COUNSELING ISSUES II

COU322

Dr. Kenneth Meadors

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COU322

"Syllabus"

Week One

1. Course Overview. Begin lesson on "Anxiety."
2. Anxiety

Week Two

3. Stress
4. Stress

Week Three

5. Loneliness
6. Fear

Week Four

7. Anger
8. Anger

Week Five

9. Depression
10. Depression and Suicide

Week Six

11. Counseling Suicide Survivors
12. Final Exam

Your grade will depend upon the following:

1. Attendance. (All absences must be excused and the class must be made up).
2. Grade on first study guide due beginning of 4th week.
3. Grade on second study guide due beginning of 6th week.
4. Final exam grade.

All assignments to be turned in (final exam exception) are to be typewritten.

LESSON ONE

ANXIETY

Anxiety and stress are part of everyone's life, including that of the counselor. Both phenomena are experienced ubiquitously--in the city and on the farm, on the highway and at the airport, in the hospital and on the playing field, at work and in the home. No one is totally exempt from them, although some lives are afflicted by these conditions far more overwhelmingly and painfully than others. Fortunately, both can usually be mitigated through the expenditure of considerable personal effort, and often with the help of a counselor. It would be unrealistic and undesirable to expect or attempt to eradicate them from one's life entirely.

The same multiform emotion that can stimulate an outstanding operatic or astronautical performance, a life-saving medical innovation, or a heroic rescue from fire is equally capable of preventing a person from speaking in public, flying in a plane, entering a crowded place of worship, or even driving a car to work. Anxiety can be felt as mild or severe, acute or chronic, energizing or paralyzing. It acts as a spice that heightens the enjoyment of life for some people but, like physical pain, takes away joy from all the days of others.

Soren Kierkegaard in *The Concept of Dread:* "And no Grand Inquisitor has in readiness such terrible tortures as has anxiety, and no spy knows how to attack more artfully the man he suspects, choosing the instant when he is weakest, nor knows how to lay traps where he will be caught and ensnared, as anxiety knows how, and no sharpwitted judge knows how to interrogate, to examine and accuse as anxiety does, which never lets him escape, neither by diversion nor by noise, neither at work nor at play, neither by day nor by night."

A constructive function of anxiety was pointed out by O. Hobart Mowrer in *Learning, Theory and Personality Dynamics.* "Anxiety ... is not the course of personal disorganization; rather it is the outcome or expression of such a state. The element of disorganization enters with the act of dissociation or repression, and anxiety represents not only an attempted return of the repressed but also a striving on the part of the total personality toward a re-establishment of unity, harmony, oneness, 'health.'"

Anxiety can, therefore, be regarded as a sign that human nature is trying to heal itself and make itself whole, just as it can be understood as a signal that an individual is experiencing threat and thus suffering.

Most health care givers recognize a difference between anxiety and fear, the two emotions that result from perceiving oneself as being threatened. When one experiences fear, his attention is directed principally toward the person, object, or situation regarded as imperiling one's well-being (example: fierce bear, berserk assailant, or engulfing fire); it is a reaction to a specific danger to which a person can make a definite adjustment, such as by fleeing or fighting.

Anxiety, in contrast, is a reaction to the apprehension of a threat that is vague, one that produces a feeling of diffuseness, uncertainty, and helplessness in the face of unspecific danger. In the case of fear, once the threat is ended, whether by running away or by gaining reassurance, all apprehensiveness vanishes. In anxiety, an individual is afraid but at the same time uncertain about what he or she is afraid of. It tends to fix one's awareness on oneself; the more severe it is, the more one's awareness of objects in the external world is obscured.

If a person can learn to react adequately to the specific dangers that threaten from outside, they can successfully avoid experiencing anxiety. Anxiety results from a threat to some value that the individual regards as essential to his or her existence as a personality. It might be to physical life, to psychological existence (loss of freedom, meaninglessness), or to any value that one identifies with one's existence (success, someone's love).

One can make a distinction between "neurotic" and "objective" (normal) anxiety. **The neurotic kind is a reaction to threat that is:**

5. Disproportionate to the objective danger.
6. Involves intrapsychic conflict.
7. Is managed by retrenchment of activity and awareness, use of unconscious defense mechanisms, and development of symptoms.

Normal anxiety is a reaction that:

1) Is not disproportionate to the objective threat.
2) Does not involve intrapsychic conflict.
3) Does not require defense mechanisms for its management.
4) Can be confronted constructively on the level of conscious awareness or relieved if the objective situation is changed.

Anxiety that is normal can be put to use in solving the problems that cause the anxiety, as opposed to neurotic anxiety that results in defensive avoidance of such problems. Thus, normal anxiety about contracting pneumonia can prompt us to dress warmly on a cold day. But neurotic anxiety in a person afraid of marriage can prompt a decision to choose celibacy and deny (defensively) that conjugal life is even worth considering.

What is Anxiety?

The Bible declares that we are not to be anxious about anything. Anxiety in this sense of the word refers to a state of being that could be classified as debilitating and undesirable. To better understand anxiety, let's take a look at various definitions of anxiety:

1. Free-floating anxiety - Reaction to an imaginary or unknown threat.

2. Normal anxiety - Usually when there is some real threat or situational danger. This anxiety is proportional to the danger (the greater the threat the greater the anxiety). This anxiety can be recognized, managed, and reduced, especially when circumstances change.
3. Neurotic anxiety - Involves intense exaggerated feelings of helplessness and dread even when the danger is mild or nonexistent.
4. Moderate anxiety - Can be desirable and healthy, as it often motivates and helps people avoid dangerous situations and leads to increased efficiency.
5. Intense anxiety. This anxiety is more stressful and can shorten one's attention span, make concentration difficult, cause forgetfulness, hinder performance skills, interfere with problem solving, block effective communication, arouse panic.
6. State anxiety - Often comes quickly, may or may not be of high intensity, and has a short duration. Usually comes as a response to some threat and at times it is experienced as excitement.
7. Trait anxiety - A persistent, ever-present, ingrained emotional tension. Seen in people who appear to worry all the time, and often causes physical illness because the body cannot function effectively when it remains in a perpetual state of tension and arousal.

The Effects of Anxiety

A moderate amount of anxiety may be helpful, as it can motivate people and add zest to life. However, severe anxiety may cause such physical reactions as ulcers, headaches, skin rashes, backaches, and a variety of other physical problems such as shortness of breath, the inability to sleep, increased fatigue, loss of appetite, and a frequent desire to urinate during times of anxiety. Other problems may be manifested in changes in blood pressure, increased muscle tension, a slowing of digestion, and chemical changes in the blood. If the anxiety is temporary, there may be little harm. However, over time, the body begins to break under the pressure.

The Bible and Anxiety

Anxiety in the form of realistic concern is neither condemned nor forbidden in the Word of God. For example, to ignore danger is foolish and wrong, but it is wrong and unhealthy to be immobilized by excessive worry. Anxiety as fret and worry comes when we turn from God, shift the burdens of life on to ourselves, and assume that we are responsible for handling problems. Anxious people are often impatient people who need help in handling their pressures realistically and within God's perfect time schedule.

The Causes of Anxiety

1. *Threats* represent a major cause of anxiety. One form of threat may come in the form of danger, where a person is uncertain about what to expect and feels helpless to prevent or reduce the threat. A very real source of anxiety may arise when one's self-esteem is threatened.

2. *Conflicts* can be a source of anxiety. There is the conflict over the pursuit of two desirable but incompatible goals. To desire to both do something and not do it can be a great conflict which may lead to anxiety (weighing pros and cons). Conflict can arise when there are two alternatives, both of which may be unpleasant--deciding on the least of two evils.
3. *Fears* may lead to anxiety. There is the fear of failure, the future, nuclear war, rejection, intimacy, success, or taking responsibility. The fear of sickness, death, loneliness, or change can also make one anxious.
4. *Unmet needs* can create anxiety. Unmet needs may come in the form of insecurity (there is the need for emotional and economic stability), lack of intimacy, and a feeling of insignificance (need to amount to something and be worthwhile). There is also the need for self-fulfillment (the need to achieve fulfilling goals).

Major Anxiety Disorders

1) **Agorophobia.** The fear of being alone or in public places.
2) **Social phobia.** The fear of public scrutiny, or of being humiliated.
3) **Panic disorder**. Recurring panic attacks without an appropriate trigger or stimulus.
4) **Generalized anxiety disorder**. The persistence of a state of anxiety without panic attacks, in the absence of other diagnoses.
5) **Obsessive-compulsive disorder**. Anxiety associated with recurrent thoughts that the person recognizes as foreign and thus resists (obsessions), accompanied by ritualistic actions that follow these recurrent thoughts (compulsions).
6) **Situational anxiety**. The condition of suffering from a state of anxiety related solely to a recent situational event.
7) **Post-traumatic syndrome**. Stressors responsible for anxiety in relation to this classification include earthquakes, military combat, rape, airplane crashes, and fire. Such traumatic events are outside the range of usual human experience and would be expected to evoke symptoms of distress, including anxiety, in most people. Ventilation of the feelings is usually therapeutic.

LESSON 2

"Helping Those Who Are Anxious"

How to Prevent Anxiety

1. *Trust in God*. Learning to cast all our cares on Him because He cares for us.
2. *Learn to cope.* This may encompass admitting our fears, insecurities, conflicts, and anxieties when they arise. Then find someone else with whom you can talk these things over with on a regular basis. It may also consist of acknowledging that separation hurts. Make an attempt to maintain contact with separated friends, and building new relationships with others.
3. *Seeking help from God and others* in meeting one's needs.
4. *Learning to communicate* more effectively.
5. *Learning principles and techniques of relaxation*. Relaxation and exercise helps to relieve tensions that can lead to anxiety. This relief comes by the way of released endorphins produced by relaxation and exercise.
6. *Periodically evaluating one's priorities, life goals, and time management.* We can become anxious by being so overburdened with an overload of chores and activities. By setting up priorities and utilizing time management, we can rid ourselves of the many tasks which can sap our strength, energy, and resources. Learn the principle of seeking first the Kingdom of God.
7. *Keep things in perspective.* Some things may be overwhelming because they appear to be worse than they really are.
8. *Reach out to others.* By serving others, we may divert attention away from our own problems, and the problems will not command so much of our energy. Besides, a principle of God goes into operation, known as sowing and reaping. We sow by helping others, thereby reaping the benefit of blessing in the solution of our own problems.

