

CARLENE HILL BYRON

**NOT
QUITE
FINE**

*Mental Health, Faith, and
Showing Up for One Another*

Study Guide by **LIANNE G. MACGREGOR, MA, MED**



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This study guide has been written to support and supplement the writings of Carlene Hill Byron in her book, *Not Quite Fine*. These materials may be used as part of a congregational call to better serve members, as well as those in the larger community, who experience mental health problems and for whom church has not always been a welcoming place. Similarly, the guide can be used with small groups and for individual study.

This guide includes questions for each chapter of the book, including the introduction and afterword, and which have been written to create opportunities to respond to major themes introduced by the author, expand on the author's ideas and suggestions, and engage in personal reflection. Given the sensitive nature of the material, it is highly recommended that the reading of this book and completion of the study guide be rooted in prayer and that empathetic and informed support be made available whenever possible.

INTRODUCTION

1. The author chronicles her personal history of mental health problems, diagnoses, and treatment regimens. While the author's experience is her own, her story illustrates the ever-changing nature of mental health problems as well as the diagnostic and treatment tools that are made available to those whose lives are affected by mental illness. How does this compare with other types of health challenges? In what ways is it similar? How is it different?
2. As the author states, COVID-19 and the changes it introduced to our way of life sparked a surge in people reaching out for help in managing what they experienced as mental health problems. What kinds of changes did you experience or are you currently experiencing that compromise your sense of mental well-being? What kind of support have you sought?
3. The Christian faith offers much in the way of instruction and information with respect to who we are, even when we are suffering, and how we as the body of Christ are called to respond to one another's suffering. How does our Christian faith assure meaning and purpose for everyone, regardless of their challenges?
4. How does our Christian faith equip us to build communities that allow everyone to feel welcome, supported, and valued?

CHAPTER 1: HOW CAN THE MENTAL HEALTH PROBLEM HAVE GOTTEN SO BIG, SO FAST?

1. The author writes that what were once considered normal emotional responses to major life events have now been pathologized as an illness in need of medical or therapeutic intervention. For example, she references how our cultural view of grieving has changed over the past several decades, and she also points to how the many stressors experienced during the COVID-19 pandemic have caused many to believe their mental health is in jeopardy. What other examples can you think of? How is it helpful to attach a diagnostic label to what were once or might otherwise be considered normal responses to unpleasant but common situations? How is it unhelpful?
2. The author writes how, in many respects, the bar of what constitutes mental health has been raised to unrealistic and nonstandardized heights, leading people to be confused about how to interpret and respond to fluctuations in their mental functioning and suggesting a cultural intolerance for “different.” As people of faith, how do we gauge our own responses to life’s challenges? How can we redefine the standard of normal, both for ourselves and for others who may appear, at times, to be outside the range considered normal?
3. On page 33, the author writes, “We live together in Christ with people who are different from us and different from each other. God has meaning for the differences God created.” How do you currently live well with diverse groups of people? How would you work to expand your capacity to do so?

CHAPTER 2: HOW CULTURE UNDERMINES MENTAL HEALTH

1. Chapter 2 opens with this statement: “Many of us are accustomed to the idea that following God might be a countercultural life journey. It’s less familiar to imagine that in the twenty-first-century West, good mental health may also require some countercultural choices” (p. 35). What do you think the author means by this? What are some of the choices we as a culture may need to amend in order to support mental wellness?
2. The author attributes mental health problems to an array of factors, including culture and communities. In what ways might an American culture of aspiration, individualism, and competition contribute to or exacerbate mental health problems?
3. On page 38 the author writes that loneliness, anxiety, and depression share common terrain: “One reason we feel anxious is because we too often face the challenges of life alone. One reason we feel depressed is because we too often believe the challenges we face alone will end in our defeat. And some people feel lonely simply because they are alone much too often.” In light of the impact that aloneness has on mental well-being, in what ways can communities of faith effectively address the epidemic of loneliness that pervades Western culture, on behalf of our congregations and the broader community?
4. The author uses Isaiah 61:1-4 as a biblical illustration of how God used those who had been downtrodden, impoverished, and imprisoned to rebuild cities devastated by years of misuse and war. What might Scripture be telling us about what God values and who God will use in the establishment of God’s kingdom? What hope can we find in these words as they pertain to us and to those who occupy the margins of our communal life?

CHAPTER 3: I DON'T FEEL QUALIFIED TO HELP!

1. The author states that people with mental health problems often view faith communities as places where fundamental needs can be addressed: meaning and purpose, realizing the value God finds in all people, a sense of belonging, a sense of hope. That said, churches are often unprepared to successfully engage in long-term relationships with those who present challenges of any kind. What gets in the way of the kinds of relationships that are welcoming, nurturing, and mutually beneficial? What measures can be taken to break down the barriers of full inclusion?
2. What kinds of support may be needed to address the needs of those in a caregiving role?
3. Have you ever been in a long-term relationship with someone who presents particular challenges? If so, what strengths did you bring to the relationship? What lessons did you learn?
4. Our culture has taught us to believe that only professionals are equipped to deal with those who have mental health problems. The author counters this claim by pointing out ways in which nonprofessionals are uniquely skilled to offer a different kind of support from that offered by professionals. Reflect on the value you can bring to the life of someone with mental health problems. What fears surface for you as you envision yourself in this role? What excites you?

