

Ten Ways Ordinary People Can Help Those with Psychiatric Problems



by EDWARD T. WELCH

People with difficult psychiatric problems are in every church, and we hope their numbers will increase. We *hope* this happens because it would mean that our churches are both inviting and helpful. The challenge is that neither “inviting” nor “helpful” happens naturally when those needing help have problems that are especially hard to understand. So, we work to get better at it.

What follows are ten principles to encourage ordinary people to become inviting helpers, even though they have little experience with psychiatric diagnoses. Our God seems to delight in using helpers whose most prominent qualifications consist of love and the wisdom that comes from knowing Jesus (1 Cor 2). With this in mind, we aim for a growing competence, but we expect that God will use us long before we feel comfortable with our level of expertise. What we are aiming for is a path that combines two characteristics.

- Humility. The kind of humility that knows “There are so many things I do not understand,” and
- Confidence. The kind of confidence that believes that the tools we have in Jesus Christ—prayer, Scripture, love, and compassion—are immensely powerful.

With these essential characteristics in mind, let’s consider ways that ordinary people can come alongside and help a person who struggles with a psychiatric problem. None of these ten principles will seem novel. But sometimes we think special knowledge is needed when simple acts of love are the way to begin.

1. Move toward and pray with the person

Sounds simple, doesn't it? Move toward and pray with any person who is struggling. But we are people who tend to move toward those who are *like* us, and, typically, those who fit psychiatric diagnoses are *not* like us. So, each of us must resist these human tendencies and opt to be *truly* human—the kind of person that our Father intends for us to be—and pursue unity by moving toward the marginalized.

Our God seems to delight in using helpers whose most prominent qualifications consist of love and the wisdom that comes from knowing Jesus.

As you move toward someone who is struggling, how do you begin to understand the person? Do you need to know the details of the person's psychiatric diagnosis before you can be helpful? No. We are not being called upon to offer expert counsel; we are offering love. So, instead of worrying about understanding "bi-polar" or "delusions," start with the more general diagnosis of *hardships*. This person is experiencing hardships and troubles. This is something we all understand. It is also the common thread through everything in psychiatry. Something is hard. Life is difficult and complicated. "In this world you will have trouble" (John 16:33), and trouble alerts the body of Christ that help is needed.

What do we say as we move toward someone who is experiencing hardships? Many of us are willing to move toward others, but, once there, conversations get awkward. We might ask poor questions or too many questions. We might say too much or too little. Or we might experience the dread of having absolutely nothing to say. Our goal is compassionate and wise love. But that multiplies possibilities rather than simplifies them. Wise love can be expressed in thousands of ways, so let me offer one particular way to help: *know the person well enough to be able to offer thoughtful prayers*.

Notice the difference between trying to keep a conversation going and trying to know someone well enough to pray intelligently. Whereas a typical conversation might go like this:

You: "Nice to see you. How are you today?"

Other person: "Good. How are you?"

You: "Good . . . How's work?"

Other person: "My boss has been a jerk this week."

You: “Oh . . . yeah, bosses can be jerks sometimes.” (An awkward attempt at empathy.)

Instead of this conversational dead end, imagine what happens when your goal is to pray. Since “jerk” is ambiguous and doesn’t give a clear sense of how to pray, you want to know more.

You: “Sorry to hear that you are having problems at work. Do you mind saying a little more? I’d be interested in hearing about it.”

After hearing more of the story, you would have a handful of ways to pray. If you want to narrow down your options, ask the person, “How could I pray for you this week while you are at work?”

Not only will you learn how you can specifically pray, you will also have direction for your next conversation. Wise love will both pray and follow up. The person will be on your heart and, no doubt, you will have thoughts you want to share and questions to ask. You will want to know what happened so you can give thanks for answered prayer. Or you will find out that you need to continue to pray, and hear ways of adjusting your prayer so that it corresponds to the relevant promises of God and other prayers of Scripture. If you want to go one more step, you can pray *with* the person.

You: “Can I pray for you now?... Father, we want to be citizens of the kingdom of heaven in everything we do. Please give my brother humility and wisdom so he can stand out as belonging to you when he is at work.”

Jesus has moved toward us; we move toward others. This is simple to understand but takes spiritual power to do.

