

Transcript of Faithful Brain Foundational Knowledge Lecture 6

Hello I'm Dr. Leonard Matheson.

This is the sixth foundational lesson for "*Your Faithful Brain: Designed for so much more!*"

These foundational lessons are intended to help counselors develop practical applications of the faithful brain model. We do this by applying the model to case histories.

The case history for this lesson is a gentleman I will call Michael, although that is not his real name. I've made changes to his story to help preserve his anonymity.

Michael is a very successful dentist, married and the father of four small children. I met Michael when he was 38 years old, six months after his wife Christine committed suicide. Michael's children ranged in age from 14 months to seven years. Based on a psychological postmortem it appeared that Christine suffered from postpartum depression that led her to suicide.

Two weeks after Christmas, on the afternoon that Christine ended her life, Michael received a voice mail message from his wife telling him that she was at her parent's house. She said that she was overwhelmed and couldn't take anymore and said goodbye. Christine's parents were on vacation and she was watching their home, taking in mail and feeding the cat.

Michael knew that Christine was depressed, but he attributed it to insomnia and the difficulty of caring for their four small children. They were both exhausted but he didn't think that there was anything that was especially wrong or unusual. Christine had experienced brief postpartum depression after their third child was born but recovered spontaneously after a few weeks.

Michael received the voicemail message as he was starting home from his dental practice. He called home and found that one of the neighbors was watching their children. The neighbor did not know where Christine was or when she was coming home. She had been gone since their oldest child had gotten home from school about 2:30 that afternoon, it was now a little past 6 o'clock.

Michael drove straight to Christine's parent's house but did not see her car. He pulled into the driveway, and as he was walking to the front door, thought that he'd heard a sound coming from the attached garage. He went up to the garage door and realized it was the sound of an automobile engine idling. Michael

panicked and tried to lift open the garage door but couldn't. He ran around to the side of the house and threw his body against the side door of the garage. After several frantic attempts, it gave way.

He found the switch for the garage door opener at about the same time that he saw Christine slumped in the seat of her car with driver's door opened. As he told me later, *"The dome light told me all that I needed to know, I was scared and angry at the same time. How could she do this to me?"*

As the garage door opened, Michael ran over to Christine and pulled her out of the car onto the floor of the garage. She was not breathing, he could find no pulse, her body was cool in the January evening. Michael began CPR and yelled for help. An older neighbor had heard him breaking down the side door of the garage and had come over with his shotgun. Michael got him to run back and call 911 while he continued CPR.

Christine continued to be non responsive over the several minutes that it took for the emergency medical team to arrive. They tried defibrillation and mechanical ventilation on the floor of the garage, and as they transported Christine and Michael to the hospital. She was pronounced dead in the emergency room.

Michael and Christine had many friends in their neighborhood and had been active in their church for several years. Word of Christine's death got around quickly and led to tremendous outpouring of practical and emotional support. Michael's pastor met with him several times and referred him to a professional counselor.

Unfortunately, Michael was resistant to this recommendation. He actually didn't contact me for six months. In my first session with Michael, it was clear that he was in deep trouble. He was trying to take care of his family and his dental practice. He had been getting about three hours of sleep each night. He had lost 25 pounds reporting that he had no appetite.

Our case history of Michael and Christine is pertinent to the topic today, having to do with the relational nature of the faithful brain. This topic is important, because it takes us beyond the idea of an integrated brain to an understanding of the necessity of relationships extending from individual neurons up to and including us and all of the people with whom we do life.

So much of mental illness is conflated and worsened by isolation and conversely so much of a fulfilling life is improved by meaningful relationships. Isolation is both a symptom of and a contributor to mental illness. Meaningful relationships are both an indicator and a contributor to flourishing.

It's so easy to see the critical importance of relationships when they're yanked away from us like this. The web of pain that Christine's suicide created told the story. Not only Michael but Christine's children, especially the seven-year-old Amy, a second grader who loses her mother like that, a second grader old enough to have a sense of responsibility for the volitional death of her mother.

