

LOOK WHAT'S INSIDE:

FURNACE OF BLAZING FIRE

NCF IN ACTION

MENTAL HEALTH NEWS

LAST LAUGH

We Are Deeply Grateful



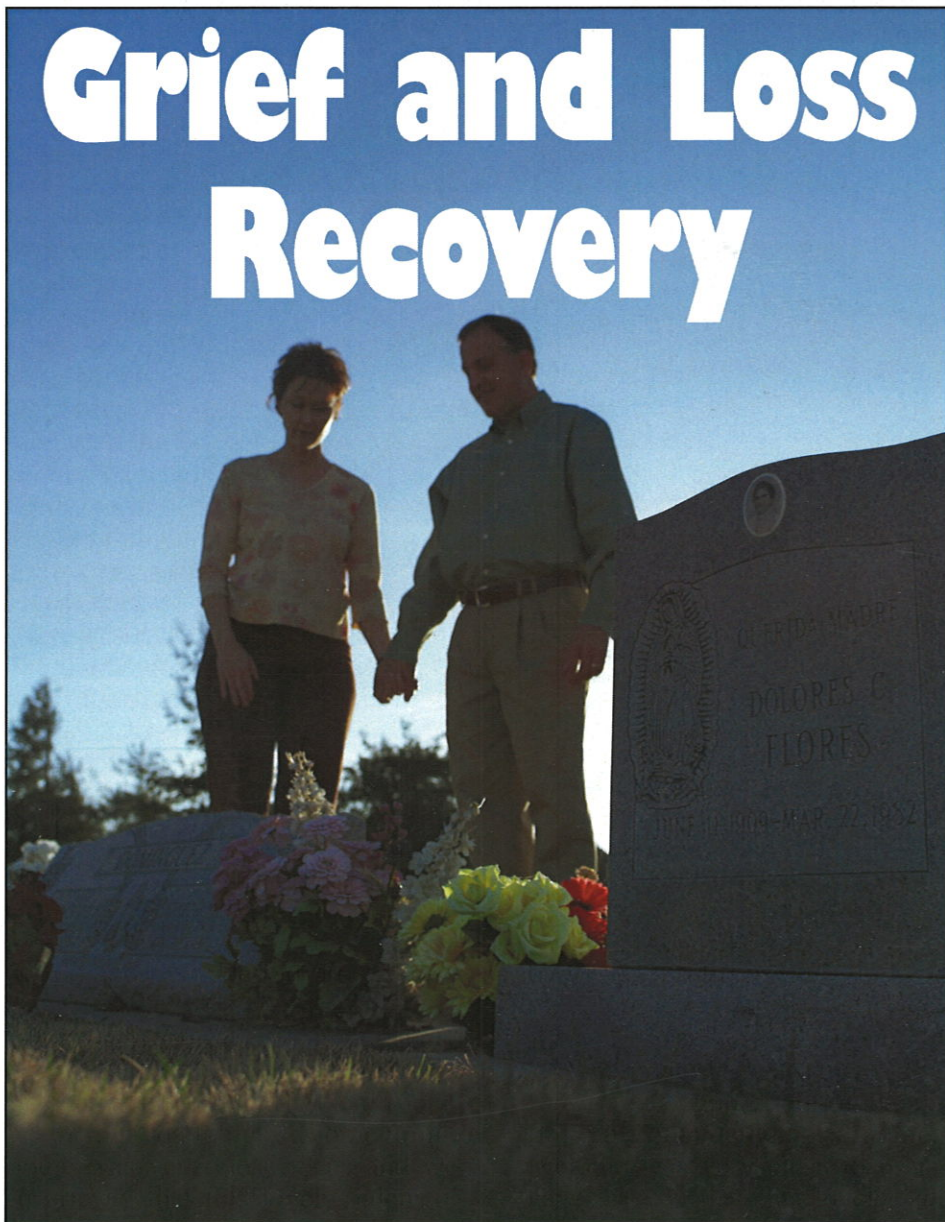
by Clyde and Ruth Narramore

We want to tell you how deeply grateful we are for your prayers and support during the difficult time of our daughter's homegoing. Melodie was very close to us and we have grieved that this lovely, talented, godly woman was taken so young. We miss her terribly.

Hundreds of you wrote cards and letters, phoned, and prayed for us during this time. Most of you told us the news was a shock, as it was to us. Only a few weeks earlier she was a bridesmaid in her brother Kevin's wedding. She also sang the lovely song "Only God Could Love You More."

