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Mental Health, Pandemic, and Faith | Dr. Kinghorn & Dr. Choukas-Bradley

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The Veritas Forum

A discussion between University of Delaware's Dr. Sophia Choukas-Bradley (Assistant Professor of Psychology) and Duke's Dr. Warren Kinghorn (Esther Colliflower Associate Research Professor of Pastoral and Moral Theology; Associate Professor of Psychiatry) about how faith, worldview, and the COVID-19 pandemic affect the way we view and address mental health.

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 a discussion between University of Delaware's Dr. Sophia Choukas-Bradley, Assistant Professor of Psychology, and Duke's Dr. Warren Kinghorn, Associate Research Professor of Pastoral and Moral Theology, and Associate Professor of Psychiatry.

They discuss how faith, worldview, and the COVID-19 pandemic affect the way we view and address mental health. A talk titled Mental Health, Pandemic, and Faith, moderated by Dr. Philip Gabel and presented by the Veritas Forum at the University of Delaware. For the sake of those watching, I want to relate personally that Dr. Choukas-Bradley and Dr. Kinghorn are professionally and personally passionate about improving mental health awareness and treatment of mental health in college students.

I am honestly thrilled to be joining the discussion tonight as just a moderate here. And I want to say a sincere thank you to both Dr. Choukas-Bradley and Dr. Kinghorn for joining the discussion tonight and bringing their perspectives and passion to the discussion that

we'll be having. I really am glad you all are here.

Thank you for coming. To start us out. I would really like to hear and get to share with the audience more about your individual experiences and mental health.

If you are, would you be willing to tell us a little bit about what's motivated you to pursue this type of work? Let's start off with Dr. Choukas-Bradley. Why don't you get us started. Wonderful.

Thank you so much, Dr. Gable for moderating this discussion and thank you so much to Veritaas for inviting us to speak. So I became passionate about entering the field of clinical psychology and understanding how we can ameliorate mental health challenges when I myself was an adolescent. I also think that I observed that many adolescents as they transition from childhood to the teen years experience this sharp uptick in mental health concerns, and then that continues into the college years.

So tonight I know there are many college students with us and colleges of time when there are so many shifting responsibilities and roles and changes in one's identity and relationships that can create some really exciting wonderful joyful years and a lot of stress and challenges. This is true for different reasons, but similar challenges arise at that transition from childhood to adolescence earlier in life. And I became really passionate about understanding specifically the role of cultural and social factors.

And I became increasingly interested in these topics, studying psychology at Brown as a college student, and then going into graduate school. So the last time has gone on it become especially interested in a few specific areas, and I'll be talking about them I imagined throughout tonight in various ways. One is the role of social media social media of course effects all of our lives, and the mental health of people of all ages.

It can bring connection, especially during the pandemic when other forms of interpersonal communication aren't available, and it can create a lot of stress and mental health concerns. And I also am really passionate about understanding the roles of gender sexuality race ethnicity, and how those identities intersect, and how experiences of oppression and discrimination can contribute to mental health concerns, as well as how people can develop values aligned balanced lives. And I do think there's a key role for spirituality in that that we'll talk about tonight.

And how developing identifying ones true values and living a life and keeping with those values can protect against some of these mental health challenges we'll be talking about. So thank you so much for asking that's a longer than I intended brief introduction and then we'll talk more throughout tonight and I'll turn it over to Dr Kinghorn. Thank you all for allowing me to join you tonight I'm the visitor to UD and it's really an honor to be with Dr. Chukas Bradley and Dr. Gabel and really appreciate Kelly and Stephen and the planning team and it's been really, really great to be part of this.

And I'm really honored. I also just want to say thanks to the city that came out it's really hard to get Duke students out to anything this late in the semester and so the fact that all of you who are on the call are here is really amazing and just really appreciate that and I know as we're talking about tonight that there's also just a lot going on in our world that relates to mental health and, and just this week we're engaging another shooting of a black man don't a right and there's just a lot that's happening and it realized that these are not just kind of abstract issues but there are things that are that are just all around us and I want to know want to just acknowledge that tonight. And the question Dr Gabel is just so interesting about about how I got into mental health care and the question of worldview and background and since since this is a veritas forum and we're going to talk some about faith and spirituality.

And it got me thinking about the fact that I grew up in upstate South Carolina in a pretty conservative southern Baptist church. And I didn't have a strong experience of severe mental illness in my immediate family but I did, it countered in a very close way at church, and that's really up front close experiences of being with people and relating to people with depression and anxiety and PTSD and substance use and engaging suicide and other things and, and I, and also at school in the community and all around and and I think it was at, at church I think I was in some ways encouraged to maybe distrust certain ways of thinking but I was encouraged to trust science and psychology actually because it was like a way of, you know, engaging human beings and so when I went to college as an undergraduate in psychology and just thought that this is a way that I could help to learn about humans and how amazing and complex human beings are. I ended up going to medical school, not initially thinking that I was going to be a psychiatrist, but I ended up being drawn back to psychiatry because of all the medical disciplines psychiatry is the, is the one where like your job, your role is to engage a human being as a human being in all of their fullness and that is something that I really have valued.

And I found myself, I will probably say more about this as the night goes on but I found myself as a psychiatrist. Still though, wanting to resist ways that even psychiatry can sometimes treat people as machines rather than as full humans and so even though psychiatrists don't do surgery and procedures as much as other positions do it's, it, there are a lot of models of psychiatry that you show up in a psychiatrist practice and you say you have a certain symptoms and psychiatrist then says well here's a medication for these symptoms and then you're gone you come back in a few weeks and, and there's good in that and I want to just encourage the use of medication and other things but I also want to say that that is a whole human beings and so how can, how can we walk alongside each other not as machines that need to be fixed but as those on a journey who need to be accompanied and attended and cared for and how do we think about mental health challenges in a broader context. And so that's where I find myself and again it's just such an honor to be here tonight.

Thank you. Thank you. I love, I love hearing these perspectives this is awesome.

Sophie, if I can just turn to you and maybe if you want to address a little bit more about how your background and worldview experience impact the way that you view the topic of mental health. Yeah, absolutely so I grew up closeted I'm now out as a member of the LGBTQ community. I grew up in role Maryland and did not have, I never heard of anyone being gay or by or having any sort of social minority identity.

