

LOOK WHAT'S INSIDE:

EATING DISORDERS & BODY IMAGE

CHRISTMAS!

QUIET ROOMS

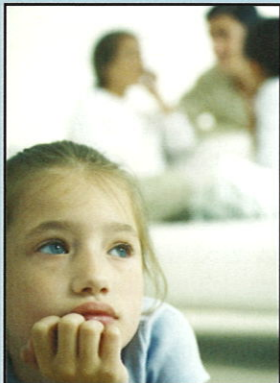
NCF IN ACTION

LAST LAUGH

The Hidden Victims of Maternal Depression

The Center for Disease Control in Atlanta reports that 20% of mothers suffer from post-partum depression within one year of giving birth and up to 50% of recent mothers living at the poverty level suffer from depression. In turn, depressed mothers tend to be more irritable with their babies, show less emotional and physical warmth, are less sensitive and empathic in assessing the needs of their babies, are more reactive and aggressive, and are more exhausted and emotionally indifferent towards their children.

In a similar finding, the Marks Family Right from the Start 0-3+ Center (RFTS), a division of North Shore Child and Family Guidance



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Miscarriage: The Misunderstood **LOSS**



by Eileen Rife

“A miscarriage is a sudden, unexpected, and shocking loss of life. It shatters your hopes for children and fills you with doubts about the future . . . it is normal to have many strong and unpleasant emotions associated with it,” write Hank Pizer and Christine O’Brien Palinski, authors of *Coping with a Miscarriage*.

I did not understand miscarriage until I went through my own. It was cloaked in mystery. Then my eyes were opened.

Four months into my second pregnancy, I awoke on a Saturday morning with what felt like gas pains. I lumbered about the house all day, trying to take it easy. By 8:30 that evening the gas pains were so severe my husband, Chuck, insisted I call my obstetrician. After dialing and

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enduring an endless number of rings, a doctor finally answered. I could tell by the voice that he was not my doctor.

"Can I help you?" the voice said.

I nervously replied, "Yes . . . I am four months pregnant and I have been experiencing gas pains all day. I thought I'd better call and check it out."

The doctor barked back, "You're in labor, woman. Didn't you realize that?"

I was stunned. A few eternal seconds passed before I had the composure to answer. "No, sir," I finally managed to say. "I've never been in labor before at four months gestation."

"Well . . ." his tone softened, "Come to the hospital at once."

Nearly dropping the phone as I reached to cradle it in the receiver, Chuck came to my aid. "What did the doctor say?"

In shock, but resolute to do what I needed to do, I explained the situation. We packed a small suitcase and headed for the hospital.

The smell of antiseptic and the chill of the hospital emergency room further unnerved me. How cold, and sterile, and unfeeling, I pondered as I lay on the table waiting for the doctor to appear. Chuck tried to reassure me that all would be well, but I could see in his face that he doubted his own words.

"Mrs. Rife?" I heard the strange doctor question as the heavy steel door opened.

"Hi," I meekly responded.

"Let's see what's going on here," the doctor said as he methodically took his seat at the foot of the table. "Yeah, looks like you're in labor all right. You appear to be two centimeters dilated. Let's get you up to a room for the night and see if we can arrest those contractions. Maybe things will improve by morning," he said as he stood up to get the nurse.

Settled in my room, I finally had time to collect my thoughts. I kissed Chuck goodbye for the night and lay in the darkness staring at the empty wall in front of me. A small beam of light from the hallway crept through my cracked door and cast shadows on the wall. In my emotional state, I imagined happy

baby faces dancing merrily on the wall, almost tormenting me, laughing at me. I still could not believe this nightmare was happening. I hoped I would wake up and find myself at home enjoying a normal pregnancy, happily planning for my baby's birth in five months.

The door to my room squeaked open and a heavyset nurse came to my bedside to check my vital signs and tuck me in for the night. As she sat on my bed, she offered words of solace. "You know, honey, this really is in God's hands. He will do what is best," she calmly stated. I knew in my mind that she was right, but my heart was too torn to accept the reality of her words. I felt so out of control.

Early the next morning, Chuck arrived at the hospital to see how I was progressing. I actually felt better. The contractions were gone, and my hopes were revived that perhaps we would see this pregnancy through after all. The doctor came in to check me. Finding me greatly improved, he said I could leave in a couple of hours, with the instructions that I go straight to bed for awhile and see my regular obstetrician as soon as possible.

Awake most of the night, I now lapsed into a peaceful sleep. All would be well. My baby would be all right.

But that was not to be. An hour later, I was awakened by sharp pains. Sluggishly, I reached over to buzz the nurse. When she arrived in my room, she could tell by my pained expression that my condition had worsened. She immediately left to find the doctor, but he had already left for the morning.

Chuck silently held my hand as I writhed in pain. After what seemed like an eternity, a nurse and two orderlies came in with a gurney and proceeded to place me on it. By this time, I was in so much pain, I was begging God to make it stop.

At last, the doctor arrived. "Let's get you into the delivery room," the nurse quietly said. The hush of death surrounded us, but I was in too much pain to fully absorb the reality of the moment.

