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Discovering Wholeness Together  
How can the local church engage with mental well-being?

Information on  
Common Conditions  
from

Mental Health  
**ACCESS**  **Pack**

# Addiction

Addiction will probably affect all of us in one way or another – either personally or through a family member or friend. It certainly affects society as a whole and the church as part of that society. In a group of 100 people, on average there may be 19 people chemically addicted to nicotine, six people addicted to alcohol and one to other drugs. People may also become psychologically addicted to pornography, gambling or food: anything that has an instant reward attached can become addictive.

## What is addiction?

When a person is addicted to something, certain behaviours tend to go with it, including some or all of these:

- **Doing something they know is harmful but are unable to stop.**
- **Needing a gradually increasing amount of the activity or substance to produce the same effect and satisfy the drive for it.**
- **Craving for the substance or activity that occupies much of their mind.**
- **Withdrawal symptoms when not able to indulge in the activity or substance. These can be physical (especially in cases of chemical addiction) or psychological – and are often a mixture of both.**
- **Pursuing the activity or using the substance to the exclusion of other important activities and despite evidence of harm.**
- **Actively seeking out what they are addicted to, and engaging in uncharacteristic and damaging behaviour as a result.**

## What causes addiction?

There is no simple single cause for addiction, which can happen to anyone. There does not need to be an identifiable cause for people to find themselves suffering from this very destructive illness.

Sometimes there can be evidence of a genetic link in families but trauma and loss, particularly in childhood and adolescence, can increase risk. Peer group pressure and easy availability of a substance or activity can start an addiction.

Mental health problems and addiction often happen together – sometimes the mental illness comes first, sometimes the addiction does; it may be impossible to tell. Some substances and activities are more addictive than others and often people describe going from one addiction to another.

## What are the consequences of addiction?

Some addictions are more destructive than others. Common consequences of drug and alcohol-based addictions include: physical and mental health problems, relationship and family breakdown, neglect of self and/or others, poverty and debt, homelessness, unemployment, offending (including violence) and imprisonment,

poor self-worth and hopelessness. Other addictions can cause many of these as well.

### Can it be treated?

Yes! Treatment is available for drug, alcohol and nicotine addictions in particular. Recovery from addiction is generally a long-term prospect rather than a short-term fix, needing specialised help that can include **medical treatment** and **talking therapies** as well as **learning new behaviours** and **forming new relationships**. This may involve **detoxification** and **rehabilitation** – at home or in a residential setting – and prescribed medication.

**Community drug and alcohol services** will be available locally and people can self refer or go through a health professional such as their GP. **Peer support groups** can also be very useful, including Alcoholics Anonymous, Narcotics Anonymous and many other similar groups. Another type of self-help group, called Smart Recovery, uses a non-spiritual ethos and is a useful alternative for some. Other addictions such as gambling and pornography are not as well catered for in the NHS, but many local or national self-help groups are available. The number of **church-based ministries and courses** is increasing in an attempt to plug some of the gaps and also provide high quality care for people.

### What about faith?

Being a Christian does not offer immunity to addiction. There will be a significant number of addicted people in churches, although often hidden due to shame or denial and perhaps the feeling that they might be looked down upon, or judged. Supporting those struggling with addictions is also an important part of outreach and mission. Addiction is the great equaliser: we have all sinned and fall short of the glory of God – and we have also all been tempted and been weak. We should not judge others for their weak areas: Jesus had some firm things to say about judging others and casting stones (John 8:1-11).

One of the most important factors in recovery is for someone to be surrounded by people who will care and help them appropriately. The church community should be ideal for this – but it needs to be equipped to be competent and compassionate in helping people with addictions. In this context, good leadership, prayer and practical support are essential. The church can even be expert – see this [example](#) from Brighton. Addiction **can** be overcome and the person restored to fullness of life and hope for the future. There are many people who have recovered from many forms of addiction who can testify that this is true.

### Helpful links:

- Alcoholics Anonymous and the 12 steps: <http://www.alcoholics-anonymous.org.uk/About-AA/The-12-Steps-of-AA>
- For a useful overview of addictions and the stages of change: [http://www.mindandsoulfoundation.org/Articles/441505/Mind\\_and\\_Soul/Articles/Addictions\\_an\\_overview.aspx](http://www.mindandsoulfoundation.org/Articles/441505/Mind_and_Soul/Articles/Addictions_an_overview.aspx)
- A number of articles about addiction on the Christian Medical Fellowship website: <http://www.cmf.org.uk/advocacy/clinical-practice/addiction/>

# Anxiety

## What is anxiety?

Anxiety is a vital emotion, warning us of possible future risks or problems. It keeps us from making bad decisions or judgements – but it's also the emotion most commonly linked with emotional and mental health problems. Anxiety can flare up very quickly, and people struggling with it experience strong physical symptoms, as well as the worry and racing thoughts that accompany it. Understanding it better is often the key to overcoming problems.

## What causes anxiety?

We all experience anxiety, but some people are more prone to it than others. Anxiety can also rise up swiftly in response to stress, or sometimes without any obvious cause. Think of it as a bit like a smoke alarm – it warns you that something significant may be about to happen. But sometimes it becomes too sensitive and is triggered too often.

If someone is struggling with anxiety, there may be specific triggers – as in **phobias** – or a general heightened sense of feeling anxious and weighed down by worrying. Many sufferers experience **panic attacks**: moments when the powerful physical symptoms triggered by anxiety (such as sweating, chest pain or dizziness) make them afraid something serious may be happening (a heart attack, for instance) or about to happen (perhaps fainting, or being sick). This sparks more anxiety, making the physical symptoms worse.

## Can it be treated?

Anxiety disorders are best treated with a **combination of approaches** that address the different aspects of anxiety: the thought patterns respond very well to **cognitive behavioural therapy** (CBT), and the physical symptoms can be controlled and limited by **relaxation techniques**.

Reducing general stress levels is important, so approaches that help relax or de-stress can play an effective part in treating anxiety.

**Medication** can work well alongside other therapies, particularly reducing obsessional (round and round) thoughts, or helping people concentrate or function normally. Other treatments can assist to limit and control the physical symptoms of anxiety, especially in circumstances where these might be problematic, like exams or public speaking.

## What about faith?

Faith can be a big support for those struggling with anxiety, because it gives a bigger perspective and reminds us that God is in control. It encourages us to simplify our life and remember what really matters. Times of prayer and meditation, and skills

learned alongside approaches such as 'mindfulness', can help calm nerves, focus the mind and limit panic or waves of anxiety.

