

A smiling woman with dark hair, wearing a brown hat and a bright pink jacket, is the central focus. She has a black backpack strap visible. In the background, a young girl with long brown hair, also in a pink jacket, is looking down. The background is a soft-focus green field.

PSYCHOLOGY FOR  
**Living**

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## A Salute to Mothers

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# A Salute To Mothers

By Dr Clyde Narramore

This month we celebrate Mother's Day. With the buying and receiving of Mother's Day cards, one fact is very obvious: They express many loving and sweet sentiments. And this is as it should be! But as a psychologist, I see beyond the sentimental expressions of a particular day and recognize the long range influence of our mothers. They, along with fathers, largely determine the mental and emotional well-being of all future generations. They are key people in our society. A child who grows up in a home where Christ is honored and where basic emotional needs are adequately met nearly always matures into adulthood as a well adjusted man or woman. But when these basic needs are not met, children usually develop strong feelings of insecurity, hostility, paranoia, withdrawal, manipulation, and/or numerous other negative attitudes. And these feelings tend to persist throughout life, unless, of course, professional counseling is received to help change them.

This month I want to salute all mothers, especially those who are not only dedicated to serving Christ, but who recognize their enormous responsibility, day after day, to feed positive information into the computers of their children's hearts and minds! These mothers are programming their children for productive, Christ-centered lives filled with love and happiness. They are deserving of a hearty salute.

## When Mothers Must Go It Alone

God means for godly parenting to be the joint effort of both a mother and a father. But sometimes one parent is remiss - what then? Many mothers are faced with this dilemma when their husbands are not committed to the Lord. Both the father and grandfather of Josiah had been wicked, evil rulers, so the general public probably expected that Josiah would follow in their decadent footsteps. Fortunately, this did not happen. Josiah was eight years old when he began to reign ... and he did that which was right in the sight of the Lord .... and turned not aside to the right hand or to the left (*II Kings 22: 1 & 2*).

In spite of the fact that Josiah's father and grandfather had set him poor examples, this young man grew up to serve the Lord. Someone must have influenced him for good. Perhaps the Bible gives a clue as to who this person might have been. Couched within the text we read, "And his mother's name was Jedidah ...." The Bible often uses names to communicate something about a person. For example, Eve, the mother of the human race, was given her name because it meant "life-giving." And Sarah, the mother of the Jewish race, bore a name which reflected the riches and blessings which would come through the chosen race. Sarah meant "princess." And Ruth, an ancestor of Jesus Christ remembered for her loyalty to her mother-in-



law, bore a name which meant "friendship." What does the name Jedidah mean? Perhaps its meaning will shed some light on the character of this woman who, without the help of a godly husband, raised Josiah to be a godly man.

Translated from the Hebrew, Jedidah means "beloved." It would appear that the mother of Josiah was the kind of person that others would love. Undoubtedly, she was loving and kind, as well as one who loved and honored God. She obviously shared her faith with her young son, for we are told that Josiah's "heart was tender" and he humbled himself before the Lord (*II Kings 22: 19*). Despite the wickedness of Josiah's father and grandfather, Josiah was able to break away from the pattern they had established and serve the Lord. During his reign, he made extensive changes for the good of the land over which he ruled. What a blessing to have had a mother who could exert a godly influence because she was "beloved!" Today, at a time when so many mothers are raising their children alone, all is not lost. The essential ingredient is to be a loving, kind, understanding parent who also loves God. You will then be a woman whose children will regard you as "beloved" and who will want to follow in your footsteps as you walk with the Lord. †

# Understanding & Preventing Suicide (Part II)

By Bruce Narramore, Ph.D.

In the previous issue of LIVING, we examined why nearly 35,000 people in the United States end their lives each year. Most of them are suffering from feelings of hopelessness, pessimism, lost or broken relationships, and/or feeling disconnected or “missed” by others. Many are also struggling with hurt and angry feelings. Since they do not know how to express their upsetting anger constructively, they keep it in and end up hating and blaming themselves instead of others.

## Your Role When Others are Suicidal

It is frightening to learn that a loved one is considering ending his or her life and most of us feel helpless if we face that situation. But there are important ways we can be helpful. Typically there are two different stages in the helping process. First is the crisis stage. Next comes longer term, lasting help.

