Do we have to hide our pain?
A dialogue between therapy and faith with therapist Hillary McBride

Ben Tapper:
Welcome to the Center for Congregations podcast. This is a conversation for clergy and lay leaders or anyone invested in sustaining and strengthening their faith communities. During this conversation you'll learn from experts about topics that matter to you, discover great resources that you can use, and hear encouraging stories about the work of Indiana congregations.

Matt Burke:
The Center for Congregations is an Indiana nonprofit and we're here because we believe that your work, the work of your congregation is absolutely essential to your community. Your congregation has a unique mission and vision and you've also got some amazing creativity. And when you can take the creativity and couple that with expert information and resources, really great things can happen.

We're able to do our work because of the generosity of the Lilly Endowment. Because of their funding, all of our work is a free gift to congregations. My name is Matt Burke. I'm the Education Director and the Northeast Director for the Center for Congregations in the Fort Wayne office.

Ben Tapper:
And I'm Ben Tapper. I am an Associate for Resource Consulting at our Indianapolis office.

Matt Burke:
For this week's conversation we're joined by Kate White out of our Indianapolis office and Kate is the Associate Director for Resources. Welcome Kate.

Kate White:
Thanks for having me Matt.

Matt Burke:
Yeah. Thanks for being here. So before we get to our interview with Dr. Hillary McBride, we'd like to share with you a little bit of what we're hearing from congregations around the state of Indiana about mental health.

Ben Tapper:
One of the things that I'm aware on as I reflect on my time working in a congregation is the distinction between mental health that impacts adults and mental health that impacts children and teens. And I make that distinction because I think a lot of times when we talk about mental health we are keenly

aware of how it's playing out among our adult congregants but we often forget that it can show up in children as young as two, probably even younger than that. And so I recall my time in a congregation just noticing different mental health issues that were taking place in family systems, especially in the children and the teenagers. And so that's one of the reasons I think this conversation is really, really important.

Matt Burke:
Yeah. And we've even heard from some of our presenters recently talking about the higher incidents of anxiety and depression in millennials and younger generations. And one of the things Hillary is going to speak to in the interview is just about how mental health is a topic that is increasingly showing up in a lot of different conversations. Kate, what about you?

Kate White:
Yeah. I'm hearing about mental health on a variety of different levels within congregational life, certainly with youth and children. We have concerned parents and their kids are at home due to the pandemic. How are they dealing with all of these shifts related to their schooling? Not being able to see their friends? So we have heard quite a bit about that. But we're also hearing about clergy and some of the complex grief that they're dealing with as they have congregants that are in the hospital and they're no longer able to do pastoral care in person. So they are supporting grieving families as well as trying to address their own grief with this pandemic. So we're seeing a complexity of griefs with pastors as well as other clergy members, but then also the congregants themselves who are now stuck in their homes, perhaps fearful of some of the health outcomes. And so we're all just needing a little bit more support on the mental health side.

Matt Burke:
Yeah. That's one of the things that I've been hearing from some mental health professionals that I know is that while we're all dealing with the pandemic and all the issues surrounding that, that there will be a downstream mental health crisis that's going to be cropping up because of everyone dealing with a difference in circumstances, illnesses and all those kinds of things. So definitely this is a topic I think should be taken seriously. And one of the things about that for me, not necessarily what I've heard from congregations but what I've experienced, I grew up not really understanding how scientifically based counseling and mental health practices were. We have these caricatures in media about Freud and somebody laying on the couch and tell me about your mother. That kind of caricature that we see. But understanding that it is scientific, it is peer reviewed and there's a lot of data and research that goes into it. So this is not something necessarily to be taken lightly. It's not just about feelings, it's not just about people talking about their experiences, but understanding those experiences and understanding how to integrate those into who they are and arriving at health through that.

And it's also about community. One of the things as someone who has taken advantage of Celebrate Recovery ... For several years I was a part of Celebrate Recovery. And hearing people at Celebrate Recovery talk about, I attend such and such church on Sunday, but this really is my community, this is my church. And the understanding that mental health and mental wellness has a lot to do with community and involvement with one another and being real and genuine about issues and about problems that you're having. And there are just some circles where we still have a stigma that mental health is something to not really talk about or the only thing you really need to do is just read your bible and pray more and it's going to fix things. And I'm not at all against of course reading scripture and prayer in different faith traditions, but just as physical health, you're going to go to a doctor to see a

professional about something, the same is true for mental health. So those are some ways that my views and thoughts have changed over the years about this.

Ben Tapper:
Two things I loved that. One, I loved the Freudian accent you attempted. I thought that was just brilliant. Secondly though, I also love that you named the connection to community. It's so easy when we're talking about mental health to feel siloed and to feel like even if you do acknowledge it that it's a burden you have to bear yourself. But to your point, and Dr. McBride's going to talk about this as well, so much of our mental wellness and mental health has to do with how connected and how interconnected we are within our communities. And so even if right now you're not aware of any sort of mental health crisis that you're dealing with or your mental health feels fine, just know that we're all being affected each and every day. Even if there weren't a pandemic or civil unrest or any of that going, our mental health is still don't to be monitored, something that is affected and pulled from or poured into based upon our life circumstances and all that is influenced by our community and the people that we're in relationship with.

Kate White:
Yeah. Thanks for that. Matt, I really resonated with what you said. I've heard over and over, God did not create us to be alone. And so our faith communities support us in ways that we've perhaps took for granted. That hug on Sunday or when you see people in outside activities. I'm involved in my choir and I can no longer do that activity. But then also being in those communities, I'm aware that there are a lot of disparities of what's happened in different communities. Ben mentioned the civil unrest but I'm also seeing the health disparities that are occurring in these non-dominant communities where they are not receiving the healthcare and they are not able to receive that mental healthcare and there is existing stigma around mental health. So I think there are just a variety of needs right now that the church in the past or a synagogue, they have met those needs. But now we're forced to find new ways to meet those needs not only in the faith sphere, but also in the mental health.

Ben Tapper:
So all of these things together illustrate the importance of this conversation and why we wanted to have someone like Dr. McBride on this podcast. And so we hope that you get as much out of this as we got out of the interview itself and that you're able to walk away from this interview with something that you can take back to your communities.