Remember, however, that recovering from anxiety problems is not as simple as just being told 'do not fear'. Those suffering will often require expert help as well as the support they get from their faith and church. There may be Bible passages that they find very hard. Often-quoted 'do not worry' scriptures, such as Matthew 6:25-27 or Philippians 4:6-7, can be distressing to people who have tried very hard to do those things, but found no relief for their anxiety. Sufferers must be encouraged not to be too hard on themselves. It's good to find the ways in which their faith helps to calm their nerves, while not adding to their worry with scriptures they find hard to process when feeling so anxious.

### Helpful links:

- If you want to learn more about your emotions, how they work and when and why they can cause problems, this talk may be helpful:  
[http://www.mindandsoulfoundtion.org/Media/PlayMedia.aspx?download=file&media\\_id=56689&file\\_id=63850](http://www.mindandsoulfoundtion.org/Media/PlayMedia.aspx?download=file&media_id=56689&file_id=63850)
- First Steps out of Anxiety: a small, easy to read book which explains what anxiety is, how it affects you and how to get on the road to recovery:  
[http://www.mindandsoulfoundation.org/Articles/209318/Mind\\_and\\_Soul/First\\_Steps\\_out.aspx](http://www.mindandsoulfoundation.org/Articles/209318/Mind_and_Soul/First_Steps_out.aspx)
- You can read a chapter free here:  
[http://www.mindandsoulfoundation.org/Articles/402162/Mind\\_and\\_Soul/Articles/When\\_Anxiety\\_goes.aspx](http://www.mindandsoulfoundation.org/Articles/402162/Mind_and_Soul/Articles/When_Anxiety_goes.aspx)
- Don't know how to stop worrying? The Worry Book addresses how to deal with the persistent worries that often accompany anxiety problems:  
[http://www.mindandsoulfoundation.org/Articles/262979/Mind\\_and\\_Soul/Articles/Our\\_Books/The\\_Worry\\_Book.aspx](http://www.mindandsoulfoundation.org/Articles/262979/Mind_and_Soul/Articles/Our_Books/The_Worry_Book.aspx)
- For more on recovery from anxiety, check out:  
[http://www.mindandsoulfoundation.org/Articles/402237/Mind\\_and\\_Soul/Articles/My\\_Anxiety\\_Recovery.aspx](http://www.mindandsoulfoundation.org/Articles/402237/Mind_and_Soul/Articles/My_Anxiety_Recovery.aspx) and...  
[http://www.mindandsoulfoundation.org/Articles/361947/Mind\\_and\\_Soul/Articles/This\\_Super\\_Anxious.aspx](http://www.mindandsoulfoundation.org/Articles/361947/Mind_and_Soul/Articles/This_Super_Anxious.aspx)

# Body dysmorphic disorder

We all have moments when we struggle to like what we see in the mirror. But for someone with BDD, a conviction that something about their body is ugly, disfigured or just wrong has become so strong that it starts to take over their life.

## What is BDD?

Body dysmorphic disorder is categorised as an anxiety disorder because for sufferers, issues around how they look, or an aspect of their appearance, begin to trigger intense anxiety. This anxiety, and the thoughts related to it, can become very dominant and literally take over the sufferer's life. People with BDD often develop very difficult patterns of behaviour related to trying to change something about how they look, or in an attempt to reduce anxiety by checking their appearance. They frequently become very isolated and withdrawn, as fears over their appearance cause them to try to avoid seeing other people. They may take hours trying to prepare themselves for going out: changing outfits or applying then reapplying make-up.

## What causes BDD?

Body dysmorphic disorder has many possible causes – and for each person the contributory factors are likely to be different. However, many sufferers have experienced anxiety issues before, and struggle with anxiety in general. Some also have other mental health problems, like obsessive compulsive disorder (OCD) or generalised anxiety disorder (GAD). What we do know is that BDD is a lot more common than you might think: research estimates that about one or two people in every 100 suffer, and that many are undiagnosed, or receiving treatment for other conditions without their BDD being picked up. In fact, some studies have suggested that sufferers are particularly unlikely to seek help – and that if they do, they are more likely to visit professionals such as dermatologists or cosmetic surgeons than psychologists or psychiatrists. BDD can affect men and women – and men may be particularly unlikely to seek help.

## Can it be treated?

BDD, like other anxiety disorders, can grow and spread very quickly, and have a huge effect on someone's life. But the good news is that it can be treated. Not by changing the sufferer's actual physical looks (in fact, although some do go to tremendous lengths to try to change the way they look, this doesn't usually reduce their anxiety) but by better understanding and working through the patterns of thinking and feelings that underlie the disorder. **Cognitive behavioural therapy** – not a generic form but a **programme specifically put together to treat BDD** – helps sufferers deal with their anxious thoughts about their appearance. It also works them through a process of challenging the things they are doing to try to feel better, such as avoiding very anxiety-triggering situations or environments. **Medication** may be used, too, though it should always be **part of a combined approach to treatment** rather than as a solution on its own. It can particularly help with the obsessive thought patterns that can be a part of BDD.

## What about faith?

Faith offers us a wholly different perspective on our appearance and bodies from that of the world. We learn that God made our bodies: that we are 'fearfully and wonderfully made' (Psalm 139:14). Whilst being reminded of this can offer hope and comfort to those with BDD, it often isn't enough to counteract their conviction that something about them is devastatingly wrong. It is important to support sufferers as they seek professional help and to allow them the space to talk about how they feel, rather than just contradicting their feelings with Bible verses.

BDD is a condition where many sufferers struggle to find support and often even to be diagnosed. If you feel someone's preoccupation with their appearance is significant enough to be impacting on their life and decision-making, do encourage them to seek advice from their GP, and support them to take the steps towards getting help.

Sufferers may find it helpful to be reminded that what God sees as important is not outward appearance but what is on the inside (1 Samuel 16:7). In times when they feel trapped by thoughts and fears about their appearance and all they feel is wrong with it, encourage them to practice seeking solace in worship. AW Tozer, in his book *The Pursuit of God*, comments: 'While we are looking at God, we do not see ourselves: blessed riddance.' At difficult times, even just having a worship CD on in the background may help them find some peace from their own thoughts and to move their focus from themselves to God.

## Helpful links:

- You can hear a good introduction to BDD, including one man's personal story of suffering and recovery, on this recent programme from BBC Radio 4's *All in the Mind*:  
<http://www.bbc.co.uk/programmes/b05tl3k4>
- Also worth reading is this factsheet from MIND:  
<http://www.mind.org.uk/information-support/types-of-mental-health-problems/body-dysmorphic-disorder-bdd/about-body-dysmorphic-disorder-bdd/>
- The Body Dysmorphic Disorder Foundation is an organisation specifically helping sufferers, their families and friends and the professionals that care for them:  
<http://bddfoundation.org/>

# Burnout

Stress is an inescapable part of 21st-century life. But what do you do when life has thrown so much at you that you feel at real risk of not being able to carry on under such pressure?