In the crisis stage quick actions need to be taken to prevent a potentially imminent suicide. This may include calling a PET team (psychiatric emergency team), hospitalization and medication, and some form of round the clock care or observation. A PET team is a mobile response team that usually consists of a police officer and a licensed mental health professional that can help initiate an involuntary hospitalization in a crisis situation.

*When people are seriously suicidal, they should not be left alone.* In less than five minutes someone can take the irreversible action of ending his or her life. Some kind of professional round the clock supervision is preferable. Our role as friends or family is to see that the person receives that kind of professional supervision. Until that help is available we can sit with them to keep them from harming

**SUICIDE**, continued on page 4 ►



themselves. But as soon as professional help is available we should turn the continual supervision over to the professionals.

When a person is first hospitalized there may be little that friends and family can do. It often takes a few days for the person to be stabilized with medication and crisis intervention. As soon as this is done, however, the patient and his or her therapist will usually make a decision on whether other family members should be involved in the treatment. If the treating professionals and the patient decide that would be helpful, it is crucial for the family to participate. One or more family member is often either the best potential source of support or somehow involved in the patient's distress and pain.

Depending on age and other considerations, therapists and patients often decide it is best not to involve others in the therapy. They conclude the patients need time and space to sort things out on their own. This can be difficult for loved ones who may feel shut out and anxious, thinking "I have a right to know what is going on!" But sometimes suicidal patients are so distraught or confused or angry that they have to first sort some things out before discussing them with family or friends.

Once people are through the crisis phase, they are ready for the next step toward recovery. That usually requires the continuation of some psychotropic medication and ongoing psychotherapy. The medicine alters chemical levels in the brain which impact moods and behavior. The most common class of medicines for serious depression is the anti-depressants. Sometimes an anti-psychotic or anti-anxiety medication is also necessary. Medication alone, however, is rarely sufficient. Suicidal people also need professional psychotherapy to get to the bottom of the problems.

### Finding a Good Therapist

When suicidal patients are Christians, ideally they will be able to see an experienced, licensed Christian therapist who has worked successfully with a number of depressed and suicidal individuals. If you are in a

position to help them find this kind of therapist, here is an important guideline. *Do not recommend a therapist who will try to give them a quick fix, tell them their problem is strictly a spiritual problem, or give them much advice.* Instead, they will need therapists who are wonderful listeners, able to help them gradually explore the roots of their despair. Only when the long-standing sources of their struggles are resolved will they be able to have a full recovery.

### It is Going to Take Time

Sometimes friends and family members of people in therapy

become impatient because they think it is taking too long. But remember, these problems have usually been a lifetime in the making and won't disappear overnight. Deep change takes time.

### Therapy Can Be Upsetting

Don and Janet had another common struggle when their 22-year-old son, Todd, attempted suicide. Several weeks after Todd was stabilized on medications and working with a good psychotherapist, he started becoming more irritable around the house. He began arguing with his dad or walking out of the room. Worse yet, he



told his mother to mind her own business! Since Todd had always been a polite, agreeable child, Don and Janet decided therapy wasn't working. In fact, their son was getting worse!

Fortunately they sought me out and described the situation. It was clear to me that Don was a workaholic with a rather authoritarian way of relating to his young adult son. Janet was an anxious mom who seemed not to want her son to grow up and leave home. After some counseling for herself, Janet realized she was trying to fill many of her own needs for emotional closeness because they weren't being met in relationship with her husband. She poured her life into her son, consoled herself by having "such a good boy who was always so agreeable," and in general discouraged Todd from going through the normal development process of being able to say no (like all normal two-year-olds) or developing close friendships outside the family, or putting any kind of emotional distance between himself and his emotionally needy mother.

No wonder that during therapy, 22-year-old Todd was starting to stand up to his parents. He had to if he was going to outgrow his dependency and inability to pay attention to his own needs so that he could find his own way in life. As Don and Janet saw what was going on in their family they were both able to give Todd the space and time he needed and Todd came along well in therapy. I never spoke with Todd, so I don't know just what caused his suicide attempt but it followed a break up with his girlfriend and apparently the pain of that was greatly intensified because he was so dependent on his mom and lacked confidence because he hadn't been given ample opportunities and support to grow up and become a confident and emotionally strong young adult by either his mom or dad.

