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A Publication of William Jessup University

Hope and Healing

SOCIAL ISSUES AND
MENTAL HEALTH

MASTER OF ARTS IN
COUNSELING PSYCHOLOGY

JESSUP

JOURNAL

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In partnership with the church,
the purpose of William Jessup University
is to educate transformational leaders
for the glory of God.

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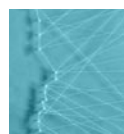
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The calendar has had its say; it's a brand new year. For many, this is a time of rejoicing, rejuvenation and relishing in the days, weeks, and months ahead. But for others, a new year is far from optimistic and full of continued stress and anxiety.

The Apostle Paul exhorted us in Philippians 4:8, “Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things.”

This issue of the “Jessup Journal” focuses on our collective physical and psychological realities that provide the all-too-common ingredients of anxiety, fear, and sorrow at the outset of a new year to be lived in our broken cultural existence.

With the increasing reports of multiple hurricanes, wildfires, mass murder, racial tension, political polarization and now even violence in church settings, a new year—for some—is nothing more than more of the same, only harder.

In light of the pain-filled world we live in, how should the church be redemptive and lift up the hope, healing and the good news of Jesus? When I reflect on the story of God's people through the Bible, I am reminded that ours is not the first generation of people to walk with God by faith in a culture that does not operate by His commandments.

In the following articles, you will come in close contact with one of the many ways William Jessup University is standing in partnership with the church and bringing glory to God in the practice, research, and application of Christ-centered psychology.

As the world continues to conform to its hopelessness, Jessup clings to Jesus' hopefulness and healing. Jessup has an increasingly strong presence in the various disciplines of the academic community and in many cultural spheres of influence.

I hope you enjoy the research in these pages and pray that we all will be found faithful as we walk with the Savior, spreading the good news of His truth, hope, love and grace for all whom we encounter in life.

John Jackson, Ph.D.
President



Honoring our Rocklin Heritage

President John Jackson is often heard saying, “William Jessup University is standing on sacred ground.”

WJU is a physical space that continues to experience ongoing miraculous stories of lives transformed for God’s glory. But long before Jessup’s Rocklin campus was established, the facility was home to Herman Miller Furniture company. During that time Max De Pree, former CEO and visionary for its Western United States operations, was at the helm. De Pree passed away last year on August 8.

In 1947, De Pree joined Herman Miller Inc., the Michigan-based office furniture company recognized for its creative design, compassionate management and solutions driven teams. In 1971, he became chairman of the board and later its CEO in 1980. As a corporate and civic leader, De Pree rapidly became known for his analytic original thinking on leadership and managerial qualities.

De Pree authored five books and lectured extensively, earning worldwide recognition for his leadership concepts and practices. His insights expanded well beyond business, enhancing civic, religious, and nonprofit entity leadership.

Throughout his career, De Pree showed insight and interest in architecture. In the late 1950s he worked on the design of Herman Miller's Zeeland, Michigan corporate headquarters and in the late '60s he directed the building of the corporation's facilities in Bath and Chippenham, England.

He subsequently directed Herman Miller teams working with prominent architects on corporate campuses. One of these campuses included Herman Miller's Frank Gehry-designed Rocklin site, now home to William Jessup University. These projects often received broad acclaim for innovative design and effective occupancy.

When De Pree became CEO of Herman Miller Inc., he innovatively led the company by practicing his leadership concepts, particularly those of participation and inclusiveness. Under De Pree, Herman Miller experienced steady growth while frequently being recognized as a great place to work, including repeated recognition by *Fortune* magazine as a "most admired" company.

De Pree instilled these leadership qualities in his employees. Prior to the launch of its Rocklin operations, De Pree had several conversations with Chris Dancy, Herman Miller's Rocklin director. Dancy shared De Pree's goals and expectations for the Rocklin operations and its team.

Dancy recalls they discussed "what the Herman Miller Rocklin operation needs to be." From these conversations several key objectives and challenges emerged.

"Rocklin's team and operation are to be a center of continued learning, an embodiment of the Herman Miller values in the West Coast culture, a participating member of the community (never seeking to be greater than its community) and an entity sharing use of its campus with the Rocklin and Placer County communities."

Bryce Jessup, former president of WJU, noted in his book, *City on a Hill*, "Chris and a couple of his workers had walked around the facilities on the day it was opened in 1988 and prayed that some day God might use these facilities for a higher purpose. God has answered their prayers, for which we are extremely grateful."

De Pree held seven honorary degrees. He served on the board of directors of Hope College in Holland, Mich., Fuller Theological Seminary in Pasadena, Calif., and the Peter Drucker Foundation's Advisory Board. The Fuller board, following four decades of De Pree's service on the board, established the Max De Pree Center for Leadership.

God used De Pree's leadership and architectural gifts to open the door for William Jessup University's use and sharing of its Rocklin facilities and campus.

It is with great respect and humility that William Jessup University remembers and honors the life and contributions of Max De Pree.

Input received from Jim Dolislager, Chris Dancy, and the Herman Miller Archives team.



MA Counseling Psychology



Jeff Stone, Ph.D., ABPP

Chair and Professor,
Department of Psychology

In this edition of the Jessup Journal, we are presenting various topics of interest in mental health, each authored by one of our full-time psychology faculty.

The Department of Psychology, as part of the Faculty of Humanities and Social Sciences at WJU, has the privilege of offering a faith-based approach to mental health issues. We are fortunate to have faculty representing most of the primary mental health licenses in California, allowing us to personally guide students into the various mental health professions to match their area of interest.

The most recent addition to our programs, the Master of Arts in counseling psychology, is a 63-unit, on campus, sequentially scheduled graduate program. It is cohort-based and generally takes 26 months to complete. Courses are eight weeks in length and are conducted during the evening. We've intentionally designed it as a hybrid format, with both face-to-face class time and an online discussion component.

Each step of this degree has been carefully curated, with the best practices of learning drawn from a wide range of resources combined with the competencies and requirements of the California state board (BBS) for the Licensed Marriage and Family Therapist (LMFT) and Licensed Professional Counselor (LPCC).

In everything from course content, to program sequencing, to generous breaks, this model has been streamlined to efficiently maximize the learning environment, while also paced in a way that enables students to sustain a personal life.


The heart of this new program is a solid biblical foundation of perspective and truth, with an acknowledgment that God has created the grand design of human nature, which is ours to discover.

We are in a fallen world, and I am reminded of a quote from Mark McMinn (2004) at George Fox University Department of Psychology:

"When sin shattered a perfect creation, everything changed. It's not just that we sin or that we are sinned against, it's that everything is different from the way God intended it to be, and all of these differences can be attributed to the consequences of sin...There are weeds in our gardens now, and in our personalities. Since the Fall, creation now groans with birth defects and disease and poverty...Everything around us is broken. Things are not the way they were supposed to be."

In an amazing way, God has given us the privilege of being a partner in the healing of those He loves. Proverbs 20:5 captures the spirit of our program:

References: McMinn, M. R. (2004, p.51). Why sin matters. Wheaton, IL: Tyndale



"The purposes of a person's heart are deep waters,
but one who has insight draws them out." (NIV)

As we expand our programs in psychology, we will always be aware of our Creator
and His personal attention to the details of those He gave the breath of life.

A MENTAL HEALTH CRISIS IN OUR MIDST



Erin Ambrose, Ph.D., LMFT

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It's no secret that the United States is in the midst of a mental health crisis. Suicide is the second leading cause of death in both males and females aged 15-24 in the U.S. and continues for males until age 34 (CDC, 2017).