Inside the delivery room, the doctor and the nurses busily worked, as Chuck tried to console me. After the obstetrician broke my water, I felt a small object slide out. The physical

pain lessened, but my emotional pain increased, as I realized our baby had been born.

I gathered my wits enough to ask, "What is it?"

The doctor hesitated, but I persisted. "It's a boy," he answered.

"I want to see him," I calmly said. The doctor slowly walked to my side and stretched out his hand. Spanning the length of his hand was a perfectly formed, six-inch baby boy. I saw the tiny body, but knew my little son was in heaven with Jesus. I had to say goodbye.

As the orderlies wheeled me to the recovery room, I marveled to the nurse how anyone could purposely abort her baby. I had just observed a baby at four months gestation—a tiny, yet perfectly formed creation of God.

The next morning, I awoke to a nurse lifting the shades at my window. I felt nauseated as the blinding sun danced on my face. "You really ought to get up, honey, and get cleaned up. The doctor will be in soon to release you," she said in a matronly tone. I wanted to be polite and obey, but simply did not have the will to do so. I chose to remain quiet. Quietness matched the numbness I felt inside.

After the nurse left, I managed to get up and take a welcoming shower, but even the warm embrace of the water could not wash away the escalating emotional pain I experienced. Back in bed, I sat up and put on a little make-up in anticipation of Chuck's arrival. I wanted him to be encouraged that I was at least making some attempts to return to normal.

As I viewed my image in a hand mirror, another nurse entered the room and prepared to check my vital signs. Observing my wet hair, she chided. "Honey (always that word, which by now was beginning to sicken me), you really ought to be more careful. You don't want to catch a cold. You might give it to your baby." That was all it took. My anger crested and overflowed its bank. "I don't have a baby!" I snapped. Ruffled, the nurse tried to maintain her composure. She quickly apologized, finished her work, and left my room.

By noon, I was checked out of the hospital. Chuck and I rode home, say-

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CHRISTMAS!

by Dr. Clyde M. Narramore

Christmas! What a mind-boggling event! It has affected virtually everything in the world. Next to the death and resurrection of Jesus Christ, there has never been a greater moment. And yet, as I read the Biblical account of the Christmas story, it strikes me that many of the miracles encompassing Christ's royal birth were cloaked in a mantle of simple, everyday occurrences.

What does Luke say about the events surrounding our Lord's birth?

"And it came to pass in those days that a decree went out from Caesar Augustus that all the world should be registered.... And all went to be registered, everyone to his own city. And Joseph also went up from Galilee, out of the city of Nazareth, into Judea, to the city of David, which is called Bethlehem, because he was of the house and lineage of David, to be registered with Mary, his betrothed wife, who was with child. And so it was, that while they were there, the days were completed for her to be delivered. And she brought forth her firstborn Son, and wrapped Him in swaddling cloths, and laid Him in a manger, because there was no room for them in the inn" (Luke 2:1-7, NKJ).

So it was that through this unsensational turn of events, Jesus came to be born in Bethlehem rather than in Mary and Joseph's hometown of Nazareth. Out of the mundane task of complying with government tax regulations, an important prophecy was fulfilled. Some 710 years before his advent, God had declared through His prophet, Micah, that Bethlehem would



be the place where the Christ Child was to be born. (Micah 5:2.)

It is unlikely that either Mary or Joseph realized how the hand of God was leading through a bothersome governmental edict. Yet, their compliance to this requirement became a vital link in the fulfillment of prophecy.

God has not changed. He still works through very mundane channels. We may go to the supermarket, eat breakfast, or go to work at the office - all ordinary, everyday kinds of events, yet in the midst of these activities, God may be working a miracle in our lives. Just as the King of Glory was being brought to Bethlehem while still hidden within His mother's womb, so this same King of Glory can come quietly into our hearts any time of the day or night.

Not only does the Lord use ordinary circumstances in the fulfillment of His will; He also appeals to humble, ordinary people.

Mary and Joseph appeared to be nothing other than an ordinary couple. Yet God used them. Mary was the mother of Jesus, and Joseph obeyed God by taking Mary for his wife and assuming the responsibility of raising her son.

Furthermore, we find that God chose to herald the spectacular news of our Lord's birth to some country shepherds living out in the fields. (See Luke 2:8-15.) One would expect that the angels would have made their announcement to governors, leaders of the temple, or other prominent people. But God uses the foolish and the simple to confound the wise. The angelic host appeared to humble

keepers of sheep! The Lord still uses humble, ordinary people. He uses people like us.

No matter how people try to categorize God, He seldom chooses to impress the world with super spectacles, or with superhuman Christians. Rather, He works in the hearts of just plain people - young or old, rich or poor, people who willingly place their trust in Him.

