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## **Wholeness Beyond What Fractures: Inner Wholeness Beyond Isolation, Shame, and Despair**

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### **The Veritas Forum**

Dr. Curt Thompson is a psychiatrist and the author of *Anatomy of the Soul* and *The Soul of Shame*. He is also the founder of Being Known, which develops teaching programs, seminars, and resource materials to help people explore the connections between interpersonal neurobiology and Christian spirituality which lead to genuine change and transformation. • Miwa Yasui is an Associate Professor at the University of Chicago's School of Social Service Administration. Her research focuses on the influences of culture, ethnic-racial socialization, and family systems in mental health, development, and identity formation. • Please like, share, subscribe to, and review this podcast.

### **Transcript**

Welcome to the Veritas Forum. This is the Veritas Forum Podcast. A place where ideas and beliefs converge.

What I'm really going to be watching is which one has the resources in their worldview to be tolerant, respectful, and humble toward the people they disagree with. How do we know whether the lives that we're living are meaningful? If energy, light, gravity, and consciousness are in history, don't be surprised if you're going to get an element of this in God. Today we hear from psychiatrist, author, and founder of Being Known, Curt Thompson, in conversation with Miwa Yasui, psychologist and Associate Professor at the University of Chicago's School of Social Service Administration, in a talk titled *Inner Wholeness Beyond Isolation, Shame, and Despair*, moderated by Cynthia Lindner of the University of Chicago, presented by the Veritas Forum and Lumen Christi Institute at the University of Chicago.

I'm glad you're all here. I'm going to ask our panelists, Dr. Thompson and Dr. Sui, if you would each begin one at a time by bringing yourselves into this space. Tell us a little bit about what brought you to this work that you currently do.

What excited you about it? What brought you to this work? And what's keeping you

going in it right now? Curt, we'll start with you and then Dr. Sui, you too. Great. Well, first of all, again, also thank you, Sarah, for your wonderful introduction and for Cynthia, for moderating this.

It's a joy to be with Miwa and to be able to have this conversation. I'm coming to you all from Northern Virginia just outside Washington DC tonight, and I can say that I am thrilled to be part of this conversation because it gets right at the heart of a lot of the work that I'm doing currently and work that I was drawn to. I came into psychiatry, went into medical school, really kind of ambivalent about why I was even there and didn't really feel like I found my footing until as I tell people psychiatry seemed to find me.

I didn't find it. And I think I was so drawn to it because in the course of my own life, I've just been really intrigued and curious about why is it that we do what we do as human beings. This, along with growing up in an environment in which I was nourished in the Christian faith combined to bring me to this place, what does it mean for us to practice medicine? What does it mean for us to practice psychiatry, especially as a person of faith? And really, then within the last 15 to 17 years, have become more intrigued around questions in this emerging field that we call interpersonal neurobiology, this whole notion that there are lots of different fields of study in the academy that have a stake in defining and figuring out what the mind is.

And how do we combine those questions with what it means for us to be people who are deeply spiritual in our journeys as human beings as well? One of the primary things that we discover then, though, is that our need for connection, one of the things that neuroscience is showing us, one of the things that attachment research is showing us, that our need for connection kind of disabuses us of the notion that we can live pulling ourselves up by our own bootstraps and then we can be okay just as individuals. Never before, I think at least in my lifetime have we been at a time culturally, politically, racially, and so forth, in which there's so much fracture along the very lines that the work that I do, especially as we'll talk about a little bit tonight around the questions of shame, are really proving to be quite poignant. And so I'm just, I tell people I don't deserve my life and I don't deserve the work I get to do for which I get paid and so I'm grateful to be able to do that.

I'm grateful to be here with you all tonight. - Thank you. Thank you.

Dr. DeSuee, can you bring yourself to the room as well? - Sure. First of all, I wanted to also thank Sarah for the great introduction and Cynthia. Thank you so much for moderating.

I'm very excited to have this conversation with Kurt and have a dialogue regarding what it really means to think about shame, isolation, despair, but in a also spiritual context. And I wanted to just thank everyone who is here as well as the very very just form and everyone who has really made this possible. So just thank you so much without you all, it

would not have been possible.

So for myself, I'm actually a clinical psychologist who teaches in the school of social work. And the way that I came to clinical psychology really started from actually prior to that, my interest in culture was really drawn from my own life experiences. So I had lived in different countries growing up, I'm originally from Japan, and then I lived in England as well as Singapore and then the US.

And having these different experiences living in different cultures really opened my eyes to the diversity of human behavior and also human values and belief systems. And it was something that even growing up in so many different contexts, I came to realize just the beauty of how different cultures brought together different practices, but the ways in which people values, how their values were developed, how they also tied into different spiritual and religious systems as well. And so growing up, one of the things that really drove me was actually, because I grew up in so many different cultures, was actually a question regarding my own identity.

And so wanting to understand how does culture fit into this, who am I? And I think when we think about being a person of faith, that is a central identity of who we are. And for myself, culture was kind of the lens through which I first came to try to understand myself. And that actually led to a journey of seeking a path in psychology.

So it was really drawn from my own personal experiences. And then from that, as I started training in clinical psychology, it really was the people that I met, the clients that I met starting as a graduate student, but then after that through my postdoc. And then beyond, it was really the different people that I met, the families who came with children who were struggling in schools, young adults were struggling with depression and anxiety, or symptoms of bipolar disorder, families who were homeless and struggling.

And I think that as I was in training, seeing human suffering in this context was just very humbling, extremely humbling, to just see the ways in which people try to understand the struggles that they were facing, the distress that they were experiencing. And as I was looking at this, I found that the ways in which people understand their distress really was very diverse. There really wasn't this cookie cutter thing where depression looks this way or anxiety looks this way, but it was a very personal and lived experience.