And as I began to understand that I identify as queer. That was another factor and it's a factor that's you know personally related to my identity. And it is related to how I see the world.

And living with a queer identity like with any minoritized identity brings a certain number of challenges and opportunities for unique perspectives and growth. And the experience of growing up queer and closeted and then coming out a bit later in life and getting married to my wife. And through that process I've, I really thought a lot about how we make assumptions about other people and about what they have and haven't been through that often are not accurate.

So for example, based on my gender presentation, people, no one has ever assumed that I identify as queer woman. And that has made me really attuned to the idea that only through talking with people openly and as Warren said connecting on a human level can we really understand people's experiences. And Warren I'm so glad you brought up on the most recent police shooting.

My heart has been very heavy this week in light of the recent events and over the past year there have been so many troubling events that happen. Often far away from us we see them on our phones and feel them very deeply. And something I've been thinking about a lot is how much I miss the ability to have these types of conversations in person and to connect with people in person and to get to hear those stories.

That's what drew me to psychology is the desire to talk with people understand where they came from and how they develop the worldview they have, and how that then shapes the rest of their perceptions and experiences. And when people are suffering, how can we meet them where they're at. And use science use psychology and psychiatry but also as you said so beautifully Warren make sure we're addressing the whole person the true human being not a machine.

And so there's a lot more to say but I'll pause there and see if you have any specific follow up questions about my background and experiences fellow. I'm really glad you shared that no thank you and I think as we go through some of these questions please bring those up Warren and Sophie as more just to hear about how your background and individual experiences intersect with what we're talking about here. That's really fascinating I'd love to hear more.

One of the things that you both talked about are these devastating events that are happening and they're in our lives we see them all the time and they're in our on our TV and on our phone and we feel like we're living with them. And they're really impacting our college campuses. So maybe you would be willing to talk about what do you think's happening on our college campuses like what middle health challenges do you see among students that you interact with.

Thank you. We're going to tag team on this and I'm going to take a few I'm going to do the like the thing that maybe it's worse to do on a zoom evening webinar and show some slides about mental health on college campuses before the pandemic and then Sophie from her research is Dr. She goes badly from her research is going to share some slides about the students during the pandemic. Thanks.

So I'm going to share a few slides here that are mostly taken from a semi annual survey called the National College Health Assessment. My teaching at Duke is mostly with medical students and graduate students, especially divinity students and certainly in the 10 years that I've been a faculty member at Duke. And I've walked with a lot of students who are dealing with just a huge amount of stress, depression and anxiety and other kinds of mental health challenges and sometimes financial insecurity and living with complex trauma and ongoing trauma.

And so it's really made me appreciate just how much students often carry. And you see this in large data sets and this is just one national survey. I don't know if you be as a participant in this but many colleges universities are.

This gives a kind of snapshot of how undergraduates and graduate students are experiencing their work and their lives. They're just a few things and I want you to notice both the numbers here and also the trends and I think both are notable. The survey that has more recently and changed its format in 2019 and asks about gender nine binary and other categories but they only report male and female so that's what you'll see in these, these lines.

But look at these numbers and this trends from 2009 until 2019 which is the last year that items on the survey were the same. And college students and graduate students are asked, have you ever felt very lonely. In 2019 68% of women and 58% of men said yes to that.

And you notice a slight uptrend in the maybe six or seven years from 2013 on. Same way, another item, have you ever felt very sad. 75% of women and 61% have been said yes to that to that response over the last 12 months.

These are not, these are lonely and sad are not clinical terms so just common experiences and it's just notable how common these experiences are and just everything we're going to talk about tonight is not just happening like somewhere out there to

somebody's answering surveys but it's right here on this call and just respect it. This applies to you as well to us as well on the call and everything we're going to talk about is here in the room, as well as, as well as outside of it. When we get to terms that are more kind of clinical diagnosis is he even more of a trend upward here so whereas 53% of women and 38% of men in 2009 were saying they had felt overwhelming anxiety in the last 12 months.

And so in 2019 that had gone up to 72% of women and 51% of men. Have you ever felt so depressed that it was difficult to function you see here also just really high numbers. 48% of those who identified as women and 37% those identified as men.

And then this is perhaps one of the most alarming things on this survey for me. The question, have you ever seriously considered suicide. Because in 2009, even this is a high number 6% of all college students were saying that in the past 12 months they seriously considered suicide but those numbers have been steadily climbing over the last six or seven or eight years on this survey where the same items are asked to students every, every, every semester.

And this is, this is just I think significant there's lots of possible reasons why this might be the case. Seeking has also gone way up which is both a marker of distress but it's also a good thing that people are getting help. But you see here increases in the number of students who are seeking treatment for anxiety and an increasing number of students who are seeking treatment for depression.

And so those are arguably good things but they also are markers of the fact that there's a lot of students that are struggling and are having a hard time and this is not an uncommon thing at all. So if you're experiencing this, you're not alone. You know, one out of five or six of your peers as students are also have also experienced the same thing in the last 12 months.

There's, there's, I don't think there's any clear answers as to why there's this uptrend over the last several years but it's certainly something that you've seen. And then the next Friday's going to talk more about possible contributions of social media with it, which I think is complex can it depends on how social media is used. But also to the point of what we just were talking about this week 2012 was went trick on Martin was killed in 2014 was when Michael Brown died and in the last several years we've just seen enormous attention to injustices that have been long standing but have been right here with us with racial injustice with the Me Too movement with Donald Trump's election with general polarization of our society and culture and increasing kind of people in echo chambers of conversation in different ways.

And that is, that's hard for everyone and I think it is in some ways reflective of what's happening here. And so educational settings like getting into college is harder and education settings have some of them become more competitive and we'll talk more

about that I think as we proceed. Sexual trauma is incredibly common on college campuses so this is from the same survey.

This shows different descriptions of sexual unwanted sexual contact but you can see that very high numbers of both males and females have identified having been the recipients of unwanted sexual contact in the previous 12 months and that's absolutely contributing to some of the things that are seen. And Dr. Sheke is going to talk about mental health in the pandemic I just wanted to say that there was a survey happened in fall 2019 and was given again in fall 2020. And what we see is largely students are doing about the same on this measure as they were before the pandemic, but with, you know, with, with, with some changes.

