

GOOD NEWS FOR BRUISED REEDS

**MENTAL HEALTH & THE
GOSPEL COMMUNITY**

“We are spirit beings that have soul-personalities in physical bodies. Unfortunately, we are fallen and live with other fallen people in a fallen world. This worsens the fracture of our souls. Since the mind is a primary doorway to our souls, it is imperative that we guard it against the deterioration from initial doubts to disappointments, discouragements to despondency, and depression (when it becomes clinical) to suicidal thoughts. This book comprises testimonies of various people about their journeys, as well as handles for recovery and restoration of our souls from this darkness. I highly commend this book to all in search of mental health as well as for those ministering to them.”

Ps Daniel Foo

Senior Pastor

Bethesda Bedok-Tampines Church

“I used to be the kind of Christian who would say: ‘just deal with it’. Thankfully it was God who dealt with me—and saved me from such naive thoughts and arrogant attitudes. Journeying with a number of close friends who suffered from depression, anxiety and other deep wounds has made me appreciate how broken this fallen world really is ... and allowed me to see the long-suffering shape of our Father’s love. I pray that this book will do the same for all of us in the body of Christ.”

Rev Dr Dev Menon

Pastor

Zion Bishan Bible-Presbyterian Church

“Reading these real-life accounts is extremely difficult, especially when I spend a moment imagining how life would be in the sufferers’ shoes. What can make an unthinkable pain even harder? When someone has to go through it alone, struggling to be understood by others, and constantly under the crushing weight of shame. If proclaiming a Christ who entered our broken world is the call of the Church, we need a book like this to help us empathise and enter the worlds of those who are suffering in different ways because of mental health challenges.”

Ps Jacob Ng

*Assistant Lead Pastor
Redemption Hill Church*

“I am truly touched by reading the life stories of actual people facing mental health issues. This book highlights the need for both professional mental health care and the Body of Christ to step in, to help and journey with anyone (and not just believers) facing mental health issues, with understanding and patience, compassion and love.”

Ms Lindis Szto

*Pastoral Staff
Bethesda Frankel Estate Church*

“Be warned that you will be hearing voices in this book. Voices of those who battle with anxiety, depression, schizophrenia and suicidal tendencies; voices of those whose loved ones are struggling with mental illnesses; voices of caregivers who fell into guilt and despair; voices of ministers who fought with depression; voices of those who care to speak up for the strugglers. Most importantly, it contains a prophetic voice calling the Church to repent from her lack of knowledge, and to become a safe community for the mentally broken to experience healing and wholeness in Christ.”

Mr Rick Toh

Lead Pastor

Yio Chu Kang Chapel

“Painfully moving and brutally honest stories told by Christians who have suffered mental illness; by their loved ones who stood by them in those times of darkness; and by the church community who reached out and supported them, despite sometimes not knowing what to do or say. In my decades as a clinical psychologist both at IMH and at MSF, in working with people with mental disorders and deep intrapsychic pain, I am often reminded and humbled by how mental infirmities increase our awareness of our human limitations and drives our need for the Divine.”

Ms Vivienne Ng

Clinical Psychologist

GOOD NEWS FOR BRUISED REEDS

**MENTAL HEALTH & THE
GOSPEL COMMUNITY**

Edited by

*Jonathan Cho, Joanna Hor, Ng Zhi-Wen,
Nicole Ong, Bernice Tan, Ronald JJ Wong*

GRACEW[]RKS

Mental Health & the Gospel Community

Copyright © 2019 Graceworks Private Limited

The copyright for individual essays will reside with the individual authors.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of the authors, except in the case of brief quotations embodied in critical articles and reviews.

Published by Graceworks Private Limited
22 Sin Ming Lane
#04-76 Midview City
Singapore 573969
Tel: 67523403
Email: enquiries@graceworks.com.sg
Website: www.graceworks.com.sg

All Scripture quotations, unless otherwise noted, are taken from the *Holy Bible*, New International Version®. NIV®. Copyright © 1973, 1978, 1984, 2011 by International Bible Society. Used by permission of Zondervan. All rights reserved.

Scripture quotations marked "ESV" are taken from *The Holy Bible*, English Standard Version. Copyright © 2000; 2001 by Crossway Bibles, a division of Good News Publishers. Used by permission. All rights reserved.

