# Problem Identification – Jay Breish

## Problem and Purpose Statements (2 paragraphs)

Globally, with particular emphasis in the United States, Mental Health is noticeably deteriorating (Parker, 2023; The State of Mental Health in America, 2023; Mental Health By the Numbers | NAMI: National Alliance on Mental Illness, 2023). Loneliness, depression, fear, and trauma are increasingly prevalent (Siladi, 2023; Schaap-Jonker, 2022). Adding to this concern is the substantiated connection between the American Mental Health crisis and physical health deterioration (Rides & Shaw, 2023; Fusar-poli et al., 2020). As a result of declining Mental Health conditions, coupled with a generalized loss of community and spiritual connection, many individuals struggle to determine their identity and position in contemporary society (Maseko, 2018; Rides & Shaw, 2023; Kok et al., 2021). There is a pressing need for a solution that is community-based (Nanthambwe, 2023; Rides & Shaw, 2023; Schaap-Jonker, 2022, Costello et al., 2021), identity-centric (Wilder et al., 2020; Rides & Shaw, 2023; Nanthambwe, 2023), and spiritually grounded (Barnett, 2023; Bingham Musick, 2023; Pfeiffer et al., 2023; Olivia et al., 2021; Willey, 2019; Jacob 2022). This solution must also serve as a sanctuary conducive to healing (Banfield et al., 2022), aiming to rejuvenate individuals, the Church, and, consequently, the broader society.

This action research endeavor aims to address the poor mental well-being observed within the Church. As a result of reduced emotional wellness, the Church and its congregation have been unable to fulfill the Great Commission effectively. Using this research, I intend to design a discipleship program that promotes a supportive, healing environment that addresses basic spiritual and Mental Health needs. An empathetic community framework, identity, prayer, and forgiveness are the focal domains of this initiative. Ultimately, this research aims to establish enduring, replicable healing communities that contribute to transforming and empowering the Church and its members.

## Significance of the Problem (1 Page)

Mental Health problems abound worldwide (Haddad et al., 2020), particularly salient in America and the American Church (Johnson, 2023; Shrodes, 2022; Vick, 2019). Research identified inadequate access to Mental Health services before COVID-19 (Parker, 2023; Barnett et al., 2018). The global pandemic exacerbated this shortage, negatively impacting Mental Health and adding trauma to the existing list of unresolved past hurts (Gruber, 2021; Humboldt et al., 2022; Bingham Musick, 2023).

Trauma is the emotional response to a terrible event (*Trauma*, 2022), often overwhelming a person’s ability to cope (Davediuk Gingrich, 2017). Trauma exacerbates existing Mental Health issues by changing the brain and interrupting natural thinking processes (Bingham Musick, 2023), often forcing the individual to survive (Van der Kolk, 2015). Shrodes’ (2022) research identified that Adverse Childhood Experiences (ACEs) double the risk of Mental Health conditions in adults and that one-third of UK youth have experienced trauma (p. 77). The CDC identified that one in ten youth have been sexually assaulted or forced to be involved sexually with someone else (Kann et al., 2018). In 2022 it was reported that at least one in seven children have experienced neglect or abuse (*The State of Child Abuse in 2022*, 2022). While trauma often occurs in childhood (Rides & Shaw, 2023), the entire world was recently exposed to a potentially traumatizing event from COVID-19 (Gurney et al., 2023; Parker, 2023; Dube & Sibanda, 2022; Goodwin & Kraft, 2022; Humboldt et al., 2022; Gruber et al., 2021; Haddad et al., 2020). The Church needs to be a part of the Mental Health solution; however, it has had difficulty effectively responding because the same Mental Health issues existing in secular society exist within the Church (Shrodes, 2022; Willey, 2019; Davediuk Gingrich, 2017, Robbins 2022). Furthermore, Church leaders often feel unequipped to address Mental Health issues without existing ministries to reach those with emotional and mental problems (Johnson, 2023; Crisp, 2022; Shrodes, 2022; Costello et al., 2021; Wilder et al., 2020; Vick 2019).

## Research Question (1 paragraph)

How does (intervention) affect (problem) in a (site/ organization/ community)?

