

PRESSING ON...

"I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus." Philippians 3:14



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Struggle Together: Talking with our youth about suicide

■ by Karen Krygsheld, MSW, LCSW



No matter what year it is, suicide rises as a hot topic in high schools throughout the country, and for good reason as it is the second leading cause of death in youth. Recently Netflix came out with a series titled "13 Reasons Why" which has sparked much conversation and controversy on the topic. Perhaps a teen in your life has recently experienced the loss of a friend or classmate. Maybe your child has expressed some thought of suicide. Or perhaps you want to proactively engage him in conversation regarding the topic. Although this is a challenging topic to consider, it does not have to be difficult to talk about with the youth in your life.

3 tips for starting the conversation with your youth:

1. Start with some understanding of the topic

Common misconceptions include that talking about suicide will give a person the idea, or that kids who attempt suicide are just looking

for attention. Asking about suicide will not give a non-suicidal person any ideas. It may, however, give your teen the opportunity to express what has been going on. Often teens attempt suicide because they face a situation that they don't feel capable of handling. Some examples could be a situation at school, emotions that he can't

process, or family circumstances she isn't able to control. The idea that a suicide attempt is seeking attention may be misconstrued from the truth that suicide can be a cry for help. It can be a way of saying "I don't know what to do, so I'm going to take a risk and afterwards either I will have help or I won't have this issue anymore." It is important not to add shame to the level of pain our youth feel by downplaying their concerns or their efforts to cope.

2. Listen and validate

From the time we hold our newborn babies, many of us become natural born problem solvers. Crying as an infant? Change a diaper, give a bottle, rock the baby until all problems are gone. Problems with bullies in grade school? Share a few stories of your own childhood, send snacks to share with the kids on the bus, bring in the school counselor for back up. But suicide? Some problems we don't know how to approach. The best way to start is to listen. Reflect back what the child is saying with an occasional summary of what

you've heard in your own words. Ask some open-ended questions regarding her feelings or the situation. Although teens may shy away from direct conversations when they feel cornered, it is possible to use our communication skills and body language to show them we are listening and trying to understand.

3. Clarify

While your main objective is to listen rather than talk or problem-solve, it's also important to gather some information without interrogating. It is valuable to learn how often your child feels this way, as well as if she has a plan of how she would commit suicide or means to carry out that plan. If your child has intent to commit suicide, a plan and means to carry out that plan it is time to reach out for help. Depending on how serious the situation is, this may mean hospitalization or working with a counselor.

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7 frequent symptoms of

Unidentified Grief

Could you be grieving even if you haven't lost someone?

■ by Anne Mirza, MSW, LCSW



instead?" Often the answer is they haven't made room for grief or taken the time to acknowledge the loss within a positive transition. A new job, a move, leaving a relationship—even if it has been tumultuous, becoming a parent, retiring, graduating, and many other transitions are all examples of times in which we may not make space to identify and address our grief.

Grief is often associated with the death and loss of someone in our lives, and this is certainly true, but it is really just one manifestation of the many forms and facets of this emotion. Our Western culture, and sometimes our Christian communities and places of influence, still have a long way to go in the recognition of and attendance to grief. Due to this, and sometimes the influence of familial or cultural norms as well, I often observe unidentified and neglected grief in many clients suffering from unexplained symptoms. Grief is a normal and natural emotional response to loss or change of any sort. That means that even positive and anticipated changes or shifts in identity can elicit grief. If you are battling any of the unexplained symptoms below, determining if grief could be at the root of your experience can be an important step toward healing.

1. Sadness or depression when you expect to feel excited or joyful

In any transition there is always grief. Clients will often say to me, "but this is a good thing, I should be celebrating, why am I feeling depressed

2. Physical symptoms

Our bodies are sometimes our greatest warning signs for unidentified grief. Are you experiencing a sensation of "heaviness", frequent headaches, stomach aches, fatigue, crying spells, digestive issues, decrease in appetite, disrupted sleep, or muscle soreness? A consult with a physician should be used to rule out any medical condition associated with these symptoms. After doing so, one can then assess if grief could be the cause of these physical indicators. When we pay attention to our bodies, we can often learn something that our conscious minds may not have yet acknowledged about our emotional and psychological state.

3. Frequent illness and infection

Some studies have shown that grief, especially in those over 30, can cause a reduction in the functioning of our white blood cells used to fight off infections and can increase the stress hormone cortisol. This combination can lead to a vulnerability of the immune system that makes one highly susceptible to illness and infection¹.