This advent season as you go about your daily tasks, remember that just as He did on that first Christmas, God can use what may seem like very common circumstances to produce great changes and blessing in your life. And He delights in dealing with ordinary people like you and me. So look to Him for blessings hour by hour, and experience the greatest Christmas you have ever known! ✝

Quiet Rooms

by Jill Davis

If you act rowdy in a psychiatric ward, or exhibit behavior that threatens someone's safety, you can bet they'll put you in a quiet room. I spent time in one. Because I hadn't slept for days, I became highly agitated and punched an orderly in the stomach. Men and women dressed in white descended on me quickly. But they weren't the angels I'd hoped were coming to rescue me from that horrible place. Not by a long shot. Showing no mercy, those people yanked – hard – on my waist-length brown hair then muscled me into the quiet room. I winced after hearing them lock the door behind them.

A bare mattress, the only item in the cell-like room, had been tossed on the floor like an afterthought. An imposing brick structure blocked my view of the sky from the small window opposite the quiet room door. A closer examination of the building indicated there was life over there. A man sat at a desk in front of a window. His head was bowed, as if he were poring over something important like the Holy Scriptures. Or maybe just the Tax Code. I continued watching him, but he never moved.

Eventually, the walls in the quiet room started closing in on me. I desperately needed an escape. I waved my arms for what seemed like hours to attract the attention of the immobile man, hoping he might become my savior. No such luck.

Exhausted, I fell onto the mattress. I couldn't remember when I'd last slept. Thinking back, I only remembered my frantic steps up and down the streets of Manhattan, searching for a train that would provide safe passage to my New York University dormitory. While I stretched out on the smelly mattress, confusion reigned. I couldn't even remember how I'd found my way to the hospital. My mind retraced

the steps I'd taken again and again like one might follow a trail of breadcrumbs. Gradually, the eerie light gave way to a glimpse of the morning sun. Despite a death wish, I had survived the night.

Soon a woman with an athletic build entered the room. She sat down Indian style on the floor next to me. Her short-cropped hair, muscular arms and husky voice suggested she might enjoy dogsledding in Alaska instead of talking to the likes of me. But her badge verified her status as a doctor, so I supposed she wanted to talk.

"How did you sleep?" she asked.

I put my head in my hands, complaining, "I haven't slept in days."

"You slept. You just don't remember. Do you know why you're here?"

Sheepishly, I said, "I hit that guy. He reminded me of my old boyfriend."

The doctor kept an upper hand. "I mean, do you know why you're here? In this hospital?"

I placed my head in my hands again. "I don't know. I can't remember how I got here."

"You were running through Washington Square Park in your

nightgown. Someone called us."

I looked at the doctor in disbelief.

"The park can be scary. You could have been hurt. The person who called said you'd been roaming the halls of your dormitory. You needed a safe haven. That's why you're here."

A safe place. The psychiatric ward seemed like anything but, especially with all the strange people wandering the corridors like zombies. Some patients even screamed from behind closed doors. And I was somehow a part of it all. A bad horror flick, maybe. But a safe place? I wondered if such a thing actually existed.

In the days that followed, I met with several doctors who helped unravel the mystery that was me. The random physical violence and constant verbal abuse from family members fueled my unsafe feelings as a young girl and also as an adult. Furthermore, the lack of a support system and my inability to make meaningful connections with others while attending the university magnified my fears of being harmed again. These factors drove me into Washington Square Park clad only in a nightgown. The doctors requested I remain in their care at least seven



months.

I dreaded spending one more day with those people populating the hospital wing. After all, I was nothing like them. I wasn't crazy. Then the Rector of an Episcopal church I'd attended on a few occasions paid me regular visits, offering communion. Sometimes he'd bring along members of the Parish Bible study. When they were there, they brought a sense of normalcy with them. But a revelation unfolded during the ensuing days. The priest and his parishioners not only ministered to me, but made of point of mingling with the others, their laughter and conversations punctuating the rest of the chatter in the Day Room. Sometimes they laid hands on someone requesting healing or engaged in prayer with a patient. For churchgoers, they certainly fit right into the psychiatric ward. I wondered if I was more like the other patients than I'd originally believed. Over time, I came to realize even I had prejudices when it came to mental illness.

It's hard to imagine how I can recall events which took place so many years ago with such clarity. Once I received a bipolar diagnosis and prop-

er medication, I resumed life on the outside.

But I never forgot the quiet room. It haunted me until I understood the importance of confronting hard facts about myself. Stripping away the unwanted frills that decorated my life became crucial when unveiling a new, improved me.

The home I now share with my husband includes my very own quiet room. The mattress is well-dressed, though. And I am greeted by soothing colors and a host of favorite things when passing through its door. I take time to reflect and seek out the Living Savior in this room. His presence is always near and He reaches to me despite my self-imposed silence. Having a safe, little corner in the world does not necessarily allow me the luxury of complacency. Every time I pray, I am gently reminded there's a world of hurt out there. So much needs to be done.

I do admit to feeling abandoned by God in the quiet room of that New York hospital. I've found, though, that no matter how far away He feels

to me, He is still close. My mind, which raced so fast and furiously back then, just couldn't hear the still, small voice of God over the loud-speaker that announced medication time, let alone in my heart of hearts.