## What is burnout?

Burnout is a physical and emotional syndrome that occurs when your body and brain simply cannot continue under the level of stress you have been under. It is important to remember that stress is much more than something 'all in your head'. In fact, stress is a complex combination of physiological, neurological and hormonal responses that help you adjust and react to the challenges and demands you face in your day-to-day life.

Burnout is characterised by symptoms of exhaustion, as your energy reserves begin to run out. Physically, you may feel symptoms such as headaches, digestive problems or muscle weakness. Emotionally, burnout is often experienced as emotions feeling closer to the surface than normal: little things feel overwhelming and you may find yourself over-reacting to things that usually wouldn't have bothered you. You may also struggle to react and respond, either finding it hard to empathise or care about the struggles of others you are supporting, or not finding enjoyment and pleasure in things you usually love. For some people, it comes to a crisis point where they are just not able to continue (sometimes referred to as a **breakdown**).

Another important characteristic of burnout is that it triggers very negative feelings about yourself, your impact and the work you do. Sufferers may feel useless, ineffective and frustrated – it's important to recognise that these feelings are part of the condition and are unlikely to reflect reality.

## What causes burnout?

Burnout is generally caused by simple maths: more to do than any human can manage long term. However it's important to note that although difficult or traumatic times are more obviously stressful, neutral – or even positive – times can trigger a lot of stress too. Significant changes in your personal, family or work life can require big adjustments, and we must not underestimate the impact such events can have in terms of stress.

One factor strongly associated with burnout is that of empathy. Empathy involves understanding and sympathising with the emotions and experiences of others, and some people are more naturally or instinctively empathetic than others. Research suggests that neurological circuits involving 'mirror neurons' may be involved in empathy, suggesting that we do not just witness the emotional pain of others but actually experience something of it ourselves. This may explain why some people, particularly those in caring professions who experience very powerful empathy, may be particularly at risk of burnout.

## Can it be treated?



The treatment for burnout is as simple as it can be frustrating: **rest**. Alongside this, **talking therapies** and **cognitive behavioural therapy** (CBT) in particular can be useful, helping those who are more prone to problems with stress identify patterns of thinking which may fuel troublesome emotions, such as anxiety and worry. They can play a significant role in moderating stress.

## What about faith?

Faith is an interesting issue where stress and burnout are concerned, as some may think that faith should protect people from such things. However, churches are busy places and Christians can be particularly at risk of stress and burnout, as many juggle lots of additional responsibilities on top of their work and family life. God-given passion can be a powerful drive and we may run the risk of pushing ourselves too hard and failing to schedule adequate rest.

It's important to note how central rest is to the way we were designed 'in God's image' (Genesis 1:26). Genesis 2:1 tells us what God did after creating the world: 'By the seventh day God had finished the work he had been doing; so on the seventh day he rested.' This same pattern became one of the Ten Commandments handed out to Moses (Exodus 20:8-10). The commandment to rest isn't an afterthought: in fact it comes fourth, before such things as 'you shall not murder' and 'you shall not commit adultery' (Exodus 20:13-14). God also reminds his people of this important commandment regularly, for example Exodus 31:13 and also Exodus 34:21, with a particular note that this is important 'even during the ploughing season and harvest'.

It seems God was right to remind us: particularly in the often frenetic 21st century we seem to forget our need to rest. And yet even Jesus, God in a human body, was not above this very human need. He regularly – in fact 'as often as possible' (Luke 5:14) – took time out to rest and connect with God. He also reminded the disciples of their need to attend to their basic needs, such as to eat (Mark 6:31).

## Helpful links:

- Check out Refuel by Kate Middleton, one of the team at Mind and Soul. This helpful, accessible book looks at the particular challenges for Christians of managing stress - balancing the pull of our passion with our need to rest:  
[http://www.mindandsoulfoundation.org/Articles/436995/Mind\\_and\\_Soul/Articles/Our\\_Blogs/Refuel.aspx](http://www.mindandsoulfoundation.org/Articles/436995/Mind_and_Soul/Articles/Our_Blogs/Refuel.aspx)
- There's also a website and blog to accompany the book: <http://refuel1211.co.uk/>
- Mindfulness is often mentioned as a great skill to learn in managing stress. A Book of Sparks is a fantastic book about Christian Mindfulness. Here's an article from the author about stress:  
[http://www.mindandsoulfoundation.org/Articles/332319/Mind\\_and\\_Soul/Articles/Stress\\_Iets\\_make.aspx](http://www.mindandsoulfoundation.org/Articles/332319/Mind_and_Soul/Articles/Stress_Iets_make.aspx)
- Compassion fatigue can be a big part of burnout - but do we understand what it is? This article looks at the difference between compassion and empathy, exploring why empathy can be linked with stress:  
[http://www.mindandsoulfoundation.org/Articles/402769/Mind\\_and\\_Soul/Can\\_you\\_care.aspx](http://www.mindandsoulfoundation.org/Articles/402769/Mind_and_Soul/Can_you_care.aspx)

# Depression

Depression can affect anybody, including Christians. Medical skill, an active faith and a supportive community can make a real difference.

## What is depression?

Each individual will have different causes and symptoms – try not to make assumptions. Depression causes mental and physical changes. There will be low mood, loss of enjoyment and low energy. It's difficult to think positively about the future. It can affect sleep as well as weight and appetite. These symptoms are there most of the day, for most days, for at least two weeks – some are affected much longer. Depression isn't just 'feeling a bit low'.

## What causes depression?

It can be triggered by a one-off event or by long-term unhelpful thought patterns. Others may have a physical illness. Occasionally, depression may have a spiritual cause, such as struggling to accept forgiveness. Many people may never know what caused it. If two people have depression, it's unlikely the cause is the same.

## Can it be treated?

Depression doesn't go away by just 'pulling yourself together', but requires a **combination of approaches**. **Talking treatments** can help change negative thought patterns. **Antidepressants** increase the 'feel-good' chemicals in the brain. **Christian community** can help with isolation and loneliness.

## What about faith?

God has always helped people whose mood was low, even if the word 'depression' is not used. We can stand alongside those who are suffering and hold out Jesus as the source of hope. Matthew 5:5 says: 'Blessed are those who mourn, for they will be comforted.' Ask yourself why this is 'blessed' and what 'comfort' might look like. Depression can cause negative thoughts, including feeling guilty, helpless or hopeless. The Bible and Christianity offer alternatives: forgiveness, love and hope. But remember, depression can make it hard to believe this. If others blame past sin or a weak faith for the depression, this can make things much worse and lead to a negative spiral.