4. Anger and/or Irritability

If you are finding yourself to have a shorter capacity for frustration and are more easily triggered to irritability this may be another indicator of an unresolved reaction to grief. When you notice the irritability, it can be helpful to pause and ask, "what am I really feeling?"

5. Forgetfulness or difficulty performing normative functions

The neuroscience behind this symptom has to do with how grief affects the process of neurogenesis. Specifically, in the area of the brain called the hippocampus, which is crucial for learning and memory and plays a part in the regulation of emotion and mood. This pivotal process can be negatively impacted by prolonged, untreated, and/or unidentified grief and will often result in difficulty with normative daily functioning, memory, and/or focus.

6. Withdrawal, isolation, or disinterest in relationships or social activity

Whether because you are feeling misunderstood or due to an unexplained desire to pull back from normative social interaction, this is often a sign that there is a need for identifying and addressing your grief.

7. Anxiety/Fear

Often anxiety due to identified grief can manifest in rumination about tasks to be completed in your loss or change, anticipatory fears and worries about what is to come, obsessing and researching topics related to your transition, and/or an over emphasis on performance or the expectation of perfection from oneself. If you are suffering from these or other unexplained symptoms of anxiety, it can be useful to consider if this might be a sign of grief.

If you can relate to some or even all of these indications of unidentified grief, it is important that you allow yourself to acknowledge and process this emotional response. Grieving is a journey that is best taken with grace, a lack of expectations, support from others and God, honesty, and room for whatever time one needs. Psychotherapy, exercise, prayer, journaling, art, music, visualization/meditation, and other tools can be healthy ways to address and move through one's grief. I invite you to journey. In doing so, I encourage you to look past stereotypes, fears, and judgments about grief and choose instead to accept grief as a normal process in loss and change. It is an essential and healthy practice that we all can benefit greatly from! ■

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Struggling Together—You, Your Child, and God

With these skills to assist us, how do we address this topic as Christian parents? Thoughts on suicide vary from the act being an unpardonable sin to suicide indicating an inability to depend on or be grateful to God. The Bible indicates that believers cannot be separated from God in life or death (Romans 8:32) and most scholars agree in a lack of evidence that suicide cannot be forgiven. As for the idea that suicide indicates a lack of faith in God, in our youth and adult lives we are constantly in the process of learning and seeking God. Even those with strong faith encounter difficult circumstances or cope with mental health concerns.

The youth I counsel regarding suicide often have a common denominator: A perception that the issue they face is too large for them and they fear facing it alone. These conversations are a perfect opportunity for us to show the love of God in a willingness to love unconditionally and share life with our teens. A parent willing to listen and empathize will have a strong impact on his child. Although suicide is a very real and scary issue for us as parents, it is also an invaluable opportunity for us to partner with our children in their darkest times just as God walks with us through our darkest times. ■



Karen Krygsheld, MSW, LCSW is a Licensed Clinical Social Worker and sees clients in our Schererville, IN location.



Anne Mirza is a Licensed Clinical Social Worker and sees clients in our Chicago (So Loop & Edgewater) IL location.

¹ Vitlic A, et al. *Immun Ageing*. 2014.

Choosing to Love: *Radical Acceptance*

“...he loved us so much, that even though we were dead because of our sins, he gave us life when he raised Christ from the dead...” (Ephesians 2:4-5, NLT)

■ by Debi Mitchell, MS, LMFT

Soon, my daughter will be walking down the aisle to marry a man she loves. Couples in the throes of loving bliss vary; they may love times of joy-filled chatter or peaceful, comfortable silence. Everything tends to be “so cute” or “absolutely wonderful!” These descriptions frequently litter couples’ early histories.

Life becomes busy. There are children, jobs, sports, and church. We wave as we pass by, except to discuss schedules and task completions. We forget what it was about our spouse that we adored and increasingly target the negatives. It reminds me of the parable of the sower. Jesus says: “The seed falling among the thorns refers to someone who hears the word, but the worries of this life and the deceitfulness of wealth choke the word, making it unfruitful” (Matthew 13:22, NIV). The “worries of this life” slowly strangle the marriage. It breaks my heart when I hear clients describe a marital field that used to be beautiful and fruitful becoming so full of weeds they no longer see a crop. These couples no longer love each other for who they are.

We must choose to love our spouses just the way they are for our marriages to stay healthy. We must choose to love our spouses with radical acceptance.

What is Radical Acceptance?