2. Move toward the person as a community

Include others as you care for the struggling person. When the body of Christ is functioning properly, *one* person does not move toward another. We move toward another person *as a community*. This is especially important when we are moving toward someone whose trouble is complicated. The trouble is going to be different than your own experience. It will seem foreign, and when you move into a foreign culture it can take you years to understand the nuances of its mores and manners, unless other people are there to help you. Perhaps a friend of yours has experience with the presenting struggle and has an idea of how to help. If not, the two of you can ask others for advice. In any case, work together.

I know of a church that has been successful at having people move toward

those who have trouble. They decided that when someone asks for help they will aim for communal help. For example, if the troubled person is in a small group and the person's troubles are especially difficult to understand, a friend from the small group will go with the person to see a pastor and whoever else the pastor thinks can help. That way the pastor, small group leader, and the small group will all learn from each other and have a coherent strategy for help.

Throughout this process, the community is looking for both the unique features of the person's troubles *and* the features we all have in common. When we emphasize only the unique features of the trouble, then the person becomes identified as a diagnosis rather than as a fellow member. When we emphasize only our common humanity, then we might miss the troubling experiences that are more significant and *not* common to us all.

Here is an example of a situation where a person was identified as a "diagnosis" and the community did not include him.

A woman has been living with a husband with schizophrenia whose delusions wax and wane. His unpredictability has been very hard for her and she is tired. There are times when his delusions are so prominent that she does not even recognize who he is. When she talks about this, you will never see her cry because she has received much grace to love him. Yet she inevitably cries when she talks about how it's as if the seas part when her husband comes to church. People turn away. Nobody speaks with him. Some have tried but have been perplexed by his stories of FBI agents and murder.

This community's withdrawal has isolated two strugglers. But hear the difference it makes when a community intentionally moves toward a struggler.

A woman was deeply depressed and struggling with anorexia. But one day you could see that she was different. She was simply more alive and responsive. When a friend commented on the change and asked what had happened, she immediately had an answer.

"I was in church on Sunday and a family invited me home." She then described something that was much more than mere hospitality. For that afternoon and evening she became part of that family. She was included in their home, and somehow that became an analogy for her to understand that this is what God does with his people. He draws us to him. He keeps us near him. He includes us.

Indeed, inclusion is central in the mind of God. Some of the most comforting words in Scripture are said to Israelites who seemed determined to be excluded from God's family by their pursuit of idols. But the Lord brought them back.

Then the LORD said, "Call him Lo-ammi, for you are not my people, and I am not your God. Yet the Israelites will be like the sand on the seashore, which cannot be measured or counted. In the place where it was said to them, 'You are not my people,' they will be called 'sons of the living God.'" (Hosea 1:9–10)

Because God continues to include us, we include others.

Know that psychiatric diagnoses typically mean that there is trouble for the family. So we must move toward the family as well.

3. Move toward the family

The family members of those with psychiatric hardships do most of the care and ministry for the loved one. It is the moms and dads, the wives, husbands, and children who carry most of the burden. They do this and rarely complain. As a result, we might not even think of moving toward them in order to understand their struggles and needs. But know that psychiatric diagnoses typically mean that there is trouble for the family. So we must move toward the family as well.¹

We could say things like this:

"How are you, ...*really*? You have been on my heart. I know your life right now is more complicated and hard than I can imagine. I want you to tell me ways I can pray for you. I want you to tell me how I can help you."

These are fine questions, and we should ask them. But also know and anticipate that family members might be reluctant to say anything. Who wants to say, "Yes, things are hard. I live with a complete stranger, and sometimes I wish that he were gone"? No one easily acknowledges how hard it can be to love troubled family members. And they do not want to talk about the bizarre behaviors of someone they love, for fear that their public comments will bring shame on them. So assume that family and friends will gloss over the painful details. Stay committed to pursuing them anyway. Pursue and pursue again.

¹ Some psychiatric problems, such as schizophrenia and mania, are not only life-dominating but can also leave the affected person temporarily unable to even engage in conversation. At those times, wise love will be focused almost exclusively on the family.

Then, as with families that are going through any kind of hardship, look for ways to help rather than waiting for them to call and ask for it. Look for ways to give them rest from the relentless demands and stresses of everyday life. Meanwhile, you are always trying to further understand the person with the psychiatric diagnosis so that you can be growing in compassion and wise love.

