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FEAT URES

DISCOVER

19 PREVENTING SUICIDE
BERNARD DAVY, CARLOS FAYARD, AND PETER LANDLESS
Life is too precious to squander.

CONNECT

37 TEENS AND DEPRESSION | WILLIE AND ELAINE OLIVER
The gap between childhood and adulthood is a challenging one.

ENGAGE

54 "THERE IS NO HEALTH WITHOUT MENTAL HEALTH"
CARLOS FAYARD
Wholeness means balance.
This issue of Adventist Review is not only a reminder that we live in a fallen world—it is also an invitation to reach out to those in emotional darkness who seek our help. For there is great hope in the guidance of friends, pastors, therapists, and the One we know as “Wonderful Counselor, . . . Prince of Peace” (Isa. 9:6).
1. Services Planned for Two Andrews University Students Killed in Automobile Accident

2. Accepting Trump Appointment, Ben Carson On Track as First Adventist U.S. Cabinet Secretary

3. Why Adventists Participate in UN and Ecumenical Meetings

4. Goaaal!!! Adventist Soccer Player Back on Field With Sabbath-off Contract

5. Would Desmond Doss Be Happy With ‘Hacksaw Ridge’?
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merge into the blood-washed band. He sings to his God: he even sings to Temple doors: “Lift up your heads, O gates! and be lifted up, O ancient doors! that the King of glory may come in” (Ps. 24:7).

Heart-stricken, sensing just how terrible sin is, the worshipper lies prostrate on the floor, pleading with the God whose law he has abandoned for a mercy he will never deserve: “Wash me thoroughly from my iniquity, and cleanse me from my sin” (Ps. 51:2).

Grasping for the grace he has heard in a hundred, hundred promises, he casts himself upon the goodness of a God whom he knows will both undo him and remake him: “Create in me a clean heart, O God, and put a new and right spirit within me” (verse 10).

The common thread between these widely differing experiences of God—and the immensely powerful emotions that attend them—is that they appear in one collection of the Word—the Psalms. For 30 centuries the God-breathed words of many worshipers, woven into 150 song and prayers, have been the daybook of the church, the place we turn when we encounter all it means to be human, and all that we are offered by a God who is always beyond a full description. From grace to glory, from hopelessness to triumph, alone or lost in throngs of celebrating worshipers, we find our place—we find the words—when our own words fail us or seem inadequate.

Because even those who most intend to follow Him are often reduced to pleading “Lord, teach us to pray” (Luke 11:1), the Saviour offers us the Psalms. In their sum they sum up all it means to be both created in His image and damaged by our own choices. Were we without them, we might never fully grasp how great is God’s sweet invitation to bring all our lives—our broken, messy stories and our moments of intense, mind-bending joy—into the great conversation He always seeks to start and keep. These are the songs and prayers in which we find—at last—our wholeness, our shalom. As you turn the pages of this special edition of the Adventist Review, in which we “open up the book” on how believers struggle with both faith and failure, read them with your favorite version of the Psalms nearby. Pray the words the Spirit inspired, and sing them; take them deeply as your own. Then you too will be one of those of whom the psalmist writes: “They are like trees planted by streams of water, which yield their fruit in its season, and their leaves do not wither. In all that they do, they prosper” (Ps. 1:3).

*All Bible texts are from the New Revised Standard Version of the Bible, copyright © 1989 by the Division of Christian Education of the National Council of the Churches of Christ in the U.S.A. Used by permission.
It’s Friday afternoon. I just finished making the sweet pea soup from last week’s AR online newsletter. Then I noticed today’s new recipe: pumpkin muffins. I’ll make them for supper to go along with the soup! Perfect! I like how they are simple, healthful, and accompanied by appealing color photos. Good job!

I hope these will continue to be a regular feature. Please give my thanks to whomever chooses them from week to week.

Bon appetit!
Martha Newbold
Walla Walla, Washington

A year ago I resubscribed to the Review after a “sabbatical” of some 20 years. It was not done idly, as living in Europe as a pensioner I pay nearly three times as much as most North Americans do. I don’t regret a penny! I read every word, every advertisement.

Several articles in the October 2016 issue brought tears to my eyes: John McVay’s “How to Harmonize With the Lamb” and Dixil Rodriguez’s “So Others May Live.” I am so grateful to be a Seventh-day Adventist.

One brief comment: I have read more than one article hinting that the increasingly large number of baptisms in our church may be because of the latter rain. I humbly beg to differ. The latter rain was, and is, a message of pure, unadulterated righteousness by faith. When that message is understood and believed, well, I can hardly wait to see that! Perhaps I’ll echo Simeon’s prayer, “Lord, now letest thou thy servant depart in peace, according to they word: for mine eyes have seen thy salvation” (Luke 2:29, KJV).

Del Kriticos
The Netherlands

I agree: Desmond Doss was a champion American and a champion Adventist. I hope those who circulate the book about him think seriously about what they are saying to the world about themselves. What Doss did could be expected from any Adventist. We are all selfless, courageous, and faithful to God. That’s what an Adventist is. We bear no grudges; always return good for evil, etc. If we hold Doss up and don’t measure up ourselves, we will disgrace ourselves, and our witness will backfire.

Several articles brought tears to my eyes: John McVay’s “How to Harmonize With the Lamb” and Dixil Rodriguez’s “So Others May Live.” I am so grateful to be a Seventh-day Adventist.

DEL KRITIKOS, THE NETHERLANDS

If you have access to a computer (at a library or friend’s house) visit this address: artv.adventistreview.org/videos/2040 and click on the video titled “Formalities.” It will be worth your while.—Editors

A WONDERFUL EXAMPLE
I agree: Desmond Doss was a champion American and a champion Adventist. I hope those who circulate the book about him think seriously about what they are saying to the world about themselves. What Doss did could be expected from any Adventist. We are all selfless, courageous, and faithful to God. That’s what an Adventist is. We bear no grudges; always return good for evil, etc. If we hold Doss up and don’t measure up ourselves, we will disgrace ourselves, and our witness will backfire.
We may enthusiastically circulate the book during this time of peace, thinking that we will never face what Doss faced. But we have been forewarned that things will be worse than Hacksaw Ridge, and the world will soon learn what we are made of. May the dear Lord help us to go into this with all the prayer that Doss used to prepare for World War II. May we all shine like Doss and receive the Master’s commendation.

Milton Wainwright
Woodville, New Zealand

GREAT FORMAT
Thank you so much for the new format of Adventist Review. The size is handy; the thickness of the cover makes it sturdier for carrying to read at opportune moments. The content is concise, varied, and practical.

Of special interest to me was an article in the November 2016 edition, “Faith in a World of Unfaith,” by Kleber D. Gonçalves. With the number of agnostics and atheists I meet, this was intensely practical for me.

Kevin L. Morgan
Millers Creek, North Carolina

Of special interest to me was an article, “Faith in a World of Unfaith,” by Kleber D. Gonçalves. With the number of agnostics and atheists I meet, this was intensely practical for me.

KEVIN L. MORGAN, MILLERS CREEK, NORTH CAROLINA

IN A FEW WORDS...

FAITH IN A WORLD OF UNFAITH
Powerful lessons and experience. We all need to be aware of this
Warren Bryan, via Facebook

GOD IS ON OUR SIDE
How true! We all need to remember that God is still in control of governments and rulers and seasons. For that I am thankful!
Dorothy McKinney, via Facebook

COMFORT, CONTEXT, AND CONVENIENCE
What keeps us too busy to share the love of Christ with others? Jesus devoted His life to this work. Are we following His example?
Jessica Stone, via Facebook

DO VEGETARIANS GET ENOUGH PROTEIN?
Yes, a vegetarian diet is complete in all nutrients if meals are planned with balance in mind. I raised my child from birth as a vegetarian. He ended up being a base study for his pediatrician and her colleagues at the University of Miami; she had never studied a vegetarian baby. He is perfectly healthy, and once he matured and wanted to include meat in his diet, he did. Personally, I am looking forward to him reverting to a vegetarian diet. I have been a vegetarian for 24 years, and I am not nutrient-deficient.
Heather Bartley, via Facebook

YOUR TURN
We welcome your letters, noting, as always, that inclusion of a letter in this section does not imply that the ideas expressed are endorsed by either the editors of the Adventist Review or the General Conference. Short, specific, timely letters have the best chance at being published (please include your complete address and phone number—even with e-mail messages). Letters will be edited for space and clarity only. Send correspondence to Letters to the Editor, Adventist Review; 12501 Old Columbia Pike, Silver Spring, MD 20904-6600; Internet: letters@adventistreview.org.
Inspiring Faith when there is none

Restoring Faith when it is lost

Building Faith in those seeking to grow
Months after his former team declined to renew his contract, professional soccer goalie Carlos Vítor da Costa Ressurreição, a Seventh-day Adventist, is back playing professionally.

JAIME COSTA

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» ADVENTISTS SERVE EARTHQUAKE VICTIMS IN NEW ZEALAND

SOCCER PLAYER BACK ON FIELD WITH SABBATH-OFF CONTRACT

ADVENTIST SMOOTHES WAY FOR VÍTOR RESSURREIÇAO TO PLAY PROFESSIONALLY.

BY GUSTAVO SIDRAL, SOUTH AMERICAN DIVISION

A Seventh-day Adventist physiotherapist working at a soccer club in the Brazilian state of Paraná inadvertently smoothed the way for Carlos Vítor da Costa Ressurreição, a professional goalkeeper recently baptized into the Seventh-day Adventist Church, to return to the soccer field with a Sabbath-off contract.

The Paraná Soccer Technical Center (PSTC), based in Cornélio Procópio in the southern Brazilian state of Paraná, contacted Ressurreição with a ready-made proposal, including a special clause allowing him to take Saturdays off.

Ressurreição, 31, made national headlines in Brazil when, after learning and accepting the biblical teaching of the seventh-day Sabbath, he chose to stop training or playing on Saturdays. Following Jesus’ example, Seventh-day Adventists around the world refrain from secular activities on the seventh day of the week and devote those hours to worship God and nurture human relationships. The goalkeeper’s decision prompted the Londrina Esporte Clube, the soccer team on which he played, not to renew Ressurreição’s contract, which ended in May 2016.

“After what happened with my previous club, I did not expect to be back on the field so soon,” Ressurreição said in an interview with the South American Division’s ASN.
news agency. “I actually thought it was rather impossible that someone would even offer me to play soccer professionally again.”

However, Ressureiçao decided to make his seemingly far-fetched dream a matter of prayer. “I felt I could be a faithful Seventh-day Adventist athlete and at the same time be a light in the soccer environment,” Ressureiçao explained. “But I never got in touch with any club to ask for a job. I never contacted any agent; I talked to no one, but just prayed.”

Ressureiçao never imagined how and how soon his prayers would be answered. For the goalkeeper it is clear he received an unambiguous answer from God. “A few days ago I got a call,” he shared. “It was the PSTC president, offering me a contract that included a Sabbaths-free clause. I accepted at once.”

Ressureiçao thinks that what happened is a testimony of the power of prayer. “Other than praying, I did nothing for it to happen,” said Ressureiçao. “The club physiotherapist is also a Seventh-day Adventist, so the club knew very well what they were getting into.”

Now Ressureiçao looks forward to make of his time playing for the PSTC an outreach opportunity. “My talent is my ministry,” the goalkeeper says. “Maybe God opened this door so that many others may get to know the gospel message and God’s Ten Commandments. If I follow in faith, there’s no limit to what God can do.”

**INNOVATION AWARD**

Blue Mountain Academy, a 115-student day Seventh-day Adventist boarding school in Hamburg, Pennsylvania, received a $10,000 grant from the Lemelson-MIT Program, based at the Massachusetts Institute of Technology in Cambridge, Massachusetts. The grant will enable the program to pursue the development of Lightelligence, a system designed to optimize the circadian rhythms of young people using light.

**OAKWOOD UNIVERSITY CELEBRATES 120 YEARS**

**INAUGURATES BIBLICAL LANGUAGES CENTER**

M arking 120 years of advancing learning, Oakwood University, a Seventh-day Adventist school consistently ranked among America’s best Historically Black Colleges and Universities (HBCU), celebrated a week of Founder’s Day activities from November 9 to 16, 2016, at the school’s Huntsville, Alabama, campus.

University president Leslie Pollard said, “For 120 years Oakwood has advanced the mission of Seventh-day Adventist education, creating competent Christian professionals for servant leadership. I am immensely grateful for the 120th-year celebration of Oakwood University. Since 1896 we have been in the blessed business of transforming lives.”

Oakwood was founded in 1896 to provide education for the region’s African Americans, recently freed from slavery. Originally, the school was called Oakwood Industrial School, opening its doors on November 16, 1896, with 16 students. The 380-acre former slave plantation was dotted with towering oak trees, which inspired the name “Oakwood.”

Founder’s Day activities began with a special Wednesday night prayer meeting service on November 9 at the Oakwood University church, where senior pastor and Oakwood alumnus Carlton P. Byrd, class of 1994, presented a reflection on how God led the university.

Anthony Bolden, class of 2015, spoke during the university chapel service on Thursday, November 10. Also on November 10 the school
That afternoon a portrait of J. L. Moran was unveiled at Moran Hall, honoring Oakwood’s first African American president (1932-1945). On Friday evening MyRon Edmonds, class of 1999, senior pastor of the Glenville Seventh-day Adventist Church in Euclid, Ohio, addressed a vespers service. The speaker for divine worship on Sabbath, November 12, was former president Calvin B. Rock, class of 1954. A gospel music fest took place on Sabbath evening, featuring the Oakwood Aeolians and guest choirs from Bethune-Cookman University and Alabama A&M University.

Oakwood celebrated its 120th birthday with cake, balloons, and music in Blake Center during the lunch hour on Wednesday, November 16. “Mr. and Miss Oakwood” distributed commemorative T-shirts.

Oakwood University continues to view education as indispensable in preparation for wider service to God and to the human family. Since 1896 thousands have been blessed by the school’s motto: “Enter to Learn, Depart to Serve.”