Although her father and grandparents had tried to keep the means of Christine's death from Amy by telling her that she died in an auto accident, the word was around town. The actual cause of death was known to many people and Amy found out about her mother's suicide from a friend at school.

Only a few weeks after experiencing the deep pain of losing her mother she learns that it was her mother's choice and of course the little girl asked why, what did I do, what have I done wrong, why did mommy kill herself? And of course those were all the same questions that were being asked by the adults. Michael, Christine's parents and in-laws, Christine's girlfriends, Christine siblings, all were asking why, what could they have done to stop Christine from killing herself? What was missing in Christine's life, where had they gone wrong, where had they let her down? A young mother, a wife outwardly successful.

If it is actually true that God designed us for relationships, why do we do this to each other? Could it be that we actually are not designed for relationships? That we're just put on this earth and relating is what we do while we pass the time of life?

And this is where my story intersects with the story of Michael and Christine. Suicide is well known to me. I have been suicidal, my loved ones have been suicidal, clients and I have made suicide attempts, sometimes successful. With the type of clinical practice I have involving severe trauma and disability, many of my clients have been suicidal. Many of my clients have made suicide attempts, a few of my clients have been successful so I have a deep and abiding interest in suicide and what we can do to avoid it.

Several years ago, I began to work with the Veterans Administration on mental health problems of veterans who'd experienced PTSD and traumatic brain injury. Every day day and day, out 15 veterans were committing suicide. You probably know by now that that number is up to 22 per day and in some reports 23 veterans per day. That's a huge tragedy. Each person a Christine, each person leaving behind a family, each person giving up their birthright for joy and happiness and love.

And now we come to Thursday, November 3, 2016, a headline in the New York Times, *“Young Adolescents as likely to Die from Suicide as from Traffic Accidents”*. The Centers for Disease Control and Prevention found that in 2014, the most recent year for which data are available, the suicide rate for children ages 10 to 14 caught up to their death rate for traffic accidents.

Now I'm a data kind of guy and I also see from the Pew Research Center on Religion and Public Life that (the number of) Americans who self identify as Christians has declined more than 10% from 2007 to 2014.

And all of these stories are related not just by the fact of suicide, although that has put them in the same universe of humanity. These stories are all related because, because we have found with psychological autopsies that there are themes that lead up to the suicide. We can learn from these themes.

Let's take a closer look at my experience and the experiences of Michael and Christine. Let's find out what we can take away to help others. And so, let me share with you a little bit of my story that brought me up to the door of suicide, and put my hand on the handle, and what stopped me from turning the handle, and opening the door.

As a young adult atheist on the beaches and in the bars of Southern California, I became addicted to culturally defined success and I was all in. That was a philosophy I gladly embraced. It offered fun and freedom and pleasure and the type of intoxicated joy. But it is an intoxicated joy, there briefly with an empty aftertaste that craves more of the same.

After I rejected God and tried to develop and maintain an atheism that was antagonistic to Christians and others of faith, I found many smart people I could follow and emulate. As a young counselor, I took formal training in Gestalt therapy founded by Fritz Perls. Dr. Perls was a genius and master therapist and I found him very compelling. His therapeutic strategies and techniques were very effective in resolving past traumas and unleashing potential and his philosophy fit my atheism. He was famous for a quote repeated by all of his followers -

“I do my thing and you do your thing, and if by chance we find each other it's beautiful, if not, it can't be helped.”

This philosophy leads to relationships based in pleasure and self-interest and what you can do for me now without an enduring commitment or sacrifice. This philosophy leads to a type of love that is truncated to fit within those relationships emphasizing pleasure and not even being aware of the deep joy for which we are designed.