Ways of Being Helpful

1) Remind these anxious persons that relief is possible and available.
2) Encourage them to consult a physician for evaluation of their medical condition, which may be related to their symptoms.
3) Inform them that a great deal is known scientifically about anxiety and about ways of treating it.
4) Get in touch with an experienced librarian who will provide information that can be useful to anxious clients as well as their family or religious community. Don't discourage them from reading the journals and textbooks available to psychologists, physicians, counselors, and other clinical specialists.
5) Accompany anxious patients to their physician's office, if necessary.
6) Encourage patients to take their medications and perform their treatment exercises (e.g., relaxation drills) as prescribed.

7) Tell the patient's doctor what side-effects of drugs you observe. Signs might include agitation, restlessness, tremors, unsteadiness, poor coordination, confusion, irritability, sadness, decrease in appetite, weight loss, increased eating, weight gain, sweating, jaundice, forgetfulness, or talking too much.
8) Be available to help phobic patients go into situations they have feared. Ask their therapist=s advice about the best way of accompanying and supporting them.
9) As people in treatment for anxiety become less anxious and less dependent on others, they often become more demanding aggressive, understand and welcome this as a sign of progress. As they struggle for independence and freedom, they tend to make those who have helped them feel rejected and unappreciated. Accept such behavior; disapproval could impede further improvement.
10) Once anti-medication has been prescribed, taken, and adjusted over a several-week period, encourage patients to do the things they have been avoiding, gradually a

Counseling and Anxiety

1) **Calming Tension.**
   a) Let the counselee see that you are a calm, caring, and reassuring person.
   b) Encourage the counselee to sit quietly, breathe deeply, and try to relax the muscles.
   c) Sometimes it helps to tighten different groups of muscles, such as the fist or the shoulders, and then let the muscles relax as freely as possible.
   d) Some counselees may find it helpful to close his eyes and imagine a relaxing environment such as a beach.
   e) Provide if possible quiet relaxing music.
2) **Showing Love.**
   a) Love has been called the greatest therapeutic force of all, but nowhere is this more true than in the reduction of fear and anxiety.
   b) The counselor can help to drive out fear and anxiety when he or she shows love mixed with patient understanding.
3) **Identifying Causes.**
   a) *Observation.* Does the counselee show evidence of added anxiety (shifting position, deep breathing, perspiration) when certain topics are discussed? What are these topics?
   b) *Reflection.*
      i) Can the counselee suggest circumstances that have raised or currently raise anxiety?
      ii) It might be helpful to ask, "When are you most anxious?" "When was the last time you felt really anxious?"

Making Interventions.

1) **Biological Intervention.** Sometimes anxiety has a physical cause and needs to be treated medically.

2) **Behavioral Intervention**. Based on the assumption that anxiety responses frequently are learned, counselors attempt to teach people how to be more relaxed in the presence of anxiety-producing situations. Sometimes, for example, counselees would be taught to relax physically and then they would be exposed slowly to feared objects. At other times, counselees would be encouraged to act as if they were in an anxious situation and the counselor would teach effective ways to cope. These methods are more effective when anxiety is known to be produced by a specific object or situation that the counselee can learn to control.

3) **Environmental** Intervention. Sometimes the best and most direct way to deal with anxiety is to change one's lifestyle, relationships, place of residence, or career direction.

4) **Encouraging a Christian Response.**
   a) Rejoice.
   b) Be Gentle.
   c) Pray.
   d) Think.
   e) Act.

LESSON 3

"Stress"

Recognizing Stress

WHAT IS STRESS?

We are all familiar with the word "stress". Stress is when you are worried about getting laid off your job, or worried about having enough money to pay your bills, or worried about your mother when the doctor says she may need an operation. In fact, to most of us, stress is synonymous with worry. If it is something that makes you worry, then it is stress.

Your body, however, has a much broader definition of stress. TO YOUR BODY, STRESS IS SYNONYMOUS WITH CHANGE. Anything that causes a change in your life causes stress. It doesn't matter if it is a "good" change, or a "bad" change, they are both stress. When you find your dream apartment and get ready to move, that is stress. If you break your leg, that is stress. Good or bad, if it is a CHANGE in your life, it is stress as far as your body is concerned.

Even IMAGINED CHANGE is stress. (Imagining changes is what we call "worrying".) If you fear that you will not have enough money to pay your rent, that is stress. If you worry that you may get fired, that is stress. If you think that you may receive a promotion at work, that is also stress (even though this would be a good change). Whether the event is good or bad, imagining changes in your life is stressful.

Anything that causes CHANGE IN YOUR DAILY ROUTINE is stressful.

Anything that causes CHANGE IN YOUR BODY HEALTH is stressful.

IMAGINED CHANGES are just as stressful as real changes.

Let us look at several types of stress -- ones that are so commonplace that you might not even realize that they are stressful.....

Emotional Stress

When arguments, disagreements, and conflicts cause CHANGES in your personal life -- that is stress.

Illness

Catching a cold, breaking an arm, a skin infection, a sore back, are all CHANGES in your body condition.

Pushing Your Body Too Hard

A major source of stress is overdriving yourself. If you are working (or partying) 16 hours a day, you will have reduced your available time for rest. Sooner or later, the energy drain on your system will cause the body to fall behind in its repair work. There will not be enough time or energy for the body to fix broken cells, or replace used up brain neurotransmitters. CHANGES will occur in your body's internal environment. You will "hit the wall," "run out of gas". If you continue, permanent damage may be done. The body's fight to stay healthy in the face of the increased energy that you are expending is major stress.

Environmental Factors

Very hot or very cold climates can be stressful. Very high altitude may be a stress. Toxins or poisons are a stress. Each of these factors threatens to cause CHANGES in your body's internal environment.

The Special Case of Tobacco Use

Tobacco is a powerful toxin!! Smoking destroys cells that clean your trachea, bronchi, and lungs. Smoking causes emphysema and chronic bronchitis, which progress to slow suffocation. The carbon monoxide from cigarette smoking causes chronic carbon monoxide poisoning. Tobacco use damages the arteries in your body, causing insufficient blood supply to the brain, heart, and vital organs. Cigarette smoking increases the risk of cancer 50 fold.

Chewing tobacco or snuff is no safe haven. It also damages your arteries, and it carries the same cancer risk. (Cancers of the head and neck are particularly vicious, disfiguring, and deadly).

Poisoning the body with carbon monoxide, and causing the physical illnesses of emphysema, chronic bronchitis, cancer, and arterial damage, tobacco is a powerful source of added stress to one's life.

Taking Responsibility for Another Person's Actions

When you take responsibility for another person's actions, CHANGES occur in your life over which you have little or no control. Taking responsibility for another person's actions is a major stressor.

LESSON 4

Stress

How to Deal with OVERSTRESS

Depression, anxiety attacks, hypochondriasis, alcoholism, compulsive gambling, insomnia, stress-o-holism, these are all names given to SYMPTOMS of OVERSTRESS; or to the major Pick-Me-Up that the person is using for self-medication. In the past, each of these has been thought to be a disease in and-of-itself. We now know that each of these is not a disease in-and-of itself but may be a result of Happy Messenger malfunction, and the person's largely futile efforts to self-medicate with Pick-Me-Up's or Put Me-Down's. The great breakthrough of the 1990's is our understanding of how all this works. We now have tools that can help a person suffering from OVERSTRESS to feel healthy again, sleep well, and be rid of aches, pains, anxiety, and depression.

REDUCING YOUR STRESS LOAD

Add up your Stress Scale points for the past twelve months. If it is above 250, you should be keenly alert for the early signs of OVERSTRESS. Even a level of 150 will OVERSTRESS ten percent of persons. For this reason, it is best to aim for a continuing stress load of below 150 on the Stress Scale.

Here are TEN SIMPLE WAYS TO REDUCE YOUR STRESS LOAD....

1. **MAKE YOUR LIFE REGULAR**... as "clock work"

If you suffer from OVERSTRESS, you have disrupted the function of your Body Clock. Re-setting your Body Clock is vital if you are to feel well, sleep soundly, and awake refreshed. Give yourself a definite wake up and sleep time. This sets a frame of reference for your Body Clock. It will take two or three weeks to synchronize your Body Clock to your schedule. So, stick to your schedule!

But what if I try to go to sleep at 10 p.m. and I can't fall asleep? Or what if I fall asleep but keep waking up during the night?

Sleep difficulty is the hallmark of OVERSTRESS. When your Body Clock stops working, you may have trouble falling asleep and staying asleep. Or conversely, you may feel sleepy all the time. Either

symptom may be produced when the Body Clock stops working. It all depends on which "position" the Clock was in when it stops: wakefulness, or sleepiness.

So, do not expect to have your sleep problems go away until your Body Clock is working again. Go ahead and set yourself a reasonable wake up time and bed time. Do the best you can to stick to these times. As you lower your stress levels, your Body Clock will begin to work. It will then match its cycle of wakefulness and sleep to the times that you have set for it. Remember, this process will take at least three weeks, so stick firmly to your time schedule.

But what if I put myself to bed at my bed time, and I just lie there without falling asleep?

If, after 45 minutes, you have not fallen asleep, get up and read a book or do something around the house. Sooner or later, you will feel sleepy and fall asleep. Keep putting yourself to bed at your bed time every night. As you reduce your stress levels, your Body Clock will begin working. Your Body Clock will gradually match your chosen sleep schedule. In the meantime, be patient and work to reduce your stress levels as much as possible.

2. GIVE YOURSELF A BREAK TODAY

You must give your body adequate time to repair itself, and to regenerate Happy Messengers. If you are having symptoms of OVERSTRESS:

Give your body a chance to heal itself.

Every morning make a list of things that you want to get done...

3. LIGHTEN UP YOUR LOAD OF SOCIAL ENGAGEMENTS

Let someone else do the holiday dinner for the family, or make it a pot luck on paper plates. Only go out once this week. Tell your visitors from out of town (who always expect to stay at your house) to call you "just as soon as they get settled in a hotel room".

SAY "NO" A LOT MORE OFTEN TO REQUESTS FROM OTHERS OF YOUR TIME.

4. POSTPONE MAKING ANY CHANGES IN YOUR LIVING ENVIRONMENT

Remember, CHANGE IS STRESS. So relax, postpone any big moves or changes for awhile.

Postpone remodeling your home or apartment.