4. Be a student of the person

It is hard to be compassionate or helpful when we do not understand someone. It is easy to become impatient, and impatience is never helpful. So, we become students and learn more about the person and the hardship.

Get to know the person. In some cases, this may mean pushing past some barriers and learning new things. For example, a mission team was disturbed by the apparent rudeness of the African people they came to serve. Whenever members of the team tried to have conversations with the local people, they were met with indifference and distracted gazes. But when they spoke to the pastor who invited them, they were told that the local people were actually showing respect. They considered it rude to look into the eyes of a person who they wanted to honor. They did not want to take too much time away from important visitors, so they tried to keep all conversations short.

This was a relatively small matter that was easily corrected by an explanation of the local etiquette. With psychiatric problems, it is not so easy. Rarely can we find a guide who, with a sentence or two, clarifies the inner world of a person whose behavior confuses us. This means that we do the hard work of trying to get to know another person despite the awkwardness or the differences encountered. So ask normal questions. Show a normal interest in the person. Find out what the person is facing, how the person is thinking, how the person is feeling, what the person is doing, what the person believes might help. Persevere in love.

Remember, we are all embodied souls. We are aided in this by the essential theological understanding of the embodied soul. Let me explain. We are all spiritual beings, or souls. People with psychiatric diagnoses are just like those without a diagnosis in this respect. They deal with temptations, they sin, they want what they want, and the voice of their Creator is recognizable. They are spiritual (soul-ish) beings who live before the face of God. We are also people who are embodied. Each of us has a unique body with brain strengths and weaknesses that are unlike any other. The person with a psychiatric diagnosis has a body and brain that is unique. Because of this, you will need to do the hard work of getting to know and understand this particular person's experience.

Learn about the person's specific hardship. One way to learn more is to look up

the person's diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V).² You could even read the criteria and descriptions and ask the person to fill in more details.

Depression, for example, includes these symptoms.

- Depressed mood, such as a feeling of emptiness or sadness
- Apathy, diminished interest in things once found pleasurable
- Change in appetite and weight
- Change in sleep, either toward insomnia or hypersomnia
- Fatigue
- Difficulty concentrating
- Feelings of worthlessness or excessive guilt
- Recurrent thoughts of death

This fuller description helps you better understand why the person sits in a chair and could sit there all day. Apathy and fatigue, by themselves, are enough to leave someone motionless. Nothing compels, nothing moves a depressed person, and even if it did, the fatigue alone could keep someone anchored.

What else stands out from this description? Notice the feelings of worthlessness and guilt. These are matters to which Scripture speaks and give you questions to ask.

“Help me to understand why you feel worthless.”

“Have you done things that leave you feeling guilty?”

And you would certainly follow up on the thoughts about death.

“What are those thoughts?”

“When do they come?”

“Are you tempted to act on them?”

A psychiatric term, like depression, is just a shorthand description of thoughts, feelings, and actions. It is always an occasion to pursue and hear this person's specific descriptions and experiences that are summarized by the diagnosis. Once you understand those descriptions, you will typically be able to identify a number of potentially fruitful ways to help. If not, get help and insights from others.

Another way to understand what someone might be going through is to read descriptions of similar hardships written by others. These can be very helpful because they are written in a non-technical way and give you a close-up look at the experience. Some examples are Kay Jamison's *An Unquiet Mind* and Terri Cheney's *Manic*, both about bipolar; Allen Shawn's *Wish I Could Be There: Notes*

² *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (Arlington, VA: American Psychiatric Publishing, 2013).

from a Phobic Life which is about the author's agoraphobia; and John Nash's story of schizophrenia in *A Beautiful Mind*, written by Sylvia Nasar. Not all the words will fit the experience of the person you want to help, but they can spark dialogue and provide words that would otherwise be elusive.

It is a mistake to think that you should treat people with psychiatric diagnoses differently than other people.

5. Treat the person the way you normally treat others

It is a mistake to think that you should treat people with psychiatric diagnoses differently than other people. Perhaps they need more care and consideration due to their hardships, but otherwise we should treat such persons normally, as we would anyone else. We include, encourage, thank, talk about hard things, rebuke, and learn from them. The challenge, of course, is that it is not natural to be normal with those who act abnormally. But this is what is needed. Too often, we leave those with psychiatric diagnoses to the experts and forget there is a person there, a person who still needs to be included and cared for.