Scripture quotations marked "NLT" are taken from the *Holy Bible*, New Living Translation, copyright ©1996, 2004, 2015 by Tyndale House Foundation. Used by permission of Tyndale House Publishers, Inc., Carol Stream, Illinois 60188. All rights reserved.

Scripture quotations marked "RSV" are taken from the Revised Standard Version of the Bible, copyright © 1946, 1952, and 1971 National Council of the Churches of Christ in the United States of America. Used by permission. All rights reserved worldwide.

Scripture quotations marked "NKJV" are taken from the New King James Version®. Copyright © 1982 by Thomas Nelson. Used by permission. All rights reserved.

Scripture quotations marked "AMP" are taken from the Amplified Bible, Copyright © 1954, 1958, 1962, 1964, 1965, 1987 by The Lockman Foundation. Used by permission.

Scripture quotations marked "NASB" are taken from the New American Standard Bible® (NASB), Copyright © 1960, 1962, 1963, 1968, 1971, 1972, 1973, 1975, 1977, 1995 by The Lockman Foundation. Used by permission. www.Lockman.org

Cover Illustration: Emma Lee, Awaken Studios

ISBN: 978-981-14-2770-1

A CIP record for this book is available from the National Library Board, Singapore.

Printed in Singapore

1 2 3 4 5 6 7 8 9 10 • 26 25 24 23 22 21 20 19

CONTENTS

Changing our Minds: A Theological Introduction to Mental Illness.	xi
<i>Leow Wen Pin</i>	
Introduction.	xix
<i>The Publisher</i>	

Section 1 — WHEN THE DARKNESS DESCENDS

Breaking Black.	1
<i>Mike Wong</i>	
Hope is Finding Beauty in Ashes.	11
<i>Alivia Kan</i>	
Not “Taboo®”.	19
<i>George Khoo</i>	
Chasing Angels, Chasing Eternity.	29
<i>Dayne Hor</i>	
Walking in the Path of Life.	34
<i>Hui Chew</i>	
Finding God in the Dark.	42
<i>Mak Kean Loong</i>	
When Depression Drove Me Away from God.	51
<i>Ruth*</i>	
Hope for the Anxious Mind.	58
<i>Shoni Duesling</i>	
Lessons from the Brink—Reflection.	67
<i>Tan Soo-Inn</i>	

Section 2 — WALKING WITH THE WOUNDED

How God Saved My Schizophrenic Mother (and Me). . .	73
<i>Alice*</i>	
When I Realised He Had Anxiety.	78
<i>Myer Wong</i>	
Helplessness of the Helper.	85
<i>Sophie Cheng</i>	
He Ain't Heavy, He's My Brother.	90
<i>Paul Yong</i>	
When A Hurting Person is Hurt by the Church.	97
<i>Chua JH*</i>	
A Journey of Finding More Questions than Answers. . .	102
<i>Fern Leong</i>	
We Will Arise and Shine.	108
<i>Janet Chan-Lee</i>	
Perspectives from a Wife.	115
<i>Wong Moy Yin</i>	
Sharing the Journey—Reflection.	121
<i>Jonathan Cho</i>	

Section 3 — WALKING TOWARDS THE LIGHT

Soul Care as Spiritual Practice.	127
<i>Andre Tan</i>	
A Pastor's Confession: Press the "Pause" Button. . . .	134
<i>Chua Seng Lee</i>	
My Ten Black Years.	141
<i>Tan Soo-Inn</i>	
Discernment to Heal.	147
<i>Daniel Jesudason</i>	
The Discernment Shepherds Need—Reflection.	155
<i>Ronald JJ Wong</i>	

Journeying with the Mentally Ill: A Christian
Perspective. 160
Daniel Fung

Acknowledgements. 167

Help Resources.169

** These names and others in the individual stories have been
changed to maintain confidentiality.*

CHANGING OUR MINDS: A THEOLOGICAL INTRODUCTION TO MENTAL ILLNESS

– *Theological Overview*¹ –

*“Though this be madness,
yet there is method in it.”*

— *Polonius (from Hamlet, William Shakespeare)*

Introduction

Mental illness is a reality that the Church in Singapore cannot ignore. The second Singapore Mental Health Study (SMHS), conducted in 2016 by the Institute of Mental Health (IMH), showed that one in seven people had experienced a mental disorder in their lifetime (an increase from the one-in-eight ratio obtained from the first SMHS conducted in 2010). The three most prevalent disorders identified were major depressive disorder, alcohol abuse, and obsessive-compulsive disorder. A particularly troubling aspect of the survey’s results was the large size of the “treatment gap”, i.e. the number of people who did not seek help for their condition. It was more than 80 percent.²

1 The author would like to thank Su Xinyi, Kevin Chow, Esther Phua, Edwin Phua, and Seah Chiew Kwan for their insightful comments on an earlier draft of this chapter.