Oakwood is consistently recognized by national media, business, and educational associations. U.S. News and World Report ranks it among the nation’s “Best Colleges,” both in terms of “Historically Black Colleges and Universities” (HBCUs) and “Regional Colleges/South” categories. The magazine also ranks Oakwood among the top 10 HBCUs with highest graduation rates. In its first-ever HBCU ranking, the September 2012 Ebony magazine top-rated Oakwood’s science program.

Oakwood is the nation’s fifth-ranked producer of undergraduate Black applicants to medical schools, according to the Association for American Medical Colleges.
Juan Carlos Viera, Administrator, Ellen White Proponent, Passes
Humility and Kindness Marked His Years of Service.

MARK A. KELLNER, ADVENTIST REVIEW

Juan Carlos Viera, a pastor and administrator admired for his humility and kindness, passed to his rest on November 25, 2016, at the age of 78. He died at his home in Beaumont, California.

Before his retirement, Viera served as director of the Ellen G. White Estate, located at the world church in Silver Spring, Maryland. He was the first person from outside North America to head the estate, which manages and promotes the church co-founder’s legacy and writings.

Viera’s daughter, Elizabeth Viera Talbot, is a minister who heads the Jesus101 Biblical Institute ministry of the North American Division.

Fifty years ago it was highly unusual for a 28-year-old Seventh-day Adventist pastor to be elected conference president. But that was the lot of Juan Carlos Viera, who less than a decade later was elected president of the South American Division’s Austral Union, covering Argentina, Uruguay, and Paraguay.

“Everyone commented on his brilliant mind, his Christ-centered theology, kindness in administration, and his peaceful demeanor, not just for his family and friends,” Talbot said via telephone from California. “People came to him to find that peace, and I attribute that to his Christ-centered theology.”

As a child Juan Carlos studied at the Adventist Institute of Uruguay in Progreso, Canelones Department, some 22 miles (35 kilometers) north of Montevideo, the nation’s capital. One of his classmates was Humberto Rasi, who retired in 2002 as education director for the world church.

“Wherever Elder Viera served, he was respected for his leadership skills and admired for his ethical principles and commitment to biblical truth,” Rasi noted in an e-mail.

James R. Nix, who followed Viera as director of the White Estate, praised his colleague’s demeanor and service. “Juan Carlos was the consummate Christian gentleman,” Nix said. “As a former union conference president in South America, he applied his administrative skills to his work at the White Estate. Although he served only one term as director, the legacy he left behind when he retired was that of a man who loved the Lord and His end-time remnant church, who believed in the biblical gift of prophecy.”

It was Viera’s time in Adventist education that sparked an interest in ministry. As he rose to administrative positions, his home division sponsored his studies at Fuller Theological Seminary, including his doctoral thesis: “Seventh-day Adventists in Latin America: Their Beginnings; Their Growth; Their Challenges.”

During his time at Fuller, Viera was called to serve the world church at the White Estate, first as an associate director, then as its director.

Talbot said her father was drawn to this particular ministry: “He was blessed by the heritage of the church and wanted to share it in the right setting. He wanted to educate people on the beginnings of the denomination. And he wanted people to understand how inspiration worked.”

Viera wrote a book about how inspiration worked for the prophets of God, Talbot said. His goal was to help Adventists know about Ellen White, but also that her work “was pointing to the Bible.”

In retirement Viera served as translator of the “Ellen G. White Notes,” published by Pacific Press to accompany the church’s quarterly Adult Bible Study Guide. He also translated the books produced by the Jesus 101 Biblical Institute. His own books include Ready to Meet Christ and The Voice of the Spirit.

For Talbot, of course, Viera’s legacy is more personal: “My dad’s integrity as a Christian and a person is what I personally admired. One of the reasons I am a minister and working for the church is his integrity and example,” she said.
NURSING PROGRAM GAINS ACCREDITATION
Washington Adventist University, which operates one of the oldest nursing education programs in the state of Maryland, received five-year accreditation for its undergraduate and master’s level nursing programs from the Council on Collegiate Nursing Education, located in Washington, D.C. The graduate programs include an RN-MSN program, a Master of Science in Nursing and Business Leadership, and a Master of Science in Nursing Education.

NEWS BRIEFS

1. SCHOLARSHIP RECOGNIZED: Adventist scholars attending their national societies’ annual meetings in San Antonio, Texas, united to celebrate the work of two longtime professors of the Seventh-day Adventist Theological Seminary for their years of distinguished service to teaching and the church. Richard Davidson and Robert M. Johnston each was honored with a Festschrift, or collection of essays, regarded as one of the highest honors in academia.

2. “ADVENTIST DIET” STUDIED: The relationship between specific intestinal bacteria and their possible effects on controlling diabetes was published in an international scientific article featuring the dietary habits of Seventh-day Adventists in Brazil. “Estudo Advento,” or “Advent Study,” was published in the scientific journal Nature Communications.

3. FOSSILS FIND NEW HOME: For more than 20 years Southwestern Adventist University (SWAU) professor Art Chadwick and various faculty, students, and science community members have excavated Upper Cretaceous dinosaur bones from the Hanson Research Center in eastern Wyoming. Those specimens are now on display at the Dinosaur Science Museum and Research Center on the campus of SWAU.

4. VANUATU PRESIDENT VISITS CHURCH: Vanuatu president Baldwin Lonsdale attended the worship service on Sabbath, November 26, 2016, at Portoroki Seventh-day Adventist Church in Port Vila, the republic’s capital city. In remarks to those present, Lonsdale, an ordained Anglican priest, commended the Adventist Church for its education system.

5. CINEMATOGRAPHY WORKSHOP: Media production specialists from Adventist media centers throughout the Inter-American Division (IAD) met recently during a cinematography workshop hosted by Hope Channel Inter-America.
Pacific Union College (PUC) has been named the most ethnically diverse national liberal arts college in the nation, according to the new annual rankings of the best colleges released by U.S. News and World Report. PUC, which is owned by the Pacific Union Conference of the Seventh-day Adventist Church, previously ranked second and third in this category.

“Pacific Union College is honored to be recognized as the number-one most diverse national liberal arts college in the entire country,” said Heather J. Knight, PUC president. “We believe that we have achieved this exemplary level of diversity because we are privileged to be part of a dynamic global church whose message is relevant and attractive to all ‘kindred, tongues, and nations.' Furthermore, we highly prize our very special young people who are truly living out the vision of the beloved community as they study, worship, and play together. In this diverse setting they are also learning the essential skills of intercultural competence and global understanding, which are so highly valued in the workplace today. Therefore, we fully expect our graduates to go forth as successful peacemakers and light in the world.”

The 2017 rankings are based upon information submitted by colleges for the 2015-2016 academic year. For the diversity category, the ranking calculates the proportion of minority students within the student body, omitting international students, and awards institutions a score ranging from 0.0 to 1.0 on the diversity index. The index measures the probability that any two randomly chosen students from a given school are of different races or ethnic groups. The closer a school is to 1.0, the more diverse the student body. PUC scored 0.76, with the largest minority population being Hispanic.

In second place, according to the U.S. News rankings, was Pine Manor College in Chestnut Hill, Massachusetts, with a score of 0.73.

According to Serhii Kalynov’skyi, PUC’s director of institutional research, assessment, and planning, PUC’s student body for the 2015-2016 academic year is 28 percent Hispanic/Latino, 26 percent Caucasian/non-Latino, 26 percent Black or African American, 19 percent Asian, 9 percent Black or African American, and 2 percent Pacific Islander, with the remaining 16 percent being multiracial or unknown (www.puc.edu/news/archives/2010/puc-affirms-creation).

The college views its ethnic diversity rating as a unique educational advantage for students, providing them with an environment where they can both live and learn together with students different from themselves, from a variety of cultural backgrounds, helping to prepare them to work in today’s global, multiethnic society.

In large part the college’s diversity ranking is because more than 80 percent of students at PUC are Seventh-day Adventist. A 2015 Pew Research Center study found that the Adventist Church is the most racially and ethnically diverse religious group in the United States. On a diversity index scale of 1 to 10, Adventists scored a 9.1, with 37 percent Caucasian/non-Latino, 32 percent Black or African American, 15 percent Hispanic/Latino, 8 percent Asian, and 8 percent another race or multiracial.

PUC has always been committed to racial diversity. In 1883, just one year after its founding, the college admitted Charles Kinney, a young Black man who, for two years, studied on the Healdsburg campus when such things were practically unknown. Kinney went on to be the first ordained Black minister within the denomination. He helped start five of the first six Black Adventist churches in the United States.

— with additional reporting by Adventist Review staff
In one of America’s most populous states hundreds of Seventh-day Adventists are making an impact for the gospel and, in one case, saving lives.

During autumn 2016 approximately 1,300 church members from eastern Pennsylvania traversed the state to help members in the western part in an outreach called Faith for Family. The 2016 outreach has so far netted 40 baptismal candidates, and should top 100 after follow-up work by the 11 Bible workers hired to assist in the region.

Tim Bailey, ministerial director for the Pennsylvania Conference, told Adventist Review that the effort is sorely needed: only 500 of a recorded 1,300 members in 22 congregations attend worship on any given Sabbath, and of the current membership, an estimated 90 percent of members are “retirement age or better,” which, he said, would be troubling for the region 10 years down the road.

Bailey admitted, “There’s a smaller Adventist presence in western Pennsylvania than there is in the 10/40 window,” a designation that refers to the part of the world where Christianity has penetrated the least.

Eighteen of the 22 churches in the western Pennsylvania region agreed to partner with the conference in the evangelistic effort. To host a series of meetings, the churches had to have a prayer ministry, remodel or repair the church if necessary, be willing to give Bible studies to prospective members, and have a hospitality and greeting ministry for visitors. Of those 18 churches, 14 fulfilled their commitments and held evangelistic series.

In the town of Indiana, Pennsylvania, for example, 30 visitors were still attending at the end of a series of meetings held by evangelist Randy Barber from Alberta, Canada, with Jerry Small, local church pastor, as host.

Faith for Family sends teams of volunteers into neighborhoods offering literature and Bible study invitations. In one part of Johnstown, Bailey, a canvasser, stopped where his own son had died from a drug overdose, and prayed. At the next house a member found another young man who said he was contemplating suicide over such issues as drug and alcohol abuse and unemployment. The young man ended up talking to Bailey, the father whose son had died. Instead of ending his own life, the young man accepted Christ and is now taking Bible studies.

Before the volunteers showed up, some 400 Bible studies had been arranged by Bible workers and local congregations. But more needed to be done, and, Bailey said, and that’s where the state-crossing help- ers came in. (Though not the largest American state, Pennsylvania’s length stretches 280 miles from east to west.)

“This is Total Member Involvement in practice,” Bailey said. “That’s the real key we’re focusing on, and one I see our world church trying to promote. This is a testimony of what can happen when everyone is involved.”

That involvement can mean a serious commitment. One Spanish-speaking group of volunteers from eastern Pennsylvania is now driving five hours each way to conduct Friday evening vespers, Sabbath school, and door-to-door visitation afterward. Bailey said the pastor told him, “We all have something we can do for each other. These are our brothers and sisters, and we will do what we can, even if we don’t all speak English well.”

Because of the dedication of the members from the other side of the state, Seventh-day Adventists in western Pennsylvania “were so overwhelmed with the love from the rest of our conference that it just sparked revival,” Bailey said.

Next on the agenda is a Faith for Family campaign in the center of the state in 2017. Bailey said Hope Channel, the Adventist Church’s television network, has committed to televising at least part of the outreach meetings there.
Terri Saelee planned to go to teach English in South Korea after her first year at Union College in her home state of Nebraska.

But she began to pray about whether she should spend a year working with refugees in Southeast Asia after hearing about their plight during a meeting in 1982 with John Wagner (Union College president from 1986 to 1991).

Saelee became convinced that God wanted her to teach English at a refugee camp in Thailand when a congressperson helped her get a passport in just four days. The turnaround, which usually takes two weeks, stunned not only Saelee but also a well-connected family friend who had just been forced to cancel a trip to Japan after failing to obtain a passport within a week.

“No one could believe that we got the passport in four days,” Saelee said in an interview. “The friend knew people in government and couldn’t get his passport renewed in the week. This illustrated that God was working for me and that this was His plan for me.”

Saelee ended up staying in Thailand for four years and learning two languages, before returning to the United States to complete her studies.

Today she is director of Adventist Refugee and Immigrant Ministries for the North American Division.

Why did you stay in Thailand for four years as a student missionary?

Initially I experienced some culture shock. I felt a distaste for some of the worldly things I saw in the culture. So I prayed, “Lord, please give me a love for these people.” He answered that prayer. I became acquainted with people. As Ellen White says in her book Education: “It is acquaintance that awakens sympathy, and sympathy is the spring of effective ministry.”

God also wove some things into my upbringing that fit well with that culture. My mother grew up on a farm where you had to yell loudly to get people’s attention. But she always spoke softly to us on our Nebraskan farm. She wanted us to learn to listen for God’s still small voice. When I went to Thailand, I discovered a whole culture that values gentleness and quietness.

I taught English at a camp in northern Thailand that had 50,000 refugees from Laos. A pastor and his wife taught Bible classes, which were offered as a bonus to students who signed up for English classes.

As several students neared decisions for baptism, they expressed fear of seeing the missionaries leave before they understood Christianity enough to live real Christian lives.

When the pastor shared this with me, I didn’t know what to do. I had lived in Thailand for three years and planned to go home. My mother was looking forward to seeing me. But my main goal was people’s salvation. So I prayed, “Lord, what shall I do?”

One morning I read during my devotions: “The cause of God is to hold the first place in our plans and affections.”

I thought, This passage is pointing right at me. I wanted to finish school, have a profession, and start a family. But God seemed to be saying, “Terri, here is the guidance you have been waiting for. God needs to be first in your plans and affections.”

I decided that my first responsibility was to my family. But my family already knew God. I decided to call my mother and follow her advice about whether to stay in
Thailand or leave for the United States. I traveled 22 miles (35 kilometers) to the nearest post office with a public telephone. I said to my mother, “What would you think if I decided to stay another year, or indefinitely?”

Without hesitation she said: “Terri, I will never tell you to come home. If I told you to come home and even one soul failed to hear the gospel, I would regret it for eternity. If by staying you can help even one soul to know God and to be in the kingdom, it would be worth it, even if I never saw you again.”