Radical acceptance is:

- Recognizing reality,
- Not attempting to control,
- Not attempting to protest, and
- Just resting.



Spouses do things we perceive are absolutely wrong. They might become, or are becoming, people we don’t like very much. We practice radical acceptance when we don’t try to change, control or manipulate them to get our own way. We once loved our spouses just the way they **were**. We can accept them just the way they **are**.

Unconditional Love

We crave chemistry and romance, which focuses on self. When we nurture this conditional love, our irritation increases when our spouses aren’t exactly who or what we want. Our spouses fear making mistakes and unavoidable physical changes. It is demanding and disrespectful. Marriages sustained on conditional love will almost always wither from malnutrition. Marriage lasts when we love a person just as they are. Unconditional love also focuses on our spouses, *loving* them just as they are. Sometimes we sacrifice what we want for them.

According to 1 Corinthians 13: 4-8, unconditional love is:

- *Patient* - persevering with a smile during troubles;
- *Kind* - friendly, generous, warm-hearted;
- *Not envious, boastful, or proud* - puts the other person first;
- *Not easily angered* - open to criticism without becoming defensive too quickly;
- *Keeps no record of wrongs* - forgiving;
- *Rejoices when they choose to do what is right;*
- *Protecting* - from damage, injury, difficulty or unpleasantness;
- *Trusting* - placing confidence in their best intentions;
- *Hopeful* - optimistic; and
- *Never gives up.*

We choose to pay attention to what is important to our spouses; we affirm them and tell our friends about what our spouses do RIGHT. We listen to their problems with us, and ask God to see the truth about ourselves and our need for change. Unconditional love acts with grace and mercy. Radical acceptance shifts our focus from ourselves to our spouses so that we can act in loving ways, with loving attitudes-- connected to both our spouses and God.

Moving from Acceptance to Love when We Hurt

Jesus told a parable about weeds that grew among the wheat. The weeds remained in the fields until the wheat was ready for harvest, so the wheat wouldn’t get damaged by the weeding. It didn’t matter that the weeds were planted by the enemy; he burned them off at the end (Matthew 13:24-30). We use radical acceptance to focus on the wheat. We trust that the weeds will be taken care of by the Master Gardener (Matthew 13:30).

When we are hurt, we love responsibly by:

- Speaking our feelings about what is bothering us (kindly, truthfully, without repetition),
- Letting our spouse know what we want nicely,
- Praying diligently for God’s will in the situation,
- Forgiving: hand our hurt feelings and the situation over to God (sometimes it helps to picture it), and
- Giving God an opportunity to work.

Please understand it is natural to hold on. This usually requires a great deal of practice. Whenever we find ourselves trying to change our spouse in something already addressed, repeating the last three steps helps retrain us to let go.

If we practice radical acceptance and choose to love our spouse for who they are right now, we will find unconditional love growing. We become more like Christ. ■



Debi Mitchell is a Licensed Marriage & Family Therapist and sees clients in our Schererville, IN location.



Toll Free: 800.361.6880

Email: info@chicagochristiancounseling.org

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Our Mission Statement

Promoting health and wholeness through professional counseling, consultation and education from a Christian perspective.

New Staff



Debra Crockett, MSW, LSW

South Holland, IL Location

Debra is a Licensed Social Worker and has had extensive experience working with children, adolescents, and families. Debra has worked in community as well as school settings, with intact, foster, and adoptive parents. Debra has trauma

and domestic violence training and co-chairs the domestic violence sub-committee in her police district.

Debra received her Master of Social Work degree from Chicago State University, Chicago, IL and her B.A. in Psychology from Roosevelt University, Chicago, IL. Debra is supervised by Elizabeth Elgersma, MSW, LCSW.



Doug Hinderer, MA

Chicago (Loop) & Tinley Park, IL Locations

Doug is a Staff Therapist who especially enjoys working with couples. In addition to his academic training, Doug has completed an Externship in Emotionally Focused Couples Therapy and Level 1 and 2 training in the Gottman method. Doug works

with couples and individuals to identify negative interaction patterns and replace them with positive ones. He is excited to work with clients in ways that integrate what he has learned from the science of psychology with what his faith has taught him about God's grand design for his people, especially within the dynamic of marriage and family life.

Doug received his Bachelor of Science degree in Psychology from Illinois State University, Normal, IL and will complete his Master's degree in Marriage and Family Therapy from Northcentral University, Phoenix, AZ. Doug is supervised by Diane Kapp, MA, LMFT.