Now God's voice is loud and clear. I am His and always have been. He has brought me to a place of safety in His arms where I am cherished by those who love me. My experiences with quiet rooms have certainly made an impact. Life waits eagerly outside locked doors. With God in charge of the keys, I've opened wide the life He chose for me, and continue walking forward with assurance. ✚

Jill Davis lives in Oregon with her husband and her cat, Muggles. Retired from the legal field, Jill spends her time writing, making handmade greeting cards and putting together memory books. Her work has appeared in ChristianFictionOnlineMagazine.org and *Halo Magazine*, to which she will provide a recurring column on subjects of chronic pain and illness.

LAST LAUGH



"No, I can't explain my D in math. That class teaches us about numbers, not letters!"

NCF Offers Annual Training Program for Missionary Member Care Workers

Thirty-four missionary member care workers from the United States and seven other “sending countries” traveled to Chiang Mai, Thailand recently to take an intensive two-week training program designed to help them more effectively support the missionaries under their care.

Missionary member care workers are a unique type of missionary. Instead of engaging in evangelism or church planting or similar ministries, their responsibility is to help other missionaries do their work more effectively and stay spiritually, emotionally and relationally healthy in the process.

At a time when many hundreds of missionaries have to leave the field each year because of stress, burnout, or other preventable reasons, many missionary agencies are now assigning a few of their mature missionaries the task of coming alongside their colleagues to provide encouragement and pastoral care and counseling at regular intervals and in times of crises. The goal is to reduce the missionary drop-out rate and enable missionaries to live

healthy and productive lives of service on the field. People serving in difficult regions of the world need a personal support system and someone readily available to whom they can turn in times of special need and crisis. That is the role of the missionary member care worker, and it is a vital one.

Unfortunately, most member care missionaries do not have any formal training in counseling or member care before they take on their new responsibilities. While they typically have excellent people skills, several years of experience serving as missionaries, a heart for their fellow missionaries, and perhaps college or seminary training, they have not been professionally equipped to deal with many of the complex situations missionaries are facing today. That’s why the Narramore Christian Foundation periodically offers an intensive two-week in-service training program for missionary member care workers.

What should member care workers do, for example, when they learn that a son or daughter of a missionary couple

in their region may have been verbally, physically, or sexually abused? How do they ascertain the facts and help the child, the parents, the school and the mission deal with the situation? What should they do when a recently arrived missionary wife and mother in their region becomes extremely fearful and depressed and feels the only way out is to return to the United States? And how can they help a missionary team that has a disruptive member or a series of conflicts and misunderstandings?

The member care workers attending the recent NCF seminar were serving in 15 countries including Bangladesh, China, Korea, Singapore, Solomon Islands, Tajikistan, Thailand and Vietnam. Together they have the responsibility for serving more than 1000 missionaries throughout that region of the world. One couple alone, for example is responsible for providing member care for more than 240 missionaries who are serving in eight different locations! Another husband and wife team is the only couple providing member care for nearly 300 individuals and families in their missionary agency!

For more than thirty years, the Narramore Christian Foundation offered training seminars for pastors and missionaries in the United States. But the distance and increasing costs of travel and other expenses made these seminars very difficult for missionaries to attend. Consequently, beginning in 2004, NCF started offering this training specifically for missionaries in one of the major missionary centers in the world, Chiang Mai, Thailand. Chiang Mai is an ideal location for this training since it is accessible from anywhere in Asia, and Thailand has a great deal of religious freedom. Because of that, some 100 missionary agencies have their regional headquarters in Thailand and missionaries frequently come there for medical care, annual meetings, and holidays.

The seminar had a two-fold purpose. First, it was designed to help the participants gain a deeper understanding of themselves and their own personality strengths and weaknesses and their needs for growth. Just like professional psychotherapists, it is difficult for them



Participants and staff of NCF's recent Missionary Member Care and Counseling Seminar in Thailand.

to help others unless they have a good level of personal adjustment and sensitivity. The second goal was to provide the member care workers with a deeper understanding of the needs of those they serve and of ways of being helpful. This included a stress on basic biblical doctrines including the interaction of personal sin with being sinned against in causing psychological problems and the dynamics of human growth and change and sanctification.

The conference was held in a lovely, peaceful setting with beautiful gardens and a large swimming pool several miles outside of Chiang Mai. The quiet resort was nourishing and relaxing in itself, a wonderful change from the difficult situations where many of the missionaries live. Each day of the seminar began with a time of worship, singing, and one of NCF's staff counselors sharing some of his or her personal spiritual journey. That set a tone of openness and safety and let the participants realize that even though their instructors were a group of highly educated professionals, they were real people who understand the world of missions and see themselves as caring peers rather than professionals on pedestals.

Mornings and early afternoons were filled with lectures and discussions on topics like Child Abuse Prevention and Response, Helping Couples in Conflict, Dealing with Anger, Anxiety and Depression, Setting Appropriate Boundaries, Understanding Pornography and Addictions, Coping with Stress, and Adjustment Issues of Missionary Children and Adolescents.