Postpone moving to a new house or apartment.

Making a change in your living environment, even if it is a change that you are excited about, is a major stress. It will add a minimum of 25 stress points to your life; and, if it is a financial strain, may add as much as 65 stress points!

When you consider that you would like to reduce your stress level to 150 or below, you will see why postponing a change in your living environment will be very helpful in obtaining that goal.

5. REDUCE THE NUMBER OF HOURS YOU SPEND AT WORK OR SCHOOL

If you are a "workaholic", or a "school-a-holic", you need to reduce the energy drain you are placing on your body. Work or school more than 40 hours per week adds 40 stress points to your life.

TAKE SOME TIME OFF

6. THE OVERSTRESS DIET

People who are OVERSTRESSED almost always begin to use sugar as a Pick-Me-Up. Their blood sugar goes up and down wildly. Thus, the most important dietary consideration is to keep your blood sugar from swinging high, or swinging low. In order to feel well, you must level out your blood sugar, avoiding the"sugar highs", and "sugar lows". Take your sugar in the form of complex carbohydrates, such as cereals, rice, pasta, bread and potatoes. These foods, comprised of tightly interlinked sugars, are broken down slowly by the body, releasing their sugar over a long period of time. Eating frequent small meals, instead of a few large ones, also helps keep your blood sugar stable.

Eat More Vegetables

Your brain's production of one of the Happy Messengers, Serotonin, is sensitive to your diet. Eating more vegetables, can increase your brain's Serotonin production. This increase is due to improved absorption of the amino acid L-Tryptophan. (Vegetables contain the natural, safe, form of L Tryptophan. At the present writing, synthetic L-Tryptophan has been removed from health food stores due to probable impurities that were, in some cases, causing severe and even fatal illness). Meats contain natural L-Tryptophan also, but when you eat meat, the L-Tryptophan has to compete with so many other amino acids for absorption that the L-Tryptophan loses out. The net result is that you get better absorption of L-Tryptophan when you eat vegetables.

In other words -- eat a salad for lunch.

7. REDUCE YOUR USE OF PICK-ME-UP'S

Beware of Cue Reactions

To cut down on your intake of Pick-Me-Up's, remove them from the house, and any other place that is within easy reach. Do not forget to clear your desk drawer at work, and the glove compartment of the car. Even though you want to reduce your sugar, caffeine, tobacco or alcohol consumption, just the sight of a cookie can lead you to eat it; just the sight of a beer might lead you to drink it -- before you even have a chance to stop yourself.

8. AVOID ALLERGIES

Allergy is a major source of stress for some of us. If there are certain things that trigger YOUR allergies, you should avoid them.

9. START AN ENJOYABLE EXERCISE - REST YOUR MIND

Begin an exercise that you enjoy, Preferably, do something that brings you into contact with other people. The value of such exercise, three times a week for 20 minutes to two hours, can not be over emphasized. Enjoyable exercise, in moderation, boosts your HAPPY MESSENGERS in a smooth sustained fashion. It will make you feel better right away!

Exercise has another beneficial effect. Most people, when exercising, do not worry. They are actually resting the nerve cells in the brain that worry, giving those cells time to renew their stores of HAPPY MESSENGERS, so they can function normally the next time they are needed.

There are other ways of "resting your mind". Dancing, listening to music, reading, working on a craft, playing a musical instrument, meditation, self relaxation, and biofeedback also relieve stress. Any activity which concentrates your attention on a subject other than life's problems will help rest

your mind. This rests the "Problem Solving" part of your brain, allowing it to regenerate HAPPY MESSENGERS and renew itself.

10. STOP YOUR PUT-ME-DOWN'S

Tranquilizers and calmatives will prevent your body from restoring its Happy Messengers. Unlike Pick-Me-Up's, which can usually be taken in modest amounts without harm, Put-Me-Down's should be avoided altogether.

By reducing your stress load, stabilizing your blood sugar, improving your diet, avoiding allergies, and getting some exercise, you will find you will not want tranquilizers and calmatives. Before stopping any prescription medicine, however, always, check with your doctor. We do not want you to accidentally stop a heart medicine or anti-epilepsy medication. Also, many of the Put-Me-Down's must be tapered down slowly, rather than stopped abruptly. Ask your doctor before you make any change in medication.

(If someone has given you Put-Me-Down's to help you sleep, particularly the ones in the Valium family, you may have a real problem stopping them. They are best tapered off very slowly, and under medical supervision. Even then, the withdrawal symptoms from these drugs are very unpleasant. The chief withdrawal symptoms is inability to sleep, and vivid disturbing dreams. If you try to stop them on your own, you may experience sleeplessness that is worse than ever! Then you may erroneously conclude that you need more, not less of the Put-Me-Down! It is very easy to be trapped by Put-Me-Down's.)

LESSON 5

"Loneliness"

Loneliness is usually defined as a condition in which something is missing. Emptiness can be an overwhelming presence. We wonder if and how we have failed, whether we are worthwhile. This preoccupation helps to lower our coping ability.

Rather than experiencing the loss of a relationship by physical severance from another, we can also experience an interior change that creates loneliness.

Loneliness is more than the passive and unhappy submission to separation. Loneliness is an attempt to right the wrong of absence. As lonely children we had imaginary playmates. As lonely adults, we have cats, dead heroes, trees, a poem, nearly anything as our companion.

Loneliness may be defined as having two aspects, each of which must be present for the condition to occur:

1) The experience of separation.
2) The search to overcome it.

Without the separation, loneliness will not occur. But separation may not lead to loneliness when we either experience separation affirmatively or with hopelessness. In neither case is there motivation for search. Loneliness is a full engagement in the battle to participate in relationship. We may forget how concerned we are about relationship, but our experience of loneliness is a reminder.

Definition of loneliness as separation and search reveals its negative and positive aspects. Our experience of loneliness generates feelings of pain and helplessness, yet it is an action toward relationship. If our leading concern is the elimination of these feelings, we can try to survive with a minimum of relationship. But if we are able and willing to endure these feelings, we are attempting to change ourselves and/or our environment for the sake of relationship.

Our typical response to search is affirmative. This is reasonable because the threat to our well-being is acknowledged and countered. But a positive response to search is not always useful. We may enter only into a chronic promiscuous searching of quick, intimate relationships. Or we may chronically substitute God or a dog for the possibilities of intimacy with a human being. The leap to relationship from loneliness can be shallow, destructive of self, and abusive of others.

We should accept both the positive and negative aspects of both separation and search. A balanced approach allows neither denial of separation nor despair about search, but does foster realism about the old and hope about the new. Denial and despair can serve us well when we are overcome, enabling us to endure until other means of coping can occur. Accepting both separation and search works to prevent our flight from ourselves and others. We can then remain engaged in the battle to participate in relationship. Too much loneliness creates an inner tension that can destroy us, but too little allows for laxity in relationship.

We know that loneliness and isolation are not identical. We have been alone and not lonely, and we have been in the midst of others, yet lonely. However, we do experience loneliness in association with other conditions such as alienation, depression, and grief. Comparison with these will clarify what loneliness is and is not.

Alienation and loneliness can go hand in hand. To be estranged is to be detached and broken off from others or from oneself. We feel "out of it." But this is not identical to loneliness. When we are lonely, we may become alien to ourselves if we hide from the loneliness, or alienated from others if we try to manipulate them in order to remove our loneliness. But we can be lonely and not estranged. Separation as a result of a death may cause loneliness without alienation, whereas separation as a result of a divorce may cause both conditions together with each contributing to the other.

We must also beware of the danger of equating loneliness and depression. Both conditions give rise to sadness, anger, guilt, worthlessness, and helplessness. We focus so much on depression that we may miss those occasions when the symptoms really indicate loneliness. We can be depressed about matters other than separation, and we can be lonely without being greatly angry or guilty or worthless. Yet depression is a likely consequence.

Another distinction to make is between loneliness and grief. Grief also gives rise to feelings of sadness, anger, guilt, worthlessness, and helplessness. Grief is the consequence of a loss and is the process of moving from shock and inability to surrender the past, into deep distress over the reality of the loss, and then into an integration of what is valuable from the past into a new, meaningful pattern of relationship. We should also note that whereas our loneliness is about loss of relationship, grief can pertain to other kinds of losses such as health and stages of the life cycle.

Conclusion: Loneliness is not a driving force that knows no obstacle and rides roughshod over every other human condition. Loneliness can be harnessed, directed, subdued, or even nearly extinguished.

Care of Loneliness and the Lonely

Care of loneliness and the lonely is many things, but first and foremost it is exploration. When we are lonely, we cry, "What happened?"

1) This is a protest about what has been lost or not yet obtained.
2) It is also a question about realms of relationship.
3) Both prompt reflection that can deepen our understanding of possibilities of relationship and of the variety of our participation in it.

Since care is exploration of loneliness, our tools are understanding of the ***four causes of loneliness*** and the ***five realms of relationship***.

1) **The human condition itself.** We are separate selves and know it. We know it most when we are companionable with another. We are lonely because we are both separate from each other and participants in each other. To be both, and to know that we are both, is to be lonely. To only know ourselves as separate individuals, to be totally unaware of the possibilities of participation and community, is to be nearly without loneliness. Or to know only ourselves as members of community, to be totally unaware of ourselves as individuals, is to be nearly without loneliness. With these flights, we are attempting escape from our humanity.
2) **The focus is on a person or object that has been lost.** Also, loneliness occurs over what has not yet been gained, which is a discovery of a potential for relationship. These constitute the cause of loneliness due to changes in relationship. The first cause is about the permanent situation of being both individual and participant, while the second involves change as occasional, and not continual. The latter can be overcome, the changes which cause loneliness also offering possibilities of new relationships or prompting search of them. We should not assume that changes in relationship necessarily and inevitably leave permanent loneliness.
3) **Individual and group traits that foster loneliness.** Some of us are loneliness-prone. These may include those whose relationships are uncertain, unclear, and hesitant. Those who are this way are likely to seek relationships continually and yet maintain all specific relationships in a state of flux. Others are shy, distant, wistful outsiders who long to dive into the communal swim and either do not know how or are held back by some restraining forces. Still others may be not only uncertain or shy, but also strange to others. A shy or uncertain one who is relatively "normal" can attract other shy or uncertain people at least. The strange one who is either outgoing or certain of relationships can move into a connection. But those who are both strange and shy or uncertain are nearly helpless ones from whom others keep their distance. Such proneness is most likely a consequence of families that have fostered loneliness by ignoring children, overprotecting them, or giving them mixed signals on how to behave.
4) **Increasing loneliness that is already there.** We who are already lonely find it increased by the responses of others and by our own responses as well. When our loneliness is perceived, others will often flee or fight it. They will remove themselves from us, as from a contagious disease. Or they will attack, either belittling the loneliness by arguing that it is not so large as is believed, or by encouraging relationship forcefully and prematurely. Yet separation and loneliness must be embraced before overcome. Exacerbation of our loneliness by others is matched by our own faulty responses. We can contribute to our problem by a variety of partial renunciations of relationship which sustain and increase loneliness. For example, we can deceive ourselves by trying to relate to someone who is not attracted to us, lowering our expectations by relating with distance and disengagement of the Anew intimacy,@ or being attracted to people in general and

working for the human race in relatively safe, one-way relationships of the professional providers of human services.