2 Institute of Mental Health. “Latest Nationwide Study Shows 1 in 7 People in Singapore Has Experienced a Mental Disorder in Their Lifetime,” December 11, 2018. <https://www.imh.com.sg>.

Another piece of research conducted in 2015 by IMH—the Well-being of the Singapore Elderly (WiSE) study—showed that one in 10 seniors (i.e. older than 60 years of age) in Singapore had dementia.³ Accompanying this statistic was a worrying rise in early-onset dementia in younger individuals.⁴ The WiSE study also showed that caring for a person with dementia was psychologically challenging, with 46 percent of caregivers expressing significant distress, and 11 percent experiencing depression or anxiety.

In light of these statistics, the Church needs to learn to respond well to this reality, not just because mental illness is already the lived experience of many church members, but also since the inclusive call of Jesus' gospel extends to people with mental illnesses. Reading the many touching personal stories in this book will help guide Christians to respond with sensitivity.

At the same time, to complement this empathy, theological reflection upon the Bible, mental illness, and human experience must be undertaken to provide Christians with a pastoral worldview through which to understand and include people with mental illnesses. Such reflection must *challenge deficient ways of thinking about mental illness*, and *provide redemptive hope* for persons with mental illnesses. We will briefly consider these two dimensions in this short introductory chapter.

3 Institute of Mental Health. "Study Establishes Prevalence of Dementia among Older Adults in Singapore," March 25, 2015. <https://www.imh.com.sg>.

4 From 2011–2016, the National Neuroscience Institute's Neuroscience Clinic saw a fivefold increase in patients with young-onset dementia, cf. Ng, Desmond. "He's 48, and Already Grappling with Dementia," June 7, 2018. www.channelnewsasia.com.

Challenging Deficient Ways of Thinking about Mental Illness

In lay Christian circles, demonic possession is a common way to explain mental illness.⁵ Yet, such a way of thinking is unbiblical. A careful reading of the four Gospels shows only one episode where demonic possession is linked to atypical behaviour—the story of the Gerasene demoniac (Matthew 8:28-34; Mark 5:1–20; Luke 8:26–39). However, even in that one episode, the typical biblical Greek verb for “being mad” (*mainomai*) is not used, and the audience is left to guess the character’s mental state from his violent behaviour. Surely this one passage is not a strong proof text for linking mental illness with demonic possession!

In contrast, when one investigates all the instances in the New Testament where the word *mainomai* is used, a very different picture emerges. For instance, in John 10:20, *mainomai* is used in the same sentence as the Greek word for demon (*daimonion*). However, it is used there in an accusation made against Jesus by his opponents: “He has a demon, and he is mad; why listen to him?” (RSV). This pattern of exclusion using the language of madness is repeated in Acts 12:15 when the disciples disbelieve Rhoda’s account that Peter had supernaturally escaped from prison and was now standing at their front door, and in Acts 26:24–25 where Festus charges Paul with insanity for proclaiming the gospel. Finally, in 1 Corinthians 14:23, Paul observes that speaking in tongues (a gift of the Holy Spirit) will look like madness to outsiders. In all these occurrences of the word *mainomai*, not only is mental illness not attributed to demonic possession, language which

5 Marcia Webb, “Toward a Theology of Mental Illness,” *Journal of Religion, Disability & Health* 16.1 (2012): 50–52.

links the two is often used by people to suppress the gospel or to disregard God's works. This is a sobering thought as we reflect on how some Christians still continue to use such rhetoric today.

