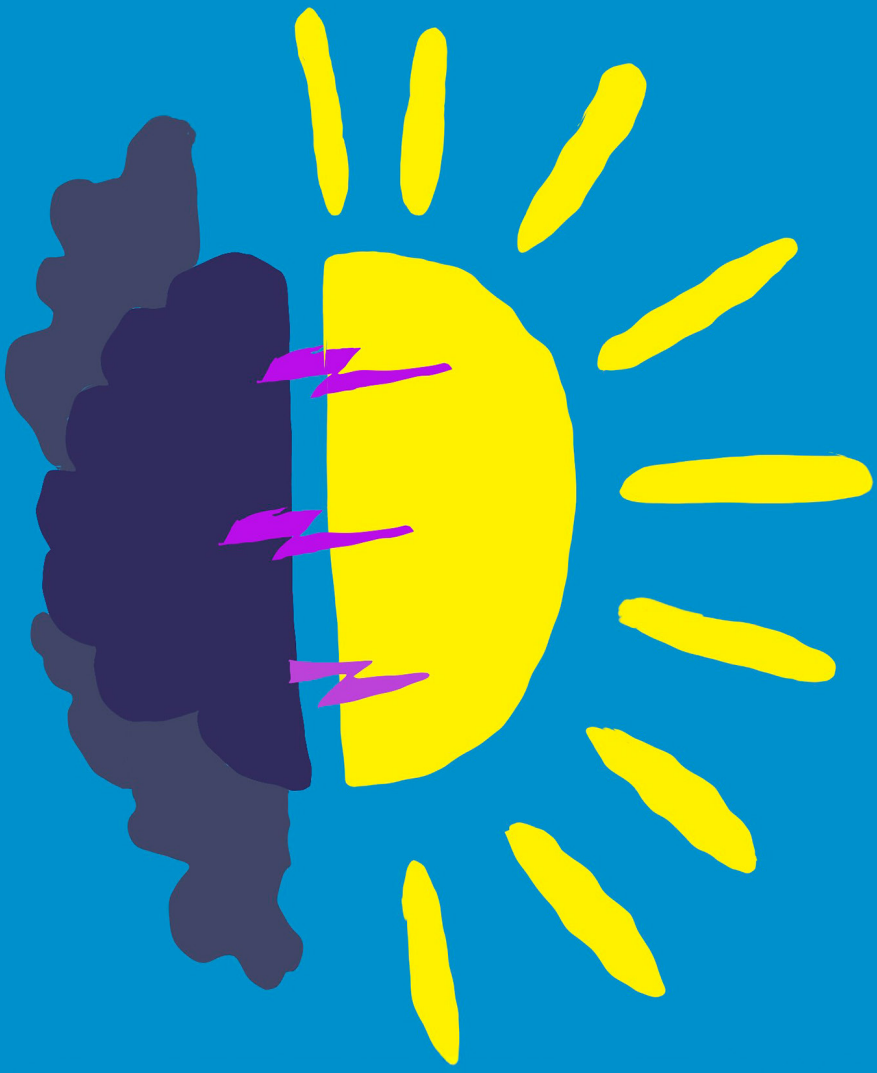

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MOZAIK

YOUTH VOICES FOR MENTAL HEALTH

MOZAIK

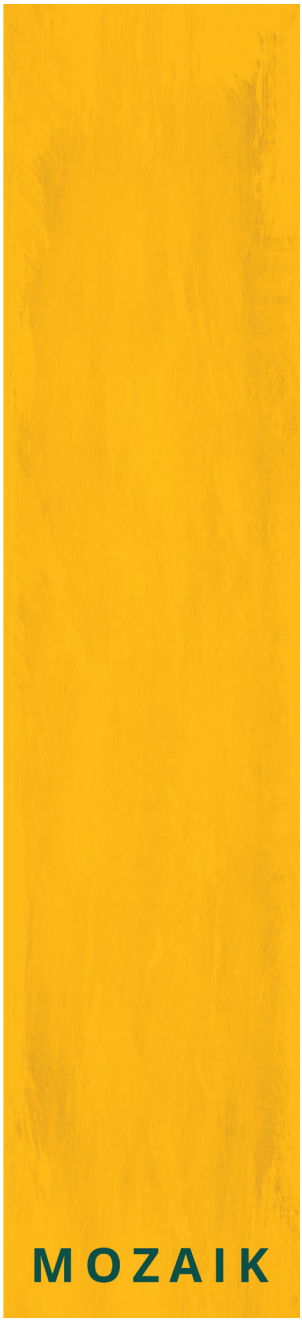
Editor-in-chief
Laura Gomez Reyes

Art Editor
Marcos Dorneles

Illustrations
Eleonore Seiferth

Photos
Provided by authors of the publications and creative team

Address
WSCF-Europe
Via Caduti per la Libertà, 1 10066 Torre Pellice (TO) Italy


MOZAIK

Mozaik Editorial

Dear Readers,

As I write to you as the new Editor-in-Chief of Mozaik, I am thrilled to be at the helm of this incredible platform for young voices, and now I am filled with both excitement and a profound sense of responsibility. This issue, **Mozaik 42**, centers on a theme that resonates deeply within our current societal landscape, personally it's a topic that's close to my heart, and one that I believe is more important now than ever before: Mental Health. In a world that often feels like it's moving at a million miles an hour, it's easy to feel overwhelmed, stressed, or alone for the pressures of daily life can weigh heavily on our minds and spirits, so it is crucial to prioritize our emotional and psychological well-being.

The words of Matthew 11:28 resonate with me: *"Come to me, all you who are weary and burdened, and I will give you rest."* These timeless words invite us into a space of comfort and hope, especially as we navigate the complexities of mental health amid academic pressures, social media dynamics, and global uncertainties. Creating spaces for open dialogue about these

struggles is essential, allowing us to find solace and support in one another.

Mental health is not merely the absence of illness; it encompasses our emotional, psychological, and social well-being. It influences how we think, feel, and act. As young people in a fast-paced and hyper-connected world, we face unique challenges that can significantly impact our mental health. This edition of Mozaik aims to address these issues while fostering a sense of community among our readers.

Within these pages, you will encounter a diverse range of voices sharing their experiences and insights. These contributions remind us of the strength found in vulnerability. Various authors address the critical intersection of mental health and personal experience. Sharon Thiong'o shares her journey through depression, emphasizing that despite her struggles, faith in God provided her with hope and healing. Similarly, Santiago Rodriguez's poems "Red" and "Home" explore themes of redemption and belonging, highlighting the importance of community and spiritual connection in overcoming personal challenges. Agge Angusson's poem "The Forest We Forgot" poignantly reflects on the hidden struggles of mental health, urging a collective effort to nurture those in pain. Dafne González discusses the alarming prevalence of mental disorders among teenagers, advocating for urgent action to address their mental health needs through education and support systems. Nayeth Perea Rojas emphasizes the value of integrating faith with psychological principles to provide holistic solutions for anxiety, illustrating how spirituality can offer comfort

and guidance. Finally, Jan Minack examines Martin Luther's struggles with mental health alongside his role as a compassionate counselor, arguing that his theological insights remain relevant today in providing support for those facing mental health challenges. Together, these contributions underscore the necessity of understanding mental health through a multifaceted lens that includes personal narratives, poetry, and the integration of faith and psychology. As you read through this edition, I encourage you to reflect on your own mental health. Are you taking care of yourself? Are you seeking support when needed? Remember, it's okay not to be okay—seeking help from a mental health professional, a counselor or a close friend is a sign of strength.

I urge all readers to take action—whether by reaching out for help or offering support to those around them. Let us normalize conversations about mental health and advocate for better resources within our communities—schools, churches, and beyond—so every young person knows they have

access to help when needed. By embracing vulnerability and open dialogue, we can create an environment where everyone feels seen, heard, safe, and valued.

In closing, I want to express my heartfelt gratitude to all contributors who made this edition possible. Thank you so much for your courage and creativity in sharing your journeys, your voices enrich this publication and inspire others to share their stories. All of you are a testament to the power of human connection and resilience.