So some, I don't know, this may not be statistically significant but some decrease and psychological well being about the same levels of thinking of suicide but still at very high numbers and in loneliness. And then we see here a kind of grad, maybe a slight uptrend still of these are different items but negative impact on class performance or progress on a degree, due to anxiety or depression or stress. And so, whether this is because of COVID or but just because the trends of the last several years are continuing.

It's hard to know from this instrument but but these are some of the things that we see. And I'm going to turn it over to to go to this by lead to take us into this year. So I'll speak briefly about what we know about mental health during COVID-19 among young adults.

As Warren was saying, we already were seeing this increase over time before the advent of COVID-19. And before this era of increased racial awareness and reckoning with racism in the US that we have seen in the past 11ish months as well. But one thing that is really concerning to me is this set of data from the Centers for Disease Control and Prevention, which was done toward the beginning of the pandemic last June so this wasn't just college students it was us young adults broadly 18 to 24.

And so this is a representative survey meaning it represents roughly the demographic makeup of the US in terms of race, ethnicity, socioeconomic status, gender, etc. And you'll see really high rates of mental distress among young adults at the beginning of the pandemic. And what's most concerning to me as a clinical psychologist is that a full quarter of respondents ages 18 to 24 said they had seriously considered suicide during this time.

And you'll see that there were also very high rates of anxiety or depressive symptoms so the 63% is if somebody had experienced anxiety and or depressive symptoms. Nearly a half of the respondents reported that they had symptoms related to trauma or major stress associated with COVID-19 and that about a quarter had started using a new substance or increased their substance used to cope. And, you know, I was heartened that the college survey the national survey what's the official name of it Warren.

Yeah, National College Health Assessment. Yeah, thank you. I was pleased to see that in fall 2020 the rates weren't substantially higher among college students than they had been before the pandemic.

But what I hear from UD students anecdotally is that they perceive that they and their peers are experiencing increased distress increased anxiety and depression. I certainly myself will disclose that I've experienced increased anxiety and depressive symptoms during the pandemic. This is a time when we are socially isolated in an unprecedented way and don't have our normal coping strategies related to social support and getting out into the world and engaging with the world in the ways we're used to and I'll come back to that in a little bit.

And these are more stats where you can see the change from August of 2020. This was another CDC survey until just recently in January, February of 2021. And here you can see this further increase in symptoms of anxiety or depression in the past week.

And then troublingly an increase in the percent of people, young adults specifically who said they needed but did not receive counseling or therapy during the past four weeks. So, Dr. Kinghorn was mentioning that when you look at rates of seeking treatment that can be an indicator of mental health concerns but also a positive indicator of people seeking treatment. But when people seek treatment and they can't find it that's troubling and please check out the resources we have for you if you're interested in seeking treatment you do have resources for you to help you with that.

I also want to note that we've just been bombarded by news coverage of how COVID-19 has affected mental health. And there's a lot of attention to mental health concerns among high school students and college aged young adults. And you're probably familiar with all of this.

And on the one hand it's wonderful to have this coverage of this problem. And again some students find that this bombardment of the message that depression and anxiety or rampant can increase the sense of distress as well. And so it's hard to find that right balance of reading about how troubling this time is hearing about it hearing about this or highlighting it and taking a break from news and screens and disengaging from all this information.

And you know we've highlighted a number of times tonight and continue to do so for students of color and for Black students in particular, the past year has been challenging on a number of different fronts including this week. And more stories. I also want to highlight that for queer youth, adolescents and young adults, college age high school age are experiencing very high rates and mental health concerns during the pandemic.

And it's really important to think about context here you can imagine for LGBTQ+ individuals who are living in rural context or any context where they may not as I did

when I was a kid may not know other queer people may not have access to queer friendly supportive affirmative or wherever they're currently socially isolated. For many people going to college could be an escape from an environment where one doesn't feel supported that now is not available. So it's not surprising that sexual and gender minority individuals are experiencing these high levels as well.

But all young adults it seems are experiencing these increased levels. Although as the National Survey Dr. Kinghorn showed us suggest it's unclear exactly how much these experiences have been increased. And certainly the pandemic has disproportionately affected people of color.

And at a very basic level, we know that there are racial disparities in severe illness and death related to COVID-19, as well as experiences of racism and structural and mental health. And so there are these direct illness effects where the virus seems to be more deadly. For example, for black or African American individuals in the US and where indirectly people of color are affected more due to structural racism.

And the CDC Director just last week declared racism a serious public health threat and that that's part of my worldview is thinking of racism and other forms of structural oppression and prejudice and discrimination as being public health threats, not just abstract ideas. And myer came up with this theory. I won't get too into theory.

I know that's not why you're here on a Tuesday evening. But I just want to highlight that there is a lot of research from psychology about why individuals who have minoritized identities and people whose identities put them in the numerical minority in their context. Why do they experience increased mental health concerns.

And it was his theory was specifically developed for sexual minority people but we can apply it in different ways to people of color to people who identify as transgender with another gender minority identity. And what we know is that minority status can create these various forms of external stressors such as directly experiencing discrimination or the structural barriers I mentioned, and internal minority stressors. So for example, for queer folks that are trans, internalized homophobia or transphobia, and those can impact mental health.

But the pink boxes at the top show us that when people have access to social resources and individual resources that help them to cope, that can mitigate the effects of these minority experiences. And during COVID it's harder for people to access those resources, and that will be a big message tonight. It's great to hear more about a big picture perspective because all of us have our own experiences.

And I'm really glad that you'll brought that up. You know, sometimes we think of a mental health as something abstract or as a statistic, whether I'm struggling with as an individual or it's something somebody else does but Dr. Haren you brought up the idea

that just loneliness and sadness or something that happens that we're all experiencing and we're experiencing greater levels during the pandemic. I'm glad you both touched on the effects of the pandemic.