Another common way of thinking about mental illness associates it with sin or the lack of faith. We must be careful here: while *some* instances of mental disorder might be the result of sinful choices, the Church must avoid the naïve association of sin/faithlessness with *all* instances of mental illness. As the Christian clinical psychologist Marcia Webb observes, while "some might argue that [when] Biblical characters like Elijah or Naomi experience depression and anxiety, these experiences may still be sin, or a result of a lack of faith ... it is, however, impossible to maintain this argument when we consider Christ in the Garden of Gethsemane."⁶

This simplistic association of mental illness with sin has not just been perpetuated by lay Christians. Heath Lambert, a professor of biblical counselling, in critiquing the early biblical counselling movement, observes that the movement initially sought to explain mental illness *primarily* in terms of sin, even with conditions such as manic-depression and schizophrenia. However, Lambert notes that this approach was insufficient and ignored the crucial role that human suffering played in mental illness, which later generations of biblical counsellors have sought to recover.⁷ This point is made strongly in this present volume's many stories which illustrate the varied causes of mental illness.

6 Webb, "Toward a Theology of Mental Illness," 57–58.

7 Heath Lambert, *The Biblical Counseling Movement after Adams* (Wheaton, Illinois: Crossway, 2011), 49–66.

Finally, in my own ministry experience, the most common way of thinking about mental illness in Christian circles today is the medicalised model. This model views biological causes as the *sole* source of mental illness.⁸ For example, the chemical-imbalance explanation for certain types of mental illness, continues to be popular in lay circles today despite ongoing controversy.⁹ Such a model ignores the fact that mental illness diagnoses are also human constructs, meant to provide mental health professionals with a working framework for organising the complexity of human mental behaviour.¹⁰ These behaviours may not always have straightforward biological explanations.

Of course, this is not to deny that mental illnesses often do have biological influences. However, a major problem with the medicalised model is that it ignores the significant role that a person's community plays in mental well-being.

As the eminent pastoral theologian and mental health professional John Swinton notes concerning dementia, "It is located within the interface between the *individual's* physicality and experience and the attitudes, values, presumptions and relational abilities of the individual's *community*"

8 As N. Haslam remarks, medicalizing represents mental illness as "the product of somatic aberrations outside the person's control and thus akin to disease. ... Biomedical understandings of mental disorder dominate contemporary psychiatry" ("Dimensions of Folk Psychiatry," *Review of General Psychology* 9.1 (2005): 38-39).

9 Anatasia Philippa Scrutton, "Is Depression a Sin or a Disease? A Critique of Moralizing and Medicalizing Models of Mental Illness," *Journal of Disability and Religion* 19.4 (2015): 300–301.

10 R. E. Kendell and A. Jablensky, "Distinguishing between the Validity and Utility of Psychiatric Diagnoses," *American Journal of Psychiatry* 160 (2003): 4–12.

(italics added).¹¹ In other words, the medicalised model is problematic because it narrowly focuses on the individual, making mental illness entirely their problem. In contrast, the stories in this volume help us to recognise the Church's role in the making—and redeeming—of mental illness.

Providing Redemptive Hope

Given the deficiencies of the preceding models, how might we as the Church move towards a biblical and pastorally helpful model for mental illness? As a first step, such a model must locate mental illness in the *complex fallenness of all of creation*. Mental illness is not a single thing. It can have many causes: an individual's life choices, their fallen biology, unfortunate circumstances, alienating communities and social structures, or even a combination thereof. Such an assertion demands that Christian communities exercise mindful care in knowing and loving people with mental illness. We must not rush to simplistic diagnoses. This is certainly a discipline that can be practised as one reads through the many stories in this present volume.

Such a redemptive model of mental illness also calls churches to exercise sober self-reflection in examining whether we ourselves have played a role in promoting mental illness. In this regard, a sad truth that should lead many churches to repentance is the fact that mental illness is increasingly common among pastors.¹² Thankfully, the opposite can also be true: churches have the potential to

11 John Swinton, *Dementia: Living in the Memories of God* (Grand Rapids, Michigan: Eerdmans, 2012), 108.

12 Stetzer, Ed. "The Church and Mental Health: What Do the Numbers Tell Us?," August 5, 2018. <https://www.christianitytoday.com>.

be redemptive communities that nurture mental wellbeing through the practice of love, sincere welcome, and mutual hospitality. As the founder of the inclusive L'Arche communities, Jean Vanier, reminds us, "To be a disciple is to say to those in need, 'I love you and want to be committed to you, in order to help you to be liberated from rejection, and find the appropriate help as together we move towards peace and love.'"¹³