For every one of the 1,100 college students who take their lives each year in the U.S., there are countless others who attempt suicide. At a time when life should be exciting and promising, when the future should be bright and full of hope, what is causing so many of our nation's youth to want to end their lives?

In addition to the crisis of suicide, it seems we are in the midst of a mental health epidemic. Studies indicate nearly 20 percent of the adult population in the U.S. will experience a major depressive episode during their lifetime (Weaver & Himle, 2017). Depression and anxiety are at all-time highs on college campuses as well (Finkel, 2016).

Unfortunately, the church has often been silent regarding the topic of mental health. And worse yet, sufferers may have heard that their lack of faith was part of the problem.

If a person struggling with anxiety or depression is told that they should just pray more or that they haven't spent enough time reading their Bible, they are likely to feel shamed, not encouraged. The stigma of mental illness keeps many people quiet and suffering alone.

We can do better.

Psalm 34:18 reminds us, "The LORD is close to the brokenhearted; he rescues those whose spirits are crushed." (NLT) Since this is God's stance with those in emotional turmoil and despair, shouldn't it be ours as well?

Loneliness is often associated with depression, anxiety, and increased suicide risk (Chang, et al., 2017). God created us for connection and community. When those two things break down, so do we.

As anxious thoughts increase, or depression deepens, people find it more difficult to reach out, which exacerbates their condition, causing a dangerous cycle. It is in these dark times that a gentle nudge from a friend to meet for coffee, or a call from a pastor can have a profound impact. Family support has also been found to be a protective factor that buffers the impact of loneliness (Chang et al., 2017).

To battle the current mental health crisis, a wraparound approach is needed. Pastors, small group leaders, counselors, families, educators: we all have a part to play in this. The slogan – If you see something, say something – has been circulated as a battle cry against potential terrorist attacks, but can also be helpful in the battle of mental illness. As a Christian community, we can watch for the hurting among us and speak up to support those in need.

Warning signs of suicide risk include:

- Isolation
- Extreme mood swings
- Sleeping too much or too little
- Talking about death
- Increased use of alcohol or drugs
- Hopelessness

Anyone can--and should--become comfortable asking the questions, "Are you suicidal?" "Are you thinking about hurting yourself?" These questions will not increase someone's risk of suicide or plant an idea of self-harm. Instead, a message of love and hope gets across, and it establishes a bond that makes the sufferer feel safe to talk about what's long been considered a taboo subject. These small gestures of concern can save lives.

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ADDICTIONS,

A Part of Our Humanity

Psychiatrist and Spiritual Director, Gerald May (1988) claimed, “To be alive is to be addicted, and to be alive and addicted is to stand in need of grace.”

It seems that in the upside down society of Jesus, those who are closer to the bottom are nearer to grace. The difficulty is in allowing ourselves to be broken enough to hit bottom. Many Christians clutch to our “polished and put together lives” as if we are desperately holding onto anything that provides some semblance of security and control.

Although we may hear grace preached from the pulpit on Sundays, we misunderstand grace and resist anything that looks like powerlessness, while working very hard to avoid hitting bottom. Grace is paradoxically given, never something we do. We cannot make it happen and we cannot achieve it. In this regard, how is addiction related to grace? In the spirit of the late Gerald May, I’d like to suggest we are far more addicted than we know, and in turn far more in need of grace than we realize.

In the last 10 years of clinical training and practice, I have had the opportunity to counsel many addicts whose addictions manifested in the form of numerous different substances such as food, sex, anger, and many other vices.

Whether the addict is a teenager seeking to find her identity in “party drugs,” the 20-something veteran of military service who is traumatized and trying to drink away his anger, or the elderly woman who has lost her lifelong love and has been taking prescription opiates to numb her pain, addiction can affect everyone.

Moreover, it is not just the addicted person who is impacted. It is also spouses and parents who cry out to God during sleepless nights when their loved one once again is in the thralls of their addiction.

There is much to be said about brain scan research that elucidates how addiction hijacks the brain’s reward and survival pathway through repeatedly triggering excessive neurotransmitter release. I’d like to suggest, however, that addiction is more than a brain disease.

Addiction affects all domains of a person’s life. Those of us in the field of psychology like to talk about the biopsychosocial model, and because we are Christian professionals we also include the spiritual domain. In other words, addiction the biological, social psychological and spiritual facets of a person’s life.



So why do we tend toward addiction? What is it that makes addiction so alluring?

May writes (1988), “Addiction exists wherever persons are internally compelled to give energy to things that are not their true desires. To define it directly, addiction is a state of compulsion, obsession, or preoccupation that enslaves a person’s will and desire. Addiction sidetracks and eclipses the energy of our deepest, truest desire for love and goodness.”

Could it be that we are all addicted? That is, we all engage in repetitive behaviors in order to gain a sense of control and power over our daily lives and the angst of the unknown. For this reason, it seems like addiction is a sacred disease of our modern lives. We hide it and deny it and yet those whose addiction manifests in undeniable suffering for the addict and their loved ones give testimony to our deepest desires and fears.

I write this from the perspective of both a health professional and parent. As a health professional, I see the pain and agony of those who repeatedly lapse into addiction, as well as the joy and gratitude of those who fall through their bottom into the arms of a loving and merciful God.

In addition, it is only in the freefall of surrender that paradoxically allows change to take place and life to be transformed. This might seem counterintuitive, but it is in the letting go of control and leaning into the anxiety and discomfort that we find the strength of God’s grace to live another day of freedom.



As a parent, I am responsible for the health, safety, and happiness of my children until they reach adulthood. So it seems appropriate to ask: how do we hold the tension of allowing for the freedom to fail while providing a structure of safety and control?

The key is in finding the right balance that is developmentally appropriate. Regardless of their age, we are not to take for granted our responsibility to talk openly and honestly with our children in a spirit of love and truth.

Our children are inundated with messages from culture, some positive and some negative. It is our calling as parents to help our children learn to interpret such messages in light of who they are as beloved sons and daughters of God.

Addiction is an insidious disease, as it starts out as experimentation and usually gets its hooks in a person long before the person and their loved ones have any idea of its seriousness. The challenge for us is to remain awake and to provide an environment that is developmentally supportive of learning through failure and grace.

Such an environment needs courageous and intentional relational engagement so that we remember to turn to God and our loved ones for support, instead of turning to alcohol, drugs, or other addictions.

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By: Erik Buchterkirchen,
Youth Pastor of Sierra Grace Fellowship

Moment App

Technology is changing our world. It's moving our culture forward and affecting the way we see the world. It's even affecting our faith.

I care a lot about young people and how addicted we are to our screens. Our whole world revolves around how we portray ourselves in the world of social media. It becomes something we worship and a window to the things we love most. We start to see and interpret our world, our identity, and our worth through the glass of our smartphones. If left unchecked, we begin to allow technology to have more control than of the truth and wisdom of Jesus.

While driving back from summer camp last summer, some of our youth leaders began joking with our students and daring them to break their Snapchat streaks. (Snapchat streaks are a record the app keeps of how many days in a row the user has snapped with another particular user.) They couldn't do it. What started out as a lighthearted challenge sparked an idea. By utilizing the Moment App, we decided to ask students to track how much time they spend on their phone daily.

From this, the leadership of Sierra Grace Youth created an eight-week social media series. Make no mistake--we clearly communicated that social media in of itself isn't sinful. But if we don't know how to separate our identity within it from the identity we find in Christ, we can easily lose our way.