And so that was something that really drew me to want to understand kind of the intersection of culture and also that's all health and trying to understand how do they, how does a person understand the distress they experience? How is this shaped by the ways in which they grew up, the background and the context that they're in, their sense of identity, the values they hold, and how does this shape the ways in which they even talk about their distress, communicated to others? And I think my hope is that our conversation tonight, we're really tie in with Dr. Kurt Thompson's work on, particularly, that I've kind of read on shame. And I think that for myself coming from a cultural

standpoint, in talking about what are the ways in which shame kind of manifests in different ways, I think would hopefully be an interesting conversation we can have. So I thank you again.

I'm very excited to begin this. Thank you. Me, well, the two of you already have, I think, opened up the field for us to talk about all of the multiplicity that is involved in trying to articulate and understand our common experience of human suffering, but that has experienced in such particular ways across religious traditions, across cultures, across academic disciplines and the helping professions.

So that being said, let's jump in. Kurt, would you talk a little bit about your work around shame and isolation? Maybe you can define how you're using those words so we know we can be a part of that conversation with you and why your particular understanding is so salient for you and for this time. Thanks, Cynthia.

I think one thing I would do in answering that question is begin by talking a little bit about the work that we're, that's really kind of revealing, not just like what is shame and why is it a problem and why do we need to pay attention to it. But if we kind of rolled the tape back a little bit and asked a different question, and that is, what does it mean for a human mind to flourish? First of all, what does it mean for us to talk about the mind? And again, this is coming in the language of interpersonal neurobiology. This, and again, this is different than how Mia approaches this from a cultural standpoint.

But one of the ways that we talk about the mind is that it is, it is this embodied and relational process. And there's a lot more to that definition that we can go into. But what's salient about that is that the mind isn't just one thing.

It isn't just a thing that I think with. It isn't just the thing that I feel with. It's made up of lots of different functional elements.

And we would say that my mind is not just in my brain, it's actually extending throughout my body. And we want what also say that it extends, especially when we look at, when we look at Newtonian physics, when we look at quantum mechanics, when we look at all these kinds of things in the sciences that have a stake in what the mind is, we would say that the mind is also quite relational in its nature. Why is that significant? Because we see that minds flourish when like an orchestra, the different functional elements of the mind, we have number of those different functional elements.

When each of those different functional elements are well differentiated, like in an orchestra, different parts of the orchestra flourish well when those parts are well trained, but they also need to be linked together. They also need to listen to each other well. But we don't just do that because that happens to be the mechanics of the mind.

We would say that whether we're people of faith or not, we would say that when human

minds flourish, one of the primary things that we see is that we become creative beings. We are able to approach and appreciate and we long for a world of goodness and beauty. We don't, I don't have a patient who walks into my office that says, gosh, I hope tomorrow is worse than today.

I hope that I'm actually more depressed by the end of the day today. I don't have anybody, oddly enough, who says that to me? These we are people who long for good things and those good things interestingly enough all come together, converge when the different functional parts of our minds link together. And those different parts are very different.

My thinking brain is different from my feeling brain from my perceiving brain from the part of my brain that is perceiving what my body is sensing, what my body is communicating. But it's also not just limited to me. It's also what you and I together are doing because my mind is being shaped by that.

The whole notion that when I am well differentiated from another, both within my mind and between me and someone else and those differentiated parts come together, we come together with this longing to create beauty and goodness in the world. And one of the things that we know that shame does of the many things is that shame as a first of all neurophysiologic event, we sometimes think that well, shame is this kind of abstract thing. It's just a feeling that we have, we feel bad and we know, I mean, we all know it when we feel it and sense it.

But we would say that first and foremost, it is a neurophysiologic event. It is a thing that we experience in our physicality, actually in brain time, long before we even become aware of it consciously that that's what we are experiencing. And one of the primary things that that functionality of shame does is that it tends to separate, it tends to isolate, it tends to fracture along the very lines where we are trying to bring different parts of me together along with different parts of you together.

One of the things that shame does, it isolates my thinking from my feeling brain, we've all felt shame. And if you were to say, well gosh, if I'm really ashamed, if I'm in the middle of a humiliating moment, how easy is it for me to think creatively? How easy is it for me to muster up compassion for someone else, let alone for myself? How easy is it for me to think in a critical planning way? How easy is it for me to forgive? How easy is it for me to stay the course and do hard work over a long period of time when I'm in the middle of shame? Shame as this neurophysiologic and interpersonal event tends to separate my mental functioning within myself along with separating me from you. And so not only do I turn away, for instance, many of our listeners tonight, we could say, like, there are going to be parts of your stories, it wouldn't be hard for us to be able to name parts of your story where you feel shame.

And I can tell you those aren't parts that you want to talk about, those aren't parts that

we're proud of, those are parts that we actually do a lot of work to try to get rid of, to not pay attention to, to bury, to deny. And then we have to burn tons of energy, neurophysically, we got to burn energy in order to keep that out of our purview, out of our awareness. And that is energy that I then do not have available to myself to create beauty and goodness in the world.

That's the energy that I don't have to do work in my schoolwork. I don't have the energy to repair ruptures in relationships. I don't have the energy to sit and listen well to someone who has a very different position than I do along a whole number of issues.

And so we see then that this whole notion of shame isn't just about feeling bad about ourselves. It is a function, and of course, as a Christian, I would say that in this story of the biblical narrative, we would say that shame isn't just a thing that happens to be in the universe. It is also something that evil wields in its attempt to devour us, in its attempt to shear off our capacity to create beauty and goodness in the world.

And so one last thing that I'll say about this, then, and why it's such a big deal, and why it's so important now, is that because one of shame's features is the active isolating of different parts of my mind from other parts of my mind, and the isolating of me from you that we find ourselves at this time, not just in the middle of a pandemic where we are all being physically isolated from one another, but where we also have lots of other sociocultural phenomenon in which we are also dividing and separating in such a way that it's very difficult for me to be comfortable and confident enough to be able to be in the same room with someone else in order to hear what their story is, because at some point lurking in my brain is the fear that at the end of this conversation, I'm going to be put to shame. At the end of this conversation, I'm going to be almost catastrophically isolated. I'm going to be put out.

I'm going to be told the very thing that I am most afraid of, which is that you don't matter. We don't want you go away. We're not, and nobody's coming to find you.

