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Breaking the Stigma: An Interfaith Conversation on Medicine and Mental Health | Kinghorn & Awaad

November 18, 2021



The Veritas Forum

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• Warren Kinghorn is a psychiatrist whose work centers on the role of religious communities in caring for persons with mental health problems and on ways in which Christians engage practices of modern health care. Jointly appointed within Duke Divinity School and the Department of Psychiatry and Behavioral Sciences of Duke University Medical Center, he is co-director of the Theology, Medicine, and Culture Initiative and is a staff psychiatrist at the Durham VA Medical Center. He has written on the moral and theological dimensions of combat trauma and moral injury, on the moral and political context of psychiatric diagnosis, and on the way that St. Thomas Aquinas' image of the human as wayfarer might inform contemporary practices of ministry and mental health care. • Co-sponsors: Duke Graduate Christian Fellowship, LuMin Austin, Nueces Mosque • Please like, share, subscribe to, and review this podcast. Thank you!

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're here from Dr. Ravi.

Rani Awaad, a Clinical Associate Professor in the Stanford Department of Psychiatry and Behavioral Sciences. She is also a researcher with and the Director of the Stanford Muslims and Mental Health Lab where she mentors and oversees multiple lines of research focused on Muslim mental health. We also hear from Dr. Warren Kinghorn, a psychiatrist whose work centers on the role of religious communities in caring for persons with mental health problems and on ways in which Christian, children engage practices of modern mental health care.

Jointly appointed within Duke Divinity School and the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center. Together they discuss breaking the stigma, an interfaith conversation on medicine and mental health. We are greeted by psychiatry students Julia Taylor and Maliha Khan hosted by the Veritas Forum at UT Austin.

Well first before I jump in I would say, you know, thank you all for this wonderful opportunity to have this chat and really excited to be here with Dr. King Warren and to learn more. And of course, you know, the question about how you end up in psychiatry is an interesting one for me because it was quite a roundabout really field of choice. This is where I would say, you know, God definitely has a plan for you at all, in all aspects.

And I was not one who actually never thought I'd be this field. I had a completely different plan in mind. I didn't know that I wanted to be a physician and my work, you know, proceeds in medicine and that I had actually first.

You know, completed some work in what we would call divinity studies so I had traveled to Damascus Syria. The picture behind me actually screen is from Damascus and had spent some time studying Islam formally classically, in which I was trained in that. And when I returned back to the US had been formally teaching and working in the community.

You know, as a faith later and one who was teaching. And in the meantime, I was quite young, I would say. So in the meantime, I was also pursuing my college studies and my medical school and medical school studies.

And really felt that I was going to enter the world of woman's health. I really thought I would become an obstetrician. And in the process of all of this, especially in working with the community and teaching actively and working with the community, what became really clear to me is that there was a number of concerns.

I didn't know exactly what I would call them today would call them mental health concerns that there weren't really very good answers to as much as I had was able to answer questions from, you know, faith and from scripture and really be able to give from what I had been trained in. There was still a missing element that I felt out of my depth really to help from what would be today I would call mental health or kind of psychological concerns. That led me to shift paths, very, very close to the end of my medical training.

And so close to the end of it, this is where the kind of humorous part of it is that all my letters of recommendation still read that I was going into obstetrics. And so when I went into my psychiatry residency interviews, it was quite humorous actually because I had to keep asking you which of the two fields are you planning to go into. So, so I had just sort of changed plans in the nick of time that really it was God planning all the way through something about having been trained in, you know, kind of my religious studies first and then being able to bridge that with the psychiatric training was very powerful I think, particularly in speaking about stigma about mental health and really accessing, you know, being able to access the community in a way that otherwise was difficult to access that I have that, you know, trust if you will in the community already proceeding.

The work I was doing so when mental health came in to the picture, I just sort of added that into what I was doing kind of bridge the two worlds together so for me. And so it's a really interesting process, not, not a path that I had actually ever envisioned earlier in my life, I was joke that I never taken a single psychology course in college, because I had my own internalized stigma against this field. Actually, so it's been interesting and that's a little bit about my, my backstory.

And I'm also very grateful for inviting us tonight. It's really an honor to be here with Dr. wide and thanks to Julia and the week after hosting us and follow your attending and my story has actually a lot of parallels in many ways. I, I did not always think that I was going to be a psychiatrist and my being a psychiatrist actually has a lot to do with my faith.

I did major in psychology as an undergraduate, and I got her wide but I, when I got to medical school the way that psychiatry was taught in my first tour even three years was like just really an interesting to me in many ways that we learned DSM criteria sets and then had to like have a lot of the time and I was just a little bit more interested in the process and, and even the neuro biological things we were shown just didn't seem to resonate with the kind of experiences of the people that I was working with and, and so I decided I was going to go into internal medicine or primary care and psychology and practice and history. And in that context, I began to just see everything in a broader context and I had my own experience of therapy which was really helpful at a really hard time. I saw therapy be helpful for other people, but also as I began to dig into my own Christian, big tradition and begin to see how there was this rich language of like carrying

our sufferings to guide and like Psalm 88, which is this Psalm of like real despair and like you have put me in the lowest pit in the darkest depths, your wrath lies heavily upon me you've overwhelmed me with all your waves.

And I began to see like wow this is a really rich account of like what it means to suffer and then I began to learn more about how Jewish and Christian writers were writing in those years about what it means to feel what it means to be in a relationship and to be able to breathe. I began to learn more about the way that early Christians began to like think about these things and, and I kind of realized that the Kaitry really modern medicine is about 200 years old in its modern form psychiatry is about 130 or so years old and I began to see this faith tradition that I was in that I was learning is 2000 plus years old and there's so much depth and richness to it. And that helped me to see when I got back to medical school to finish up that helps me just to see things in a different and new way.

And not to like force people into boxes is like machines that needed fixing but I began to see people in the context of stories and I began to realize that like I could, I could do that and and I had a older psychiatrist in medical school who counseled me that as a psychiatrist to look at a person as a whole person and to look at that person in their, in their context of their family and their community and their relationships and, and for you to really attend to that person as a whole person like that's your job. That's what you're there to do. And that was really appealing to me and really resonated with with my personal faith and what I've been studying.

And I also decided in psychiatry like the very last minute, almost too late, but I did and it was a nice commonality there. Kind of funny that you both came into it close to the very end. I'm applying into OB-GYN.

I still have time to switch. So that's right. That's what could happen.

Well, great. Thanks for, thanks for your answers to that question. Our next one is a little bit more broad and maybe a little bit more personal.

But we kind of want to dive into the topic of this webinar and ask you about how you've dealt with stigma in your religious circles around your work and if you felt that there. And so what kind of how did you respond to that kind of stigma, and then additionally just invite you to converse with one another about maybe common experiences or, you know, sharing like that happened to me to where this, this is different from what I've experienced. Yeah.