Every two weeks we focused on a different topic, such as our online identity versus our identity in Christ, or how not to find our worth from the number of likes we see on our screens. The first week we had a message, and the next week we broke into small groups to further discuss how it applied to our lives.

During the first week, one of our leaders brought a basket and we all placed our phones inside. While we never forced kids to put their phones in, we invited them to join us. If they needed their phone for any reason, it was in a secure location. This was an easy way for us to say we're not controlled by notifications or alerts during the hour-and-a-half we spend together on Wednesday nights. Community--real, live, authentic community--is what we care about.

Overall, it was inspiring to see the students respond positively toward this exercise. We had many empowering conversations about deleting apps, limiting time on social media, becoming more mindful of what they posted, and even the way social media can control our thoughts.

Connecting the Dots Between the Brain and Behavior



Melanie Trowbridge, M.D.

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Current research is serving up a helpful dose of perspective. Mental health disorders are the most common health problems faced by children and youth.

Eighty percent of chronic mental health disorders begin in childhood with 50 percent of those beginning before age 14, and 75 percent before age 24 (Merikangas, 2010).

These statistics hit even closer to home when I think about the fact that half of us reading this journal will experience a diagnosable mental health disorder sometime in our lifetime (Reeves, 2011). Whether that diagnosis takes the face of stress, anxiety, depression, psychosis, or something else, a comprehensive approach to treatment is not only valuable but essential for facilitating a process toward improved health where needed.

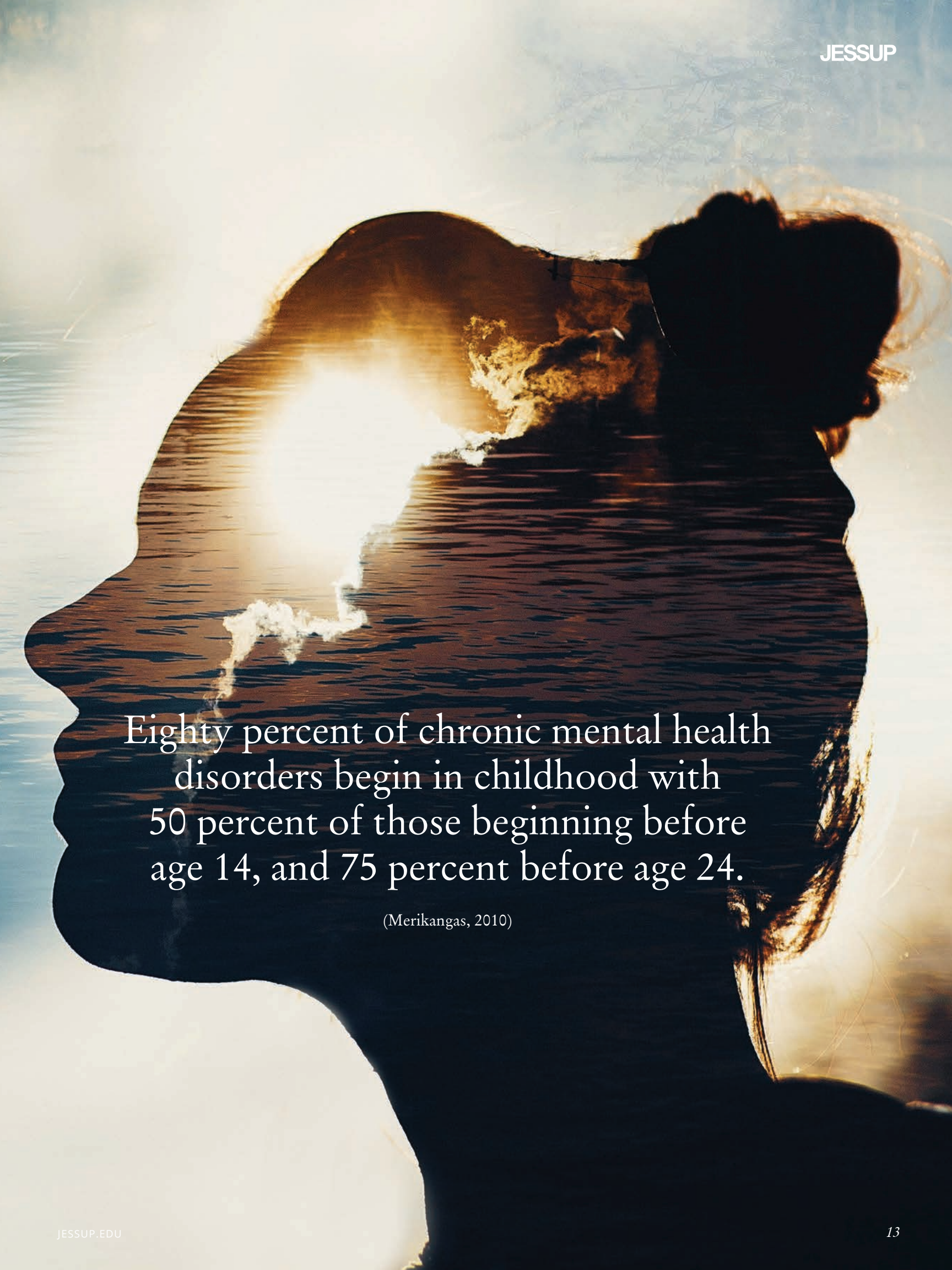
Psychiatrists, psychologists and other mental health professionals are learning more about the early stages of a wide range of mental illnesses that appear in youth and emerging adults. Managing difficulties earlier rather than later in life may reduce or even prevent the development of disorders.

When mental illness develops into more of a chronic pattern, it becomes a regular part of behavior and thus more challenging to treat. I share a professional opinion that the best mental health professionals appreciate how to treat using a Bio-Psycho-Social-Spiritual (BPSS) approach that recognizes how our Creator has so skillfully knit us together to produce our whole being.

The “Bio” component includes aspects of biology that influence health, such as brain networks, genetics, medicine, and the brain. The “Psycho” component identifies psychological areas, such as thoughts, emotions, and behaviors. The “Social” element examines roles and interactions we have with others and the culture at large.

Finally, and importantly, the “Spiritual” piece reflects the relationship and role that exists with God. An important connection to make here is that the elements of the BPSS are all connected and affect one another for the better or worse.

The field of psychiatry provides an overview to consider the many facets of the BPSS model of mental health, and how it addresses health and treatment. Past, current, and incoming William Jessup University students in our traditional undergraduate program, School of Professional Studies, and Master of Arts program regularly pose thoughtful questions and discussions to me, both in and out of class, that are not dissimilar to those that my patients and their parents have voiced.

A silhouette of a person's head and shoulders is shown against a bright, hazy background of a sunset or sunrise over water. The sun is low on the horizon, creating a strong glow and reflecting on the water. The person's hair is tied back, and the overall mood is contemplative and serene.

Eighty percent of chronic mental health disorders begin in childhood with 50 percent of those beginning before age 14, and 75 percent before age 24.

(Merikangas, 2010)



The following WJU student questions and answers illustrate common inquiries about treatment options that I've been asked to address in classes, in my nearly three decades of medical psychiatric practice, and for this journal, particularly as it relates to medical treatment in children. The National Institute of Mental Health (NIMH, 2009) along with many other expert sources in the field, address the following topics as well as other valuable information. This and further information can be found on their site.