And so this conversation, I think, is really poignant because we're really trying to explore what are some important features about what it means for us to be human that we need to pay attention to in order not just to combat shame, but to actually move toward this notion of what do we long to be doing? I don't just want to not be ashamed. I want to create goodness and beauty in the world, and I don't want evil or its wielding of shame either individually or culturally or socially or anyway. I don't want that to have the talking stick and run the conversation.

And those of us who are believers would say that the beauty of thinking about the world through the lens of the gospel is that we believe in a God who is all about coming and being present with us in our shame in order to transform that entire experience such that we may be agents of beauty and goodness in the world. Thank you. Thank you.

You set the table so richly with this complex model of mind that opens all kinds of new possibilities for us. I want to focus for a minute on that relational possibility, the idea of culture. So, Nia, can you tell us more about your work in terms of what cultural factors affect this experience, this understanding of shame, and perhaps even some of your work on stigma because I know you've done some studies there as well.

I think that I think the notion of coolness that I think that really brings in in terms of like creation of goodness and how bringing together the mind and also even within relationships is something that I think even within my work, my work is more focused primarily on cultural mental health, but I think that this is something that really also shapes the ways in which people have tried to understand what it means to be well or well-being. And one of the things that within my work and it's quite interesting kind of the parallel in terms of what I, through my work that I have found, was particularly in the area of mental health, we are now faced with, particularly I think more in the Western cultures, the way of looking at wellness is divided. There's physical health where you will go to a physician, our healthcare systems are set up, physical health and mental health, we go to different providers, even when we think about our own trainings, it's very different.

And so, it's quite interesting that there's this dichotomy in thinking about wellness. There's already a divide by which even from despite the fact that I think Dr. Thompson talks about the the fact that we are an integrated person and yet for some reason our society, the ways in which we have even conceptualized suffering has really been divided in this manner. And I think that cultures also differ in this way when it comes to particularly the area of mental health.

Across different cultures, the notion of actually the separation of mental health and physical health, when we actually look at it universally, it's actually not as common. So when we look at the ways in which cultures in different countries think about wellness, it is actually a more holistic understanding of the being, which I think goes along with what Dr. Thompson talks about in terms of the fact that we even within ourselves, within our mind or even within relationships, there is this innate desire to be whole, be one. And so that's something that I have founded within my work and specific to shame and isolation, my work has targeted more in terms of the area of mental health.

Some of my work has been with Asian American immigrant populations and in particular what I have found, the ways in which shame has really kind of created that gap or even that crevice within oneself and also within relationships has been really through the stigma of mental health. In some of my work, what I have found was that young participants who are struggling with mental health problems, because they feel shame in terms of the distress that they experiencing. And this is because within themselves, there's a divide of what they ought to be, what and that could come from their own ideals, it can come from their families ideals, their cultures ideals, and then what they're

able to do.

And this divide oftentimes has led to difficulty of reconciling who one is and has led to having items to call it mental distress, particularly because I want to keep in mind that the ways in which even the terminology we use, instead of calling something depression or anxiety, that comes from another cultural framework where we are putting on language that in another culture, they might not really think about it. So distress, I think, is something that really does divide oneself within inside. And I think we'll talk about this a little bit later too, but I think your work where you talked about the fact that even when we think about kind of our brain function, I tend to look at it more in the physical aspect, but even how mental health is experienced, it's in some cultures, it's more what we call somatocized.

So it's experienced in the body. And so that, again, the ways really when we think about distress, it is something that affects us mind, body, and spirit. It is something really that integrates all of that.

And yet, quite interestingly, the ways in which we approach treatment, the ways in which we even conceptualize or even do our training has been in some ways divided, which it is my hope in my future work to be able to really kind of integrate that into the notion of wholeness. And I think in regards to stigma, this is something that is a universal phenomenon. Definitely, I would not say that it's specific to particular cultures.

However, the ways in which it manifests can be very distinct by culture. And I think that one of the, this more broad variation, but for example, when we think about cultures that are what we call more individualistic, these are cultures where autonomy and independence, uniqueness is really emphasized. In these cultures, notion of self is one where the self is an autonomous entity.

And so it's internal attributes and characteristics that define who I am. In contrast in collectivistic cultures, the notion of the self is more embedded within particular relationships. It's myself as a daughter, as a mother, as a friend, as part of your Chicago.

And so these different identities, which are embedded in relationships, end up forming the self. And so I think when we think about broadly these kind of two different ways that cultures operate, particularly shame and stigma plays in differently. And I think within collectivistic cultures that are the cultures that I tend to focus on in my own work, because it's embedded in relationships, the stigma and shame and the separation within relationship becomes very acute, because it actually is, it actually starts to target one sense of self even more deeply, because the sense of self is really embedded in all these different relationships.

And I think that also relates to, I think Dr. Thompson's his book where he talks about shame is something that is in relation to another. It's not something that is in isolation,



but it's always in relation to another. And so within these relationships, when the stigma and mental health comes up, it can really cause fractures, I think even within the closest relationships with others.

Thank you. Thank you for that. Kurt, did you want to respond to anything that me wasn't there? Well, I just want to affirm all I'm just really intrigued.

And I think one of the most intriguing things about what you're saying actually has more to do with your own personal story. And I'm just imagining like you're doing all this work, and you are finding yourself having to think in terms of all these different cultures that you've lived in. And the whole notion of, you know, if I grew up in Ohio, which I did, thanks be to God, if I grew up in Ohio, then I have a certain way of thinking about it.

But if I grew up in Ohio, and then I spent lived in Taiwan, and then I lived in Africa, and so forth, I'm just really, I would be really curious to know what that was like for you, even in as you study these from your own personal experience about what that is like to when you're now treating, you know, when you're working with patients, when you're working with usually working with students and so forth, what that's like for you, having to have all those different models converge in the presence of your own personal experience. Definitely, I apologize, there's some dogs barking in the background, I don't know if that can come out. But I thank you for your question.

