A Gentle Touch
Christians and Mental Illness

John Ting
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Those who suffer from mental illness and distress often suffer alone and struggle to understand what they are going through. Personal anguish is further exacerbated by the social stigma commonly attached to mental illness — as if mental illness is a sign of weakness of character or religious faith. There are still many myths floating around regarding mental illness that prevent sufferers from gaining understanding and those around them from offering empathy and help.

This book offers an honest and poignant look at common forms of mental illness and provides information, insight, comfort and hope. Written by Reverend John Ting who has had personal experience of depression and who has, from that experience, gained much understanding and insight from reading and training, this book describes in a realistic way how people suffer from conditions such as depression, anxiety disorders, panic attacks and addictive behaviour, and how they can find help and encouragement.

Particularly helpful in this book are the personal stories told by Reverend Ting and others he has helped (as a pastor and counsellor) and the biblical reflections shared by the author. The stories are measured
in months and years, suggesting that often there is no magical cure; however there is help available for recovery as patients work through their struggles and illness. Dealing with mental illness is a very human thing, and suffering and recovering from mental illness brings out what it means to be human. It helps us to understand that we are embodied beings. Our life is embedded in our biological makeup and functioning; we are deeply influenced by significant experiences and relationships, particularly in childhood; we struggle with the increasing stresses and strains of modern life and we learn good and bad habits of coping; we operate according to good and bad scripts we have learned; we are affected by spiritual realities, and our faith plays a central role in how we live in this personal, biological, social and spiritual milieu.

Belief and relief are connected, as shown by the sermons and biblical reflections found in this book. What we know about God and how we relate with Him have significant effects on how we live. Our faith has redemptive and therapeutic effects. This reminds us of how the apostle Paul frankly shared: “we were harassed at every turn — conflicts on the outside, fears within. But God, who comforts the downcast, comforted us...” (2 Corinthians 7.5–6).

A Gentle Touch brings a holistic perspective, taking into consideration the different dimensions of being human and how these are all rooted in the reality of God. It is written with deep pastoral empathy and a living and profound faith. Both sufferers and those who help them will find in this book comforting insights and hopeful pointers. I hope that this book will be widely read as it helps dispel many myths about mental illness, raises awareness and offers a realistic and most helpful perspective.

Bishop Emeritus Dr Robert Solomon
The Methodist Church in Singapore
O
riginally I was asked to adapt the Mental Health First Aid (Singapore) training programme for use with churches. The adaptation took the form of a supplementary ‘companion’ to the MHFA (S) manual. The companion assumed, as given, the material in the manual and followed its chapter headings. Subsequently, it was decided not to restrict its distribution to only participants in the MHFA (S) training programme but to make it available to the wider Christian community as a standalone book.

I have written this book from a pastor’s perspective rather than the perspective of a mental health professional. I address various questions Christians may have about mental illness. For example, how can we distinguish between demonism and schizophrenia? Does trusting God for healing mean the non-use of medication? Can a committed Christian who sincerely seeks to trust God experience clinical depression? Commit suicide? Suffer from anxiety disorders?

I want Christian laypeople to have a better understanding of mental illnesses. Thus I have added ‘flesh’ to names and terms by incorporating anecdotes and testimonies, including my own. As a sufferer of mental illness in the form of depression, I have been able
to empathise with fellow sufferers, especially those with mood disorders. This has led me to read more about mental illnesses. In my pastoral ministry, I have also come into contact with people with mental illness, especially depression. All this has helped fill gaps in my knowledge of mental illness and its treatment, and facilitated reflection from a biblical perspective.

My prayer is that this book will help Christians when they face the issue of mental illness and come into contact with the mentally ill. Sadly, many Christians have myths and misconceptions about mental illness. Hopefully, this book will help dispel these myths and misconceptions as well as positively inform and educate.

John Ting
Special thanks to Angelina Chan (Senior Consultant Psychiatrist, Trauma Recovery and Corporate Solutions [TRaCS], Changi General Hospital) and Jeannie Koh (former manager and senior counsellor, NUS Counselling Services). They ‘arrowed’ and encouraged me to write this book and responded to my requests for feedback and information with patience and professional expertise despite their busy schedules.

I am grateful to Melody, ‘Michael’ and Jeffrey for contributing their testimonies and Bee Ying and Harris for permission to include their previously published testimonies.

I want to express my thanks to Bishop Robert Solomon for his very kind, thoughtful and encouraging Foreword.

I also want to thank my editor and publisher Bernice Lee of Graceworks who saw the value of this book and readily undertook the task of making it available to the Christian public.