Matt Burke:
In this episode we interviewed Dr. Hillary McBride. She's a therapist, researcher, speaker and writer. She holds a PhD in counseling from the University of British Columbia and is a registered clinical counselor in good standing with The British Columbia Association of Clinical Counselors. Here's our interview with Hillary McBride.

So Hillary, it feels like we're hearing more about mental health in congregations now or at least in Indiana. In your opinion, is it that mental health issues are increasing or is just that awareness in general is growing in our society?

Dr. Hillary McBride:
Well, I would say that given the current stressors in our client that there may be some emergence of mental health issues that didn't exist before. So there might be a slight uptick in how many people meet diagnostic criteria. But I think that for the most part, just across what's happening in changing the

discourse around mental health, we're just talking about it more but there aren't necessarily more mental health issues than there was in the last 10 years or maybe even 20 years. But there seems to be less stigma. There seems to be more people who are in the media talking about access to therapy, more people who are considering the way that spirituality and mental intersect and that's giving us room to name some of the things that were always going on that people felt like they had to shove aside in order to be good parishioners or good Christians or whatnot.

Matt Burke:
So what do you think congregations can do better to better prepare themselves, to listen well and to understand what's happening in the mental health world?

Dr. Hillary McBride:
Yeah. I think that admitting ... Well, a few things primarily. But admitting that mental health exists and that it doesn't necessarily put us in conflict with how much we are loved by God or how faithful we are. I think changing some of our paradigms and some of the outdated beliefs that we have around what fear or anxiety or depression means about our faith, but when we change those paradigms it gives us room to talk about things without feeling like we're going to be judged or called into question by others. But I think we need to see churches as communities. While we do that in one context and we assume that church is kind of family and this place where everybody goes to heal, we also need to see the other function of community, which is that when we're trying really hard to belong as part of a community, we have a tendency as humans ... Excuse me. We have a tendency as humans to want to shove down or hide some of the things that we think might jeopardize our belonging. And so in communities where there has been a narrative that if you are depressed or have an eating disorder or have an addiction, that means that you don't love God or aren't faithful or don't trust God, that means that people are likely to experience that community as a place that yes, creates some belonging but a kind of conditional or judgmental belonging.

So when we examine our beliefs, what that means is that we can allow people to enter into spaces feeling themselves, feeling free to name what's going. And ultimately, that's really the only place or the way that healing can happen. We can't heal thing that we don't admit are going on or that we are hiding from the very people that we need to love and accept us in the middle of what's happening.

Matt Burke:
So I'm interested based on some of your response, in the idea that mental health can sometimes seem at odds with faith. In your journey of education and the practice of counseling and therapy, have there been times where it seemed like mental health has been at odds with the faith that you were raised in? And if so, how did you navigate that landscape?

Dr. Hillary McBride:
Yeah. You mean more personally Matt?

Matt Burke:
Yeah. More personally for you.

Dr. Hillary McBride:
For me, I grew up in a home where there was, I would say, really strong participation in the Christian faith that translated beyond Sunday into kind of our daily lives. And yet, even in the midst of that I experienced really acute mental health issues. Around 14 I started experiencing an eating disorder and

the accompanying depression, anxiety and what became OCD as well. And then later I had a brief psychotic episode because my body weight was so low that my brain really wasn't functioning very well. But in and out of treatment it felt like there was an opportunity to use faith as a resource and yet whenever I was in my faith community one of the stories was, how can you keep doing what you're doing and still call yourself a Christian? And so the idea that was communicated to me actually from within the church is that what you're struggling with isn't congruent with your belief system. And yet in treatment what I was told is, your belief in something bigger, your ability to reach into the well of all of love, to the source of love, and to your creator, that is a resource that's going to help you get through uncertainty and challenge. But it felt to me like in my faith community I had to clean up my mental health issues in order to have my faith be seen as something sincere and devout.

And so for me it really helped for a little while, and this sounds really problematic on the surface and I wish it was different, but it really helped to not let people in my faith community know how much I was struggling and to have the people who were qualified professionals really support me through that journey because I was often told to pray harder or to have more faith or to read my bible more. And yet, I don't believe that the origin or mental health issues is that you don't have faith or that you don't read your bible enough. And so it seems like some of the strategies that were offered to me as panaceas actually really had nothing to do with the origin of my suffering. And so for me getting myself a little of space from a community where I felt judged and shamed, not my parents and not some people who are close to me but just kind of more of the broader faith community and church that I was a part of, meant that I could talk about my issues with the people who were qualified to support me.

Where I feel pain around that retrospectively is I wish that my community would have been a place where I could have grieved and lamented and drawn support and yet for me based on some of the outdated ideas and what I would say I like people's wishful or kind of well-meaning responses, it really felt silencing and it felt like my mental health issues had to go underground in that community and keep me disconnected from them more than I wish. So for me getting some space from people and also really understanding the etiology of mental health issues. Why do diagnoses of what we consider to be mental illness, why do they develop and what's going on and how do spirituality or community factors act as an antecedent to distress sometimes? But also as a resource for healing, getting that information made me feel a lot more equipped to enter into spaces and talk about mental health issues from an informed perspective. But it really did feel like I had to go away or my pain had to go away to belong. And I don't believe that and I don't experience that anymore but that was what it was like when I was at the height of the acuity of my mental illness.

Matt Burke:
Thank you for sharing that story and that personal anecdote Hillary. That's really powerful. I've gone through my own set of trauma and found that the response of my own faith communities have been disappointing at times as well. And yet I also know that sometimes even well-meaning leaders just don't often have the language or tools necessary to know how to offer me support even if they really want to. And so can you talk a little bit about helpful ways that leaders, especially people that are leaders in faith communities, can offer support to those that are wrestling with their own mental struggles, conflicts or seeking to improve their mental well-being?

Dr. Hillary McBride:
Yeah. Absolutely. Again, it really depends on the person because there are some diagnoses where people really need lots and lots and lots of social support and other diagnoses where people feel like perhaps that would feel like they were being surveyed or observed. And what I like to think about is

taking a phenomenological approach like with any disability instead of assuming, oh, I know what you need because you're in a wheel chair or I know what you need because you have whatever condition. Asking a person, helping them have a voice around what effective support looks like for them is a really important way to give power back and to not be paternalistic or patronizing and assume that because we are a leader of a faith community that we know what is best for everybody. But rather that we can be the bridge in between their suffering and connection. And so asking questions is just a really good place to start. Listening and listening well. Listening patiently and thoughtfully without trying to make a person's suffering go away is really important. In fact, some of the research that we have around one of the main factors in moving people out of mental health issues is warm loving non-judgemental presence from attuned others. So even rates of things that we think are fairly stable like psychiatric disorders such as schizophrenia or psychosis.