I think one of the things that, you know, I've been experiencing and I'm sure folks in the audience would like to know, what do you think it is that that's driving kind of these negative mental health experiences that we're having in the pandemic. And then, do you think that might change the way you think the pandemic might have an effect on the way that we think about or discuss mental health like we're doing right now. Maybe Dr. Kingmore do you want to tackle that to begin with? Yeah, I'm interested in hearing what Dr. King's probably says to that from our research but I would say, maybe non scientifically but experientially that everything in the pandemic feels about 30% harder in terms of the kind of intentionality, even connecting over zoom and figuring out how to navigate.

And I also believe strongly that there are ways in which we buffer ourselves and gain a lot from just the ordinary ways of being together and eating together and being in spaces together and laughing together and sharing, talk together. And that's for if I was with you in at UD and we were all in the same room together they would have been like a hub, they would be buzzing the room beforehand and every student talking to each other and, you know, sharing experiences and afterwards would be able to gather, you know, in a circle and talk and, and that's just not available to us and hasn't been available to us for the last year for the most part in most ways and I think there's just an enduring psychological cost to that. So what I was trying to do is probably says like the pandemic is a disparity exposure and multiplier so any, any form of disparity or injustice that was present in our society before COVID and there are many have become worse in the context of the pandemic disparities racial disparities, gender based disparities there's just a lot that's been exposed and exacerbated and that means that the costs are also disparate among different communities and I think we just have to be really aware of that.

Absolutely beautifully said and I'll add that the need to belong, the need to feel connected to other people loved by other people in relationship with other people and to have status in human relationships those are evolutionarily programmed needs. And there are so many studies from the field of psychology and from other fields on the effects of social isolation I mean, being put in solitary confinement is considered one of the most torturous experiences a human being can have. And to provide one of the most famous examples of a psychology study that I imagine many but not all members of the audience are familiar with.

I don't remember what decade it was done it done in but long ago, there was a study to look at whether baby monkeys would prefer a wire monkey mother so a monkey that was made out of wire did not have any tactile comfort no fur, but dispensed food and

water. Did they prefer that monkey or the monkey mother that was cushy and warm a stuffed animal type monkey but did not provide any food or water and the baby monkeys preferred that mother. And that study is one of the most famous examples of how human beings need that sense of love and comfort above many other needs.

And it's a very basic need and depending on one circumstances you know people may live with families but they might not be living in the situation they were in before the pandemic that's true for many college students for whom this was a period of life when they had looked forward to being home I know this isn't the case for all college students but for many UD students leave home and live with peers and develop romantic relationships that may last a lifetime and explore their own identities and who they want to be and explore what they want to do in terms of careers and how that interrupted so suddenly and to have many students move back with families and many describe feeling like they're kind of regressing to their high school selves when they were just developing who they are. That's really hard. And for people who live alone in truly isolated circumstances and for whom all interactions are through zoom or other video based platforms or social media.

And that's a really good question. And it's a really good question. And it's a really good question.

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And I just want to kind of bring around to our discussion is, do you believe we can find solutions to mental health problems from spirituality and religion? You both talked about how you had perspectives on those. Dr. Kingmore, I would really like to hear what you have to say about this first. And then I'd love to share my views after.

Of course, sure. Yeah. Thanks.

Yeah. So thanks, Dr. Gable. I know we're getting close to the time we want to do the Q and R. And so I think this is intended to take us into that.

I wanted to talk a bit about this, but also just to offer some practical suggestions for engaging mental health on college campuses because I think that otherwise it could seem like we're kind of skipping over some of these practical things. So I'm just going to talk about faith and spirituality and religion. And I especially want to just, I'm assuming that many of you on the call, although not all are maybe members of campus religious organizations or Christian groups or others.

And I just want to encourage you in particular ways to address these questions that we're talking about. Just and then I'll talk maybe specifically about about faith and religion from my perspective. I think one is just to acknowledge that these mental health challenges are present and real talking about things goes a really long way.

And so looking for opportunities to name these realities in your small groups and in your meetings and in your conversations with people. And that makes people feel less alone and that itself is healing. And there's resources out there that I can be open to talk about in the Q and A for helping with that.

I think also just engaging with others with the knowledge that these issues are present and real so if you're in a lecture hall with 100 people or zoom room with 100 people knowing that one in eight of those people that you're in this room with is seriously considered suicide in the last year might change the way that you talk about certain topics or address certain things or care for each other and so just, or, and that's also the case with any church and any, any student organization or any, you know, and so, so I think just being aware of that. And then I would just say to last couple things for to talk about religion is to notice how shame is operating in yourself and in your community. I won't talk too much about shame but just to say that shame is an emotion that we all feel that is largely based on a kind of it corresponds to a kind of thought or belief that like I am not blank enough for this to be in good standing in this community.

And so I think that I, I ought to hide or out of, you know, blame myself or didn't create myself or I don't know my emotions and, and none of those are particularly healthy and I think that faith can be really helpful and dealing with shame. But my experience of being in university settings is that universities run on shame that there are ways in which shame just gets thrown around both among in among students and also among faculty that sometimes is the root of some of what we experience. And then the other thing that is, is to, I don't treat mental health challenges is only individual kinds of issues they are individual issues they happen in the brain medications can be life saving.

But they're not only individual issues they also are ways that sometimes feel things that are happening in our communities and in our culture and we've talked about that some already so, so, and so far as there's a perception of a mental health crisis it's not just

that like there's people that are struggling but what's in the community what's in the culture that needs to change and that can have any number of answers and any number of different levels. But we just encourages that the ecologically about these questions also. So, I say just a couple things about about religion and spirituality.

I speak specifically from a Christian theological perspective because that's my background and, and it's like, you know what I said in what I do but, but I think that that big communities Christian communities religious communities can be really helpful. I think it's also important to acknowledge they can be harmful, they can perpetuate shame they can ostracize they can stigmatize. And so how can we not have communities that are that way, but they can also be really powerful sites of knowing and being known.

And so I would just say really briefly a few things that I think that that faith maybe in general and but also specifically Christian faith I think can offer to those who are part of these communities and that those of you on the call that do identify as Christian or have Christian backgrounds might be able to draw from in as resources for this. I think the main thing that I would say and if nothing else that I say tonight sticks it's that the deepest truth of who we are as human beings is that we are loved and known by guide. And that that is fundamental to who we are in the Christian context that's the root of Christian faith.