Exploring this issue, I hope you find something that resonates with you—whether it's a poem that captures your emotions or an idea that sparks your ingenuity. Together, we can work toward creating a compassionate society where mental health is prioritized and valued. May you find comfort, hope, and renewed purpose in these pages.

Yours in hope and solidarity,

Laura Gomez Reyes
Editor-in-Chief, Mozaik

Photo taken by PH
Kevin Wachsmann IG:
@kevinwachsmann

MOZAIK

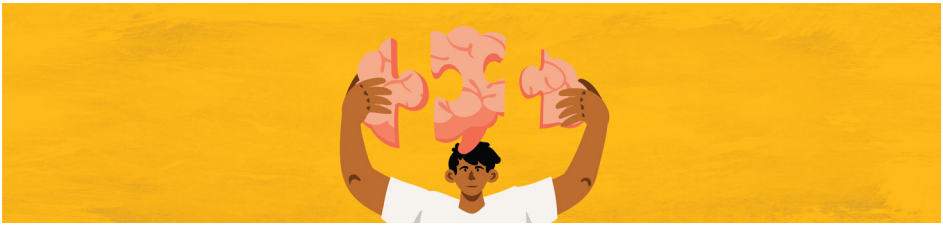
Disclaimer - Mozaik

This edition of Mozaik delves into the complexities of mental health, exploring anxiety, depression, stress, and other mental health conditions. It's important to remember that everyone's mental health journey is unique, and there's no one-size-fits-all solution.

While we aim to provide information and support, it's crucial to recognize the limitations of a magazine. We believe that by sharing stories and raising awareness, we can create a more compassionate society.

Remember, you are not alone. If you or someone you know is struggling with mental health, please reach out to a mental health professional, a counselor, a trusted friend, or a family member. Seeking help is a sign of strength, not weakness. Let's work together to break the stigma around mental health and encourage open conversations.

Contents - Mozaik



God is bigger!

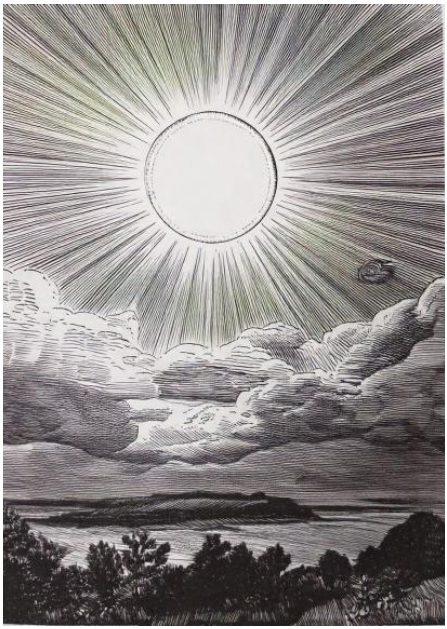
- BY SHARON THIONG'O

Over the last five years I faced a myriad of very difficult events in my life that had me hit rock bottom. My mind questioned everything including the presence and goodness of God, the meaning of life, even my very own existence. Nothing seemed to make sense.

Hard struck by depression, feelings of unworthiness, loneliness and anxiety, I slowly drifted away from God and the fellowship of brethren. I believed no one would understand. I lost all my friends and isolated myself for a long time. While I would still go to work and fake a happy face, every night my pillow would be drenched with tears and my room would be filled with the cries of heartache.

While I later sought for help, went for therapy and confided in friends, these feelings did not go away overnight.

It is until recently God really convicted me with these words, "*I can handle it, I am bigger!*" It completely changed my life. While I never lost my faith in God in the entire period, I



drifted away from Him because I thought that the challenges with my mental health did not matter to Him. I thought that God did not want to associate Himself with my depressed self. I thought my questions would push Him away. I also thought that surrendering to Him would mean that I would lose the little control I had left. I was so wrong! And ain't I glad that I was!

God was trying to help me understand that in contrary, He wanted me to come to Him, just as I was with my brokenness, anxiety, depression, worry, fear,

He said "*come just as you are*!" Depression did not intimidate Him, shame, unworthiness and anxiety did not throw Him off His throne. My questions of His goodness and of my existence did not make Him love me less.

He was bigger than it all! His love could accommodate all my shortcomings, His grace could bear all my weariness, His gentleness could hold all my tears and His wisdom could handle all my questions. He was assuring me that this was not new to Him and definitely not difficult for Him. He indeed was bigger, is bigger!

> *"Come unto me all you who labor and are heavy laden, and I will give you rest. Take my yoke upon you and learn from Me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy and my burden is light."*
>
> Matthew 11:28-30.

He could accommodate all my burdens. He was strong enough to bear them on my behalf and grant me rest. So I began going to Him with all troubles, fears, worries, questions, anxieties and true to His word, He gave me rest. He then taught me His word and His ways and my heart began to trust Him again and slowly, He healed my heart and I started feeling like myself again, lighter and happier.

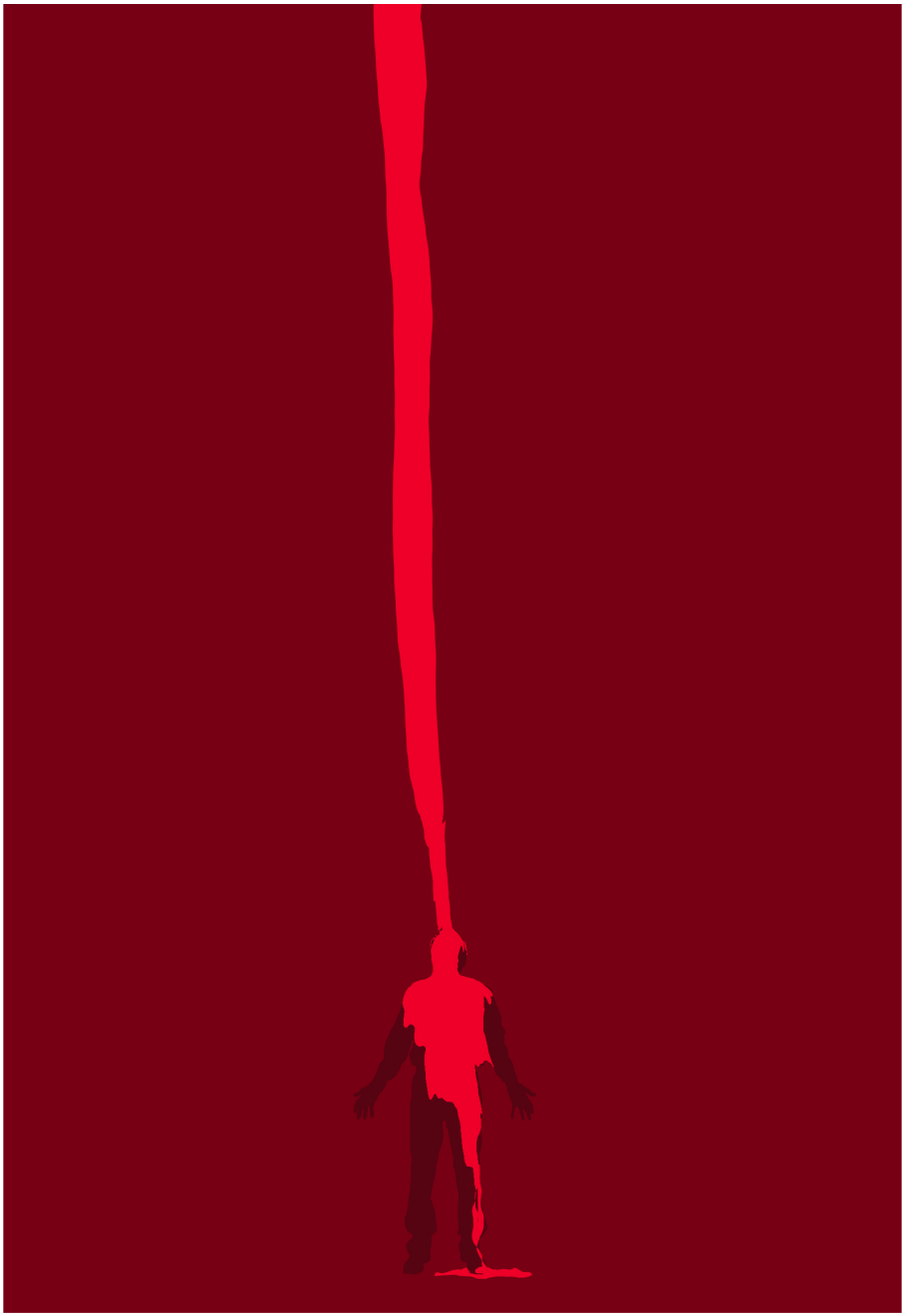
My faith in Christ became an anchor amidst a great storm. God held unto me and planted me on a firm foundation that is Christ. Now more than ever I am convinced that God cares about how I feel and is more than willing to heal, to save, to comfort and to give me rest, if only I can go to Him, just as I am.