I'd like to go for her. Sure, I can take that one first. Yeah.

Well, certainly I have encountered stigma as, as Dr. West said, I've encountered it in myself for one thing and then I've also encountered it in just the culture at large and also

in Christian culture and Christian communities. And I think about stigma. There's lots of ways to think about stigma but there's at least two ways that which can show up in Christian context like one is a kind of anti psychiatry stigma that like the idea that like if you're struggling like maybe it's okay to see it.

And then after it or priest it might be okay to see a Christian counselor or spiritual director but it's not okay to see like a secular psychologist or psychiatrist. And that comes out of I think stereotypes of what psychiatry was like at the time of Freud and the early behaviorist and, and I think the way I'd responded that as a Christian is just to say that psychiatry in the field is just not. And I'm not sure that anymore it's not a pervasive anti religious field where like people are trying to get you not to believe this is not true that there's a lot of psychiatrists of faith.

I think that both of us here are psychiatrists are counting that category. There's a lot of others who aren't people of faith but who really believe that faith is a good thing and who want to be people to be able to claim to claim their faith and healthy ways. And so I just think like try it out and there's a there's a verse in the New Testament letter of first the salutians it says test everything and hold fast to what's good and I think that we can do that as Christians with psychiatry we can.

We can when we're struggling we can go and seek help from others and test everything and pull fast to what's good there's nothing to fear in that way. And I think that kind of stigma is is more like just the stigma that it tends to struggling and to living with mental illness and, and then, in, I don't think this is uniquely Christian but in Christian circles it basically has to do with some kind of belief that if you were just faithful enough. If you just believe the right things if you just like went to the right communities, then things would work out for you and you wouldn't be unable to get things together and to struggle.

And so that leaves us like when we're not doing well and when I can't seem to just get it together and we're like there's just things that just are constantly happening that we don't think we can control or we're having experiences that that we can't seem to control it. And it creates this intense feeling of shame like it must just be me it's not like it's not other it's just like I'm what's wrong and. And so like Adam and Eve and the Garden of Eden in the story in the book of Genesis like we're hiding.

I'm trying to keep from being found out and that just makes suffering worse and. And so when I think about how as a Christian I would respond to that specifically thinking about Christian faith and tradition I'd say a few things. When I would just say that the deepest truth of who we are is that we are loved and known by God and there's nothing more central to our lives than that we are known and loved by God.

I think I also would cling like to Psalm 88 and other Psalms like Psalm 13, how long oh Lord, will you forget me forever. How long will you hide your face from me how long

must I wrestle with my thoughts. These these Psalms teaches that rather than hiding from God or hiding from others when we struggle we can carry those struggles and sufferings to guy.

And Christians also believe that Jesus who Christians believe to be God knows those troubles bears those struggles identifies with the struggles. And there's this really kind of odd person the gospel of mark and any testament where Jesus was in his hometown he was preaching to a local, his local community and, and this person mark says that they went out to restrain him for they said that he was out of his mind. And I'm always like breathtaking by that verse because it doesn't say that Jesus had what we know because their mental illness it doesn't say that but it does say that he knew what it meant for others to the people who knew him the longest and who loved him the most and who would be to say like you need to be restrained like you're you're like you're like somehow dangerous to this community.

And if Jesus knew that and Jesus throughout his life and ministry would draw close to people who were struggling and who were on the outs and who were marginalized were sick and who were broken and, and, and not ostracize them but like attend them and touch them and heal them and bring them into community. And then then that's a model for us to follow and we can do that and then, and then if the church is doing what it's supposed to be doing which is to be the body of Christ like you know living into that mission of Jesus then then we would actually want to carry what another's burdens not like shame people who are burdening or who have burdens but just as the test of a population says to bear one another's burdens and in this way you fulfilled the law of Christ. And then when I was in our American culture and I think in American Christian culture there's often a sense of like I don't want to be a burden to anyone else I just want to have my stuff together.

I think Christian faith that it's best I think says like you ought to be a burden like we that's that's what it means to be human as we are burdens to each other. And to be a burden is actually a gift and and that's what I want to try to try to claim. There's so many different parallels to exactly what you brought up Dr. Kinghorn and, and honestly the, you know if we start from the internalized stigma to begin with I think that's I think I shared how that was definitely something I, I held.

So much so that I didn't take the singles course in psychology in college because I literally said to myself look at Muslim girl takes psychology courses, you know that's just about Freud and his goons I mean really like what is this, it has nothing and no bearing to Muslims. And this is where you know god humbles even in time kind of to realize that, you know there was an incredibly rich history with the song and mental health which I'm going to hopefully share it just momentarily. But you know my own my own struggles with this is exactly how you outlined it there were internalized was internalized bias against this field.

There was definitely a community based bias in that, you know when you think about how so many in the Muslim community feel exactly how you described that if there was if a person was struggling, should they have enough safe. They should be able to get through everything and anything. Having any sort of dependence including seeking out kind of the kind of care that should be today would say therapy go to therapy go talk to counselor talk to somebody.

And then culturally this concept of airing your dirty laundry right in many cultures this is not from the faith whatsoever but for many cultures. But you know that that you know part of the Muslim faith that definitely is and I would say this extends beyond them some community as well. That's definitely a barrier.

And it has always been this something I grew up with and I know many have grown up with. So this is the concept of psychology altogether was so foreign, if you will. And I struggled with that too even professionally coming into this field of how can I really bridge this, but seem like a big, just really difficult to bridge.

And some of the work that I did because I was already kind of, you know, a faith leader in the community did quite a bit of teaching and lecturing and whatnot. And I started when I was still in residency, psychiatry residency just sort of sneaking it in is the best way to explain it. So I would be giving it be invited to give a talk what's they took work a woman at the boss and it would be about, you know, preparing for the month of Ramadan or something like that very kind of innocuous spiritual part of the discussion.

And in the midst of it, I would say something about mental health, I kind of literally sneak it in there because that's how much it was so difficult to have that conversation outright. I had heard in the local that same local mosque here in our area. So they had tried once to put an event together that actually said the words mental health on it in the description.

And one person showed up. And then they had to literally take out, you know, kind of like, you know, recruit people from the hallways and say, Hey, we have an event come on in. And I think they got a total of two.

So that made it very clear to me early on that's something I can do very easily and clearly so this is how it started. And then I would kind of this was a point in my, in my own trajectory where I was saying to myself, you know, as Muslim kids growing up we're often very proud of this Muslim heritage that we have we hear about kind of these golden ages in which there was lots of great developments in science and medicine in the humanities, but I had never once ever heard anything related to mental health. And as I, and I really struggled with this and I thought, look, I have all this possible training, I, you know, studied primary texts in the original Arabic and so on.

I wonder what the book say for themselves of the early Muslim predecessors and that led

to a whole research. That's actually what led me into the whole field of research in first place. But I started to pull out a lot of primary texts.