Tears streamed down my cheeks as I sat in the post office. I praised God for a mother who loved that much. My mother wanted to see me, but she had already made the sacrifice in her heart.

**Why did you finally leave Thailand?**

At the end of the fourth year, I felt like I was getting mentally lazy and needed to continue my education. I prayed, “If You need me to continue my education, please send someone to replace me.”

Then I remembered a student missionary in Bangkok and decided to ask if she would be willing to replace me. She agreed, and we spent a month together before I left. God supplied workers for the refugee camp until it finally closed.

I lived in Thailand from the age of 20 to 24, and ended up graduating in 1989 from Weimar College with a major in health education and missions.

**How did you get into refugee work in the United States?**

While at Weimar I learned that refugees from Southeast Asia were living in Sacramento, about an hour’s drive away.

I read in Acts 19:10 that “all who dwelt in Asia heard the word of the Lord Jesus” (NKJV)3 in two years because of the missionary work of the apostle Paul. God seemed to say to me, “There is a little Asia down the street, and you know the language.”

So I prepared a presentation for speech classes about how Weimar College should have an outreach program for refugees in Sacramento. With fellow students we formed Southeast Asian Community Outreach Works, which first surveyed the refugees about their needs and their interest in Bible studies. Twelve refugees immediately signed up, just like the 12 disciples.

The program grew rapidly. We started a Bible club that became a branch Sabbath school that met every Sabbath afternoon in a grassy area between four apartment complexes. We brought mats to sit on, and children ran from every direction to hear our Bible stories.

About 100 Weimar students participated in the outreach every year, and two new churches opened in Sacramento as a result. I also met my husband, a church planter, during that time.

In 2005 we accepted a call to work with refugees in Wisconsin and Minnesota. But by 2008 I was waking up at nights, wondering how many language groups we didn’t know about and weren’t reaching. I contacted the North American Division for help. A refugee pastor from another denomination had decided to be baptized with his congregation. We had to know the procedure for bringing a whole congregation into the Adventist Church.

During my phone conversation with Don Schneider, then president of the North American Division, I poured out my heart about my desire to do more to assist refugees. That led the division to establish Adventist Refugee and Immigrant Ministries in 2009, and invite me to coordinate it. Funds from a Thirteenth Sabbath Offering in 2011 jumpstarted the ministry’s work.

**What is your vision now?**

Fifty percent of our budget goes to refugee churches in the United States. One of our consultants, a refugee pastor, has opened 45 refugee churches in the United States since 2009.

I used to wonder how God would take the gospel to all the world. Now I realize that we don’t have to wait for the iron curtain of Communism to be lifted in Asia; people are leaving those countries for North America. Refugees will play a key role in Jesus’ second coming.

Ellen White said this would happen: “As I have testified for years, if we were quick in discerning the opening providences of God, we should be able to see in the multiplying opportunities to reach many foreigners in America a divinely appointed means of rapidly extending the third angel’s message into all the nations of earth. God in His providence has brought [men and women] to our very doors and thrust them, as it were, into our arms, that they might learn the truth, and be qualified to do a work we could not do in getting the light before [men and women] of other tongues.”4

Working with refugees is like a page from God’s strategic plan in heaven drifting down to earth.

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“What a piece of work is a man!” wrote Shakespeare. “How noble in reason, how infinite in faculty! In form and moving how express and admirable!”

As humanity came from God’s hand, nothing detracted from its essential wholeness.

Tragically, the effects of sin have marred God’s perfect creation so that we sometimes find ourselves lost in darkness and depression that shuts us off from love and laughter, family and friends. Even God may seem distant and shadowy.

Depression is real. It affects people we know. It is not the result of some spiritual deficiency, and it is usually not remedied by prayer and Bible study alone, although these things are useful in dealing with it.

As you will see in this issue, many of the great heroes of the Bible had to deal with discouragement and depression at one time or another. It is a human emotion, and we’re all human.

Thankfully, today we have access to natural remedies and prescription medications that help us deal with the sometimes immobilizing symptoms of depression. These, in addition to the spiritual disciplines of prayer, Bible study, and unselfish service, should be used. Just as there is no shame in going to a physician for a fever, ache, or other physical malady, those of us who struggle emotionally should be encouraged to visit a physician to make sure nothing is amiss organically.

This issue of *Adventist Review* is not only a reminder that we live in a fallen world—it is also an invitation to reach out to those in emotional darkness who seek our help. For there is great hope in the guidance of friends, pastors, therapists, and the One we know as “Wonderful Counselor, . . . Prince of Peace” (Isa. 9:6). —Editors
PREVENTING SUICIDE
A global imperative

BERNARD DAVY, CARLOS FAYARD, AND PETER LANDLESS
On September 5, 2014—in the presence of ministries-of-health leaders, ambassadors, administrators, and health professionals—the World Health Organization (WHO) in Geneva issued its first-ever comprehensive report on suicide. Its goal was to reduce the rate of suicide by 10 percent by 2020. The presenters’ research and statistics showed that suicide occurs in all regions of the world, and throughout peoples’ life spans. Among young people ages 15-29, suicide is the second-leading cause of death. Yet suicides are preventable through a multisectorial strategy. Such strategy must involve policymakers, health workers, and communities, including our own Seventh-day Adventist churches, hospitals, and clinics.

The Magnitude of a Worldwide Tragedy

Suicides take a high toll. More than 800,000 individuals die from suicide every year, one every 40 seconds. For each adult who dies from suicide there may be more than 20 others who have attempted to do so. Since it’s a sensitive issue and even illegal in some countries, it’s probably underreported.

Seventy-five percent of suicide deaths occur in low- and middle-income countries, the highest number among young people between 15 and 29 years of age. Proportionally, however, in most regions of the world, suicide rates are higher in those aged 70 years or older, for both men and women.

Three times as many men die by suicide as do women in the richest countries (3.5 male-to-female ratio). In the low- and middle-income countries, the male-to-female ratio is lower (1.6 male-to-female ratio).

Mental Health Declines

RISK FACTORS:
- Job and financial loss
- Chronic pain
- Harmful use of alcohol
- Mental disorder
- Previous suicide attempt
- Relationship conflict
- Isolation, lack of social support
- Trauma or abuse
- Access to means
- Stigma and taboo
- Inappropriate media reporting
Mental Health Improves

Protective Factors:
- Strong personal relationships
- Resilience against stress and trauma
- Sense of self-worth
- Religious or spiritual beliefs
- Supportive community
- Self-identity
- Effective problem-solving skills
- Healthful lifestyle choices
- Regular exercise
- Adequate sleep and diet
- Support for those seeking treatment

The good news is that between 2000 and 2012 the number of suicides fell by 9 percent, from 883,000 to 804,000. One possible explanation is the dramatic improvement in global health in some countries throughout the past decade. This reduction confirms that improvement is possible. In some regions, however, the suicide rate has increased. In Africa, for example, it has grown by 38 percent.

The Consequences of Stigma and Myths

Being confronted with someone with suicidal ideas is frightening and uncomfortable. It’s generally thought that talking about suicide is a bad idea and can be interpreted as encouragement. Unfortunately, this myth isolates despondent ones in their suffering and quest for relief. In 25 countries suicide is a crime, and survivors might be sent not to a hospital, but to jail.

It is well recognized, however, that one of the best ways to prevent suicide is to offer an open space for communication. Mental health professionals often ask the question to distraught or desperate patients: Do you think about death or dying? If the answer is yes, they will continue by asking: Do you think about killing yourself? What has helped you to stay alive up to now? Could you make a commitment to call for help in case of pressing suicidal ideation?

Through presence and dialogue, individuals may be led to take some distance from pain and hurt and to weigh the consequences of such a radical choice. This approach has saved many lives.

Risk and Protective Factors

As outlined in the figure below, research indicates that there are many risk and protective factors for suicide. The presence of protective factors increases mental health and decreases the risk for suicide.
Adventist hospitals and clinics should embrace the call to early recognition of emotional distress in primary-care settings and offer a continuum of specialized care, including mental health services where faith matters are included as active components of the restoration. Adventist universities that train ministers, health workers, and mental health professionals should actively teach principles to recognize and treat those suffering from emotional pain, as well as their families, drawing from the teachings of Scripture, the Spirit of Prophecy, and sound science.

Individuals can contribute by recognizing depression risk factors and identifying individuals at risk. They can also set an example by living a balanced lifestyle and urging people to refrain from consuming recreational substances, including alcohol, in order to maintain mental health and emotional well-being.

Finally, a caring church community can see suicidal thoughts not as a lack of faith but as a time of spiritual distress (see text box) and a cry for support and compassion. A survivor from a suicidal crisis has said, “The compassionate presence of a friend has been as worthy as 10 years of psychiatric care.”

When we do that, we are extending the healing ministry of Jesus.

**OUR OPPORTUNITIES FOR ACTION AS A CHURCH**

The stigma of suicide could be reduced with more awareness in society and particularly in the church, which would allow people to seek help more readily. We need to talk about suicide, and people need to see the church as a safe haven. If people feel hopeless, they can come to us to find hope in Jesus Christ and renewed purpose. That’s what we as a church are all about.

Members and leaders can support the effort by participating in individual and corporate action.

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When we do that, we are extending the healing ministry of Jesus.

**THE IMPACT OF SUICIDE ON THE SURVIVORS**

This ministry of love and compassion needs to be extended to those left behind in a lonely, deep, and dark pit of pain, grieving loved ones taken by

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### 2012 Global Suicides by Age and Income Level of Country

- **Total suicides**: 803,900
- **Low- and middle-income**: 606,700 (75.5%)
- **High-income**: 197,200 (24.5%)
suicide. Despite the best efforts of family members, friends, and health providers, suicide happens. An anonymous letter from someone who had been very close to committing suicide provides perspective: “I had a loving family, a very good and supportive doctor, but when you reach this tunnel, it seems that nothing matters.”

One of our seasoned clinicians experienced the loss of a patient through suicide. Although it happened more than 10 years ago, it’s remembered as if it happened yesterday.

It was a Thursday during the noon hour. The patient had been in treatment for more than three years with chronic suicidal ideas, multiple attempts, and several admissions to the psychiatric hospital. The immediate impact was extremely painful. Just a simple walk along a lake became difficult for the clinician, as the last shop on its shore was named The Last Stop. It seemed as if almost anything could bring back memories of this patient’s death. The family invited the clinician to the funeral service and asked him to be a pallbearer. With every step the clinician was thinking, Here I take you to your final rest. The gratitude of the family for the clinical work he provided was his source of consolation. “You gave her—and us—three more years,” they said.

But the pain felt by the treating clinician did not compare to the pain felt by the family. Within a year the patient’s elderly parents passed away.
deep in grief. The mother had declined treatment and accepted only palliative care. Both sisters were overpowered by grief and depression and were unable to work for years following the event. One of the sisters struggled with a wrenching sense of guilt, resulting in her feeling suicidal for several years. Everyone involved suffered. Their faith was one of the only elements that brought them solace. Years of treatment eventually restored the surviving sisters to their work and their families.

However difficult recovery may be, there is hope. The role of friends, pastors, counselors, and the survivor’s faith cannot be underestimated. The surviving mother of an adult child that committed suicide renewed her faith in the Lord’s grace to accept what came her way. She found refuge in the consistent love and care of her daughters and sought help from a psychotherapist to deal with elements of guilt and find the emotional capacity to forgive those she felt had contributed to her child’s desperate end. Wherever there is grace, there is hope.

THE HEALING MINISTRY OF JESUS

As a church, we may not have been as consistent in responding to emotional pain as we have been in other areas of health and lifestyle. Perhaps we have not read the Bible as clearly as we should have. Consider the words of the prophet in Isaiah 61:1-3. The language used is suffused with an invitation to care for those in emotional distress:

“The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to proclaim the year of the Lord’s favor and the day of vengeance of our God, to comfort all who mourn, and provide for those who grieve in Zion—to bestow on them a crown of beauty instead of ashes, the oil of joy instead of mourning, and a garment of praise instead of a spirit of despair. They will be called oaks of rightousness, a planting of the Lord for the display of his splendor.”

Ellen White described how Jesus ministered. Again, notice the words that denote the Savior’s attentiveness to the emotional needs of those who came in contact with Him:

“It was [Jesus’] mission to bring to men complete restoration; He came to give them health and peace and perfection of character.”3 “During His ministry, Jesus devoted more time to healing the sick than to preaching.”4 “The Savior made each work of healing an occasion for implanting divine principles in the mind and soul. This was the purpose of His work. He imparted earthly blessings, that He might incline the hearts of men to receive the gospel of His grace.”5 “Gracious, tenderhearted, pitiful, He went about lifting up the bowed-down and comforting the sorrowful. Wherever He went, He carried blessing.”6 “Christ recognized no distinction of nationality or rank or creed.”7 “He passed by no human being as worthless, but sought to apply the healing remedy to every soul.”8

May we as followers of God manifest the Spirit of Christ and “in humility value others above yourselves, not looking to your own interests but each of you to the interests of the others. In your relationships with one another, have the same mindset as Christ Jesus” (Phil. 2:3-5).
Why, my soul, are you downcast? Why so disturbed within me? Put your hope in God, for I will yet praise him, my Savior and my God.

—Psalm 42:11
And Elijah begins to run. The first step is the inevitable running. Sometimes we run to the refrigerator and try to eat ourselves happy again. Sometimes we try to sleep our emotional exhaustion away. Sometimes we look for a new relationship, job, or location in our quest to run away. Sometimes we bury ourselves in more work, more deadlines, and more appointments as we try harder to run away from the nameless something that is draining our joy and gnawing at our hope.

Elijah runs long and hard. He runs 90 miles (150 kilometers), all the way to Beersheba, then a day’s journey into the desert (1 Kings 19:3, 4). We all get to the place where we just can’t run anymore. Elijah encounters his breaking point and realizes he can’t run anymore. Guilt comes crushing in. His lack of trust has hijacked what could have been a great opportunity for reformation in Israel. He realizes that he has disappointed those who needed him. And he’s powerless to do anything about it.