Being part of a community like a church is very helpful. It can be hard to attend regularly or meet people, but in church everyone should feel valued, no matter what. Phone calls and simple support mean a lot. You don't need to be an expert to help.

The promise of healing is also difficult. We should always pray, but sometimes God doesn't heal, just as with physical illness. If healing doesn't occur, it's never the fault of the individual for not having 'enough faith'. God uses many different ways to heal, including miracles, counselling and antidepressants.

## Helpful links:

- Many people with depression feel very guilty. If this is you, Mind and Soul have written a book that may help:  
[http://www.mindandsoulfoundation.org/Articles/366721/Mind\\_and\\_Soul/The\\_Guilt\\_Book.aspx](http://www.mindandsoulfoundation.org/Articles/366721/Mind_and_Soul/The_Guilt_Book.aspx)
- It can be a struggle to get to see a counsellor or therapist. Mind and Soul have a free online course for Christians with anxiety and depression:  
[http://www.mindandsoulfoundation.org/Articles/314946/Mind\\_and\\_Soul/Articles/Living\\_Life\\_To.aspx](http://www.mindandsoulfoundation.org/Articles/314946/Mind_and_Soul/Articles/Living_Life_To.aspx)
- Can depression make you a better person? Have a look at:  
[http://www.mindandsoulfoundation.org/Articles/400785/Mind\\_and\\_Soul/Why\\_depression\\_has.aspx](http://www.mindandsoulfoundation.org/Articles/400785/Mind_and_Soul/Why_depression_has.aspx)
- Even Christian leaders get depressed:  
[http://www.mindandsoulfoundation.org/Articles/176050/Mind\\_and\\_Soul/Leaders\\_get\\_depressed.aspx](http://www.mindandsoulfoundation.org/Articles/176050/Mind_and_Soul/Leaders_get_depressed.aspx)

# Eating disorders

## What are eating disorders?

An eating disorder develops when someone struggling with other things begins to try to control their eating, believing this will make everything better. They often aim to eat very restricted diets, or to lose a lot of weight.

Some are successful in keeping up this control, but as their emotional state does not change, they carry on losing weight in the hope things will improve. These people are at risk of **anorexia nervosa**. They can become convinced they're still overweight even when dangerously thin.

Others find their control breaks down and they experience **binges** – where they feel a sense of losing control and overeat foods they would normally forbid themselves, sometimes in large quantities. Some gain weight rapidly and often end up obese – this is known as **binge eating disorder**.

Those who take action to avoid putting on weight due to their binges often make themselves sick or take laxatives. This is called **purging**. This pattern of restricting, then binging and purging becomes the vicious cycle that defines **bulimia nervosa** and can go on for years.

Eating disorders affect people of all ages, both male and female, and can develop quickly, or over a number of years. They can be very serious and cause great distress.

## What causes eating disorders?

Eating disorders are an attempt to cope with emotional pain and distress. They are complex illnesses and have a variety of causes. Eating disorders often accompany other mental health problems, such as depression, anxiety and self-harm.

## Can they be treated?

Yes! Recovery from eating disorders is possible, but it's a gradual process and takes time. Treatment is generally outpatient, although very physically unwell patients (especially those with anorexia nervosa, or those under 18) may be offered inpatient care. It's almost always done with the agreement of the person suffering, but in very severe cases where their life is at risk, treatment may be given after someone is sectioned, or with parental consent.

Eating disorders benefit from a **combination approach** of treatment. **Cognitive behavioural therapy** (CBT) can be very effective, as can **other talking therapies**. Some specialist units offer a variety of approaches designed to help people feel more comfortable with themselves as well. Treatment for anorexia will also include some form of **re-feeding therapy** to reverse the effects of malnutrition, which can cause the sufferer to be too unwell to focus on conventional treatment at first.

## What about faith?

We live in a society obsessed with appearance, where perfection is worshipped and what you look like determines what you're worth. The Bible tells us just how wrong that is. We are 'fearfully and wonderfully made' (Psalm 139:14), much-loved children of God not because of anything we have done, or are, but through our faith (Galatians 3:26). Whatever life has thrown at us, we know that God sees us as 'children of God without fault in a warped and crooked generation' (Philippians 2:15). It's easy to get caught up in the pressure surrounding what we look like; we must remember that God 'does not look at the things people look at. People look at the outward appearance, but the Lord looks at the heart' (1 Samuel 16:7).

People struggling with eating disorders are often putting other people first and trying to do their best in everything. But they need to get treatment for an eating disorder, even if it means stepping back from other things for a while. An eating disorder is an example of how sometimes the enemy tries to 'steal and destroy' our lives – but Jesus said he came so that people could experience 'life to the full' (John 10:10). God does not want people to spend their lives limited and chained by an eating disorder.

## Helpful links:

- If you're struggling with an eating disorder, or supporting someone else, Anorexia & Bulimia Care is a national Christian charity that can offer support, advice and resources to help get started on the road to recovery:  
<http://www.anorexiabulimiacare.org.uk/>
- For a book about eating disorders and how and why they develop, check out Eating Disorders: The Path to Recovery, by Dr Kate Middleton:  
[http://www.mindandsoulfoundation.org/Articles/203748/Mind and Soul/Our Books/Eating Disorders The.aspx](http://www.mindandsoulfoundation.org/Articles/203748/Mind_and_Soul/Our_Books/Eating_Disorders_The.aspx)
- Lion also publish a great book for parents: The Parent's Guide to Eating Disorders, by Jane Smith: <https://www.amazon.co.uk/Parents-Guide-Eating-Disorders-published/dp/B009OBIJB8>
- 'Why can't I eat normally?' is a seminar looking at the key eating disorders and some of the causes that can underlie them:  
[http://www.mindandsoulfoundation.org/Media/PlayMedia.aspx?download=file&media\\_id=65604&file\\_id=73315](http://www.mindandsoulfoundation.org/Media/PlayMedia.aspx?download=file&media_id=65604&file_id=73315)

# Insomnia

## What is insomnia?

A good night's sleep is one of the most refreshing things we can experience, but many people find that it is all too elusive. Insomnia is defined as difficulty getting to sleep, or staying asleep long enough to feel refreshed, in the absence of external factors (such as children!) waking you up. Insomnia can be acute (lasting a short time) but often becomes chronic, affecting people several nights a week over long periods of time. Insomnia is a common problem, affecting more women than men.