When people come out of treatment and they're returned to a warm family or community environment, they actually fare way better than if people are cold. They're actually less likely to have a resurgence of symptoms if they're coming back to a warm loving environment. So what we mean by that is that we're attentive, that we're listening, that we're empathic, that we're asking good questions, that we're treating a person for their full humanity instead of just seeing them as their symptoms or disorder. But then I would say specifically one of the things that I really, really value in faith leaders who I think are doing a good job is knowing their limits of competence. So knowing when it's not appropriate to give trauma therapy. Actually, when it's not appropriate to be doing counseling or when you're outside of your area of training or competence. I really, really respect that because it means that what you are doing for people is within your skillset and you're going to do it so, so, so well. I think it builds trust with people.

And between healthcare providers and resources but one of the things that's really scary that we got to watch out for is faith leaders who don't have clinical training in providing mental health support doing that outside of their scope of practice and in that way perhaps retraumatizing or creating trauma for people or having a person access their distress without being able to then contain, ground and resource the person and help them move through it. So just knowing what your limit is. And then I would say making referrals. So for leaders to know, where can I send my parishioners? Where can I send my congregants? Where can I direct them for people who do have competency? And working in tandem as a trauma specialist, one of the things I do lots is consult with faith leaders and I support them to do their job. And maybe when there is permission from the client or the patient, even consulting with them and saying, "Hey let's get together in the room the three of us, me as the psychologist, you as the patient and you as the pastor, and let's come up with a plan together about what is best for you." Letting the person have a voice in their treatment.

But I think that yeah, being ... This sounds really [inaudible 00:19:00] an over simplification but being a really skilled just loving human who knows how to listen and ask empathic questions can take a person so, so far in terms of their progress, recovery or just their ability to maintain their quality of life.

Matt Burke:
Are you aware of any resources that congregations can get ahold of that helps them understand that line of when this is something that I am equipped to handle and it's appropriate for me to handle, or when it's needs to be handed off to a professional?

Dr. Hillary McBride:
I'm not actually aware of any off the top of my head. It seems like from one of the documents you shared earlier in the presentation that you might actually know some things. I'm not aware of those but usually what I say is consult, consult, consult. And that's the case even with clinicians. That there are some people who walk in the door and I have to ask myself, do I have training in this? Do I know what evidence-based practices? Do I know what gold standard intervention and treatments are? And if I don't know something and can't site literature that was published within the last five years about the most efficacious form of treatment for this presenting issue, I won't treat it or I'll get supervision. So just asking yourself, do I have training? Have I gotten training that qualifies me or certifies me to do this? What specifically am I working with or can I talk to somebody who knows and I can ask these questions? And you can do that without breaking confidentiality for someone.

Ben Tapper:
Great. Thank you. I'm curious, from your perspective, a lot of times we focus on challenges that we have in terms of deficiencies of lack. And one of the things that the Center for Congregations likes to highlight is the idea that we have a lot of positive assets at our disposal and we believe every congregation has a lot of really solid assets. So what kinds of things that congregations already have as assets can they bring to bear that translate well into assisting others with personal well-being?

Dr. Hillary McBride:
Yeah. Absolutely. I think that the practice of meeting together is a really important part of decreasing isolation. So we know that loneliness and isolation in and of itself is more likely to not only predict mental health issues but also worsen the existing ones. And so something within the culture of church communities which says, we just meet together regularly means that somebody is ... Particularly for those who struggle with behavioral activation, they're getting out of bed in the morning. They're getting dressed. They're trying to make it somewhere on time and they know that somebody is going to be noticing if they're not there. So even things like community groups where people have ongoing relationships where they're being noticed and their lives are being taken interest in in some way, have a huge, huge, huge impact on mental health. But I would say also spiritual practices. So this is a really funny thing to think about. But what we have been doing as churches for a long time is singing. We have gotten together. We have used our voices. Sometimes if we're not the ... I've heard it said, the frozen chosen, we even move in our seats.

Communities of color are much better at this than mainstream Protestant white congregations. But when we sing we actually activate a specific nerve that moves into our larynx and connects all the way up to our mid brain, the part of our brain that's responsible for emotion, emotion dysregulation, memory formation, sensory processing. It's called the vagus nerve and it's a neurogastric nerve sometimes called CN X, 10th cranial nerve. But this nerve specifically has a branch that moves into our throat and when we sing it actually modulates our experience of specific neurotransmitters that are released in our brain as well as our capacity to experience social connection, see connection to those around us, ask for help. We're more likely to be able to disclose our feelings when that particular branch of our nerve is activated. And it gets activated through singing. So whether we know it or not there's all of this literature that shows that the things that we regularly do like quiet reflection and contemplation is like mindfulness. We've got tons of research about how that's helpful for the brain, but then singing and being together and moving and swaying and all of these little things that we think of as just part of the church tradition, they really, really help our brains fare better when we have stuff going on mental health wise.

Matt Burke:
That's so great to know that practices that are already in place are things that we just need to keep doing and find ways to do well and potentially better. But we already have good things in place to help those who may be struggling.

Ben Tapper:
Yeah actually. Two things. One an anecdote that I think ties into what Hillary spoke about. I visited a church here in Indianapolis. It's a predominantly black congregation. And they were going through worship and it got rowdy, which I was used to. I grew up in the Assemblies of God church. So if people aren't doing laps in the sanctuary or falling out with a tambourine in their hand, it's kind of boring for me. But so people were shouting and getting into worship. And at that time I was reading the book, The Body Keeps the Score. So it was really fresh in my mind. And as I was observing worship it was almost as if I could actually see the trauma that people had held in for so long begin to kind of be processed in the worship experience. And I had never looked at charismatic worship through that lens. But I imagine as you were talking about ... There's the vagus nerve the [inaudible 00:24:24] nerve.

Dr. Hillary McBride:
Vagus nerve, yes.

Ben Tapper:
The vagus nerve that gets touched on. It reminds me that ... Again to your point, a lot of what we already do in congregations is accessing our body and really easy to tap into in terms of processing things that we don't even know we're holding. And so that was just kind of a beautiful anecdote that popped up as you were speaking.