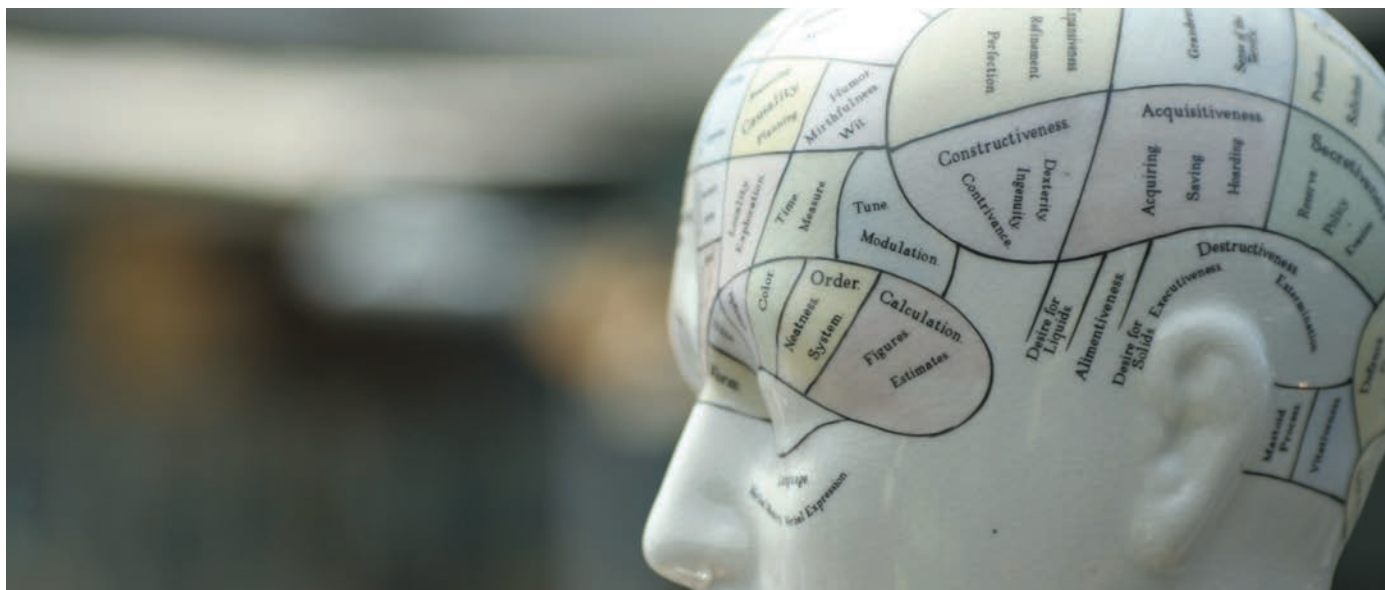
Q. WHAT ARE PSYCHOTROPIC MEDICATIONS OR PHARMACOTHERAPY?

A. Psychotropic medications (aka pharmacotherapy) are substances that affect brain chemicals related to mood and behavior. Much research has been done, and more is currently underway, targeting how early treatment affects a growing body and brain. There are benefits and risks. And each child, youth, and adult should be uniquely assessed with respect to his or her own individual BPSS profile.

Q. DOES MEDICATION AFFECT CHILDREN DIFFERENTLY THAN YOUTH AND ADULTS? HOW DO YOU USE MEDICATION AS PART OF A BIO-PSYCHO-SOCIAL-SPIRITUAL TREATMENT PLAN?

A. Yes. Children respond to medications differently than adults and youth. Children process medications differently and their brains can be more sensitive to drug effects. When medication is used, it should be done in tandem with other treatments.

Education, family therapy and support, social skill training, and group therapy are just a few of many valuable resources I and others have considered as part of a comprehensive overall treatment plan.



The best treatments for mental illnesses today are highly effective; between 70-90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacotherapy and psychosocial treatments and supports.

Q. WHEN IS MEDICATION APPROPRIATE FOR CHILDREN? ISN'T PSYCHOTHERAPY PREFERABLE TO PHARMACOTHERAPY BECAUSE IT IS MORE NATURAL?

A. When the benefits of medication treatment outweigh the risks, psychotropic medication can be appropriately delivered. Other common circumstances are when children require medication to deal with significant problems when they would otherwise suffer serious or even dangerous consequences. In addition, psychosocial treatments may not always be effective by themselves, but can be quite effective when combined with medication.

We know from neuroscience that offering either medication therapy or psychotherapy can alter the brain structure in much the same way for certain kinds of disorders. For example, when patients suffering from disorders such as depression, anxiety, or obsessive compulsive disorder improve, the changes in their brains often look the same regardless of whether the improvement was due to medication or counseling. The clear message is that a variety of appropriate therapies can literally change the structure and function of the brain in much the same way.

The best treatments for mental illnesses today are highly effective; between 70-90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacotherapy and psychosocial treatments and supports.

But does that mean that pharmacotherapy and psychotherapy are really equivalent? In a word, no. There is strong evidence that in disorders where significant structural (anatomy) as well as functional (physiology) abnormalities occur, such as psychosis or bipolar disorder, medication is an essential component to treatment. For many disorders, medication and counseling together is the best approach.



Q. HOW DO YOU KNOW IF A CHILD'S PROBLEMS ARE SERIOUS AND REQUIRE THERAPY, SPECIFICALLY PHARMACOTHERAPY?

A. It's important to make the distinction between a typical developing child's behavioral changes and those associated with less resilience and more serious difficulties. For example, special attention should be paid to problems where there are ongoing signs of being sad or tearful, changes in appetite or sleep, fear or social withdrawal, returning to behaviors that were already mastered (such as bedwetting), signs of self-destructive behaviors, or repeated thoughts of death.

Once a diagnosis is made, appropriate treatment options can be discussed. Medication might be one of many appropriate options for some people with certain disorders, but they are often the first choice for other disorders, where severity is high, or for individuals who prefer to include medication as part of their overall treatment plan.

Here at WJU, I have the distinct pleasure of sharing a classroom with students not only moving toward diverse careers in the vast field of psychology, but also those progressing toward careers in medicine, biology, youth ministry, K-12 education, criminal justice, and many more.



Understanding neuroscience and the BPSS integration helps us to understand how we learn, how we develop, and how we can help others who suffer brain and behavioral disorders. Likewise, this knowledge provides insights into the field of neuroscience.

In the biopsychology classroom, we delve deeper into questions such as: Why do we have a brain and how did God design it? How is the nervous system organized to the point of being so “fearfully and wonderfully made”? How does the brain learn and remember and how does it think? WJU students are integrating this BPSS gold standard to impact their own education as well as to impact our community at large.

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Gratitude

AND MENTAL HEALTH



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One of the fascinating things about psychological research is how it often reinforces what has already been declared in the Scriptures.

There are many commonalities in the psychology and theology disciplines. For example, psychological research has shown correlations between relationship health and physical health (Chen, Brody, & Miller, 2017), (Pietromonaco, & Collins, 2017) and (Uchino, & Way, 2017), which are common principles throughout scripture. Meanwhile, biblical concepts, such as forgiveness and gratitude, have scientific research to support their relationship to mental and physical health.

Emmons and McCullough (2003) define gratitude as the “ability to notice, appreciate, and savor the elements of one’s life.” Gratitude is found in most addiction recovery programs, with the assignment of a “gratitude journal” as a daily reminder of what is good in one’s life, at a point when there is so much anguish.

Psychological research is robust on this subject. Emmons and Stern (2013) note, “Whether in terms of enhancing mental health or preventing mental illness, gratitude is one of life’s most vitalizing ingredients.” Clinical trials indicate the practice of gratitude can have dramatic and lasting positive effects in a person’s life. It can lower blood pressure, improve immune function, promote happiness and well-being, and spur acts of helpfulness, generosity, and cooperation. Additionally, “gratitude reduces lifetime risk for depression, anxiety, and substance abuse disorders.”