## What causes insomnia?

There are many different causes for poor sleep, but often it's the way we approach sleep that is the problem. Your brain does not just switch on and off: you need time to wind down and transition into sleep. Activities and distractions that keep your brain awake can make this more difficult. Your brain also has a natural 'sleep-wake' cycle that tells it roughly when to sleep. If your lifestyle or work disrupts this, it means you are trying to sleep when your brain thinks you need to be awake – and this can cause problems. Once people find themselves unable to fall asleep, anxiety and frustration can rapidly make things worse. We cannot make ourselves fall asleep, but we can quickly make ourselves unable to fall asleep! Treatments, therefore, often target our thought patterns and emotional response to insomnia as much as the initial triggers.

## Can it be treated?

The most effective treatments for insomnia look at **developing good sleeping habits**. Establishing a *regular waking time*, no matter what time you went to sleep, or whether it is a weekday or the weekend, helps to regulate the sleep-wake cycle. So does a regular *winding-down routine* before bed. Improving *sleep hygiene* is also often helpful. This is nothing to do with how clean you are, but working on promoting good sleep by ensuring the bedroom is calm, quiet, not too light etc, and removing distractions and obstacles to sleep, such as mobile phones or TVs. Aside from such practical suggestions, **cognitive behavioural therapy (CBT)** has been demonstrated to be extremely effective in reducing insomnia, with one study finding nearly 3/4 sufferers saw an improvement after just one session.

## What about sleeping tablets?

Chemical means of getting off to sleep, like sleeping tablets, mean that we do not sleep properly, so we don't wake up feeling refreshed. Some sleeping tablets also have a 'hangover' effect in the morning. Some people use them for shifts or jet lag, but it is not a good habit to get into regularly: sleeping tablets are only prescribed in most cases for a maximum of two weeks. They are not a long-term solution – ultimately we need to learn how to get a natural night's sleep.

## Top tips for sleeping well

1. **Keep the bedroom for sleeping.** It is for two things only – sleep and sex! Using it for things like working, watching TV or arguing will make it harder for you to get to sleep later. If you wake up for more than 20 minutes, or can't go to sleep within 20 minutes, get up and go to another room. This is so your mind still associates the bed with sleeping rather than with being awake. Don't pick up your phone or iPad, watch TV or do anything that over-stimulates your brain. Try reading a book, or perhaps have a milky drink (though avoid those containing caffeine!). When you feel sleepy, go back to bed. If you don't sleep within 20 minutes, repeat this process until you do.
2. **Avoid sleeping in the day** if you can – even catnaps – as it further disrupts your sleep-wake cycle.
3. **Avoid caffeine after lunchtime.** Caffeine has a long half-life and individuals vary in how quickly their body removes it from their system. Avoid using it as a way of staying awake. Nicotine (cigarettes, gum and chewing tobacco) can also affect sleep as this acts on the same receptors in the brain.
4. **Avoid alcohol.** Although alcohol can relax you a bit, for most people it is something of a stimulant and actually raises your heart rate. It also affects the quality of your sleep, making you more likely to wake in the night.
5. **If you have babies in the house** this is the time to do whatever it takes to teach them to sleep well. Seek some advice and make this a priority: this is not just about *your* need to sleep. Teach your children to sleep well and you can protect them from a lifetime of insomnia.

## What about faith?

There are several examples in the Bible where people struggle to sleep: see Genesis 31:40 or Daniel 6:18. Psalm 56 is a great encouragement, reminding us that no matter how alone we feel in the darkness hours, God is with us: 'You've kept track of my every toss and turn through the sleepless nights. Each tear entered in your ledger, every ache written in your book' (v8).

Sometimes God pulls us into wakefulness as he calls us to prayer. In Psalm 77 the writer, in the midst of a difficult time, describes evocatively how God keeps his eyes from closing as he reaches out and prays in his anguish.

If you're unsure what to read when you are awake, why not spend some time reading a Christian book or prayer resource (Psalm 119:148)? But don't look at prayer websites or apps, as the screen will be too bright and may prevent you drifting into sleep. Instead of being frustrated, it's good to use the time to pray.

## Helpful links:

For more about insomnia, see the NHS website

<http://www.nhs.uk/conditions/Insomnia/Pages/Introduction.aspx>

There is more on the National Sleep Foundation website: <http://sleepfoundation.org/insomnia/home>

Or check out this audio advice from Prof Chris Williams on how to sleep better:

<http://www.nhs.uk/Video/Pages/sleep-problems-podcast.aspx>

More sleep vicar? One pastor's journey to better sleep:

[http://www.mindandsoulfoundation.org/Articles/354455/Mind\\_and\\_Soul/More\\_Sleep\\_Vicar.aspx](http://www.mindandsoulfoundation.org/Articles/354455/Mind_and_Soul/More_Sleep_Vicar.aspx)

Sleep and the Bible – read more on what the Bible can teach us about those times when sleep just won't come:

[http://www.mindandsoulfoundation.org/Articles/392276/Mind\\_and\\_Soul/Articles/When\\_sleep\\_wont.aspx](http://www.mindandsoulfoundation.org/Articles/392276/Mind_and_Soul/Articles/When_sleep_wont.aspx)

A study by Northumbria University found nearly 3/4 sufferers saw an improvement after just one therapy session: <https://www.northumbria.ac.uk/about-us/news-events/news/2015/06/73-of-insomniacs-cured-after-1-hour-therapy-session/>

# Obsessive compulsive behaviours

## What is obsessional thinking?

Obsessional thoughts are not like normal thoughts. They intrude into the mind, apparently from nowhere, causing sudden distress or discomfort and often a strong desire to escape from them. Obsessional thinking is common in many different mental health conditions, particularly **anxiety disorders**. It's the main component of **obsessive compulsive disorder** or **OCD**, where the thought (obsession) drives the sufferer to perform rituals (compulsions) to try to 'neutralise' the threat posed by that thought. These might include checking memories, reviewing events, or more obvious behaviours like cleaning, touching, or saying comforting phrases.

## What causes obsessional thinking?

High levels of anxiety or stress appear to prompt more activity in the part of the brain that's responsible for producing threatening scenarios or ideas. The same stress also reduces the ability of the counteracting part of the brain to rationally dismiss these threats. Obsessional thinking therefore often becomes a vicious cycle, where one thought increases anxiety and produces further thoughts that provoke further anxiety.

Whilst stress may be a factor, some people are more prone to experiencing obsessive thoughts. Some have brief periods of struggle with obsessional thinking, while others might find their problems are harder to shake off. OCD as a disorder is chronic, meaning that while a person may get their condition under control, they always need to guard against future relapses.