The God knows us and loves us and, and, and considers us good and in a deep and fundamental way and that's, and that's essential to anything else that that comes. I think it's also that we're invited those of you that read the Bible read scripture. No, if you read the Psalms that we're invited not to like put on their best faces as if things are always good and we can't talk about our struggles but scripture itself invites us to bring our struggles into prayer with God and into into the life of God and I sometimes go to Psalm 13 if you're looking for a song that, or the Psalmist is like 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 and every day have sorrow in my heart. And that sounds like a lot of what I hear from students and what I sometimes feel myself, and we're offered, we're invited to bring that into God so if you're feeling like depressed or anxious or living with a street trauma or other things like bring that into the life of faith not feeling like you have to kind of leave it at leave it at the part. I think also you know Jesus himself was one who if you read the Bible closely you can see that Jesus knew what it meant to bear the mark of being called mentally ill.

There's this text in Mark the gospel of Mark chapter three where Jesus was preaching in his hometown and his says that is his family came out to restrain him because they said he'd gone out of his mind. There's ways in which Jesus himself knew what it was like to

be stigmatized and to be ostracized and certainly to suffer. And, and, and Christians believe that what Jesus experienced the way that Jesus knows our struggles means that those are brought into the very heart of God.

And so you're not alone. And then the last thing I would just say is that we're invited as Christians to bring these struggles into community that it's not, or not to struggle alone where we're called to support each other and to walk with each other. And that is just really profoundly important I think not just for kind of helping us to bear our own challenges and sufferings but also to give us a sense of mission and purpose and, and to be called to to live lives that are more and more characterized by love for God and love for these human beings all around us who God has made and love for the creation and, and what does it mean to be called into a community that calls each other into a life of love like that.

And that involves I think working toward justice so it involves, it involves the kind of way to live that isn't a kind of simple recipe for mental health challenges but is really important for thinking about just how we live and orient our lives. And that's pretty quick but there's a few, a few things that I wanted to offer. Lauren, thank you, thank you for sharing that with us today appreciate that.

Sophie, would you share with us a little bit more about your perspectives on mental health and your worldviews religiously and spiritually. Lauren that was very moving to me, and something that I'm really struck by right now as I have been in the past as well I don't identify as a Christian or with any organized religion. I am a spiritual person.

And everything you were saying at its core is consistent with my worldview. I believe when it comes to crises like the ones we're experiencing right now that it's really a shame when psychologists and people who identify as scientists, completely discount religion and spirituality and the importance of feeling connected to something bigger than oneself. And my biggest concern about psychology is, and specifically my field clinical psychology is that it does often, traditionally at least historically take a really individualistic and disease based framework in talking about mental health and mental illness or mental disorders.

And part of why I was drawn to study cultural factors and social factors is based on my idea and my strong conviction that often human suffering is an understandable response to truly tough circumstances in the world. And it can provide so much hope and a sense of purpose and meaning and connection to other people and to a higher power if people do feel that sense of spirituality and for people on the call who identify as as atheist as at one time in my life I did. I think it's still really important to think about beyond you know the hustle and bustle and just challenges of your life and life in the pandemic and the stress of college courses and the stress of social interactions and sexual relationships in the college context like stepping back from just the day to day things you do during the

pandemic or in general.

What at your core is most important to you what do you want your life to look like. And as a psychologist Marshall Linnahan says she developed a type of therapy called dialectical behavior therapy. And she's very upfront about her own history of serious mental illness and how it drove her to develop this therapy.

And she borrowed from many Eastern religious traditions primarily but many spiritual and religious traditions in asking a core question to her patients of what is a life worth living to you. And she worked specifically with people with serious suicidality. And she would ask you know what would it take for life to be worth living.

And I think for many people spirituality can make life worth living, whatever your beliefs and figuring out you know what would it look like to align the way you live your life with how you want to live your life to feel deeply at peace. And I also just want to amplify what Dr Kinghorn said about talking about mental health struggles. Once I started opening up to colleagues and friends and family about how I had struggled on with you know the sadness and loneliness that Dr Kinghorn mentioned as being common, not just during the pandemic but over the last few years but beyond that that I struggled on with symptoms of depression.

I found that the majority of people I opened up to had also quietly struggled. And the most therapeutic thing in addition to seeking professional help was learning that I'm not alone and talking about this openly. And many people you can see in those statistics those aren't just numbers those are real people suffering and to the extent you can open up about your experiences and allow others to open up to you without judgment but with an open heart.

I think that is incredibly important. And for my worldview my only concern about organized religion is when it is a source of shame or ostracism for people. And I think that when it is a source of community and healing and a sense of a higher power and a purpose for living I think that's really beautiful and wonderful.

Thank you very much. Really enjoyed hearing your respect Warren do we you about say something in response no just just to express thanks for that. Yes, thank you so much so happy for sharing that as well.

One of the kind of parts of this is we really want to hear questions from the audience. And one of the initial questions I got really transitions well from what we were just discussing. And one member of the audience wanted to know if there was a distinction between religiosity and spirituality.

And I think to kind of relate it back to what both of you're talking more about. And I think seeing one or both of those playing a role in mental health so you know more than just

could we define them differently, but how do you see religiosity and spirituality. Maybe playing a different or similar role similar role in mental health.

Sophie do you want to try this take this one first. I'll respond to part of it I definitely want to hear what Warren has to say about this. My answer is my personal answer it's not I don't know I truly don't know what the answer is from a Christian perspective.

When I say I'm spiritual and not religious what I mean is there's no one organized religion although I have learned about many different religious faiths. And I have been members of my family have been theologians have been pastors. I have both Christian and Jewish roots in my family tree.

And I did go to a quicker high school and have attended Unitarian Universalist Church Services as well as many Christian services from different faiths within Christianity. I don't I haven't found an organized religion that speaks to my full set of values and beliefs such that I'm motivated to regularly attend services. But I have my own spiritual practice which is primarily grounded in connecting with nature on a regular basis.

And there's a long tradition of that in my family as well. So for me just connecting from screens disconnecting from work stress my work is very important to me but at the end of the day it's not the most important thing in my life. I need to be connected to nature to feel a sense of the world being much bigger than the world I'm currently living through my my screen.

