



The Struggle for Inner Peace

By Henry Brandt, Ph.D.

LESSON 1: MENTAL HEALTH—WHOSE PROBLEM?

Rachel Baker was a bundle of nerves. She could not sit still for long. She would pace the floor, and toss and turn in bed at night, unable to sleep. Her family and friends wondered what was wrong with her. She would, for no apparent reason, suddenly break off a conversation, turn away as if angry, and refuse to say anything more to them.

She had gone to her physician because she was nervous. After a thorough examination, he assured her that her nervous system was all right, and that there was nothing wrong with her body's organs. He said some problem must be troubling her.

At the advice of her physician, she came to our clinic for counseling. Knowing her history of "nervousness" from the referral, I proceeded to discover the reason.

"Are you having any difficulties?"

Mrs. Baker was quite surprised. "That's what my doctor asked me."

Are you?"

"No, I don't have any problems."

"How are you getting along with your husband?"

"Oh, fine," she replied.

"Any problem with the children?"

"No."

"Or with your parents?"

"No."

"In-laws?"

"No."

"Neighbors?"

"No."

We were having a fast-moving conversation. She was answering my questions promptly—too promptly—without even giving them a passing thought. It is not unusual for a reluctant client to respond this way.

"Are you here because you wanted to come?" I asked.

"Frankly, no," she said, "I'm here because my physician insisted. To level with you, I'm disgusted to be here. What can talking to you possibly do for my nerves? Does my physician think I'm a mental case?"

She answered my last question with lots of feeling and more than her usual terse reply. There was a lively person under that indifferent front after all.

"You must have an ideal life," I ventured.

"Well, no," she replied, smiling faintly. "I wouldn't exactly say that."

"Then what about it is not ideal?"

She thought for a few seconds, then volunteered: "Well, I'd be a little happier if my husband were more considerate."

I encouraged her to be specific.

"To be truthful, there are a number of things he does that put a damper on the happiness of our home," she said. She went on to explain that her marriage had not turned out just the way she thought it would. In fact, she said, there were many ways her husband failed to measure up.

"If his friends only knew the way he treats me!" By her tone and choice of words she was implying a selfish, heartless brute of a man.

"In what ways is he inconsiderate?" I asked.

She did not reply, and was silent for nearly two minutes. Finally she said: "I can't seem to think of anything definite right now."

I asked her to think awhile longer. It wasn't necessary to talk just to fill a gap in our conversation. So she sat quietly for several minutes. Eventually she spoke.

"I'm a little embarrassed—oh, it's not anything I should bring up. I mean it's kind of small, but anyway, you asked me to be specific, so I'll tell you what comes to my mind."

"It started early in our marriage. You see, we have a toothbrush holder in the bathroom. I'm left-handed so I've always liked to hang my toothbrush in the slot farthest to the left. He's right-handed, and he knows I'm used to that slot. But time after time, where do I find his toothbrush? In my slot!"

She apologized again for bringing up such a trivial thing, but said it did remind her of something else.

"It's the washbowl. Do you think he'll wipe it out when he's through shaving? Indeed not! And the towels—when I ask him to put clean ones out, he hangs them on the racks with a horizontal fold instead of a vertical." And that, she indicated, was enough to upset anybody.

There was more. Her father had always gone down to the kitchen before the rest of the family and had the toast ready when they came to breakfast. But not her husband. He never got near the toaster.

"I try and try to get him to match his tie with his suit, but he goes to work looking like a rainbow if I don't catch him before he leaves the house."

At the start, she had presented her husband as an awful individual. But like many people who describe their antagonists in broad, accusing terms, she could come up with no more serious indictment than faulty toothbrush storage when asked to be specific.

Often a person seeking counsel will describe a mate as someone against whom the counselor should be protected by a bodyguard. But when the mate turns up for an interview, he proves to be quite a gentleman (or lady) and with some complaints of his (or her) own. This was the case with Mrs. Baker's husband, Floyd.

"She complains when I raise the bedroom window a half inch," he said one day when it was his turn to speak. He liked to watch the ball game on television, but she always chose that time to talk to him.

"I'm not against a man talking to his wife," he said, "but why on earth can't she wait till the game is over?"

Her answer: "If he loved me, he'd put me ahead of his old ball game." She believed that if he'd just cut out his irritating ways, there would be no problem between them. I asked him why he didn't.

"Because she won't change the ways she annoys me," he said.