GRATEFUL, continued on page 6 ►

Grief and Loss Recovery



by Richard Innes

Jeannette Lockerbie, former editor of Psychology for Living magazine, tells about a minister friend whose wife died suddenly. With her husband, she had been active in the church and was dearly loved by all the church members.

"I remember so well the church

announcement of her funeral service: 'Come, and wear your brightest colors as we celebrate her homegoing,'" Lockerbie reported.

"Fine. This congregation was just following the teaching this minister had given them for a score of years. Everyone did the 'right' thing: the minister bore up admirably and

GRIEF, continued on page 2 ►

GRIEF, continued from cover

'celebrated' with his people the death of his life partner.

"Months later, I happened to be a guest in the home where this minister was also visiting. I scarcely recognized the ghost of a man he had become. His deep sorrow at the snatching away of his beloved wife, suppressed in the interest of 'Christian' expectations of him, had worked its devastation in his life, both physically and emotionally."¹

His "brave front" and celebration, while true in one sense, also masked his deeper feelings. Such masks can be deadening.

Some time ago in an article in The Reader's Digest, John Kord Lagemann tells about another minister's reaction to death: "Recently the minister of our church had to carry tragic news to the parents of a twelve-year-old boy. Their son had drowned on a school outing. Later, the parents told me, 'The minister didn't preach or tell us to be brave. He broke into tears and wept with us. We will always love him for that.'"²

To hide behind a brave front in times of deep sorrow is to set one's self up for greater trauma ahead.

This second minister was handling

grief the better way. Although everyone grieves differently, at some point we all need to allow ourselves to feel our sorrow. If we don't mourn we will never be comforted (Matthew 5:7). Emotions are God-given. If we try to deny them we rob ourselves of spontaneity and seriously affect our emotional and physical health as well as damage our relationships. As John Lagemann put it, without emotions life would be like "playing a trombone with a stuck slide!"

In giving us emotions God also gave us ways to express them. He gave laughter to express joy, words to express anger, and tears to express sorrow. At the grave of his good friend, Lazarus, Jesus wept openly and unashamedly. "Weep with those who weep"³ is God's practical and healthy advice.

Grief can be caused not only by the loss of a loved one, but also by the loss of a job, a home, one's savings, a loved family pet, or anything of value. With any of these losses, the natural response is to grieve—which may include a mixture of reactions and emotions, all of which need to be worked through and resolved. Grieving is not a quick-fix simple event, but a process that can take weeks, months, or years depending on

the significance of the loss and our personality makeup. The following are stages that need to be worked through to bring resolution:

First, accept the reality of what has happened. At times of deep loss there is often denial. "This couldn't have happened to me. It's just a bad dream," the mind reasons, and blots out the reality of the situation. As difficult as it may be, to resolve grief it is essential to accept whatever loss has occurred.

I know one man who was divorced 20 years ago. His former wife has long since remarried, but he is still living in a fantasy world with the dream that she is going to come back to him. As much as God (and the rest of us) hate divorce, and while miracles are possible, the belief that this woman is coming back is highly unrealistic. Until he accepts the finality of his situation, he'll stay stuck in the place where he has been for the past 20 years!

Second, realize that it is normal to hurt deeply at a time of loss. Give yourself permission to cry. It is one way of draining the pain of sorrow and loss. As long as our feelings are bottled up, we can't think clearly, we numb out, and get stuck—that is, we can't get on with our lives. Only after

PSYCHOLOGY
FOR LIVING

Published quarterly by the Narramore Christian Foundation, 250 W. Colorado Blvd., Suite 200, Arcadia, California 91007.

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LAST LAUGH



I sent you a text message to say I'd be home late. Is it my fault that you don't own a cell phone?"

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we discharge our painful emotions in healthy ways are we freed to pick up the pieces of our lives and return to meaningful living.

Some societies are much healthier when it comes to grieving. The Dani people in Papua, Indonesia, for example, says former missionary Elise Wight, weep and wail openly for several days when a loved one dies. We, too, need to weep out our pain. It is absolutely essential for healing. Like Jesus who wept over Lazarus's death and Jerusalem's unbelief, "Blessed are those who mourn, for they will be comforted."⁴

Third, accept feelings of loneliness, fear of being alone, and a sense of hopelessness as normal following the loss of a loved one. "What is there left to live for?", some feel. Forcing yourself to stay involved in former activities you enjoyed and going out and mixing with friends as soon as possible is very important. Equally important is to join a support group—with others who are also suffering loss. None of us can make it alone. We all need the support of loving, understanding friends, especially during times of grief and sadness. As the Bible teaches us, "Bear ... one another's burdens, and so fulfill the law of Christ."⁵

Fourth, there may also be feelings of guilt, especially if there has been a suicide or some kind of preventable accident. Why didn't I do more for her/him? If only I'd been more understanding. It's my fault? All are thoughts that can haunt.