Here is an example of treating a person with great hardships normally.

A man believed that spies kept close watch on his home. They were listening and watching for evidence that would indict him. In response, he would play his violin. This, he thought, would both entertain the spies and keep him from doing anything that could be used against him. If you treat him as you would any other person, that might mean that you ask about his odd story. Don't gloss over the obvious questions.

“Hold on. Did you just say that spies were surrounding your house? They shouldn't be allowed to do that. What can we do? Should we talk to the local police?”

Maybe you would even go with him to his house and investigate. Then, as the story became more complicated, and you became more confused, you ask for help. The story, it turns out, is a delusion. It is his representation of reality that only he believes, and he will *not* let the story be corrected by any contrary evidence. You were not wrong to ask these questions. You were simply inexperienced with delusions. Your questions were normal and appropriate. With more experience you will know sooner that when you investigate a delusion it simply grows

and demonstrates its immunity to contrary evidence. Then you will turn your attention to what is clear. For example, his wife was working full time and coming home to an unkempt house with breakfast dishes untouched. His delusions might be linked with peculiarities in the brain, but his failure to serve his spouse is a moral matter. It is an expression of his heart (soul). To treat each other normally means to focus especially on matters of the heart. Do not allow diagnoses to blind you from those things that are spiritually ordinary.

Here is another example.

A depressed woman gets angry whenever you talk about Scripture. She has “tried it” and it didn’t help. “Why can’t you just listen?!” she says.

This would be a natural response to her.

“Hmm. You talk about being hopeless and empty, but you don’t want to talk about words of life. I might not talk about Scripture in a way that is most helpful, but I know that only in God’s Word will we find hope and fullness. Why do you seem to be angry when we talk about the Lord?”

There are profound spiritual matters here, and they cannot be attributed to depression alone. So you treat her with compassion and wise love. You treat her normally. Remember that psychiatric problems cannot keep us from growing in Christ. Instead, they are times of suffering, and suffering reveals our hearts and can teach us to rely on Jesus rather than ourselves.

What would success and growth look like in her case? Perhaps it would be her willingness to hear you read Scripture. Perhaps the two of you would notice that spiritual warfare is raging. One of Satan’s devices is that he questions the goodness of God. He whispers, “Does following God make a difference? After all, look where it has gotten you. I wonder, do you think he really cares?” The hopeless feelings of depression make these questions very enticing. Growth would mean that she is willing to hear the truth of Christ even when her experience says that he is far away. This is spiritual power at work in depressed people, as it is in other people who turn to Jesus and trust him in their weakness.

The goals for those with psychiatric problems are the same as they are for everyone. We want to grow in the knowledge of God and follow him. Our hardships are unique. They range from family problems to storms in the brain. But our goals are the same.

6. Prioritize ways to help

When you get to know someone whose problem list is long and confusing, it can

be hard to decide where to begin. One day we are upset that the person hasn't looked for a job. The next day we are focused on the person's guilt. Later we show empathy for the hardness of the person's life, and then follow up with the person for refusing to eat dinner with the family. Too often, our help is random and depends on what is bothering *us* at that moment. Instead, aim to emphasize one or two things that will help and serve the person.

Consider the man who believed spies kept watch on his house. His violin playing to keep them away took so much time from his day that he did not do anything useful. There are at least two normal responses to this man. One is, "Are you looking for a job?" He had looked for jobs but his eccentricities kept him from getting past the first interview. A second response is, "Why aren't you cleaning up the house and getting dinner ready?" His diagnosis is paranoid schizophrenia, and that, indeed, is a complex and sometimes debilitating experience. But while diagnoses can alert us to important features of a person's inner world, they can also blind us to the obvious. Here is an otherwise healthy man who is not serving his wife, and is living a self-absorbed life.

One way to help him is to set a priority of serving his wife. In this case, Scripture determines the priorities. Serving others and considering their interests above our own is fundamental to life in Christ. We can't go wrong with that decision. Followers of Jesus know this from Scripture, and all human beings know it because they still retain knowledge of how life works best. We are not assuming that all will be well when he follows our advice, but we do believe that conformity to the will of God is a blessing. So we set this priority and link the action step to his relationship with Jesus. He has been served by the Lord (John 13), and so he serves others in Jesus' name. That is simple and clear.