It’s all too much for Elijah. “I have had enough, Lord. Take my life, for I am no better than my fathers” (see verse 4).

HOW GOD DEALS WITH DEPRESSION

Elijah’s story offers great insights into how God deals with people who have hit rock bottom. Here are some insights found in God’s Word.
God doesn’t condemn. He understands better than we do what we are up against. He knows that the “journey is too much for [us]” (verse 7).

God comes to us at our lowest point. Notice Ellen White’s comment: “We may have no remarkable evidence at the time that the face of our Redeemer is bending over us in compassion and love, but this is even so. We may not feel His visible touch, but His hand is upon us in love and pitying tenderness.”

God offers practical short-term help. In Elijah’s case this is “some bread baked over hot coals, and a jar of water” (verse 6). The help could be a friend, counselor, or family member, someone who shows us that God cares.

God provides rest. He knows that trying to run away makes us tired. God also knows that Elijah is more than physically tired; he is emotionally drained, carrying a tremendous load of guilt. God wipes the slate clean and provides rest for Elijah. Finally, Elijah can sleep and be refreshed.

God does not rush healing. Even after having enjoyed angel food Elijah isn’t instantly back to normal. God remembers that we are “dust” (Ps. 103:14). Recovery requires time.

God redirects our running. He understands that life in this sinful world can and will cause depression. He understands our impulse to run but He wants to redirect our running. Instead of all the self-destructive coping mechanisms we may try, He wants us to run to Him. When we are safe in His arms, He wants to teach us to listen for the “gentle whisper” (1 Kings 19:12).

God provides the energy to meet Him again. Elijah had no energy to lift himself up and make the journey to meet God. God provides also for this need.

God promises a better tomorrow. As Elijah lay under his broom tree and wished to die, he believed his best days were over. God saw things differently. God knew that better days lay ahead for Elijah. There were still kings to be anointed and a successor to be chosen. God already knew about Elisha, who would become as close as a son to Elijah. God knew that in faith Elijah would again call fire down from heaven. For Elijah there would be no desperate death under a broom tree, but rather a fiery chariot ride to heaven.

God, the Creator of life and light and beauty and cherry trees and pumpkin pies, knew how to gently whisper grace in Elijah’s darkest moments. He wants to speak the same hope into our lives.


Chantal J. Klingbeil serves as an associate director of the Ellen G. White Estate. Her husband, Gerald A. Klingbeil, is an associate editor of Adventist Review.
My journey from “a dark place” to joy.

HOPE
Everyone at some point in their lives suffers with depression because of life events. The depression may last for a few hours or a day or even a few days. Depression that lasts for many days or even weeks, however, is cause for concern.

Depression has been described as a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration. Women are “twice as likely to suffer depression as men.”

My journey with depression began in 1996. A year seemingly no different from any other year in my life, with its share of challenges, joys, and sorrows. Except it was the year I would tumble into a dark place.

A TRAGIC LOSS

It all began in 1985 when I lost my firstborn son, Joseph, Jr., at the age of 4. One bright and beautiful Caribbean Sunday morning Joey, as we affectionately called him, was attacked by a dog and died in the hospital within hours of the attack. That day life changed for my husband, Joe, and me. We walked “through the valley of the shadow of death,” but it was also during that difficult time that Joe and I formed a true and lasting relationship with Jesus Christ for the first time in our lives.

THE JOURNEY BEGINS

Eleven years later, however, a series of events occurred that reached into my past memories of Joey’s death and triggered my depression. It was a year I will never forget. My bottle of pain tablets looked so enticing and seemed to promise peace and an end to my emotional and physical pain. When I attempted to take the tablets, my husband found me at just the right time, God’s perfect time. My husband is the one who gently but firmly suggested I seek help, and I did. That was the beginning of a new journey, my journey to joy in Jesus.

Two things were most important in my recovery. The first was to get the right medication to relieve the sadness that engulfed my life. Until that sadness lifted, I was unable to motivate myself to exercise, eat right, pray, read my Bible, or even make the good choices that would help me recover. After a period of six to eight weeks on medication, the darkness began to lift. It was like walking out of a dark room into the bright sunshine. Everything looked bright and hopeful.

Finding a good doctor was the second most important thing in my recovery. I found a psychiatrist who told me, “For every period of high in your life there will be a corresponding low period.” She warned me not to take it seriously, that it would pass and that during that time I should not do things such as shopping or making major decisions. I have taken that advice seriously, and I feel better prepared for those low periods when they come.

Once the darkness lifted I was able to turn to my Bible again, and there I found my strength in rejoicing in God. During my depression, when I had no desire to read the Word, and my only words to my Father in heaven were cries of help, others were interceding on my behalf. That’s why I tell my friends, “When you feel depressed or discouraged and cannot pray, reach out to someone and ask them to pray for you.” God hears the prayers of those who plead on our behalf, and comes to our aid. I know this to be true.

Has my depression gone away? Not quite, even with medication. As with many other people, my struggle with depression is complicated by a lifelong struggle with chronic pain, which, combined with fatigue, at times overrides my medication and results in depressive episodes. As a Christian, however, I know there will be an end, and I know there is hope.

GETTING BACK THE JOY

Now here comes the cliché statement that some may choose to disregard. But because I have lived it I know it is true: God gave me back my joy. I
don’t mean the laughter and happy feelings; I mean a state of mind that gives me hope, even when I’m sad.

During this journey I have received much unsolicited advice, which has been both interesting and frustrating. Some well-meaning soul would advise me to read my Bible more, pray more, praise more, even sing my way out of depression. I tried, but it didn’t work. Some days I could not pray, and life seemed so hopeless, empty, and dark. Could they not understand how I felt?

With all the information available, the Christian community is still not very good at dealing with those of us who are depressed. We immediately assume depressed persons have a weak Christian experience or no connection to God. We assume that the problem of the mind is a problem of the heart; and in some cases that may be true. With my own limited experience in talking with believers from different countries, cultures, and backgrounds, however, I’ve found that the cause is usually an event or a series of events that happen in our lives.

The stigma attached to depression in the church must be removed, but to do so we need to educate our church members about mental illness. So as I travel the globe I share my journey with depression with others, and tell them of God’s gift of strength and joy. I do this because I believe that each trial is a testimony to the goodness of God in our lives. Paul writes that God “comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God” (2 Cor. 1:4).

DAYS, MONTHS, YEARS

I remember the day after Joey died. I found myself searching my Bible for words of comfort and hope. Yet all I could find were verses that talked about joy and rejoicing, praise and gladness. I was in no mood then to read about those things. My heart was breaking, and I wanted peace and comfort. But God knew that 11 years after my son died I would need to know that word “joy.”

LESSONS LEARNED

Here are the most important lessons I have learned from my journey:

■ If you are depressed for a prolonged period of time, get help.

■ Don’t rule out medication. Medication can break the wall of darkness that surrounds you, and this breakthrough will give you the strength you need to make some lifestyle changes that could assist your recovery.

■ Find a good doctor, someone who is highly recommended.

■ Share your struggle with someone and ask them to pray for you.

■ If, like me, your depression is a life struggle, feed on the Word of God. Read and memorize “joy” texts, such as Nehemiah 8:10; Psalms 34, 40, and 66; and the book of Philippians.

■ Begin a Joy Journal, where you give God thanks for five things each night before you go to sleep.

■ Feed your mind with good things (Phil. 4:8).


Heather-Dawn Small is director of Women’s Ministries for the General Conference of Seventh-day Adventists, a position she has held since 2001.
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We all want to be happy and experience enjoyable and rewarding lives. Physically, mentally, socially, and spiritually—we desire to have all our needs met and to lack nothing. But we don’t live in a perfect world, and until Paradise is restored, every son and daughter of Adam and Eve will suffer the pain of living broken lives in a broken world. We can indeed experience happiness and fulfillment, but sooner or later pain, lack, and want will surface in every person’s life. No one is exempt.

The opposite pole of happiness is despair and depression. We may experience depression when the discrepancy between what should be and what is becomes great, when what we were created for and truly need is not matched by what we have and get. When our souls
and bodies are malnourished or injured physically, mentally, socially, or spiritually, painful feelings and the experience of emptiness may ensue.

**WHAT IS DEPRESSION?**

Depression is one of the most widespread and debilitating disorders in our world today. The World Health Organization (WHO) states that depression is the leading cause of disability worldwide and a major contributor to the overall global burden of disease. It’s so widespread that we are bound to encounter it in someone we know, or even in our own lives.

Depression is a range of disorders characterized by a depressed mood and a lack of interest and energy. Depression slows thinking, impoverishes feelings, and disturbs bodily functions such as sleep and appetite. Different types of depression may have various causes and require different approaches to treatment.

Women appear to experience depression more often than men. And depression is more prevalent in high-income countries than in low-income ones. Money does not protect from pain, emptiness, and despair. As many as one person in five will suffer clinical depression during their lifetime, and many more will experience symptoms of depression. If someone has dealt with depression once, there is an increased risk of having to do so again. Therefore, it’s important to assess what makes one vulnerable to depression, and counter that if possible.

In depression the brain gets stuck in vicious cycles of negative thoughts and emotions, each feeding the other and leaving little or no room for the positives. Negative thoughts and emotions take over the inner life and cram out optimism, energy, interests, pleasures, and hope. What provides meaning and enjoyment in life fades. In the depressed state the brain is sensitized to pick up on whatever is negative. A sad face, an unfortunate comment, the rain, bad news—whatever resonates with the depressed mood is noticed and amplified.

Meanwhile, a smile or small kindness, a wonderful dinner, beautiful flowers, an upcoming holiday or family reunion now lack luster. This negative bias makes it difficult for the depressed person to sense, feel, and think about what is or could be positive. The sense of life—all that gave life color, taste, meaning, and content—may feel like a thing of the past, never to be enjoyed again.

**VULNERABLE TO DEPRESSION**

Many things can make us prone to suffering depression. Although there is much we can do to optimize health, many things are beyond our control.

Just as we accept that physical infirmities afflict everyone, however, we ought to understand and accept that mental infirmities are also part of being human in a broken world. Believing in God, accepting Jesus’ gift of salvation, and being filled with the Spirit do not necessarily spare us from mental pain and suffering. But we may find comfort and hope in knowing that we and our suffering are known by our loving Creator.

Genes, temperament, adverse life experiences, physical disorders, and an unhealthy lifestyle make us prone to depression. As with many physical disorders, depression may run in families, partly because of genes and partly because of learned patterns of dealing with emotions, thinking, behaving, and relating. People who are anxious, dogmatic, rigid, and hide feelings may have a higher risk of depression.

Trauma such as abuse, neglect, loss, and other negative life events, especially early in life, may increase vulnerability by causing us to become more sensitive to perceived threats and disappointments. Loneliness, dysfunctional relationships, or lack of meaningful and fulfilling content in life may lead to hollow feelings of emptiness. A range of physical disorders may result in depressive symptoms, making it important to identify and treat such disorders.

Currently, promising understanding is emerging on the influence on depression of immunologic disturbances, as well as the composition of the bacterial flora in the gut, the microbiome. Even a range of common medications have depression as a side effect; therefore, all prescriptions should be evaluated if one suffers from depressive symptoms. Prolonged stress causes hormones to be
released that are neurotoxic and may change the architecture of the brain. This may lead to depression by adversely affecting concentration, memory, learning, planning, reflection, and feeling.

When the brain has changed, recovery will take time as it is not only the mood that needs to change but also the brain that produces the mood.

Finally, lifestyle may play a major role in the development of depression, as well as recovery from depression. In general, whatever is good for the body is good for the mind, and vice versa. We need sleep, wholesome food, regular exercise, sunshine, and rest. These things may help us to have not only longer but also happier lives. Contrary to this, when our bodies and minds do not get what they need or if we use harmful substances such as alcohol and drugs, our mental as well as our physical health may suffer. And even if we do everything right, many other aspects of life may hit us and throw us into depression.

**BREAKING OUT OF DEPRESSION**

Breaking the vicious cycle of negative thinking and feeling, getting unstuck, and making appropriate and necessary lifestyle changes may be hard work, but it’s worth it.

It’s always advisable to get help—external input—from someone who can interrupt and challenge the vicious cycles of feeling and thinking, be that friends, family, or a professional. Whenever depressive symptoms affect quality of life and functioning, professional help should be sought by having a thorough physical evaluation, as well as counseling or psychotherapy. In severe depressions, medication and other forms of treatment may be helpful in attempts to reboot thinking and feeling.

**HOPE AMID DEPRESSION**

Many famous men and women have suffered depression. We find them in the Bible and in secular history. Great minds and devout believers are not spared from depression. Abraham Lincoln, before he was elected president of the United States, experienced deep depression, and he described his suffering eloquently: “I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I can not tell; I awfully forebade I shall not. To remain as I am is impossible; I must die or be better, it appears to me.”

**SYMPTOMS OF DEPRESSION**

- persistent sadness, anxiety, or feelings of emptiness
- fatigue and decreased energy
- loss of interest or pleasure in hobbies, activities, and sex
- difficulty concentrating, remembering, and making decisions
- feelings of guilt, worthlessness, and helplessness
- feelings of hopelessness and pessimism
- difficulty falling asleep, interrupted sleep, early-morning wakefulness, or excessive sleeping
- overeating or loss of appetite
- irritability and restlessness
- moving or talking slowly
- persistent aches or pains, headaches, cramps, or digestive problems without a clear physical cause
- thoughts of death or suicide; suicide attempts
Anticipating staying forever in the depths of depression is nearly unbearable for the depressed. A common symptom in depression is thinking that it will never end. Like Abraham Lincoln, many depressed would rather die than continue to suffer the pain and emptiness of depression.

Still, that does not mean the depressed really want to die. They just want all the suffering to end. And when all other hope appears to be lost, the only escape may seem to be suicide. Hopelessness and isolation are major risk factors for giving up on the future and ending the suffering by ending life. The depressed therefore need connection with others—others who engage with them, nonjudgmentally listen to them, compassionately talk with them, and bear hope for them.

As Aaron and Hur held up the hands of Moses during the long hours of battle (see Ex. 17:12), the depressed may need others to hold up hope in their hour of battle. Most things in this world are transitory; fortunately, with the right help and support, oftentimes also is depression.