Realms

Our exploration of loneliness tends to focus on our intimate connections with loved ones. But there are other realms of relationship--groups of people, generations, things, and the world.

1) ***The first two realms of relationship are those of the individual and the group.*** When we experience loneliness in these realms, we have the driving restlessness and yearning search of relationship. But the symptoms differ. When we are lonely over the absence of a close attachment to an individual, the stress reminds us of a small child who fears she has been abandoned by her mother. We are tense and vigilant. Our world seems desolate and barren, and we appear to ourselves as empty and hollow. This occurs to us as small children who have lost their mother and as adults who have lost a spouse.

2) ***The symptoms of group loneliness are different.*** Our reactions remind us of the older child who friends are away. We are bored and aimless, feeling on the margin of real life. This group loneliness can be as deep as threat over loss of an individual. Seeing ourselves, or believing that others see us, as boring, odd, or worthless is terrifying because it is the group as well as the individual that tells us who we are. The death of a spouse does cause group loneliness as well as individual loneliness because the social network is upset. But finding a new social network will not fill the gap left by the death of the spouse. The two realms of relationship affect each other but remain distinct.

3) ***The third realm of the generations begins with our family and extends to history and to the human race as a whole.*** We remain lonely, or less than lonely, until we find our beginnings and endings. This is especially important in times of transition. To move somewhere, we have to know where we have been and can go. Without connection with the generations, there is no care, and without care, there is no survival. Our loneliness prompts us to join up with the human race.

4) ***The fourth realm of relationship consists of all our companions that are not people--both the natural and artificial objects in our lives.*** We become very attached to a variety of things. So object-loneliness occurs, and we are homesick, scene-sick, toy-sick, and so on. We can be as thing-deprived as we can be people-deprived.

5) ***The fifth and last realm of relationship is that of existence as a whole where the world is companion and the loneliness is a world loneliness.*** We want to respond to life with both wonder and welcome, to be astonished and yet at home. Companionship with various parts is not sufficient. We want to know if our world is against us, or indifferent to us, or for us. Religion is the traditional institution whose primary purpose is to call attention to our disconnection, and then to establish, maintain, and renew our relationship with the world. God is the ultimate symbol of the world as companion and the ultimate loneliness is, therefore, the absence of God.

Ways to Help

1) We can look for the causes of the loneliness. There may be one or there may be several. The cause most readily acknowledged may not be the most significant one.
2) We can look for the realms involved. For example, the death of a loved on deprives the survivor of an object as well as of a person.
3) We can look for the variety of searching that occurs in loneliness. Separation within a realm should involve a search within it, and loneliness within a realm is resolved only by a new relationship with it.
4) We can look for the new possibilities uncovered. Loneliness prompts us to such discoveries. To lose a member of our family and then become concerned about the generations does not replace the lost relationship, but it doesn't open us to another realm that can serve us well.
5) We can look for the combinations of the five realms of relationship with the four causes of loneliness. Note that loneliness in any of the five realms can be at any one of the four levels of cause.
6) To care for loneliness and the lonely is to fully explore the experience of separation and search. Loneliness is about the possibilities of relationship.

Counseling and Loneliness

There are many suggestions for dealing with loneliness:

1) Get involved in busy activities,
2) Reach out to people in need.
3) Join a volunteer organization.
4) Find fulfillment in Christ.
5) Learn to be assertive.

Many of these remedies can dull the pain of loneliness for a while, but they fail to deal with the problem at the deepest level and they rarely produce lasting solutions.

Ways to Deal with Loneliness More Effectively

1) **Admitting the problem.** For many people, admitting they=re lonely is like admitting that they are social misfits, unattractive, or unable to relate to others. Counselees can be reminded that everyone is lonely at times. When people feel lonely, the first steps toward recovery are to admit the loneliness, to acknowledge that it is painful, and to decide to do something about the problem.

2) **Considering the causes.** If these causes can be identified (through discussion with the counselee and through probing questions), then it is possible to work on the sources of the loneliness rather than trying to eliminate the symptoms.
3) **Changing one's thinking.** Even when circumstances cannot be altered, counselees still can be helped to change their attitudes toward loneliness. Often there is self-pity, pessimistic thinking, and ruminations about the unfairness of life. All of this needs to be gently but firmly challenged. Loneliness is less likely to persist if people can be helped to see the bright side of life, even in the midst of disturbing personal and social change.
4) **Developing self-esteem.** Lonely people must be helped to see and acknowledge their strengths, abilities, and spiritual gifts as well as their weaknesses. Often we go through life convincing ourselves that we are unattractive, incompetent or disliked by others. Counselees need to be reminded that in God's sight every human being is valuable and loved, that every sin can be forgiven, that each of us has abilities and gifts that can be developed, and that all people have weaknesses that can be lived with and for which we can make adjustments.
5) **Encouraging risk-taking.** The counselor can provide the encouragement and support that the counselee needs as he or she makes contact with others. As counselees risk getting involved, the counselor can give encouragement and provide opportunities to discuss how this social outreach is working, where it might be failing, and how failure can be prevented.
6) **Teaching social skills.** People can watch less television, spend more time in family activities, reevaluate their workaholic and self-centered lifestyles, or move into useful church activities. Counselors can also point out social errors, teach individuals how to relate to others, and help counselees evaluate the effectiveness of their attempts to interact.
7) **Meeting spiritual needs.** Loneliness never disappears completely until an individual is introduced to Jesus Christ. The church should be a healing, helping community that radiates love, acceptance, and support.

LESSON 6

"Fear"

(2 Tim 1:7 KJV) For God hath not given us the spirit of fear; but of power, and of love, and of a sound mind.

1. FEAR OF THINGS COMING UPON THE EARTH.
    1. ***Pestilences.***
    2. ***Plagues.***
        1. Definition: Anything that afflicts or troubles; any contagious, epidemic disease that is deadly; to vex, harass, trouble, torment.
        2. *"And in that same hour he cured many of their infirmities and plagues, and of evil spirits; and unto many that were blind he gave sight."*
    3. ***Famines.***
    4. ***Natural disasters.***
        1. Tornadoes.
        2. Hurricanes.
        3. Earthquakes.
    5. ***Work of fear.***
        1. Fear of a thing can be as devastating as the thing itself.
        2. Creates feeling of despair and hopelessness.

2. FEAR IS NOT OF GOD.
    1. ***Differentiating between fear of God and fear of man.***
    2. ***Fear is an enemy of faith.***
        1. Exercise of negative faith.
        2. Job – "The thing I have most feared has come upon me."
            1. Job's hedge.
            2. Fearful that something would befall children.
            3. The shield of faith.
        3. Planting negative seeds.
    3. ***Fear has torment.*** (1 John 4:18 KJV) There is no fear in love; but perfect love casteth out fear: because fear hath torment. He that feareth is not made perfect in love.
    4. ***Fear will grow.***
        1. Oppression.
        2. Obsession.
        3. Possession.
    5. Development into unrealistic fears.

3. REALISTIC VS. UNREALISTIC FEARS.

1. ***Realistic fears.***
    1. Realistic fear means you have respect for something.
    2. Some thing I will not do:
        1. I will not walk into a lion=s den; but if I am thrown into the den, I will trust God.
        2. I will not handle snakes; but if I inadvertently pick up one, I will trust God.
        3. I will not drink any deadly poison, but if I accidentally drink it, I will trust God.
        4. I will not take unreasonable risks.
2. ***Unrealistic fears.***
    1. Imagined fears.
    2. Fear of things which are unlikely to happen.
    3. Fear of things I have no control over.

4. WE SHOULD DO SOMETHING ABOUT WHAT WE HAVE CONTROL OVER.
    1. ***Fear of not making it economically, and yet we violate every principle.***
        1. Not working.
        2. Not giving to God; not being a proper steward of God.
    2. ***Fear of marriage failure, and yet do little about it.***
    3. ***Fear of not getting a girlfriend or boyfriend and doing nothing to make yourself more attractive and appealing.***

5. MEN'S HEARTS FAILING BECAUSE OF FEAR.
    1. ***Fear of destruction.***
    2. ***Fear of the future; the unknown.***
    3. ***Fear of bringing children into world.***
    4. ***Fear of the inner city.***
    5. ***Fear of the freeways.***
    6. ***Fear of death*** (Heb. 2).
    7. ***Fear of failure.*** (Therefore, take no risks).
    8. ***Fear of rejection.***
    9. ***Fear of not being able to live up to expectations.***
    10. ***Fear of diseases.***
        1. Heart attack.
        2. Cancer.
        3. Aids.

6. PHOBIAS. (An exaggerated and often disabling fear).

7. WORRY IS A FORM OF FEAR.
    1. ***A story:*** Barbara is a chronic worrier. There=s seldom a day that goes by that she doesn=t worry about something. If her teenage children are out with friends, she worries about a dreadful accident. If guests are coming over for an evening meal, she

worries that she won't prepare the food to their liking. She=s worried about getting older and her employer no longer wanting her in a key position. She thins, "What if my children reject me and what if my husband no longer wants me around?" It results in many sleepless nights worrying about situations. People are beginning to avoid her because when they leave her presence, they are burdened with her worries. Her downcast attitude is contagious. Enough people have pointed out her worry patterns, that she finally realizes something must be done. But, she's wondering what can be done to overcome this problem.