By developing a discipleship program toward a safe, healing community, this researcher intends to introduce people to a deeper, loving relationship with Jesus and reframe their past hurts into redemptive stories. Through Biblical leadership models, the group facilitator will role model the love of God and introduce believers to new methods of prayer, communication, and understanding of their Biblical identity. As people begin to understand who God truly is and who they are in Him, they will start to see others with eyes of love. As that happens, the community will grow closer together and begin maturing. Additionally, by teaching healing prayer models, the Mental Health needs of group members can be addressed, creating a healthier, safer group. By setting a mission statement for the group, it will be understood that each member has a role to play, preventing complacency and top-down thinking. By teaching students how to listen to the Holy Spirit, they will grow in their ability to be Spirit-led believers. As such, fruits and the gifts of the Spirit will manifest. Lastly, teaching empathic listening skills will empower students to lovingly listen to each other’s redemptive stories and cause the group to become even closer.

## Professional Relevance (1-2 pages)

This researcher is a pastoral prayer counselor with Paraclete Mission Group. This research is significant to my professional context because the harvest is plentiful, yet the workers are few (NASB, 2020, Matthew 9:37-38). Many more people seek help and healing than those who can provide it. Secular models are only effective when they knowingly or unknowingly implement Biblical principles. Even when they implement Biblical principles, they cannot, by definition, lead people to the Jehovah-Rapha, the God who heals (NASB, 2020, Isaiah 61:1-2). Nor can secular modalities point people into deeper relationships with Jehova Mephalti, the God who delivers (NASB, 2020, Psalm 18:2). With the Mental Health crisis happening in the United States and worldwide, ministers who can lead people into an intimate, healing relationship with Jesus are in great demand.

Further complicating this problem is the backlog of unresolved trauma people have accumulated over the years. In modern society, people, especially children, are being traumatized at an alarming rate (The State of Mental Health in America, 2023). With the breakdown of the family and the invention of the internet, children now have access to the worst parts of society, often without parental involvement. The government, educational systems, and social media movements have become our children’s “parenting” figures, further adding to their Mental Health needs. While the causative factors are debated, recent rises in homeschooling rates appear to be connected, at least in part, with the loss of religious freedoms and the desire for parents to reinstitute Biblical values in their children. (Watson, 2018).

As children are exposed to the world without a Biblical lens or intimate parental connections to help filter what they are observing, children are experiencing trauma at an alarming rate (Bingham Musick, 2023). These ACEs, coupled with the Church of the 19th century losing its pastoral influence on society (Clebsch & Jaekle, 1994), led to many secular forms of treatment that could not effectively address the deep spiritual and soul issues confronting people. Today’s post-COVID society is experiencing the fallout of a weak Church coupled with a strong secular mindset (Warrick, 2020).

During the late 19th and early 20th Centuries, God was actively involved in the American Church, revitalizing it through reintegrating the Holy Spirit’s gifts. Events like the Azusa Street Revival ushered in Pentecostalism, challenging the modern notion of Solo Scriptura (Nel, 2021). Then, in the 1950’s Agnes Sandford began her school of pastoral care, utilizing intimacy with the Holy Spirit and His gifts as a primary healing tool. Not long afterward, multiple ministries expanded on Agnes’ teachings to create what is known today as Listening Prayer (LP) or Inner Healing Prayer (IHP) (Wilder et al., 2020). Like contemplative prayer’s focus on communion with God, Christians practicing LP believe that God continues to speak and that His rhema word is just as critical as the Logos. IHP takes LP one step further by intentionally seeking God for guidance regarding physical, emotional, and spiritual issues. In the words of Clarke (2021), IHP is “a transformational encounter with Christ in the place of the individual’s deepest pain and greatest dysfunction” (p. 108). IHP helps facilitate deeper communion with God. In that way, it becomes a form of pastoral care for the brokenhearted (Is 61).

The Church has all the tools it needs to minister to its own members and fulfil the great commission. This researcher intends to bring together what God has already shown us to Bind up the brokenhearted and equip the saints (NASB, 2020, Isiah 61; Ephesians 4).