Further research suggests gratitude prompts us to reciprocate in kind, or pay it forward (Algoe & Haidt, 2009). While gratitude can be experienced in secular settings and by all people regardless of their faith, Van Cappellen (2017) suggests that when gratitude is experienced in the context of a religious setting, it serves to bond people and reinforce their shared beliefs.

What does our brain look like on gratitude? Multiple studies have reported that as we express gratitude, our neurons express dopamine. Dopamine is a natural chemical that encourages positive emotions, optimism, motivation and that “goodwill toward men” prosocial behavior.

The studies also indicate that our neurons further express serotonin, another brain chemical which helps to elevate mood (Korb, 2015). The amazing news is that because the brain is so plastic or flexible, as we practice this attitude, we can change brain behavior. Yes, our brain can make new connections that move us toward a more healthy future.

Research on gratitude suggests there are at least seven benefits (Morin, 2015):

1. Gratitude increases the likelihood of forming new relationships, creating goodwill acquaintances.
2. Grateful people report fewer aches and pains, exercise more often and generally take better care of themselves.
3. Gratitude improves psychological health by countering toxic emotions such as envy, resentment, and the feelings of regret.
4. Gratitude enhances empathy and reduces retaliation and aggression.
5. Grateful people tend to sleep better.
6. Gratitude tends to reduce social comparisons, which in turn enhances self-esteem.
7. Gratitude can play a positive role in overcoming trauma.

From a theological perspective, gratitude is important because of the physical and spiritual impact it can have on us. As Christians, we consider the body to be the temple of the Holy Spirit, so in turn, it is vital that we consider how gratitude affects our physical lives.

Gratitude is multifaceted in the ways it can be directed--either toward others, nature, or God. It has the potential to protect against the deleterious effects of stress by promoting peace. In Colossians 3:15, The Apostle Paul instructs the church to “let the peace of Christ rule in your hearts, since as members of one body you were called to peace. And be thankful.” He further instructs us to be grateful, giving thanks in all things (1 Thessalonians 5:18; Ephesians 5:18-20).

When we find ways to live with a full and thankful heart, we also find motivation to act with compassion toward others, and the result is better physical and mental health for all. In God's design, it all works together.

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Mental Health in Christian Leadership



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Mentally perfect leaders don't exist. At best, we might hope for better mental health, to shape and guide good leadership.

Of course, many factors contribute to good leadership: Our worldview, ethical formation, leadership philosophy, and competency issues. But in recent decades, leadership experts have increasingly identified mental health issues as critical for sustainable and effective leadership.

In every leadership context, we bring our full self, like it or not. This includes our personal sensitivities, weaknesses, vulnerabilities, and brokenness. It includes our ability to handle the stresses of life, form meaningful and lasting relationships, manage emotional struggles, and avoid harmful activities. Our full self influences everything we do, which directly impacts those in our care.

Scholars and writers uniformly recognize that healthy leadership is holistic, and our full self includes the intricate inter-relationship of our cognitive and affective processes. These processes work both ways, each influencing the other.

Cognitive processes relate to how we think, and when we develop distorted thinking, it unequivocally impacts our emotions and actions.



Trusting God to work through our emotions
moves us toward health and wholeness.



Affective processes involve our emotional responses to life -- all of our emotions -- even the ones that seem unacceptable or unspiritual, including the big three of anger, fear, and sadness. Our feelings unequivocally impact the way we think.

Long ago, Moses called the people of Israel to love God in a fully integrated way (Deuteronomy 6:5) and later Mark 12:30 adds our 'mind' to the mix writing, "Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength," another way of saying the "full self." In this brief article, let's take a deeper look at these cognitive and affective elements.

Cognitive Processes

To remain relevant and effective, leaders must consistently evaluate and intentionally retrain their cognitive processes, or in other words, their ways of thinking. While some pundits still argue that leadership is innate, the latest research suggests that we can all learn to lead.

Our patterns of thought can undermine our efforts, particularly when we are taken captive by thoughts that have been imprinted since childhood, often because of messages we received from our parents and other adult authorities.

Here are two debilitating mindsets to consider:

All-or-Nothing Thinking: This cognitive distortion produces people who think in extremes, with no gray areas or middle ground. People who demonstrate all-or-nothing thinking regularly say words like "always" and "never." Unchecked, this type of thinking can magnify the normal stressors of life and leadership, making them bigger problems than reality itself.

Most decisions have more than two legitimate pathways to consider. Steven Sample (2003) writes powerfully about the value of "thinking gray," because all-or-nothing thinking limits our leadership and undermines our mental health.

"Should" Statements: People who constantly use "should" statements often have rigid and inflexible rules, set by themselves or others. They don't see gracious options in different circumstances, but put themselves under considerable pressure to live up to these self-imposed expectations. "Everyone should feel this way, think this way, or act this way."

In *Emotionally Healthy Spirituality*, Scazzerro (2017) calls this pattern "dying to the wrong things." If your internal dialogue piles up large numbers of "should" phrases, you may be under the influence of this cognitive distortion.

Affective Processes

In leadership studies, emotional intelligence has become a common catch phrase. It involves both self-awareness and others-awareness, particularly at the emotional level. What's going on beneath the surface? How sensitive are we to the emotional conditions? When we push down certain feelings as unacceptable (such as anger, fear, and sadness), we force them underground and they often erupt later.

Feelings are not the devil's tools. Rather, God gives us feelings to connect with others and to connect with Him. Our feelings are a sign of life because they are our unique responses to life and when we feel deeply with others and for others, our empathy muscles have a chance to grow.

In their book *Cry of the Soul*, Allender and Longman (2015) write:

"Emotions are the language of the soul. They are the cry that gives the heart a voice.... In neglecting our intense emotions we are false to ourselves and lose a wonderful opportunity to know God. We forget that change comes through brutal honesty and vulnerability before God."

Trusting God to work through our emotions moves us toward health and wholeness.

Conclusions

Each of us has a leadership role in some way or another. Any place and anytime we "influence others to bring value to their lives" (Cashman, 2008) we exercise leadership. It could be a single conversation with a stranger, the day-to-day experience of marriage and family, or the structured environment of the workplace (business, school, non-profit organization, or church). It is important to make our own mental health a high priority, because our mental health impacts the people we serve.

The good news: God works in, through, and despite our weaknesses (2 Corinthians 12:9). The even better news: He can help and heal these blind spots, fears, and stresses. Most often this happens in relationships with other people and sometimes with the help of professionals who can steer us toward our better selves.

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What to do

AND OTHER AWKWARD CONVERSATIONS ON THE



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The social construct of race, which separates people based on physiological characteristics, such as skin tone, hair texture, and facial features, and which pits us against each other in an unwinnable competition for status and power has had a long run.

For more than 200 years, the United States has used racial categories in Census data (Hirschman, Alba & Farley, 2000) and race continues to be a standard section on various forms and surveys.

But what is the purpose of such a classification? Should the aim of our current society be to become post-racial? I suggest instead of defaulting to a melting pot analogy, where differences between people or groups are blurred or ignored, our diversity should be explored, understood and celebrated.

Historically, the one-drop rule, or the law of hypodescent, was enacted in the American South in 1662 to keep African ancestry from infiltrating white society. It stated that even one drop of African blood defined the person as black and therefore created a disqualification of rights (Guo, Fu, Lee, Cai, Mullan Harris, & Li, 2014). This type of stratification continued long after the Civil War and fortified segregation under the Jim Crow laws.