The church of Christ would be such a blessing, if we knew we were the hands, the feet and the mouth of God in the realities of mental health challenges. We may not have the right words to

say or we may not know what to do to support a friend who struggles, but if only we can be there for them, remind them that God cares about everything they feel or are going through, we would truly make the world a better place. Let us not isolate from them, make them feel unwanted or unwelcome or as we if we do not understand them. Let them know that we are with and for them in every step of their journey. For even if we cannot save, heal or grant them rest, we can continually assure them that God can and He will grant them rest- for He is bigger!

Sharon Thiong'o

Sharon is a passionate youth-worker with a keen interest in ecumenism and socio-economic justice. Born and raised in Kenya, she's trained accountant and an astute administrative assistant. With four years of experience, she has made significant contributions to youth development and ecumenism inspiring others through theological reflections and mental health awareness.



RED

- BY SANTIAGO RODRIGUEZ

Is there wickedness within our most pure powerful men?

I'd not wish!

If not, how is pridefulness still tempting and has always been?

Sure it is.

If pridefulness calls itself a sin, hence what would those men's name be?

No good unselfish deeds, no good intentions.

Comes from a mindless heart that's so pretentious

My heart's still pretentious, no argument to rebut

But just a simple question that's just a simple truth

With two thousand years or more until now, it is right to tell

Almost as old as the book of Han, but hasn't lost a spell

Trust me, but it has something to do with the colour red

Most might have known, some might reject

Some among all long for, groan, expect

Only one righteous man above all humans shows

After three days, like the perfect lion rose

And the red blood spilled is for the ones He chose.

Who am I to judge and to not let them know

About this great story so they come so close?

How is it something red washed my reddish wickedness away?

Is it hard to comprehend or am

I still amazed?

Am I covered on a brand-new colour or is it a different red?

This isn't hard to grasp, it's just I'm still amazed.

HOME

- BY SANTIAGO RODRIGUEZ

I'm looking at the concrete streets and buildings

I'm looking at the leaves that drift away as the wind blows

I'm looking at the sun rising and the world keeps spinning

I'm looking at people's faces and their eyes seem to show

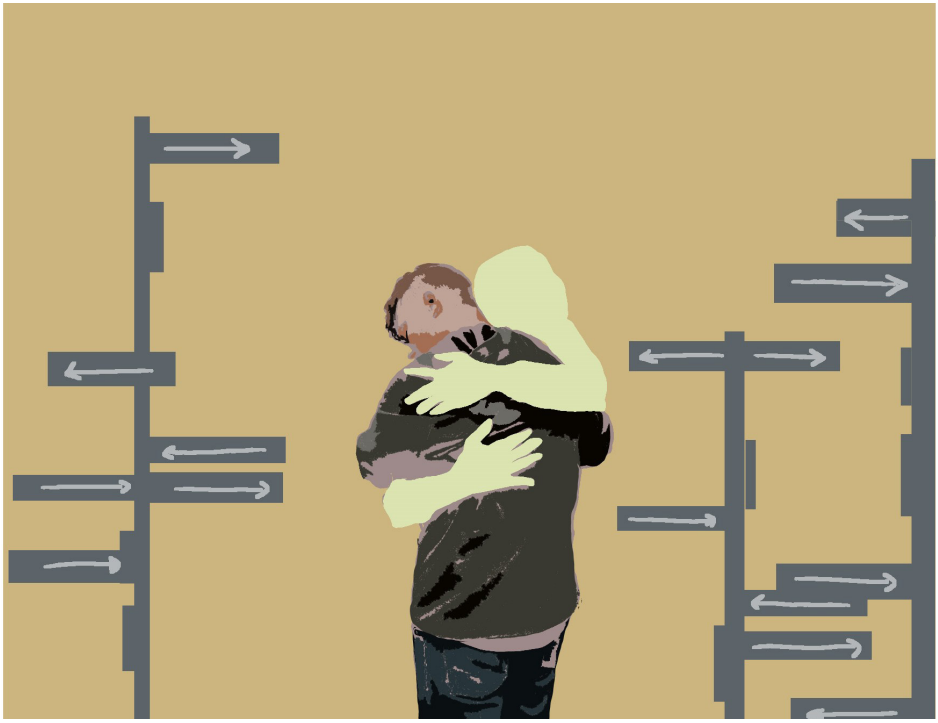
The lies that their mouths keep telling me and that I shouldn't know.

The weather is changing as the traffic lights

The moon is rising as the sun will hide

The sky's still bright although there aren't stars

It's that kind of stillness that it's longed for us.



Oh life, how changeable you are

Oh day, how pale you become sometimes

Oh clouds, how you run so fast

Oh youth, how quick you run from ancients' face

Oh night, how unpredictable you turn out of my gaze.

Although in the spring still some leaves fall

Perhaps others can stay longer after all

Anyway, I'll fix my eyes to the same place I know.

What path as you walk along are you going to choose?

Is it the one with the compass and the stainless rule?

Is it the one with the middle star and the crescent moon?

Is it the one made perfect for your mind and you?

Is it the one with blood from the lion they slain for you?

I'm looking at myself and my life has changed

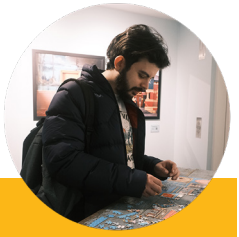
I'm checking on my mind and it's not the same

I'll just hold on to the place that will never change

I'll hold on very tightly to His arms that will never fall

Because out of my own logic they have a sense of warmth.

Yes, lovely and warm and I call them home.



Santiago Rodriguez

Santiago De Jesús Rodríguez Dueñas (better known as Santiago Rodriguez) born in Monteria, Córdoba, Colombia, currently living in Melbourne, Australia, is a writer of short stories and poems. He uses particularly allegories from his faith as details or perspectives from the Bible, CS Lewis' books, and other kinds of literature.

The Forest We Forgot

- BY AGGE ANGUSSON

Beneath the frost, the earth still breathes,

Through winters long, it weaves and grieves.

A northern soul, a bearded kin,

I've wandered woods, both thick and thin.

Yet here I stand where silence falls,

Among the trees with splintered walls,

Each root a story—unseen, untold—

Of struggles hidden in the cold.

Depression whispers, a shadowed stream,

A current strong, yet rarely seen.

Trauma lingers, a forest fire,

Consumes the soul yet won't expire.

The world walks past, eyes fixed ahead,

Blind to the branches burned and dead.

They trim the leaves, but not the roots,

Dismiss the need for deeper truths.

Where is the care for those who break?

The sick who mend, the ones who ache?

The funds are thin, the hearts are cold,

And hope is sold for flecks of gold.

Yet nature speaks, in winds that call,

In sunlit glades, through rainfall's fall.

It says: together, we must grow,

A forest thrives when roots are known.

So here I ask, as winters bite,

Can we not bring this dark to light?

To heal the land, to mend the streams,

To nurture all the silent dreams.

For every branch that dares to bend,

Needs hands to hold, a chance to mend.