Moreover, by seeing mental illness as part of creation's fallenness, mental illness is included in God's redemptive plan for creation, rather than being something outside of the Bible's concerns. God's redemptive work thus encompasses persons with mental illnesses, giving them true hope that is grounded in God's promise that they will be restored to complete wellness when Jesus comes again. A foretaste of that hope can also be experienced in the present through the healing community that the Church is called to be. Hence, while a person's biological cause of mental illness might not be *cured* in this lifetime, that person can through the Church receive *healing*, namely, "the emergence of meaning, transformation, and personal growth that may take place alongside cure, but which may also take place in its absence."¹⁴

Persons with mental illnesses can therefore participate in God's redemptive plan as "wounded healers" (following Henri Nouwen).¹⁵ As people who themselves have known

13 Jean Vanier and John Swinton, *Mental Health: The Inclusive Church Resource* (Darton, South Yorkshire: Longman & Todd, 2014), 63.

14 Anatasia Philippa Scrutton, "What Might It Mean to Live Well With Depression?," *Journal of Disability and Religion* 20.3 (2016): 179.

15 Henri J. M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York, New York: Image, 1979).

the depths of human struggle, they themselves can minister to others using a profound compassion that emerges out of the common experience of pain. Hence, people with mental illnesses should not be regarded as helpless recipients of charity, but Spirit-empowered disciples capable of service. They can serve well, not just *despite* their illness, but even *because* of their illness. Their lives can breathe hope into the beating heart of the Church. Thus, they are indispensable to the Church.

This pattern of the “wounded healer” finds its perfect image in Jesus. He is the Healer who himself suffered the stigma of madness (John 10:20), yet whose wounds healed his people (1 Peter 2:24). For every person with mental illness, the person of Jesus reminds them that they have a God who intimately knows their pain. For them, he is their tender Saviour—“a bruised reed he will not break, and a dimly burning wick he will not quench” (Isaiah 42:3, RSV). So, though we walk the path of suffering now, we can look forward to the day when we will join him at his side, where “he will wipe away every tear from [our] eyes, and death shall be no more, neither shall there be mourning nor crying nor pain any more, for the former things have passed away” (Revelation 21:4, RSV). Until that day comes, may we follow our Saviour’s example in softly tending to the tears of our precious brothers and sisters with mental illnesses.

Leow Wen Pin

Visiting Fellow

Biblical Graduate School of Theology

INTRODUCTION

“Feeling felt.” This was a psychotherapeutic concept that I heard mentioned in a recent sermon on being known by God in Psalm 139. It struck a chord in me. It encapsulated how we should be privileged to feel in our relation both to God and with one another.

On further reading, I found this description of the phenomenon:

“Feeling felt” implies empathy paired with acceptance and presence. It engenders not only understanding, but also resonance. Two people sharing a sacred and respectful space. Being there together, without judgment, pressure, or agenda.¹

This is something that we in the gospel community should be offering to one another. More so, this is what we should be offering to those whose challenges—physical, mental, emotional—incapacitate them and cause them to feel excluded from society at large and the gospel community in particular.

If we believe that God is sovereign over all of life, the corollary would be that all come under His loving care. Which is why it is so comforting and important for us to

1 Partners in Healing. *Resonant Listening and the Power of “Feeling Felt”*. Accessed on 1 September 2019. <https://www.partnersinhealingpsychotherapy.com/blog/resonant-listening-and-the-power-of-feeling-felt/> .

remember Isaiah 42:3,4. Not just for who Christ is, but for who we should be as we seek to be Christian. In one way or another, we are all bruised reeds.

Slightly more than a year ago, we published the first volume in the *Good News for Bruised Reeds* series. That volume addressed the bruised reeds among us who struggle with same-sex attraction. This prepared the way for opening up conversations among those who are struggling, those who care for them, and those in the gospel community who want to be better Christ lights to this community. As a result, many have experienced the nourishing effect of “feeling felt” and many leaders within the gospel community are beginning to work at life-giving change within their spheres of influence and friendship.