I would say that it was on a personal level, it was maybe an interesting experience going through different cultures, because I agree in the sense that because my sense of self, one, it was embedded in relationships within my family, and that was something that was consistent that I continued to move across different cultures, and yet then I develop relationships with others. And so I think throughout my life, one of the things was trying to understand where is that connection with another, particularly from someone who comes from a very different background from myself. What are the areas that are common? And then having the openness to learn.

And I think that was something that I really appreciated as I've been moving in different cultures, and I think even within my work, as I've met different people, whether it be through clients, students, fellow colleagues, just the diversity of the human experience, that is something that has really opened up my eyes to the value of the human being. And I think that was something that really has been integral. However, I would say definitely for myself as a young person growing up, it was quite a journey to figure out who am I. As I think about myself, for example, my earlier childhood was more in the UK.

And so for a while, even my own sense of identity, despite the fact that I'm Asian, I felt it's a personal story that my mom said that I said to her, I'm a Brit. I'm a Brit by heart. And there was a time when I came to find out, oh, wow, I am more than a person living in England and feeling that I'm feeling like a British person.

And yet I'm an integration of different cultures. And so I think that is, I think, something that I would continue to struggle with. But also it is a source of, in your words, the source of creativity.

And I believe that for many people here in the US, but also worldwide, who live in different cultural contexts, I think of this participant who have graciously been in my studies, the ways in which they grow up as Asian American, that they live, they grow up with their parents' culture, learn about the culture of origin. And yet they have very distinct experiences, what it means to be, let's say, Chinese American, or Korean American, or Cambodian American, because their lives started in the US, and they've grown up as American citizens as well. And so the clash of cultures is something I think that can really affect one's sense of wholeness.

But I think it's also, it's almost like it can be something that can affect the wholeness of one, but also it can be the open door to increase creativity, to then embrace that and integrate that into a wholeness that is even deeper and richer. Thank you for that. I want to double down on your multicultural wisdom to ask you to talk a little bit more about embodiment.

One of the things you said a few minutes ago was that in some of the cultures that you have studied and been a part of these experiences of shame or despair, maybe somatocytes, they may be something that you feel all the way through. You don't simply just think about what you feel in your body. Can you talk a little bit more about how, what are some of the bodily effects of shame and despair? Yeah, what I'm sure is not specific to, I would say, shame and despair, those emotions, but I would talk about more in terms of mental distress.

So there are several examples. I mean, one of the examples that I think that I do use in my teaching as well, that at least for myself, really found quite fascinating in terms of the ways in which distress is experienced in the body is within the Cambodian people, one of the ways that they experience mental distress is really through their physical. And so for example, there's one way of saying, I've come to my neck and there's actual like neck pain.

And actually, the researcher that I would give credit to is Dr. Kevin Hinton. He has a whole history of examining these phenomenon in Cambodian culture. But I've also found this to be similar in the population that I've studied here.

And this coming to the neck actually is a reflection of mental distress. And it actually is rooted in the torture that the people experienced during the Khmer Rouge. So during the Khmer Rouge, the Cambodians had to have a wooden bar on their neck.

And they had to carry very, very heavy piles of dirt or rice. And this was forced labor. And that neck pain was something that generationally, they've experienced and now it's

manifested as a symptom of distress.

And so it starts to hurt them in the neck. And so that's an example where actually there's a physical manifestation of distress that there is no, when they go to a primary care physician, there actually isn't kind of a cause or origin that can be identified. And so it was very much linked to the mental distress that one is experiencing.

Thank you. The things your body knows. That's thank you for sharing that.

Kurt, what about you? I know that in your work, you talk about integrating the whole body into the way you address mental health. So what do we need to know about integrating the whole body, especially around these issues of isolation or shame or despair? Well, again, I think Cynthia comes back to this question of what is the mind? If I when we talk about when we talk about shame, when we talk about despair, we're talking about the human experience. And we even now, I mean, given our place in the West, it's a common thing for us to imagine that when we talk about the mind, when we talk about what we're thinking, we tend to think about the mind as being this thing that I with which I think with which I feel.

So as Mia was saying, when we say that someone is depressed, the first if you were to say to somebody, I'm depressed, they're probably not going to think, Oh, she has a headache. They're not going to think, Oh, she must have neck pain. They're not going to think, Oh, they must have a stomach ailment.

That must be what they have when they say they had to know we have this sense that it is this mental function, this mental thing that we experience. And one of the things that we like to talk about in our work is that in many respects, the brain of the mind operates bottom to top and right to left. And by this, we mean that all day, every day, what we are doing non consciously, automatically, most of the energy of our brain, most of the energy of our mind is taken up, sensing things from the outside world and from the inside world, that our body is both absorbing, and then both communicating back to the world.

And it moves up the central nervous system and it runs to my brain stem, where I'm constantly regulating to see if the world is safe, first for my body, and then it runs to the right hemisphere, and then it runs to the left hemisphere where we say we make sense of what we sense. And we're doing this all the time, but the place where we sense most of everything is in our physicality. And so when people come to my office and they say that they're depressed and they want to talk about what their feelings are, one of the first questions that we ask them is where are you feeling this? And of course, they might say, well, I was feeling it at home and I was feeling it at work.

And I'm like, which of course kind of gives, you know, gives the lie to the notion of like what I'm even asking because they're not even aware of their bodies necessarily to

recognize that it is my body that is sensing something long before my mind perhaps has any sense that that's what's going on. The history of psychiatry, of course, as many people may know, dates back and is usually an often given credit to Sigmund Freud and his work with his way of thinking about how the mind operates, but many people don't know that he began as a neurologist, as a neurophysiologist. He was really trying to figure out what was going on in the body.

And he came up with this rather elegant and intriguing way of thinking about how the mind works. But all that is now kind of coming full circle. And in the last 15 to 20 years, we're paying increasingly more attention to the notion of as Bessel van der Kolk likes to say how the body keeps the score.

This notion that what I sense an image and feel and think has its physical correlates. One of the challenges with us in psychotherapy, of course, is that it may be what to your notion, right? That someone says, well, I have pain in the neck. Or as we might say, we have pain, literally we have panic attacks.