Many families of depressed people have struggles like Don and Janet. When someone who has previously been pleasant and cooperative starts expressing negative feelings it can upset the entire family system. Even though we don't want the person to suffer depression, the fact is, sometimes we prefer their pleasant, cooperative self to this newly evolving, more honest and direct style! If you have

friends or family members going through therapy, in this situation try your best to understand that they are in the process of overcoming a long-standing pattern of avoiding conflict and pain. They will need a good bit of emotional and spiritual growth to develop the ability to express their needs or feelings in a responsible, honest, but non-attacking way. Along that path they may periodically overreact or strike out in anger as they strive to find themselves and break out of their dependency or enmeshed relationships. This process may be difficult but it will reap rich rewards for them and for you in the long run.

### **Be Helpful—But Not Too Much!**

Christians are encouraged to "bear one another's burdens", and of all people, suicidal individuals are bearing some of the heaviest burdens. As friends or family members we need to be ready and willing to help. But that is easier said than done. People with suicidal feelings often want to be left alone and they push others away in the process. Here are several ways of thinking about your role as a friend or family member at these times.

Be available, but non-intrusive. Let them know you care but don't be anxious around them. Let them know you love them but don't smother them.

And don't be too helpful! It's important to offer to help while also respecting their desires for solitude and the depth of their painful feelings. Consider saying, for example,

***"I am so sorry you are going through such a difficult time (or feeling so terribly, etc.)."***

***"Is there anything I can do to help?"***

Most likely, seriously depressed people will reply "No." If they do, you can say, "If a time comes when I can, please let me know. If you need me to give you some space and not talk about how you are feeling, I am happy to do that. Or if you want to tell me something I have said or done

that has been difficult for you, please feel free to tell me. I promise not to make any excuses. I will just listen and try to understand. I want to respect your privacy but also be available to help if I can."

If appropriate, let them know you are praying for them but don't give pat spiritual answers and don't pray *at* them. Instead of saying "I know God will work this out." try something like, "It must be hard to know where God is in all of this." It is a paradox that for many depressed Christians, quoting Scripture, even potentially comforting passages, doesn't help. That's because depressed people have trouble letting in passages on God's love and care while they take passages on sinfulness and judgment personally and end up feeling even more guilty. They need us to embody Christ's love and patience and forgiveness through our sensitive relationship instead of through quoting them a Scripture or giving them advice. And if you pray with them, don't ask God to remove their depression. Instead tell the Lord that you feel at a loss to know how to help. Then pray that your friend will be able to work through this difficult time. Offers to help and prayers like this let depressed people know you understand their pain and that you know it will take time to feel significantly better. That kind of understanding is their greatest need in times of deep depression.

### **There is Hope**

Depression robs people of hope and joy in life and pushes them to isolate themselves from friends and family. But most people who struggle with suicidal thoughts overcome them in time. God can use us to help restore their hope and bear their burdens by learning how to lovingly come alongside while respecting the depth of their pain and their desires for solitude. As we do this we are being like Christ to them. We are allowing ourselves to be touched with the feelings of their infirmities (*Hebrews 4:15*). When depressed people know that others care and understand their pain they find it much easier to rekindle their hope and joy in life. †

# The Circus of Codependency

By Pauline Bartosch

**H**ave you become a growling BEAR because you're stuck in a relationship with a practicing alcoholic or addict?

Have you been hiding your head in the sand like an OSTRICH, denying there's a serious problem and hoping that things will be better tomorrow?

Have you been putting on your best plastic smile and cracking jokes like a CLOWN in order to cover up and give your friends the impression that everything in your family is just fine?

Have you been sticking your neck out like a GIRAFFE'S, gawking out the front window—watching for his or her dreaded arrival? Has life become a JUGGLING act of excuses for your loved one?

This is the three-ring circus of Codependency.

## Welcome to the Big Top!

Life doesn't seem all that humorous while we are caught in the painful cage of codependency. Our lives become confused, complicated and frustrated as we frantically try to control the behavior of our loved ones and find some peace for ourselves.