In the afternoons each participant attended a two hour experiential learning group. They choose between a small group for couples wanting to improve their own marriages as well as learn to help other couples, a group for individuals desiring their own personal growth, and a basic counseling skills workshop. In the counseling workshop, the participants were divided into groups of three where one missionary played the role of the "client", one was the "counselor", and the third member was an observer who gave feedback. All of these practice counseling sessions were carried out under the watch-

ful eye of a professional staff counselor who then provided feedback to the "client," the "counselor," and the observer.

The afternoon workshops ensured that the participants didn't simply learn cognitive insights, but actually applied the things they were learning to their own personal and professional lives. At the close of the seminar, for example, one participant in the Marriage Enrichment Group said, "We were able to process something that happened in our marriage more than a dozen years ago but was never resolved. We finally

break from the intensity of the seminar and needed free time to absorb, reflect on, and discuss all they were learning.

The seminar ended with a communion service and a time for participants to share what the Lord had done in their lives during the two weeks. One missionary summed up his experience this way: "I came to learn how to help others and thought I had my own act together, but I soon realized I still have my own issues. I am leaving this conference in a better place for myself, my family and those I'll be caring for. These two weeks have



Member Care Seminar Staff visiting Cornerstone Counseling Center.

talked it through and are moving beyond it." And a participant in the Basic Counseling Skills workshop commented, "I significantly developed my listening skills. I was able to gain a basic understanding of empathy and how to identify the needs and feelings of a client." And an individual shared "I was able to process my anger with colleagues who have severely hurt us this last year. It was so helpful to re-learn about setting boundaries and doing self care."

Evenings were set aside for free time, fellowship with like minded missionary member care workers, seeking out individual or couples counseling, or elective sessions. One evening was even set aside for a magic show by one of the staff counselors who is an accomplished "illusionist"! The weekend between the two weeks of the conference was set aside for rest, sight-seeing or shopping in the Chiang Mai area, and Sunday worship. By the time that weekend arrived, participants were ready for a

been a tapestry for me and Christ has been the center."

Another participant listed ten or twelve specific topics and said "I already know how I will apply these and integrate them into my member care role." A spouse commented, "I am leaving with a deeper understanding of God's grace." And one participant simply said, "Words are not enough. I am changed by this training."

The staff of counselors that travelled from the U.S. to lead this seminar were equally blessed by the opportunity to make friends with so many wonderful missionaries who are successfully and sacrificially serving the Lord and supporting fellow missionaries in difficult regions of the world. Both the staff of the Narramore Christian Foundation and the missionaries attending the seminar repeatedly expressed gratitude to the many friends and supporters of the Narramore Christian Foundation who made this life changing training possible. †

Eating Disorders and Body Image: No One Can Serve Two Masters

by Kimberly Davidson

American celebrities—with far too many teens following right behind them—are wasting away in the life-draining pursuit of extreme thinness. One teen blogged, “Selena Gomez is my idol. She’s very skinny. I have a big picture of her in my room and aspire to be as thin as her in a few months.” Another responded, “I am a size six right now and I really wanna be a size 2. I know it’s not right but I see Miley and Selena Gomez and I wanna be like them.”

As a teen I pretty much turned off my God-given talents and gifts in search of the Western culture’s definition of ideal. I set my sights on being a supermodel. The definition of a model (from Middle French *modèle*) is a person who is employed for the purpose of advertising, displaying and promoting fashion clothing or other products.¹ Yet, millions of people look beyond what they are selling and fixate on the model herself (or himself), particularly fashion and fitness models.

When I announced this in my sixth grade class, a few boys laughed, “Yeah, you’ll be a supermodel...for *MAD Magazine*.” Translation, You’re ugly. Give it up! I didn’t give it up. I’d do anything to be a beautiful supermodel or celebrity. And why not? In this culture celebrity and beauty has its rewards. This was the beginning of what I call the Cover Girl masquerade.

Our culture basically smacks girls on the head in early adolescence. Girls this age stop thinking, Who am I? What do I want? What was I created to do on this earth? They start thinking, What must I do to please others and be accepted? In that effort, they unknowingly enter into many shallow and toxic relationships.

My spiral began innocently enough

with a diet. My senior year in high school I lost fifteen pounds and looked remarkable. I received compliments and praise from my parents and friends... and I wanted more. I felt accepted and loved. “I belong! Now I’ll be popular!” The disordered eating thought process began in high school but exploded when I entered college and joined a sorority.

Interestingly, sorority girls are more likely to be burdened with negative body image and eating disorders.² With the media bombarding females with images of the “perfect woman” and the high pressure from “rushing a sorority,” imagine the struggle a girl faces. It’s tremendous. Once in, it’s all about conformity to that image. Sororities take pride in holding themselves up to high standards. Don’t think I want to trash sororities, because they also function in many positive ways. For example they provide teams and can provide emotional and educational support.