The northern winds, though sharp and strong,

Still carry seeds to where they belong.

Depression and Suicide in Teenagers: Much More Than "It's just hormones"

- BY DAFNE GONZÁLEZ

Did you know that, according to the World Health Organization (WHO), [1]one in seven teenagers between the ages of 10 and 19 lives with a mental disorder? Adolescence is a complex and challenging period marked by significant physiological, psychological, and social changes. This vulnerability often predisposes teenagers to mental health issues, including depression and anxiety.

Despite progress in reducing the stigma surrounding mental health, society still struggles to fully acknowledge the depth of the challenges young people face, such as understanding themselves, navigating their environment, or dealing with economic struggles at home, racism, discrimination by their beliefs, likes, gender expression, sexuality and a lot more, because teenagers face real problems too.

Global Prevalence of Depression

[2]A systematic review and meta-analysis published in The British Journal of Clinical Psychology titled "Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis" analyzed data from 72 studies across the world, involving a total of 324,859 adolescents aged 10 to 19. The findings are alarming:

- **Global prevalence:** 8% of adolescents meet the criteria for major depressive

1 Organización Mundial de la Salud. La salud mental de los adolescentes. 2024. Disponible en: https://www.who.int/es/news-room/fact-sheets/detail/adolescent-mental-health. Accedido en 4 de diciembre de 2024.

2 Shorey S, Ng ED, Wong CHJ. Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis. Br J Clin Psychol. 2022;61(2):287-305. doi:10.1111/bjc.12333.

disorder, while 4% experience dysthymia.

- **Rising depressive symptoms**: From 2001–2010, 24% of adolescents reported elevated depressive symptoms, which increased to 37% between 2011–2020.
- **Regional differences**: The Middle East, Africa, and Asia reported the highest prevalence of depressive symptoms.
- **Gender disparity**: Female adolescents are more likely to report depressive symptoms than their male peers.

These statistics emphasize the urgent need to address the mental health crisis among

teenagers, which continues to escalate globally.

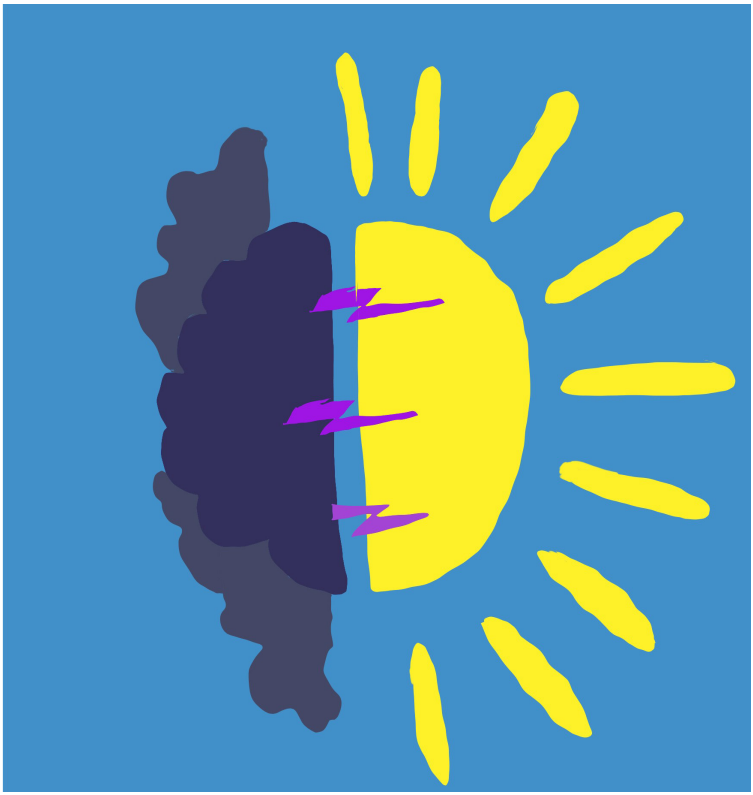
Social Dynamics and Depression

Peer relationships play a critical role during adolescence, yet depression often distorts how teenagers perceive these relationships. A study published in Behavioral Sciences titled [3]"Adolescent Depressive Symptoms and Peer Dynamics: Distorted Perceptions in Liking and Disliking Networks" examined 501 first-year secondary school students in Italy. Adolescents were asked to nominate classmates they liked or disliked. The results showed that:

- Teenagers with depressive symptoms were less likely to send "liking" nominations.
- They were more likely to send "disliking" nominations compared to their non-depressed peers.

These findings support the depression-distortion model, which suggests that depressed adolescents tend to misinterpret their relationships, exaggerating negative interactions and undervaluing positive ones. This can lead to a vicious cycle where the lack of meaningful connections exacerbates feelings of isolation and depression. Over time,

3 Palacios D, Caldaroni S, Berger C, Di Tata D, Barrera D. Adolescent Depressive Symptoms and Peer Dynamics: Distorted Perceptions in Liking and Disliking Networks. Behav Sci (Basel). 2024;14(11):1110. Publicado el 19 de noviembre de 2024. doi:10.3390/bs14111110.



this isolation can impact their ability to form and maintain relationships, further deepening their struggles to have a full life and mental health.

Suicide: A Growing Concern

Suicide is one of the leading causes of death among adolescents worldwide, ranking third for individuals aged 15 to 19. [4]A study published in Child and Adolescent Psychiatry and Mental Health titled "Network analysis of influential risk factors in adolescent suicide attempters" investigated the risk factors for suicidal behavior in a sample of adolescents aged

4 Fernandez-Fernandez J, Jiménez-Treviño L, Andreo-Jover J, et al. Network analysis of influential risk factors in adolescent suicide attempters. Child Adolesc Psychiatry Ment Health. 2024;18(1):152. Publicado el 25 de noviembre de 2024. doi:10.1186/s13034-024-00842-9.

12 to 17 who had attempted suicide. The study, conducted in Spain as part of the larger SURVIVE project, revealed:

- Key risk factors: Emotional and behavioral symptoms, depression, and childhood trauma were strongly linked to suicidal behavior.
- Minimal correlations: Factors like age, sex, and substance abuse showed limited influence on suicide attempts.

This is a proof of the importance of early identification of emotional difficulties and depressive symptoms using targeted screening tools. Addressing these factors could play a crucial role in preventing suicide.

The Path Forward

As this article demonstrates, the mental health crisis among teenagers demands urgent attention. Governments, public health systems, and society at large must prioritize prevention and early intervention to address this growing issue. By investing in mental health education, increasing access to therapy, and fostering supportive environments, we can combat the rising prevalence of depression and its devastating consequences, as suicide. If we act now, we can pave the way toward a brighter future generations to come.

Dafne González

Dafne Sabrina González Chimal is a Medical Intern in the Social Service Program of the Surgeon Degree at the National Autonomous University of Mexico (UNAM). She has a strong interest in understanding the emotional processes that affect adolescents, as well as in promoting awareness and disseminating information about the importance of mental health. Passionate about early intervention in emotional and behavioral disorders, she strives to drive social change and improve the perception of mental health challenges in young people.

Mental Health and Christian Theology: A Trinitarian meditation.

- BY EMAD ATEF

Abstract

We are living in a quite challenging era for our mental health. We are surrounded by rise in mental disorders among adults, and even among children and adolescents. We are drained mentally and psychologically either by work-live radical imbalance, societal pressure, political disruption & conflicts, economic instability, or even throughout social media platform!

In this meditation, I will try to address the topic of mental health and the interrelation between theology and mental health. I will use the doctrine of Trinity as hermeneutical lens that can guide the church as "*one community with distinct persons*" using the framework of the doctrine of Trinity which is *the unity-within-diversity*. I am not alluding that this meditation will automatically eradicate any mental challenge faced by the Christians! Nor, I am imposing, reading into, or over-contextualizing of this doctrine to fit my agenda. I am trying to propose a modest meditation, if taken seriously can enlighten us toward a better understanding of our role as Christians towards ourselves and toward each other as a whole community, in other words, applying this doctrine can assist us as the lamp used by the wise virgins in Jesus' parable (Matthew 25).