## What is a "Codependent?"

This word was devised in a Minnesota Treatment Center in 1979 for family members of alcoholics or drug addicts. The original definition was "people whose lives have become unmanageable as a result of living in a committed relationship with an alcoholic."

Melodie Beattie, in her book, *Codependent No More*<sup>1</sup>, states that she believes "a Codependent is a person who has let another person's behavior affect him or her, and they are obsessed with controlling that person's



or her, the focus needs to change. If even one person steps off of that destructive merry-go-round, it can tip the balance. When enough unhealthy support vanishes, addicted people are forced to face the reality of their own condition. Only then can they begin to change.

behavior. If your concern has turned into an obsession, if your compassion has turned into caretaking, if you are taking care of other people and not taking care of yourself, you may be Codependent."

## Rescue Attempts

"Caretaking" can temporarily provide us with a little surge of good feelings. Just as a drink helps an alcoholic feel better for the moment, our codependent efforts to rescue a family member may momentarily distract us from the pain of facing the reality of our own issues. And ironically, our "help" may be deadly to our loved one, as when we do for them what they are quite capable of doing for themselves. In assigning ourselves the task of making their choices and solving their problems, we rob them of their basic dignity. Our best-intentioned advice and counsel can actually get in God's way of working in our loved ones' lives. They may need to face those crises and consequences without our interference so that they will "hit bottom" and reach out for help. Instead of keeping our dependent or compulsive loved one on "center stage" with all the family members revolving around him

## Emotional Roller Coaster

Mood-swings of a Codependent run the gamut from hopeful relief during the "better" moments to utter despair when a crisis hits. Sometimes we become doormats. We allow others to trample upon our personal boundaries, enduring unwarranted shame with grim determination—especially if we are valiantly attempting to fill the role of a "good Christian wife!"

We may become martyrs in the process as we realize that our loved one isn't taking responsibility. And we can become overwhelmed with shame as our addicted or compulsive loved one embarrasses us in front of friends.

Taking on the role of manager, controller, referee, and peacemaker in the family sometimes gives us a sense of power! We rehearse our sermons throughout the day and deliver them to a confused loved one at night. Our minds are filled with schemes to remedy the situation. We tell ourselves that we should be clever enough to think of something!

Sooner or later, however, we become enraged and begin to strike back and punish our loved one for the hurt and frustration he or she is causing us. We take it out on the kids, at work, on the highway, or in the market.

## Wall of Denial

Denial isn't only the problem of the addict or alcoholic. It's also a problem for codependent family members who unknowingly reinforce the addict's problem. We think we can endure if we just pray harder, sending God our list of instructions and timetables. Or we convince ourselves our mates will change if we just keep working on them.

Sometimes we secretly blame God, or feel He has deserted us. The fact is, however, that sometimes our sad state of affairs is more comfortable for us than facing some truth about ourselves! We keep thinking that if our "significant other" would just get his or her act together, our problems would be solved. The surprise comes when the alcoholic or addict stops drinking or using drugs. When this takes place, the personality of the one in recovery may change drastically, and the Codependent may not know how to handle it!

It is not unusual for divorce to follow after sobriety. The Codependent becomes resentful because the alcoholic or addict now fills his or her evenings with support group meetings. The recovering person suddenly becomes the family "hero" and the faithful spouse of the addicted family member, who has put up with years of suffering, is now playing second fiddle. The Codependent may actually have felt more "in control" when the addict or alcoholic was using drugs or drinking! When these roles are in a process of change, the family needs more help than ever.

## What Can We Do?

The first three "steps" of Alcoholics Anonymous could be summed up as follows: "I can't ... God can ... I'll let Him!" To truly help our addicted family member we must take our primary focus off of the dependent or compulsive person, and lovingly release him or her into God's care, because we are

helpless in bringing about a change. We need to start with ourselves.

It is painful for us to step back and allow our loved one to suffer the consequences of his or her own actions. Besides that, we have invested a lot of time and effort trying to fix the situation ourselves. But when we stop and think about it, why would an alcoholic, addict, or compulsive person think he (or she) needed help if we keep proving to him, time after time, that we will be there to make excuses, bail him out, or cover his bouncing checks? All of our schemes and rehearsed sermons fall on deaf ears because our actions speak much louder than our false threats. In enabling a loved one to continue his or her "lifestyle" of addiction, we are actually supporting it!