As we worked on publishing that first volume, one of the refrains that was constantly heard informed us of the numbers who experienced various mental health challenges. On a wider societal level, reports were also surfacing that reinforced our niggling thoughts that this is an area that needs to be brought into the light and not left to fester in the dark. The second Singapore Mental Health Study which was released in 2018 indicated that the lifetime prevalence of all mental disorders had shown an increase. “1 in 7 people in Singapore, has experienced a mood, anxiety or alcohol use disorder in their lifetime.”²

It didn’t take very much for the editorial team to agree that our second volume in the *Good News for Bruised Reeds* series should focus on mental health. This book you hold

2 Institute of Mental Health. *Media Release* (Singapore: Institute of Mental Health, 11 December 2018).

in your hand, *Mental Health & the Gospel Community*, has been birthed from our personal experiences that both within and without the gospel community those facing mental health challenges find the going aggravated by the misconceptions and sometimes theologically unsound assumptions made. Rather than “feeling felt”, they feel condemned and ostracised because they cannot “snap out of it”. It is time to begin a new set of conversations; ones that will be life-giving, will be empathetic and will not break the bruised reeds nor snuff out the smouldering wicks.

Those facing mental health challenges share their stories with us in Part 1. They paint for us the depths of personal anguish and, sometimes, even self-loathing as a result of their Sisyphean task of achieving a breakthrough. The voices you hear in Part 2 are shared by those who have walked with friends and loved ones. These caregivers’ struggles are no less real as they support and agonise alongside the sufferers. Part 3 shows us that mental health challenges know no boundaries, and that pastors are not spared the worst of these challenges. However, having known the loneliness and struggles, these wounded healers now seek to be catalysts of change—to begin conversations that will bring Christ’s healing love into the lives of those who suffer.

May our lives inspire the question for which Christ is the answer.

The Publisher

**SECTION 1 — WHEN
THE
DARKNESS
DESCENDS**

BREAKING BLACK

// 4:44 a.m.”—a good title for the horror movie that I felt I was living in for a few months in 2016, when I was consistently overcome with panic attacks at that hour. Deep chest burns tore up my sleep. The feeling of irrational doom shrouded me. I’d sit in the bathroom for an hour, ask God for forgiveness for my sins and to take away the anxiousness and palpitations, and wait for the worst to pass.

I told a friend about my 4:44 a.m. episodes and he jokingly said, “It means die, die, die!” (when you say those numbers in Chinese).

I laughed but could not help wonder if it was a bad omen of some kind.

The Black Hole of Anxiety

I’d had nocturnal panic attacks on and off for years, and had been given medication to alleviate it. They often happened when life became very busy, like during Easter and Christmas when I had to direct plays in church. My church friends usually tried to make sense of it by calling it a spiritual attack, and attempted to pray it away.

2015 had been an exceptionally intense year. I was running video productions, directing music videos and producing

events for SG50, a year-long nation-wide government initiative to commemorate Singapore's 50 years of independence. Perhaps that was why these panic attacks had gotten so bad. Early into 2016, they were not just showing up at 4:44 a.m. but at any time of the day. I was constantly anxious, even though there was no apparent reason for me to be. This made me frustrated with myself, which catapulted me into feeling anxious that I could not stop being anxious.

I was taken hostage by this state of mind; there was no escaping it. I could not be in a shopping mall and I could not sit still to finish watching a movie. I often felt like punching something to have an outlet for my frustrations. I was afraid of being afraid. Soon I became a prisoner in my own room.

It was difficult to sleep at night. I had to trick my mind to fall asleep 'accidentally'. As I got into bed, my wife, Moy Yin, would intentionally distract me by giving me a back massage or by reading the Bible to me. I could only hope to drift off amid these distractions. The minute I became conscious that I was trying to lie down to sleep, I would jump straight out of bed and walk aimlessly around the house. I had no idea why I kept doing this. Eventually, getting to sleep became a fearful experience. Sometimes, halfway through the bedtime ritual of deceiving myself to sleep, I would laugh over the silliness of it all. It was funny and sad.

To make matters worse, I also lost my sense of smell and taste while fighting a bout of flu during this time. At first I thought it was just the effects of the medication that was making my food tasteless. But soon I realised that I could

not smell anything either, which surely had nothing to do with flu medication. Meal times became difficult and frustrating. Even eating wasabi had no effect in kick-starting my senses. I quickly lost my appetite for food.

As our senses are key factors in creating a familiar reality for us, the loss of my ability to smell and taste disorientated me immensely. Space and time became unfamiliar. My bed and workspace did not feel the same anymore. I felt like I was on a different planet and began to question my reality. After about three months of this, I was losing my appetite to live.

Into the Blackest of Black Holes

And then, all of a sudden, out of nowhere, my ears started to ring. I was hit with tinnitus.