Writing this meditation, I admit that I have been through periods of depression and burning out, so I am not preaching/theorizing high from the sky - at least I hope so - I am trying to re-read - even my own experience - through a different hermeneutical - admittingly Orthodox Christian - lens.

Mental Health crises:

The **mental health** crises are apparent to everyone. While this is not the place to mention detailed number. I will present a short glimpse of the current situation. Mental disorders affect one in five adults.[1] It is

1 Christopher C.H. Cook, "Mental Health in the Kingdom of God," *Theology* 123 (3), no. 3 (2020) (n.d.): 164.

also affecting children and adolescents with a percentage of 10-20%.[2] It is affecting the marginalized and the minorities.[3] So, **Psychology, Psychiatry & Psychoanalysis** are quite essential for us as individuals, they - uniquely - are concerned with the mind and brain, on the other hand, **theology** is meant to address the soul and the mind - as well - in some way or another. This intersection of interest in the realm of mind had led to an increasing interest to address the relationship between Psychology and Theology.[4]

Psychology and Theology:

In this article, I am adopting the "**integrative approach**" between theology and psychology.[5] This approach is held by a lot of Christian Psychologists.[6] In short, this approach tends to integrate the Christian theology / Values / Practices with the Phycological theory / practice.[7] I disagree with fellow Christians who sees that *all & every* resource needed for psychological / counseling / mental health are to be find *exclusively* or/and *only* or/and *explicitly* within the pages of the holy scriptures. I believe there is a lot of space to integrate different disciplines to reach the *truth*. This integration is essential due to the fact that both science and theology are "talking -at least in relation to mental health- about the very essence of human condition".[8] Or to put it in another way, humans are not a Lego game composed of different bricks, humanity is an "integral spiritual and psychosomatic unity created for relationship

2 Cook, 164.

3 Cook, 164.

4 Cook, 165.

5 I am using the terms psychology/ psychiatry/ psychoanalysis loosely. I will confine myself to use -loosely- Psychology as an umbrella to differentiate between the secular science that deals with the mind versus the theology.

6 Hathaway Hathaway, "An Examination of Two Biblical Cases for One Approach to the Sufficiency of Scripture," *Journal of Psychology and Theology* 49, no. 3 (2021): 2; Jennifer Kunst and Siang-Yang Tan, "Psychotherapy as 'Work in the Spirit': Thinking Theologically about Psychotherapy," *Journal of Psychology and Theology* 24, no. 4 (1996): 290; Aleksandar S Santrac, "Towards the Possible Integration of Psychology and Christian Faith: Faculties of Human Personality and the Lordship of Christ," *In Die Skriflig* 50, no. 1 (2016): 2.

7 William L. Hathaway, Mark A. Yarhouse, and Stephen E. Parker, *The Integration of Psychology and Christianity: A Domain-Based Approach* (Downers Grove, IL: IVP Academic, 2021), 2.

8 Cook, "Mental Health in the Kingdom of God," 169.

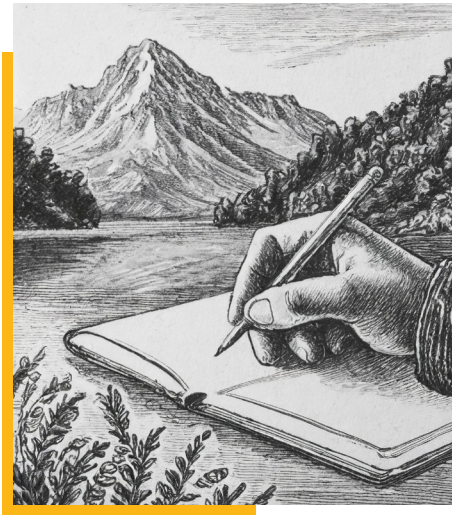
with God. The Church needs to have a vision of its mission that reflects this".[9]

My rationale for adopting this view can be summarized in the following arguments:

First, I adopt the view that God is the author and inspired us with two books, nature and scripture, the *world* and the *word*. So, truth is reveled within the two with no conflict. The bible is not meant to be a "*stand-alone*" book, *textbook* or a *manual* on mental health that contains *all* and *exclusive* knowledge.[10]

Second, As Christian we are created in the image of God (*imago die*), and we are invited to fulfill his likeness. So, like Adam and Eve, we are invited to "tend to the garden of God's world" (cf. Gen. 1:28, 2:5).[11] Our work in our current world must be seen as "cooperation with God in the eschatological transformation of the world".[12] Thus, Christians are invited to integrate both the mundane [Psychology] with the spiritual [Theology], to actualize the image of God in a more mature way.[13]

I would like to end this section with Pope John Paul II's comment that summarizes the dual source of the one truth, namely the revelation from God in church's sacraments/ practices & Scientific practice:[14]



9 Cook, 170.

10 Hathaway, Yarhouse, and Parker, *The Integration of Psychology and Christianity*, 7.

11 Kunst and Tan, "Psychotherapy as 'Work in the Spirit,'" 286; Robert Solomon, "BIBLICAL PERSPECTIVES ON MENTAL HEALTH CARE*," *International Review of Mission* 88, no. 350 (July 1999): 226.

12 Kunst and Tan, "Psychotherapy as 'Work in the Spirit,'" 286.

13 Hathaway, Yarhouse, and Parker, *The Integration of Psychology and Christianity*, 12,18.

14 I mentioned sacraments as a representative for the Coptic Orthodox Church, adding that the Catholic church & other Orthodox (Eastern/ Oriental) churches consider it a holy sacrament. While my reformed friends might disagree on the sacramental status, but they might agree that the practice was found early in the church history

"The confessional is not and cannot be an alternative to the psychanalyst's or psychotherapist office. Nor can one expect the sacrament of Penance to heal truly pathological condition. The confessor or not a healer or a physician in the technical sense of the term; in fact, if the condition of the penitent seems to require medical care the confessor should not deal with the matter himself, but should send the penitent to competent and honest professional"[15]

In other words, it is evident that there must be an integration / interaction / dialogue between the Church's practice / theology and the secular Sciences.

Trinitarian Meditation:

In his first volume of "*Orthodox Dogmatic Theology: The Experience of God*". Dumitri Staniloae discusses the doctrine of the trinity. He started with love. For him, love requires "reciprocity", "no confusion", and "Unity".[16] For him the "love" and "differentiated human relationships" within humanity is the image of the Holy Trinity.[17] So, the most suitable image reflecting the Holy Trinity can be "found in human unity of being and personal distinction".[18]

Using this theological hermeneutical key to the anthropology of the bible. It is obvious that humans are "social beings, meant to live in community".[19] This anthropology finds its truly meaning in the Trinitarian Grammar of Christian theology. So, while God is incomparably transcendent to our understanding, the diversity within the divine unity must have an impact on our understanding of our social relationships. While, our love is / will not perfect, thus the unity within us is / will be distorted. But we are invited to "grow in perfect love among ourselves and in perfect love for

15 Pound, Marcus: "Lacan's Return to Freud: A Case of Theological Ressourcement?" P.440-456, In Gabriel Flynn and Paul D. Murray, eds., *Ressourcement: A Movement for Renewal in Twentieth-Century Catholic Theology* (Oxford New York: Oxford University Press, 2014), 456.

16 Dumitru Staniloae, *Orthodox Dogmatic Theology: The Experience of God, Vol. 1: Revelation and Knowledge of the Triune God*, 1st edition (Brookline, Mass: Holy Cross Orthodox Press, 1998), 245.