We have felt sense of pain like in my heart. And it's intriguing to know that recent research would demonstrate that the very same thing that I feel literally in my chest when I'm panicking in my body runs to the same part of the brain that registers my emotional sense when I feel great loss. When I suffer a broken heart.

And so we pay a lot of attention to what we feel in our bodies, what we sense, what we image in our bodies and give people exercises whereby which they can invite their body into the very course of the healing process. But one thing else I would say about this, it is really crucial. And this gets right back to the whole story of the Christian, this biblical narrative that we talk about.

And there's language in the New Testament in which the Apostle Paul comes along and starts to talk about this notion of the body of Christ. And he uses language in which he kind of has these double entendres of talking about people's individual bodies while also talking about the body of believers. And this gets back to this notion of how our mind is an embodied and relational process.

My mind is, it turns out, as we like to say, in biology, there is no such thing as an absolutely individual human mind. My mind is always going to be in relationship to someone else. But not only that, but in order for my body to feel comfort, my body actually requires the presence of someone else's body being in the room where in which I see you seeing me with compassion, with mercy.

When I see your gaze of mercy, when I hear the tone of compassion in your voice, when I've just now revealed to you something that I'm deeply ashamed of, something traumatic that happened to me that of course, I'm sure that when you find this out, you're going to want to leave the room. When you remain present, when you don't leave

the room, when you speak with calmness and kindness to me, the very physical activity of your being in the room and acting with me in that way necessarily lands in my right prefrontal cortex. My brain is changed and my mind is transformed.

And I feel it most acutely, literally in the way I exhale in the way my shoulders relax. When I feel the touch of someone else's hand on my shoulder, when I'm in the middle of distress, the hand on my shoulder carries far more emotionally healing gravitational weight than might even their word that says that I will be okay. We see this happening all the time in the stories of the gospels where Jesus doesn't just speak to people from a distance.

He touches them and he touches them in the places and in the ways and in the circumstances in which they would most certainly expect never to be touched, most certainly expect never to be looked upon with love and kindness. And so it's into that space of really paying attention to the body that the body becomes the conduit whereby which we welcome all of the rest of the functions of the mind. Not just welcoming the mind as if they're separate because they're not, but the body becomes one part of the mind that opens the door to the healing and regeneration and recommissioning of so many other things about our lives because of that proximal connection that we have with other folks.

This of course is part of why the pandemic and all of the other fracture lines that we've talked about have been so difficult because our bodies long to be seen and known and felt and heard and sensed in order for us to be connected in order for us to go on to create beauty and goodness in the world, not least of which as it turns out with people who are actually quite different from us, not just with people who are just exactly like me but with people who are most different from me. It is in those circumstances that the most astounding beauty is created. And it's my hope that even in our conversations tonight that there will be those who may find themselves even tonight in places where they feel the fracture that isn't just out there in the world, isn't just out there at UC, but they might feel it right in the center of their souls.

And I know that I speak for the rest of us in which we would say that we long for that to be different beginning tonight for them. Thank you. Thank you, Kurt.

You and did you want to add to or being conversation with Kurt about what he's just put out? Yeah, one of the things that really struck me when you were talking about kind of the effect on the mind. I think within some of the work that I've also done and looked at was looking at how intergenerational trauma really affects and not my own studies. The studies have found the ways in which actually there's increased like stress hormones that really are found in it's in survivors of the Holocaust but also survivors of 9/11.

And so it's quite interesting to really see the ways in which even from the brain but also physically these really end up manifesting. And I think that again going back to kind of

the notion of wholeness that I think has been kind of a thread that we've talked about here. I think particularly when we think about different cultural groups, the ways in which healing is really understood is also more holistic.

One of the things in which, for example, in Chinese culture, one of the ways that they might identify the origin of an emotion is actually kind of an organ. So you might experience anger in your liver. And so I think that understanding of a person as a being that is integrated.

And I think particularly when we think of, as you mentioned during the pandemic, our longing to be one, that has come from our Lord. I think that's something that God has really imprinted in every one of us that there is something that is fractured within us. There's also that fractured within the relationships that we have and this sense of wanting to be together.

And I think within my work, what I've actually found really interesting, I talked about collectiveistic cultures and individualistic cultures and their ways in which more collectiveistic cultures tend to create a wholeness within relationships by there might be more expectations or particular kind of social rules or norms regarding how one ought to communicate with one or interact with another. And yet what I found in my work is that doesn't necessarily, having that interaction doesn't necessarily relate to having the sense of wholeness in one's heart. And I think this really ties in with Dr. Trump's work in the sense that, so one example I can give was across several of our participants, they might have a very close relationship in terms of what they do as a family so that a young person might hang out with the family, eat family dinners, they would spend more time with family than friends.

This may be more related to kind of a cultural norm and also parental expectations, particularly within more Asian immigrant families. And yet what was coming out in these interviews that we've been doing was the sense of loneliness and isolation that they cannot be vulnerable in their hearts with their family members. And it was something that was very, very difficult.

So I thought it was interesting in that from the outside, it can look as though there is some kind of wholeness or togetherness or relational unity. And yet inside there's a faction. So what you say really resonates with my work, it's very exciting actually.

And what was interesting is also the same, it wasn't just among young people. I had done focus groups with seniors, so elders in Chinese, Vietnamese and Cambodian communities. And one of the things that I thought really stuck out was usually an Asian American family is one of the duties for adult children is to provide for their parents.

And so this is something that many of them may strive to do. So they would provide their families, make sure that they are doing well. And yet what the seniors were talking about

was the lack of emotional connection, the sense of loneliness and wanting that connection with their adult children.

And so I think even within my work, your work really speaks to my work and understanding that that need, that basic human need for the wholeness within oneself and then relationally and how that has to actually come together. It cannot be an either or. But as you've said, this is how God has created us.

We are meant to be unified in my body spirit and in relationship with one another and above all a relationship with God. And so I think it really speaks to my work and yeah. Thank you.