As a painter who works with colours, I know there is a kind of black that makes it impossible for light to bounce off of it. It is like the darkness of a black hole that drowns light out completely. This was it, my blackest black, with my incessant panic attacks, no taste and smell, and now a 24/7 ringing sound in my ear so that I can never go to sleep again. I joked with myself (my humour steadily becoming darker too), "So is this how God sounds like? A constant alarm?"

I was shattered. Now I could not even trick myself to sleep because of the loud buzzing in my ears, a sound that no one else could hear. Moy Yin had to drive me around Singapore so that I could try to sleep in the car. The sound and motion of the moving car drowned out the tinnitus and was the only thing that could give me momentary peace.

Albert Camus once said, “The world itself, whose single meaning I do not understand is but a vast irrational. If one could only say just once: ‘this is clear’, all would be saved”.¹ But nothing was clear; this entire situation was absurd. Like Job in the Scriptures, I questioned the meaning of my existence and what I did to deserve this terrible lot in life. In my blackest black, I made a deal with myself: if the ordeal did not improve by the end of the year, I would exit the planet on my own terms.

Searching for Light

Treatment

I went to every doctor who could potentially help me: an ear, nose and throat specialist, a neurologist, a practitioner of Traditional Chinese Medicine, a chiropractor, an Emotional Freedom Techniques therapist and a psychiatrist. I tried every treatment possible: exercise, health supplements, massages, acupuncture, medicine, spiritual counselling and therapy.

Every professional I went to had their own opinion of what was happening to me. They would diagnose me through the lens of their own expertise—the ENT focused on my ear, nose and throat; the chiropractor looked at the balance of my bone structure etc.—and did not assess me as a whole person. The medical doctors were thus only able to be helpful in part. In fact, it was only the TCM doctor who was aware that our bodies need to be seen as a whole (physically, mentally, emotionally etc.). As she treated my physical ailments, she also recommended that I see a psychiatrist. I was finally able to receive the correct

1 Albert Camus, *The Myth of Sisyphus and Other Essays*, trans. Justin O’Brien (New York, New York: Vintage Books, 1991), 27.

diagnosis: I had an anxiety disorder. From here, I could start working out a path to recovery.

I am not sure what worked, but my sense of taste slowly returned. I was enraptured every time I tasted something, savouring how wonderful it was to have my senses intact. However, in my anxiety to stay healed, I developed pigeon superstition: "Which supplement healed me? Or was it acupuncture? Or did my prayers finally work?" My mind kept churning out all sorts of theories and I still could not rest.

Prayer

I prayed and cried, and cried and prayed, asking God to make my pain go away divinely. Like a good evangelical, I prayed by quoting Scripture and lamenting like the Psalmists. When that did not stop the panic attacks, I prayed like the Pentecostals by speaking in tongues and claiming God's promises. Then I bargained with Him, as though I had something I could trade with God, for the panic attacks to stop.

I even threatened God by saying His name would be shamed if He did not heal me. After a while, the act of praying became less about having faith in God and more like psychological pain relief. I also reached out to some of my close friends for their prayers. Pastors who heard about what I was going through also encouraged and prayed for me. I was grateful for their support.

Despite this huge 'prayer drive', God stayed silent. Soon, whenever I heard testimonies thanking God for His supernatural healing and intervention, I felt displaced and jealous, like an unwanted child. No matter how much love and attention people poured on me, I still felt like I

was drowning. Some kind of acknowledgement from Him would have made me feel better, even if it was as impersonal as an auto-reply email.

While in the midst of this confusing and exhausting darkness, I could not see what God was doing in my life. It was only much later that I realised that God was, in fact, near. It was I who had wandered far away and, in my zeal to be healed, had become 'hard of hearing' by ignoring His still, small voice.

My Wife

Moy Yin is my Wonder Woman. She did things that the movie/comic Wonder Woman would never have been able to do. Besides taking care of the household, she now had a twisted version of a husband to deal with. I know she felt helpless and prayed constantly to God for wisdom. She obeyed the Lord to "keep walking" through this ordeal with me, even though she struggled with having no clarity as to where this road would take us. And God worked miracles through her. During the blackest of times, she was my light. Her face and presence gave me relief and comfort. She was God's answer to my prayers, one that I did not deserve.