2. ***Worriers are usually locked into the past or the future--they seldom enjoy the present.***
    1. When focusing on the past, they relive past crisis situations over and over.
    2. When looking to the future, they look at situations in the worst possible way. They expect future events to be far worse than they ever turn out to be. In fact, to them, most events are seen as life or death situations.
3. ***Worriers suffer from the "if only's" and the "what if's." "If only" I had done this in the past, or "what if" this happens in the future.***
4. ***The Word of God.***
    1. "Do not worry about tomorrow, for tomorrow will worry about itself, Each day has enough trouble of its own." Matthew 6:34 NIV
    2. "Do not be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your requests to God." Philippians 4:6 NIV.
    3. "The Lord hasn't given me a spirit of fear, but of love, power and a sound mind."
    4. "No weapon formed against me shall prosper."
    5. "Greater is He who is in me than he who is in the world."
    6. "I can do all things through Christ who strengthens me."
    7. "If God be for me, who can be against me?"
    8. "When the enemy comes in like a flood, the Lord will raise up a standard against him."
    9. Rephrase previous scripture: "When the enemy comes in, like a flood, the Lord will raise up a standard against him."
5. ***Conducting a reality check.***
    1. What IF these things really happen? What is the worst possible thing that could happen? Does the threat justify the level of worry I am experiencing? Is this really a life or death situation?
6. ***Earl Nightengale reports the time people spend worrying about the wrong problems.***
    1. Things that never happen (40%).
    2. Things over and past that can not be changed with all the worry in the world (30%).
    3. Needless worries about our health (12%).
    4. Petty miscellaneous worries (10%).
    5. Real, legitimate worries (8%).

6. 92% of the average person's worries take up valuable time, cause painful stress, and are absolutely unnecessary.

7. ***Of the real, legitimate worries, there are two kinds.***
    1. Problems we are solve.
    2. Problems beyond our ability to personally solve.

8. ***Several things to do to stop worrying.***
    1. Take control of thoughts.
        1. Say, "STOP! This isn't reasonable. Quit harassing me or get out."
        2. Words are powerful and forceful, even when spoken to ourselves.
        3. Speak to the negative situations in your life and let them know they will no longer control your life. This process may need to be repeated hundreds of times, but eventually there will be positive results.
    2. Set up a daily worry period.
        1. Set aside a short period of time each day to do nothing but worry.
        2. When worries surface at any other time, remind yourself that you will think about it only during the worry period.
    3. Keep count of worry thought.
        1. At the end of the day, the worry thoughts can be tracked to determine what hour worry thoughts are most likely to occur.
        2. Reviewing thoughts at the end of the week can also help identify which day of the week produces the most worries.
    4. Know your limits.
        1. There are things within our control and things beyond our control.
        2. Learn the difference between what can and what can=t be changed.
            (1) If it can be controlled, take action to change it.
            (2) If it can't be controlled, learn the relief of saying, "Oh, well."

LESSON 7

"Managing Anger Effectively"

God's desire for us is that we may live overcoming, victorious, and fulfilled lives in this life. Jesus came in order that we might have life and life more abundantly. Life is eternal and will transcend this present life. Life more abundantly refers to life "in this life." Here is where we can learn to overcome circumstances and situations which can very well take away from us our feeling of well-being--joy, peace, and righteousness.

God's will for us is to "prosper and to be in health as our soul prospers." To obtain unto a state of well-being, our soul must prosper. The soul consists of our volition (will), mind, and emotions. It is in the realm of the emotions that we face our greatest struggles. One of the strongest of emotions that I would like to deal with is anger.

What is anger?

Anger may be defined as a strong, and often temporary feeling of displeasure. It implies emotional agitation of no specified intensity aroused by great displeasure. This continuum of intensity can be manifested as indignation to rage and fury. You may be indignant when you see mistreatment of someone or something very important to you. Rage and fury represent intense, uncontained, explosive emotion that can destroy others and self.

Anger is not always sinful.

In Eph. 4:26 Paul provides for us a guideline on dealing with anger, but anger is not prohibited in this passage of scripture: *"Be angry and sin not; Let not the sun go down on your wrath."* Anger can certainly be justified when it is directed constructively and positively against that which is wrong. God was angry at sin, yet He loved the sinner.

What Constitutes Constructive Anger?

The following represent instances where anger may be construed as constructive:

1) Righteous anger.
2) Must be controlled.
3) Must be no hatred, malice, or resentment.
4) Motivation is unselfish.
5) The motivating power of anger is used properly when it drives one to begin to rectify any wrong situation between brethren as soon as possible.

When is anger sinful?

Anger is sinful when:

1. Directed toward others in order to hurt them.
2. Manifested in uncontrolled outbursts.
3. Turned into oneself in resentment and bitterness.
4. When protracted too long and becomes revengeful.

How can anger develop?

It may begin by being hurt, which can be the result of sins committed against you, or it may simply be rejection. These hurts can lead to resentment and even bitterness. Oftentimes, anger emanates from frustration. Frustration may be defined as a sense of insecurity or dissatisfaction arising from unresolved problems or unfulfilled needs. This may come in the form of blocked goals--wanting something and not getting it, or not wanting something and being forced into it. Unfulfilled expectations of others can lead to frustration and ultimately anger. Failure brings on frustration. We then begin to look for a culprit-- someone to blame. Then we want to vent our feelings on that someone.

Frustrations lead to anger and hostility in which we may tend to respond with aggression. There are two types of aggression: overt and covert. Overt aggression takes the form of lashing out with the tongue or the fist! Seething on the inside represents covert aggression. Both can be devastating. The first target may be others, while the second is yourself and can lead to all types of physical, mental, and emotional maladies.

How can we effectively deal with anger?

In alignment with our premise that God is concerned about the practical aspects of our lives, I would like to offer the following practical suggestions:

1. *Make sure you have adequate information before you respond to others with your emotional anger*. We often assume that certain things are happening when in reality this is not the case. As we gather more information, our thoughts and feelings may very well change. When we have more information concerning a situation, it could very well change the way we feel and respond. Securing more information may even indicate that our anger is not warranted.

2. *Consider the possibility of your anger toward someone as being "displaced anger."* Displaced anger is exhibited in an individual being angry about one thing, but taking it out on innocent parties who are unconnected with the situation altogether. There is usually something else agitating us rather than the event or person we displace our anger upon. (Such as holding your cool on the job and then coming home to "take it out" on your wife).

3. *Learn to control your mind and make it subject to you before speaking*. Don't just start talking before you have had time to reflect on it and think about what you are going to say.

Words cannot be recaptured after they have already been spoken. They can cause irreversible damage.

4. *Keep short accounts . Don't put off how you feel for long periods of time*. When something another individual is doing bothers you, it needs to be addressed within a reasonable time. Otherwise, the angry feelings ferment, and simple feelings of mild irritation grow quickly into roots of bitterness.

5. *Limit yourself to dealing with one issue at a time.* When we don't deal with issues as they emerge, we allow them to build up to an explosive point. The situation becomes very volatile. Then when it comes time to talk with the other party involved, we find it virtually impossible to stick to one issue at a time. We tend to unload both "barrels of the shotgun" and blast the other party with a myriad of grievances. This is counterproductive and makes the situation more difficult to resolve successfully.

6. *Share complaints in private and not in public.* Individuals do not like to be publicly humiliated and this puts them in a mode of resistance and immediately puts them on the defensive. Follow the guidelines of Matthew 18 that encourages us to go privately to the person involved.

How to Overcome Anger

God has given us a way to completely overcome anger. Please consider the following steps of action:

1. BEGIN to trust yourself and your life to God. Jesus must be Lord of our lives. Yield your rights to Him and be patient. Learning to trust God is a process, and it may not totally happen overnight.

2. CONFESS your sin of anger for any actions of the past. Go to anyone against whom you have sinned and ask forgiveness. (Make things right with offended brother and then present ourselves to the Lord). Ask God to forgive not just for the ACTION, but any inward bitterness pointed toward self (SELF CONDEMNATION).

3. Ask God to take away the ANGRY HABIT PATTERN. We have been conditioned and programmed to respond in certain ways and this establishes a real binding "mind set." We need to restructure this vicious pattern where it will no longer control our emotional responses.

In conclusion, we must make sure the mind concentrates on what the scripture approves. The human mind cannot tolerate a vacuum; it must dwell on something. Pray Philippians 4:8 over your life: the things that are "honest...just...pure...lovely...of good report...virtue...and praise." We are to meditate and to think upon these things. Abundant living can be ours!

LESSON 8

ANGER

THE CAUSES OF ANGER

1) **Actions of others**
   a) Jonah was greatly displeased and became angry when the people repented and God spared Nineveh
   b) Herod became indignant and angry when he saw that the wise men had tricked him
   c) The ten disciples were angry when James and John asked for special prominence in the kingdom
   d) Jesus got angry at the self-righteous attitudes of the religious leaders and at the disciples' impatience with the little children who wanted to see him
2) **Instinct approach**
   a) Anger comes from within an individual
   b) Anger an innate biological drive that can be aroused by a hostile environment, the actions of other people, or the restrictions that come from living in a society
   c) Anger boils within and is **likely to explode if it isn't released**
3) Frustration-aggression approach
   a) Assumes anger and aggression always come in response to frustration
   b) Since frustration is a universal experience, all of us get angry at times
4) **Social learning approach** - sees anger as an emotional state of arousal that comes because of frustration but can be expressed in a variety of ways, depending on the person's perceptions and past learning

Summary of theories

1) **Biology** - Evidence that allergies, brain disease, disorders of the body's chemistry and perhaps genetic abnormalities can cause anger or at least make some people more prone than others to become angry
2) **Injustice**
3) **Frustration**
   a) An obstacle that hinders our progress toward some goal
   b) How frustrations may come
      i) Because of what someone else has done or failed to do
      ii) Because of unwanted events or circumstances]
      iii) Because of our own failures or inabilities to reach some desired goal
4) **Threat and hurt**

a) Anger is often aroused when a person perceives that he or she is rejected, put down, ignored, humiliated, unjustly criticized, or otherwise threatened
b) Sometimes we feel others demand too much from us, have unrealistic expectations, or treat us unfairly
c) Threats like these challenge our self-esteem, remind us of our imperfections or limitations, and make us feel so vulnerable that anger and aggression become ways to fight back
d) Sometimes anger hides the fact we are hurt or threatened and lets us feel better at someone else's expense