The story of the Prodigal Son describes a wayward son who takes his inheritance, leaves home, squanders his money and lives with pigs. Interestingly, his father does not interfere with this process or beg him to come home to his nice, warm, comfy bed, three square meals a day, and unlimited use of the family camel. Even though the father must have endured intense pain in witnessing his son's destructive rebellion, he stepped back and allowed his son to suffer gruesome consequences. Not all such stories end happily, but in this case the son did return, and his father greeted him with open arms. We don't hear about any sermons the father delivered that day, only of an incredibly accepting attitude, very similar to the unconditional love Christ displays to us.

How do we manage to do this? The keys are honesty, openness, and willingness.

The Scriptures tell us that "you shall know the truth and the truth shall set you free!" Jesus Christ can set us free, no matter what is happening! The minute we "let go," He steps in and does for us what we have been power-

less to do for ourselves! God's power is awesome, beyond our wildest imagination! Does this mean that all of our problems will be solved? No way. *John 16:33* says, "In the world you will have tribulation; but be of good cheer, I have overcome the world!"

## Handy Tool Box

Practical tools are available to coax us along this new road to freedom and can be invaluable for our recovery. Recovery is a process, not an event. Each stage of recovery is necessary in order to heal and discover a healthy balance. We learn new ways of acting, reacting, and when not to act. It happens just one day at a time. Since we used to spend many hours trying to fix our loved one, we suddenly discover that we now have time on our hands!

It's important that we learn to take care of ourselves. We need to find recreation and hobbies to brighten our days and occupy our minds. As we discover more facts about addiction or compulsion, we experience more genuine compassion for our loved one. We are cheerful but also display "tough love," discovering that it is okay and sometimes better to say "no" than it is to give in. We allow ourselves to cry those tears of bitterness or sorrow. Better yet, we find new reasons to laugh! In time, we may again catch a glimpse of ourselves in that mirror, and notice that we now reflect joy. What has made the difference?

We have set our focus upon the Lord, and are trusting His will for our lives, as well as for our loved ones. We have been sharing our true feelings with God, ourselves and other people. We have surrounded ourselves with a support group such as Overcomers Outreach, Freed, ACA, Al-Anon Family Groups, Families Anonymous, Adult Children of Alcoholics, Dysfunctional Families, or Codependents Anonymous. In these