And I actually look at what early Muslim predecessors wrote about this because I thought you know they couldn't have made all those advancements in medicine and surgery, but saying nothing about mental health. And what I found which is really fascinating was that as they would describe the human body even even just an anatomically speaking, they would start with the head and kind of go all the way to the toes. And very quickly within these books it became very clear, even if it wasn't called psychology which that term didn't exist then there was absolutely the understanding of wellness and what today we would call brain health if you will right.

And that one thing led to another and it became very clear to me that not only was there a discussion on the very and why why was it there in the books because there was an Islamic worldview is one that talks about health and very holistic matter. This concept of mind, body and soul is very much part of the Islamic teachings, and very much reflected in the Hadith of the Prophet Muhammad peace upon him and in the Quran. And when you look at what that meant how it translated over it translated over into actual theory, you know so actually scholars that are running theoretically about what today we would actually call psychology, but also in institution.

So it like translated over into institutional work so what does that mean. And many people don't know this little piece of trivia I think, and this is where you know I was amazed and really surprised and I get very passionate about speaking about this, that the, that the first of the psychiatric wards that we see kind of in human history if you will, shows up in the Muslim world, it shows up in these hospitals that had entire wards that were dedicated to the treatment of mental health and mental illness. And that was fascinating to me so not only was there you know surgery units and the you know where you work with that auto anything that's any other organ of the body or health, but there was also the mental health piece of it.

And so therefore there were also treatments and discussion of diagnoses and classifications of illness, and the beginnings of the discussions on talk therapy I mean this all just blew me away just where was all of this discussion growing up none of it, you know, was very prevalent or very prevalent in the world. And that led me this is what I was basically sneaking into my lectures if you and so I would kind of drop a couple of you know discussions and say hey, did you know and how about this or that and that would just sort of I could see in the crowd, you know, the audience was just sort of like taken aback really, really, just kind of like fascinated. And so I think that something led to another and as the years went along I would also say that in general even here in our American society, the discussion on mental health has also changed over time, where it's now much more.

And so I think that's a very important thing to talk about this and there are folks who are, you know, celebrities athletes etc who are coming out and actually saying I struggle with mental issues and I see a therapist right. And so what what does that do it kind of translates into the society of the permissibility of you all talking about this, and realizing that you're not deficient if there's something happening on the mental health field. And so that's a very important difference.

And for the faith communities, it's been really interesting too because it's also kind of given the sense that you can talk about this. It's just been a very interesting process really from going from sneaking it into lectures to now developing a whole conversation around this or even now being able to title lectures that are being given or talks or so on in the community, and actually include the word mental health very much to the people change I would say over time and I think drawing very similar to yourself Dr King one kind of drawing on my own tradition and its heritage and kind of being able to quote versus from the put on or from the had to the profit to be able to say, yes, this is part of our tradition, and here's the proof in the pudding of how this wasn't just something they just spoke about or theorized about that actually built on whole institutions of healing around this concept and that's really been a game changer, I would say Yeah, just first of all, I really appreciate your historical work and the way that you talk about the history of health and especially mental health in Islam and, and I've learned from that and I think that it's something that's really helped me is this knowledge that of Christians and I don't want to speak for this lens but but Christians never had their own early Christmas dinner their own unique like practice of medicine that was totally distinct from what it come before, but they tried to draw on the best of the, and what was considered kind of the best practices of the medicine of their day, but they put these unique stamps on it they would see the person who's sick, not just as to be cared for because they were part of the military or because they were part of a household that had a lot of status but the person who was sick like bore the image of God and so needed to be cared for as Jesus himself and that led to some of these early monastic institutions that let that can kind of trace the history of the charity hospital to, but I also love how in the middle ages like the great Muslim scholar in the 11th century or 12th century wrote a book called the Canada medicine that was used all over the Middle East and North Africa and the Christian and Latin Christian Europe until like 1800s or something like that in 1700s. And so you had this in a time when we often think of as like kind of skip over into medical history there were, there were Christian scholars and Jewish scholars like Melonides and Muslim scholars who were reading each other and who were all drawing on on gala and on Aristotle and on and on classical thought and it was this incredibly rich matrix and modern medicine emerged from that matrix it didn't like you know just skip over and emerge from it and I, I just, it's helped me to know that absolutely I would have to say this concept of weird, this concept of what I'm calling kind of rewriting the narrative I think is so important because because I struggled with that question of like where is this discussion of psychology mental health, psychiatry, where is this in my own faith

tradition, and realizing that unfortunately what was available at least on the English language had definitely left out sometimes I mean historically I would say accidentally like it's just not translated into the English language and therefore it's not accessible.

And sometimes it feels a little purposeful honestly which is a different discussion that we have time for today, but there's definitely the sense of, you know, needing or feeling this need to make sure that we right things and make sure that the narrative actually fits in the way that we're working with is accurate, because then you're at this point, you can really break down some of the stigma that exists in the community of saying look this is a Western construct, this whole field of psychology, this is a Western construct, it has nothing to do with it, you know, we have other ways of coping and healing, and rather rewrite the narrative and say no actually, this is very much part of the heritage and the legacy that is left that is strong kind of in our in front of the Muslim community we're talking about in the tradition, and this is very much part of your heritage and legacy yes European psychology the way to merge, you know, what we're talking about the 19th century that may not feel as connected to you, but the discussion on mental wellness as well being absolutely interested in this and here let's try to rewrite this narrative more authentically, so yes I very much hear what you're saying. And I resonate with what you're saying about mentioning mental health and having one person, or two people, I've experienced that in churches too, and I've also experienced like what the conversation getting started and then all of a sudden people start to feel like they're going to talk about us, we'll start to share their own experiences, and in my Christian congregation a few years ago, I, I, in a church that almost never talked about mental health in public, just gave people an opportunity to share their own stories and I had people calling me that I had no idea saying, you know, could I come and talk about my experience of living with my daughter and finding healing there and could my friend come with me who went through this between together, and could my husband and I talk about our experience of, of finding ourselves drinking too much and really struggling with that and finding healing And so, can we talk about grief and just amazing to me how much once people had a chance to talk, it was right there and I just want to just encourage that because it felt really healthy. Yeah, I just want to make a comment on that I feel like sometimes in religious communities that we, it feels like religion happens in a vacuum religion and faith happen in a vacuum and, you know, if you're experiencing something like an eating disorder or, you know, another condition like depression or all these things that are very common that you're in outside and totally apart from your religious life.