The love that I was experiencing within the confines of my heart and brain was real but truncated to fit, squeezed into my unredeemed self. From the outside, that love looks just fine but it's not. I found that my capacity for love ebbed and flowed with the quality of my relationships. It was great and grand and wonderful when my relationships were great and grand and wonderful, but was dull and cold and small when my relationships were dull and cold and small.

And there was something happening that I did not fully appreciate until I began to study the intersection of faith and neuroscience, that this type of human love causes the brain's development to be truncated as well. This type of human love, does not help the brain to flourish. This type of human love, does not help the brain to experience its full potential. The mechanisms for growth and resilience themselves are truncated, poorly integrated and inefficient.

In my otherwise active and engaged 20s, my brain development limped along. Now looking at me from the outside you couldn't tell. During my 20s, I received my doctorate from one of the top programs in the country. I owned three expensive homes in the beach cities of California, I drove a stylish car, and sailed the stylish sailboat and threw stylish parties. I appeared to be very successful, but I had a growing emptiness that pleasure upon pleasure could not fill.

After more than 10 years of this intoxicated joy, I awoke one morning with such a deep emptiness that I began to consider suicide. I isolated myself, cutting myself off from my family and friends and gradually getting comfortable with the fear that suicide entails.

Now therapists sometimes miss the point that suicide itself is frightening to the person who is contemplating suicide. Yes, suicide may seem to be a relief from despair, yes, suicide may seem to be a relief from emotional pain, but it is also frightening. It takes a while to overcome this fear and during this time it is absolutely essential that we emotionally isolate and withdraw.

We begin to develop a secret suicide agenda. We begin to conjure a warped narrative about the world being better off without us. We forget, if we ever knew, that we have a special place in God's created reality. We forget, if we ever knew it, that God loves us just as we are, no strings attached. Social isolation and removal from the company of those who love and care about us is the context of suicide.

But for Christians, there is something even more fundamental that we must achieve. For Christians, spiritual isolation and rejection of the love of God is the

context of suicide. As Christine's psychological autopsy unfolded, it became clear that her suicide was a process that included both spiritual and social isolation.

And this leads to one of the great advantages that Christian counselors have over secular counselors when our clients are Christians. We have the opportunity to help our clients appreciate that God will never let them go.

Now it's certainly possible to reject God, I gave it a very good try. But God never gives up on us and if we can help our clients accept the availability of God's love, made possible by grace, in spite of our attempts to push God away we can help our clients get started back on the road to spiritual health, that leads to relational health.

But let me stop preaching and give you some scientific facts. Loving God is great for your brain in so many ways. Loving God is the necessary starting point for healthy nervous system integration, which is the foundation for homeostatic stabilization.

From neurochemical orchestration and balance, to the protection of the tiniest synapses of the newest neurons, to nurturing healing neuroplasticity, to guiding values-based neuroconsolidation, to protecting neural epigenesis, being in a love relationship with God just can't be beat. Choosing to love God and to be in a loving relationship with God, gradually improves our emotional resilience by protecting the circuits that we need to return to homeostasis that maintain emotional resilience.

And so, how do we implement and harness these wonderful restorative mechanisms. Well, Jesus tells us, *"love the Lord your God with all your heart and soul and mind and strength and love your neighbor as yourself"*. I have found that the order of these instructions is crucial, first, love God and then ourselves and then our neighbors. And here is something that you may not learn until you're very old, we can only love our neighbor to the degree that we love ourselves and loving ourselves grows out of our ability to love God.

These are all learned responses, learned behaviors, learned habits. The brain basis of this describes a process of learning, a trajectory of growth in our ability to love that begins with faith in God's absolute availability and trustworthiness, that sets the stage for developing our abilities to love.

We have mechanisms in our brain and nervous system that support love that can be cultivated and nurtured or neglected and stunted. If we are lucky we begin life with love teachers, our parents and grandparents and other careful and loving caregivers. But as we grow, we begin to encounter the inconsistency and

brokenness of these wonderful people. If we are lucky, they do the best they can but when they fall short and if they take responsibility for us seriously, they become aware of their shortfalls and grow themselves.