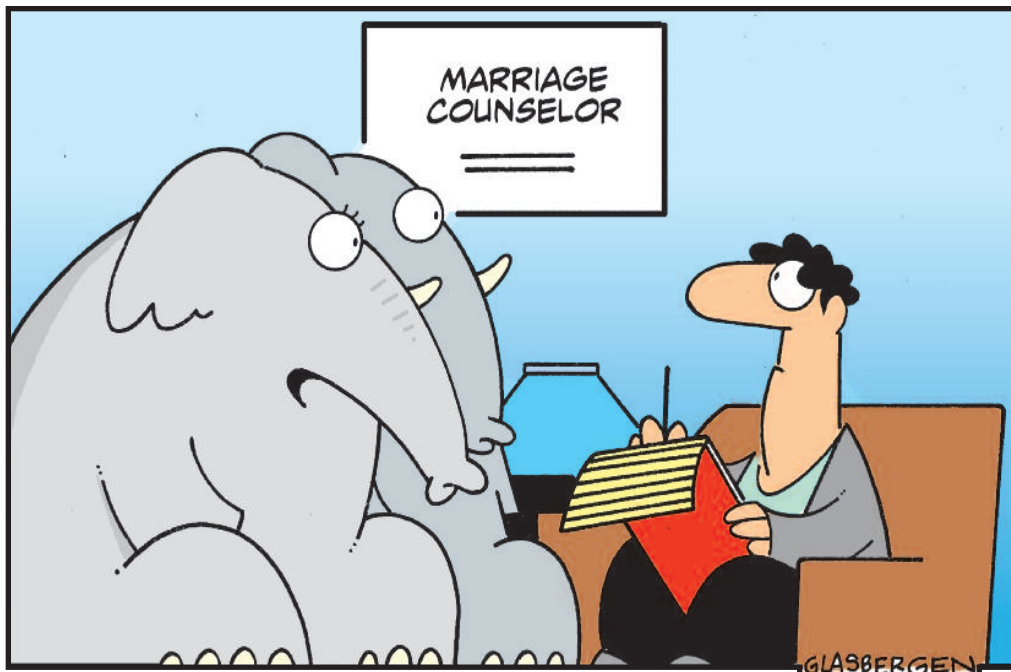
**CODEPENDENCY**, continued on page 8 ►

# MKS reentry



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**“He never forgets...unless it's something I asked him to do.”**

**CODEPENDENCY**, continued from page 7

groups we hear such corny slogans as: “Live and let live,” “Listen and learn,” “One day at a time,” and “Let go and let God.” We learn to incorporate the 12 Steps of AA as they relate to Scripture. We share experiences, our progress, and our hopes as we grow stronger.

We begin to experience the rush of relief as our burdens are aired in a safe place where anonymity is guarded. Instead of moral judgment or condemnation, group members are met with total acceptance and unconditional love as we learn to “confess our faults one to another, that we may be healed,” (*James 5:16*)!

If we loosen our grip on life’s trapeze,

and then let go, God catches us in His loving arms! He does the same for our loved one—if we don’t rush in to snatch him or her out of God’s hand!

We can relax and experience the joy of the Lord. We can trust Him! ✝

Pauline Bartosch was the cofounder of Overcomers Outreach Inc., a Christian 12-step ministry for individuals and families struggling with alcoholism and drug dependency. If you or someone in your church would be interested in starting an Overcomers group phone or email Overcomers at (800) 310-3001 or [info@overcomersoutreach.org](mailto:info@overcomersoutreach.org).

1 Beattie, M. (1986). *Codependent No More*. Center City: Hazelden.

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## Seriously Mentally Ill Can Profit from Weight Loss Program



People with serious mental illnesses are often overweight or obese and have mortality rates two to three times higher than that of the general population. Their higher mortality rates are significantly related to their obesity which in turn is related to their sedentary lives and to the side effects of psychotropic medications they are taking for their mental illnesses.

A recent research program at Johns Hopkins University School of Medicine<sup>1</sup> found that people suffering from schizophrenia, bipolar disorder or major depression could achieve significant weight losses by participating in a behavior management program.

The weight loss program included both counseling and regular exercise classes. The study involved 291 overweight or obese patients with serious mental illness. Approximately one half were randomly placed in an intervention group. For 6 months that group received individual weight-management sessions, thrice-weekly exercise classes and a weekly weigh-in, in addition to the case management, vocational and skills training, and other rehabilitation services they were already receiving. The weight-management sessions and weigh-ins continued less frequently for the following year, and the exercise class schedule

remained the same. The other members of the study served as a control group and did not receive the weight-management sessions, weigh-ins or exercise classes.

After 18 months, members of the intervention group lost seven pounds more than those in the control group. Instead of asking participants to keep detailed food logs and count every calorie like many weight-loss programs, this study kept the messages and goals simple. It encouraged participants to avoid junk food and sugary beverages, monitor their portion sizes, and include more fruits and vegetables in their diet. (Not bad advice for all of us!) The study leader, Gail L. Daumit, M.D., M.H.S., concluded, "There's this really important need to find ways to help this population be healthier and lose weight. We brought a weight-loss program to them, tailored to the needs of people with serious mental illness. And we were successful."<sup>2</sup> †

1 Johns Hopkins Medicine (2013, March 21). Serious mental illness no barrier to weight loss success. ScienceDaily. Retrieved March 23, 2013, from <http://www.sciencedaily.com/releases/2013/03/130321204812.htm>.

2 Ibid.

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**Dr. Clyde and Ruth Narramore** served missionaries and pastors around the world for more than 50 years. To honor and extend the Narramore's faithful, visionary ministry the Directors of the Narramore Christian Foundation have created the Narramore Endowment Fund for Pastors & Missionaries.

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