But what seems simple and clear to you might not be to him. There is fierce competition for his attention and his mind is not good at seeing specific steps to complete tasks. This simple priority is like advanced calculus to him. So you speak to him and work out a plan. When will he do the breakfast dishes? Does he know how to do the dishes? Does he need a reminder? What kind of reminder? Would it be easier if someone came by to partner with him? These conversations are important opportunities for family and friends to recalibrate their expectations for the struggling person. A thoughtful helper sets a goal, ensures that the person agrees that it is a worthy goal, breaks that goal into small and manageable steps, and, if necessary, assists with those steps.

Naming priorities also helps everyone agree on what is important and on what is less important. Is he sleeping in until noon? If you want to make his sleep

cycle a priority, then hold off on the dishes. But, since serving his wife seems to be more important than his sleep cycle, you ignore it. Priorities equip helpers to ward off anger and impatience.³ They also give you opportunity to celebrate small steps in sanctification. He might be playing video games at 2 a.m., but the dishes were done. That would be reason to celebrate.

Priorities are best determined in a community of family and friends. And, of course, love and treating normally means that the troubled person is a key participant in those decisions. Sometimes you will table these priorities. For example, some psychiatric struggles wax and wane, and when they are most intense we will not hold anyone accountable for doing dishes. These are times when God's call is that we simply serve our struggling brother or sister and God's plan is to sanctify *us*.

Priorities can also change, and the community might stumble a few times by choosing less important issues or setting goals that are impossible, but this is all part of the clumsy process by which we grow in wisdom and love. Meanwhile, you continue to know him better. You listen and gradually understand the hardships of his life. For example, though the actual cause of delusions is a mystery, delusions reveal something about this man's inner world. He feels as if there are people who are waiting to catch him in his sin. *He feels guilty*. When you ask what these spies are listening for, he mentions some past sins for which he believes he should be punished. The story he tells is confusing, but the meaning of the story is obvious: he is guilty and believes he must atone for his own sins. Look for opportunities to remind him how we stand forgiven because of Christ's death for us, and not because we have paid for our sins or failures.

7. Acknowledge what you don't know. Rest in what you do.

There is much we do not know about psychiatric problems. And it is easy with these kinds of severe hardships to default to either biological or demonic explanations. Before you do this—wait. There are consequences to these decisions. As soon as we commit to a certain explanation, we stop listening to the struggling person. We no longer seek advice from other people. We have forgotten the *person* in front of us.

For example, when you quickly default to biological explanations, such as “he has a chemical imbalance,” you can almost see a partition appear that separates Scripture from the hardships that are pressing in on the person. In short, God becomes irrelevant. Even if the problem is significantly biological (such as

³ See more on this in number 8.

Alzheimer's), hardships are always a time to turn to the Lord. Cancer, enemies, financial ruin, family disasters, or psychiatric diagnoses—these are all times when we cry out to the Lord even more. Too often, however, as soon as someone has a diagnosis, the answer is medication, an exclusively biological solution.

Certainly someone can take medication for a problem while Christ remains the center of life. Medication can help the body and even the brain. But we so easily forget our much broader biblical worldview as soon as life gets reduced to biology. With a biblical worldview in place, we can see that physical treatment does not supplant what is most essential to human well-being, which is the normal means of grace (Scripture reading, prayer, assembling together with God's people). We are embodied souls who can grow in faith and obedience even when the body is weak (2 Cor 4:16).

Beneath the unusual behaviors that are identified by modern psychiatry are struggles that are common to us all.

Whereas the world can reduce our explanations of psychiatric problems to the body, the Christian community can reduce it to Satan. When people act in ways we don't understand, instead of saying "I don't understand," we assume that Satan did it. When you hear people speak about delusions, especially delusions that are condemning or persecutory, Satan certainly seems to be the logical culprit. But Scripture never identifies these behaviors as Satanic to the exclusion of everything else. Here again, a larger biblical worldview *includes* the influence of Satan, but it doesn't reduce complex problems to that one cause.