Research indicates disordered eating behavior has a contagious nature. It’s like a virus that spreads through groups of young women. Researchers have found patterns of bingeing, fasting, diet pill use and other eating disorder symptoms particularly strong among clusters of female students. “These findings confirm the strong social influences on female adolescents in the U.S. to be thin, sometimes using unhealthy behaviors to achieve this goal,” researchers explain in the *International Journal of Eating Disorders* (April 2008).



Before I knew it I was a full-blown bulimic, a disease that took over my life. I wish someone had said to me, “Great, you’re now a size six. There are a million other size sixes out there. What’s different about you? What is there about you, Kimberly the person, that shines?” That would have stung a little, but hopefully have pointed me towards working on my inside.

It was beginning to look like a life or death situation. I needed someone to point me to Jesus Christ. “In my distress I called to the LORD; I cried to my God for help. From his temple he heard my voice; my cry came before him, into his ears” (*Psalm 18:6*).

God sent that person and he took me to church. [By the way, I eventually married him. He nicknamed me “Miss Hollywood”—and he still married me!]

Jesus walked into my messed up life and a couple months later I was freed and saved—born again. The Bible says,

“That if you confess with your mouth, ‘Jesus is Lord,’ and believe in your heart that God raised him from the dead, you will be saved” (*Romans 10:9, NIV*). Then he shouted, Hey angels, my daughter has been found! Rejoice, angels! (*Luke 15:7*).

God essentially said, “Kimberly, you are forgiven. Every sin is wiped from your record. You will no longer live in shame.” God miraculously released me physically from the bondage of an eating disorder and addiction. God was at work all along in my life—in the pain, in all the blunders, even in the dungeon—he was present, working out his perfect purpose for me.

It is hard to imagine God forgiving us for our sin, let alone helping us clean up our mess and then using the ruins to further his Kingdom—but he does (read *Isaiah 51:3*). No matter in what condition we arrive at his feet, God never leaves us (*Hebrews 13:5*).

Freedom is found when we recognize we need God. He snaps the chains of sin, freeing our souls to love Him! We become acutely aware that our soul is craving a long-term relationship with God as opposed to the short-term excitements this culture offers. The Bible says, “Now we look inside, and what we see is that anyone united with the Messiah gets a fresh start, is created new. The old life is gone; a new life burgeons” (*2 Corinthians 5:17, The Message*). I began my new life journey.

Now Jesus dwells within me. He wants to give me an internal makeover—to renew my mind and change my heart from myself to Him and others. I can’t find wholeness by imitating someone else. He spoke to me clearly through His word: “No one can serve two masters. Either he will hate the one and love the other, or he will be devoted to the one and despise the other” (*Matthew 6:24, NIV*).

I still hung on to the same beliefs—the lies and self-deception that drove me into that dungeon. I had to completely break apart my false Miss Hollywood mask, as my husband called it. If I didn’t, I’d live my life influenced by deception, the past and celebrity mirroring. I’d be no different than a typical unbeliever.

Over the years, God has shown me

the errors of my thinking enabling me to replace toxic thoughts with his truth, the Word of God. I learned to cross-examine my unconscious beliefs. They say your past isn’t the past if you’re still carrying it around and it’s infecting your present.

Cleaning up the outside of the cup while leaving the inside a mess, full of self-indulgence, is not what Jesus recommended (*Luke 11:39-41*). He said the way to change our behavior permanently on the outside is to change what we believe on the inside. His views were clear: paying too much attention to how we appear and not enough attention to who we are is like trying to make a smelly old outhouse pleasing by painting it with fresh coat of brightly colored paint.

Too many of us feel “something” is missing. Many Christians call it a soul-hole. We make bad choices, feel failure and shame, and sadness enters. Science confirms that much bodily sickness begins in the soul.³ A sound body demands a healthy soul. Most of us give our bodies’ proper nourishment, but we tend to forget our souls require even greater attention. Selfishness, greed, jealousy and bitterness are among the diseases of the soul that affect our bodies. When we ask Jesus to become our Lord, we become complete in him (*Colossians 2:9*) and our soul-hole starts to fill up.

The way we think and act are built on years of thought patterns and experiences. God showed me lies I believed, bad memories, all the things that filled my soul-hole. Once I faced deception head on, God began unraveling the toxicity and started knitting me into the likeness of his Son, Jesus. Through Christ, we have the power to transform ourselves—not through social networking or mirroring a celeb. Jesus is real—they aren’t. Following Jesus is how we find out who we really are.

As a woman who has emerged victorious from a seventeen-year battle with an eating disorder, from a twenty-year war with booze, and over thirty years of idolizing celebrities, I can tell you it was, and continues to be, my commitment to nurturing a relationship with the triune God, connecting with “real” people, and loving others that keeps me

from wooing a conceited, self-satisfied celebrity lifestyle.

But, I’ll be honest—I haven’t “arrived.” None of us ever will. I find it’s easy to get caught up with the culture. And my struggle with materialism becomes even more difficult as God blesses me more and more.

