this and try our best, with God's help, to recognise this tendency in others and ourselves. Then we will reduce this type of behaviour towards those who have weaker consciences, not because they choose to, but because they have been weakened by other

factors caused by the fact of sin in this world. All of us need to ask God for grace and truth to be God's assistants and not Satan the accuser's assistants (Job 1:6-12 and Revelation 12:10).

Spiritual Depression

Some saints call this “*the dark night of the soul*”⁴. Sometimes, in order to strengthen our trust in Him, our heavenly Father temporarily removes the conscious awareness of His presence so that we will trust Him even though we cannot see Him. If we are unaware of the possibilities of such an event, the poor believer feels restless, and looks for a reason for his low moods. He may believe he has backslid and so keeps away from Christians out of guilt or anger that God does not care for his feelings. A pastor, who had experienced this prolonged period of depressive mood and had emerged closer to God, once preached on this experience. He ended with some wise suggestion as to how to respond at this stage of one's pilgrimage. He exhorted the congregation to:

- a. Tell God about their feelings and situation

- b. Prayerfully examine themselves as to whether they have committed any known or unknown sin. Confess to Him their sins, if any, and commit their life to Him.
- c. Though they may not feel like it, they are to exercise the routine disciplines of church attendance, prayer and Bible reading, giving, etc.
- d. Live out their daily routines at home and at work.
- e. Read a book to enjoy themselves, or exercise, etc. Do not forget to take care of their body, soul and spirit ... they are still alive and precious to God.
- f. Seek Christian fellowship in a small group.
- g. Wait for Him to bring them out of the tunnel and lift them up into the joy of His light again!

He is faithful and He will do it
(1 Thessalonians 5:23,24)⁵.

The Crises in Life Stages

I have dealt with this extensively in chapter 5 of "Building a Love House is Hard Work" ... Let me add that most people are able to ride the waves of life's crises though some may be crushed by their load. Though we do not fully understand why God allows such suffering, we have been called to trust and to know Him as the only One who can and will work good out of bad for those who love Him and those who have been called according to His purpose (Romans 8:28).

Serious or Chronic Illness

I have added this to remind us that when someone at home is very sick, we often forget that the others, especially children, may be neglected. They may suffer other emotional consequences later. Here, I believe, is the place for the church family to come together to give the other members, especially the younger ones, the love and attention that they need so much. They too need to be comforted as they also face the possibility of losing a loved one.

To tell them to be strong without actively loving them in visible ways will only add

to the pain of facing the unintentional, and sometimes inevitable, neglect by their loved ones. The adult carers at home will often be too tired to pay much attention to the healthier ones.

Relinquishment

I have kept this point to the last because of its frequent occurrence in many Christians' personal and family life.

Most of us do not like to relinquish what is good or useful to us. Bad things ... "Of course-lah ... give them away!"

In the skillful hands of a gardener, the good branches are pruned in order to make way for more fruits (John 15:1,2). Many of us are unaware of this principle and so we scrounge and hoard and scrounge and hoard because "*We are living the simple lifestyle of collecting secondhand things ... or else waste-lah!*"

If we look at this as a symbol of something else we are holding on in our lives, this may reflect a serious defect in us. Why should we be reluctant to relinquish our children to God's will for them, for example? Is it because we know better or because we do it not for their good, primarily, but out of fear of

being left alone by them if they should obey God. Hence, we hoard not only things but people.

From listening to counselees in the last few years, I have found that near last or the last insight that the Lord often reveals to the person seeking transformation, is the question,

“My child, are you willing to let go...of your sin, hurts, money, way of behavior, pride, ambition...in order to follow Me completely?”

Hence, we may need to remind one another to ask our Master each day,

“Lord, what is it that I should relinquish today in order to have You more fully?”

Certainly, then, our lives in Christ will be more abundant each day.

How to Prepare and Continue to Care in a Local Church

1. Know God’s companionship, His mind and commands, His power to save, heal, renew and to prepare us for caring work.
2. Pray with regard to ourselves for:

- a. Awareness of others' special needs
- b. Acceptance of those with special needs as our equals so that we do not patronise them.
- c. Availability during crises where emergency help such as food, lodging and time is needed from us. Being of a weaker physical constitution and without adequate home-help, I find that I cannot take on much of this part of the caring but am blessed with friends who are sometimes able to receive those that I pass on to them to care for in this manner. Some would have more of a pastoral gifting that is necessary for longer term friendship and follow-up.
- d. Acknowledgement of our limitations in the form of:
 - our personal needs for more healing
 - lack of practical knowledge to help

This means that:

- firstly, we try to help them ourselves
- secondly, if we cannot help them, we refer them to a church counsellor or pastor
- thirdly, if the person needs special help such as deliverance, medical or systematic psychological treatment, then we

may refer them to the specialists in the respective fields. I feel that if God's people do not think it right to refer those who need professional expertise in psychology and medicine to those qualified to help, then we cannot expect the general public to remove the stigma first. Commonly, many patients' relatives prefer to seek religious help through bomohs and mediums first before they reach the hospital. If a caring Christian friend will take them to a clinic when necessary, Christ's love would have been expressed objectively. If our Master Himself made mud from spittle and used the mud as a means of healing a blind man, I do not see why He should be against the use of medical treatment (John 9:6-11).

Note:

Pray with regard to others for persistence in healing prayer. God wants to heal us, but *when* He completes each healing process is not for us to dictate to Him, though we may tell Him our hearts' desires. With chronic problems, God meets with us intimately as we soak the sufferers and carers in prayer.