And I feel like, whenever, whenever it's brought up in church or in a religious space, at least in my experience, there's a so many, there's so much like me too that happens in that moment, which to me is so empowering right because, sort of like you had said before One of the biggest tenets of Christianity is that healing comes from bringing things into the light and not keeping them sort of hidden in the darkness of your own

soul or your own mind because healing comes from, you know, the love of Christ kind of entering into those spaces And so I think that's a really wonderful story and I wish that would happen more because I like it like I think, I think we think of the church as a building and as a space as being like impenetrable and kind of this like building on the hill where nothing dirty or bad can happen And actually that's the safest place for those things to kind of find the light. And it's, you're absolutely right that's how that's how the church can feel and it's just absolutely such a tragedy that that's the case because that's not the way it ought to be and I recognize that and limit that And I don't think this is a religious image but I think of, I think of this phenomenon of shame and stigma like it's like a, like being enclosed in a turret with like a thick wall around and there's a little passageway, but there's a There's a lot of people on the inside that's called shame, and there's a century on the outside that's called stigma, and they work together. And shame keeps you from leaving and stigma tries to keep you from others from entering And, and to be isolated is, is, is to be alone and to be away from relationship and participates in death and not in light.

And I think, I think, I think a lot of our faith traditions would call for connection and not isolation and that is really important. Yeah, I'll just say, yes, I agree with that. Also just to add Julia to your point, I think there's kind of a similarity in Dr. Wahl kind of mentioned this but Islam feel is essentially like a lifestyle religion right and so it's, it's part of everything that we do in our in our school or with our health and I feel like sometimes people don't make those connections.

So I'm really grateful, especially Dr. Wahl did a series with a ukeen Institute that focuses on the history of mental health and how our health is connected to our faith and just realizing that faith is a part of every aspect of our lives. And so I'm grateful for seeing the progress that we've kind of have made, like you guys have mentioned from it being so stigmatized to being able to have these discussions and so I do want to move us along though to our next question, which was, how have you built meaningful and long lasting connections with people outside of your faith, and what have you gained from those relationships. Anyone can start.

First, I'd like. I can start. Yes, definitely, and I think it's been really important actually to have to have that because there's, I'll say two things to this one is that in working with my own community right there's so much work to do that honestly, it could be very, you could probably spend your entire life and career kind of working only within only within your faith and only within your community or communities that you're a part of.

And what I thought incredibly meaningful actually finding others and sometimes it's hard to find. I don't know maybe do get different but it's Stanford a year in the California and the West Coast it's it's hard. It's been hard to find folks who are willing to very, to very openly say that they're a person of faith, particularly in the field that I'm in a psychiatry, and that we are both that I shouldn't say.

do every year we get this amazing class of incoming residents and students medical and CA students that come and rotate with us and colleagues that come in from.

And, and I've learned so much in this relationship so I've been so blessed by it. And I think, I think the way that as a question I've learned from just a couple little anecdotes one is, for a while I was scheduling a half day of teaching for the psychiatry residents each year and, and I learned that there were a couple of faculty that that were just very observant as in a way that I just had, had, I needed to learn about the need not to schedule things on the Jewish high holy days. And to really respect that, and to respect that even though Duke and the state doesn't consider that a holiday, and to see in which to see that these colleagues were like willing to give up a lot in order to be observant on those days and, and another more recent example, we have a really amazing resident who just graduated from our program she, she gave me a person to use her name here a lot.

He's a very faithful observant Muslim woman who takes her faith very seriously and, and even though I teach at a divinity at the divinity school at Duke and I was, I was organizing this curriculum for the psychiatry residents. This overall curriculum didn't really have a lot of content around spirituality and religion and faith, not really intentionally but I was just like well got to teach a bunch of stuff in a psychiatry residency. And here it came to me and I think her, we're second year residency, she like Dr Kinghorn, like why is there nothing about spirituality in this curriculum like there needs to be something there.

And I was like, I don't know like I just never gotten put in and just like well we like there needs to be something in here on spirituality so we got a small internal grant and, and it got delayed by coven but just this March we had this really lovely symposium on spirituality religion and psychiatry that brought together. Healthcare chaplains from a variety of faith traditions and also racial I think backgrounds interfaith community leaders and clinicians from Duke and its associated institutions to just talk about like, how do we think about taking a spiritual history and from each other and how can we draw on each other and in that can clinicians link to the work of chaplains and faith leaders around the care of patients and, and to me that was a really life giving conversation and it honestly probably would not have happened had here been like, Dr Kinghorn, why are you not doing anything about this in our in our program and so I think that's an example where my Muslim colleague like, like prodded me to like be more open about my Christian faith in the kind of curriculum context in the clinical center and so I think that I've learned, not only like grown in relationship but I've grown in my own faith in in in the kinds of relationships that are formed. Part of the reason that we got these questions are were sort of the center of our minds was, you know, Malina, Malina and I are classmates so we've been together for the last three years and we'll be together for one more year.

But I would say probably around second year, I don't know I, I remember having, there was one experience that we had together at the beginning of clinical year. I say together, I was just there with her when it happened with Malina that kind of, for me like catapulted this conversation and just like really as clinicians, how do we create spaces and environments that are not just you know the I think the buzz word right now is tolerant, but are like genuinely curious and passionate about each other and about understanding people and their backgrounds and what they believe in making them feel comfortable in any environment. And then I think kind of over the year that involved into a little bit more of like actual curiosity about, okay, like, let's, I want to understand more about what you believe and where you come from and sort of all these different things so that that's kind of where we're coming from with this So, yeah, we have a, we have several questions that were submitted to the forum the registration form and I think one of them goes really well with what both of you just talked about.

So one of one of the questions we got was how, how do we, and or you both being experts in this ground spiritual identities and advocate for students in sort of a secular space. So, I think it's a lot of questions or residents, but yeah I, Dr. what I really resonated with you talking about it being hard to find people who will like, proclaim their face kind of loudly. And I think that's that's intimidating different ways for students of faith and then for faculty of faith.

And so it's hard for sort of both groups to reconcile with that. But yeah we were just wondering, how do you and then by, by, you know, continuation, how do we create space and advocate for students of any faith in secular spaces like medicine often tends to be definitely, I would say, I'll start here with the Muslim community first and can give that as kind of a case example, especially because the last it's, it's no surprise I can tell anybody that the last, you know, several years here, I would say, particularly the last five years have been a very challenging for the Muslim community here in the US, you know the introduction of the Muslim ban for example and how that expected so many of our students on campus and others of person community, just the kind of the rhetoric the anti Muslim and homophobic, you know rhetoric and unfortunately, which continues and we see just last couple weeks ago, you know, an entire family kind of mowed down just because they were Muslim. It's really hard.

And what that's meant and for, let's say students on campus in an academic secular space to feel that they're, they're invisible, and to feel that they need it's more support and help and this is where that kind of intersection when mental health comes in because it's so hard to advocate for the kind of resources that are needed that are, and I'll use this word, culturally congruent and spiritually sound for that particular community. So we talk about cultural competence, or you use the word tolerance, I'm not a fan of either of those words, I think congruency is a completely different ballgame altogether how do you, how are you, you know congruent with that fate and I'm going to take to it particularly when we talk about spiritual, spiritual paths as well. And so part of

what happened I would say on our campuses, there are there aren't any, there continues to not actually be any Muslim therapist and our caps are, you know counseling psychological services office.