Dr. Hillary McBride:
I'm so glad you shared that. Yeah.

Ben Tapper:
The second thing I thought of though was something that came from your presentation earlier and you were talking about using scripture as a means of comfort and as a means to kind of get ourselves through hard times. But you contrasted a part of the brain that we use to process scripture and our theology with the part of the brain that actually holds and processes our stress and our trauma. And you talked about, which one we need to access first for the other to be effective. Can you touch on that a little bit?

Dr. Hillary McBride:
Yeah so, I think we've done a really good job trying to resource people and say here's proof that God is with you. These are words in our holy scripture that remind you that you're not along. And yet, one of the ways that we have done I think a poor job of that has been asking people to rely on scripture and have that suppress whatever is going on for them mental health wise. So one of the things that I've heard for people who have done kind of an ineffective form of pastoral counseling is sometimes pastors who are meaning well have said things like, "Well just memorize this scripture and then always come back to it if you're ever afraid." And what they're doing at times without knowing it is creating a form of obsessive-compulsive disorder which is, if you notice this intrusive thought, engage in this behavior until the obsessive thought goes away. So the fear is, what if someone I love is going to die? Okay and then you memorize or recite whatever scripture is going on.

And if that doesn't necessarily get rid of the emotional response that's coming up physiologically, the person will often engage more and more and more in repeating or reciting that scripture as a way to try to decrease the emotional distress without realizing that the emotional distress might need to be released and then the scripture would actually make more sense and go deeper into kind of their physiology to have more meaning. And because there is this paradigm of they've been told by their faith leader, well you have to do this in order to actually help yourself, there can be a fear and shame that comes up if reciting that scripture isn't working which creates more compulsion around it. And so what we need to do is think about making positive associations with scripture by having our bodies be settled when we take it in. Thinking about perhaps doing a grounding exercise, a settling exercise or doing something that helps us attune to our breath and then really opening ourselves up to read the word of God. And really take in what it says through careful study and interpretation and understanding context and I'm think about all the things that go into reading scripture while I'm understanding how it was written and the time it was written as well.

But when we do that what we can actually do is form a positive association neurologically with scripture in such a way that it invites us into a state of rest. And what that means is when in the future time we're feeling distressed, it acts as what me might even call a transitional object. Where we are reading something in scripture and we're like, "Oh wow. Yeah, last time I read this I really felt close to God. I really felt myself settled." And in that way it acts as kind of a bridge from state to state. But if what we do is we read scripture from a place of I'm feeling scrambled, I'm feeling desperate, I'm feeling like I have to perform being a good Christian, our nervous system is associating reading that scripture with our distress and we're more likely to feel distressed when we read it in the future.

So what I wanted to suggest to clergy and people in faith communities who are leading is we can't necessarily use scripture as a way to get rid of suffering that people have. Not as a way to silence or diminish it. And we see that so beautifully in the way that the Psalms and even in kind of Ecclesiastes some of our writers engage in lament and the distress and hold God's presence and goodness alongside our distress. That just because we are in pain, it doesn't mean that we don't love God or trust God or that God isn't there. And so what I always warn people about is, can we use scriptures as an invitation into our experience and as a doorway to let God to speak into what's happening right now instead of a way to make what's happening right now go away? Does that answer your questions Ben?

Ben Tapper:
It does. I really appreciate the idea of using scripture as a doorway to invite God into where we're at right now. It's a beautiful sentiment and a way to relate to scripture that I don't even think I had considered before so thank you for sharing that.

Dr. Hillary McBride:
You're welcome. Another way of thinking about suffering is that it is the space ... Again, I'm just taking what I said a little bit further. It's the space that opens the door for God's love to come in, not the thing that we have to move away from or close down to get to God. But that God is always here, always saying, I want to be in this with you. This is my personification of divine love. That God is always saying, "There is nothing that keeps me away from you. Not your mental health, not your diagnosis, not even what the church says about your diagnosis or your mental health. But I'm right here and I'm always looking for a way in." And if there's anything that I've learned about my own suffering is that there can be a deeper sense of intimacy with God because there's a kind of desperation in which some of the strategies that we use to kind of shove thing down have to get put on the shelf. And so instead of

thinking about our suffering as the thing that precludes of from God's love and acceptance, we could look at it as a way to experience even more of that.

So what do I see as I'm reading scripture? What do I see about the people who tell the truth about their pain? And what do they offer me in terms of insight or strategy about what I do next? Not necessarily using scripture as a way to bludgeon or shame us out of our mental health issues, but seeing scripture as holding some keys based on other people's lived experiences about what they did when they were hurting. And almost always it is, "God, I'm in distress. What is happening here?" Not necessarily covering it up and shoving it down.

Ben Tapper:
It's such a powerful statement. I think it's really easy for those of us with mental illnesses or even those that are going through difficult times to look at our situations or the parts of ourselves that we feel are broken and to judge them, to push them away, to think we have to somehow overcome those parts of ourselves to feel normal or to be close to God. So I appreciate the reorientation that you offer and I heard a reminder in there that all of ourselves, every part of us, even the parts we don't understand or the parts that make us feel uncomfortable, all of ourselves have access to God in each and every moment and that's just such a beautiful and grounding reminder so thank you for that.

Dr. Hillary McBride:
I've been thinking a lot about the way that we carry parts inside of us. One of the kinds of therapy that I practice is internal family systems therapy and I've taken a lot from the research about looking at the multiplicity of self. That there is so many parts inside of us. And for those of you or the listeners who are unfamiliar with that, a way of thinking about it would be to say, who you show up to your job as is so different than how you talk to your partner or how you parent or if you're going on a date. You're probably going to show up differently than you show up at the bank. There's a part of ourselves that we use when we are accessing one sphere of life and a part that we use to access another sphere of life. And sometimes those parts carry more pain or more resources than others, but a lot of times the parts of us that carry the most pain have been exiled. This is language from IFS. But the pain parts have been so scary to stay with that we shove them aside. And our parts that try to come in and compensate for that get stronger and stronger and stronger.