## Can it be treated?

Obsessional thinking can be addressed, but the best treatments provide **strategies for dealing with obsessional thoughts** when they happen. Learning to move the mind past the content of the obsession (however horrible) is a key part of recovery, along with a willingness to accept that they are just thoughts.

Medication can be very effective in reducing the intensity of obsessional thoughts, helping the sufferer overcome the desire to use a compulsion. However, on its own, discontinuation nearly always leads to relapse within two or three months. This is why a **combination of medication and cognitive therapy** (exposure and response prevention) is a better approach. Some individuals find **mindfulness-based techniques** beneficial, while **support groups** are extremely comforting and encouraging for many – not least because there is a significant amount of shame and secrecy involved in obsessional thinking.

## What about faith?

Faith can be highly problematic for people struggling with obsessional thinking. OCD often latches onto the things a person holds most dear: this means they can obsess



about whether they are saved, whether they have committed the 'unforgivable sin', or blasphemed in some way. Some suffer from intrusive images that may be religious and explicit, causing extreme anxiety and discomfort.

At the same time, faith can be a huge comfort. Knowledge of the love of God, and his presence, even in shame or anxiety-filled thoughts, is a great relief. People typically do better when they can get away from the idea that they have to censor their world for God and instead know that God has seen it all before. Obsessives also grow in confidence when they realise that it's their intentions, rather than their thoughts, that are a better indicator of their character.

By far and away the *least* helpful biblical passage to offer someone struggling with obsessive thinking is 2 Corinthians 10:5: 'we take captive every thought to make it obedient to Christ'. Leaders should never encourage this approach with a person struggling with OCD, since it is guaranteed to enslave them. Instead we suggest that 'taking thoughts captive' for the obsessional thinker is 'letting them float past without engagement'. This keeps the individual from repeating the vicious cycle of neutralising behaviour that keeps OCD alive.

### Helpful links:

To find out more about obsessional thinking:

[http://www.mindandsoulfoundation.org/Articles/195592/Mind and Soul/Articles/Obsessional confession.aspx](http://www.mindandsoulfoundation.org/Articles/195592/Mind%20and%20Soul/Articles/Obsessional%20confession.aspx)

To read a testimony from someone with OCD:

[http://www.mindandsoulfoundation.org/Articles/176065/Mind and Soul/Articles/The beast of.aspx](http://www.mindandsoulfoundation.org/Articles/176065/Mind%20and%20Soul/Articles/The%20beast%20of.aspx)

To hear a testimony about intrusive thoughts:

[http://www.mindandsoulfoundation.org/Articles/388481/Mind and Soul/Articles/Intrusive Thoughts and.aspx](http://www.mindandsoulfoundation.org/Articles/388481/Mind%20and%20Soul/Articles/Intrusive%20Thoughts%20and.aspx)

To find excellent specialist support groups and materials: <http://www.ocduk.org/>

# Postnatal depression

## What is postnatal depression?

Postnatal depression is very common, affecting at least one in 10 women after they have had a baby. The main symptoms of postnatal depression are similar to clinical depression, including low mood, loss of enjoyment and problems with sleep and appetite. Many women with postnatal depression also experience feelings of severe anxiety about their baby or their ability as a mum and, in addition, they may feel very disconnected from their baby. These symptoms can be particularly hard for new mums as they feel that they ought to be incredibly happy at this time in their life. Some women experience depression and anxiety symptoms during pregnancy: this is called **antenatal depression**.

## What causes postnatal depression?

Antenatal and postnatal depression can be caused by the dramatic hormonal changes during pregnancy and childbirth. Difficult life circumstances, such as bereavement or the breakdown of a relationship during pregnancy or the postnatal period, can also trigger depression. For most women, it's likely that hormonal factors, genetic factors (if her own mother suffered from depression or mental illness) and the transition of having a new baby in the family all combine to trigger depression. Mums who have experienced trauma in their own childhoods are at particularly high risk of depression during or after pregnancy. It's really important not to assume that they are simply 'not coping' with the transition to motherhood, as for most mums the triggers for depression are much more complex.

## Can postnatal depression be treated?

It can be difficult for women with postnatal depression to seek help, as they may feel very guilty or ashamed that they are 'not coping' with being a new mum. However, antenatal and postnatal depression rarely go away without specialist treatment from health professionals.

Many mums benefit from **medication**, including antidepressants. GPs can advise them which medications are safe to take during pregnancy and breastfeeding. It's important to support mums who need to take medication, as for many women it can feel like a difficult decision.

**Talking therapies** are also very helpful, especially if they have experienced trauma or are going through difficult life events.

## What is postpartum psychosis?

Postpartum psychosis is a severe mental illness triggered by childbirth. It affects around 1-2 in 1000 mums, but those who have bipolar disorder are at much higher risk. Symptoms of postpartum psychosis usually begin in the first week after a baby is born, and can get worse very rapidly. Mums with postpartum psychosis may

become very energetic, confused or paranoid. They often experience symptoms of psychosis, including hallucinations (seeing or hearing things that are not there) or delusions (believing things that are not real).

Postpartum psychosis is a psychiatric emergency and women affected will need to be treated (almost always with medication) in hospital – ideally in a specialist Mother & Baby Unit.

## What about faith?

Many mums feel that being a Christian should automatically make them a brilliant, happy mother. Suffering from postnatal mental illness can make women feel incredibly guilty, and it can be difficult for them to know that they are unconditionally loved. It can also be harder as a Christian to own up to suffering from postnatal or antenatal depression, or to deal with negative thoughts or feelings, including feeling guilty, helpless or hopeless. Many mums feel that they are a failure as a mother. The Bible and faith can offer encouragement, God's love and the hope of a better future.

Women with postpartum psychosis often find that they have intensely 'spiritual' beliefs during their delusions which turn out not to be true – and during recovery this can really shake their faith, as they try to sort out what is real again in their beliefs. Some mums who didn't have a faith before find that these 'spiritual' experiences lead them to explore faith.

Being part of a community like a local church is very helpful. Because of tiredness, the demands of a new baby and feelings of shame, postnatal illness can make it harder to attend services or meet up with friends. Churches can help by making sure everyone feels valued, no matter what they can give in return. Regular phone calls and sensitive spiritual support could really assist someone's recovery. Don't be afraid to offer to visit mums while they are in psychiatric hospital. Churches can also support them in getting to talking therapy appointments by offering childcare, and lifts if they don't have a car. Practical support such as a home-cooked meal, or the offer of an hour to help with housework is also often invaluable.

Many women with antenatal or postnatal depression feel very lonely, and find it difficult to talk to other mums. Churches can help to minimise isolation and loneliness by making an extra effort to ensure that mums with depression are included in toddler groups and family-friendly social activities. Remember also to offer emotional and practical support to dads whose partners are affected by postnatal depression.