I talked with one man whose wife committed suicide six months earlier. This man felt he was to blame. Like all of us, I'm sure he could have done some things differently, but he wasn't responsible for his wife's action. Suicide was her choice. His guilt was false. He may need professional counseling to help him see and resolve this.

Fifth, another common emotion in grief is anger. We may feel angry at the person for leaving us, or at our boss for firing us, or at God for allowing our loss to happen. Anger can be difficult to admit, especially when directed at someone we loved very

much—or at God! If there is anger, it is essential to acknowledge and express it in healthy ways. If it's repressed, full recovery isn't possible and can lead to depression and/or physical sickness.

I read about one woman whose two sisters died tragically. She announced to the rest of the family, "There is no God. I don't believe in Him anymore." This woman was understandably angry at God, but instead of telling Him how she felt, she rejected Him. God doesn't get upset when we are angry at Him. He knows it anyhow and He understands. The healthy thing to do is to tell Him how we feel so we can resolve these feelings. Otherwise we will stuff them and become physically ill, depressed, bored, withdrawn, or take out our hurt on others.

In Psalm 109, David expressed his angry feelings to the Lord against those who were accusing him falsely. He prayed, "O God, whom I praise, do not remain silent, for wicked and deceitful men have opened their mouths against me; they have spoken against me with lying tongues. With words of hatred they surround me; they attack me without cause."⁶ And then he poured out the bitter feelings he held toward these people, after which he prayed, "Help me, O LORD my God; save me in accordance with your love."⁷ It can be very helpful for us to do the same.

Finally, give yourself time to heal.



As you accept and deal with your painful feelings, refuse to keep living in the past. Remember the good and the difficult times with your lost loved one, but learn to live in the present. Do something that will help others.

Remember, it is God's will that we recover and use our pain as a means to promote growth. This can better equip us to minister to others who grieve. He wants to help us—and will—as we open our life to Christ and daily commit and trust ourselves to Him. As His Word says, "Casting all your care upon Him, for He cares for you."⁸ †

¹Personal correspondence with Jeanette Lockerbie,

²The Reader's Digest, August 1967,

³Romans 12:15,

⁴Matthew 5:7, (NIV).

⁵Galatians 6:2, (KJV),

⁶Psalm 109:2-3,

⁷Psalm 109:26, and

⁸1 Peter 5:7, (NKJV).

Furnace of Blazing Fire

Learning to Cope with Bipolar Disorder

by Robert Whitcomb

During her youth, Cheri was a delightful child who made her family proud with her many musical gifts and warm devotion to her Christian faith and to her parents. Her older brother, Laird, had an auspicious beginning as well until his early twenties when he developed the serious mental disorder, bipolar disorder, also known as manic depression. A life that brought his parents and those who knew him joy and hope was now characterized by chaos, drug abuse and general instability. They feared that this was repeating itself in Cheri's life who was now 19 years old. She had begun to exhibit signs of erratic behavior during a music conference and this fueled family fears that a genetic time bomb was exploding in her life.

This concern brought her and her parents to my office.

According to the National Association of Mental Illness, "Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide."¹ When these patients are on the "upside" of their emotional roller-coaster, called mania or hypomania, they have symptoms such as: elated, happy or irritable mood; increased energy; racing thoughts and flight of ideas; increased talking, more rapid speech than normal; grandiose plans and ideas; risk taking behavior; impulsiveness; and decreased sleeping without experiencing fatigue. On the "downside" they have symptoms of depression including: loss of energy; prolonged sadness; decreased activity and energy; restlessness and irritability; inability to concentrate or make decisions; increased feelings of worry and anxiety; less interest or participation in and loss of enjoyment of activities normally enjoyed; feelings of guilt and hopelessness; thoughts of suicide; changes in appetite; and changes in sleep (more or less sleeping). In the United States

approximately 10 million people suffer from bipolar disorder.²

One of the first things the family told me when they brought Cheri for counseling was that her older brother had been diagnosed with bipolar disorder and had been in some kind of treatment for nearly 10 years. Unfortunately, her brother was inconsistent in taking his medication and maintaining regular therapy appointments. Common to many people who suffer from bipolar, Laird would stop taking his medications once the depression subsided. Then he began a cycle towards mania and reported feeling much better. Often he would have such energy and grandiose ideas that he declared himself cured. Medications and therapy were no longer needed, he claimed.