For the depressed, the challenge is to not give up at the bottom and miss out on the future they cannot see from the pit of depression. For the ones who do give up, who just cannot bear it anymore and end it, we may rest assured that we have a gracious God who knows the pain and suffering of every single creature. A God who is present and suffers with the sufferer.

In the cosmic battle between good and evil, even though we may not understand why, God often refrains from intervening in the present. However much He wants to, He cannot spare us from the consequences of living in a broken world. Whatever our burdens in life, we should still seek comfort and strength from God and fellow humans, and bear one another’s burdens (see Gal. 6:2).

For some, the experience of depression may be a turning point. Exploring our lives can motivate us to change for the better, helping us to learn from our mistakes, evaluate what we want and need, and determine what is really important. Dealing with depression may lead into a new, deeper, richer, and more meaningful experience of life.

1 www.who.int/mediacentre/factsheets/fs369/en/
2 Letter to John Stuart, Jan. 23, 1841.

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Luke 10:2 NKJV

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TEENS AND DEPRESSION
How you can help

WILLIE AND ELAINE OLIVER
Suicide has become a public health reality in all regions of the world.\(^2\) More than 800,000 people die from suicide every year, and for every suicide that occurs, there are 20 more failed attempts. While suicide occurs throughout the life span, it is the third-leading cause of death for 10- to 14-year-olds and 15- to 24-year-olds, and the second-leading cause of death among 15- to 29-year-olds globally.\(^3\) Undoubtedly, adolescents are considered to be at risk, and health professionals and parents alike are searching for ways in which to predict and prevent suicide.

Studies show that most teens who commit suicide have a mental health problem such as depression, anxiety, alcohol or drug abuse, or a behavior problem.\(^4\) Depression and other mood disorders (anxiety, bipolar disorder, etc.) have been most closely linked to adolescent suicide and suicidal ideation (thinking about killing one’s self). Depression is also linked to other risk behaviors that teens engage in, such as alcohol and drug use and sexual activity.

Not all teens that engage in risk behaviors have depression or consider suicide; however, the risk of suicide is greater for those with depression and those who engage in risk behaviors. Teenage girls are twice as likely as boys to report being depressed, consider attempting suicide, or commit suicide. When teens die from suicide, they most likely have been having problems for a long time. Once they decide that suicide is the best way to resolve these problems, they don’t spend much time planning it; they just do it. Anything could trigger the deci-

“There once was a happy little girl, bright and fair. . . . Her mother and father enjoyed her greatly and often told her how much they loved her. They told her other things that they wanted her to know as well. They told her about God, how He was loving and kind; He made her and she was precious to Him. . . . Then they gave her a book of God’s words and told her, ‘These words will tell you the best way to live, God’s way, the way to become your true and whole self.’

“The little girl loved to please her parents, and she tried hard to please God, too. Her heart was tender toward God and generous toward people. . . . But as she grew older and fairer still, she began to build a place inside her heart and surround it with walls. She made this secret place to keep her worries in—worries about her beauty, which was so great and attracted attention that made her uncomfortable. . . . She did not tell her mother and father about the secret place in her heart.

“As the girl continued to grow more lovely, she began to see herself in two mirrors. One mirror contained God’s words, His love, and her family’s love for her. The other mirror was held by someone she could not see. In this dark mirror . . . she felt sad . . . . She believed she had to make a choice between the two mirror doors. . . .

“On the day that she was weakest, weariest, loneliest, she made a fatal choice. She created her own mirror-door. In it she put no altar, no things, no people, no places, only peace as she could imagine it, a rest from her struggles. And she walked through it.”—An excerpt from the prologue of the book Goodbye Jeanine, by Joyce Sackett, the mother of Jeanine. Jeanine was 20 years old when she died by suicide.\(^1\)
sion: an argument with their parents, a breakup with a boyfriend or girlfriend, a mean Facebook post or tweet, or even receiving a bad grade.

FAMILY SUPPORT
Parents and family play a crucial role in helping to prevent teen suicide. Recent findings suggest that protective factors such as authoritative (not authoritarian) parenting, setting healthy and age-appropriate boundaries, parental monitoring (knowing what’s happening in your teen’s life), family dinners, encouraging certain religious behaviors, and teaching and modeling healthy coping strategies are useful in reducing suicide risk. It’s also important to be aware of the risk factors, such as depression, low self-esteem, anxiety, family or parental history of suicide, previous suicide attempts, parental alcoholism, sleep disorders, and accessible firearms.

SIGNS OF DEPRESSION AND SUICIDE
While there may be warning signs of a person’s intention to commit suicide (see also p. 32), sometimes the clues are so disguised that even trained professionals may not recognize them. Nevertheless, here are some noticeable signs of depression and suicidal behavior that parents can look for in their teens:

- feeling sad, down, or irritable
- feeling guilty, hopeless, or worthless
- noticeable changes in sleeping or eating habits
- isolating themselves from friends and family
- lack of interest in school, church, or favorite activities
- having less energy or having more difficulty concentrating
- talking or writing about death or loss
- hinting about their own death or suicide
- speculating about what life would be like if they were not around

FIGHTING STIGMA
Some cultural and religious interpretations have led to a stigma about suicide and have resulted in many families not being able to talk openly about their child’s suicide. This can be detrimental to parents and family members because it deprives them of talking about their child and may cause them to become isolated from those who can provide support.

To help dispel some of the myths and stigma, many helping professionals are encouraging a change in terminology when speaking about suicide. Using such expressions as “died from suicide” or “death by suicide” conveys more sensitivity and compassion and less stigma and moves us away from the harshness of the phrase “committed suicide.” The new terminology is also less offensive to the parents and families of those whose children have died from suicide.

If you have a child or loved one who has died from suicide or if you have suicidal thoughts, please reach out to your friends and loved ones and let them know how you feel. It’s also important to seek the help of a qualified professional to find helpful ways to cope with the challenges you are facing. If you are unable to do this yourself, ask for help from someone you trust.

GOD’S UNCONDITIONAL LOVE
Rainbows are a wonderful reminder of God’s covenant and unconditional love. Promises such as the one found in Isaiah 43:2-4 can bring hope and healing for any situation: “When you pass through the waters, I will be with you; and through the rivers, they shall not overwhelm you; when you walk through the fire you shall not be burned, and the flame shall not consume you. . . . Because you are precious in my eyes, and honored, and I love you” (ESV). 5

Our prayer is that everyone can look up and see God’s rainbow even through their darkest cloud.

3 Suicide is the third-leading cause of death for 15- to 19-year-olds, according to WHO.
4 American Pediatric Association: healthychildren.org.
5 Scripture quotations marked ESV are from The Holy Bible, English Standard Version, copyright © 2001 by Crossway Bibles, a division of Good News Publishers. Used by permission. All rights reserved.

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With hundreds of series, features and exclusives to choose from, ARtv offers an ever-increasing collection of inspirational, short, on-demand videos from Adventist media outlets spanning the globe and up-and-coming Adventist filmmakers. This free new service also offers life-enriching original content to meet the spiritual needs of Adventists, while providing sharable videos which capture our passion for evangelism. ARtv is available on most devices, making it ideal for viewing on big screens at home, laptops, or on a mobile device for on-the-go watching and sharing with friends.
This publication admirably takes on hard subjects; thus, this article about emotional health and suicide. Being a licensed, practicing counselor, I could easily fire off a research-informed, heavily footnoted, clinical-sounding piece. But the *Adventist Review* specifically asked me to write something “experiential” and “nonclinical.”

So I began scanning my memory for suicide-related stories involving other people. As I sorted through these secondary memories, a conviction overcame me; I needn’t look that far. I have my own memory, my own story of facing the suicide specter. Consider this article a display of irony, then, as a professional psychotherapist admits she got pretty close to the edge.

I try to balance authentic with redemptive. I want to confess my struggles, but I also want to show the way forward, down the road to Calvary, where Jesus told us unmistakably the value of a soul. Then to the empty tomb, where He rose again, leading captivity captive to hope.

**THE NATURE OF THE BEAST**

My story occurred after I became a Christian. In fact, I was married, a mother of two, and a Seventh-day Adventist with an active public ministry. This effectively shows the nature of the beast that strikes the apparently unlikely, thriving in the private quarters of lives that look OK—even good—on the outside. It also reveals the limitations of a theology of hope; if it is to truly heal, it must become an experience of hope as it trickles down from head to heart, a process often blocked by subconscious, deeply entrenched lies.

There I was with my heavenly profession and my private hell, my triumphant script and a defeated heart. I remember hearing health lectures promising I would live “six years longer” and thinking, *When did I say I wanted to live longer?* I ate my vegan meals and abstained from all drugs and alcohol, even while contemplating how long an overdose would take to kill me. It was a tragedy unfolding in sweet sunlight, a devil behind a white picket fence. And the incongruity made finding help almost impossible, because I didn’t really have permission to admit I needed it.

This ought not to be. Adventists need a shift in culture away from fear of psychology toward a biblically grounded, scientifically informed embrace of the psyche as part of human nature. Nor should we overspiritualize psychology; let’s connect psyche and spirit, but not conflate them. A complex mix of genetics, developmental factors, trauma history, and present circumstances can make one who is a committed follower of Jesus struggle with life-altering panic attacks, while another has peace. Should the peaceful one turn to the panicked one and say, “Brother, there’s something wrong with your spiritual life”? No, but historically this has occurred far too often.

**CRIPPLING PROBLEMS**

The suicide specter stole upon me as I rolled past the 30-year mark. Just after the birth of my second child I developed persistent respiratory problems that put me in and out of surgery and on and off antibiotics for a number of years. These problems crippled my singing voice, which I felt to be my sole contribution to the world. Writing, performing, and recording songs gave me an emotional release and a sense of purpose; now these things seemed swept away by the cruel hand of providence.
SUICIDE
A personal perspective
I personalized and spiritualized the misfortune, perceiving God as neglecting my needs and ignoring my prayers. Walling off the One who could have steadied me through the storm, I found myself adrift on a sea of churning, random emotions. If I felt it, it was so. Now I was disjoined from objectivity, and the enemy whispered to me terrorizing lies. One of his favorites was “You’d be better off dead.” The thought would come out of nowhere, a serpent strike, simultaneously paralyzing my forebrain impulse-control and heightening my desire to end my distress. I remember walking to the medicine cabinet and staring at a bottle of painkillers left over from a recent surgery. I hadn’t taken any—tough as nails to the physical pain; now faltering with emotional pain, I wanted to down the whole bottle. But I didn’t. I lived and got well.

HEALING THROUGH HELPING

Often we heal by doing for others what we need done for us.

Years after facing down the suicide specter I regularly help other people face it. I use an acronym-based assessment and develop safety plans for people to put several walls between them and the unthinkable. By God’s grace I have prevented suicides and helped people enjoy life again. And, truthfully, I have at times failed. The son of a client took his life. The wife of another client did the same. These events rankle my soul as they do everyone’s, with survivor’s guilt and questions of what more could have been done. One of the realities of this corporeal existence is that our bodies are vulnerable to destruction, even self-destruction. Ultimately, then, our choice to live is just that—our choice. But as a counselor, a Christian, and, most important, a survivor, I’ll do all I can to persuade people to make that choice.

HELP FROM OTHERS

I must give credit to my brothers and sisters who helped persuade me. One friend followed me out to the car after church, saying, “Jen, I’ve been worried about you.” I recall her pretty eyes looking sky-blue against red rims as tears spilled down her cheeks, speaking eloquently what she lacked in words. Another pastor-friend told me to stand up during church and request prayer from the congregation. “I’m so emotional,” I said, “that I’ll become a demoniac on the spot.”

“Then be a demoniac,” he said, willing for me to break propriety codes that I might be heard.

Another friend, upon learning I was having suicidal thoughts, called to give me a very stern lecture. He could have used more finesse, but even his tirade meant something.

I desperately needed a counselor who understood clinical depression, but several roadblocks prevented this. First, I couldn’t find a counselor who would support my belief system. As an Adventist, I feared laying my problems open to someone who might blame them on beliefs I held more dear than life itself. I feared (mostly out of ignorance) that even Christian counselors might criticize distinctive Adventist teachings and standards.

But even if I had found the perfect counselor, I could never have afforded the cost. I finally scheduled one session with a professional that a friend recommended; the counselor prescribed months of weekly sessions at $90 each, adding up to thousands of dollars I didn’t have. As a result of these experiences I’m doing all I can as a professional counselor to make affordable, biblically based counseling and coaching available to Adventists and others. My purpose is to create a helping culture in the church. We spend far too much time fighting among ourselves and far too little time helping one another battle the real enemy.

Maybe God allowed me to face the specter of suicide to increase my effectiveness. Perhaps the confluence of multiple circumstances, genetic predispositions, unresolved childhood traumas, and faulty processing brewed up the perfect storm to destabilize me, and God let it happen so I could help someone else. As uncomfortable as I am with the thought that this very personal story will be circulating in print, I’m glad. Let my ego go up in flames; maybe the fire will light a wanderer’s path.

1 Specter: a ghost; something widely feared as a possible unpleasant or dangerous occurrence.

2 For more information about ABIDE Counseling, go to www.abideoncounseling.com.

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One verse in the Bible more accurately describes God’s character than any other. See if you can figure it out.

Thinking.

I realize that my opening line is pretty all-encompassing, but I don’t believe the conclusion is a stretch. The latter part of 1 John 4:8 more comprehensively describes God than anything else: “God is love.”

I could probably end this column right there and you’d get the point. But allow me to opine just a bit on how big this statement really is.

Think about the person you know who best illuminates love—you know, real, biblical, 1 Corinthians 13 love. Maybe it’s your husband, mother, brother, or child. How would you describe this person to someone else?

You might say, “My dad is the most loving person I know.” Or “My wife loves people more than anyone I know of.” You would use a form of the word “love” as a verb, an action.

Now go back to 1 John 4:8. If the writer intended to talk about God the same way we describe the actions of a human, John would have said, “God is loving.” Many examples describe God’s actions. For example, He is just and merciful. Saying “God is love” is the same as saying “God is justice” or “God is mercy.” These descriptions are not found, however, because they are already encompassed by the comprehensive description in 1 John 4:8.