## Helpful links:

- The Royal College of Psychiatrists has an excellent printable article about postnatal mental illness:  
<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/postnataldepression.aspx>
- Action on Postpartum Psychosis offer information and support for families and friends affected by Postpartum Psychosis: <https://www.app-network.org/>
- Read this testimony from one mum, describing her experience of postpartum psychosis and recovery:  
[http://www.mindandsoulfoundation.org/Articles/342020/Mind and Soul/Blue Skies Are.aspx](http://www.mindandsoulfoundation.org/Articles/342020/Mind%20and%20Soul/Blue%20Skies%20Are.aspx)

# Post-traumatic stress disorder

## What is PTSD?

**Post-traumatic stress disorder** (PTSD) is part of a response to experiencing trauma, whether repeatedly or as a one-off event. PTSD occurs when our brain's natural actions to try to make sense of what has happened, and the emotions it has triggered, clash with our understandably not wanting to remember or relive the experience and our attempts to avoid the anxiety that memories trigger.

PTSD is typically described as three things: intrusive images or thoughts of a past event (sometimes called **flashbacks**), a general feeling and experience of being on edge, and an avoidance of the actual place or places similar to where the trauma happened. This best describes one-off traumas, such as assaults and natural disasters. Some people experience PTSD-like symptoms after repeated or historical traumas, like childhood sexual abuse. This may be called **complex trauma** or **type-2 PTSD**.

## What causes PTSD?

We know that events out of context can cause PTSD, such as a freak natural disaster, a car crash or an assault. Adrenaline, when it is expected, does not cause trauma. (Think of an athlete at a major competition.) But when it comes as a surprise, we know it can change the way the brain works. It turns on our 'fear' centre (called the amygdala) and shuts down the bit of our brain that usually discriminates (called the hippocampus). As a result, we become oversensitive to stimuli or triggers that might previously have been linked with danger or trauma and we react to more things than are helpful.

We also know that the brain responds to trauma by replaying traumatic memories and emotions as it attempts to process them. If our fear of these causes us to try to repress or suppress them, we interrupt this natural process and end up in opposition to our own brain. Instead, we need to find safe methods and places where we can enable this processing to occur in a controlled way, and allow our mind to move on from what we have experienced.

People can beat themselves up when they get PTSD, often wondering why they can't 'snap out of it'. They may never have experienced emotions like this before and feel overloaded and out of control. Understanding the processes behind it can be an essential part of recovery. They may also struggle with feelings of guilt – for what happened or sometimes for other things, such as their having survived when others did not. Many sufferers also develop depression and can be prone to substance misuse as they try to self-medicate or control what they are feeling.

## Can it be treated?

PTSD requires a combination of approaches. **Talking treatments** like **cognitive behavioural therapy** (CBT) can help moderate powerful emotions and help people feel more in control. This can better enable them to talk through and recall what

happened, so the memories can be filed away like any other past events. Other therapies, such as **EMDR** (eye movement desensitisation and reprocessing) also aim to help people recall and process traumatic experiences whilst limiting the strength of the emotions they trigger.

In some traumas, people may need to learn skills to stabilise and manage anxiety or panic first, before looking at the event(s) in any detail. **Medication** can also help reduce the intensity of thoughts and emotions, making talking treatments more possible.

## What about faith?

Life is not fair – we know that from the Bible: that bad things happen to good people. When this happens, it turns our worldview on its head, and we can begin to assume it is deserved and that God is not good. We must remember the lesson from the story of the wise and foolish builders (Matthew 7:24-28): no matter how good your foundations, storms will come.

It is inevitable that tragedy will bring many questions. The Book of Job reminds us that there is far more at play than we can ever know. There are times we just need to worship God and turn our trust to him.

At its best, the Christian community is made up of people who all have questions too. Simplistic responses (often from those who have never suffered themselves) can be hurtful and wrong. Look at the advice Job got from his friends! Churches need to be supportive and non-judgemental, offering hope that things will work out in the end, but not asking the sufferer to accept this overnight. They can also help decrease isolation and loneliness.

Some spiritual exercises, like mindfulness, meditation and contemplation, are very helpful in PTSD. They allow us to focus on what matters, to be non-judging of ourselves. They allow us to approach our questions and past experiences in a measured way, meaning we can process them rather than suppress them.

## Helpful links:

- To read more about PTSD see these pages from the Royal College of Psychiatrists:  
<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/posttraumaticstressdisorder.aspx>
- Where there is a background of abuse and assault, you might find some of these testimonies helpful:  
<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/posttraumaticstressdisorder.aspx>

For more about mindfulness, including whether similar spiritual approaches are compatible with Christianity, see our section on this topic:

[http://www.mindandsoufoundtion.org/Articles/409898/Mind\\_and\\_Soul/Dear\\_Concerned\\_Christian.aspx](http://www.mindandsoufoundtion.org/Articles/409898/Mind_and_Soul/Dear_Concerned_Christian.aspx)

- Read about this history of PTSD treatments in the UK and the importance of not stigmatising people:  
[http://www.mindandsoufoundtion.org/Articles/409898/Mind\\_and\\_Soul/Dear\\_Concerned\\_Christian.aspx](http://www.mindandsoufoundtion.org/Articles/409898/Mind_and_Soul/Dear_Concerned_Christian.aspx)

## Psychotic illness

This group of severe illnesses includes schizophrenia and bipolar affective disorder and can affect anyone, regardless of upbringing, social class or personal faith. There are effective treatments in the form of medication and talking therapies. For the more severe forms, social support is often necessary and the local church has a huge role to play here.

### What is psychosis?

This broad term describes experiences that are outside the normal. This can include hearing/seeing things that others cannot hear/see (**hallucinations**), believing things that do not seem to be true (called **delusions**: these seem very true to the person) and having extremely elevated moods (**mania**). **Schizophrenia** is a specific form of psychosis where delusions and hallucinations are common. **Bipolar affective disorder** is another form where high moods can be accompanied by grandiose beliefs and periods of very low mood. Psychosis is far more than ups and downs in mood or the odd unusual belief – it affects every area of life.

### What causes psychosis?

The first episode is usually in early adulthood, though it can start in the teens and, for some, later in life. Genetics seems to be a major cause, but it's a complex mix of genes – never due to just one gene or one parent. Psychosis can also occur after using drugs, some medications like steroids, a head injury or an infection. It can even occur after an extreme life event, such as a sudden bereavement.