1. Whom:
   1. Revival begins within the Church. Christians struggling with spiritual and Mental Health issues, including trauma.
2. Why:
   1. God loves using the “foolish things” of the world to shame the wise. God often takes people considered “the least of these” and converts them into powerful world changers. If a hurt person is healed, they are more likely to become a healing entity for others.
   2. Besides helping the Body of Christ heal, these healing discipleship communities multiply the “workers” to be “sent into the fields.”
3. How: creating healing communities that foster growth and healing
   1. Identifying potential and appropriate candidates
      1. Desire to grow spiritually and in intimate community
      2. Desire to impact the world for Christ
      3. Have or currently are experiencing brokenness
      4. Willing to work through their personal messes and have God change their worldview
   2. Meet weekly for about 12 weeks (depending on the topic list)
   3. Each week, study God’s Word together and praying
      1. Word
         1. Biblical Worldview
            1. Romans 12:1-2+
         2. Identity in Christ
            1. Romans 12:3-8
      2. Prayer
         1. Basics of Prayer – How God speaks
         2. Listening Prayer Fundamentals
         3. Praying for others
      3. Community
         1. Forgiveness
         2. Empathic Listening
         3. Retelling my story
   4. Evaluating effectiveness by pre/post tests and weekly reviews of personal takeaways
4. When:
   1. Starting in 2024
   2. Researching one or more groups.
   3. After completing my dissertation, I will continue to build more communities in an ongoing fashion, ideally partnering with Churches to do so.
5. Where:
   1. In small community groups.
   2. Starting in Lynchburg and branching out from there.

## Literature Review (5-7 pages)

### Introduction

While researching enduring, replicable, healing communities, four major themes arose: the historical context, the theme of discipleship vs. evangelism, Mental Health and its societal impact, and finally, articles related to healing communities. These four broad categories helped establish a framework for addressing the core areas in this healing discipleship community.

### Historical Context

The seminal author McGinn (1996) noted that the early Church knew the costly nature of associating with Christ. The Church understood that they lived in a “now and not yet” state, where they could suffer and die like Jesus at any moment (p. 24). Simultaneously, early Christians recognized that there would be a time when Christ would return and take away their suffering (McGinn, 1996, p. 24). With this in mind, the Church remained alert and ready. There was no place for complacency or comfortability. The Holy Spirit was essential to the believer’s spirituality (McGinn, 1996, p. 26). He was the comforter and guide to a Church in perilous times. McGinn (1996) notes that the Spirit was often thought of in communal terms, like the day of Pentecost, and that the highest form of experiencing the Spirit was in a loving community (p. 26).

For centuries, the Church appeared to function with this spiritual, communal, always-ready mindset. It wasn’t until the Enlightenment that culture became more material and science-focused rather than spiritually minded. Human intellect became humanity’s new guiding Spirit. Clebsch and Jaekle (1994) note that during the Enlightenment, society shifted from resolving spiritual ailments to creating psychological explanations (p. 69). Formerly, the pastoral role provided the “Cure and Care of Souls,” helping people overcome impairments and move toward wholeness beyond their previous condition (p. 21, 79). During the Enlightenment, pastoral functions were relegated to secular modalities. Focusing on man’s intellect may have seemed “right in the people’s eyes” but directly contradicted Scripture (NASB, 2020, Judges 17:6). Individualism replaced community. Reason and skepticism replaced faith and obedience. The Church became comfortable and lost its “alert and ready” mindset. By the late 19th and early 20th centuries, Biblical authorities on the cure and care of souls became almost non-existent in literature and were replaced with secular psychological figures like Freud and Dostoyevsky (Clebsch and Jaekle, 1994, p. 41). With this modernized way of thinking, the Church began to lose relevance as “salt and light” in society.

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Along with the loss of spiritual “readiness” that came out of the Enlightenment period, there was also an observable shift away from pastoral care and discipleship. The word “discipleship” involves more than learning, including coaching and attaching oneself to another (Brits, 2022, p. 2, 16). In other words, discipleship requires intimate and often lifelong relationships (Williams, 2023). Teaching from the pulpit is much easier than living in a tight community. As culture became more comfortable, the Church began letting down its guard and transferring its pastoral role to those in the psychological fields. In the 21st century, many clergy feel unequipped to handle emotional and Mental Health needs (Costello et al., 2021). This contradicts scripture, which clearly states God has given the Church everything for life and Godliness (NASB, 2020, 2 Peter 1:3). Jesus sent the Holy Spirit to guide us into all truth (NASB, 2020, John 16:13). The Holy Spirit’s fruits and gifts are what the Church needs.

As the care of souls was given over to secular modalities, the Church became inward-focused and curriculum-based (Willey, 2019). Evangelism became superficial rather than missional, without the intent to build intimate relationships for discipleship (Willey, 2019, p. 60). More than just teaching something, Biblical discipleship is about transmitting faith to the next generation (Willey, 2019, p. 21, 32; Moore, 2022). As the American Church became more superficial, her evangelistic endeavors became more numerically focused. The American Church failed to recognize its slow fading away from Biblical Christianity to some form of “lukewarm” religiosity that had little “light” to offer the world (NASB, 2020, Rev 3:16).