John wants us to know that love isn’t just something God does. Rather, love originates from Him. It is the foundation of His character. You cannot segment, subtract, or alter it. Everything God is—including His justice and mercy—is rooted in this unalterable fact: God is love.

Think how transformative this knowledge is. You’ve undoubtedly run into people who don’t believe in God, or have become jaded toward Him. I’ve found that most of the time unbelief in all its forms is caused by a wrong or incomplete understanding of God in the context of the things that happen every day on our planet.

If God is in control, and all about love, why does He allow natural disasters to rip cities apart? How can He allow innocent children to be shot in their classrooms? How can He watch people die simply because they don’t have enough food? How will He handle the eternal destinies of those who grew up knowing only poverty, those surrounded by drugs, broken homes, and death? What about those who live in unreached parts of the world, or people whose mental abilities have been compromised through no fault of their own?

Honestly, I have no idea.

But here is what I know: God is love. Therefore, every decision He makes is consistent with this truth, and the eternal destiny for every person who has ever lived will be fair.

We sometimes get into trouble by applying human logic to situations that call for divine wisdom. I’ve found great solace in 1 John 4:8; in knowing that everything about God flows from an unalterable reality of perfect love.

Today, remind yourself—and everyone you care about—of this life-changing truth: God is love. 🌺

Jimmy Phillips is executive director of marketing at San Joaquin Community Hospital.
Professionals and depression

Good Adventists don’t get depressed! If only this claim were true, wouldn’t researchers rush to investigate the secret of their immunity? And wouldn’t those prone to depression want the same protection?

Yet very good people and their pastors do suffer this affliction, and the “remedy” that many of them choose is denial. By turning a blind eye to telltale symptoms, they try to convince themselves that they really are not depressed.

Part of the inducement to hide one’s depression from view is the “happiness test” that some use to measure spiritual well-being. After all, wrote Ellen White, “those who love God and His truth should be the happiest people in the world.”¹ So if happiness isn’t constantly apparent in the pastor’s experience, one may be tempted to wonder if a sagging spiritual experience didn’t cause the depression.

While a decline in a person’s spiritual state may coincide with, or follow, a depressive episode, more often the depression is caused by factors other than the lack of spiritual vibrancy.

In Elijah’s case extreme physical fatigue combined with fear and bitter disappointment precipitated his profound depression and his desperate wish to die.² For Isaiah, “it was the perversity of the people that brought upon the
There is no shame in accepting assistance when suffering a debilitating physical illness such as depression.

Lord’s servant the deepest depression.” In Paul’s case, “the depression of spirits from which the apostle suffered was . . . attributable in a great degree to bodily infirmities.”

“With the memory ever before him of his own transgression of the law of God, David seemed morally paralyzed; he was weak and irresolute.” However, “in his great peril David shook off the depression that had so long rested upon him.”

Too little is known about the depressions suffered by these heroes of faith to conclude that current diagnostic criteria for clinical depression could be applied to them. Two other cases, however, provide further insights about causes and about the comforting assurance that there is an end to times of depression.

EVEN PROPHETS ARE HUMAN

Ellen White wrote about her husband, James, “I was shown that God did not design that my husband should bear the burdens he has borne for the last five months. . . . This has brought perplexity, weariness, and nervous debility, which have resulted in discouragement and depression.”

“He does not suffer bodily pain but his great trouble is battling with depression of spirits.” At another time she reported, “My husband is cheerful and happy. All depression is gone.”

Her own experience is informative. “It is not a common thing for me to be overpowered and to suffer so much depression of spirits as I have suffered for the last few months.” Referring to a different situation, she wrote, “I received letters of a discouraging character from Battle Creek. As I read them I felt an inexpressible depression of spirits, amounting to agony of mind, which seemed for a short period to palsy my vital energies. For three nights I scarcely slept at all. My thoughts were troubled and perplexed.”

Ellen White’s deviations from her normal level of functioning are in sharp contrast with the relief she described when she was delivered from her depression. “On the night of April 30, 1871, I retired to rest much depressed in spirits. For three months I had been in a state of great discouragement.” “When I awoke, my depression was gone, my spirits were cheerful, and I realized great peace. Infirmities that had unfitted me for labor were removed, and I realized a strength and vigor to which I had for months been a stranger.”
IDENTIFYING AND TREATING

Identifying the exact reason for depression is often difficult, especially when several causes are involved. For instance, ministers may have a family history of depression, their personality structure may predispose them to the illness, they may have deeply engrained patterns of negative thinking, or there may be some dire triggering event that precipitated a depressive episode.

Whatever the combination of causes in a particular case, a pastor has several possibilities to consider that can help alleviate the distress of both the symptoms and the root causes of the depression.

An enticing option is to do nothing. On average, spontaneous remission of an untreated depressive episode will occur in about eight months. But the depression can take more than twice as long to go away. It seems most ill-advised to extend the suffering of the person needlessly—and to inflict the spin-off misery upon that person’s family—when relief can come much sooner.

A second possibility is for the pastor to focus on reducing the distress caused by the symptoms. Intentionally practicing the “healthy opposite” of symptoms can strengthen one to meet the challenge of addressing the underlying causes of depression.

A third option is to mobilize resources. There is no shame in accepting assistance when suffering a debilitating physical illness such as depression, which is typically characterized by decreased neurotransmitter levels in the brain. With medical help, combined with evidence-based counseling, improvement will likely come in about eight weeks instead of eight months!

AN UNDERSTANDING SAVIOR

During their darkest hours it is reassuring for pastors to remember that Jesus understands, from personal experience, what it means to be depressed. The disciples “had frequently seen him depressed, but never before so utterly sad and silent. . . . He groaned aloud as though suffering under the pressure of a terrible burden. . . . His frame was convulsed with anguish, and his pale countenance expressed a sorrow past all description.” When Christ was strengthened by the angel in Gethsemane, His “agony did not cease, but His depression and discouragement left Him.”

Without question, our Savior is touched with the feeling of our infirmities (see Heb. 4:15, 16). Even though some depressed pastors may feel that God is distant and unresponsive, in reality, Jesus “cares for each one as if there were not another on the face of the earth.” The desire of God for every human being is expressed in the words, ‘Beloved, I wish above all things that thou mayest prosper and be in health.’

Depressed pastors’ faded hopes can be rekindled through these bright assurances that their depression may indeed be healed in direct answer to prayer, through heaven-approved natural means that bring about miraculous results, or through the health-promoting effects of medical treatment.

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1 Ellen G. White, in Bible Echo and Signs of the Times, Apr. 1, 1889.
7 Ellen G. White, Manuscript Releases (Silver Spring, Md.: Ellen G. White Estate, 1990-1993), vol. 6, p. 304.
8 Ibid., p. 345.
12 “It is of the highest importance that the weak points in our character be strengthened by exercise and that the strong, unfavorable points be weakened by working in an opposite direction and by strengthening opposite qualities” (E. G. White, Testimonies, vol. 3, p. 504).
16 ibid., p. 480.
18 “If you are sick, call for the church leaders. Have them pray for you and anoint you with olive oil in the name of the Lord. (Prayers offered in faith will save those who are sick, and the Lord will cure them)” (James 5:14, 15, GW). Credits credited to GW are taken from God’s Word. Copyright 1995 God’s Word to the Nations. Used by permission of Baker Publishing Group. All rights reserved.

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DEPRESSION, AGING, AND THE FAITH FAMILY

Our church can make a difference.

“He was all alone. His wife of more than 60 years had recently passed away. Though his children had long grown and gone, though his family checked on him regularly, visited him, and invited him out as often as they could, he was still on his own for the first time in his life. Though he was tempted to retreat into his grief and depression, he turned to his church as his main source of support.

The church provided emotional, social, and physical support and a sense of purpose in multiple ways. He had a close relationship with his pastor; was a head elder; taught Sabbath School; visited sick, new, and missing members; was involved in lay preaching; was on the church board; attended Wednesday night prayer meet-

“Even when I am old and gray, do not forsake me, my God, till I declare your power to the next generation, your mighty acts to all who are to come” (Ps. 71:18).
ings; distributed *Signs of the Times* magazines to downtown businesses; helped keep up the church grounds; attended every church function possible; was often invited over for Sabbath lunch by church members; received support from others who had lost their spouses; and witnessed to his neighbors. Although he’d lost his wife, he was surrounded by support from his faith family. He was not alone.

The global population of people aged 60 and older is expected to nearly double from 12 percent in 2015 to 22 percent in 2050.\(^1\) People are living longer all around the world and represent a substantial proportion of the Seventh-day Adventist Church. Given these statistics, we can expect that the proportion of older adults in our church communities will continue to rise.

Older adults are an essential part of the worldwide church and contribute almost daily in preparing for weekly services, the maintenance of church facilities, supporting the church financially, and nurturing its members. But from time to time they need our help as a faith family.

Depression, sadness, and grief are not the same things. Sadness and grief are normal reactions to common challenges of growing older. These challenges may include sensory decline (changing vision, hearing, and taste); physical changes (decreased stamina and strength); and cognitive changes (memory decline and speed of processing information). Similarly, life stressors such as loss of loved ones and decreasing independence can lead to feelings of loss and unhappiness. Depression, however, is not the same thing as sadness, and is not a normal part of aging.

**RISK OF DEPRESSION**

Global estimates suggest that 2 to 3 percent of older adults who live in a community setting experience a depressive disorder during old age. The risk increases substantially among the frail and those who live in institutional settings (about 10 percent of all older adults).\(^2\) In the United States, it’s estimated that as many as 48 percent of nursing home residents have depression.\(^3\)

Some of the risk factors for depression among older adults include having a chronic illness, disability, functional decline, and social isolation.\(^4\) In addition, multiple changes in life situations may contribute to this illness.\(^5\) Moves from home to a retirement or nursing setting, children moving away, and loss of a spouse can trigger or exacerbate depression.

**SIGNS OF DEPRESSION**

Older adults who have depression often show signs of sadness, anxiety, or a sense of “emptiness.” They may lose interest in activities they usually find enjoyable. Feelings of hopelessness, worthlessness, and helplessness are common symptoms. In addition, appetite changes, sleeping difficulty, trouble concentrating, and irritability may be present.

In order for clinical depression to be diagnosed, these symptoms need to have been present for at least two weeks. Depression can also manifest physically as aches and pains, headaches, and digestive problems without obvious medical causes. Most important, suicidal thoughts and attempts can occur. Because older adults have the highest suicide rate among all age groups in many developed countries, depression should not be overlooked.\(^6\)

**MISPERCEPTIONS**

Depression is often misunderstood and overlooked in elderly individuals because of the misperception that it is normal to be depressed when losses and illnesses occur.\(^7\) In addition, older adults may feel ashamed about this mental health challenge because of the stigma that has been attached to it. Depression can be seen as a sign of weakness, and as a result is rarely discussed.\(^8\) Sometimes the need for help is complicated by the thought that answers to mental health challenges can be found in God alone, and not through His human agents as well. There can be a reluctance to seek counseling or use medication that is not considered to be “natural.” Professional and religious-based interventions targeting this medical illness exist, however, and have been found to be effective with older adults.\(^9,10\)
People who are actively involved in religious practices tend to have fewer symptoms of depression.

CHURCH INVOLVEMENT AND DEPRESSION

With individuals having fewer children in many industrialized nations, and children having to move far away from home in pursuit of financial survival, older adults are becoming more reliant on the community for support. The church has been known to play a vital role in the community by identifying individuals with mental health challenges and providing education, support, and referrals to community services.

A systematic review of research provides support that religious involvement is related to lower rates of depression. People who are actively involved in religious practices tend to have fewer symptoms of depression. The church is unique in its ability to provide emotional, social, physical, and spiritual support, along with providing a sense of purpose.

This is good news for older adults who actively participate in the church, but it is a concern for those who are not able to physically attend or participate in church activities. This is where the faith family can get involved in reaching out through homebound ministries. This can help frail older adults feel cared for and not forgotten.

TREATMENT OF DEPRESSION IN OLDER ADULTS

Along with social, emotional, and physical support, and a sense of purpose that can be provided by the faith family, living a healthful lifestyle can also help keep depression at bay. As with so many other diseases, eating a healthful diet; positive thinking; a healthy spiritual life; and getting daily fresh air and sunlight, exercise, and sleep can help treat depression. Unfortunately, the nature of aging and depression often interferes with these activities, and so professional help may be required.

An individual suffering from depression should consult a medical professional to first rule out a medical cause. Research has found that antidepressant medication and mental health counseling combined result in faster full remission of depression. Medication can take up to six weeks to take full effect, and psychotherapy can take up to 12 months or more; so depressed individuals and loved ones need to be patient, since recovery can take time. Like many other physical illnesses, depression in older adults is treatable, but benefits from a wholistic approach.

2 Ibid.

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Mental health problems have a profound impact on individuals and families, in turn impacting communities.
Seventh-day Adventists have a theological commitment to mental health. Fundamental Belief 7 explicitly indicates that human beings are made in the image of God as “an indivisible unity of body, mind, and spirit.” Consequently, “we believe in a ‘ministry of healing’ by which we can be restored to wholeness. Our concept of ‘whole’ involves ‘the whole person’: spiritual, physical, mental, and social—as we do not exist in isolation.”

Ellen White wrote that “the relation that exists between the mind and the body is very intimate. When one is affected, the other sympathizes. The condition of the mind affects the health to a far greater degree than many realize. Many of the diseases from which men suffer are the result of mental depression. Grief, anxiety, discontent, remorse, guilt, distrust, all tend to break down the life forces and to invite decay and death. . . . In the treatment of the sick the effect of mental influence should not be overlooked. Rightly used, this influence affords one of the most effective agencies for combating disease.”

The phrase “there is no health without mental health,” adopted by the World Health Organization (WHO), should find no more enthusiastic resonance than in Adventist circles. The response of the church, however, has been uneven. In many parts of the world, Adventist universities are training hundreds of mental health professionals. Numerous Adventist hospitals and clinics provide specialized services for substance abuse and mental health problems and have well-integrated crisis-response teams that include trained counselors. There are, however, vast areas of the world in which significant misunderstanding and stigma
associated with mental health conditions are prevalent.