We have to work hard to stay humble, be generous, take pleasure in a simpler life, and, particularly, fix our hearts on our Master instead of our money or stuff. Henri Nouwen, a well-known Catholic priest and author, said, “When you admit Jesus into your heart, nothing is predictable but everything becomes possible.”⁴

Every person on earth is designed by God to make a difference. He has gifted each one of us. Our lives must reflect God’s priorities rather than our own. Rather than seek to bless ourselves, we learn to look for ways to bless others. That is what an authentic, extraordinary person does. †

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¹Wikipedia;
[http://en.wikipedia.org/wiki/Model_\(person\)](http://en.wikipedia.org/wiki/Model_(person))

²According to a study published in the journal *Sex Roles: Medical News Today*, “Only The Beautiful Need Apply,” March 3, 2010; <http://www.medicalnewstoday.com/articles/180941.php>

³For a full description read Kimberly Davidson, *Breaking the Cover Girl Mask*, Tate Publishing, 2009

⁴*Soul Care New Every Morning*, September 14, 2009, *Psychology for Living*; www.ncfliving.org.

ing few words along the way. When we finally pulled up to our house, I looked out my window and viewed the long black steps rising up to our front door. The sight wearied me, reminding me of the arduous healing that lay before me. The very act of walking was drudgery, but at last I managed to open the front door. Two-year old Rachel was staying with a neighbor, so the house was morbidly still, as if sympathizing with our loss.

Peering into the kitchen, I observed the sink still full of dishes. Like a robot, I catatonically began straightening things up, picking right up where I had left off a few days before. Chuck encouraged me to rest and tried to hold me. I shooed him away, saying that I was fine, that I needed to stay busy.

I tried to pretend life was back to normal again. I wanted it to be, so why shouldn't it be? Neighbors came and went with covered dishes and expressions of sympathy. My mom and dad drove in from Tennessee to offer assistance, but I pushed them away. I even found it difficult to relate to my darling toddler, Rachel. She needed my reassurance and I needed hers, but I was in so much emotional pain, I could not respond.

The physical indications that I had been pregnant were blatantly obvious to me—swollen breasts with no relief from a suckling infant and a flattened belly once alive with a moving babe. I grieved inwardly, but remained silent around others. I appreciated their concern, but I just wanted to be alone. Some days, I wanted to die.

Chuck did not even realize the depth of my depression, as I was adept at pretending around him. Yet, all the while, he too was grieving in his own way. He was concerned for my well-being, yet aware that I yearned for what I had lost. He grieved for my heartache, though as a man, could not fully relate to it.

By mid-January, I was fed up with my pain. One morning, after Chuck left for work and Rachel went to a neighbor's house to play, I took my Bible and fell to my knees in front of our large, upholstered rocking chair. It had been two months since our baby went to heaven, and I still inwardly longed to simply depart and be there with him.

I wept loudly and poured out my

heart to God. I spoke to Him audibly and freely. "I am so angry, Lord—angry at Chuck for not feeling this with me the way I want him to; angry at myself for not knowing I was in labor and calling the doctor sooner; and . . . yes . . . Lord . . . even angry at You for allowing such a tragedy to happen in



the first place. Why Lord? Why?"

There . . . I got it out—all the feelings I had been holding in for two months. I thought I could come home from the hospital and pick up where I left off, but in doing that, I denied myself the right, the necessity to grieve and thus heal. Only when I got honest before God about my true feelings could the real healing begin. From that moment on, I began to view things differently.

Our rocking chair sat by a double-wide window. The sun was streaming in through the pane, warmly falling on me as I hunched over my Bible frantically searching for emotional relief. As I flipped through the pages, I came to Luke chapter one. Scanning the chapter, my eyes fell upon verses 78 and 79 which appeared to leap off the page in my direction. "Because of the tender mercy of our God, with which the Sunrise from on high will visit us, to shine upon those who sit in darkness and the shadow of death, to guide our feet into the way of peace." It was as though God had just written those words for me that very morning. I was in emotional darkness, and He came to lift me out of my unending bleakness and set me on a path of wholeness and peace. When I finally determined to seek after God in the midst of my pain, He gave me the

answer I needed most—Himself!

My grief was exposed and it was time to mourn, to ask questions, to be angry, to cry, to talk, to write out feelings, to be confused, and then to do it all again.

That was 29 years ago. The conviction that God had a specific plan in allowing our son's death has deepened with time. God has given Chuck and me a greater understanding of how to comfort others who are grieving. Sharing our miscarriages with others (yes, five years later, we suffered another miscarriage at four months gestation), we are able to identify with other grieving ones, for we, too, are card-carrying members of the human race. Unearthing our reality often helps people open up and share their losses, too. They realize their grief is not silly or meaningless. We have given them permission to share, and they have given us permission to enter into their pain for a time.

Misconceptions About Miscarriage

Often miscarriage is a misunderstood event. Because the medical profession still does not fully know why miscarriages occur, the loss is shrouded in mystery. The woman may succumb to several misconceptions surrounding her miscarriage.

I did something to cause the miscarriage.