And I'm sort of the lone, you're a little token and Muslim therapist, I mean so I say hi just in this case that's on on campus. Yeah, at that time at least and the, it was interesting actually doing the advocacy work to say look there really needs to be interested in lead actually happened first through our office of religious and spiritual life. And some, this is where I say you need to be creative, you know for me that's where I started, they asked me to come forward and help counsel some of the students.

And because of the, my dual training it allowed for that right so there's been times where and I continue today I'm actually the affiliate chaplain on campus and last year was in around chaplain so all the different, I like to call them the different key jobs I wore on my campus, you know, outside of the school medicine. And so it's been really interesting actually sometimes it worked within our office of religious and spiritual life and sometimes it was through our caps, you know office and other times it was through the industry and just whichever which way to make sure that the war services available, but that led to number of different things we finally now have as a couple months ago, a Muslim chaplain full time is part of the university and you know our, you know we have now a program we hope to roll out that actually help address the mental health needs specifically from the some students on campus and it's been a long term so my main recommendation is creativity be creative. My second recommendation is consistency, like this is where that squeaky wheel gets the grease actually plays out of saying look this isn't this isn't abating anytime soon like it's still, you know students are the our students are still very much feeling like they're marginalized and their voices aren't heard and they need some extra support.

And the third part of this would be in my in my case, you know, I'll just backstory this really really quickly and say when I was going through my residency interviews, I was told what I thought was one of those questions where they kind of trip you up for residency well, and this I don't think that was actually I think this was pretty over, you know bias but had somebody say to me, you know, psychiatrist need to be a blank slate and you're anything but that what are you going to do about that hijab. Or that think on your head is basically what was said, you know, and I thought my goodness gracious you know I don't know what I need to do with this campus, but it's it's been a it's been interesting journey since and you know as I'm not in my case, I didn't have the choice, nor do I want to have the nor do I want to not proclaim well but who I am and what I am what I believe in. And not only am I Muslim psychiatrists who wears a hijab and does kind of bread and butter psychiatry my work is very much, you know, all about faith and all about spirituality and all about Muslim mental health so there's no escaping that.

And so I think that you don't have to be sort of as loud as I am, but are willing to actually

be the word here is ally ship, right kind of find the kind of allies who are willing to say yeah faith is important. It makes sense it's something that definitely some folks, particularly those of the faith community draw support from some why not actually make space for that is really important to because you can't do this work by your personal. And so I think that you can find either people who are also members of faith even if there are other faith groups, or people who are of no faith but at least understand that this is somewhere this is something that folks can draw support from their willing to support that and that's really what I would recommend as well for those who want to further that kind of support on your in their spaces campuses extension.

I would answer that. Not not not with disagreement with just in a different perspective. I agree with everything that I was said about Islamophobia and anti Muslim violence which we've seen here in North Carolina as well.

And, and how that affects students and trainees and others. I remember that question I was thinking about that possibly had to do with a student from a deep faith tradition that feels like their faith is just not welcome in the medical space like that they just like don't know how to be who they are religiously in context of medicine and your description of what was said to you that are why it's like visceral, like example of that like, basically you're not welcome. What I tell Christian students who come and this doesn't happen that often I think Duke Duke as a whole is, I think a pretty hospitable place to religious particularity but in the university and in the medical center but there are certainly a lot of people who certainly get up to that.

What I told students is that the first of all like it's a gift that you're here. It's good that you're here in all of your particularity and that's not just Christian students that students with any deeply held religious faith and commitment. And that your tradition has things to offer to your practice.

And so what does it mean to bring that in a healthy and full way to the work that you do in the care of the sick and I told Christian students that they, that one really important thing is just transparency and truthfulness that so for example, I told, I told Chinese and students that like anything that you do in a clinical situation, especially in like outpatient situations where you might not always be observed in what you're doing or in patient units where like, you know, we might be wondering if they should pray with patients or other things I just say anything that you do, you ought to be willing for your attending your supervisor to fully know about like and to be able to give a public account of that and if you're not willing to give that public account you probably made in this particular case ought to think about not doing it just because that's what it means to live with integrity and transparency. And then within that though I encourage people just to be to not hide who they are and to be able to give reasons and to be able to ask for what they need for religious accommodations and that kind of thing because I think that's the kind of culture that we want to be forming. Another thing I advise students on and it's mostly

Christian students who have conversations with about this but is like how does your Christian faith in rich like what do you bring to medicine that is so important to you.

Medicine that isn't a matter of like superiority over others but how does it a strength that you can draw in rather than you feeling like it's some kind of a liability or, you know, like badge that you, you know, have to worry about. And, and to get people to think about that and I mean for me it's, it's, it's kind of this broader perspective on the humans are. And so I think that's a way for us and need of attending rather than machines and need of fixing like that to me is a kind of exclusively.

The logical statement but it's something that really like is deeply drawn from my faith. I think the question like if you're working in an ER and it's 2am and I'll just say a man comes in who's there for the 30 of time and 45 days and intoxicated and cursing and the staff is like totally burn out and like this person's here again. And you're the one that's going to go to see him like what does it mean to stand in front of that person and to see him or her as someone whom God loves and someone who's worthy of your care and should be treated with dignity and, and like the best intentions for medical professionalism can wear thin in that moment you sometimes need a deeper well to draw from and, and for me I can draw that from my, from my faith and to say this is someone who bears the image of God and from God loves more than I more than I can imagine.

And if God loves this person then I should to even if it's 2am and I'm tired and, and this and, and it's the 30th presentation 45 days and, and also that there's hope and I can, and even if I don't feel hope for this person or they don't feel hope for themselves. I can, I can carry hope from another. Like I can actually say like I don't know quite know how to feel hope here, but, but I know that God loves this person and there's a, and there's a possible better future ahead.

And so I'm going to act toward that. That's one example of how like our faith can matter for the work that we do in medicine and in ways that I think can actually make us like better clinicians, better doctors, better ecologists, whatever end. And, and then if that's the way that we, that we act and live then when we start to speak in very particular ways to say this is why this is the case for me, then it, then others say oh like, I noticed that, you know, that Dr. Awad was just incredibly dedicated psychiatrist and, and I now know the broader context in which this is the case.

And, and I just think that that's, that's a way to go. It doesn't mean that there's never going to be problems for people that have their own biases that just sometimes have to just acknowledge and deal with, but I think there's often ways to turn this commitment into a real string. Yeah, thanks, thanks to you, thanks to you both.

This is definitely something that's been on my mind and really has my end and many of my friends of different base. Another question that we had pre submitted that I have a

special interest in is, how can we understand the humility of those who are agnostic. And part of my interest in this just comes from, you know, I think the medical space.