CHAPTER 4: DISCOVERING MEANING AND PURPOSE

1. The author references a story about a young girl in a World War II concentration camp who found meaning for her life by sharing what little she had with another child. Another survivor, Viktor Frankl, wrote about how understanding one's life purpose and the sense of meaning this imparts is integral to those who manage to live through extreme deprivation and horror. How does meaning and purpose factor into your own life? How does your faith inform your sense of meaning and purpose? How might inclusion in a welcoming and affirming faith community bring meaning and purpose into the life of a person with mental health problems?
2. The author references Ephesians 2:8-10 as a possible blueprint for finding our meaning and purpose in Christ despite the difficulties we may be facing in life. How does your faith sustain you when circumstances make it difficult to recognize your God-given meaning and purpose?
3. The author writes about the purpose of suffering and the danger in turning a blind eye to suffering, both our own and suffering that happens on a broader level—in our communities, country, and the world. How might we share in the suffering of others without jeopardizing our own mental well-being?
4. The author provides a comprehensive guide to moral injury, a relatively new understanding of the type of trauma that results from the violation of a highly regarded moral code. The author maintains that the presence of moral injury is rooted in the violation of God's own moral code, which doesn't change. What remedy does the Christian faith offer those who suffer from this type of injury?
5. The author reminds us that our experience of the pandemic revealed weakness in our expectations about life. Many of us experienced suffering in the form of disappointment, solitude, insecurity, and fear as we'd never experienced it before, and many of us struggled in very real ways to maintain a sense of meaning and purpose in the endless months of lockdowns and restrictions. What have meaning and purpose looked like to you during this time? How has your understanding of meaning and purpose been affected by our recent experience? Do you see this as a temporary or potentially permanent shift in your understanding of what it means to find meaning and purpose in your life?

CHAPTER 5: BELONGING: WHERE STIGMA ENDS

1. On page 95 the author writes, “I cannot know I belong to God unless I belong among God’s people.” How does this statement strike you? In what ways does this statement seem true in your life? What agreements and challenges does this statement raise in you? What are the implications of this assertion for congregational life?
2. The author identifies two types of stigma that exist among people with mental health problems. Self-stigma occurs when people withdraw from community in response to their own social anxiety or fear of being rejected or excluded. For these people, remaining apart is a form of self-protection. The second kind of stigma is that which occurs when communities exclude people with mental health problems, primarily because of fear about safety or discomfort in the presence of people whose behavior may be perceived as difficult, demanding, or unpredictable. The author goes on to identify three types of approaches aimed at reducing stigma (pp. 96–97). What are they, and why does one work better than the others?
3. The author describes her positive experience as a member of Rotary clubs, crediting the way the meetings and opportunities for service are structured. How can these features be replicated in churches and other types of communities (e.g., book clubs, recreational activities, educational events)?
4. The author states that Christian churches are “called and gifted by God to be places of love, care, and belonging” (p. 99). Do you agree with this statement? If so, what challenges do our faith communities face in ensuring this is true, particularly in our engagement with people who live with mental health problems? What practical measures can we put in place to support us in fulfilling this vision of the church? What limiting beliefs and perceptions do we as individuals need to recognize, confess, and overcome in order to embrace more fully all God’s children as members of the body of Christ?

CHAPTER 6: FINDING VALUE IN CHALLENGED LIVES

1. On page 114, the author writes, “When we thus measure lives in dollars, we make people objects in trade, not persons in relationship.” How does what we know to be true about the relational nature of God color our concept of human worth? In what ways do we unconsciously (or consciously) fall into the trap of equating human worth with monetary value? What unique gifts do those with mental health challenges or other disabilities bring to our community, and how are our lives enriched and relationships strengthened by these gifts?
2. On page 116, the author asserts that we’re often called to set aside the things that confuse, irritate, or even upset us about other people, including those whose mental health problems challenge our tolerance of what we may consider strange or unusual. She then goes on to state, “To value the personhood of an individual with mental health challenges requires paying more attention to God’s creative work in the person than to the ways that creation has been marred.” In what ways are we tested in our desire to focus on God’s creative work rather than indications of illness? What practical steps can we take to strengthen our focus on the former rather than the latter?
3. Beginning on page 121, the author quotes 1 Corinthians 12:24-25: “God has put the body together, giving greater honor to the parts that lacked it, so that there should be no division in the body, but that its parts should have equal concern for each other,” and follows up with this statement: “In other words . . . the people our culture writes off for their lack of achievements are likely to be those in whom God has planted the greatest value.” She then suggests that the proper response to this is to ask, “What is God seeing that I’m not?” As we consider people in our orbit who may be those “in whom God has planted the greatest value,” how can we challenge ourselves to see these people through God’s eyes and from the perspective of God’s priorities and values? What have we been missing?