The better alternative to both of these explanations is to dwell a little longer with "I don't know what this person's problems are about." Remember, beneath the unusual behaviors that are identified by modern psychiatry are struggles that are common to us all, such as suffering from broken bodies and broken relationships, guilt, shame, anger and fear. With these struggles we know quite a bit. Try to find the normal in the abnormal. When you see it, you will still have many questions. But you can be confident that, whatever the contributors to the person's struggle, you are speaking about matters that are important, liberating and encouraging, even if they don't lead to dramatic changes in the less understood symptoms.

8. For families (and other long-term helpers): avoid anger, emotional hovering, and apathy

We have been talking about how ordinary people in the church can be helpful to those who are struggling, but the family members of the struggling person are also ordinary people who are living through a difficult situation. Most have no training to help them cope with the daily problems that arise, and the challenges and temptations to sin are great.⁴ It is easy to understand how families can react unhelpfully and sinfully. After all, they might face difficult challenges like these every day.

- A depressed young adult seems unaffected by her parents' love and service.
- A manic father stays up all night, keeping his whole family awake.
- An ADD child loses control over simple math problems, every day.
- A paranoid husband accuses his wife of malfeasance and has been throwing out household items that he believes are associated with an evil cabal.

Patience is, of course, the best response here but is often in short supply. Instead three typical responses to living with a person who has psychiatric problems are anger, emotional hovering, and apathy.

Anger. We can understand angry responses to these situations, but anger is never helpful. Listen to what anger is really saying.

“After all I have done, not even one thank you?!”

“After all we do for you, can't you try to be quiet when you are up all night?”

“I've told you over and over, do one math problem at a time, don't look at the whole page.”

“I didn't take your stupid money.”

Sometimes anger is a response to a real problem, but sinful anger is never the solution. If you live with the struggling person, expect to see your anger and frustration. You will need to ask forgiveness often. Only after confessing your own sin can you have the wisdom to know how best to respond to the behaviors that incited your anger.

Emotional hovering. Anger is not the only response that can poison relationships. Fear is another, especially fear that is expressed in being over-protective, cloying and hovering. This too is understandable. When you witness changes in a loved one that affect employment or the person seems odd in such a way that other people now respond differently, grief and a desire to protect are natural and

⁴ These same temptations can occur for other long-term helpers as well. If you are involved with a person over an extended period of time, you might also struggle with anger, emotional hovering and apathy.

good. They become problems though when they are untethered from confidence in your sovereign Father. Whenever possible, confess this. Confess that you want to take control because you are afraid for the person you love and you are not quite sure that the Lord is near and hears and will help.

Then you have hard work in front of you. How should you respond to the inept and hurtful comments that other people make to your loved one? How can you *not* hover and take more control when a loved one wants to be treated as mature and capable, but has little capacity to make wise choices? What do you do when a loved one needs help but does not want it? These are hard questions that have no definitive answers. Your path, therefore, is clear. You call out to the Lord in your weakness, you seek the help of others, and you treat the struggling person as you would treat other people that you love. When you don't know how best to love, tell the person of your desire to love well and ask for direction on how you can do that.

Apathy. There is one other kind of unhelpful reaction that is worth monitoring. Anger and fear appear first; apathy comes later. Apathy is *no* reaction. It indicates that you have distanced yourself from the other person, and it, too, reveals that you have lost sight of Jesus.

When families first receive information about a psychiatric diagnosis they are usually mobilized. They can be shocked, depending on the nature of the problem, but they are usually eager to do something to help. When their help is not immediately fruitful, they can brilliantly persevere. But if the problem is chronic and there is no apparent response, then they might gradually fatigue. None of us naturally persevere when our service seems useless.

I see it when I am in a room with family, friends and the struggling person. Everyone is talking, but no one looks toward the struggler. The person's name might come up but people act as though the person is not present. There is a difference between comfortable inclusion and apathy. Families that include might not be looking for responses from the struggler, but they lovingly pursue.

“Do you want something to drink? I have to go to the kitchen.”

“Come and join us. This used to be your favorite movie.”

Families that have given up are moving on and leaving the person behind. As with anger and fear, we can easily understand it, which can make it easy to excuse—but we are citizens of the kingdom of heaven. The Lord has persevered in love with us, and he will empower us to imitate him in our difficult relationships.