They were caught in a vicious circle, a pattern that had developed in their marriage because of the habits each had brought into it. Who would link a dislocated toothbrush to nervousness? Yet, add the dirty washbasin, and the towels, and the toast, and the mismatched necktie, and the windows, and the television sports, and you have battlegrounds in the bathroom, kitchen, bedroom, and living room, as well as at the front door. On top of these, minor eruptions pile up centering on the church, the neighbor's children, and the checkout clerk at the supermarket.

Some irritants are more annoying than others. Take the skirmish over the ball game on television. He knows she'll try to distract him the minute he turns on the game, so he is tempted to delay going home and to ask himself where else he can watch television. She thinks to herself, *Oh brother! It's almost time for him to come home and turn on that horrid game.*

Even before Floyd and Rachel see each other at the end of the day, they are already sparring for mastery (and no one has yet fought a battle without raising a host of emotions). They brought this pattern of behavior into their marriage. The slightest issue became a debate. To lose a decision was considered a bitter defeat. To win a decision was sweet victory. But in victory, there is always a loser, and losing is an irritant.

The tiniest loss, even if it is a minor issue, can be extremely irritating. A speck in your eye is not a serious problem, but it is so annoying that it takes all your attention until it is removed. A grain of sand is nothing, but put enough grains together and you have a ton of sand. So it is with one's response to conflict. Each irritant becomes far heavier than its own weight. As one piles on another, they blend into a vague blob, and all the irritable person is aware of is "nervousness."

Mrs. Baker consulted her doctor because she was a bundle of nerves. He sent her to me because he learned that her "nerves" were caused by an emotional rather than a physical problem. In other words, she was not adjusting well to people or events in her life. This is commonly called the "mental health" problem.

THE KEY TO EMOTIONAL WELLNESS

George Preston, in his little book, *The Substance of Mental Health* (Rinehart, p. 112), says the essential quality for mental health is to live (1) within the limits of one's bodily equipment, (2) with other human beings, (3) happily, (4) productively, and (5) without being a nuisance. A widely circulated pamphlet published by the National Association for Mental Health (New York, N.Y. 10019) is titled, "Mental Health Is . . . 1 2 3." People with good mental health, the pamphlet says, feel comfortable about themselves, feel right around other people, and are able to meet the demands of life. It adds that mentally healthy people are good friends, good workers, good mates, good parents, and

good citizens. The Bible gives us a comparable picture of a Christian who draws his strength from God:

The fruit of the Spirit is love, joy, peace, longsuffering, kindness, goodness, faithfulness, gentleness, self-control (Gal. 5:22-23). Since you have purified your souls in obeying the truth through the Spirit in sincere love of the brethren, love one another fervently with a pure heart (1 Peter 1:22).

Distributing to the needs of the saints, given to hospitality (Rom. 12:13).

Fulfill my joy by being like-minded, having the same love, being of one accord, of one mind (Phil. 2:2).

THE UNEASY GENERATION

Interacting with friends, workers, mates, and children will reveal the inner workings of a person. Being irritable can cause bodily aches and pains, tiredness, nervousness. The mind can become weighed down by burdens. Granted, the irritants may be small, vague ones. All a person may say is, "I'm anxious, afraid." Maybe he can't tell you any particular thing that is bothering him. But he knows something is, and once in a while one particular sore will fester till it breaks open.

This vague uneasiness typifies our society today. Here and there are noticeable spots showing that all is not well in our makeup. The crime rate is growing; juvenile delinquency is increasing; racial violence and dangerous international tension are heightening. Half of our hospital beds are said to be occupied by persons having mental or emotional difficulties. But these are only the bulges of a weak inner tube. More trouble spots will likely be revealed in days to come.

Record rates are being run up in divorce, drug addiction, and alcoholism. I wrote this paragraph in 1965. What has happened since then? Look at some statistics which are undoubtedly even more startling today than when they were compiled. According to the National Center for Health, in 1979, there were 1.18 million divorces granted—three times more than the 395,000 granted in 1959. The center estimates that 1.18 million children under 18 had parents who were involved in a divorce in 1979 compared to 562,000 children in 1963.

On March 3, 1983, I was startled by reading in the Cleveland *Plain Dealer* that 45 percent of the 1981 births in that city were to unwed mothers. In 1980, births out of wedlock in Baltimore totaled 57 percent; Chicago, 45 percent; and Detroit, 43 percent.