3. Assess Personnel Resources i.e. suitable labourers in God's Community⁶. They may be:
- a. *Retired brethren* - seriously encourage them to see this as an alternative to taking on another job if they have enough to use for daily necessities already. We need their maturity and stability which is often not appropriately utilised in churches. I also find that many church problems arise from a gross mismatch of gifts and roles.
 - b. *Full-time homemakers or married couples who are still childless* who may be able to baby-sit for someone occasionally, if not regularly. Those with children will have fun watching them play with their little friends.
 - c. *Students on vacation* must be encouraged to care for the aged or house-bound in churches and not encouraged to seek well paying part time jobs only. Caring is for the young and old.
 - d. *Christian homes with spare rooms* will be fruitfully used by those who simply need a break from their usual environment or to recover from overwork or mild depression. In this

way, many will be prevented from getting a full-blown nervous breakdown. Sometimes, temporarily under heavy pressures, they just need a quiet place with plenty of rest, a simple diet and plenty of understanding acceptance and love for 1 to 2 weeks. This usually enables the person in need to recover enough to see whatever problem they have from a fresh perspective and to regain confidence to seek a solution to it. Though this is urgently needed in city churches like in the Klang Valley, sad to say, such homes are still much lacking here. From a practical angle, I have often had great difficulty spreading out the people in need of such hospitality as many would rather keep their empty rooms vacant for their own relatives and small circle of friends. I sometimes wonder whether this would be considered one of the buried talents when our Lord comes again.

e. *Mobilise by:*

- ensuring that caring is not overlapping others' ministry
- redeeming time for such effective work. Start today ...

4. Provide :

- a. *occasional specific training for all types of carers* through seminars, lectures and discussions, teaching and preaching. Dr.D.A.Seamands calls preaching mass pastoral counselling. To some extent this is true.

- b. *encouragement for trained members* such as doctors, nurses and occupational therapists and physiotherapists to get involved.

- c. *continuous support for one another in the local church*. Even if we cannot help directly, you may want to intercede for the hands-on-helpers, or offer support financially, or baby-sit so that the tired couple may have time to recuperate after their guests leave.

The Challenge

If we are feeling weak even before we start caring more systematically, let us encourage one another from
2 Thessalonians 1:11-12

“With this in mind, we constantly pray for you, that our God may count you worthy of His calling, and that by His power He may fulfill every good purpose of yours and every act prompted by your faith. We pray this so that the name of our Lord Jesus may be glorified in you, and you in Him, according to the grace of our God and the Lord Jesus Christ.”

In the context of encouraging the Christians in Thessalonica in their faith in God and love for one another in spite of hardship, Paul prayed for them to be made worthy of His calling in Jesus Christ. Included in this call to His people are:

1. a task to fulfill - to fulfill every good resolve and work of faith
2. a goal - that our Lord Jesus may be glorified in us and we in Him
3. a sense of direction - according to His grace
4. a promise - by His power

If God has given us a burden to care for our brethren with special emotional or mental problems, do we dare to ignore this?

Is it a good resolve to help them?

Who can deny that it is good?

Is it a work of faith?

To those given the burden and resources, it cannot but be a work of faith. This is because experts in sciences and various other careers have no guaranteed answers to man's basic problem of loneliness, confused minds, severe depression, abuse and neglect, etc. It is also unlikely, without a basic change in the quality of sinful human lives, that they will ever have an answer. Sincere and caring psychiatrists often have little to offer those with deep-seated personality and neurotic problems. Their role in health care is significant in human history in the removal of symptoms through the provision of needful medication. Otherwise, those nations with the most sophisticated scientific research should have less social problems. But we know that this is not the case.

However, for the people of God, the knowledge of and faith in the living God and Creator who alone can and has forgiven all our sins and is able to remove

all our diseases (if not now, then in the resurrected life with Him) brings much comfort and hope of transformation. Even now, if we come to Him, He will save us from all that we inherited from our fathers (1 Peter 1:18-21). Let us, therefore, take courage and apply whatever little faith we have so that our lives may eventually be made whole for Him.

Prayer of a Co-Carer

In diagnosis: Lord of all creation, grant us eyes to see man as man and not as trees."
(Read Mark 8:22-25)

In action: "Lord, grant us the willingness and love to accept those we cannot help, courage to help those we can, and wisdom to know the difference." (Compare Luke 19:1-10 with Luke 18:18-30)

In referring to others for help:
"Lord, grant us the humility to acknowledge our limitations."(Exodus 3:10,11)

On feeling the strain of continuing care:
"Lord, lift up our drooping arms and strengthen our weak knees ... "
(Hebrews 12:12,13)

When needing comfort and rest ourselves:

“Lord, where we have failed, let us remember that You still care, where we too need to be cared for, please take over ... THANKS for loving each person You have uniquely made ...” (Psalm 139)

Reflection

Take your time to Reflect, Journal and Pray during your daily communion with God alone. You may like to share with a confidant later on and pray together.

1. What is one work of faith that the Lord Jesus has entrusted to me?
2. How do I know that I love Him enough to care for someone in special need, especially someone from the household of God?
3. If such intense people work is not for me, what is one or more ways whereby I may be able to support the carers?

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5. Biographies of those who have
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6. *Building a Love House is Hard Work, chapter*
11, on God's Eternal Family on Earth
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