Thank you, Mua. I'm seeing that it is the time in which we promised that we would check in with Sarah and see if there are questions. The first question I wanted to bring to the table was this question of how should Christians think about the concept of self care, which I think is an idea that especially in our, I guess my generation, we get we tossed the term around a law and I think I mean mental health is becoming less stigmatized for sure, but there's also a lot of, you know, loose terms being thrown around.

But yeah, this audience member wanted to know how do we conceptualize this from a Christian perspective specifically. And as a fault to that, how do we balance caring for others and denying the self, which is what Jesus calls us to do. Oh, I think again, I liken this to this notion that as human beings, we are a people of rhythm.

I'll start with that, where people are rhythm and like, what's that got to do with self care. This notion that rhythm is something we're connected to in the universe, everything from seasonal movement, everything from the movement of the tides, right down then to when labor begins, when everybody's being born, right, there's a certain sense in which the labor contracts, right, and then it relaxes it, contractual, there's this coming and going, this coming and going. And the baby comes out and then the baby immediately goes to nurse and the baby goes away and the baby comes back, the baby goes away and he goes back.

There is this sense in which we are rhythmic creatures. And we would say that from a biblical narrative perspective that we are created to be people who are able to be individualized because we have deeply connected, secure attachment, that it is not one or the other. And so when we say self care, I would say, well, there's, there's very little that I do for myself that at some level doesn't actually depend upon somebody else providing something for me, right.

I'm going to like, I'm going to take care of myself by going to the gym that I didn't build and put machine and their machines there that I didn't create. And so there's a sense in which there are certain things that I and only I can initiate for my care. I'm going to spend time in prayer.

I'm going to moderate, I'm going to moderate my diet. I'm going to choose to exercise. I'm going to choose to do certain things.

And in that sense, I am, I'm demonstrating agency to do the things that I can do. But all that is in rhythm with the awareness that that self care is always connected to the question of, by whom am I also caring for? And who else am I allowing myself to be cared for? And so we would say, I would say, it's not just a matter of self care. It's a matter of care, part of which involves the self's initiating things and responsibility and discipline for things, but also a care that deeply requires the presence of other people such that I can both receive from them.

I can be loved by them. But also being in a community in which I too can give to them such that when it comes then to the question of self sacrifice, we are going to give to others. But as we say in the business, we can't give what we don't have.

And so I can only care for myself to the degree that I'm also being cared for. And then I can also only go on to care for others to the degree that I'm also taking care of the discipline of work of my own life. And again, I think this gets back and points back to this notion of again, what the mind is that I'm both this embrace, I'm embodied, I'm just this part of me, but then it's also a part that involves other people necessarily.

I definitely agree, definitely with what Dr. Thompson has said. I think self care is definitely, it's hard. It's something that I would say, again, it's always in moderation.

We don't want to go to the extremes. I think as a believer for some foremost, we are created in the images God, we also the body is the temple. And so taking care of your body, taking care of yourself is not something that will go against our faith.

It is something that aligns with caring for the temple that he's given us. And so I think that that is something that I think is a very important thing to think about. If we, for example, if I don't have enough sleep, I get cranky.

And I might end up not being too gentle or patient with my son. So again, caring for ourselves is something that is innately, I think, needed. And also, I think as a Christian, I would think that is the way in which God has created us to humble us that we need eight hours of sleep, seven or eight hours of sleep, we cannot function 24/7.

And caring for us is a way in which actually we realize the limitations of who we are as people, that we rely on a God to provide that strength. And I think the other part is self care. When we think about self care as a Christian, when we think about that as a Christian, the utmost thing is to have that relationship with God, our connection to our faith.

And so I think, again, that's related to our relationship with God, but also with others. As I think Dr. Thompson has said, without having that interpersonal interaction and care, it



would be very difficult to be a happy person, someone who is well cared for. And so again, I think it goes, it's one caring for oneself, but also it's that I would say I like the word the rhythm, and I would also kind of add balance.

Being able to balance that, it cannot be an either or thing, but it's something that you would have to figure out what the rhythm is and what that balance is in terms of how to live kind of a life of wholeness that you've been called for. Well done. I'll stop again.

Thank you. Yeah, I'll take this chance to introduce another common thread that I see in our audience Q&A. I think a lot of people have been asking questions of how we can approach this and issue of mental health in a time where we're not able to see people we're very physically isolated from one another.

What does it mean to experience this healing assurance when we don't have that hand on our shoulder, we don't have that person who's physically there. So maybe if you both can just share some thoughts around that, just practically what this conversation means for us right now as people, as college students, just anyone who's living through this right now. That's a great question.

All the things we used to cope aren't available to us. How do we do this act of self care and how do we begin this healing process? Mihua, do you want to start with that answer? Yeah, I think right now is a really difficult time with the pandemic, not being able to get together. I think, you know, as Dr. Thompson's work really shows isolation really can really increase that sense of shame and also despair in many.

And I think during this time, if we cannot meet with one another physically, there are still ways, thankfully, as we're doing today or resume, there are ways in which you can connect digitally. But also I think I might be more of an older generation, but picking up the phone and making that phone call, writing a letter, getting a postcard from a friend or a gift basket can be something that could really be a nice surprise. And I think being the idea of, I think this also ties into that the question regarding self care.

I think one of the ways and actually the ways in which we experience healing, one is receiving, but actually another way is when even when we're hurting, when we care for another person, that can lead to much healing. And so in reality, all of us are in this situation. And I think every one of us has different stories, different stories of struggles and suffering, different stories of shame and despair.

And to be able to create a place where you can share that, but also be the person who can, you know, lend a helping hand. And I think that as beings that have been, you know, we have been created to be in community. And so when that starts, that will then be reciprocated.

And I think particularly within communities that will happen as one receives care, then

you can do, you can actually heal through given to others. Thank you. Correct.

You have something you want to add to? Yeah, I mean, I couldn't agree more with that. I think those are really helpful. And I think also challenging things for us to do.