My spiritual beliefs also encompass passion for social justice and for really reckoning with my own privilege and trying to figure out how I can best get back based on the privileges I hold, which has both spiritual roots for me and a number of other things. Thank you. Thank you.

And just to kind of also put this into framework. One of the next question that I'm going to pose to you is about the issues of social media and that relating to mental health more specifically so I'm really glad you talked more about screens but I want to give Dr Kinghorn a chance to respond as well about religiosity spirituality and mental health. Yeah, I appreciate that.

I'll answer a little bit more abstractly about the kind of the concepts that any in the medical literature or psychological literature, there's always this distinction between religion and spirituality where religion is defined as like organized practices and rituals and community practices and spirituality is usually defined in a more personal, often in an individual way like an individual search for the transcendent or for meaning for purpose. That doesn't mean that those who identify spiritual necessarily think of it individually, I'm not hearing that in what you're saying. Sophie, but I think that that in the literature that's that's often how it's framed.

And then that often comes along with idea of like spirituality good organized religion bad, you know, like that can happen as well on some of the literature. And the, the religion and spirituality and health literature shows that both intrinsic spirituality, when it's defined individually and in terms of meaning and purpose and connection and transcendence and things that would clearly fall into the religiosity category so religious service and attendance, personal religious rituals like prayer, are have associations with mental health outcomes, especially with depression and anxiety that are more often than not aligned with positive mental health outcomes but not always. You know it's a complex literature and it isn't how you define things.

And the concepts themselves are historically kind of complicated because the concept of spirituality itself, the word itself has a route that draws from initially from Christian, theological thought about spirituality is the, the life engendered by the Holy Spirit. And then you had spirituality in the 1500s that began to be defined as kind of separate realm of religious practice that had to do with, with pursuing certain kinds of practices of self discipline. And then, and then that gave rise in our modern time to spirituality is something that's largely seen as disconnected from any specific religious practice and so I think there's a, there's a history to it that I think makes it complicated.

I just want to say that for some people spirituality is different from religion for some people spirituality doesn't make any sense apart from particular religious community for some people are all bound together so to to some people at the beginning like just can't ever assume you have to just talk to people individually and, and think about what is what's individually, what do people mean when they use those words and that's, that's important. Thank you. That feel like a to academic answer I didn't mean to go quite that way.

That's exactly what the discussion is that everyone's bringing in their different perspectives on the different questions that we have. Yeah, so one of the one of the other questions we've gotten a couple questions about this. I'm going to kind of summarize them and say some, some participants are curious about social media.

Does it, does it help us, does it make possibly help us stay better connected during the pandemic, or does it make us more lonely. I think, can you be willing to kind of weigh some of the pros and cons what what you've seen in your own research and what you've observed and your clients with, with relation to those two and so if I know this directly connects to your research. So, do you want to.

Yeah, absolutely. My answer is yes and yes, it can make people feel more connected during the pandemic, it can make people feel feel more lonely during the pandemic and in general. And, you know, this is a question I get asked a lot.

I get asked by college students by teens and by parents. And really social media is so many different things right now what we're doing is technically social media we're

interacting with each other and through technology in a social way. And I would say, you know, this is an example of connecting, we're not just superficially browsing through each other's profiles where we're connecting and having a real discussion.

And during the pandemic, my research suggests and anecdotally from talking to young adults I can say that there are many people who feel that social media has been their lifeline that the ability to communicate and to see the faces even through video chat of people who we can't see in person due to safety concerns during COVID is essential to well being in mental health. But my question that I pose to each of you listening is when you use social media, are you more often using it for social connection and relationships, or are you using it for validation status or social comparison. Because what my research suggests is that when adolescents and young adults use social media, sometimes they're using it in ways that don't actually deepen strengthen or maintain relationships.

If you're using it as a way to perform your best self your most attractive most glamorous life self. And if you're using it to passively scroll through the accounts of other people with whom you're socially comparing that increases loneliness and increases depression body image concerns is a major part of my research, anxiety, disordered eating. But really is all about how you use it.

And I also believe that moderation is extraordinarily important, even if you're using it primarily for connection. I just feel so strongly that after a certain point and research suggests this as well that some social media use is not associated with mental health concerns but excessive use as well as those more problematic forms of use I mentioned that does increase the risk for mental health concerns. If you find yourself compulsively using it, finding that when you pick up your phone your thumb just gravitates toward a specific app and you didn't even realize you were doing it.

And the test is if you temporarily for one day disable that app, and then you find yourself going for the phantom app that's how many people I work with have learned this. That is not good for your mental health. And one of the things I recommend is to try removing the apps on your phone and still allow yourself to go through a good old fashioned browser to check your social media and connect with friends and family.

And then you can also get your phone out of your bedroom. If you need it in the event of emergency you can put it on and do not disturb so that someone can call you twice to reach you. Do not have notifications going throughout the night the blue light and the noise disrupts sleep and I have colleagues who have really focused their research on that.

And I'm going to ask you guys this is my favorite thing to talk about I will simmer down and turn it back to you all but this is something where if people want to talk in the breakout rooms I can give you more examples of the positive and negative ways to use social media during this time. Excellent. And thank you so much for those tangible how

to things that we can try I'm going to try to delete the app.

Yeah, that's a great idea. Yeah, Dr. Kingmore did you have any want to comment on this question or topic. No, this is something I care about as well and I'm glad to learn from from soapy.

So, some of the some of the expense we're also kind of curious. This kind of relates to hope so what can we do we're talking about mental health difficulties and increasing levels of her coven during the pandemic. So, do we have any advice on, on how we can approach this from a as a UD community or do we have any hope of sort of stemming the tide, these increasing trends that we're seeing.

And, and people just having increasing numbers of mental health concerns. Dr. Kingmore maybe you could kind of speak to this first and then give give it to Sophie. It's a, it's a really good question.

And I think that, that the overall narrative is that so far, I think we have not seen a kind of dramatic turning of the tide in this worsening of psychological stress and suffering on college and university students in the last several years. And, and so I think that is something that I think is still to be determined. I think what I would.