Guilt is a common feeling among women who have miscarried. They tend to blame themselves for the event. If only I hadn't lifted that heavy box or painted the bedroom. If only I had eaten more vegetables. If only I hadn't jogged on Wednesday, this would not have happened. The truth is, in the majority of cases, the miscarriage or spontaneous abortion was beyond the woman's control. Her body expelled the baby because there was an abnormality in the fetus, her uterus was malformed, an infection was present, or a host of other reasons the medical profession has not yet discovered. Blaming herself will only keep her stuck in the past and prolong her grieving.

I am a failure.

A woman often suffers a lowered self-image due to her thoughts regarding the miscarriage. She mistakenly

Center, Long Island, New York, conducted a survey of 147 families who were admitted to their early childhood program and found that 60% of the families reported having serious behavioral problems with children as young as two years old. Assessing the parents of these children they found that between 50 and 75% of these families had a depressed parent, generally the mother.¹

Since the early mother-baby relationship is one of the best predictors of positive adjustment later in life, it is imperative that depressed mothers of infants and young children receive early assistance in overcoming their depression and providing more sensitive and supportive care for their babies and young children. †

¹Mental Health News, Fall 2010, "Maternal Depression and Children's Behavior in School," pg. 30.

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LOSS, continued from page 10

feels that she failed herself because of certain expectations she has concerning the pregnancy and motherhood in general. She feels she has failed her husband and family. This, of course, is untrue as she had no control over the response of her body. She may fear future pregnancies because she is uncertain as to how her body will react. She feels out of control.

Once the miscarriage is over, I can get on with life as usual.

I tried to do this after our first miscarriage, picking up with my housework and daily responsibilities as if nothing had happened. Underlying feelings of anger and sadness kept churning within me, affecting my relationship with Chuck, until months later I finally spewed them out before the Lord, which opened the door to my emotional healing.

A woman needs to grieve her loss fully. Often the losses that occur suddenly, with no warning, as with a miscarriage, are the hardest to deal with. She needs to talk her feelings out with God in prayer and in writing. She also needs to share her feelings with her husband and with a trusted friend. Sometimes, another woman who has had a similar experience can be of help and comfort.

A man does not feel any pain associated with the loss.

A woman needs to recognize that her husband is grieving in his own way, too. He may be hesitant to express his feelings because he feels the need to be strong for his wife and keep work and home going while she is recovering. During our first miscarriage, I was so absorbed in my own pain that I did not see Chuck's hurt. I even vented my anger on him, accusing him of not feeling the loss or caring about the baby. In truth, he was hurting, too. Since he was not physically attached to the baby as I was, he could not fully relate to the

empty feeling of losing a part of himself. Nevertheless, he grieved for my hurt and pain, and he grieved the loss of our child.

Furthermore, Chuck shielded his feelings from me in hopes of easing my discomfort when, in actuality, he needed to face the pain honestly and talk through the feelings with me. Honest sharing would eliminate the distance between us, pulling us together as we worked through a common grief.

Once I was home from the hospital, he had to keep the household machinery running while I recovered physically and emotionally. He couldn't give himself permission to fully grieve until he met the needs of the family.

Reestablishing your life after a miscarriage

Understand that grieving the loss of your baby will take time. Your miscarriage experience is different from any other woman, yet you share a common bond with those who have lost babies. Find a friend to share with.

Realize, too, that many well-meaning people will not understand your loss. They may try to minimize your pain with statements like, "You're young, you'll have more children." That may be true, but on the heels of a miscarriage, the words sound insensitive and do not acknowledge the child you lost. Many do not even want to talk about the loss, but your feelings are still there and very real. Express them to someone who is genuinely concerned.

Accept the physical help of others, so that you have plenty of quiet time to sort out your feelings and rest to recover emotionally and physically. Remember, your body is adjusting to hormonal changes just as it would after a full term delivery.

Plan a weekend retreat with your husband, a special meal, or an evening out to recover as a couple and renew your love and commitment to each other. Buy something for yourself, like a new dress. I remember coming home

from the hospital and opening the closet door. Maternity clothes that I had already begun to wear lined the rack. My time in them had been cut short because of the miscarriage. I had to grieve something as simple, yet as real as that. A new outfit certainly can't replace the lost child, but it may distract from the pain somewhat.

If you have other children, receive their love. Resist the temptation to push them away. They are full of affection and also questions about the baby. Answer them honestly and in terms they can understand, geared to their maturity level. Relieve the child's concern if you sense he blames himself in any way for the miscarriage. He may be thinking, "If I had let mommy rest that day, this would not have happened" or, "If I had picked up my toys like mommy asked me to, this would not have happened." The fact is everyone surrounding the loss tends to blame himself in some way or another, but his thinking is irrational and untrue. No one is to blame for the miscarriage.

Be patient in planning another pregnancy. Give your body and mind a few months to recover. Ask God for His perfect timing. Seek medical advice if there is a pattern of miscarriage. Both your husband and you may need to undergo testing to determine the cause of the miscarriages and what potential treatment is required. Bathe any decisions concerning medical procedures in prayer together. Remember, you are a team. God will direct you as you turn your body and family over to Him. †

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