### Can it be treated?

Psychotic illnesses are severe and need a **combination of approaches**. **Medication** is central and it's important to find a suitable form with manageable side effects. **Psychological treatments** can help with understanding, preventing relapses and the anxiety that often accompanies psychosis. **Social activity**, including both everyday activities and also hobbies and fitness, bring a rounded recovery. Often treatment is necessary for many years and must also focus on rehabilitation and living a meaningful life, which is helped by having a faith.

### What about faith?

When people become psychotic or manic, they become very involved in things – often those things they were into before in a more measured way. It could be computers, or politics; it could be religious things. People who have a faith can see this get out of control – reading the Bible or praying for hours, believing they are pure, or evil, or even God. This says nothing about their underlying faith: it's the illness speaking.

With hindsight, times of psychosis can also be genuinely spiritually awakening, as people explore things very deeply. It can also be very scary, and God can be their

only source of comfort. There are several examples of psychosis in the Bible – Nebuchadnezzar’s ‘madness’ in Daniel 4 is probably the most accurate description.

People sometimes seem to confuse psychosis with demon possession – but the psychotic illnesses we know today look nothing like the ‘demon’ encounters in the Gospels and should not be mistaken as such. We urge all Christian leaders to defer to the medical community in the treatment of psychotic illness. If you are supporting someone in prayer, do this indirectly. If praying with others, always do this in a way that protects the dignity and confidences of the person involved. *When undertaking prayer ministry of any kind, refer to your Child and Vulnerable Adult Protection Policies and work within the parameters of your denominational guidelines.*

Psychotic illnesses often leave people needing support. Friendship may be helpful, as there can be a tendency to self-isolate. Practical help with shopping and household tasks can also be needed. Your church has an invaluable role to play – ask the local mental health team how you can help.

### Helpful links:

- What to do? For more advice, see:  
<http://www.mentalhealthaccesspack.org/install/caring-for-people/support-for-psychosis/>
- If you’re psychotic, how do you know that what you believe is real? This article explores the topic:  
[http://www.mindandsoulfoundation.org/Articles/406495/Mind\\_and\\_Soul/Articles/Did\\_that\\_really.aspx](http://www.mindandsoulfoundation.org/Articles/406495/Mind_and_Soul/Articles/Did_that_really.aspx)
- If you or someone you know struggle with hearing voices, this article will help:  
[http://www.mindandsoulfoundation.org/Articles/197020/Mind\\_and\\_Soul/Articles/Psychosis\\_and\\_Hearing.aspx](http://www.mindandsoulfoundation.org/Articles/197020/Mind_and_Soul/Articles/Psychosis_and_Hearing.aspx)
- 1 in every 500 births will see a woman experience post-partum psychosis. Read this testimony and about the charity Naomi has set up:  
[http://www.mindandsoulfoundation.org/Articles/341730/Mind\\_and\\_Soul/Articles/Experiencing\\_Postpartum\\_Psychosis.aspx](http://www.mindandsoulfoundation.org/Articles/341730/Mind_and_Soul/Articles/Experiencing_Postpartum_Psychosis.aspx)
- This detailed testimony gives practical advice on what to do if you’re feeling up or down, a lot or just a bit:  
[http://www.mindandsoulfoundation.org/Articles/195380/Mind\\_and\\_Soul/Articles/Recovery\\_from\\_manic.aspx](http://www.mindandsoulfoundation.org/Articles/195380/Mind_and_Soul/Articles/Recovery_from_manic.aspx)
- Get urgent help if you are struggling right now:  
[http://www.mindandsoulfoundation.org/Articles/176776/Mind\\_and\\_Soul/About\\_Us/Get\\_urgent\\_help.aspx](http://www.mindandsoulfoundation.org/Articles/176776/Mind_and_Soul/About_Us/Get_urgent_help.aspx)

# Self-harm

## What is self-harm?

Self-harm is a physical response to an emotional pain and can affect males and females of all ages. Cutting might be the best known form, but self-harm can involve a whole range of behaviours including bruising, scratching, eating disorders, self-poisoning and illicit drug use. It's important someone's self-harm isn't measured by the severity of their injury, but more by the degree of underlying emotional distress.

## What causes self-harm?

Self-harm usually develops as a way of dealing with difficult feelings or emotions. It has a variety of causes and triggers, and it often accompanies other emotional and mental health problems, such as depression and eating disorders.

## Can it be treated?

Treatment varies according to individual need. Psychological interventions such as **counselling** or **cognitive behavioural therapy** help some people, whereas others may require **medication** to treat any underlying depression. Inpatient treatment isn't common but may be an option.

Most people benefit greatly from the opportunity to talk about how they're feeling, and why self-harm seems to help, before exploring alternative ways of coping. A **supportive network** of family and friends can make a real difference.

## What about faith?

Philip Yancey says: 'There's nothing we can do to make God love us more and there's nothing we can do to make God love us less.' This is very helpful when we think about self-harm: the act of harming ourselves does not change God's view of us.

The Bible says we're 'fearfully and wonderfully made' and that our bodies are a 'temple of the Holy Spirit', but for self-harmers these verses can be difficult to read, or hear quoted to them. We can perhaps help more by reminding sufferers that the Bible says God's love isn't conditional upon who we are and what we do (Romans 5:8). God doesn't ask us to be perfect – he frequently uses people with different struggles and 'limps' to achieve his purposes. Just think of the list of flawed heroes of the faith in Hebrews 11! Self-harm might be one part of who we are, but it's our faith in God that defines us.

Remember that self-harm is an outlet for powerful negative emotions that can be difficult to express in other ways. The Psalms are full of the outpourings of people experiencing similar things. Sharing some of these with someone who is suffering can help them realise that they're not alone – and that God does not abandon us, even when we don't get everything right.



## Helpful links:

- If you're struggling with self-harm, check out this organisation for help, including on-line support: <http://www.selfharm.co.uk/>
- If you want to find out more about self-harm, with great practical advice about recovery, get hold of Self Harm: The Path to Recovery, by Dr Kate Middleton and Sara Garvie:  
[http://www.mindandsoulfoundation.org/Articles/203753/Mind\\_and\\_Soul/Resources/Books/Our\\_Books/Self\\_harm\\_the.aspx](http://www.mindandsoulfoundation.org/Articles/203753/Mind_and_Soul/Resources/Books/Our_Books/Self_harm_the.aspx)
- 'Why do I harm myself?' is a seminar looking at what self-harm is: definition, causes, consequences and approaches to change:  
[http://www.mindandsoulfoundation.org/Media/PlayMedia.aspx?download=file&media\\_id=65603&file\\_id=73314](http://www.mindandsoulfoundation.org/Media/PlayMedia.aspx?download=file&media_id=65603&file_id=73314)