Mental health problems have a profound impact on individuals and families, in turn impacting communities. In fact, there is a global challenge connected to mental health and a role that the local church can play.

**THE GLOBAL CHALLENGE OF MENTAL HEALTH**

Shekhar Saxena, M.D., WHO’s director for the Department of Mental Health and Substance Abuse, provides a summary of the challenges. Among the most important are the following:

» Individuals with emotional health disorders experience disproportionately higher rates of disability and mortality. For instance, those with major depression and schizophrenia have a 40 to 60 percent greater chance of dying prematurely than the general population.

» Suicide is the second most common cause of death among young people worldwide.

» Mental and substance-use disorders result in levels of disability. For instance, depression alone accounts for 4.3 percent of the global burden of disease and is among the largest single causes of disability worldwide, particularly for women.

» The economic toll derived from these combined losses is enormous. It’s estimated to result in about US$16.3 trillion between 2011 and 2030 in lost economic output.

» There is a substantial gap between the need for treatment and availability and adequacy. Approximately 35 to 50 percent of people in wealthy countries and 76 to 85 percent in low- and middle-income countries receive no treatment. Furthermore, in many cases the quality of the treatment provided is poor. In some coun-
tries the main form of “treatment” for those with serious psychiatric conditions is being chained to a “hospital” wall. Compounding the gap to access to treatment is the “gross insufficiency” of trained professionals in low- and middle-income countries.5

**THE ROLE OF THE LOCAL CHURCH**

Often the local church is the de facto mental health system in many communities. Pastors are often the first ones to come in contact with individuals and families suffering with emotional health conditions.6 Whether a local church sees itself as having a role in the mental health of the community or not, it does. This is not only because pastors are mental health’s “first responders,” but because a healthy church provides a natural shelter in the midst of conflict and uncertainty through the informal support of brothers and sisters. Its members share hopeful, encouraging, and uplifting spiritual messages.

The question is not whether the local church plays a role in the mental health of the communities it serves; rather, it’s how the church responds. A local church can respond by intentionally becoming a “center of hope and health.”

A few years ago the Pan-American Health Organization (PAHO, WHO’s branch for the American continent), the Inter-American Division, and the Department of Psychiatry at Loma Linda University School of Medicine developed recommendations and resources that can be helpful to the local church. These are evidence-based, congruent with a biblical worldview, and intended to bring the healing ministry of Jesus to all. They include:

**Developing Networks of Care:** The challenges associated with emotional health can feel overwhelming and confusing. No single sector in the community can do it alone, and certainly not the local church. We have fostered the development of networks of care that include local church and community leaders, along with key stakeholders in the academic and public health sectors, in the development of community initiatives. This approach can be particularly viable in communities in which there is an Adventist health facility and professionals willing to collaborate.

**Providing Education, Early Identification, and Referrals When Needed:** Our team brings together pastors, educators, non-mental health professionals, and mental health counselors to form a network of care to support the implementation of seminars on depression and trauma, to provide training and resources to help those with substance abuse, and to provide a tool kit for the prevention of suicide.

All activities are considered ways to reach out to the community, and the seminars teach coping strategies for those facing mild problems. Seminar materials also include screening tools to identify those who have moderate-to-severe conditions, and to help them find and obtain the professional services needed. Throughout the entire process the local church continues to provide spiritual support.

Some may feel that the church should not extend itself in this type of ministry, but there is a biblical mandate to participate in emotional healing ministry. Here is what the prophet Isaiah says:

“The Spirit of the Sovereign Lord is on me, because the Lord has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to proclaim the year of the Lord’s favor and the day of vengeance of our God, to comfort all who mourn, and provide for those who grieve in Zion—to bestow on them a crown of beauty instead of ashes, the oil of joy instead of mourning, and a garment of praise instead of a spirit of despair” (Isa. 61:1-3).

May the church live up to its theological and spiritual commitment to continue the healing ministry of Jesus to those struggling with their emotional health.

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4. I estimate that in Latin America alone, Adventist universities are training approximately 1,500 psychologists. This estimate does not include other professionals, such as physicians and nurses, who also provide mental health services.

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Ariyon, Thailand

AdVenture Fund Global (formerly ICC Australia) is a recognized supporting ministry of the Seventh-day Adventist Church in the SPD, SSD, NAD and is a member of ASI and OCI. AdVenture Fund Global funds 134 staff in six countries and ministers to more than 6,000 children annually. Ariyon is an orphan, attends Chiang Mai Adventist Academy, dreams of being a teacher, and helping others.

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Christians will not be mournful, depressed, and despairing.”¹ Really? When I have feelings of despondency, have I lost my Christianity? Some would say so. Is that what Ellen White implies?

As we look at her writings it’s important to remember that Ellen White used the common language of her day to describe emotional health. She was not diagnosing mental states as a licensed psychiatrist might do today after a patient’s thorough examination. And the counsel she offered to those she described as suffering with depression may not be fully applicable to every individual who is challenged by what is currently called major or clinical depression.

In her autobiographical accounts, Ellen White frequently describes times of depression and melancholy. Many were merely a passing sadness over

¹ Ellen White, right, with her twin sister, Elizabeth, 1878
present conditions, but others were extended periods of gloom and discouragement. She often attributed her depressed spirits to physical ill-health, which she suffered throughout her life, in part a result of the life-threatening accident she experienced at age 9.

In 1859 Ellen White candidly informed church members, “For years I have been afflicted with dropsy [edema] and disease of the heart, which has had a tendency to depress my spirits and destroy my faith and courage.” She described having felt “no desire to live,” and being unable to muster enough faith even to “pray for my recovery.” During this time she confided in her diary, “Oh, why is it that such gloom rests upon everything? Why can I not rise above this depression of spirit? . . . I have no health and my mind is completely depressed.”

**UNDERSTANDING HER OWN EMOTIONS**

But even in healthier times Ellen White knew from experience that emotions can turn inexplicably. “I have had a very depressed state of feelings today, unaccountably sad,” she wrote to her husband, James. “I could not explain why I felt so exceedingly sad.”

On other occasions Ellen White knew exactly why she felt as she did. As the Lord’s messenger, she was uniquely sensitive to the spiritual deficiencies of individuals and the church generally. Both she and James carried the state of the church continually upon their hearts: “Our happiness has depended upon the state of the cause of God. When God’s people are in a prospering condition, we feel free. But when they are in disorder and backslidden, nothing can make us joyful. Our whole interest and life has been interwoven with the rise and progress of the third angel’s message. We are bound up in it, and when it does not prosper, we experience great suffering of mind.”

Ellen White recognized that there are a variety of causes for depression beyond physical illness, including diet, genetics, guilt, inactivity, and the weather. She knew the darkness of losing children and even one’s life companion to death. Recalling the bereavement of her 3-month-old son John Herbert, she wrote, “After we returned from the funeral, my home seemed lonely. I felt reconciled to the will of God, yet despondency and gloom settled upon me.”

**FINDING HOPE IN THE BIBLE**

Ellen White found hope in the biblical accounts of spiritual giants who experienced periods of deep discouragement, yet who were not abandoned by God: individuals such as Elijah, David, and Paul. Even Jesus, she noted, was not free from such feelings. Of Elijah she wrote, “If, under trying circumstances, men of spiritual power, pressed beyond measure, become discouraged and desponding, if at times they see nothing desirable in life, that they should choose it, this is nothing strange or new. . . . Those who, standing in the forefront of the conflict, are impelled by the Holy Spirit to do a special work, will frequently feel a reaction when the pressure is removed. Despondency may shake the most heroic faith and weaken the most steadfast will. But God understands, and He still pities and loves.”

Writing to her son Edson, who had a tendency to “look on the dark side” of things, Ellen White reminded him that “with the continual change of circumstances, changes come in our experience; and by these changes we are either elated or depressed. But the change of circumstances has no power to change God’s relation to us. He is the same yesterday, today, and forever; and He asks us to have unquestioning confidence in His love.”

**COUNSEL FROM ELLEN WHITE**

What counsel did Ellen White give to those suffering under depression, and how did she herself cope with such feelings? She learned that support from family and friends can be invaluable. Often it was the prayers of close associates that broke the spell of darkness. Recalling the feelings
of overwhelming despair that followed her childhood accident, Ellen White reflected, “I concealed my troubled feelings from my family and friends, fearing that they could not understand me. This was a mistaken course. Had I opened my mind to my mother, she might have instructed, soothed, and encouraged me.”

Ellen White also recommended the benefits of outdoor activity, gardening, enjoying nature, and simply praising God. She counseled to go “right along, singing and making melody to God in your hearts, even when depressed by a sense of weight and sadness.” “I tell you as one who knows,” she added, “light will come, joy will be ours, and the mists and clouds will be rolled back.”

While Ellen White acknowledged the reality of such emotions, it was her practice not to give voice to negative feelings and thereby spread an atmosphere of gloom among others. She was determined that faith conquer feeling. When one reads of her experiences, almost invariably what turned the tide was a deliberate and purposeful decision on her part not to succumb to such troubled states of mind through a firm reliance on God’s love in spite of His apparent absence.

HOPE IN JESUS

But the victory was by no means easily obtained. Typical of her resolve to break through the darkness is this description written after a long period of excruciating physical pain with its negative emotional effects:

“It is not a common thing for me to be overpowered, and to suffer so much depression of spirit as I have suffered for the last few months. I would not be found to trifle with my own soul, and thus trifle with my Savior. I would not teach that Jesus has risen from the tomb, and that He is ascended on high, and lives to make intercession for us before the Father, unless I carry out my teaching by practice, and believe in Him for His salvation, casting my helpless soul upon Jesus for grace, for righteousness, peace, and love. I must trust in Him irrespective of the changes of my emotional atmosphere. I must show forth the praises of Him who has called me out of darkness into His marvelous light.”

Will Christians be “mournful, depressed, and despairing”? Ellen White recognized through Scripture and by personal experience that faithful believers are not exempt from these emotions, but neither should they characterize the life. With Paul we can say, “We are hard pressed on every side, but not crushed; perplexed, but not in despair. . . . We fix our eyes not on what is seen, but on what is unseen, since what is seen is temporary, but what is unseen is eternal” (2 Cor. 4:8-18).

Tim Poirier is vice director of the Ellen G. White Estate in Silver Spring, Maryland.
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The early pioneers of the Seventh-day Adventist Church lived in a world of filth and disease. Before modern health care, ignorance prevailed. Without a knowledge of even the germ theory, people lived considerably fewer years than they do today. Parents could expect on average that only half of their children might survive into adulthood. For James and Ellen White, only two of their four sons reached adulthood.¹

Such deplorable conditions meant that it was imperative to pay attention to new developments in health reform that swept across America. People were increasingly suspicious of various forms of “heroic” medicine, which often included toxic treatments that used bloodletting, or poisonous substances such as mercury and even opium. Early Adventists participated in a host of reforms, including health reform. Ellen White simply stated, “We are reformers.”²

HEALTH VISIONS

As early as 1848 Ellen White received a vision about the dangers of tobacco and other stimulants. This was followed by a much broader and all-encompassing vision in 1863: “I saw,” she wrote, “that it was a sacred duty to attend to our health, and arouse others to their duty. . . . We have a duty to speak, to come out against intemperance of every kind—intemperance in working, in eating, in
drinking, and in drugging—and then point them to God’s great medicine: water, pure soft water, for diseases, for health, for cleanliness, and for luxury. . . . I saw that we should not be silent upon the subject of health but should wake up minds to the subject.”\(^\text{13}\) She also wrote: “The work God requires of us will not shut us away from caring for our health. The more perfect our health, the more perfect will be our labor.”\(^\text{14}\) Ellen White viewed health as essential to “fit” people for the second coming of Christ.\(^\text{5}\) After all, “heaven is all health.”\(^\text{6}\) Thus, Ellen White’s contribution was to integrate health reform into Adventist theology.\(^\text{7}\)

**THE PHYSICAL AND SPIRITUAL CONNECTION**

At the foundation of a Seventh-day Adventist philosophy of health was the connection between the physical and the spiritual. This became an Adventist philosophy of wholeness.\(^\text{8}\) Adventist health reform was far from merely a list of dietary taboos—it was an all-encompassing way of life. Each person has individual needs, and broad health principles must be applied using “common sense.” She warned against fanatics who sought “to regulate the consciences of others by their own rule.”\(^\text{9}\)

An often overlooked aspect of health reform is the connection between the mind and the body. Such mental health, according to Merlin D. Burt, plays an essential role within an Adventist philosophy of health.\(^\text{10}\) “Mental health,” for Ellen White, results in “mental clearness, calm nerves, a quiet, peaceful spirit like Jesus.”\(^\text{11}\) Psychology and theology converged for Ellen White. “The two must interplay and, when correctly integrated, provide the most help for the human mind and emotions. For her the true source of mental and emotional health was God the loving Father, Jesus the ‘Great Physician,’ and the Holy Spirit the ‘Counselor.’”\(^\text{12}\)

Adventist historians can easily see the deep emotional pain and anguish that Ellen White herself personally suffered during her lifetime. She recognized mental and emotional brokenness. Yet “one of the remarkable characteristics of her work,” adds Burt, “is her consistent optimism that people can recover, no matter how broken they may be.”\(^\text{13}\)

**MODERN MEDICINE**

In contrast with her early warnings against early primitive (and dangerous) medical practices, Ellen White took advantage of modern medicine, especially during the latter part of her life. William A. Fagal observes that her own example is instructive. At one point she received X-ray treatments for a cancerous spot on her forehead.\(^\text{14}\) On another occasion, when queried about using quinine to treat malaria (the only known drug to treat malaria at the time), she stated: “We are expected to do the best we can.”\(^\text{15}\) Burt concludes that if Ellen White were still “present today, she would probably still argue that natural methods are best where possible but that physiologically based drug therapy has its place.”\(^\text{16}\)

In this same spirit, Ellen White urged that the Seventh-day Adventist Church provide the very best medical training for medical personnel at the College of Medical Evangelists (now Loma Linda University), and that the school should meet the very highest standards required of them.\(^\text{17}\) Thus, for Ellen White, Adventist health reform was an all-encompassing philosophy of health that connected the mind and body together. She prioritized natural remedies and a healthful lifestyle, but was not afraid to take advantage of modern medical expertise when natural treatments were not enough.\(^\text{18}\)

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4 Ibid., p. 279.
6 Ibid., p. 172.
12 Burt, p. 11.