We could think of that as maybe even our defenses. So you can look at all sorts of people in your life and maybe even political figures if you wanted and look at how some of the defensive strategies and the kind of earning and striving at times might seem like they're kind of tricking us into believing in some sort of competence, but maybe those are compensations for scared young parts underneath. And you might notice that in yourself as well. But how I want to link this to what we were talking about is how most of us carry parts inside that we wish we could get away from, parts that are wanting to earn love, parts that are unsure if we are worthy of belonging. But instead of attending to those parts of ourselves, we just get really good at doing the performing, improving, and striving and defensiveness to get away from them. And when I think about what Jesus offered us in terms of whatever you do to the least of these you also do to me, I think that applies to every sphere of life, including the people who are on the street corner or the people who our communities or maybe even our congregations have said, no, no, they don't belong.

But I also think about that about the parts of ourselves internally. The parts of ourselves that we have said no, no, no, my vulnerability, my pain, my childhood wounds, those don't get any attention, those need to go away. And I think that Jesus offers us an invitation to reflect on inner healing and mental

health in his statement about the least of these because I think a lot of us have created least of these internally as well. My pain, if I make it go away and I try to cover it up, has been a least of these. And yet Jesus is saying, "No, no, no. That's where I am. And actually, I want to use your pain as an invitation to help you see more of me." That's a way that I kind of link some of those things that we often think about for people outside of us with maybe what's happening inside of us and our own mental health.

Ben Tapper:
Thank you for sharing that. It resonates deeply.

Dr. Hillary McBride:
Thanks Ben.

Ben Tapper:
You gave a presentation today that kind of informed ... We had over 50 faith leaders in attendance and you talked about what it means to not only take care of others as faith leaders in this time of stress and distress, but also what it means to take care of ourselves. And one of the important foundational points that I heard you bring up was the importance of normalizing. So I'm wondering if you could take a moment and go into a little bit more depth about what it means to normalize both as a leader or even as someone who's just walking alongside another person that's going through distress. What does it mean to normalize and maybe even modeling some language for us so that we can get in our minds and hearts on how to practice that?

Dr. Hillary McBride:
Absolutely. We are social creatures and part of our survival as a species is based on our ability to know that we are part of the tribe that we identify with. It's essential to our brain development actually to be part of the community. We know that when people are isolated that their brains actually develop in really ... There's actually less of specific kinds of tissue that get to grow fully when people are in isolation or disconnected and during periods of development. And so what we know is that our brains are wired to be connected. And one of the things that could be scary for us is when we experience something and it seems, even if just in our perception, it puts us on the outside of the community. If for whatever reason we're going through something and we feel like, "Is that not normal? Am I the only one?" And when something feels like it excludes us from belonging or we're the only one who experiences it, then where do we turn for comfort? How do we get through something if we feel like we're the only one who's ever experienced it?

So normalizing is a process of saying to another person with language, you are not alone and you are not broken and this is so human. But really the kind of content or the process piece around it is to say with your language, with your empathic response, I am here with you, I am not judging you, you are not excluded from belonging with me. So some ways of doing normalizing are to say, "Of course you're feeling that way." In fact, if I was to give us one ... I wouldn't call it a panacea, but if I was to give us one thing to keep in our back pocket through all of this stuff with the virus, it's just that our first response would be, "Of course you're feeling that way and thank you for telling me." That we would be seeing each other's humanity in this. That regardless of the response or what a person is saying that our first instinct would always be to say, "Yes, you're so human. You're not outside of belonging with me. We are together in this. It is all human and it is all survivable and we are doing it together."

So of course is a great statement or no wonder you feel that way, or I hear you, that reminds me of what I've been feeling, or I've heard lots of people say that, or that makes a lot of sense to me because of

what was happening or what matters to you. So any of those statements that can kind of sound reassuring without necessarily moving into fixing or trying to make it go away do wonders for our nervous system.

Matt Burke:
It's interesting, that sounds like that dovetails really well with another point you made that you called empathy over bypassing strategies. And so it seems like along with the normalizing, that's another good piece of advice. Can you speak a little to that idea of what bypassing strategies are and how we might avoid those and actually develop empathy to bring healing?

Dr. Hillary McBride:
Yeah. Bypassing strategies are things that we use when we are often uncomfortable with what another person says and they usually feel real good for the person who's saying them and real not so good for the person who's hearing them. So if anyone has been through grief you know what it's like to have someone say ... I mean, gosh, as someone who's done a lot of work in the area of perinatal mental health I'll use this example of a woman who's had a loss, either an early or late term loss or still birth, and people come in and say things like, "Well, at least you know you can get pregnant," would be an example of a bypassing statement. Where we're trying to get away from the pain of what the loss has been like and just rushing right into seeing what you might call the silver lining. And I would say that if we're going to come up with a kind of assumption about how to use silver linings, it's probably my bias that we wouldn't ever do that for other people, but if someone wants to find a silver lining that they do that themselves spontaneously but that we're not trying to rush a person out of their pain.

The irony is that in trying to rush a person out of their pain, it feels like maybe we're offering some comfort, but what we're really saying, the subtext of that is you're not allowed to tell me how you're hurting. And if we're going to be together your hurt needs to go away because it's uncomfortable for me. And what we know is that when we are shoving down our pain to make other people comfortable, we're more likely to engage in defenses that increase our experiences of mental illness. We're more likely feel like there's shame about what's going on. We're more likely to engage in strategies to numb or avoid. And we're probably going to be less likely to talk to that person again about our pain in a way that may make us feel isolated. So to do something different than that would be to name the emotion that the person is experiencing. And that's empathy. Really, if we're to think about empathy, it's getting into the other person's inner world, exploring their inner landscape as if you're inside it, but without really getting into it to the point where you're eclipsed by their own pain. That kind of model of empathy comes from Carl Rodgers who's one of our thought leaders in the field of psychotherapy.

But he says we want to explore a person's inner world as if we're inside it without ever forgetting the as if quality to it. And that means naming an emotion that a person uses. So for example if someone says, "I'm feeling so anxious about everything that's happening. I feel totally overwhelmed. Who is this going to hurt? How is this going to hurt me? I can't stop thinking about the future.", instead of saying something like, "Well, just be grateful you didn't lose your job.", we could say to someone, "I can hear how anxious you are. That sounds overwhelming. It sounds like you're spending so much time thinking about the future and I can tell from what you're saying that that has been so consuming and hard for you." Another way of saying it is reflecting in a heartfelt and attuned way back to the person what you heard them say, and really understanding ... I mean, this is what I tell my students when I'm teaching basic and advanced counseling skills, but empathy usually has two components two it. It's I know what you're feeling and I know why you're feeling it. And I'm listening for those two pieces.