In their growth, we grow. In the growth of their ability to love, our ability to love grows but ultimately they are imperfect teachers of learning how to love. Now that's okay because the perfect teacher is available. But have we been introduced to the perfect teacher? Have we fully grasped the importance of the perfect teacher's presence in our lives? Do we really fully understand the reason for Jesus?

The Bible tells us, that accepting Jesus as our ultimate teacher of love redeems us. What that redemption looks like in our brain and nervous system is continually refreshing the mechanisms that help us maintain homeostasis and provide the emotional resilience that we need to prosper and grow in responses to the challenges of life.

In my experience, coming back to God in my early 30s, the love of Christ redeemed me and set the stage for my neurorehabilitation. When I surrendered to Christ as my Lord and Savior, my redemption began the process that continues today, decades later and will play out for the rest of my life, growing me toward eternity.

And so for Christine, “What went wrong?”, and undeniably something had gone wrong. Christine had grown up in her parents home and church with a deep and abiding faith in God, and love for God that helped her grow her ability to love others, and she did love others, her parents and siblings, her husband Michael her children.

The psychological autopsy provided several clues to what had gone so horribly wrong. Michael shared with me the suicide note that Christine had left, it was addressed to him. I won't go into all of it right now except to say that she apologized in a way that left him feeling responsible for her death, at least that's how he interpreted it and how he had been interpreting it for six months before showing it to anyone. He had not shown it to his pastor or his parents or to Christine's parents. I was the first person other than the police to see the note. The police had retrieved the note from the front seat of Christine's car. In the note Christine wrote -

“I just can't love you enough to keep living”.

As we look at Christine's final months of life, it became clear that she was feeling overwhelmed by her responsibilities for her children and her husband but

wouldn't ask for help. She was not able to tell anyone about feeling overwhelmed and needing help. I'm not sure, but I think she felt guilty and embarrassed.

Michael and several of her friends pointed to Christine's tendency to compare herself to her mother. Christine idolized her mother. Christine seemed to believe that her mother handled her pregnancies and childbearing and child rearing with consummate ease and Christine expected herself to do the same. But she couldn't admit this to Michael and she wouldn't admit this to her mother and I don't know whether or not she asked God to love her in spite of her self-perceived shortcomings, I hope that she did but I think that she didn't.

Now, what happens to our brains and nervous systems when we are under the unrelenting stress of high self expectations? There are many deleterious effects and these aggregate over time. Let me share just a few with you.

First, with neurons, high levels of cortisol trim dendrites and gradually cause the neuron to wither and die. New neurons are especially vulnerable.

Next, ruminating about our perceived shortfalls, harnesses our neuroplasticity to develop a negative and ultimately destructive self image.

Next, when we go to sleep each night thinking about our problems and how we are inadequate, neuroconsolidation reinforces self-deprecating neural networks that gradually dominate our thinking.

Next, behaviorally we make mistakes that we take as proof of our inadequacy, coming at us every day all day which erodes our self competence.

Next, we become anxious and the anxiety causes insomnia that sets us up for cognitive inefficiency which creates even more mistakes that we take as further examples of our inadequacy. It's a horrible death spiral.

For Christine, this was her death spiral that seemed to stem from her desire to be as good a mother and wife as she believed her own mother to be, her mother that she idolized.

From the outside, Christine simply looked overly busy and overly tired. She didn't have time to relax with Michael or her girlfriends or her parents or her siblings.

For example during her pregnancy she talked her friends at church out of throwing a baby shower for her explaining that she was just too busy and tired. While this was true her friends did not appreciate how she was actively isolating herself and pulling out of loving relationships with women who could have and would have nurtured her. There were several other indicators of Christine's self isolation that became clear in retrospect.