And it's, it's a very important thing to me, to be able to understand the way that it blends itself particularly to being agnostic just because, you know, at least in my experience I see really great things happen, and I see really awful things happen and part of the difficulty that I've dealt with with my faith in medicine is like how do you reconcile those two things because, you know, I feel like in the past, faith communities have been have had this idea that, you know, being faithful and living a faithful life leads you to the good things and like having a sinful life or a bad life easy to do bad things. And so I feel like a lot of my friends. Yeah, just like they have trouble with that, like the rest of us do.

And I find it hardest to even start a conversation with them around faith whenever they've kind of reached the point that they are unwilling to believe either way because they've seen all these things happen to people who are good people. And often are just sort of the least interested or willing to enter into a conversation like the one that we're having right now. Yeah, what do you, how do you guys, I don't know if you guys approach in your work.

Any any sort of almost evangelical I think we would call it in Christianity but like how do you have conversations about your faith with people who are agnostic I feel like it's harder than starting a conversation of somebody with a different faith, at least in my experience. I was hoping you would, I would say that just like anything, like if I meet somebody who says that they're a Christian, I don't try not to make assumptions about about anything other than they say that they're a Christian I just want to know more like what does that mean to you. Like what kind of community are you part of or not like what's important to you and, and then the particularity begins to show and so even more when somebody says that they're agnostic like I just want to know more I try not to make assumptions.

And, and, and I'm just a very aware of what I don't know but I do especially want to always wonder if somebody says they're agnostic I think people identify with that term for a lot of different reasons. But I would want to know what somebody's history with faith is. And remember they raised in the faith tradition that then they've did from where they raised out of a faith tradition and they're like just not sure.

Is it a kind of principled intellectual stance or is it more like a sense of struggle and uncertainty. And what's going on there. And, and I think that, I mean I think Christians learn this from Jewish people and from the Old Testament but we know if the name Israel is one who struggles with God like this idea of, of scripture as this, this, you know the prophets and people of Israel and continuing is like this ongoing struggle with like what does it mean to live as those whom God has chosen.

And yet things are often really messed up and what does that mean and how does that,

and so to read the prophet Jeremiah for example, and to see this like chaotic, you know, heart cry to God, like that sometimes says like God you're punishing us and says God where are you sometimes says God you're my greatest comfort sometimes promises good for the future. I think there's there's a room in the scriptures to struggle and so, and so for someone who says that they're agnostic if they're in a kind of position of struggle with faith like we're in a position of having been wounded by a faith community. I mean sometimes in very clear ways like sexual assault or sexual abuse or seeing that happen or seeing, I mean, then I think that those wounds need to be acknowledged.

I think that to the extent that those wounds are the product of a broken sinful faith community that needs to be acknowledged and, and named truthfully. And, and, and then trying to figure out well what does it mean for you to sit with these questions and, and to try to hold out. I mean, as a Christian I want people to see the truth and beauty and goodness of Christian faith and to find, you know, find a place in that but I think that my role, not just as a psychiatrist but as a Christian is just to try to ask questions and try to hear trying to make assumptions and try to try to try to pull that hope for people in that, in that, in that journey.

Not so much to lead with telling you why they're wrong to be agnostic. That usually is not the first step I want to. I agree so much with what you're saying Dr. Fumar and really I think it's really important to figure out, particularly this concept of, and this is where I find people from.

So it's very uncomfortable doing what I think is actually a very important thing in the course that I teach to our psychiatry residents. And the P2Y3 or teacher co teacher course actually with it another psychiatrist to faith it's been really great having that, you know, kind of friendship as we've talked about earlier, but, and different things she's Christian and it's been really wonderful to have that teaching but what I was saying was this course that we teach called culture and religion and psychiatry one of the main things that we focus on and have focused on our number of cohorts now is this concept of religion that heals and religion that harms. And that's really hard sometimes for people from faith communities to hear especially the second part.

And I'm like, oh no no that's not that's not the case, there's a lot of defensiveness and it's, and it's exactly as I said Dr. can credit it's, we really have to see the person where they've come from and what their path has been and sometimes it has been harmful me to call harm for what it is. And I understand that that's not necessarily reflection of the faith itself or of God, you know, but rather of the experienced person has had with people who will clearly have misused and abused, you know, that faith tradition. And it's been interesting and sometimes that's the case, you know as you mentioned Julian sometimes it's not sometimes it's really a person is really struggling trying to understand trying to really tie together what they have been learning.

Think about that from from kindergarten through that point in their life. And then taught and trained in a secular educational system that has questioned faith and God and even demeaned it in many ways, all the way through. So it's not very surprising actually to get all the way to this point.

Even as fellow physicians kind of just working in caring for the ill, and then you see these very terrible things happen whether they're within the field of medicine outside of it, and just grapple with what is all of this really mean and how come this happens so that's a good people right that kind of concept. And so this is where I'll turn to various, but an expert versus and say look this is how I understand things to be. And you may not fully like appreciate that or take that into your own belief system but you know in the world of tribulation, it's meant to be a place of tests and trials and difficulty that's actually how the world is created according to the good and equal to you.

And God actually says in the good and do people think that just because they believe they'll be let alone by merely saying we believe and not be tested like they're actually meant to be tested we are meant to be tested in this world. And then the different part of the point on, you know it actually explains what kind of tests will come you know fear and loss of life and wealth and hunger and loss of lives and fruits and so on. And so because there is this concept of this is a world of tribulation, and what comes next is a world of right the here actors really world in which there is no tribulation.

And so that contrast, at least from my own perspective and for those who are within Islamic faith kind of contrasting those two is very helpful because when you say okay there's something more coming and there's going to be better that comes after this. And even if the person who is not fully aligned with that belief system, it's still, I still find that it's helpful for them to really appreciate where I'm coming from, like why is it that I can look at the person or work with the person you like will use your case example or it's still o'clock in the morning in the ED and the person has come in the 30th time right, and you're finding that within yourself just finding a place of trying to be empathetic. Right, I've tried to say what if I was in that person shoes right, which a lot of these really great character traits and moral teachings come from faith teachings they really do, although many times we tend to now secularize them and call it Oh that's called you know, if you look far back enough into religious tradition, it comes straight out of scripture, like how do you do that for someone else.

And so whether you use it from scripture or not I think that concept of, of really putting yourself in the shoes of that other person. And if it helps to use scripture I know I do quite a bit and I'll share and actually share with others and say look you know I my belief system says that God says that he's not going to burden the soul more than it can bear. Right, which is a very common Islamic saying because it comes directly from the put it on and Muslims will constantly say this and say look this very difficult thing is happening but God is not going to burden us more than we can bear.

And if he's brought us to this point, he's going to help bring us through it. And so let's figure out how exactly that's going to be. So I wonder if it's helpful to, to share with those world views that you hold out with others.