I hear your anxious and I hear it's because of these things. And so it can feel kind of rote, but if we're new to empathy, a formula is wow, you're feeling blank, whatever the emotion word is, because, and then whatever you heard the person say. And ideally what we're doing is we're moving beyond that point to say, "Ooh, that's heavy. Yeah, I can feel how hard that is for you." But if we're stuck or we just need to start changing our thinking that shapes how we listen, we can think about that formula. What is the feeling that's going on for the person? Can I stay in that with them? The trick with empathy is it's super hard to empathize with someone else if we don't know how to stay with that feeling ourselves. Because what I'm asking you to do is be in the emotion with the other person. And I think that's part of what's happening around some of the tension we're feeling around justice issues is that as people are naming their suffering and naming their pain in a way that they're not having to silence themselves anymore, for people who are listening to that, they're realizing oh shoot, I don't know how to feel anger myself, or I was never allowed and so I'm trying to make somebody else's anger go away because I just don't know how to stay with it.

But what happens when we shove another person's feelings down is it doesn't actually allow the healing cycle to complete. There needs to be space and room for us to name what's been painful for us. So I think working on our own feelings and our own capacity to feel and understanding our barriers to that is an essential step for building empathy with others.

Matt Burke:
Yeah, I have a colleague who works also as a chaplain at a local health organization, and I remember vividly him talking about, as he's talking with people who'd just gotten hard news or something difficult has happened, he talked about how we often say, "Yeah, that's difficult, but…" And he said, no, you need to stop and just stay in the “that's really difficult, that's really hard, and I'm sorry."

Dr. Hillary McBride:
Yeah, exactly. Noticing how we qualify things and try to get away from them, even those, like you're saying Matt, those little linguistic tools like well. I mean, if we hear ourselves saying, "Well, at least," back up. If we hear ourselves saying, "But," that's a time to really pause and ask ourselves what happened for me in that moment right before I said that? And did I actually feel like I was drowning, and I was going to get trapped in their fear? Well, maybe that's about me and not about them.

Matt Burke :
To your point, I think one of the reasons it's hard for us to, as you called it, hold the good and the hard for people is because we don't do that with ourselves.

Dr. Hillary McBride:
Yeah, you're so right.

Matt Burke:
You had a quote that I loved so much I had to write it down. It was that it's really hard to heal something if we don't acknowledge that it exists. I just think about how many times I move throughout my day either blissfully or intentionally unaware that a part of me is in existence that needs healing and needs my attention. And I imagine that as faith leaders or as people that walk alongside others that are suffering, we do the same. I'm wondering if you can talk about why it's important to be aware of what is happening within us so that we can heal? And tie that into what it means to hold space for other people as well.

Dr. Hillary McBride:
Yeah. I think it's kind of implicit in what you're saying is that we can't heal if we're not paying attention to what's going on and it's essential for us to be listening to the messages that our bodies are giving us. As much as we think that we are really cerebral beings, and yes our thinking is an important part of our life, most of us don't know that our brains have developed as organs to protect our bodies. And that's a particular worldview that is influenced by looking at evolutionary biology and evolutionary bio-psychology. So some people might not be familiar with that worldview or might not agree with that with me, but in terms of my paradigm what I'm seeing in the neuro-scientific literature is that we were bodies and nervous systems before we were thinking beings. And we see that in how we react as well, that when we react, the things that have been most recent adaptations to our species as humans are actually the first things to go when we're in distress. And so our thinking, as much as we hold it in primacy that the way to be human is to be rational beings, all it takes is someone seeing their toddler flip their dinner plate over or seeing someone in traffic cut you off to realize well, our rationality really goes out the window as soon as our emotions take control.

And emotions are part of our survival. They are messages that our bodies are communicating both to our inner awareness and to our community around us to say hey, there's st specific going on here that I'd like for you to pay attention to. And if we think about emotions as being for us and for our communities, sadness is a really good example of that. But when we experience sadness, there's often a pulling down sensation in our bodies. We kind of get lower in our chairs. Our face often comes down. We might even feel some tears coming to our eyes. Our voice, our quality of our speech changes a little bit. And that tells us, hey, there's been a loss here. But if you have been in the presence of someone that you love and are connected to and they're doing that, you know right away that there's this instinct that rises up in you that wants to move towards them and go ... To provide some comfort to say you're not alone, and get close. Like what do we say when we hear someone's voice ... Even now as we're social distancing, we hear someone's sadness or we see it online and we think, "I just wish I could be there with you to give you a hug."

But emotion, let's just take even, again as I'm talking about it, sadness as an example. Signals to our tribe, hey, I'm carrying pain. And when we are tuned into our emotional response, it has wired us to want to move close to that person to provide comfort and affection. When we are not paying attention to our bodies, we miss those cues. Or when we have learned that our bodies can't be trusted or are in some ways the site where sin and pain and suffering happens, we find ways to get away from our bodies that then diminishes our ability to notice the cues that tell us, hey, you're scared right now, it's time to get some comfort, or hey, you're feeling excited, it's time to share this good news with someone, or hey, there's anger here, you need to set a boundary because that was not okay what happened.

So I think a lot of this relates back to the stories we tell ourselves about our bodies. As someone who's spent an extensive amount of time researching the mind-body connection and also looking about how that is influenced or how that has influenced our understanding scripture, particularly partly in use of sarx and soma, body versus flesh in the new testament. We really see that our bodies have been demonized and have been this place where we feel like we can't trust or listen to the messages. Which I would argue is a political and sociocultural message where some people benefit more than others from that and it's been used to really shame certain people groups. But when we are paying attention to our bodies and seeing these messages of emotion, what we don't realize at first blush is that that is a way that we can respond to and connect to our communities better. And it allows us to really respond with health to the pain and suffering of those around us. One of the scriptures that I'm sure many of us are

familiar with is this idea of weeping with those who weep and maybe even rejoicing with those who rejoice. And we can't do that if we don't give ourselves permission to weep or rejoice.

Matt Burke:
And I imagine ... Correct me if I'm wrong. But even if some of our listeners don't necessarily ascribe to that same scientific or biological paradigm, we can kind of just look at the development of our children. Like as children learn and grow the first thing to develop is their sense of their body and that deep, emotive place. Our rational brains don't develop until we're what, in our 20s or 30s at best? And so regardless of your scientific worldview, if you just look at a child it kind of backs up a lot of what you're talking about. I think that's helpful.