17 Staniloae, 246.

18 Staniloae, 250.

19 Solomon, "BIBLICAL PERSPECTIVES ON MENTAL HEALTH CARE*," 227.

God".[20]

Staniloae uses the metaphor of *knots* and *strings* to explain the kind of relation between humans. For him both *knots* and *strings* exist simultaneously, the *knots* communicate through the *strings.* In other words, human being cannot be spoken of as if they were in complete isolation, they *always* exist in relation.[21] Each hypostasis is linked "ontologically with the other and this bond finds expression in the need they all have to be in relation".[22] That's the reason St. Maximos the confessor describes humanity created in unity, but the devil "divided us and separate us from God".[23] This brokenness extended to all aspects of humanity, as "the whole of the created order has been broken - the soul, mind, and body of human beings, as well as all the earth and its creatures - and the whole broken creation is in need of redemption. Psychotherapy addresses one important element of injured reality - the

broken human personality - and begins the repairs which the spirit will complete in the new creation".[24]

So, how does this doctrine relate to mental health?

Humanity are social creatures. This social interconnectedness is found first and foremost in the Christian doctrine of Trinity. If we as church want to address any topic related to humanity, we must consult that divine image in which the humans are created upon, namely the diversity within the unity of the

20 Staniloae, *Orthodox Dogmatic Theology*, 253.

21 Staniloae, 253.

22 Staniloae, 253.

23 Staniloae, 253.

24 Kunst and Tan, "Psychotherapy as 'Work in the Spirit,'" 290.

Triune God. In other words, we cannot talk about mental health, or Psychology if we are starting from atomized view of humanity. Staniloae describes the individualism as a "Sin", that "hinders us from understanding the fullness of love and unity which is characteristic of the holy Trinity".[25]

For the church, all humanity is invited to imitate the divine love within their communities. If the church is going to address the societal challenges, the church has to start with protype of the relations, namely the reciprocity within the Trinity, or using John of Damascus term "*perichoresis*", which reflects the inner indwelling of each person of the Trinity within the other (of course there is radical difference between Godhead and Humanity). So, the church is invited to reflect this perichoretic relationship within its congregation. Staniloae writes "nothing exists in total separation from other things and no unity exists without containing some distinction within it".[26]

In other words, what I am proposing is a modest meditation, in which the doctrine of the Trinity serves as a concrete understanding of the importance of the "*I-thou*" relationship. This is not built on a pragmatic or utilitarian understanding of human relationships, but built on understanding on ontological and existential importance of each person within the whole community in general. This - by no means - underestimate the role of Psychology, Psychiatry & Psychoanalysis. It only paves the road to *imitate* the Trinity.

Conclusion:

Living without anxiousness and anxiety means that we do not have much to care about.

What matters is how to understand ourselves, and others, and how we deal with this anxiety.[27] As I mentioned earlier, I am not proposing that believing in the doctrine of Trinity will eliminate any mental challenge, nor that it is *the cure per se*. Nor do I read into the doctrine of the trinity what suits my agenda. I am proposing a hermeneutical lens, a compose

25 Staniloae, *Orthodox Dogmatic Theology*, 264.

26 Staniloae, 265.

27 Cook, "Mental Health in the Kingdom of God," 167.

to guide us.

Finally, I have to admit, I am huge fan by **Batman** and the metaphors, and symbols within each movie. When you see the bat sign in the sky, you knew that the batman is there/watching/coming. What I proposed in this article is that the doctrine of the trinity is like he bat-sign in the sky, but it calling us not to be *individualistic* and *isolated*, but to be "*persons*" according to the image and likeness of the "*persons*" of the Trinity.

Special thanks to Dr. Patricia Nemr for reading the draft of this article and giving me good criticism.

Emad Atef

Author of "The Pauline Christology of 1 Corinthians 8: 6", and Co-Author of "Trinitarian Perspectives in the Apostolic Fathers: An Investigation"

Emad holds MBA from Arab Academy for Science, Technology & Maritime Transport, MTh in Orthodox Theology from Agora University, and A Master of Arts in the early African Christian Studies from Alexandria School of theology.

Homo Subaquaneus: Navigating Mental Health in the Depths of Academia

- BY AGGE ANGUSSON

Have you ever heard of *homo subaquaneus* - the human submarine? Perhaps not. It's a term I use to describe how we, as humans, are designed to dive deep into challenges. Like submarines, we can navigate complex waters, balancing pressure and endurance. But what happens when the demands become too great? Just as a submarine that dives too fast or stays submerged for too long risks breaking down, we too can experience the toll of unrelenting pressure.

For students, the deep dive often means grappling with the unseen strains of mental health challenges. In this article, I explore the realities of student mental health in 2024 - what pressures students face, how these pressures manifest, and most importantly, what we can do to address them.

It is not always visible when someone is unwell. For many students, mental illness is something that cannot be seen on the surface, but which affects their everyday life, achievements and relationships. In an age where the demands on high-achieving individuals are higher than ever, it is easy to lose yourself in the pursuit of academic success. But what happens when the pressure becomes too great? In this article, I try to highlight the challenges that students face when it comes to mental health - and why it's so important that we talk about it.

Being a student in 2024 is obviously not a one-sided experience. Depending on our backgrounds and the conditions provided by our institutions, student experiences vary widely. Despite this, mental illness remains a global challenge that no campus is immune to.

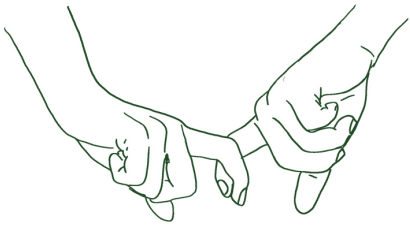
I want to touch on the following seven challenges linked to students and mental illness: high academic demands, stress and the lack of time, uncertain future, social isolation, stigma surrounding mental illness, a combination of mental illness and physical symptoms, and finally lack of support and resources.

1. High academic demands - Many students feel pressured to perform perfectly and live up to high expectations, both from themselves and those around them. This can create feelings of inadequacy and anxiety.

2. Stress and the lack of time - The balance between studies, part-time work, social life and free time is often difficult to maintain. Many students struggle to keep up with everything, which can lead to stress and burnout.

3. Uncertain future - Being a student often means uncertainty about future career opportunities and financial stability. In addition, an uncertain future is created by such issues as current geopolitical conflicts and planetary emergencies. This uncertainty can contribute to anxiety and feelings of worry.

4. Social Isolation - For some, the new study environment can feel isolating, especially if they do not feel at home or find it difficult to create a social network. This can exacerbate feelings of loneliness and depression.



5. Stigma surrounding mental illness - Even though mental health has become a more open topic, there is still a stigma around seeking help. Students may fear showing weakness or losing their status by talking about their problems. It's also important to acknowledge how difficult it can be to disclose additional diagnoses one might have.

6. The combination of mental illness and physical symptoms - Students suffering from mental illness may also experience physical symptoms such as a lack sleep, headaches or stomach issues, which can make managing both studies and health challenging.

7. Lack of support and resources - Unfortunately, it is often the case that access to psychological support is limited at universities or colleges, which can mean that students do not get the help they need in a timely manner.

For these seven challenges, I would like to suggest possible ways forward. These suggested solutions could be implemented in order to create a comprehensive solution to promote students' mental health and well-being:

A. Develop a comprehensive mental health strategy at the universities
Universities and colleges should create a comprehensive mental health strategy that focuses on supporting students in all aspects of their lives, from academic requirements to social well-being. Such a strategy may include:

- Prevention programs and education: accessible education provided for both students and staff on mental health, stress management, and the importance of balance between study and leisure.
- Active Counseling and Mentoring: offer both academic and psychological support through counselors and mentors who help students deal with stress and other existential dilemmas.