5) **Learning**
   a) People from different cultures get angry over different issues and express their anger in different ways
   b) Modeling of TV
   c) Pr. 22:24-25 - *"Do not make friends with a hot-tempered man. Do not associate with the one easily angered, oryou may learn his ways and get yourself ensnared."*

THE EFFECTS OF ANGER

One writer has suggested that anger influences people in four basic ways

1) Repressed (we refuse to admit its presence)
2) Suppressed (deliberately hiding it from others)
3) Expressed (either destructive or harmless ways)
4) Confessed (to God and to others)

Summary of effects of anger

1) Holding back (withdrawal)
   a) Leaving the room, taking a vacation; removing oneself physically from the situation that stimulates anger
   b) Avoiding the problem by plunging into work or other activities
   c) Hiding from the problem by alcohol or drug abuse
   d) Holding back can be healthy for a while--gives time to reevaluate
2) Turning inward
   a) Force anger out of awareness and deny that exists
   b) May express itself in:
      i) Physical symptoms ranging from mild headache to ulcers, high blood pressure, or heart attacks
      ii) Psychological reactions such as anxiety, fear, or feelings of tension and depression

iii) Unconscious attempts to harm ourselves
iv) Thinking characterized by self-pity, thoughts of revenge, or ruminations on the injustices that one is experiencing
v) Spiritual struggles that come because we wallow in bitterness, wrath, anger, and slander

3) Acting out
   a) Anger is an emotional response that includes both physical and mental arousal
   b) Aggression is a type of behavior that inflicts pain or pressure on others
      i) Direct aggression
         (1) Lash out, verbally or physically, against person or situation that made us angry
         (2) Can cause embarrassment and guilt, damaged relationships
         (3) Direct expression of anger usually leads to more anger in the future
      ii) Passive-aggressive
         (1) Give vent to anger in subtle way
         (2) Indirect form of aggression aimed at the source of one's anger
         (3) Examples
            (a) "forget" to do what promised
            (b) refuse to cooperate
            (c) make "put down" or embarrassing comments when others can't respond
            (d) Drinking, failing in school, or extramarital affairs
      iii) Redirected aggression
         (1) Sometimes aggressive anger is aimed at somebody who is innocent
         (2) Anger difficult to handle when cannot identify who is to be blamed
         (3) May verbally, physically, or cognitively attack some largely innocent but accessible person
            (a) man who vents anger on wife instead of boss
            (b) revolutionaries who burn and loot stores in attempt to bring down a political leader
4) Facing the sources of anger (constructive approach)
   a) Attempt to deal directly with the threatening, incapacitating, or fear-producing situation that is causing the anger
   b) Steps of the process
      i) The individual admits the anger
      ii) Tries to see its causes
      iii) Sometimes looks at the situation in a different way
      iv) Does whatever seems best to accept or change the anger-producing situation

CONCLUSIONS ABOUT HUMAN ANGER

Human anger is normal and not necessarily sinful

Human anger may result from faulty perception

Human anger often leads to sin

1) Vengeance
   a) Bitterness, hatred, revenge, and an attitude of judgment all result from anger and all are condemned by Scripture
   b) Vengeance is God's responsibility alone
   c) There can be no scriptural justification for human revenge or hostile attempts to get even
2) ***Verbal abuse***
   a) "Quick to listen, slow to speak and slow to become angry."
   b) Verbal abuse also can be a powerful and prevalent form of mistreatment
3) ***Dishonest sharing***
   a) Sharing can be excuse for sinful expression of hostility
4) ***Refusal to share***
   a) It can be wrong to deny, ignore, distort, or refuse to share our feelings
   b) The person who represses anger sometimes harbors a bitterness that can lead to depression

Human anger can be controlled

1) Anger must be acknowledged
2) Outbursts must be restrained
3) Must be quiet weighing of issues instead of a gushing forth of sinful verbal explosions
4) Sometimes helpful to share burden of anger with a friend
5) Confession and forgiveness must be utilized
6) Ruminating and revenge must be resisted
7) People who are angry often enjoy ruminating on their difficulties, thinking vengeful thoughts and pondering ways to get even

COUNSELING AND ANGER

1) **Help counselees admit anger**
   1) Anger that is denied will never by eliminated
   2) Point out some signs of hidden anger
      i) Depression
      ii) Physical symptoms
      iii) Criticism
      iv) Tendency to gossip or not cooperate

v) Impatience

2) **Help counselees express anger**
   1) Evidence that ventilation and continual talking about anger tend to increase anger instead of reducing it
   2) Sports and hobbies can redirect our energies
   3) Try to deal with your hurts and anger as they arise, one at a time, which keeps anger from building up
   4) If someone has hurt you, tell the personal and say why it has hurt and made you feel angry
   5) Recognize that the other person has feelings too, and try to understand these
   6) Listen and accept any explanation or apology that may be offered and try to be forgiving
3) **Help counselees consider the sources of anger**
   1) What is making me feel angry?
   2) Why am I feeling anger and not some other emotion?
   3) Am I jumping to conclusions about the situation that threatens me and makes me feel afraid or inferior?
   4) Is there something about this situation that threatens me and makes me feel afraid or inferior?
   5) Did my anger come because I had some unrealistic expectations?
   6) How might others, including the person who is angering me, view this situation?
   7) Is there another way to look at the situation?
   8) Are there things I can do to change the situation in order to reduce my anger?
4) **Focus on humility, confession, and forgiveness**
5) **Teaching self-control**
   1) Growing spiritually
   2) Slowing reactions
   3) Avoiding an angry mind-set
   4) Using "I"-statements
      i) "I was hurt by what you did"
      ii) "I feel frustrated"
      iii) "I felt angry and put down by what you said"
6) **Build a healthy self-concept**
   1) Hostility and anger often indicate that a person feels inferior, insecure, and lacking in self-esteem or self-confidence
   2) Individuals who are made to feel inferior often react with anger and attempts to assert superiority
   3) Counselees are better able to control their anger when they are helped to develop a healthy self-esteem based on their godly value
   4) The stronger your self-concept, the easier it will be to manage your anger

PREVENTING ANGER

1) Biblical teaching
2) Avoiding anger-arousing situations and people
3) Learning to reevaluate situations
4) Building self-esteem
5) Avoiding ruminations
    1) Original causes often are blown up into false proportions
    2) Cause anger to increase, especially when critical people associate with Other critical people and share their criticisms
6) Learning to confront
7) Spirit control

LESSON 9

"Depression"

Facts About Unipolar Depression and Suicide

An estimated 15 million Americans suffer from depression.

*Know the warning signs:

depressed mood

change in eating and sleeping patterns

loss of interest or pleasure in usual activities (adhedonia)

decrease in sexual drive

fatigue or loss of energy

feelings of worthlessness, self-reproach, or guilt

diminished ability to think or concentrate, slowed thinking or indecisiveness

thoughts of death, suicide, or wishes to be dead

Additional factors that point to an increased risk for suicide in depressed individuals are:

extreme anxiety, agitation, or enraged behavior
isolation
excessive drug and/or alcohol use or abuse
history of physical or emotional illness
feelings of hopelessness or desperation

*Although most depressed people are not suicidal, most people who commit suicide (2/3) suffer from a depressive illness.

*About 15% of the population will suffer from unipolar depression at some time during their life. 30% of all depressed patients attempt suicide, 1/2 of them succeed.

*Women suffer from depression twice as much as men.

*Fewer than 1/2 of all Americans consider depression to be a health problem and more than two in five believe it is a sign of personal weakness.

*Depression in people 65 and older increases the risk of stroke and other medical complications.

*Researchers believe that after an initial attack of severe depression 70% of people are vulnerable to another episode.

Although so many people suffer from unipolar depression, it is a very treatable illness. Research has shown that 7 out of 10 patients will improve with the help of psychotherapy and new and improved forms of drug treatment.

Definition

Major depression is a disorder of mood with severe and prolonged feelings of sadness or related symptoms that impair efficiency.

Symptoms

The symptoms of Major Depression may include depressed mood; hopelessness; helplessness; poor appetite with weight loss; increased appetite with weight gain; inability to sleep or oversleeping; agitation; general slowing down; loss of interest or pleasure in activities that used to be enjoyable; loss of energy; tiredness, fatigue; feelings of worthlessness; self-reproach; excessive guilt; inability to think or concentrate; indecisiveness; recurrent thoughts of death or suicide; wishing to be dead; irritability; agitation; hallucinations; anxiety; concern with physical health; phobias; use of street drugs; sulkiness; problems at school or work; increased emotionality; memory loss; apathy; distractibility; delusions; tearfulness; brooding; panic attacks; excess use of alcohol; aggressiveness; social withdrawal; poor grooming; or disorientation. These symptoms are severe enough to cause significant distress or impairment in functioning.

Cause

Major depression can have many causes. Psychological factors that increase the risk of depression include difficulty expressing anger effectively, experiencing losses, poor self-esteem, strong dependency needs, poor interpersonal skills and a pessimistic view of oneself and the world.

Genetic inheritance is an important factor for many people, as is a high level of stress.

In recent years, it has become abundantly clear that depression also involves a very specific chemical imbalance in the areas of the brain that are responsible for mood and emotion.

Course

Major depression is a one-episode illness for about half the people who suffer from it, but for the other half, it is a recurring illness. For most people with recurrent depression, the symptoms disappear completely between episodes but for a third of people with depression, there are lingering symptoms between episodes

Treatment

Treatment usually focuses on medications and psychotherapy. Antidepressant medications are almost always prescribed, and sometimes additional medications are needed: lithium, antipsychotics (when psychotic symptoms are present), Tegretol, other anticonvulsants, or stimulants. Psychotherapies that have been proven effective in treating depression include interpersonal, cognitive-behavioral and others. ECT (shock treatments) are an effective treatment for major depression when medications have been ineffective, or when medications cannot be used because of medical problems.

Self-management

Lifestyle management is crucial in maintaining recovery from depression. It is important to:

Maintain a consistent daily schedule.

Take medications as prescribed.

After an episode of depression, resume responsibilities slowly and gradually.

Set realistic goals.

Ask for help when you needed.

Meet regularly with your therapist.

Sleep adequately, getting to sleep and arising at approximately the same times every day.

Eat a well-balanced diet.

Get regular aerobic exercise--a minimum of a half-hour, three times each week.

Before taking any new prescription or over-the-counter medication, check with the person who prescribes your psychiatric medication..

Discuss the social use of alcohol with your prescriber.

Avoid street drugs.

Work at forming and maintaining friendships and a network of support.