Dr. Hillary McBride:
Right. Well said.

Matt Burke):
And let's do this Hillary, I'm going to ask you where people can find your work if you want to include some things there.

Dr. Hillary McBride:
Yeah. People who want to find my work, you can check out my website, hillarylmcbride.com. And also on Instagram, hillaryliannamcbride and on Twitter, hillarylmcbride. I've got a couple podcasts that are out. One, I'm a host of The Liturgists podcast. You can check us out. We've got lots of social media and lots of episodes coming out on the regular these days. And then also my own podcast with CBC is called Other People's Problems, where if you're wanting to get a chance to listen to what therapy sounds like or how I work with my patients, you can listen to that where I have with client consent got permission to record the sessions that I'm doing with people for their own mental health. Also just problem solving and daily life stuff as well. I think that we think that therapy is only for people who have a mental illness or a diagnosis, but therapy is actually just a way to be accompanied through the ups and downs of life and to undo some of the aloneness that we feel when we are in pain. So you can find me at Other People's Problems too.

And I've got a couple books out and a new one coming out February 2021 all about embodiment, and all this stuff that we're talking about here, about the body and what it means for us to change, the story we tell about our bodies.

Matt Burke:
I hope by the time we have this ready it's available for pre-order because we'll be able to point people to it.

Dr. Hillary McBride:
Thanks so much Matt.

Ben Tapper:
One final question that popped into my head, and if you don't have an answer that's fine.

Dr. Hillary McBride:
Okay.

Ben Tapper:
I'm wondering if there's one nugget that you could give from your heart to faith leaders at this time, what would that nugget of advice or pearl of wisdom be for those that are leading people amidst this time of stress and turmoil?

Dr. Hillary McBride:
Yeah. And maybe I'll just speak directly to them. I want for you to know that you are not alone. That you were never meant to do any of this by yourself or on your own strength. And you can rely on both your sense of being part of this beautiful tradition of people who have gone before you who hold you, and I would say the love of God that lives inside of you and pours out of you. So if there's anything you need to do in this moment, my encouragement would be just that you take a breath and relax into knowing that you do not have to carry any of this on your own and that it is okay to be tired and it is okay to be full of joy and to feel all of those things at the same time and to know that you are held and loved and not alone.

Ben Tapper:
Thank you Hillary.

Dr. Hillary McBride:
You're so welcome. What a pleasure to chat with you both.

Ben Tapper:
If you enjoyed listening to Dr. McBride today, you can find out more about Hillary at hillarylmcbride.com. You can hear more from her as one of the co-hosts of The Liturgists podcast or on her counseling practice podcast which is called Other People's Problems. You can also follow her on various social media platforms. On Twitter she's hillarylmcbride. On Instagram she's hillaryliannamcbride. On Facebook she's realhillarymcbride.

So as you may or may not know, one of the primary purposes of the Center for Congregations is to do resource consulting. We think it's important to gather resources so that you don't have to do the hard work of finding the information that's important to you. So in that spirit, during each episode we like to bring you resources or offer resources that tie into the interview we've just had. So today we have resources around mental health. And I believe we've brought several. So why don't we start with you Matt? What do you have to offer us today?

Matt Burke:
The first one I wanted to bring to the table was NAMI, which is the National Alliance on Mental Illness. And this is an organization that seeks to highlight mental illness and resources for mental illness for the public. And some ways to utilize this, they have a website where you can download a lot of free resources like awareness toolkits, worship planning materials, models of ministry, articles and bulletin inserts. So they specifically have some information related to faith communities. And cost varies by service. There are some services that are pay, but there are a lot of resources that are free. But this is just a great opportunity to understand more about the landscape of mental illness from an organization that's dedicated very specifically to that.

Ben Tapper:
Phenomenal. That sounds like it's chock full of good information. Kate, as our Director of Resources, I'm sure you've got some good stuff too today. So what's on your mind?

Kate White:
Yeah. I'm excited about a lot of new resources that have become available due to COVID and other things going on in our world. The first one I have is Spiritual First Aid. They have an easy website, spiritualfirstaidhub.com. It's out of the Humanitarian Disaster Institute, which is based out of Wheaton College. But they merge both spiritual and emotional care by looking at biblical wisdom as well as evidence informed psychology. So if you go to their website, they've got a number of simple tip sheets to manage anxiety and stress, the loss related to COVID-19, how to support those who have experienced intimate partner violence, as well as dealing with technology and how that impacts our mental health. They work with a model called BLESS. They focus on belonging, livelihood, emotional, spiritual, and safety. So this is just a model that you can utilize within your congregation to address those emerging needs. They also have a variety of books and really helpful webinars so I encourage you to check out their website.

Ben Tapper:
Thank you for that. That sounds phenomenal. I brought a couple resources today as well. The first one is called The Healthy Mind. This is a video series by PBS. And I know in the age of Netflix, Hulu, and Disney+, PBS has kind of fallen by the wayside. However, I'll remind you there's still some quality stuff on there. So PBS has this series called Healthy Minds and there's one particular video that I found intriguing. It was the obsessive-compulsive disorder video. And again, this stood out to me because in my former youth group I worked with a teen that had obsessive compulsive disorder and so to see how it affected their life and to walk with them through that was really eye opening to me and I'm sure it's probably a little more common and sometimes even more subtle than a lot of us realize. It's kind of typified in culture by the TV show Monk and it doesn't always show up that extreme. So it's a 30 minute video that kind of breaks down what OCD is, how it might show up, the various ways that it can manifest, and it's just really good information. There might be people in your life that are dealing with undiagnosed obsessive-compulsive disorder and so it's just good to educate ourselves on what that might look like.

Now, I know we were going to go in a different order, but I'm going to call an audible and do a snake draft type thing here so I'm going to go back to back. So the second resource that I brought is ... It's an article that is free just like the PBS video series is free as well. But this article is called What Does It Mean For A Ministry To Be Trauma Informed? And I thought this was important because I think a lot of us assume our ministries or the things we're doing are trauma informed, but there are very specific steps we can take and ways we can be thinking about ministry to ensure that that is actually the case. This is just a simple two page article that walks through what it actually means. I'm going to read a short excerpt so you get an idea of what's in it.