Racial ideology continued to flourish and gain momentum with the propagation of genetic differences between races (for a detailed discussion see Smedly & Smedly, 2005). Supporters alleged that the races were biologically distinct with differing aptitudes. However, recent advances in genetics and biology, specifically the mapping of the human genome, clarified that there are far more differences *within* an individual race and very few distinctions *between* them.

With scientific evidence that debunks the ideology of race, and with racial violence continuing routinely across the U.S. and racial discrimination persisting in various forms, what are we to do about race?

About Race

ROAD TO CROSS-CULTURAL HEALING



We cannot go back and undo the damage that the myth of race has wrought across our nation and our world. Nor should we ignore or minimize the diversity around us. Racial identity is a powerful part of the self. It includes distinctive sets of cultural values, interests, activities and values (Choi, 2011). To ignore a person's background and ancestry is to diminish the person as a whole. What we need is healing.

"Men hate each other because they fear each other, and they fear each other because they don't know each other, and they don't know each other because they are often separate."

MARTIN LUTHER KING, JR.

As Christian people of faith, we are called to be peacemakers and also committed to justice. Both are needed now. While conversations about diversity and racial identity may be uncomfortable, it is through conversations we begin to heal.

Beverly Daniel Tatum (2003), noted authority on the psychology of racism, points out that white people often fear speaking out and being perceived as racist, while people of color are wary of being subjected to painful social injustices.

For our nation and ourselves to heal from the damage of racism, we need courage and compassion. We need honest conversations that strive to understand differing experiences and celebrate our diversity.

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Beyond Las Vegas

How Five Alums Continue to Support One Another

The Route 91 Country Music Festival was the first country music concert that Jessup alum Michael Mazzoni ever attended. He went with his four WJU buddies who are avid fans. Little did they know the event would become the worst mass shooting in modern United States history.

“We kept encouraging Mikey to come, it took us nearly the whole summer to convince him and he finally caved,” joked Mazzoni’s former soccer teammate and alum Uriel Moreno (‘14). The duo was also former roommates in Jessup’s Tiffin Upper West Residential Hall. The pair currently coach for a competitive youth soccer club in Granite Bay, along with alum Kurt Grinsell (‘14).

In Las Vegas, they were joined by two other alums Alex Mankarios (‘14) and Robert Moore (‘15). Four of the five alums were initially bonded together as athletes on Jessup’s Men’s Soccer team. Mankarios didn’t play but happened to be roommates with another soccer player who introduced him to the group.

“We were all looking forward to getting together and having a good time,” Moreno said. The five attended the three-day festival and stayed on the 33rd floor of the infamous Mandalay Bay Hotel, just one floor above where thousands of shots were fired into a crowd of more than 22,000 people.

When the barrage of shots were fired, Mazzoni took cover near the soundboard where he comforted two young women the group met during an earlier concert. Meanwhile, just about twenty feet away, Moreno was in the process of purchasing food from a cashier who insisted the shots were fireworks. “I knew I heard gunshots so I grabbed my credit card back from the cashier and took off running,” Moreno said.

From that moment on, the two friends were separated, operating chiefly on instinct doing whatever they could to get far away from the chaos. “I was running, jumping fences, walls, dodging traffic, doing whatever I could to flee,” Mazzoni said. He continued running across East Tropicana Avenue to make his way through the MGM Grand property and beyond, nearly another mile, to finally settle safely at the Westin Casuarina, Las Vegas.



L TO R: ALEX MANKARIOS, URIEL MORENO, KURT GRINSELL, MICHAEL MAZZONI, ROBERT (RJ) MOORE

Meanwhile Moreno sprinted west to the strip diverting to the Luxor Hotel where he was ushered to a conference room with hundreds of people who continued streaming in.

“At that point, I just wanted to get back to the hotel so I went out the back doors to the generator area and crawled under a fence,” Moreno said. Once on Mandalay Bay property, he was told there was an active shooter and so he fled as far away as possible by hopping into the back of someone’s truck which took him to a restaurant 10 minutes off the strip.

It was Grinsell and Moore (a country music fan since high school) that inspired Mankarios’ love of country music. The trio often attended other country music concerts together. In Vegas, they were enjoying the music of Jason Aldean and were positioned among the middle of the audience when the shooting erupted. “I thought I heard fireworks but when I looked up and didn’t see anything in the sky, I knew I was hearing gunshots and they were coming from the right of the stage,” Mankarios said.

The three young men immediately dropped to the ground. When the floodlights came on, the terror became visible. Horrifically, the friends witnessed a woman gunned down within 10 feet. “I was scared, everyone was in shock and there were a lot of thoughts going through my head,” Grinsell said. “When more volleys were sprayed into the audience, I knew we had no choice but to run.”

“People were running in all directions,” Mankarios said. “We climbed one chain link fence and when we came to another, I looked at RJ and knew just by his expression that he had my back. I knew we were all going over this fence together.”

Although the friends connected via texts or social media during the aftermath of the shooting to confirm their safety, it wasn’t until the next morning the five buddies reunited face-to-face when they were allowed entry to gather their belongings from their room at the Mandalay Bay.

Three of the friends rebooked flights while two drove home with Moore’s parents who had headed to Vegas as soon as they got the news.

“On the drive home, once all the adrenaline wore off, the magnitude of what happened really hit me,” Mankarios said. “It reminded me of a quote from J.R.R. Tolkien, ‘I feel thin, sort of stretched, like butter scraped over too much bread.’”

Processing the impact of the tragedy hasn’t been easy, but the friends are doing the best they can. They know so many others were not as fortunate.

“Getting in a routine really helped,” Moreno said. “Sleep was difficult at first, I was waking up at night and it was really hard. Overall, we’ve had so much support from our parents, families and other friends that reached out.”

Grinsell’s mom arranged a counseling support group in Rocklin for the friends to address the trauma they faced together. Despite living and working in Vacaville, Moore committed to attend the first group. “The support group allowed me to see these guys in more of an emotional state and know who they really are especially in the midst of tragedy,” he said. “It’s hard not to have guilt about what I did and didn’t do but I feel very blessed and really lucky to be able to return to my regular routine as well as I have.”

Moreno is currently enrolled in Jessup’s master’s program in education. “I’m so grateful to have survived this situation,” he said. “It has driven me even more to be compelled to make something out of my life.”

Grinsell put it this way, “For me, these guys are always going to be my friends because I love them and our friendship so much. We have this ordeal that bonds us. The communication and fellowship we have built upon over the years helps us to be even more determined to be there for each other.”

Mazzoni agreed. “After all this happened, I’ve gained a better appreciation for life and just how precious it really is because you never know when it’s your time. I’m waking up so much more appreciative and grateful for every day,” he said.

Mankarios talked about working hard to achieve his dreams despite his trauma. “I’ve been impressed with all of these guys striving not to let this shooter take anything away from us,” he said.

The mantra of “not letting the shooter take anything away” is why the group of best friends has already made plans to attend the world’s biggest country music festival known as Stagecoach in Indio, Calif. this April.

“As tragic as it was, this event definitely tightened the bond,” said Mazzoni. “Before the concert, we were close but we are super close now. It is crazy how something like this can bring you so close to someone. We are all really grateful.”

A week ago I was thinking how I might not ever be able to go to a country concert again, how I might be too anxious to be around a crowd in the same kind of setting where I watched people lose their lives. But I woke up today and felt a sense of peace and pride knowing that I won’t let someone take away something that gives me happiness. It might not be the same experience it used to be, but I sure won’t sit around and pretend that the world is going to stop for me when I still have a life to live to the fullest.