I think one of the things that we have to acknowledge is that we have lived in a world for now a number of decades that has only become increasingly convenient for us. And we have been primed for that. And I'm not a Luddite by any scope of the imagination, but, you know, our, our penchant for the use of the internet and the way that we use it and the way that we use technology, unfortunately, actively, and this isn't our, we're not waking up in the morning, you know, with the intention of being more disconnected from others.

But we've actually been practicing increasing disconnection for probably about 15 to 20 years. And that reality has also kind of primed us for where we are now. I've often said to folks that the pandemic has not simply done things to us.

It has revealed things about us that were that were true and there long before it ever showed up. And so the things that convenience allowed us to do really quite, kind of non-consciously got having to think about it too much, we are now having to do more so on purpose. And it's as if there are muscles that we have to develop that we haven't had to use for now for a number of years.

I will say I've written about a half dozen essays on this question that look at different elements of what's taking place as far as the pandemic is concerned. And in them, there are some, you know, some concrete suggestions that you can look at. But just to name a few of them, I think the one that you've named is like this sense of like, who is there that I can actually serve? Who can I imagine that I can actually call and go beyond the concretely, go beyond the question of like, just want to check in, how are you doing? That question is fine as far as it goes.

But we're all used to asking that question, being asked that question many times in the course of a day. But other questions might be like, tell me one thing that you're grateful for today. Tell me one thing that today you're really feeling the loss of.

I really want to hear that. Tell me one thing that has brought you joy today. Those kinds of more specific questions that actually invite us to pay attention to what is taking place in our lives, as opposed to what is not taking place in our lives.

Another thing that we talk about is the significance of physical activity. We've been talking about the body here a fair bit. This notion that it's really crucially important that in a time and an age when we feel as if we don't have much agency, because we're so cut off from people.

And for good reason, we are separated from people in a whole different range of ways.

Any time that we can actually move our bodies and demonstrate to our mind that we have agency is a good thing. And so I tell folks, look, if you can, it's a really good idea to go for a five to 10 minute walk three times a day.

Even if you're just five minutes, get up, leave wherever you are and go move your body intentionally, not just pacing back and forth in your dorm room or your apartment, but move with intention. If you're able to walk with someone else, do it in rhythmic motion together with someone else, make it a practice to do that. If you're able to change your location for where you study, move about, allow your brain's context to see different things as opposed to the same thing over and over again.

If you're able, and this is really tough in this, you know, kind of like weird world where we've now all become like these screenbots, right? That mean that it's what we do 24/7. And yet that very activity is putting work is forcing the brain to work in ways that it otherwise doesn't typically have to do. We say that, you know, in the essay that I write on the role of the body, this notion of our being on screens with one another is kind of like a cell phone that's looking for a tower, but can't find it.

The body is looking for another body in a way that it would expect to find it if that other body were in the room. Now I can see you on the screen, but my body, my brain knows that you're not in my room. And so it's going to be doing extra work to try to get a connection with you that it can't get.

And so there is a reason it's not just because I've been sitting on a chair for eight hours that I'm tired at the end of the day. It's because I'm actually asking my brain to do something that my body is used to doing for me, but now can't do. And as such, so to your point, even connecting with people on the phone at times for many people is actually a more realistic, closer to embodied experience than being on a Zoom call.

And in some respects, it is because when I'm listening to you on the phone, I'm really only paying attention to your voice. And when I'm dialed in paying attention to that, my body can feel your voice, sense your voice far more explicitly than it can when I'm just paying attention to things on a screen. One of the couple of things I'll just offer, and I'd say this, and anytime you can greet someone, even if you're passing by on this on the street, like you're in Chicago, right? I mean, I don't know people talk to each other on the street in Chicago.

They may or may not. Now is the time to do it. Now is the time to say hello to people.

Now is the time to actually smile at people on purpose. Even if you don't feel like it in order to not just change their experience, but to change your own brain. And the last thing I'll say is this, I know that for students especially, so much of your work is just consumptive, right? It's like you are getting after it, like all day every day.

And there doesn't feel like any let up. So when Kurt the shrink steps in and says, hey, you need to find some way to be creative. Yeah, like, oh, yes, I guess I'll sleep two less hours.

Now, now I'll sleep for like three hours instead of my usual five. I do want to encourage us that anytime that we do anything creative, anything from journaling to doodling to painting, to playing an instrument, to learning a new language. And I may not know, like in all your spare time.

Anything that we can do to give our bodies a position in which we have to do work, but that is creative in nature. Work, the goal of which is the emergence of beauty. And if we are able to do it with someone else, it becomes transformative.

So even if you're going to like cook a meal, you're going to try a new recipe and you're going to do it with your friend who lives someplace else, but you're going to follow the same recipe and you're going to like, you know, watch this happen on your zoom on your zoom call. That as an act of creativity is a way to bring deeper connection in a way that the pandemic has limited us. Okay, great suggestions.

Thank you for those. Thank you. Sarah, questions? Yeah, I mean, that was a wonderful response.

I think it's a lot of times it feels like we have, you know, such limited times to do things and then everything starts to become work in our brain. But then once you actually take the step of doing it, it's definitely a step in the direction of healing, of doing even just an email task. So I appreciated that response.

I guess maybe the last question that we have time for, which a lot of people have upvoted, is this question of how do you approach those who are historically hesitant to seek mental health help? So for example, I know there are probably still a good amount of Christians who think anxiety and panic can all be healed by prayer. Very just adverse to seeking professional help. And I know in a lot of ways, we can also be supportive of our friends and our family members, but there sometimes becomes a point where we can't do it on our own.

So I guess like, how do you approach a situation like this? What do you say? How can you like maybe like change your own conceptual framework or just any thoughts on that? Thank you for a rich and important question, Mua. Sure. I would say that there's no one way.

That's what I want to first put out there. I think the ways in which people struggle can look really differently. And so I don't want to give a quickie-cutter approach to how to do it.

But I would say before, I think the first step is to spend time, get to know the person. If

they are hesitant to seek out mental health services, try to understand what they are going through. And it would be, it would start with a connection rather than going straight into the problem.