Unfortunately for Laird, those times turned out to be the most destructive times of his life. He would leave home, disappear for days or weeks at a time and live recklessly and impulsively. Drugs, alcohol, spending sprees and manic episodes ravaged his relationships, employment and health. Cheri's family was dearly hoping and praying that she would not suffer the way of her brother. But their worst fears were



provoked when Cheri created some rather bizarre sounding music and penned very raw language that was unlike the lyrics she commonly wrote.

“I was just having a creative moment and you took it all out of context,” defended Cheri. “There is nothing wrong with me. I’m not Laird!” But her family’s perception was that she was way out of control and not her normal self. Fortunately after much prodding and pleading, Cheri reluctantly agreed to begin counseling.

Though I had a strong hunch she did indeed have the dreaded disorder, I knew I needed some time to accurately evaluate her symptoms and come to a clear diagnosis. In addition she needed a psychiatric evaluation to rule out any medical reasons that would account for her symptoms and to consider the use of psychotropic medications.

The psychiatric evaluation and blood work ruled out any physical reasons for her moodiness. Her psychiatrist confirmed the family’s fear, diagnosed Cheri with bipolar disorder, and recommended ongoing counseling and medication to stabilize her moods. Typically patients with bipolar disorder require several types of medications to help stabilize their moods. The combination and amount of medication varies from individual to individual and most patients need several months to reach the optimal levels and best combination of medications.

Cheri, however, was not convinced and refused to fill the medical prescriptions. “I can get moody some, but who doesn’t?” Cheri was responding the way many patients who have had bipolar do. As soon as she felt better she decided she did not have manic depression. For a few weeks Cheri did indeed seem to be her normal self. However, Cheri suddenly stopped coming to sessions. When I tried to reach her I was told by her parents that she had been hospitalized with another severe manic episode.

After her time in the hospital Cheri’s mom brought her to her first appointment. Cheri seemed somewhat dull and slow. Her speech was slow, her affect was flat, and her eyes had a dullness to them that reflected high doses of medications typical to patients who have had a manic or psychotic episode. The next weeks were spent reconnecting and monitoring her moods while her psychiatrist adjusted her medications. After a few weeks her eyes regained their sparkle and her affect and speech returned to normal.

FINDING ACCEPTANCE. Cheri and her family earnestly longed for healing. They were praying, family and friends were praying and everyone who knew was appealing for God’s mercy. While this out-pouring of support was received with heartfelt gratitude, sometimes it made it difficult for Cheri to take seriously many of the coping strategies we had implemented in therapy because “the Lord couldn’t possibly

deny so many petitioners.” Some well meaning friends could not understand the profound and overwhelming nature of Cheri’s depression. Others offered simple solutions and unempathic suggestions. During the medical treatment Cheri often had to see herself through times when some medications were not working in order to discover what did work. Other occasions required her to suffer annoying side effects from the medications until her body acclimated to the drugs. Cheri needed great courage, determination, and support to successfully navigate these times.

BECOMING AN EXPERT. By researching bipolar disorder, Cheri and her family eventually became experts in this field. This helped Cheri become a better partner with her doctor and a better consumer of the support available to her and her family.

They discovered local support groups, read books authored by persons who were successfully managing this disorder, and learned to adjust their lifestyle to guard against relapses and promote wellness. Blogs on the

internet and testimony shared by others gave hope that this illness could be managed and Cheri’s life did not have to be marked by the instability that had shattered Laird’s life.

P R O M O T I N G WELLNESS. As Cheri worked to understand her illness, she became better able to predict when a mood swing was coming and more effectively enacted strategies that promoted better outcomes. She began to understand how her lifestyle aided or hindered management of her moods. For example, she learned that stressful events could cause her to fall into a depression or manic episode if she had prolonged exposure. Cheri found that she benefited from regular sleeping patterns, good eating habits, and exercising regularly. Her spiritual life also provided much needed support and a framework to understand and deal with difficulties in life.

Cheri and I continued our work for several years and we went through many deeply disturbing times. Each time we learned something new about managing and predicting her mood swings. Cheri went on to college and is currently completing her degree. Her faith has remained strong and she shared with me one day her favorite verse, Daniel 3: 17, 18 “If it be so, our God whom we serve is able to deliver us from the furnace of blazing fire; and He will deliver us out of your hand O king. But even if He does not, let it be known to you, O king, that we are not going to serve your gods or worship the golden image that you have set up” (NASB). After that we often referred to her illness as her “furnace of blazing fire.” †

“Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide.”

*-- According to the
National Association of Mental Illness*

¹National Institute of Mental Health. (2007) *Bipolar Disorder*.