What I, and I really, I want to hear Sophie's thought from your based on her research my, my, my sense from as a, as a clinician and also as a teacher, not as someone who researches this specifically. I would first of all just just want to just see the both end of it that a lot of students are struggling, including a lot of you on this call. And that is absolutely valid and, and there's others that are that are not and that's also valid and so any holding both of those together is important.

It seems to me that if, if we collectively expect if I at Duke as a faculty member at Duke expect Duke's counseling and psychological services team that provides student mental health and Duke's wellness center that does like wellness programs for students to be the to be those that are responsible for turning this tide and for enacting student wellness and I think that that is just asking too much of, of a group of people that are working incredibly hard and at an incredibly high level, but don't have the ability to do what we're asking them to do. I think it actually is going to require communities of students and also I think communities of faculty as faculty work with students to think about what does it mean not maybe for all of you, unless you're the president or something but all, but, but what does it mean for you in your immediate relationships and your classes and your major and your fraternity sorority or religious group or athletic team or whatever to to think about what are ways that people can can be known by each other and healthy appropriate ways. What are ways that people can listen to each other to meet each other's needs.

What are appropriate expectations for the ways that we live together and for what we

expect of ourselves in terms of performance. Goodness, anything that any college campus can do to reduce the rate of sexual assault and sexual violence on college campuses on an annual basis will make an enormous difference in the lives and sometimes life and death situations of students. And so I think committing the very minimum committing to how can we work to prevent sexual assault and sexual violence on campuses, and that itself would be really huge.

Thank you so much. And I'm sorry, Dr. Tugus Bradley I I'm referred to as Sophie. No, I prefer you both refer to me as Sophie we've all been going back and forth with the different names so that is totally fine.

What are your perspectives on this I know you have a lot of great ideas and perspectives on this can you share with us. Absolutely I mean I 100% agree with what you've shared Warren and I was going to raise a similar kind of main point about figuring out for all of us for the three of us for everyone on this call. None of us well maybe the president of the university is on the call I don't think so but you know assuming none of us have an enormous sphere of influence.

What is yours, what is your individual sphere of influence what I mean by that is, for example, you know I'm a brand new junior faculty member by junior I mean I don't have tenure, and it would not be appropriate for me to try to control you know my entire departments climate around mental health or to try to blast messages out to the entire university, but I have a lab. I have graduate students staff undergraduate students who come together weekly. And so I can decide for example with the most recent police shooting I can make the decision to send out a message of support and resources to the people I feel comfortable doing that with within my department I've been exploring ways I can make a difference even though I'm brand new and both Philip and I were well I guess you joined right before you started.

Just about the same time you did. Yeah, yeah so you know we we've never I live basically on campus but I've never set foot in the building or gotten to know any of my colleagues in person. But I've tried to figure out what are the things I can do okay I can come up with a guide to how grad students can seek psychotherapy under their insurance plan so I did that.

The University Pride Caucus and figure out how I can connect with other members of the UD queer community and offer for support to other queer folks I can engage in anti racist action at the department level and the university level and learn how to be a better white anti racist ally. And if you can figure out in your sphere of influence things you can do to provide emotional support. So just being there being a listening ear for someone instrumental support can you help out someone in a really tangible way like helping them out with their school work if you're in the same class and they're struggling more than you.

And then can you figure out more community oriented social justice oriented whether in the context of your religious community or more broadly ways of helping on a broader level. Helping other people connects us to one another and can make an individual feel much better about their own suffering if through the suffering they can still be there for others. And I think for any faculty on the call, I do think it is really, really important to directly acknowledge at the beginning of every course that students are struggling and to directly provide resources and directly acknowledged that some of this suffering may affect school work and to have flexible policies that meet the unique needs of our time, whether somebody is struggling with access to technology during the pandemic in their home environment.

They have housing insecurity. They're devastated by experiences of racism directly or indirectly experience whatever the suffering is to acknowledge it and to show humanity. And going back to our original point seeing other people as human beings and not machines.

So I do think, you know, for all of us thinking individually about our inner direct interpersonal relationships are slightly bigger spheres of influence and then our community spheres is a really important starting point. And I know I've been talking a long time but I want to make one other point which is that most of us, including myself, can identify at least one COVID silver lining, something you've gained through this experience of living your life differently for a full year. For me, I've rediscovered a deep passion for reading and decided that part of living with values aligned life would be to set the goal of reading 100 books during 2020.

And then when I met that goal I reinstated it in 2021 I don't have kids yet so I do have a lot more time than some folks in the call might have. But for me reading is a way of learning about the world getting out of my own head and my own individual experience and expanding my boundaries. And I also rediscovered my love of walking and that connection with nature I mentioned and I realized how much I neglected that as a faculty member just running from one thing to another and so, you know, those are minor examples you might have had a more profound experience you might have had a loss that really really changed the way you view the world, but think about for you, how has this pandemic changed you, and can you hold on to a part of the positive change or the positive lesson you've learned and take it forward into your life after the pandemic.

Excellent advice. Yes, I think that would be something I also process after we get off of this. So thank you.

Yeah. I feel like we've got about 10 more minutes. And I think there's a couple questions that we can kind of wrap into one so that we've got a responses from both of you to hear about really addressing these issues of mental health from different platforms.

So one question is more about advice about addressing mental health issues with

friends, like creating friendships that confront these issues more directly and sort of leaving them unsaid, but then from the same experience, we have a number of student leaders on the call and we've got faculty on that that are joining us on this call. Do you see their roles as being different in those kinds of settings as a leader role and as a faculty role so maybe if you're willing to speak to kind of ways that we can address mental health from both a peer perspective and also a leader or faculty perspective. And I'm not going to choose who wants to go first on, I'll let you guys decide what you'd like to say, or who would like to speak up.

I'd love for Sophie to talk about the peer perspective is as closer to her immediate research. And, and I also would like to resist as a faculty perspective but, but I would just recognizing that there's a diversity of different people in different stages of, of career and training on the call. Maybe specifically speaking to faculty and I don't have any faculty or on the on the call tonight but I think it's, and this is also said in overhearing of students.