Finally, my thanks to the Lord for His enabling grace and for the deep privilege of writing this book.
A Holistic View of Mental Health

Men and women are physical, emotional, mental, psychological, social and spiritual beings. Each dimension may influence and be influenced by other dimensions. A holistic approach to healing needs to be aware of these different dimensions, including the spiritual dimension or realm, as objective realities. In some periods of a person’s mental illness, the spiritual dimension may not be the most significant. Let me draw an analogy. While we will want to pray for someone experiencing an asthmatic attack, we will also understand the priority need for the sufferer to use his Ventolin inhaler or nebuliser. Similarly with mental illness. A person experiencing an acute bipolar episode, for example, may need a mood stabiliser, anti-psychotic medication and possibly an antidepressant even as we pray for the sufferer. When the sufferer has become more stabilised through psychiatric treatment, spiritual resources will then be appropriate and helpful.

Furthermore, a holistic view of mental health means the process of healing will rarely be the sole domain of any one discipline, whether
psychiatry, psychotherapy, pastoral care or the loving support of family and friends. In certain phases of a person’s mental illness the focus may narrow. For example, when a person is severely delusional, the focus will need to be on psychiatric treatment. When the sufferer has stabilised, psychotherapy, pastoral care and the loving support of family and friends may then contribute to the ongoing healing process. The different testimonies in this book all bear witness to the holistic nature of the healing process or ‘synergy’ as one testimony termed it.

Counselling and Therapy in a Church Context

Preaching and teaching should counsel as well as open up the way for people to seek counsel
People ought to find themselves being ‘counselling’ as they listen and respond to faithful expository preaching which expounds the Word and applies it aptly and relevantly to people’s lives. Dr Martyn Lloyd-Jones in his book *Preaching and Preachers*,¹ makes this point very strongly: “The preaching of the Gospel from the pulpit, applied by the Holy Spirit to the individuals who are listening, has been the means of dealing with personal problems of which I as the preacher knew nothing until people came to me at the end of the service saying, ‘I want to thank you for that sermon because if you had known I was there and the exact nature of my problem, you could not have answered my various questions more perfectly.’”²

Three tiers of counselling in churches
Arising from a model of counselling for churches suggested by Larry Crabb³ I believe we can speak of three tiers of counselling that can be present in churches.
a. There ought to be mutual care and encouragement for every member. In my book, *Living Biblically in Marriage and at Home*, I wrote the following with regard to issues faced by singles in churches:

One of my favourite songs is ‘Jesus take me as I am, I can come no other way.’ I believe there are those in our churches who wish they could say to others, ‘Brothers and sisters, take me as I am. Allow me to take off my mask. Please do not stereotype me. Do not project onto me struggles I do not have. Or, do not be too quick to judge and dismiss me because of the struggles I do have. Walk alongside me as my brother, my sister. Encourage me in my walk with the Lord as I want to encourage you in your walk. You with your joys and struggles and I with mine, some similar, some different.’

I believe what I wrote in regard to singleness applies across the board. If this kind of attitude and milieu were to become an
integral part of a church’s culture, there would be fewer people with more serious mental health issues. The issues would be addressed at an early stage and, hopefully, prevented from growing.

b. At the next tier there will be problems, issues and struggles where mutual peer care and encouragement will be inadequate. Here, small group leaders with more maturity and experience may be able to provide the needed level of counselling and help. Church leaders, especially pastors with further training and experience, can be called upon to counsel at this level.

c. There will be situations where the seriousness of the problem requires referral to professional counsellors and therapists. Ideally, professional counsellors and therapists can exercise a team ministry with pastors in the care of church members. On occasion, I have asked to see a church member’s psychiatrist (with the permission of the church member except for special cases). I ask the psychiatrist for advice on how I, as a pastor, can best help the member and also what advice I should give to the member’s concerned family, friends and members of his or her small group.

Client-Centred Therapy? Yes and No!

Yes in that counselling and counsellor serve the client — not the other way round. No in that we are not to apply the standard secular counselling principle of counselling only within the framework of the client’s worldview and value system. While we should not impose our biblical worldview and values on the client, our counselling should
nevertheless presume them. The framework that shapes our counselling should be God’s framework as revealed in Scripture, not the client’s framework, if unbiblical. This is God’s world and the Bible contains the ‘Maker’s instructions’ telling us how we will best function according to God’s intention and purpose for humankind.

Believing Prayer for ‘Miraculous’ Healing vs Therapy and Medication

Miraculous healing?
People have been healed directly by God at healing services and, apart from healing services, in answer to believing prayer. In the early seventies a very senior Singaporean police officer took his teenage daughter who had leukaemia to the USA for Kathryn Kuhlman’s healing service. He told me he personally witnessed miraculous healing such as legs extending. He also told me that his daughter was not healed of her illness and died later back in Singapore. Kathryn Kuhlman herself, I believe, died of an illness.

The late Professor Khoo Oon Teik, formerly Professor of Clinical Medicine at the University of Singapore, medically documented using ‘before and after’ X-rays people who were healed directly by God in answer to believing prayer. A member of my Sydney church, a medical doctor, recently testified to me that he and a few others, while on a mission trip, prayed for hearing to be restored to a group of twelve deaf men. Eleven of them were healed of their deafness. I believe there are many similar testimonies of ‘miraculous’ healing. There have also been many people prayed for who were not healed.
Healing in the atonement?