B. Offer flexible forms of study and assessments
In order to deal with both stress, lack of time and high academic demands, universities should offer more flexible forms of study and assessment methods, such as:

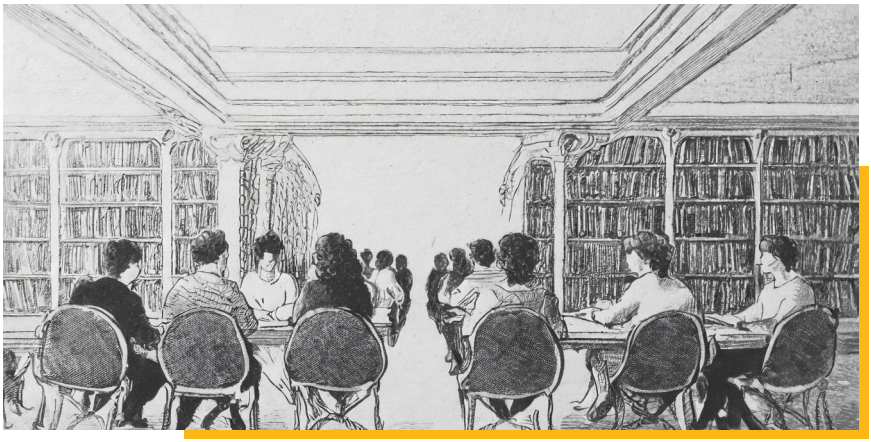
- Flexible deadlines: ability for students to apply for extended deadlines if necessary to reduce stress in case of high workload.
- Alternative assessment methods: offering more options than traditional exams, such as project work or oral presentations, which can reduce stress and give students the opportunity to demonstrate their knowledge in different ways.

C. Create an inclusive and supportive social environment
To counter social isolation and foster a sense of community, higher education institutions should:

- Support student groups and activities: encourage student social engagement by offering activities that are not only academically oriented, but also social and relaxing (eg co-curricular activities, mentoring programs or support groups).
- Create welcome and support programs for new students: these can help integrate new students into the community and give them tools to build social networks.

D. Increase access to psychological support and reduce stigma
To combat stigma and ensure students get the support they need, higher education institutes should:

- Provide easily accessible mental health support: create more resources and easily accessible avenues of contact to enable students to seek help when needed, e.g. via digital platforms or self-help tools.
- Raise awareness of mental health: by holding campaigns and educational programs that promote openness about mental illness, stigma can be reduced. Students should be encouraged to



talk about their problems and seek help without fear of being judged.

E. Promote and support balance between study, work and free time

To manage time constraints and stress, it is important that students are given tools to balance their lives, which may include:

- Time Management Courses and Tools: offer effective time management courses to help students prioritize their tasks and reduce feeling overwhelmed.
- Support for part-time work and financial challenges: offer resources and advice to students working alongside their studies to ensure they are not overwhelmed.

F. Expand and improve access to physical and psychological support

To ensure that students get help when they need it, access to both mental and physical health care should be improved by:

- Expanded health care support: ensure that there are enough psychologists and counselors available to meet demand, and that access to them is easy, preferably with short waiting times.
- Integrate mental and physical health: support students by integrating physical health into health care, as physical symptoms can often be linked to mental health problems.

G. Create systematic, continuous support throughout the study period

To address several of the issues related to uncertain futures and long-term stress, higher education institutes should create a long-term support system that spans the entire education period, including:

- Career counseling and future planning: create stronger support to help students plan their future, whether they want to continue their studies or start a career, to reduce feelings of uncertainty.
- Long-term mentoring: build a system where

students receive support and guidance throughout their studies, providing them with both academic and emotional support.

So far, I have argued for a coordinated and comprehensive strategy that combines prevention measures, support resources and a changing culture around mental health. This can effectively address the various challenges that students face. By creating an environment that values both academic success and well-being, we can help students not only succeed in their studies but also flourish as individuals.

Because, what does it mean to be a human submarine? I suggest that we are all *homo subaquaneus* and in grave need of understanding what this means for our own sake and for the sake of those around us.

A submarine is built to dive. It is a boat that sails below the surface of the water. Its construction makes it possible both to dive deep and to dive for a longer period. But what happens with a submarine that dives too quickly? It faces a range of potentially serious consequences, both structural and operational, such as: hull compression, equipment strain, pressure-related injuries, loss of balance or stability, control system overload, loss of buoyancy control, reduced time to react aswell as an increased risk of collision. Well, this didn't sound good at all. Now I ask, what happens when a submarine dives for too long? In this case, the submarine faces various challenges related to its design limitations, onboard resources and the well-being of the crew, such as: loss of oxygen,

a carbon dioxide buildup, a lack of food and water, equipment wear and tear, hull fatigues, battery depletion, isolation-related issues, sleep disruption, monotony-related stress, hydrostatic pressure stress and negative temperature changes.

As this metaphorical comparison suggests, humans are much like submarines in the aspect of even if humans are designed to work with their bodies and their brains, if humans would dive into an overwhelming workload or be working for too long without sufficient breaks - humans, like submarines, can also tear and break.

Thus, for all the *homo subaquaneus* out there trying to acquire some knowledge, create a career and have a blast at higher educational institutes - we seriously need to talk about mental health. To support the human submarines navigating academia, we need strategies that prevent overloading and encourage resurfacing. By creating environments that prioritize both achievement and well-being, we can help students thrive.

Agge Angusson

Agge is a student of theology and philosophy at Lund University. In 2020, he joined the Student Christian Movement in Sweden and has been the chairperson since 2021. Agge is a priest candidate for the evangelical lutheran Church of Sweden and a member of the Franciscan third order.

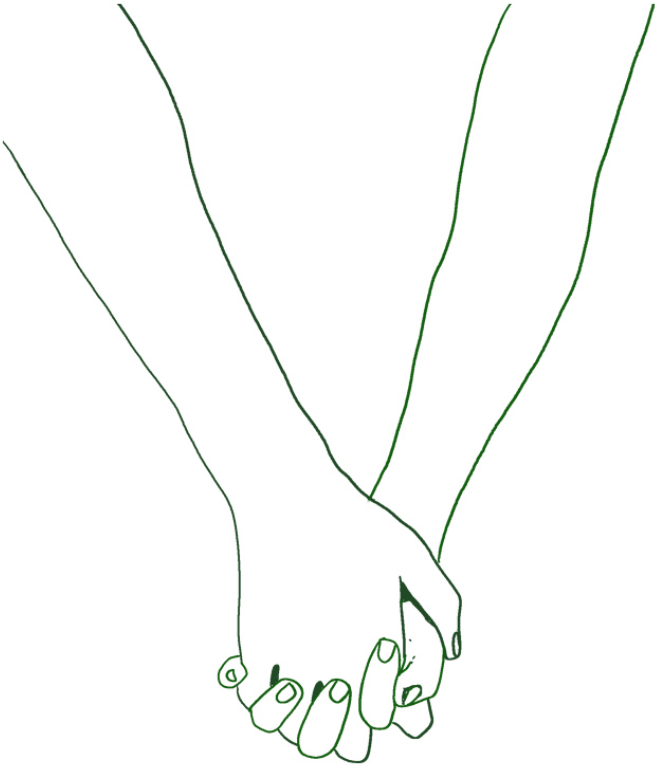


Photo by Sebastian Carbonell
Place: Georgengarten, Hannover

PHOTO BY SEBASTIAN CARBONELL

On days when anxiety clouds my mind, I go for a walk to find peaceful places away from the daily grind. In the simplicity of nature, I find the tranquility I need.

This photo captures the thought that helped me during that moment of tension and stress:

The forest at night is shrouded in darkness, yet deep within, the sun still shines. As I walk, colors begin to emerge, guiding my path. So I observe the surroundings, remembering with the leaves (now green) by my side that, I am reminded that even when anxiety consumes me and everything seems bleak, it's essential to take a moment to breathe and find peace.

Sebastian Carbonell

Sebastián E. Carbonell Arias was born in Barranquilla, Colombia. At the age of 18, he emigrated to Germany to study architecture. During his time there, he learned to navigate life with anxiety and intrusive thoughts. Over the years—some with the support of a psychologist and others on his own—Sebastián has dedicated himself to understanding and prioritizing his mental health daily.

The Interplay of Faith and Mental Health: A Holistic Approach to Anxiety

-BY NAYETH PEREA

The relationship between faith, spirituality, and mental health is a topic that continues to gain relevance in the field of psychology. For centuries, faith has been considered a powerful tool for dealing with personal and emotional crises. However, in contemporary society, mental health has traditionally been approached from a more secular perspective, leaving aside the fundamental role of spirituality. Nonetheless, in recent decades, an integrative approach has emerged, combining psychology and spiritual principles, offering more complete and holistic solutions to mental health problems such as anxiety.