-Posted on Robert (RJ) Moore’s Facebook page

PROGRAMS

AT - A - GLANCE

The Faculty of Theology & the School of Christian Leadership

Biblical Studies (BA)

Archaeology

Christian Leadership (BA)

Family & Children's Ministry

Intercultural Studies

Pastoral Ministry

Youth Ministry

Theology (BA)

Youth Ministry (BA)

Counseling Youth

Ministering to Families

School of Natural & Applied Sciences

Biology (BS)

Health & the Environment

Human Biology (pre-med)

Computer Science (BS)

Web Systems & Applications

Environmental Science (BA)

Environmental Science (BS)

Ecology & Field Biology

Ecological Research

Kinesiology (BS)

Exercise Science

Health & Wellness

Sports Management

Mathematics (BA)

School of Education

American Sign Language

Child Development

English

Family & Children's Ministry

History

Liberal Studies (BA)

Multiple Subject Credential

Science

TESOL

TESOL (Minor)

School of Business

Business (BS)

Accounting

Entrepreneurship

Finance

Management

Marketing

Non-Profit

Division of Humanities & Social Sciences

English (BA)

Creative Writing

Literature

Professional Writing

Teaching

History (BA)

Psychology (BA)

Addiction Studies

Community

Counseling

Developmental

International

Mental Health

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Criminal Justice

Government & Politics

Public Administration

Public Policy

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Education

Performance

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TRAUMA AND PTSD:

A RECURRING THEME IN OUR CULTURE

Recent tragic events remind us once again that our world can be permanently disrupted in an instant. Like ripples from a rock thrown into a pond, people who are at the scene experience the trauma directly and at varying levels, while those hearing about it experience trauma through vicarious or secondary means.



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Dustin Bridges, Ph.D.

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So what is trauma? Essentially, trauma is something that happens outside the typical life of an individual, and usually involves actual or threatened death, serious injury, or the witnessing of such an event. It affects the person to such an extent that their customary ways of coping break down. Trauma affects the Bio-Psycho-Social-Spiritual (BPSS) aspects of each person involved, whether they are consciously aware of it or not.

The aftermath of trauma--Post Traumatic Stress Disorder (PTSD) --vary according to the type, intensity, and duration of the event coupled with the unique personality dynamics of the individual. Surprisingly, a person experiencing the trauma vicariously through hearing or watching from a distance may actually be more symptomatic than the person who was directly involved.

Bio- The more serious the traumatic event, coupled with one's genetic vulnerability and any previous traumatic experiences, the more likely there is to be a direct path toward biological pathology. It may mean our adaptive responses to stress, anxiety and fear are not as resilient as they should be. Each person has a "genetic" or "inherited" nature that is more or less sensitive to the presence of significant stress and or trauma.

Psycho- By definition, since trauma is a distressing event outside of the usual coping capacity of the individual, it ushers in the perception that another similar event can happen at any time. This often causes anxious hyper-vigilance, as the person now scans for potential threats. One's thoughts, beliefs, and perceptions about experiences contribute to how vulnerable the person feels. The environmental trauma combined with one's genetic vulnerability now has the potential to set the stage for PTSD.



Social- A person's culture, environment, and familial influences all impact and shape the biological and psychological components. The environmental impact of the recent Las Vegas trauma is a prime example of an incident that can affect everyone. Environmental factors can also be more unique to an individual such as the death of a loved one.

Spiritual- A trauma changes one's "worldview" as the expectancies of life have now broadened to a belief that anything is possible. This can directly influence one's view of God and how He interacts in our world. Is He safe and can He be trusted to watch over us? What does watching over us even mean? These changes in worldview can be deeply disturbing for an extended period of time, far beyond the actual event itself.

Facilitating health while in the midst of PTSD requires addressing the whole person, including the BPSS dimensions. Transforming body, mind, and soul by using this integrative approach can allow those who have been affected by severe trauma and stress to experience the redeeming power of God's grace.

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Ashley (DeBartolo '12) and husband, Eric Johnson, tied the knot on July 1, 2017. The couple purchased their first home in Dixon, Calif.



JC ('15) and Rachael (Webb) Davis ('15) were married on July 9, 2016. Rachael recently began work for Capital Christian School while JC works for the State of California and is currently pursuing his Masters of Divinity through Western Seminary.

In Memoriam:

Wayne Thomas ('51) went on to be with the Lord last October. Wayne was a leader within the Christian community wherever he went. He was a church planter, pastor, board member of SJBC, and mentor to scores of pastors.

Wayne was a pastor at Town and Country Christian Church in Sacramento, a church started by William Jessup in the 1940s. He later became a pastor at Tahoe Christian Center. He also served a number of years as Senior Pastor at Central Christian Church in Portland, Ore.

Matthew Crane ('05) recently accepted a position as a West Region staff member for College Golf Fellowship. He is ministering to golfers and coaches throughout the Bay Area.



Alumni updates

Chris Cardoso ('15) now works for the financial wellness company, My Secure Advantage, in Roseville, Calif. where he produces video and graphic design content.



Jama (Renicker '05) and husband, Everson Silva, recently celebrated 10 years of marriage and living in Brazil. Jama works part-time for an American High School program, assisting students in graduating with both a Brazilian and American high school diploma. The couple have two children.



Lauren ('13) and husband Matthew Moustakas ('14) both changed careers in August 2017. Lauren works for G.L.O.B.A.L. Justice, while Matthew is a special needs teacher currently earning his master's degree.

Corrisa (Jacomini '11) and Ele Jones ('11) were married October 17, 2015. Ele completed a master's degree and played professional basketball overseas while Corrisa completed her master's in clinical forensic psychology. Corrisa went on to work for the UC Davis MIND Institute and Ele, Youth For Christ. The couple is currently pursuing a new ministry opportunity together.

Hosted by Glenn ('61) and Linda Russell, a group of 17 SJBC Alumni recently met for a semiannual reunion lunch at Neufeldt's in Aumsville, Ore. Attendees included Frank ('65) and Linda Barnett, Dave and Joyce Bladorn, Chuck Bowman, Paul Buss, Joe ('67) and Susan Core, Harry Douglass ('66), Alice Fishback ('60), Jean Pierce, Marian Ratzlaff, Gary Tiffin ('62) and Dick ('72) and Donna White.



Rina Rojas ('16) accepted a position with the California Community Colleges Chancellor's Office and is also a member of the Jessup Alumni Council.



Chantelle Chubon ('15) currently lives in Uganda, serving as a Peace Corps Volunteer. She teaches phonics, reading intervention, theatre, writing, and library classes at a primary school.

Jerod Pivin ('09) recently accepted a position at Agape International Missions after serving at Jessup for eight years as the administrative assistant to the Provost's Office. (Not Pictured)

ALUMNI HIGHLIGHT

Naomi Adams

Major: Psychology Graduating Class: 2017

I pursued the field of psychology because there was no one to stand in the gap for me. There was no one to stand in the gap for me, because there was no one to stand in the gap for my father, nor was there someone to stand in the gap for my father's father, and so on.

I was a victim of other people's (mainly my parents) mistakes, as well as the victim of generational trends, like many other children.

My degree in psychology allows me to stand for this population, and gives me the chance to say, "You are not what other people have done to you, and you are not what you have done to yourself."

From there, I attempt to help them rewrite their future. Convincing a child, especially an adolescent, that their future can be better than their past, is the greatest gift anyone can give them.