One of the few sure things we know about psychiatric problems is that anger, fear and apathy can make them worse. This is the reason why some counselors

will advise that the troubled person live somewhere other than home. As such, we might look for alternative housing, but we have hope that home will be increasingly sanctified so that the entire family is blessed in the midst of the trouble.

Our goal is to anchor all of our help in the person and work of Jesus.

9. Keep Christ and him crucified at the center (1 Cor 2:2; 15:3)

The Apostles Paul and Peter were familiar with all kinds of hardships and never minimized them. Regardless of the cause of the human miseries, they insisted on making connections to Christ and him crucified. Every bit of pastoral advice is linked to their knowledge of Jesus. Here are two examples.

His divine power has given us everything we need for life and godliness through our knowledge of him who called us by his own glory and goodness. (2 Peter 1:3)

Though outwardly we are wasting away, yet inwardly we are being renewed day by day. (2 Cor 4:16)

Our goal then is to anchor all of our help in the person and work of Jesus. This means that every bit of our pastoral advice to those struggling with suffering, guilt, shame, fear and anger is to be filled with the encouragement and help that comes from knowing Jesus.

So suffering from broken bodies cannot restrain Christians from spiritual growth and even fruitfulness. Fruitfulness comes as we abide in Jesus (John 15:5). And the one suffering from broken relationships is met by the One who was betrayed and now comforts.

Guilt and shame from past and present sins can be spoken before God, in whom we find unlimited patience and a commitment to persuade us of forgiveness and full acceptance as we simply express our need for Jesus.

Our words to fearful people are not a series of action steps. Instead, our words emanate from the cross of Christ. The only thing that could separate us from God was our sin, but that separation has been bridged once and for all in Jesus' sacrificial death. Now the Lord is near, and his promises are certain. If he died for us, we can be sure that he cares about the difficult details of everyday life.

And anger is no longer about redirecting our frustrations or counting to one hundred. Anger usually means that we are our own god, at least temporarily. Rather than humbly submit to the will of our Father, we act on our renegade desires and trample anyone foolish enough to get in our way. The treatment for

anger is to submit to the risen Jesus as Lord. There might be all kinds of practical applications that follow, such as counting to one hundred, but they are all motivated by Christ and him crucified.

When you read Scripture, the Lord Jesus is not mentioned in every sentence. But there is always a connection between Christ and the wisdom we need for everyday life. We, too, always want to make those connections.

10. Ask for help

Finally, ask for help when you need it. This is an application of humility. We know—and admit—that we do not know everything about how to help the person in need. That means you do not have to try and handle a situation that calls for a response that you cannot give. Be aware of your own limitations. Don't take on more responsibility than you are able. Know that it is okay to ask for help, and humbly do it. Here are three ways to get help.

First, ask a more experienced person for help. If the person you are trying to help sees a doctor or counselor, perhaps you could go to an appointment. Even listening to what is being said will be helpful.

Second, ask for help when a depressed person is talking about death—and most depressed people are certainly thinking about death and suicide. Even helpers with experience prefer to have help here. These helpers will suggest other questions to ask and aim for a course that does not overreact or underreact.

Third, ask for help on how to show wise love when you don't know what path to take. Some problems identified as psychiatric have a predictable course. For example, some depressed people will have similar responses tomorrow as today. But others can be volatile and unpredictable, which means that the expression of wise love must be quick to adapt. With this in mind, we are always looking for those who have had experience with this kind of problem. This help can come from experienced friends, pastors, internet groups for family members who have a loved one with a particular struggle, and the simple question to the struggling person, "What would be most helpful for you?"

Ordinary People Can Help

Perhaps all this leaves you feeling overwhelmed. Certainly moving toward others who are not like you will bring challenges and will stretch you in new ways. Nevertheless, God calls us to help other people who we do not fully understand. He also equips us to do it.

Remember, a wise and helpful love for those with psychiatric problems emerges from a combination of confidence and humility. We can be confident

that we have everything we need for life and godliness in the knowledge of Jesus. Without this confidence, we would never take the first step toward another person. Yet this confidence is coupled with humility that sometimes feels needy and overwhelmed. These are not bad feelings to have if they lead us to cry out to the Lord for wisdom (James 1:5). So go humbly to your Father and ask for help. Ask for help from the larger community as you set out to carefully and purposefully know and love another human being. Together, God and his people will equip you with many ways to be inviting and loving to a struggling person.