A number of today’s charismatics (and perhaps non-charismatics) believe that if a person is not willfully committing or harbouring sin and has the requisite faith, he or she will be healed. Behind this belief is an understanding of ‘healing in the atonement’ based on Isaiah 53.5, “…and by his wounds we are healed…” The verse begins with “he was pierced for our transgressions, he was crushed for our iniquities…”. Just as the atonement means we can expect forgiveness of sins the very moment we confess them (1 John 1.9) so, analogously, we can expect healing of illness the moment we exercise faith and claim healing on the basis of Jesus’ wounds on the Cross. I do not believe in ‘healing in the atonement’ understood this way but I can understand why many people do. This understanding may sound very persuasive and even ‘obvious’.

In fact, there are those who would go further and say it is either medicine or faith, thus putting the two in opposition to each other. In response, I refer to 1 Timothy 5.23, “Stop drinking only water, and use a little wine because of your stomach and your frequent illnesses” (emphasis mine). Wine has some medicinal value. On my doctor’s advice, I sometimes drink wine for my triglycerides. Furthermore, wine being fermented and processed, would have had less harmful bacteria than the untreated water of Paul’s day. I reason from this verse that if Paul believed in ‘healing in the atonement’ he might have advised Timothy differently and he would not have expected Timothy to have frequent illnesses. It is possible Paul’s ‘thorn in the flesh’ (2 Corinthians 12.7–8) was an illness, though not necessarily so. God is the source of healing. Sometimes He chooses to heal directly in answer to believing prayer and other times He heals through the use of medicine. In Timothy’s case it was wine. In my case it was prayer, bypass surgery and medicine for my heart; and prayer, surgery, hormone therapy and radiotherapy for my prostate cancer. Believing prayer and medical procedures are not mutually exclusive. It is not a
case of either believing prayer or medical procedures but believing prayer and medical procedures! And, as I have implied above, sometimes God’s way is believing prayer without medical procedures.

A Person with Chronic Schizophrenia Shares His Experience

Harris Ng suffered from chronic schizophrenia for many years. He recounts his experiences in his encouraging and inspiring book Recovered Grace: Schizophrenia. He tells us he had three relapses. This is Harris’ own account of his second relapse.  

Things went well for a year until a friend asked me whether I believed in miracle healing. It was in the good old year, 1978. “If you are healed, you need not be dependent on your medication anymore. You need not go back to Adam Road hospital for your medical appointments every four weeks. Don’t you know you look well to all of us? You can also save a lot of money as the medication and consultation is not cheap!”

On hearing what he had so helpfully suggested, I was ready to take the plunge. “There is no harm in trying...” Or so I thought. Unfortunately, this friend of mine seemed not to have understood the nature of my illness. He was all out trying to offer help to me. I could see he was sincere, but the result that followed was shocking.

He took me to a huge gathering on an open field. Thousands of people were gathered there that night. A speaker was proclaiming the power of prayer in miracle healing. He spoke with a booming voice. The
speakers installed at every corner made it ever the more overwhelming. Drowned in the loud music, songs and noises, my mind whirled and spun. Trepidation filled my soul as I witnessed the long queue leading to the speaker. One by one he laid hands on them. A man stood up from a wheelchair and tried to walk. My friend urged me, “Join the queue.” When my turn came, the speaker proclaimed, “Rebuke the devil! Rebuke the powers of darkness! Be healed and let God forgive you.” Then followed a disturbing ring of unknown languages. For a newcomer, it was rather intimidating. There was extreme fear in me and a chill ran down my spine. I felt like I was about to faint. It was as if an electric current had gone through me. “Now you may go in peace. You are delivered and healed. Amen!”

I left the speaker with a blank in my mind, not knowing what to do and what had exactly happened. The crowd was so huge that there was no time to entertain everyone. I left the crowd, accompanied by my friend. On the way home, he said, “You are now completely healed. You need not be dependent on your medication anymore. God’s mercy is upon you. The powers of Satan have been taken away and you are now free from your sickness.” I stopped my medication without asking a question. I went around rather happily, believing in the words of my friend and the speaker for about a month. After that the thoughts came streaming into my mind again. Mine was a case of chronic schizophrenia. On hindsight, I understood that it was not a case of Satanic possession, though others may disagree with me on that point. The thoughts darted left and right, positive and negative. What was happening to me again? ...

It was my third breakdown and second relapse. The diagnosis cleared me of being under evil possession. It stated
clearly that it was a case of mental illness (schizophrenia)...I do believe in miracles. Jesus had performed many of them as recorded in the Gospels...We need to understand that God can make use of the hands of a doctor to heal the sick, and so medical healing is not contrary to miracle healing or faith healing.
Further Reading


Harris Ng, *Recovered Grace: Schizophrenia* (Singapore: Harris Ng, 2005).