The First Statistical Compendium on Alcohol and Health, published in February 1981 by the U.S. Department of Health and Human Services, gives us some chilling data on alcohol consumption. In 1975, there were about 7.5 million alcoholics in the United

States. In 1970, our Veterans Administration hospitals discharged 53,396 or 7.7 percent of all patients whose principal diagnosis was alcoholism. By 1977, the number of alcoholics had climbed to 101,342 or 10.8 percent of all discharges. In 1977, approximately 50 percent of all murders, sexual assaults, and robberies were alcohol-related. In 1975, 50,000 people died in car accidents; 35 to 64 percent of the drivers in those fatal accidents had been drinking. There were 1.5 million people injured in alcohol-related accidents.

In 1978, 2.60 gallons of spirits, 2.51 gallons of wine, and 29.78 gallons of beer were consumed for each person above legal drinking age (18 and older). Eleven percent or 17.8 million people 18 or older are heavy drinkers—meaning two or more drinks a day.

The economic costs of our alcohol consumption are frightening:

Loss of production	\$19.64 billion
Health and medical	12.74 billion
Car accidents	5.14 billion
Violent crime	2.86 billion
Fire loss	.43 billion
Social responses	<u>1.94 billion</u>
 Total	 \$42.75 billion

There is also the growing dependence on addicting drugs. Senator Dan Quayle (R-Indiana) reported these findings of the Labor and Human Resources Committee. From 3 to 7 percent of the employed population use some form of illicit drug, ranging from marijuana to heroin, on a daily basis. Marijuana appears to be the principal substance of use and accounts for 90 percent of current users. Amphetamines are used 34 percent of the time; barbiturates, 21 percent; and heroin, 5 percent.

Employees with a drinking or drug problem are absent 16 times more than the average employee, have an accident rate four times greater, use a third more sickness benefits, and have five times more compensation claims while on the job (*American Psychologist*, April 1983, p. 455).

IT'S HAPPENING TO CHRISTIANS!

Millions of people are suffering from chronic worry, hypertension, prejudice, guilt, hatred, fear, and the harassment of failure. In their struggle for inner peace, a quick solution is to turn to alcohol and drugs.

An alarming number of people suffering from these ailments are professing Christians! The person who knows Christ as Savior is not immune to mental or emotional problems. He is as susceptible to tension and anxiety as a non-Christian working beside him at the office or plant or living next door.

If you are struggling with a difficulty, you are not alone. That is, you are not the only one facing a problem, even though you share your inner conflict with no one.

"My problem is so simple," you say. "How can I talk about it? I can see that I'm mad at my wife. But when I think of the inconsequential things over which I'm mad, I get confused. Why should I lose my temper over a misplaced pair of socks, or why would I leave the house upset because she disapproves of my bowling teammates?"

"But the way I am—my reactions to life at home, at work, at church, with my relatives—causes me to lose sleep at night, to lash out at the children, to say things I don't mean. I think thoughts that surprise me. I tell myself, 'This can't be me.'"

You can see the vague outline of your problem, but you cannot figure it out. You look at a skyscraper and may get the impression that some magician has had a hand in putting together this magnificent, massive structure. But if you had seen it being erected, you would know it was built of relatively small pieces of material—a length of steel, a pane of glass, a copper pipe, a bolt, a weld, a switch, the particles that make up concrete. The problems you face are constructed quite similarly.

While living in the shadow of your problems, you look on them as massive, unexplainable. As you dismantle them to see what they're made of, you're a little embarrassed to find their components are so simple and ordinary. So you do nothing. Nothing, that is, till the problems overwhelm you. Then those who know you say, "He blew up," or "She's upset," or "He's suffering from a breakdown."

EMOTIONAL ILLS AND PHYSICAL ILLS

How widespread is emotional disturbance? We have cited the statistic that about half of the patients in our hospitals have become ill due to mental or emotional problems. For every person committed to a mental institution, a dozen are outside, groping in a half-real world. Ours is the age of anxiety, the age of the tranquilizer. We celebrate National Mental Health Week. W. C. Alvarez, of the Mayo Clinic, says:

Even after 53 years of practicing medicine, I still keep marveling at the fact that so many people whose discomforts are nervous in origin have failed to see any connection between their physical ills and the severe emotional crises that they have been going through. A thousand times when I have drawn from some nervously ill patient his story of sorrow, strain, great worry, or paralyzing indecision, he has looked at me puzzled and asked "Could it be that?" Like so many people he has never realized that many illnesses—even severe ones—are produced by painful emotion (*Live at Peace with Nerves*, Prentice-Hall, pp. 5-6).