I was hit with an exceptionally bad panic attack one evening, the kind that made me want to throw myself off the building. My heart rate was racing. Moy Yin found me crying and moving around the house frantically, begging God to remove the attack. She came to me and started stroking my back. Immediately, I could feel my heart rate slow down drastically. I was pleasantly surprised. It felt like such a miracle! From then on, every time I was hit with another panic attack, I relied on her to stroke my back to

calm my internal and physical storm. But this also became a problem, because I started trying to stop her from leaving me alone at home. I became so anxious every time she had to leave for work, terrified that without her I would not be able to stay afloat; I clung to her like a baby.

My Brother-in-Christ

With my constant need for company, and Moy Yin unable to be with me all the time, my loyal and long-suffering brother-in-Christ often came to fill that void. When he came over, it was never with the intention of 'helping' me get out of my situation.

Sometimes, Barnabas just slept on a chair in my office. He trusted me to do what I needed to do to cope, and just wanted to make sure I was safe while I figured things out. Other times, we talked about our shared love for camera gadgets, and church matters. This really took my mind off focusing on myself so much, which was vital to my healing process.

Barnabas' company was a welcome contrast to some people from church who gave well-meaning but unhelpful spiritual advice. They interpreted my situation through spiritual lenses and heaped various healing seminars and camps on my plate. Some became frustrated when I told them I could not attend a retreat because I could not bear to be apart from my wife during that time. One even told me that that was a lie of the devil that stopped me from attending. Sadly, despite their sincerity, their 'help' only reminded me of how alone I was most of the time. It was so precious to have a true brother who was willing to meet me where I was during that period of darkness.

Another brother-in-Christ who had also gone through a mental illness reached out and offered encouragement. It comforted me to know that I was not alone in my struggles. I also kept Barnabas' favourite fragment of Scripture, "And it shall come to pass" (Acts 2:17a, NKJV), close to heart. It gave me hope that everything has a beginning and an end, even this darkest encounter with anxiety disorder. I was grateful that my church's men's ministry had taught us how vital it is to have a brother that we can call at 2 a.m. The few I have were so crucial to my survival.

Breaking Black

Six months later, despite all these efforts, I now could not get out of my room on my own. I passed the time surfing YouTube and stumbled upon a new movie review of the experimental film, *Knight of Cups* by Terrence Malick. I'd always loved the director's works. This particular film of his relied heavily on improvisation—some of the main actors did not even receive a script—and dealt with life's universal existential questions.

I rented the film and watch it. One moment in particular struck me. As the main protagonist, Rick (played by Christian Bale), is in his 'blackest black', a priest tells him,

If you are unhappy, you shouldn't take it as a mark of God's disfavor. Just the contrary. Might be the very sign He loves you. He shows His love, not by helping you avoid suffering, by sending you suffering. By keeping you there. To suffer binds you to something higher than yourself. Higher than your own will. Takes you from the world to find what lies beyond it.

*We are not only to endure patiently the troubles He sends, we are to regard them as gifts. As gifts more precious than the happiness we wish for ourselves.*²

Suddenly, I realised that I had to stop struggling against my situation and fighting to get rid of it in order for true rest to take shape. I had been so afraid of being lost to the meaninglessness of this pain that I was doing my best to go to war with it. But in clinging so tightly to my need to be healed, I was not able to see that this pain was actually a form of God-given rest.

I decided to surrender my pursuit of finding out the reasons for my suffering and channel my strength toward trusting God to take me through it instead. God is light and the blackest black is also light to him (Psalm 139:12, paraphrased). And if hope was not coming to me in the typical 'white and bright' way, in Him, there was a way to see it through the blackest black.

For two weeks, I did nothing but sleep. The medication I received from the psychiatrist also helped put my racing mind to rest. Things started to get better. I had fewer panic attacks. By Christmas I was very much back to myself. It would take one year for me to adjust to the new norm of living with tinnitus and managing stress well. But eventually, I was out of the woods.

This whole experience has awoken me to a new level of consciousness of the divine grace of God. He is the only

2 *Knight of Cups*. Directed by Terrence Malick. (Nashville, Tennessee: Dogwood Films, Los Angeles, California: Waypoint Entertainment, 2015).

one who can see me as a whole person, and knows best what I need. To live a meaningful life, I know that I have to let go of my expectations and rights—even my right to not be in pain—and let Him take the reins. More than ever, He must increase and I decrease. This experience has taken me to the foot of the cross; I am free to begin again.

Mike Wong

NB: Read Mike's son Myer's story on page 78 and his wife Wong Moy Yin's story on page 115.