### Mental Health and its Societal Impact

America is experiencing a Mental Health crisis and has been for some time. On average, one in five adults experience some form of mental illness (The State of Mental Health in America, 2023; Johnson, 2023). In some states, 30% of the population has a Mental Health issue (The State of Mental Health in America, 2023). Unfortunately, America’s youth are not exempt: One in ten American teens (16%) aged 12-17 years old are experiencing depression (The State of Mental Health in America, 2023). Additionally, six percent of American youth have a substance disorder. Of the teens that have Mental Health related conditions, nearly 60% of them will not receive any form of Mental Health treatment (The State of Mental Health in America, 2023). The Church needs to become a part of the solution (NASB, 2020, 1 Cor 9:22).

As mentioned earlier in this paper, COVID, among other sociological factors, has exacerbated America’s Mental Health crisis. Trauma, by nature, has a handicapping effect on the traumatized person, making it more difficult for them to think, function, and respond appropriately. As such, trauma impacts the individual and all those around them. America’s Mental Health issues are both an individual and societal problem. Because Church leaders tend to have similar amounts of unresolved personal trauma as the general public, it’s no surprise the Church is struggling to fulfill the Great Commission (Shrodes, 2022).

### Healing Communities

According to Clebsch and Jaekle (1994), church pastors historically dealt with mental, emotional, and spiritual issues (pp. 31-23, 43). When the Church lost its preeminent role as society’s soul healer, humanistic methodologies became prominent. For nearly 300 years, secular modalities have been at the forefront of society. Nevertheless, a growing body of research has shown a strong correlation between spirituality and positive Mental Health outcomes (Dube and Sibanda, 2022). According to Dube and Sibanda (2022), post-COVID therapies need to “depend on a higher power [to] meet [society’s] complex challenges” (p. 129). Faith is “inextricably linked to Mental Health [and] well-being” and plays an integral role in how people understand themselves and make decisions in society (Goodwin and Kraft, 2022).

Rides and Shaw (2023) claim, “Healing is more than just one provider and one client (p. 7). Mental and emotional health needs are best met with holistic care, including community mobilization to create healing change (Rides and Shaw, 2023). Pfeiffer et al. (2023) agree, stating that Churches are uniquely positioned to become communities of care (p. 3). Ultimately, the increase in Mental Health cases has forced the Church to become more holistically minded, caring for people’s entire being (Johnson, 2023, p. 12).

In light of current research, healing communities equipped to care for society’s complex mental and emotional needs are required. Banfield et al. (2022) have identified that “non-clinical spaces,” which do not involve medical diagnosis or treatment but include peer support, can foster hope and healing for people in crisis (p. 2). Similarly, Parker (2023) identified that Christian lay counseling coupled with Inner-healing prayer (IHP) is a viable option to address post-pandemic Mental Health needs (p. 37).

Research shows that healing faith communities need to nurture member spirituality and provide safe spaces for prayer, reflection, and liturgy while remaining concerned with the development of the whole person (Barnett, 2023, pp. 23-24). Faith communities must build intentional, safe, and intimate relationships where trust can be established, and sin can be confessed (Benjamin, 2021). Brown (2023) adds IHP as a necessary component to these faith communities, claiming that IHP has shown “significant efficacy” over licensed Mental Health practitioners (p. 100). Clark (2021) corroborated that IHP, sometimes called Formational Prayer, has demonstrated significant efficacy in addressing personal brokenness. By helping connect the individual to the heart of God through His “still small voice,” prayer ministers foster a safe environment, allowing God to do miraculous healing in people’s bodies and souls. Furthermore, IHP helps establish individual and communal identity, further grounding the Body of Christ in the great commission.

Despite research showing clergy are unequipped to promote Mental Health (Crisp, 2021), and often they feel unequipped (Crisp, 2022), God has given us the tools and outline the Church needs to tackle Mental Health issues in society. The problem isn’t that the Church doesn’t have the tools; the problem is it has become “weak in its ability to make disciples and missional communities” (Warrick, 2020, p. 6). The Church is immature due to its lack of prayer and discipleship (Willey, 2019). Changing Church culture is necessary to reach, equip, and disciple Church members (Parker, T. A., 2023). And as the Church heals internally, it will once again regain its ability to fulfill the Great Commission, “Loving others as it loves itself” and “Making Disciples of all nations” (NASB, 2020, Matthew 22:37-39; Matthew 28, 19-20).

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