4. The author closes the chapter with this statement: “*The good news is this: people with mental health problems are a sign that God values all that God has created, even those parts of creation that carry signs of the fall. We are a sign that God has work still to be done in this world*” (p. 124). How can we receive this message as good news? And how can we respond with radical acceptance and joy to those within our communities who more visibly carry the sign “that God has work still to be done in this world”?

CHAPTER 7: FINDING FEELINGS, FINDING HOPE

1. What is the value in taking the time to explore our feelings and the beliefs or situations that contribute to them? How might understanding our own feelings lead us to be better allies to those whose lives are dominated by what the author describes as “big feelings”?
2. The author reflects on the pandemic as a time when many hopes proved false as we were denied things we’d previously taken for granted: graduations, family gatherings, freedom of movement and assembly, and so on. While some people floundered in the face of restrictions, others flourished, finding hope in seemingly lesser tasks and activities that fell well within the boundaries imposed by the pandemic. Reflect on your experience of floundering or flourishing. How do you keep hope alive in difficult times? What will you carry forward as a learning or practice?
3. The author writes that people can learn to hope when those around them behave in ways that instill a reason to hope. What are some of the key attributes of this type of behavior? How can we support each other in establishing communities of faith where such behavior is integral to who we are and how we live?
4. The author writes about the foreclosure of visions as something that is commonplace in the human experience. As people of faith, how do we live in the tension between the visions we create of our own futures and the call to seek security in nothing other than God?

CHAPTER 8: THE COMPETENT CAREGIVER’S TOOLKIT: HUMILITY

1. The author points out that humility is not a particularly popular concept in the twenty-first-century Western world, with a common understanding of the concept linked to low self-esteem. From a biblical perspective, however, we are called to remain humble, as Christ is humble, and to adopt an understanding of humility that better reflects this biblical imperative: “a state of accurate self-assessment” (p. 149). When ministering to those whose experience of life is different from our own, how can humility serve to bridge the gaps in experience, understanding, and expectations?
2. When we see people in pain, our first instinct is to figure out what’s wrong so we can help fix the problem. The author emphasizes that “fixing” mental health problems is challenging, even for those who have the professional standing to diagnose and treat. As nonprofessionals, how can we find value in coming alongside people with mental health problems as companions rather than problem-solvers? What might it mean for us to practice the kind of humility that “requires us to abandon both fear and pride” (p. 154)?
3. As the author states, our commitment to creating supportive and affirming communities of faith requires us to release ourselves from “many of the kinds of measurable outcomes we imagine” (p. 161). This in itself can be a source of blessing. The author has provided some examples of people adapting to the reality of other people’s lived experience and how this willingness to practice humility led to positive yet unanticipated outcomes (see pp. 147, 152, and 161). Reflect on experiences in your life when you’ve chosen to step back from your role as competent, expert, and skilled and allowed yourself to be teachable and curious. What difference has this made?

CHAPTER 9: THE COMPETENT CAREGIVER'S TOOLKIT: FEARLESSNESS

1. Much of our reluctance to enter into meaningful relationships with people who are different from us stems from our fears. What are we afraid of?
2. On page 165, the author itemizes some of the fears experienced by people with mental health problems. What impact, if any, does reading this list have on your understanding and awareness with respect to what it's like to be a person with a mental health problem? What questions does this raise for you?
3. Review the list of questions the author presents on page 176. Consider a challenge you're currently facing and apply these questions to the way you think about this challenge. How does working through questions like these change your perspective on the problem at hand? What questions might you add to this list?
4. The author writes about how mental health problems can teach people to be courageous, resilient, compassionate, and caring, and on page 178 she writes, "God doesn't waste anything." Reflect on difficulties you've experienced in your own life. How have these experiences changed you? How has God used these experiences to prepare you to be of service to others? What is your response to the statement "God doesn't waste anything"?

CHAPTER 10: WHEN SHOULD A CAREGIVER ASK FOR HELP?

1. The author writes about a personal experience of exclusion from a faith community that affected not only her but her husband as well. In this case, the exclusion was because of a change in her mental health and an outburst that the church leadership experienced as erratic and unacceptable behavior. In retrospect, some of these leaders regret the decisions made at that time, perhaps because they know more about mental health now than they did then. Sadly, this kind of response isn't limited to people with mental health problems, and has been extended to people who are divorced, have addiction issues, don't fit the traditional mold of sexual identity and orientation, and so on. In considering your own faith community, what changes have taken place or are currently underway with respect to being more inclusive and affirming of people who tend to gather on the margins? What work still needs to be done?
2. Knowing what you now know about mental illness and using these learnings as a template for other marginalized groups, how might this be achieved?
3. Beginning on page 181, the author provides five signals that indicate that we, as caregivers and supportive others, may need to ask for help. Which of these resonate with you? What do you find yourself experiencing as you read them?

AFTERWORD

1. In a clear summary of the major themes of the book, the author offers six statements that speak to what she and other people with mental health problems want the church to understand about the life in Christ shared by all (pp. 185–86) and five principles that may be helpful when interacting with people with serious mental health problems (pp. 187–88). What is your personal readiness to live up to these statements?
2. What is the readiness of your faith community?
3. What changes might God be asking you and your faith community to make in order to live up to these statements?