Providing this hope has always been my goal; I love to teach kids they are capable of greatness while their minds are still malleable, and while time still allows them to create success for themselves.

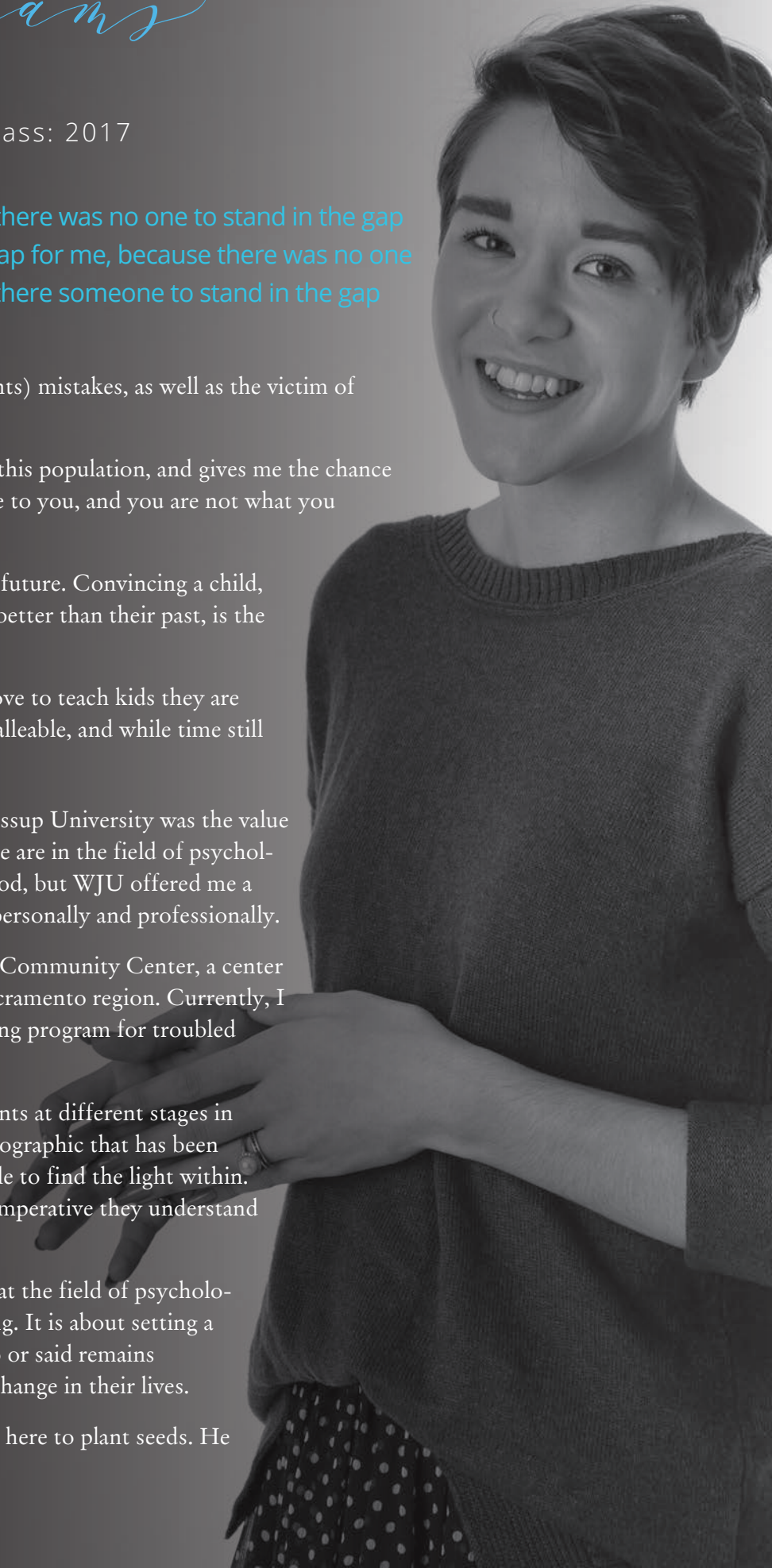
The most important thing I learned at William Jessup University was the value of healthy relationships, and how important those are in the field of psychology. Healthy relationships begin and end with God, but WJU offered me a model for what good relationships can be, both personally and professionally.

For two years, I volunteered at the GreenHouse Community Center, a center for at-risk children and youth in the northern Sacramento region. Currently, I am working at Koinonia Family Services, a housing program for troubled teens in Placer County.

The GreenHouse and Koinonia care for adolescents at different stages in their lives, but have one thing in common: a demographic that has been shown the ugliness of the world, and now struggle to find the light within. Adolescents are the future of God's world. It is imperative they understand their role in it.

When working with adolescents, I have found that the field of psychology is not about immediate results or a clear ending. It is about setting a healthy example, and hoping that something I do or said remains within those I work with long enough to create change in their lives.

I am not the miracle worker; God is. I am simply here to plant seeds. He is the one that will decide how they grow.





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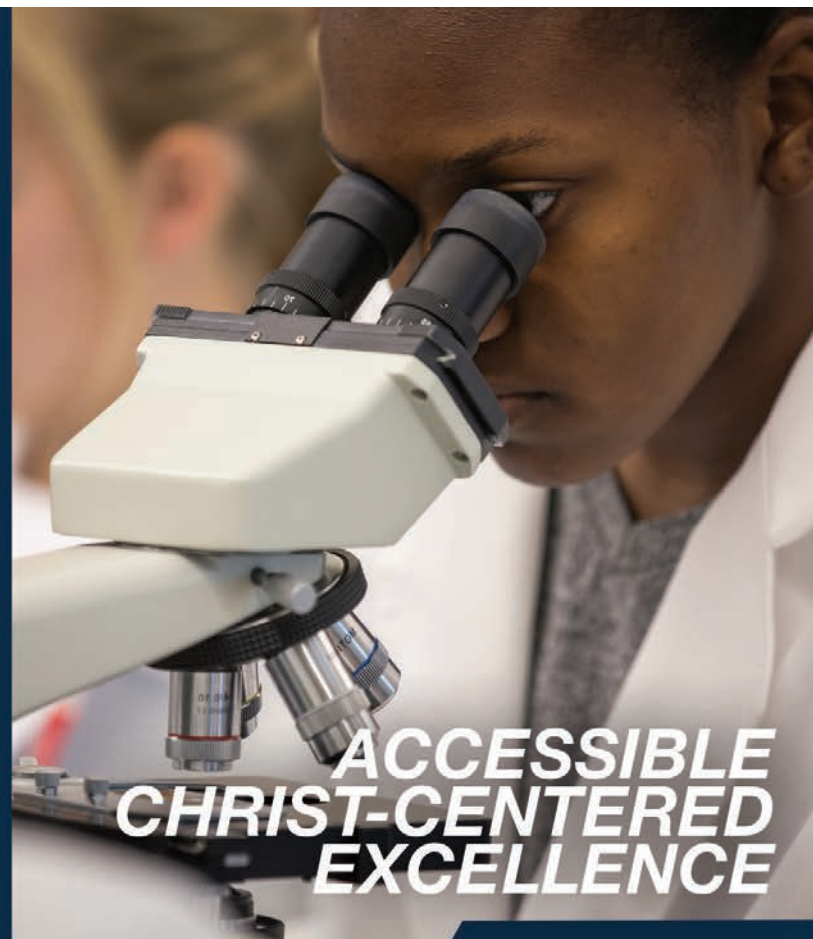
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