Such people are sick. Ulcers are eating their stomachs; chronic headaches are driving them to distraction; chest pains have them frightened nearly to death. So not only are they mentally confused, but physically sick. And because they are sick, their conditions are assumed to be in the realm of the medical physician. After all, when people can't sleep because of the pains in their necks or their stomachs won't hold food, the help of medicine certainly seems called for.

Through the years, the close association between our emotions and physical symptoms has made it easy to assume that the symptoms were caused by some disease or by a body organ that has not been working correctly. Lately, however, it is becoming increasingly clear that the roots of such symptoms lie in the individual's adjustment to people. One spokesman for this view is T. S. Szasz, a leading New York psychiatrist, who says:

Psychotherapy is being widely practiced as though it entailed nothing other than restoring the patient from a state of mental sickness to one of mental health. While it is generally accepted that mental illness has something to do with man's social (or interpersonal) relations, it is paradoxically maintained that problems of values (that is, of ethics) do not arise in this process. Yet, in one sense, much of psychotherapy may revolve around nothing other than the elucidation and weighing of goals and values—many of which may be mutually contradictory—and the means whereby they might best be harmonized, realized, or relinquished ("The Myth of Mental Illness," *The American Psychologist*, February 1960, p. 113).

Another articulate spokesman, O. H. Mowrer, psychologist at the University of Illinois, said some years ago:

The only way to resolve the paradox of self-hatred and self-punishment is to help the individual see he deserves something better. As long as he remains hard of heart and unrepentant, his conscience will hold him in the viselike grip of neurotic rigidity and suffering. But if at length the individual confesses his past stupidities and errors and makes what poor attempts he can at restitution, then the conscience will forgive and relax its stern hold and the individual will be free, "well." But here too we encounter difficulty, because human beings do not change radically until they first acknowledge their sins, but it is hard for one to make such an acknowledgment unless he has "already changed." In other words, the full realization of deep worthlessness is a severe ego "insult," and one must have a new source of strength to endure it ("Sin, the Lesser of Two Evils," *The American Psychologist*, May 1960, p. 301).

Mowrer thus calls attention to one of the great barriers to finding relief from anxiety and guilt—a sense of deep worthlessness that is indeed a severe ego insult. We tend to shrink away from the truth about ourselves.

Drs. Szasz and Mowrer clearly describe our tendency to wander away from sensible and righteous behavior. We all act stupidly and make errors. The Bible reminds us that "all have sinned" (Rom. 3:23) and "there is none righteous" (Rom. 3:10). The Bible says our sins are against God. As the psalmist put it: "Against You, You only, have I sinned, and done this evil in Your sight—that You may be found just when You speak, and blameless when You judge" (Ps. 51:4).

Dr. Szasz sees our salvation in harmonizing, realizing, or relinquishing goals and values. Dr. Mowrer sees our salvation in squaring our past stupidities and errors with our own consciences by making attempts at restitution. Unfortunately, human relief is not the same as God's forgiveness, cleansing, and renewal.

GOD'S ANSWER

The struggle for peace is just that—recognizing and dealing with the sin that causes your problem. Paul Tournier, a Christian psychiatrist in Switzerland, says everyone experiences guilt feelings and seeks to escape them by self-justification and repression of conscience. "To tear men from this impossible situation and to make them capable once more of receiving grace, God must therefore first of all awaken within them the repressed guilt" (*Guilt and Grace*, Harper and Row, p. 142).

Sometimes, Tournier explains, this arousal comes only through severe dealings, which are necessary to lead men to the experience of repentance and grace. He writes, "For a man crushed by the consciousness of his guilt, the Bible offers the certainty of pardon and grace. But to one who denies this it bears terrible threats in order to make him introspect himself" (*Guilt and Grace*, p. 145).

Tournier then refers to God's words in the Book of Jeremiah: "I will bring judgment upon you because of your saying, 'I have not sinned'" (Jer. 2:35, MLB). The aim of "operation severity," Tournier says, "is not the crushing of the sinner but, on the contrary, his salvation. For that, God must pull him out of the vicious circle of his natural attempts at self-justification" (*Guilt and Grace*, p. 146).

In coming to terms with yourself, you must consider your relationships to the people and events in your life. Because mental health is related to your attitudes toward people, it is not a matter primarily for the physician. The Bible—not medical books—holds the key. God's Word deals with one's relationships with others, with standards of conduct, with emotions, with the deep issues of life, with the heart of a man before God. The struggle for peace is a spiritual matter, involving your soul or spirit and how you react to the things that come your way. The source of peace involves your relationship to God.

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