So students, I think, need to know that faculty also struggle. And faculty need to acknowledge that we also struggle and it's really hard sometimes to acknowledge that when like you're the professor and you're supposed to be making charge and, and I think that I mentioned shame but I think that the process of doing a PhD and competing for academic students and then getting promoted in academic positions, it absolutely cultivates shame regularly and actually, you know, is a pretty strong motivator and I think faculty can get so burdened by shame that it just just eats at this and I think that students and faculty really need to be aware of that in a major way and like, you know, get our own support your own work and be able to talk about that and cultivate departments where that can be talked about which is not maybe that common. And I think that's really important.

I think also for faculty who want to engage these questions I just want to echo what Sophie said that, that, you know, faculty to do a PhD or in my case an MD and other doctoral work is like you, you've gotten good at kind of controlling the math and the world around you with words and data and facts and that kind of thing and so often that process causes to be kind of distant for myself and to think like we have a certain subject matter that we're distant from. But when students come into a classroom and those review students know this like we bring our whole selves in and faculty bring their whole selves in and there's a meeting of human beings and that can get complicated and messy. And it really helps when, as Sophie just said when faculty or graduate student teaching assistants or others just acknowledge what's in the room, and and speak with.

So talking about systemic racism is really hard, no matter who's in the room, but different people who live different life experiences are going to hear stories and interpreting the different ways and it's always thinking about what is the, what are the

memories and the the stories that are brought into any room and acknowledging that upfront trying to make that as clear as possible in the way that we speak with each other I think that leads to healthier communities I think it leads to more consideration of who we are as human beings. I think it actually improves learning also because if you want if people aren't in a situation where they feel sufficiently known and safe and secure to be able to be. And so it's vulnerable to some degree, even if it's vulnerable to taking into information, then learning is going to be really hard.

And so I think we have a role to play in that. And I was to say as a Christian I believe strongly that we, we bought a really strive to do that and to learn from others who are doing it well and to strive to exercise it ourselves. Thank you.

Great perspective on that. I appreciate that. Yeah, that was.

Yeah, really beautifully said. I think what I'm hearing from many students is a sense of not feeling seen and heard and not feeling like their pain is being acknowledged and at an individual faculty level providing that humanity to students and offering that support. I mean, it is tricky.

So, for example, I'm a licensed psychologist. So I actually can't get into a therapeutic role with my students. So I have to draw firm boundaries of, you know, offering a basic level support, but then connecting students to services rather than serving in a therapeutic role.

But when, when faculty just acknowledge what's happening and to the extent faculty feel comfortable, as you were saying, Warren, disclosing our own struggles. This is not easy. I know for, I don't know how many graduate students are on the call.

I've noticed one faculty member's name, who I recognize and haven't seen any questions. But if you are a graduate student on this call, you know, I know there can be this culture and academia of needing to show no weakness and needing to display an ability to work around the clock, no matter what is happening in the world. And again, thinking about spirit of influence, I've tried to model the exact opposite of that throughout the pandemic to my students.

When one of my graduate students was expressing a desire to distract from the pandemic with work, I questioned that and said, what would it be like to find another way to distract yourself and take care of yourself. So that if, you know, if this pandemic brings personal trauma, you're ready to face it. And I do think for undergraduate students as well.

If this rings true for you if you found yourself coping with the distress of the pandemic or with racism or other things by just working, working, working and throwing yourself into classes. Are you leaving the space to take care of yourself and to be ready for what life

might throw at you. And are you leaving the space to have community and real connection with others and to be vulnerable with others.

And with regard to the peers piece during the college years your your relationships with your friends, your relationships with your romantic partners if applicable are extraordinarily important. Fights with friends in the college years have much more of an emotional impact, according to research than fights with friends later in life when a partner or ones children might be, you know, the primary attachment figures to refer to one branch of psychology. But right now you might find that the people you rely on most and who rely on you most are people your age, potentially if you're a UD student other students at UD.

And so this brings up to kind of paradoxical ideas one is that you can make a huge difference by being a source of support and love for your friends and romantic partners or sexual partners of applicable. And it is not your responsibility to take care of somebody who's experiencing severe distress. In that case, sometimes students will feel like they have to, you know, be the person who's making sure someone is not imminently about to harm themselves for example.

And when you're at that point it's really important to seek support for your friend and for yourself. Because if you don't have training in that, it can sometimes cause more harm certainly to you and possibly to your friend as well if you're trying to take on that heavy weight. And so think about what you what you need to provide that support without becoming somebody else's you know, number one lifeline or serving in a therapist role there are resources and supports for you here to go to.

So I'll pause there in light of the time where I was curious if you had any follow up thoughts to that piece. No, I just agree about, I just agree about the support part and I think that we can spend a whole session talking about recognizing and preventing and responding to suicide and thoughts of suicide but I think that one just to name as we said, and that that if any of you on the call are contemplating suicide or having these thoughts as many do on college campuses then absolutely find someone to tell about that and to talk with about it. And I think for those of you that are supporting people who are disclosing thoughts of suicide or other things it's really important to hear and to listen and to respond and then to make sure that the person who love is cared for by a, by a broader network of people who really are capable of providing that care.

And I think some, some confidence is are just too too heavy to carry alone for a long period of time and so the question then is like, how can we, how can I work with you to get you to the place in the help that you need. So that you can be in, in, so that we can get through this together. And I think that that is just really important for all of us to draw on a network of a community and not on not taking on just ourselves, either in support or just trying to power through our own personal struggles.

Absolutely. And I'm just going to add one other thing I know we're over time but I want to add you know for anyone no matter what the, the, okay for talking about a lower level of distress than suicidality so if you're trying to offer support to someone who is feeling anxious or down or lonely. One thing that we learn as psychologists and psychiatrists is the value of active listening, not trying to problem solve for the person you love, but hearing them and reflecting what they're saying and trying to hear their feelings and let them know you hear their feelings.

And most of my clinical experience is actually not without a lesson seeing adults but with couples. And the number one thing we can, we can teach to couples is when one partner is in distress teaching the other one how to listen without trying to fix the problem. So while all of us are so motivated to figure out how can we turn a corner and fix this mental health crisis it starts at the local level of being there for each other as active listeners with open hearts, rather than there being a magic wand solution which I wish there was.

But we can start with these, these forms of social support in each of our relationships lives. 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.

(buzzing)