Take a course in stress management or assertiveness.

Work diligently in therapy.

Accept that there may be setbacks.

Dealing with Relapse

Since major depression is an illness that may recur, it is necessary for the patient and therapist to plan what to do if signs of relapse appear. The plan should include what specific symptoms are warnings that immediate measures must be taken. Make an agreement to call your therapist immediately when those specific symptoms occur, and at the same time increase the amount of daily structure and ask friends and family members to help temporarily decrease stress and responsibility.

LESSON 10

"Depression and Suicide"

Worst Things to Say to Someone Who Is Depress

Some people trivialize depression (often unintentionally) by dropping a platitude on a depressed person as if that is the one thing they needed to hear. While some of these thoughts have been helpful to some people (for example, some find that praying is very helpful), the context in which they are often said mitigates any intended benefit to the hearer. Platitudes don't cure depression.

Here is the list from contributors to a.s.d.:

1) "What's *your* problem?"
2) "Will you stop that constant whining? What makes you think that anyone cares?"
3) "Have you gotten tired yet of all this me-me-me stuff?"
4) "You just need to give yourself a kick in the rear."
5) "But it's all in your mind."
6) "I thought you were stronger than that."
7) "No one ever said life was fair."
8) "As you get stronger you won't have to wallow in it as much."
9) "Pull yourself up by your bootstraps."
10) "Do you feel better now?" (Usually said following a five minute conversation in which the speaker has asked me "what's wrong?" and "would you like to talk about it?" with the best of intentions, but absolutely no under- standing of depression as anything but an irrational sadness.)
11) "Why don't you just grow up?"
12) "Stop feeling sorry for yourself."
13) "There are a lot of people worse off than you?"
14) "You have it so good, why aren't you happy?"
15) "It's a beautiful day!"
16) "You have so many things to be thankful for, why are you depressed!"
17) "What do you have to be depressed about".
18) "Happiness is a choice"
19) "You think *you've* got problems..."
20) "Well at least it's not that bad."
21) "Maybe you should take vitamins for your stress."
22) "There is always somebody worse off than you are."
23) "Lighten up!"
24) "You should get off all those pills."

25) "You are what you think."
26) "Cheer up!"
27) "You're always feeling sorry for yourself."
28) "Why can't you just be normal?"
29) "Things aren't *that* bad, are they?"
30) "Have you been praying/reading the Bible?"
31) "You need to get out more."
32) "We have to get together some time." [Yeah, right!]
33) "Get a grip!"
34) "Most folks are about as happy as they make up their minds to be."
35) "Take a hot bath. That's what I always do when I'm upset."
36) "Well, everyone gets depressed sometimes!"
37) "Get a job!"
38) "Smile and the world smiles with you, cry and you cry alone."
39) "You don't *look* depressed!"
40) "You're so selfish!"
41) "You never think of anyone but yourself."
42) "You're just looking for attention."
43) "Have you got PMS?"
44) "You'll be a better person because of it!"
45) "Everybody has a bad day now and then."
46) "You should buy nicer clothes to wear."
47) "You catch more flies with honey than with vinegar."
48) "Why don't you smile more?"
49) "A person your age should be having the time of your life."
50) "The only one you're hurting is yourself."
51) "You can do anything you want if you just set your mind to it."
52) "This is a place of BUSINESS, not a HOSPITAL" --> after confiding to supervisor about my depression
53) "Depression is a symptom of your sin against God."
54) "You brought it on yourself"
55) "You can make the choice for depression and its effects, or against depression, it's all in YOUR hands."
56) "Get off your rear and do something." -or- "Just do it!"
57) "Why should I care?"
58) "Snap out of it, will you?"
59) "You *want* to feel this way."
60) "You have no reason to feel this way."
61) "Its your own fault."
62) "That which does not kill us makes us stronger."
63) "You're always worried about *your* problems."
64) "Your problems aren't that big."
65) "What are you worried about? You should be fine."

66) "Just don't think about it."
67) "Go Away."
68) "You don't have the ability to do it."
69) "Just wait a few weeks, it'll be over soon."
70) "Go out and have some fun!"
71) "You're making me depressed as well..."
72) "I just want to help you."
73) "The world out there is not that bad..."
74) "Just try a little harder!"
75) "Believe me, I know how you feel. I was depressed once for several days."
76) "You need a boy/girl-friend."
77) "You need a hobby."
78) "Just pull yourself together"
79) "You'd feel better if you went to church"
80) "I think your depression is a way of punishing us." ---My mother
81) "Sh*t or get off the pot."
82) "So, you're depressed. Aren't you always?"
83) "What you need is some real tragedy in your life to give you perspective."
84) "You're a writer, aren't you? Just think of all the good material you're getting out of this."
85) This one is best executed with an evangelical-style handshake,i.e. one of my hands is imprisoned by two belonging to a beefy person who thinks he has a lot more charisma than I do: "Our thoughts and prayers are with you." This has actually happened to me. Bitten-back response: "Who are 'our'? And don't do me any favors, schmuck."
86) "Have you tried camomile tea?"
87) "So, you're depressed. Aren't you always?"
88) "You will be ok, just hang in there, it will pass." "This too shall pass." - Ann Landers
89) "Oh, perk up!"
90) "Try not being so depressed."
91) "Quit whining. Go out and help people and you won't have time to brood..."
92) "Go out and get some fresh air... that always makes me feel better."
93) "You have to take up your bed and carry on."
94) "Why don't you give up going to these quacks (ie doctors) and throw out those pills, then you'll feel better."
95) "Well, we all have our cross to bear."
96) "You should join band or chorus or something. That way you won't be thinking about yourself so much."
97) "You change your mind."
98) "You're useless."
99) "Nobody is responsible for your depression."
100) "You don't like feeling that way? So, change it."

“Suicide”

Over 32,000 people killed themselves in this country last year, more than 20,000 of these with firearms.

At least half a million people attempt suicide each year.

Most people who kill themselves have a treatable mental disorder, such as depression, but are not receiving treatment or are receiving inadequate treatment. Misunderstandings and stigma associated with mental illnesses limit access to effective treatments. Some illnesses may be misunderstood as "character problems" instead of biochemical imbalances.

Suicide claims the very young as well as the elderly. Suicide is the fourth major cause of death amoung 5-to 14-year-old children and the highest suicide rates occur among men over 65 years old.

Feeling suicidal is not a natural outcome of terminal illness. Instead, depression, inadequate pain management or lack of support from and for caregivers may lead a patient to seek escape through suicide.

Asking a distressed friend if he has thoughts of ending his life does not plant the idea or impulse to commit suicide. Asking about suicidal thoughts can be a first step in getting appropriate help for your friend.

New research into the brain chemical serotonin is helping inform treatment for mental disorders, such as depression and obsessive complusive disorder, and provide clues to related suicidal behaviors.

Suicide is not just somebody else's problem. It can affect people from "nice" families, smart, creative and accomplished people, and people who are deeply loved by those left behind in its wake.

Danger Signals

Past History of Attempted Suicide

This is *the strongest predictor of suicide*!!

Suicidal ideation, talk or preparation are all strong predictors of suicide.

Certain Psychiatric Problems

Depression, hopelessness

Schizophrenia

Substance Abuse (alcoholism, drug abuse)

Personality Disorders, especially Borderline, Antisocial

Situational Risk Factors

Stressful Life Events (e.g. death of a loved one, recent loss of employment)

Loss or Disruption of Normal Social Support Networks (e.g. divorce, umemployment, migration)

Absent or Inadequate Social Support Networks (This often develops from other risk factors such as recent stressful life events or leads to risk factors such as clinical depression.)

Contagion

The contagion hypothesis suggests that exposure to suicide or suicidal behavior by other may be a risk factor for suicide.

Most commonly applied to suicide clusters seen among teenagers and young adults.

Genetic Predisposition

Individuals who attempt or complete suicide often have a significant family history of suicidal behaviors.

Twin studies suggest a genetically based risk for suicide that my be inherited independently of major psychiatric illness.

Neurotransmitters

A clear relationship has been demonstrated between low concentrations of the serotonin metabolite 5-hydroxyindoleactic acid (5-HIAA) in cerebrospinal fluid and an increased incidence of attempted and completed suicide in psychiatric patients.

This association also may hold true for individuals with a personality disorder or with schizophrenia.

Ready Accessibility of Firearms

Firearms are the most frequently used method of suicide.

Firearm suicides often are immediately fatal leaving minimal opportunity for postattempt rescue.

Firearms both limit the preattempt opportunity for intervention by others aNd facilitate impulsive suicidal acts.

Demographics

Sex: Males are three to five times more likely to commit suicide than females.

Age: While most suicides occur among persons less than 40 years of age, the Caucasian elderly population displays the highest rate of suicide.

Reference:

O'Carroll PW: Suicide. In Last JM et al (eds): Public Health & Preventive Medicine. Connecticut: Appleton & Lange, 1992, pp1054-1062.

Maris, RW: Overview of the Study of Suicide Assessment and Prediction. In Maris RW et al (eds): Assessment and Prediction of Suicide. New York: The Guilford Press, 1992, pp 3-22.

What to do if you suspect a loved one may be contemplating suicide

Suicide can be prevented. While some suicides occur without any outward warning, most do not. The most effective way to prevent suicide among loved ones is to learn how to recognize the signs of someone at risk, take those signs *seriously* and know how to respond to them. The depressions and emotional crises that so often precede suicide are -- in most cases -- both recognizeable and treatable.

KNOW THE DANGER SIGNALS

Previous suicide attempts: Between 20 and 50 percent of people who kill themselves had previously attempted suicide. Those who have made serious uicide attempts are at a much higher risk for actually taking their lives.

Talking about death or suicide: People who commit suicide often talk about it directly or indirectly. Be alert to such statements like, "My family would be better off without me." Sometimes those contemplating suicide talk as if they are saying goodbye or going away.

Planning for suicide: Suicide individuals often arrange to put their affairs in order. They may give away articles they value, pay off debts or a mortgage on a house, or change a will.

Depression: Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be mainfested in obvious sadness, but often it is rather expressed as a loss of pleasure or withdrawal of activities that had been enjoyable.