And even if they don't fully align with them at least they kind of see where you're coming from and just see a different way or different perspective or looking at things and sometimes that's enlightening. And that's such a great answer. So many good things said from both of you.

So another that yeah I think the example of seeing, especially in sort of a psychiatric ED setting, we're so cute. Kind of thinking of it in that setting and not all of us have experienced that but even, I don't know, I think that can also be applied to your loved ones or people that you know sort of doing the same thing over and over again. And you know you're sitting here like why do you keep doing this to yourself we all see like how it affects you.

And how to respond to that in a way that is constructive. It's so hard. But I think you make a great point that it is in a lot of ways comforting to fall back on the belief systems that you have and to not try to create a new structure of understanding from your own self for those times that are just beyond words that you're like I don't even know what to do with this.

And I feel like I find myself trying to reframe it in many different ways and create new structures of belief and understanding when in reality, probably the more constructive thing to do is to actually put it in the frame that you have for understanding the world through your faith. So that was a big mind blowing moment just now that I had. Thank you.

I'm going to move on to a question Oh, Dr Kinghorn. Go ahead. Yeah, well thanks for that Julia I was just, I was just going to say we have this federal law to the point of the person that you are.

We have a federal law that basically says you can't deny care if somebody presents in an emergency situation for reasons of payment or anything else and so if you come to a yard in Austin or Durham that you're going to get, you're going to get cared for in some way. And I just talked to trainees sometimes and say like, like that law is an ethical decision. You know, it's a moral decision to do that we don't have to have that kind of practice in the US, you could just be like, we're just going to have a hospital that only cares for people they can pay out of pocket and anybody else can just go die on the street and, and I say we're close to that in some contexts and ways with the disparities.

But the reason that we don't have that is because we have these ethical traditions that like to be sick is to be worthy of care in some way and even though probably nobody was thinking about this when they wrote the entire law. Like this relates to, I think, the

history of Christian and Islamic and Jewish ethics of like the dignity of the person. I mean, if, if these early Christians who were, you know, before, before the time of Islam, these early Christians who were learning from Jewish traditions of hospitality had not started welcoming strangers who were sick into these infirmaries, because they saw Jesus in the person who was sick and found these institutions that then started to care for people not because they had social value but because they were sick.

Like there's a there's a direct line between that in our modern charity hospitals that of course had a lot of development in the Islamic world. And it's all, you know, there's a result of all of that but these are ethical decisions these come from our traditions and, and we can draw on that like and that's right at the center of medicine is like so much so it's open to you are they need to be cared for, but we shouldn't take that back to it. Yeah, totally.

I just took a health law and policy class in the UT law school this last semester. And we talked a lot about the entire law and it reminded me about to just scripture about, you know, caring for the sick. And I just wanted to say like, I don't know in the middle of this event I was just feeling really grateful to have that, have this experience where like we're getting to see faculty members represent their faith very publicly like the fact that you guys are here and doing that because like, Julia mentioned earlier like for me at Dell I'm the first job he student at Delmed.

And so that's resulted in like quite a few interesting experiences over the years. And that's, you know, I like Julia mentioned I didn't realize when she said that that that was part of the reason that had kind of brought here here in terms of the impact that that experience had had on her. But yeah, I think we had kind of discussed, I mean you guys have kind of addressed this already about having that space for students and faculty and I, and a way certain ways to make that more apparent.

And yeah, I don't know, I look, this isn't a question or anything it was just like a moment where I was just like wow this is pretty cool that we actually having this from different campuses and being able to have this discussion but go ahead, Julia, a question. Yeah, no, this is the coolest and I am so thankful that really had this here with me. We were just talking before this we were like we couldn't have done this without each other.

Yeah, I completely agree and echo you really have this is a really cool experience to have with you and with our panelists. Okay yes so we had one question submitted by an audience member that I thought was really interesting and this will probably be our last one to round us out. So I'm just going to read sort of all of what the student wrote or the participant wrote.

Okay so as an example of stigma concerning mental health I've often heard growing up in my faith community that a majority of mental health issues are consequences of sin and maybe even demonic influence. With the understanding that many of these illnesses

can get derived from neurochemical and balances traumatic histories, etc. How do you reconcile between these two practicing clinicians.

This is something that makes me just a little apprehensive and sometimes seeking help for my own mental health. Since I hear time and time again that people with mental illnesses are demon possessed in my faith community. I don't want to compromise my beliefs but at the same time I don't want to mitigate the real impact that mental health certainly has.

Also I love that Dr. Wod talked about cultural congruence instead of just competence. I agree and I to agree on that. But yes the question was, how do you reconcile between the two understandings of mental health as clinicians and as leaders in your faith communities.

I definitely want to defer to Dr. O'od on this question. So it's good I look forward to hearing what you would say to Dr. Kingard. Definitely this is what you're saying, you know the questions come through it hits the nail on the head really and I realize this may be coming from other faith communities but they're so so many similarities.

The concept of you know demon possession or sin, you know as being the result is super common actually across many many different faiths and I would say it's very true even in the Muslim community as well. So what have I done over time basically one of the most important ways of addressing this that I found is really to explain how mental illnesses are multi factorial. And I think that's a really important word because the to come right out to somebody who is who is from the committee who has these beliefs and it's part of their faith tradition and to say no no no it's just sort of like minimize that is not helpful in any way whatsoever.

You've immediately lost rapport, and you have it would have a really hard time kind of regaining it. And so even if you don't fully believe in these constructs necessarily yourself. It's really important to understand where the person's coming from and allow that space now if they are actually part of the faith constructs of your own faith in your own belief system.

And in my case, as a Muslim if somebody were to say you know Jim possession or demon possession. I would say yeah that's actually a construct in the faith as in to say, you know, in Islam the beliefs that God created humans, angels and Jim, and Jim are the demons and so, and I should say spirit and so there there's good and bad of them. And so this concept of Jim possession which again exists in many different cultures and faiths does exist within the slums as well and then we'll some belief and so I would often say when someone says, how do I know that's not just Jim possession and you really want me to take this psychiatric aspect into it.

And so I'll say well how about we do this, how about we work alongside of each other and

you want to bring in kind of the faith aspect into it. And I want to bring in the psychiatric aspect to it. What if we do this in parallel, because often what people in the Muslim tradition if they believe that there is kind of some sort of possession.

There is, and there are actually some Muslim faith leaders who will do. Not exactly exorcism but rather kind of read for you know read Quranic verses over the person and in Arabic the public of the sun and that is something that comes directly from the faith tradition and there's actually, you know, historically the Prophet Muhammad peace be upon him actually described kind of the rukya so I'm not going to be one to say no no don't read put added verses upon yourself that's definitely in line with the person's faith tradition and it doesn't, it doesn't get in the way as long as we're working in parallel it doesn't get in the way of what I could be doing as long as we have this agreement, the patient and I are in their family that we can actually do this in parallel so I'll often say look you know imam so and so or she so and so has the ability to help you with the okay I'm not trained in that specifically but that part that you want to see the imam and have you know him do this kind of recitation for you. By all means let's do that in parallel with you know if we can agree to do in parallel kind of the psychiatric treatment.