Understanding what is it that they're struggling with? What are the joys in their life? How has their life changed, particularly in this pandemic? What are the things that are the point of connection? And understanding the person first, I think that vulnerability is something that is needed for all of us, but we need to do it in a safe space. And creating that requires connecting with people and actually showing genuine care. And so I think that it's, I would say the first step is to reach out, inquire, and get to know that person.

I think this can be, it can be very difficult in times where I know that within my work where the stigma of mental health is so strong and people refuse despite sharing what they've gone through. And I think one of the things that I have really learned from, through my research through the people that I've encountered is that point of connection where you can have, start having a dialogue. And it goes back to kind of what I'm saying.

I think it also goes back to, I think what Dr. Thompson has been talking about in terms of having that place where you can start opening up and sharing. And it might require yourself for stepping out. One example in some of the studies that I've done is that when the young adult actually started to share about their mental health struggles with their parents, that was a moment in which the parent didn't realize.

They all along they have thought that their child was okay because they were doing so great academically. And from the outside, they might be, you know, playing an instrument, doing a particular sport and they're getting all A's and they've gotten into the best college. And yet when the young person opened up, that was kind of aha moment for the parents to realize I had not known what was going on in my child.

And so I think one is creating that safe space where such a conversation can happen. And the other is really seek out those genuine relationships because in the beginning it might be one might find that it's work to do so. But I think once you start reaching out and continue to do that, that can start to hopefully thaw the kind of resistance that one feels.

I think when one is one feels that they are loved and they're cared for, that can really transform things. It reminds me of what Dr. Thompson talked about in regards to having a secure attachment, providing that safe environment where one can feel really cared for, I think is really the openings of vulnerability and being able to then hopefully help them go to a place where you can share, well, you know, maybe it might be a really good idea to find someone that you can talk to. And then the other thing that I would say is I think the notion of mental health services as the go-to treatment for mental health problems is something that I think we can think broadly.

I think again through my work different cultures approach healing in a different form. And so I think also having an openness to different kinds of healing, if there's a way that there can be even crossover where, for example, if an individual is in a church, have the pastor talk to a counselor, can they work together to help that person? Again, it kind of goes back to the notion of wholeness, instead of going to a counselor for mental health, and then I go to my pastor for a spiritual health, is there a way that we can integrate that where the conversations about spirituality, about mental health is in one place and not these separate kind of entities. And so when there's a place where they can be that crossover, I think that can be really helpful.

I think even terms of physical health, when our physicians talk to our psychiatrists or our counselors, again, it can really open up a lot of things. And so sometimes the direct route to mental health services may not be the route. It might be figuring out what are the ways in which they are comfortable in terms of seeking help, and then going an indirect route to then talking about the various options that we have.

Kurt, do you want to add to that? I think that thank you for that, Miwa. Just again, that's comprehensive and thoughtful and kind. I'm struck by the notion that when we have friends or family members that we sense, require, or that we think may need or could benefit from mental health services, it's not uncommon that we're in a situation in which those people, you know, our friends or family members, they're not coming to us and saying, "Hey, could I, you know, I'd like to see a psychiatrist, like, could you help me just get one? I'd like to see a therapist.

Could you, I'd just love to do that. Could you do that for me, please?" And yet we witness their distress. We see that they're not necessarily going for help that we think that they need.

And so what immediately happens is we become distressed. And so a large part of why I want them to get help is for me to feel better. And so, you know, could you please just go get some help so that I'm not as anxious about you? That would be helpful for me.

And so to me was point that this notion of, "Hey, I think identifying, well, what is it that's actually going on with the other person? Are we able to be curious about them? If I'm feeling distressed about one of my friends or family members, one thing that I would want to know would be to be how can I be increasingly curious about them, increasingly empathic with them, while at the same time telling them what it is that I long for with them?" Also, I mean, we were raised a great point about vulnerability. Sometimes one of the most helpful things that we can do when we sense that someone else is in need is actually to be vulnerable enough to tell the truth about our own stories. I mean, there, as we like to say in our work, there are two kinds of people, people who are screwed up and know it and people who are screwed up and don't know it.

And the question is not, "Am I broken?" The question is, "To what degree am I aware of

it? And am I doing the work of revealing that brokenness to others, to God and to others, in such a way that healing is being made available to me?" You know, by the time people have diagnoses, depression, anxiety, panic disorders, eating disorders, whatever we want to call them, whatever they are, back to our highlighted topic of the evening, so much of what eventually emerges at a diagnosis that we have to treat professionally begins with some experience or sense that that person has that is distressing that they live within isolation. And then they have to find a way to cope with that. And the more they work to cope with it and bury the felt sense of distress, the harder their distress works to get their attention.

And the harder the distress works, the harder they work to have to build the coping strategy until, of course, their brain runs out of energy and now they're depressed. And then we're going to treat this thing called depression. So to me was point again, in many respects, in many cases, not all by far, but in many cases, the challenge ultimately goes back to the question of who knows my story.

And it may not have to be. We don't may not have to start with a pass with a psychiatrist or with a therapist that knows the story. It may be a pastor.

It may be a friend. It may be a friend's mom. It may be somebody else with whom I can begin to build trust in which I can name the parts of my story that feel broken, that feel afraid, that feel overwhelmed.

And along with our being vulnerable and saying, I think I notice your distress. And I think I'm afraid that I'm going to lose you. I think I'm afraid something's going to happen.

And I'm going to feel awful about this. It's like, I'm really, I like, I am upset. I'm the one here.

And sometimes our being upset and our naming, our emotional distress, actually can become a helpful bridge to give language and awareness to our friend of the distress that they're actually carrying, because sometimes the distress that we're feeling is resonant with what's going on with them. But they haven't had the words or the practice or the framework where in which they can name that. But we become bridges to creating beauty and goodness in the very places where we would least expect it, precisely because of perhaps our willingness to be vulnerable, instead of having to fix a problem that doesn't belong to us.

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(gentle music)