²National Alliance on Mental Illness. October 2006 *About*

So many of you mentioned how beautiful she was. We agree -- but she was just as beautiful inside. We've rarely seen a person more thoughtful or more dedicated to Christ, and Melodie seemed to encourage everyone she knew. Many of her students have told how their lives were changed by her guidance and encouragement.

Melodie trusted Christ at the age of five and never wavered in her commitment to the Lord. She was sweetly intent on leading people to Christ. Just a few weeks before she went home to be with the Lord, she led to Christ a number of prison inmates and others in Hawaii.

Your letters and cards have been so helpful to us. We have never seen such meaningful condolences. They were masterpieces! We read each one carefully, then talked about it, and often cried. As we were receiving your letters, cards and phone calls we couldn't help but think that although through the years we had ministered to many of you now you were ministering to us.

Many have asked about Melodie's husband, Paul, and their fourteen year-old son, Byron. We feel that they are doing well. Both are dedicated to the Lord and to each other. Not long ago we said to Byron, "How wonderful that you and your mother had fourteen wonderful years together!" He replied, "we actually had twenty-eight years together; I had fourteen and she had fourteen!"

Although advancing age is slowing us down we continue to be active in many ways. As you may know, Ruth has recently published a book of poetry, *Come Share My Joy*. Clyde still works part-time with the Narramore Christian Foundation and has written a new book which we hope will be published before long. We are also privileged to regularly talk with a number of long time NCF friends by phone and stay in touch with family and friends.

In closing, thank you from the depths of our hearts for your prayers, and letters, and evidences of caring. If you have lost a loved one, you know what we are going through. But we are not alone. God is with us every moment and your caring words are a wonderful expression of His love and presence. †

TRIBUTE GIFTS

Gifts In The Memory Of:

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Melodie Narramore Yocum	Evelyn S. Hegge
Melodie Narramore Yocum	John & Grace Kishishian
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Early Math & Reading Skills Best Predictors of Later Academic Achievement

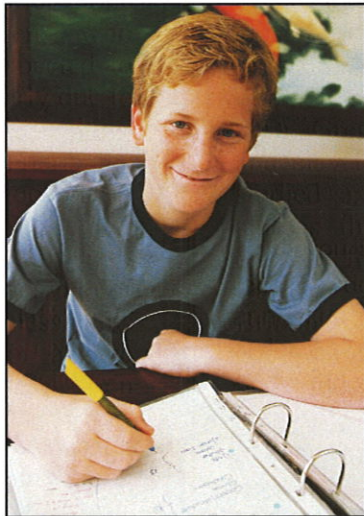
Examining data from six longitudinal studies, researchers have found that children who enter kindergarten with elementary math and reading skills will do well later in school. This holds true even if there are some social and emotional problems, but does not hold true if there are early attention deficits.

Dr. Greg J. Duncan and eleven co-authors studied six large-scale studies that included children from the US, Canada and Great Britain. Early math concepts such as knowledge of numbers and the order of numbering were the best predictors of later school performance.

Language skills such as reading, knowing letters, vocabulary, and understanding phonetics were next best predictors for later school success. They also found that attention skills, ability to manage hyperactive behavior, and ability to concentrate and focus on tasks predicted later academic success. Students with better attention and concentration fared better than those who were less skilled in these areas.

The surprising information found by the researchers was that aggressive behaviors, difficulty getting along with peers, and sad or withdrawn behaviors did not distract from later academic success.

The researchers urged cautiousness with this finding, stating that the studies were drawn from general populations



and not from studies of children who have had a clinical diagnosis. The researchers suggested that perhaps the teachers were able to provide structure to the general population that reduced the impact of these behaviors. Not only does this offer hope for children who might be expected to do more poorly due to emotional difficulties, but also supports the benefits of good classroom management.

Children in the studies were assessed for school readiness skills and behavior at age five and then reassessed at ages between seven and fourteen. Controlling for cognitive abilities, the researchers found that early math skills were "strong predictors of later math achievement and predicted later reading achievement as well as early reading skills. These and other patterns were similar for boys and girls and for children from both upper- middle-class and poor families."¹

These findings are consistent with experts' recommendations for teaching math and reading skills in preschool. While the specific curriculum was not studied, the outcome has important implications for preschool education. †

¹APA Press Release, November 12, 2007, "Children's early academic and attention skills best predict later school success, according to analy-

FOUR FACTS YOU SHOULD KNOW ABOUT YOUR FINANCES



- If you are 55 or older, you can receive, depending on your age, annual returns between 5 to 11% for as long as you live, through an NCF Annuity and receive a tax deduction.
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