Be particularly concerned about depressed persons if at least five of the following symptoms have been present nearly every day for at least two weeks:

depressed mood

change in appetite or weight

change in sleeping patterns

speaking and/or moving with unusual speed or slowness

loss of interest or pleasure in usual activities

decrease in sexual drive

fatigue or loss of energy

feelings of worthlessness, self-reproach or guilt

diminished ability to think or concentrate, slowed thinking or indecisiveness

thoughts of death, suicide, or wishes to be dead

TAKE IT SERIOUSLY

3/4 of all suicides give some warning of their intentions to a friend or family member.

All suicide threats and attempts must be taken seriously, even those of teenagers among whom such threats are more common.

BE WILLING TO LISTEN

Take the initiative to ask what is the matter, and persist to overcome any reluctance to talk about it.

Even if professional help is indicated, the person you care for is more apt to follow such a recommendation if you have listened to him or her.

If your friend or relative is depressed, *don't be afraid* to ask whether he or she is considering suicide, or even if they have a particular plan or method in mind.

Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand, that he or she is not alone, that suicidal feelings are temporary, that depression can be treated, and that problems can be solved. Avoid the temptation to say, "You have so much to live for," or 'Your suicide will hurt your family."

BE ACTIVELY INVOLVED IN SEEKING PROFESSIONAL HELP

Encourage the person to see a physician or mental health professional immediately. Since suicidal people often don't believe they can be helped, you may have to do more. For example, a suicidal college student resisted seeing a psychiatrist until his roommate offered to accompany him on the visit. A 17-year-old accompanied her 16-year-old suicidal sister to a psychiatrist because the parents refused to become involved.

You can make a difference by helping those in need find a knowledgeable mental health professional or a reputable treatment facility.

IN AN ACUTE CRISIS, TAKE THE PERSON TO AN EMERGENCY ROOM OR WALK-IN CLINIC AT A PSYCHIATRIC HOSPITAL

Do not leave the person alone until help is available.

Remove from the vicinity of the potentially suicidal person any firearms, drugs, razors or scissors that could be used as aids to suicide.

Medication and/or hospitalization may be indicated and may be necessary at least until the crisis abates.

If a psychiatric facility is unavailable, go to the nearest hospital or clinic.

If the above options are unavailable, call your local emergency number. Chances are the dispatcher can help you locate immediate psychiatric treatment.

FOLLOW UP ON YOUR LOVED ONE'S TREATMENT

Suicidal patients are often hesitant to seek help and may run away after an initial contact unless there is support for their continuing.

If medication is prescribed, take an active role to make sure the patient follows his or her prescription, and be sure to notify the physician about any unexpected side effects.

LESSON 11

"Suicide Survivors: Intervention, Prevention, Postvention"

Pastoral Counselor as Preventionist

Levels of Prevention

1) ***Primary Prevention.*** Defined as efforts designed to prevent the occurrence of a disorder in a particular population by promoting the well-being of all of those in that particular group or community. It is generally agreed that primary prevention is designed essentially to prevent the development of mental health disorders.

2) **Secondary Prevention.** Focused on problems which have already begun to appear. The goal of secondary prevention is to shorten the duration, impact, and negative effects of the disorder; that is, to intervene in such a way so as to prevent the occurrence of the "typical" cycle of the illness and thus prevent it from reaching a point of severity.

3) ***Tertiary Prevention***. Includes those techniques designed to reduce the consequence of severe dysfunction after it has occurred.

A History of Suicide

Degradation of the suicide victim has a long and appalling history. While we are more "civilized" today in our treatment of the suicide victim, our "civilized treatment" may not always be extended to the other victims of a suicide--the survivors.

Suicide as a Crime

Historically, suicide was treated as a crime with moral and civil outrage. As such, much effort was given to the total desecration and post mortem humiliation of the victim, and often his or her survivors. Victims were dragged through the streets, taken to a public square and hung upside down, and denied a proper burial with the body often tossed in the town dump. If the victim was a man of property, his property (and thus the inheritance of the survivors) was most often forfeited. In addition to destroying the physical remnants (body and possessions) of the offender, the practice typically included destroying the memory and the good name of the person.

Suicide as Sin

These civil actions found support in the attitudes and practices of the early church. By the seventeenth century the church generally viewed suicide as a sin, which had to be punished. The sinfulness of suicide as viewed from the Judeo-Christian orientation appeared to rest on three foundations as explicated by St. Augustine and later expanded upon by St. Thomas Aquinas. The basic position was that life belongs to God and only God can terminate it. Further, suicide was viewed as a transgression against the fifth commandment, "Thou shalt not kill." And finally, individuals are the dwelling place of God; as such, suicide not only defiles the individual but also defiles God who dwells within.

The dilemma for early Christians and society's overseers was that the sinner--the criminal--was no longer available to amend for his or her wrongdoing. Thus the church and society imposed severe penalties not only on the victim's dead body and memory, but also on his or her family. The survivors were treated as an accessory to what was now a crime, and therefore needed to suffer the civil and moral consequences. The survivors not only had to endure the pain associated with such a tragic loss, but were also treated as hostages, held as "payment" for the victim's crime, an atonement for his or her sin.

Such treatment could have been an attempt to demonstrate by example what happens when one perpetuates such a "Crime." This could have been a primitive attempt at primary prevention, a warning and a deterrent to all those who considered suicide.

Suicide as Insanity

By the nineteenth century suicide was no longer considered a moral problem but rather an emotional or mental problem. The act of suicide became its own evidence of insanity. With the perspective that the individual did not know what he or she was doing, most churches became sensitive to the pastoral needs of the family. The churches began to provide meaningful religious rituals that offered survivors the caring of a faith community. Victims were permitted burial in consecrated ground and their property and possessions were no longer confiscated.

While certainly a more caring and pastoral position, survivors still experienced other forms of rejection, punishment, and stigmatization. The survivors now had to cope with the stigma of "insanity," with their fate being insanity itself.

Survivors of suicide were and continue to be denied honest access to the grieving process, a process needed for healing to take place. For counselors to assist in this healing process, they must first understand the nature of "normal" grief.

Stages of Bereavement

1) ***Shock.*** Following the death of a loved one, the individual absorbs the shock of the loss. Quite often denial along with a general numbness and sense of being overwhelmed are characteristic of this stage. This denial appears to function as a buffer, a shield to the ego, that protects the survivor from the full impact of the loss.

2) ***Yearning and Protest.*** As shock and denial diminish, the active, open expression of sorrow begins to be manifested. The bereaved experiences a variety of emotional outbursts--tearfulness, anger, restlessness, tension, irritability intense yearning, and panic.

3) ***Disorganization.*** The sense of yearning and loss eventually give way to a general malaise, a feeling of apathy and aimlessness. The emptiness experienced leads bereaved people to wonder and worry about the future and their redefinition of life. A sense of "What now?"

4) Reorganization. The final phase requires that bereaved individuals relinquish the past and rebuild a life without their loved one. Such a rebuilding requires an alteration of their self-image, the development of new roles and behaviors, and even the establishment of new social networks.

Grieving a Suicide

The grieving process is made more difficult when the death is violent or traumatic. The act of suicide, regardless of whether the means or mode was one of dramatic violence, is in itself both violent and traumatic. This trauma is accentuated for the survivor who discovers the victim.

A Model for Ministering to Survivors

A general goal or aim for postintervention is to help the survivors work through their feelings of grief. This includes the issues typically addressed within non-suicidal mourning, along with the special concerns so often aroused by suicide.

Tertiary Level Prevention

Quite often it is only after survivors have struggled with the grieving process and have experienced a degree of dysfunctionality that they seek the support of a pastoral counselor.

Survivors of suicide may come to counseling through a variety of routes. Quite often they come for immediate assistance, a form of psychological first aid or crisis intervention. Others come only after exhausting all other means of coping and still finding the months or years since the suicide unbearable.

Some survivors may present themselves having difficulty with some other area of their life (a problem with a relationship, a child management problem, a work-related difficulty).

Survivors who seek therapy after years of struggling with unresolved grief often present a number of recurring **thematic issues.**

5) Stuck in a perpetual need to search for the reasons for the suicide. While understanding can help facilitate closure, obsessional rumination often reflects their own denial and an attempt to defend via intellectualization. When such is the case, they must be confronted and encouraged to let go and move on.
6) Theme of being socially stigmatized.
7) Inexorable guilt. May be expressed as self-reproach for not having done all that they could to prevent the suicide. Or they may even project this guilt on to others in the form of anger.

Secondary Prevention

Intervention occurring prior to full manifestation of a disorder and aimed at shortening the duration, impact, and negative effects of such pathogenic responses could be viewed as secondary prevention.

8) ***The Initial Stage of Shock.*** What is called for at this point is not so much directive interventions but crisis and supportive counseling. It is important to establish a compassionate tone for the grief process. Important to present atmosphere of gentleness and understanding. Not so important to "do for" or "do to" as it is to "be with" the bereaved.

9) ***Movement through Anger, Guilt, Shame.*** At this stage, counselee is encouraged to express all feelings. It is essential to convey a real sense of unconditional valuing or prizing for the bereaved and to offer a style of non-judgmental responding in order to allow them to express all their feelings, including their hostilities toward the deceased and even their own self-recriminations. May be necessary to allow counselee to express anger toward God. Through early stages of grieving, the fact of suicide should be addressed openly. Counselee should have permission to embrace and accept all of their feelings along with the freedom to express these feelings as they wish.

10) ***Self-Pity and Depression.*** The focus of intervention is to address the depression in such a way as to assimilate the grief and facilitate the survivor's growth through it. One issue which needs to be confronted is survivors' irrational distortions of the reality surrounding the events leading up to the suicide as well as the import and impact of the suicide. Irrational beliefs and self-talk which defines their life condition as "hopeless," or "unbearable," and their self as "worthless" and "damnable" need to be confronted actively and debated.

Specific Pastoral Issues

1) Questions concerning the forgiveness of God, God's sense of justice, and the sinfulness of the act of suicide are questions to which the counselor needs to be prepared to respond.
2) Mercy, forgiveness, and love of God.
3) God's judgment is based on behavior performed under the influence of severe and debilitating illness rather than a person's life-ledger of moral and immoral actions.
4) Hope; forgiveness and mercy are the messages of a crucified and risen Christ. Hope is the therapy most needed for the bereaved of a suicidal death.

Primary Prevention

To develop a sense of church as a supportive, caring environment may actually function to prevent not only dysfunctional grieving, but even the act of suicide itself. Efforts to provide community support provides secondary prevention to the survivors and may serve to reduce stress and a sense of isolation for others.