And if you get better excellent right, and if you do one and you're not getting better just to put an aggressive station but okay let's say, and you're not getting any better can we have an agreement amongst each other that she will actually come back for care, or that I can continue working with you. One other thing that I found really excellent and helpful and it's rare is to find those imams who are willing to do or willing to be psychologically minded is the word I would term right. And there happened there's actually one that's right on my you know speed dial if you will on the phone, and I'll say you know imam so and so it was willing to actually do this and he's been great because he'll say like in his, this is a rokkya is something he inherited from knowledge from his father who inherited from his father from his father you know it's like this long you don't blame a chain of transmission if you will on this poetic recitation that he does.

But he's also really great and saying when he reaches his limit and says, what you have here is beyond what I can read for you and do for you, you need to go see the psychiatrist. And that's rare, not every email is ready to say that or do that. And so finding those you know religious leaders who are willing to be aligned with you and say look let's do this together like I will send people to you if they want kind of this conversation.

And in turn can you send them back this way if you feel that there is a need for this mental health, you know psychiatric intervention, and that's been a lovely partnership that's been really great in that way and I encourage that as much as possible. And so back to the questioner here, you know this concept of multi factorials been really helpful and important of really understanding that it's not just all neuro chemistry either. There's also environmental reasons for mental health conditions think about people who went all

through their life and they were not didn't have any sort of mental health condition, but they went through trauma of war or of abuse or something that happened to them in the environment.

And they then had PTSD right like that's not necessarily neuro chemistry right that's also environmental so there's environmental social causes, there are biological causes there are genetic causes. There are also spiritual causes. So that concept of multi fact and it could be a combination of you know more than one of those.

And I'm kind of frame it's that way. Sometimes it's much easier to understand because I'll say look I have seen people who are incredibly, you know, faithful and people who I would say are my mentors that have been my teachers in faith. And so I'm going through terrible depression.

And it's not a throw a lock of faith or a lack of religious knowledge let me tell you, but in their case it may have been something genetic, right, whereas try as they might that chronic depression key coming back. And that's been very useful to hear that kind of validation and understanding of how very multi factorial it is. And finding the right partners, she will within the faith community and within the medical community who are willing to work both ways right to partner both ways.

So that's what I would kind of add to that discussion. And that was really helpful answer I really agree about not reducing any mental illness and neurobiology alone, which is separate conversation from that question but I would just say briefly that I think it's some in Christianity have different theories of demons and but Christians themselves have lots of different approaches to demons and spirits. And so I can't answer for the whole tradition, but I will say what I believe is a, as a Christian psychiatrist.

One is that if you look at scripture, especially in the New Testament and especially at Jesus healing practices and how demons were present. So the Bible does affirm the reality of these, the demonus the demons or unclean spirits. I, therefore also believe in the possibility of oppression and possession by demons as a Christian that no reason not to do that.

I'm not convinced that I've ever seen a clear example of that in my clinical practice, where in the kind of way that's classically described, which is a kind of demonic possession, but I want to be clear that I, I do believe that that's a possibility and I believe that the spiritual world is real. But there's a few ways I think it's misunderstood and speaking from within the Christian tradition here that, first of all, in the New Testament, the demons or unclean spirits typically don't cause what we would now recognize as mental illness they typically cause, like, physical symptoms, maybe neurological symptoms. But it doesn't map very well into our any of our modern conceptions of mental illness so we think about depression and long grief and anxiety that's just not, not something that scripture characterizes in the language of the demonic.

What the demons do typically is that they take people who are already vulnerable, and they make them even more vulnerable to being on the outs of society. So they take people already on the margins and they marginalized them even more. And that's why they're there these, and that's one thing to say.

Another thing is that the demons were like this was a world, the world of the first century when the New Testament was written was a world where it was just assumed that the world was pervaded with spiritual realities. And so the idea that that the demons were these spiritual forces out there in the world wasn't something exceptional it was just like, it was just the way that the world was to breathe was to be surrounded by these spiritual forces. And so for Jesus as the incarnation of God who is, is affecting the mission of God on earth to come into heal people to cast out demons was very much an affirmation that whatever the brokenness and evil and sickness and suffering of the world Jesus is Lord over that.

And there's no power that Jesus is Jesus cannot heal and so the healings are an anticipation of the coming reign of God. And so, last thing to say, maybe the best story that might map onto our modern conception of mental illness was a story in the gospel of Mark about this man who lived in the tombs. Jesus goes across the city of Galilee he finds a man who's living in the tombs.

He says, he was ostracized who's like cutting himself and shouting man says what's your name and the man says my name is our name is Legion for we are many Jesus cast out these demons they come to have heard of swine they go over, you know, there's been a story this and I, the man goes back to his village, like the people are kind of freaked out they tell Jesus to leave the village but the man stays there and becomes actually the first like missionary to the Gentiles. So it's a really great story how it ends up but but in that story it's interesting that the first of all, it's not clear that the man met our current criteria for schizophrenia that's kind of a projection. The man, those does say our name is Legion, and in the Greek New Testament that name is written in Latin, and that was the name of the occupying Roman military force at the time, it would have been visible to the heroes of that story.

And the, the, the battalion of the Roman military that was, that was occupying that area of Palestine at the time had a bore as on the crest of its shield. And so there's a way to read that story that that is not just a kind of spiritual tale, but it's a tale of Jesus authority over the dominant political empire of the time which was Rome, and, and a statement that that this, like, you know, traveling the Roman military creature by healer is, is has power even over the Roman emperor and all of his military forces. And so, so when you start to think of demons in that way demons aren't just like these like little spiritual creatures that crawl into people that's more like a Christian medieval imagination but there these forces that take people who are who are oppressed and vulnerable, making them more vulnerable healing as is restoring is is liberating people from those

oppressive forces and restoring them to community, where they can have the kind of holistic life that that intends for them.

Like, that's what it means to for Jesus to be loaded with the demons and so, so I think in that case like we have to think about the demons is like it's a call to wholeness and a call to this and a call to the work of liberation. So, not so beyond that I would just say that that's right that I think if someone is worried about the demonic I think thinking about like, you know, maybe one can do something with authorities and practices but also take medication and then work side by side so they don't appear to be competition with each other, but the goal that we all want healing and we want. And in the Christian faith, and you test them and especially the word for healing and the word for salvation are the same word Greek word so so there's this deep connection between to be saved and to be healed.

And that's what Jesus healing was was a testimony to in Christian If you like this and you want to hear more, like, share, review and subscribe to this podcast. And from all of us here at the Veritas Forum, thank you.

[Music]