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My baby was born a week ago, and I thought this was going to be the happiest time of my life—getting to bond with my newborn. Yet I find myself crying for no real reason and doubting whether I can even handle caring for my baby. What’s wrong with me?

This scenario plays out in the lives of new mothers far too often.

Many physical changes occur during pregnancy and after the birth of a baby. Additionally, childbirth can trigger a mix of powerful emotions, including joy and excitement, along with anxiety and fear. Up to 20 percent of women report feelings of sadness, panic, anxiousness, frustration, depression, and hopelessness. Every mother is different and may experience some or all of a wide range of feelings. Everyone feels sad sometimes, but these feelings often pass within a few days.

Approximately 60 to 80 percent of new moms experience “postpartum baby blues.” Symptoms include frequent crying—sometimes for no apparent reason—along with anxiety, mood swings, difficulty sleeping, food cravings, loss of appetite, and even questioning their own ability to care for their baby. These symptoms are somewhat mild and present as early as two to three days following the birth, may last a week or two, and go away on their own. Getting rest, proper nutrition, and having the support of family, friends, and other mothers can help.

On the other hand, some new moms have a more severe, long-lasting group of symptoms referred to as postpartum depression. They experience feelings of sadness, anxiety, guilt, and fatigue that can be extreme and may even interfere with their ability to care for themselves, their newborn, or their family. This occurs in about 10 percent of new mothers, and can present any time during the first few months and up to a year following the birth of a baby.

Some other common symptoms include oversleeping or being unable to sleep even when the baby is asleep; trouble concentrating and making decisions; physical aches and pains such as frequent headaches, muscle pain, and stomach problems; feeling sad, hopeless, or overwhelmed; eating too little or too much; loss of interest in hobbies and activities; trouble bonding or forming an emotional
attachment to their newborn; persistently doubting their ability to care for their baby; and even thinking about harming themselves or their baby.

**WHAT CAUSES POSTPARTUM DEPRESSION?**

Postpartum depression does not occur because of something a mother does or does not do. It can affect any new mom regardless of age, race, ethnicity, or economic status.

Postpartum depression appears to result from a combination of emotional and physical factors. Hormonal changes, such as a sharp decrease in estrogen and progesterone, occur during the hours following childbirth. These changes may trigger depression in a manner similar to smaller hormonal changes that trigger mood swings before menstrual periods.

It is also difficult for new mothers to get the rest they need to recover fully from the birth, which leads to exhaustion, further contributing to these symptoms.

Emotional factors can also play a role. Feelings of doubt about the pregnancy are common. Even when the pregnancy is planned, it may take longer than anticipated to adjust to the idea of having a baby. This can affect a woman’s self-esteem and the ways she deals with stress. Parents of babies who need to stay in the hospital longer than usual may also feel guilty, sad, or angry.

**RISK FACTORS**

Some of the risk factors for developing postpartum depression include having a history of depression or bipolar disorder at a previous time in the mother’s life; symptoms of depression during or after a previous pregnancy; or a family history of depression or other mental illness. Other risks include a lack of strong emotional support from a partner, family, or friends; a stressful life event during the pregnancy or shortly after birth, such as the death of a loved one; domestic violence; moving to a new city; or job loss.

The good news is that postpartum depression is temporary and treatable with professional help. If you experience some of these symptoms, call your doctor. Don’t wait for your postpartum checkup or hope it will get better on its own. There is no need to suffer alone.

**TREATMENT**

If your doctor diagnoses you with postpartum depression, treatment can include talk therapy (also known as psychotherapy) with or without medications called antidepressants. Talk therapy may be one-on-one therapy with just you and a therapist, or group therapy, in which you meet with a therapist and other people with similar problems to yours. You may need such therapy for only a few weeks, or in some cases for a few months or longer.

It may be that your doctor feels you would benefit from medication and/or talk therapy. Usually it takes three to four weeks of medication to start feeling better. Antidepressants can cause side effects, but most are temporary and go away after a short time.

If you develop unusual or severe side effects, tell your doctor right away. You would benefit from a different type of medication.

If you take an antidepressant while breastfeeding, it can be transferred to your baby. The levels of the antidepressant in breast milk, however, are usually very low. Both you and your baby benefit from breastfeeding. Your doctor or health-care provider can help you weigh the benefits of breastfeeding against the possible risks of your baby being exposed to the medication.

Family and friends may be the first to recognize symptoms of postpartum depression in a new mother. They can encourage her to talk with her doctor or other health-care provider, offer emotional support, and assist with caring for the baby and other daily tasks at home.

With support, professional help, and appropriate treatment, you too can experience joy with your precious newborn.

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I would be happy if this was just my imagination fueled by an illustration I found on the Internet, but truth is, the RIM already exists.

Thank heavens, God has the only one in existence, which works in our “heart,” about which someone wrote: “It has nothing to do with our ‘ticker,’ and everything to do with our ‘thinker.’” It’s like a network of highways taking us to different places, some of which we wish we’d never traveled. It is the seat of decision, the expression of emotions, and the true reflection of character. There are hundreds of references about it in the Bible, such as Psalm 119:10, 11.

However, before we accept the Bible and claim its promises, we should learn where that heart is, how it functions, and why it is so vital in God’s plans for our lives.

Most believers seem unable to agree about what the heart is. The world likes to say the physical heart is the seat of emotions, but the Bible uses it as a metaphor for the seat of decision. Some can’t agree about how the Word of God gets into our hearts, how it stays there, and what it does while it’s there.

The answer to such a quest for understanding is tucked away in Matthew 15:16-20. In the narrative (verses 1-15) Jesus is confronted with the hypocrisy of religious leaders who elevated their traditions over knowing and honoring God. Although modern Christians decry such attitudes, we have, in many instances, replaced or clouded some of His commandments with “merely human rules” (verse 9). The outcome is always one, or all, of the seven deadly sins.

The only way to reverse this outcome is with a pure heart (Ps. 24:4), by consistently praying for wisdom, courage, and humility, as did Solomon (1 Kings 3:9), to whom God gave an abundance of all the desires of his heart (1 Kings 4:29).

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The Love of God: A Canonical Model

In this important work John Peckham's keenly theological mind, with its combined skills in both systematic and biblical theology, also manifests a profound grasp of the philosophical currents that impact contemporary theological discourse. Peckham seeks to illuminate the doctrine of God and its core component—God’s profound love! Simply stated, the concept of God as love is the quintessential issue at the foundation of all Christian and biblical theology, especially the doctrine of God.

But what will make the book most challenging for many readers is the philosophical terminology involved in the current scholarly/philosophical debate about God's love. A brief introduction to the issues should prove helpful in clarifying the book’s aim.

Peckham deals with three major perspectives. First is the “traditional theism,” or the “transcendent/voluntarist model.” This perspective includes Greek philosophical ideas that heavily influenced Augustine of Hippo and, later, the major Protestant Magisterial theologians of the sixteenth century (Luther, Calvin, and Zwingli). Its central idea is that God is love in the sense that His love absolutely controls all events. This concept “inspired” the doctrines of irresistible double predestination and “once saved always saved.”

Second is the “process alternative,” or “immanent-experientialist model.” This is the view that sees God as loving, but caught up in an essentially “panentheistic” paralysis in which He seems ultimately unable to conquer evil. God is seen to be maximally powerful, but not omnipotent and omniscient—knowing all there is to know—except for the future, which is not ultimately and exhaustively knowable.

In contrast to these first two alternatives Peckham offers the foreconditional-reciprocal model, which is based on a “final-form canonical approach” to theology, a view essentially complementary to that which is embodied in the “great controversy” or “cosmic controversy” theme: a God of love who works within His absolute omnipresence and omnipotence, but does not arbitrarily exercise His benevolent love. His love will triumph, but He will never exercise His omniscience or omnipotence to force the issue. Only when His persuasive grace is freely accepted or rejected will God use His loving justice to give eternal life to the faithful and do away with those who reject His loving will.

Whereas Peckham’s book will be read with great profit and theological gratification by experts, one hopes that Peckham will find the time to produce a version that is lay/pastoral-oriented that will biblically vindicate the “cosmic controversy” theme.

Woodrow Whidden, reviewed for Adventist Review
EASING THE PAIN

When I am down, writing lifts my spirit and inspires me.
WARREN BRYAN, JAMAICA

I learn to rest in church and start fasting and praying. I talk to Jesus about all my blessings and my problems. Then I feel happy and blessed.
PAUL LAM DAL, MYANMAR

I acknowledge that I’m either on my way down or have found myself down. I verbalize my negative thoughts. I reread a scripture that recently blessed my heart. I pray for God’s healing power. I exercise. I meditate on Calvary’s sacrifice for my healing. I eat and sleep.
THERESA EASY, KINGSTON, JAMAICA

When I feel down, I sing. I pour my heart and soul out to the Lord. I become the clay while my Potter reshapes me. After a while my burdens are lifted. I praise Him in the storm because I can do all things through Christ who strengthens me.
TAMMY GARCIA, DEL RIO, TEXAS

I listen to encouraging Christian music and recite Romans 8:28.
MELULEKI NCUBE, SOUTH AFRICA

I talk to the Lord in prayer. Sometimes I need someone to talk to, someone with whom I can share my thoughts. Then I am free.
JEREMIAH OKIOI, DUBAI

I file a whiners’ complaint form and demand hugs, therapy dogs, a blankie, and a box of chocolates.
DARLA PETERSON, VIA FACEBOOK

When I feel down, really down, I look to Jesus Christ. I trust Him, especially when I take a deep breath, sometimes with tears in my eyes. I proceed in faith, because I’ve learned to trust the message of Hebrews 11:6.
C. J. HOBBS, ATLANTA, GEORGIA

I have a short, 10-minute pity party, then I count my blessings, praise God, thank Jesus, get myself up, and get going.
BONNIE MASTROSIMONE, VIA FACEBOOK

We asked readers to respond to these questions: When you feel down, what helps you get back to normal? What’s your secret?
W hen I feel down, the Word, a song, or prayer reju-
virates me. Psalm 42:11 says, “Why art thou cast down, O my
soul? and why art thou disqui-
eted within me? Hope thou in
God: for I shall yet praise him,
who is the health of my coun-
tenance, and my God” (KJV).
SHANNON ROBINSON-PITKIN,
JAMAICA

W hen I’m beat down by life, I
listen to a wonderful praise
and worship Internet station
that plays music that reminds
me who I am to Jesus and who
He is to me. After just a few
songs I am strengthened and
remember that the daily diffi-
culties that try to smack me
around can’t win.
CLAUDIA RUTHERFORD,
ASHEBORO, NORTH CAROLINA

I sing hymns. Sometimes the
Holy Spirit brings a hymn to
mind that seems amazingly
apropos for my need at the
moment. I also lean on the
loyal love and counsel of my
spouse and children. And,
always, I pray.
DAVID TAYLOR,
REDLANDS, CALIFORNIA

I usually do three things
whenever I feel down: pray,
sing Christian songs, and read
the Bible. When I pray, I love to
recall the blessings God has
bestowed on me. I also love
reading His promises aloud,
and singing songs to cheer me
up.
ABIGAIL REMO,
ILIGAN CITY, PHILIPPINES

I try to be with someone who
makes me laugh. Sometimes
I just need to watch a sad
movie, cry, and get it out of my
system.
SUSAN ROBERT,
MODESTO, CALIFORNIA

W henver trials come my
way, I am certain I will
overcome for two reasons:
First, I have Jesus in my life. I
just surrender to Him all my
transgressions and pain, and
all these fade away. Second, I
have a support system—my
family—on whom I depend,
and who love me
unconditionally.
JAZ SERATO,
BACOOR CITY, PHILIPPINES

“After just a few songs I am strengthened
and remember that the daily difficulties
that try to smack me around can’t win.”
I recently edited a short documentary about human trafficking. Usually a video editor’s job is to put together significant parts of a video interview in order to tell a story in the most powerful way. As I listened to the victims talking on tape, I was touched by every word of their hours-long interviews. The pain conveyed in their stories gripped my heart to the point I had to wonder: How does God stomach what’s going on in this world?

As I child, I grew up learning about the great controversy, the grand stage so much bigger than each of our individual lives. I used to imagine heavenly beings, and beings from other worlds, leaning over and watching the war between God and Satan unfold on earth. I imagined them watching one stratum of the human race oppress another. I imagined their looks of horror as they witnessed lives being torn apart by seeds of greed and selfishness sown by Satan.

It doesn’t matter who we are or what our background is—something we all have in common is that we have experienced pain, whether physical or emotional. That’s why it’s no surprise that the problem of pain and suffering is one of the hardest obstacles people face when trying to sort out matters of faith and belief in a loving God. It’s an issue many of us struggled with as we went through the recent Sabbath school quarterly on the book of Job.

Many of us realize that when sin showed up in the universe, simply wiping it out at its source would have been an inadequate solution. Because then all created beings may have served God out of fear instead of love. But have you ever struggled with the thought of all of the pain that could have been spared if God had just stamped out sin at its initiation?

Yet God allowed sin to mature, even as He looked with future’s eye over all the chaos and pain that would result.

For reasons we can barely begin to understand, God knows this to be the best way out. Out there in the universe is an entire realm of beings watching and trusting that God knows what He’s doing. And it’s not just those other beings: Jesus Himself trusted His life to the plan when He chose to experience pain alongside us.

God is asking you and me to have this same trust with each painful event in our personal lives, even as He reminds us that the future He is excitedly preparing for us is better than anything we’ve ever seen, heard about, or even imagined (1 Cor. 2:9). Angels may know its goodness, but we cannot even imagine it.

If heavenly beings can trust that God knows what He’s doing, I like to think that we can too. Our ultimate happiness is worth it.

Kristina Penny is digital editor of Adventist Review.
Let’s Pray!

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