Christine's family and friends will never know for sure what they could have done to help Christine avoid taking her own life but I have some recommendations for you. If you meet a Christine or a Christopher during his or her suicide spiral, I want you to intrude, don't ask, intrude. Step up and offer a bouquet of just picked daisies, step up and chauffeur a Christine or Christopher to a recovery meeting or counseling session or support group of some sort. Sit in loving quiet with Christine or Christopher as they get started back on the road to sanity.

I speak to you with conviction because 37 years ago that's just what happened to me. Three friends intruded and helped me stick around for one more night, just one more night, and that was the night that I met Mary.

The story that Mary and I now share will be for another time but I can tell you that what I learned about suicide from the inside out, I've applied as a counselor many times since. Do what you know is necessary to do. Don't assume that the person is competent, intrude, love them, step up and be Jesus in skin for someone who feels unlovable.

As I look back over the years, I'm absolutely certain that God brought me to Mary to begin my redemption. As I said, that's a story for another time but I want to give you a little hint about the importance of stepping up. Mary did not appear to me in a flash, in a burning bush, she was just introduced to me as a friend and she was a loving friend.

I met Mary at a recovery meeting. We learned that we lived near each other. I was living on a small sailboat and did not have the ability to do my laundry. She took my laundry from me, did my laundry and ironed my shirts. I didn't even know that she had done it. What a gift! When I saw my shirts hanging there in her garage, I cried.

That is still one of the peak experiences of my life. It's bringing tears to my eyes right now. That was Mary being Jesus in skin to a very broken and heartsick man. That was Mary being protected by Jesus, being encouraged by Jesus, to reach out to a person who could've been very dangerous to her, to provide me with a glimmer of something that was way beyond anything money could buy, a new life, a chance at rebirth, which is a story for another time.

This story of Christine is especially important when we realize that it likely involved postpartum depression. Now, I did not have the chance to actually meet her and perform a diagnosis but the psychological autopsy strongly suggested that she had what is now known in the DSM-5 as a Peripartum Depressive Disorder. Also known as PPD, this very frequently encountered disorder can

have a range of severity up to and including postpartum psychosis that includes suicide.

The advice offered in the DSM-5 is that when we take a close look at this diagnosis, clues to its presence began to be seen before the pregnant woman gives birth, and in Christine's case that was true. Remember, I said that she had talked her friends out of throwing her a baby shower, that was a strong clue that something was wrong.

The single most important risk factor for PPD is social isolation and withdrawal. Conversely, the largest scientific review of effective interventions for PPD, tells us that the key ingredient to successful treatment is the development of healthy interpersonal relationships that provide support. Some people with PPD require the use of medicine, but it is absolutely clear that medication alone does not solve this problem. Without developing healthy interpersonal relationships that provide support, medicine just won't work, it's not adequate.

As her friends and family looked back at Christine's life in the few months prior to her suicide, there were many opportunities to intrude, to rekindle loving relationships and provide support.

The way I think we should look at this is to assume that Christine was temporarily incapacitated to take care of herself because she was so focused on taking care of her children and her husband. This may have been heroic but there's a horrible downside potential and Christine and her loved ones paid the price.

I don't mean to be callous about this, but I want to be absolutely clear that our relational brains absolutely need to be taken care of relationally. *"Love the Lord your God with all your heart and soul and mind and strength, and love your neighbor as yourself"* go together as necessary and sufficient for brain health and fitness, absolutely necessary and absolutely sufficient for brain health and fitness.

In a future lesson, we will explore how harmful this experience was to Michael but for now, let's use Christine as our guide to become more sensitive to how difficult life can be sometimes, and how important it is to help each other be reminded that God loves us in our brokenness and in our inadequacy, and that God's love is sufficient to heal our struggling brains and nervous systems, and bring us back into the joy for which we were designed.

As Christian counselors, I hope that we can all use Christine's story in our lives and in the lives of our clients.

So, thank you for your time and attention.

Check-in for additional lessons at faithfulbrain.com, we're posting them frequently. Take care now.