"According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the concept of a trauma informed approach would mean that a program or organization realizes the widespread impact of trauma, recognizes the signs and symptoms of trauma in clients, families, and staff, responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization." There's a lot in there. To learn more about what it means, you can go ahead and check out this resource. We'll post it in the episode description. Kate and Matt, what else did you bring today?

Matt Burke:
Another thing that I'm a big fan of is Mental Health First Aid. And that's mentalhealthfirstaid.org. And it's an organization that really wants to create the opportunity for people to be what they consider mental

health first responders. So just like CPR is a very widespread practice so that someone experiencing a heart attack, a lot of the general public can jump in and help and potentially save that person's life. They do training to help people understand mental health from a first aid standpoint. Not as necessarily a counseling professional, but someone who can at least understand the basics of it and try to help find the right care pathway for someone experiencing mental health. And if you remember one of the things Hillary talked about was clergy leaders and lay leaders knowing how far they can go with a specific person and the ability to stop and understand when you're out of your depth or outside of your expertise and to refer someone on. And this is an organization and a training that can help people understand that.

When does someone just need specific community care or when do they need to be referred to specific professionals for things that they're encountering? So it is a paid service. It is a paid training that you can get certified in. And just a reminder for anyone who's part of an Indiana congregation, we have resource grants that can help pay for trainings like this. But just a really big fan of this. And again, one of their goals is to make mental health first aid as prevalent as CPR training is in our culture.

Kate White:
Yeah. Thanks for that Matt. I've actually worked with a congregation here in Indianapolis that is utilizing one of our grants to work with this Mental Health First Aid and their facilitators are actually from the local affiliate of NAMI. And they've gotten a training booklet that they're going to utilize after this quarantine is over. But some people really stepping into that space to move forward with their mental health efforts.

And to wrap us up, I have a final resource. It is fairly timely related to what's going on with the civil unrest as well as the COVID-19. But it is a webinar on leadership and grief. This came out of the Massachusetts Council of Churches. They invited Dr. Jacqueline Dyer who is from the Gordon Conwell Theological Seminary. She runs the counseling program there. And I was really pleased to see that in this webinar it truly was a forum of clergy people coming together to look at how do we grieve? Particularly as it relates to our black communities, our black brothers and sisters who are seeing death at a much higher rate from COVID-19 as well as dealing with this oppression that they've experienced over the years, as well as what's happening around the country right now related to racial justice. So I encourage you to check it out. It's only 40 minutes long. She's a great expert that takes it from a psychological perspective but also is willing to sit with those pastors with those hard questions of how do we grieve and deal with COVID during this racial injustice? So check that out. You are not alone in some of these questions and we're here to connect you with those resources.

Ben Tapper:
All of that sounds incredibly timely. And Kate, while you're here I'm wondering, as our Director of Resources, for those that are trying to find the right resource for their congregation or for their community or their family but they're overwhelmed by the sheer amount of information out there, do you have any strategies that maybe you found work for you or for others in terms of sifting through information to find what might be more resonant than something else?

Kate White:
That's a great question Ben. I'm smiling a little bit from my office here to say this is what I do all the time and what I encounter all the time. It typically starts with a Google search, however, we've created this great tool called thecrg.org where you can start where I left off. I spend my time researching. I subscribe to a lot of these well-known organizations who fortunately they've mobilized during COVID-19 and to

speak out against some of these racial injustices. So those are all coming to my inbox. I'm really good at scanning information and seeing oh, this is not what I wanted. Or if it's a video, you can jump ahead. I've been fortunate to find a lot of these videos have transcripts or they have the subtitles so sometimes you can fast forward and see are they really talking about something that resonates with me? However, I'd encourage you not to read everything. Don't watch all the webinars. Take it one piece at a time and get what you need and process it, as well as bring it back to your congregation. Like we said, we're meant to live in community and I think you're going to find a much richer use of these resources if you can do a watch party or watch it separately and then come back and discuss how does this resonate in our context?

Or who do we need to talk to if they're on our council or committee to maybe implement some of these trauma informed changes that we want to see and how we can support our people? So I guess my main takeaways are check out thecrg.org. There's also a function where you can just email us your specific query and we'd love to get back to you with your specific information for your need. But then also just take it one piece of information at a time and know that you don't have to consume everything.

Ben Tapper:
Super, super helpful. Thank you Kate.

Kate White:
You're welcome.

Ben Tapper:
Well, we made it to the end of another episode, which I think's kind of a big deal. How do you feel Matt?

Matt Burke:
Good. Really appreciate Hillary. She just has so much to bring to the table. She's another one of these personalities that she understands so much, is so smart, but is able to translate that into usable information and I just really appreciate that about her.

Ben Tapper:
Yeah, I feel the same way. Every time I've listened her, be it on a podcast or in some of our education events, I just feel really grounded and centered and even hopeful after those interactions, and I feel the same way at the end of this interview. And I also feel appreciative at the resources we were able to amass and present. I thought they kind of lined up well with the topic and were good supplemental information for our audience. So hopefully those of you listening feel the same way.

Matt Burke:
Yeah. We just encourage you to check those resources out on the CRG. And remember, The CRG is there not just for mental health resources but all kinds of resources. That's what the center's been doing for 22 years is essentially finding good information that we are then able to share with congregations around Indiana and around the country.

Ben Tapper:
So yes, please check out the CRG. It's chock full of good stuff. Matt, for those that want to connect with us in other ways, how can they do that?

Matt Burke:
Check our website, centerforcongregations.org. And chances are, you're probably listening to this while a lot of people are still staying at home, and we may not be back to brick and mortar education events. So likely our education events are online and those are free for the foreseeable future. So feel free to check those out on our workshops page.

Ben Tapper:
And you can find us on Instagram and Facebook as well at Center for Congregations.

Matt Burke:
We want to think Jaden Lee, who is our podcast producer and also the one who does our sound editing and has created the original music for this. So thanks so much Jaden.

Ben Tapper:
Yes. Thank you a million.

Thank you again for listening to this week's episode of the Center for Congregations podcast. We hope you appreciated the information and that you feel edified. And we look forward to connecting with you in the future. Please leave us a review and a five-star rating on iTunes or wherever you're listening to podcasts. That ensures that other people can find this information as quickly and as efficiently as possible. Thanks again for listening and we hope you all take care of yourselves.