The integrative approach is based on the idea that mental health should not be addressed solely from a scientific or emotional perspective, but also consider the spiritual aspects of the person. By integrating faith with psychology, deeper and more lasting healing can be provided. This article explores how faith and spirituality influence the understanding of mental health, with a particular focus on anxiety, and how the combination of psychological and spiritual principles can be a powerful tool for holistic healing.

What is Anxiety?

[1]Anxiety, as an emotional response, has an adaptive function in normal circumstances. It is the body and mind's reaction to perceived threats, whether real or imagined. From an evolutionary perspective, anxiety serves as an alert that prepares the body to face dangerous situations, activating the "fight or flight" response. However, when this response is triggered constantly and inappropriately, it can become a disorder that significantly interferes with daily life.

From a clinical point of view, [2]anxiety is classified into different

1 American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). APA.

2 National Institute of Mental

types, such as generalized anxiety disorder, panic attacks, obsessive-compulsive disorder, and others. Each type of anxiety is characterized by specific symptoms, including difficulty concentrating, heart palpitations, insomnia, and a constant feeling of restlessness. People who suffer from chronic anxiety often experience a negative impact on their ability to maintain relationships, perform at work or school, and enjoy everyday activities.

Although conventional treatments include psychological therapy and, in some cases, medication, an approach that combines psychology and faith can be an additional and powerful tool for fostering holistic healing and overcoming the debilitating effects of anxiety.

Health. (2023). Anxiety disorders. Retrieved from https://www.nimh.nih.gov

Faith as a Resource in Managing Anxiety

1. Faith as a Source of Hope:

[3]Faith provides a sense of hope that transcends circumstances. In the midst of an anxiety crisis, remembering that

3 Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, 278730.

there is a divine purpose can shift a person's perspective and bring comfort. Anxiety is often characterized by a sense of uncertainty and fear of the unknown. However, faith in a supreme being who has control over our lives acts as an emotional anchor. This sense of divine purpose can help people look beyond their immediate circumstances and trust that, although they may not understand what is happening, there is a greater plan.

The hope provided by faith is not just an abstraction; it is tied to the belief that every experience has a purpose. For example, in moments of anxiety, many find comfort in prayer or meditation, where they can surrender their worries to God and trust that He is at work in their lives, even if the results are not immediate.

2. Facing Fear through Scripture:

The Bible contains numerous passages that invite us to cast off fear and trust in God. Isaiah 41:10 says, "Do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you." These texts can serve as powerful affirmations to counteract the catastrophic thinking common in anxiety. Instead of focusing on fears and worries, these verses invite individuals to find peace by remembering that they are not alone and that God provides them with support and strength.

Furthermore, many verses offer comfort by emphasizing God's sovereignty, reminding believers that even in the midst of anxiety, there is a divine purpose in every situation. Faith allows them to view their challenges from a broader perspective, where suffering is not unnecessary, but rather an opportunity for spiritual growth.

3. Trust and Surrender:

One of the main challenges for those struggling with anxiety is the desire to control all aspects of life. Faith offers a unique solution: surrender. In Matthew 6:34, Jesus teaches, "Do not worry about tomorrow, for tomorrow will bring its own worries." [4]This invitation to live

4 Pargament, K. I. (1997). The psychology of religion and coping: Theory,

in the present and trust in God alleviates the emotional burden of an uncertain future. Anxiety often arises from worrying about the future and the belief that we must have everything under control. Faith teaches us to release those fears and trust that God will take care of every detail.

Surrender does not mean inaction, but rather a willingness to trust the divine plan while taking the necessary actions to address our difficulties. When individuals combine faith with psychological strategies such as cognitive-behavioral therapy, they can learn to identify irrational thoughts and replace them with beliefs that promote peace and acceptance.

Integrating Faith and Psychology

The integration of faith and psychology allows for a holistic approach to mental health, where the person is addressed in all their dimensions: body, mind, and spirit. This approach recognizes that mental health involves more than just managing emotions and thoughts; it also includes a connection to purpose and transcendence. Christian psychology, in particular, focuses on promoting emotional well-being while fostering a relationship with God.

Practical Techniques that Combine Psychology and Faith:

- Cognitive Restructuring Based on Biblical Principles:

[5]Cognitive restructuring is a key tool in cognitive-behavioral therapy that helps individuals identify and replace distorted thoughts. In a Christian context, this technique can be enhanced by incorporating verses that reinforce positive and hopeful thoughts. For instance, when someone struggles with the thought "I'll never get through this," Philippians 4:13 can be offered: "I can do all things through Christ who strengthens me." This verse not only reinforces belief in one's abilities but also underscores the importance of faith in Christ as a source of strength.

research, practice. Guilford Press.

5 Beck, J. S. (2011). Cognitive behavior therapy: Basics and beyond. Guilford Press.

- Narrative Therapy and Spiritual Purpose:

[6]Narrative therapy invites individuals to reinterpret their experiences from a perspective of growth and learning. By integrating faith, this process becomes richer by viewing each experience as part of a divine plan. Believers can reinterpret their struggles as opportunities to strengthen their faith and character, knowing that every step is guided by God.

6 McAdams, D. P., & McLean, K. C. (2013). Narrative identity. Current Directions in Psychological Science, 22(3), 233-238.

- Christian Mindfulness:

Mindfulness can be adapted to a spiritual context. In this approach, individuals focus not only on the present moment but also on God's presence as they practice conscious breathing. For example, [7]when inhaling, they can meditate on a phrase like "God is with me," and when exhaling, on "He gives me peace". This type of meditation not only helps reduce anxiety but also deepens the spiritual connection and inner peace.

The Faith Community as a Protective Factor

One unique characteristic of faith is its ability to create supportive communities. Churches, prayer groups, and ministries provide a safe space where individuals can express their emotions and receive encouragement. [8]This sense of belonging has a

7 Seaward, B. L. (2021). Managing stress: Principles and strategies for health and well-being. Jones & Bartlett Learning.

8 Ellison, C. G., & Levin, J. S. (1998).

significant impact on mental health, as it reduces isolation and fosters resilience. The faith community offers a space where people can share their burdens and pray for one another, strengthening their sense of security and hope.

Belonging to a faith community also provides a model of social support that can be crucial in the healing process. The emotional support of church members helps people feel accepted and valued, reducing the stress and anxiety associated with social isolation.

Scientific Evidence on Faith and Mental Health

[9]Numerous studies have explored how faith and spirituality affect mental health. Research published in the "Journal of Religion and Health" found that individuals with a strong spiritual connection were less likely to suffer from depression and anxiety. Spirituality, according to some studies, is associated with higher levels of emotional and psychological well-being. Furthermore, [10]regular prayer and spiritual meditation have been linked to a decrease in cortisol levels, the stress hormone. These findings suggest that faith not only has an emotional impact but also a physiological one, supporting the idea that spirituality and mental health are deeply connected.

Cultural and Spiritual Differences

It is important to recognize that the integration of faith and psychology varies according to cultural and religious contexts. In a Christian setting, the Bible and prayer are central tools, but in other spiritual traditions, rituals and sacred texts serve a similar purpose. Mental health professionals must be sensitive to each patient's individual beliefs and adapt their interventions accordingly. This requires culturally competent training and a respectful approach to the spirituality of

The religion-health connection: Evidence, theory, and future directions. Health Education & Behavior, 25(6), 700-720.

9 Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, 278730.

10 Seaward, B. L. (2021). Managing stress: Principles and strategies for health and well-being. Jones & Bartlett Learning.

each person.

Challenges of Integration

While faith can be a source of strength, there are also challenges in integrating it into psychological treatment. Some patients may have misconceptions about anxiety, seeing it as a lack of faith or divine punishment. It is crucial to address these ideas with compassion, explaining that anxiety is a common human experience and that seeking professional help is not a sign of spiritual weakness but an act of self-love. Additionally, some mental health professionals may struggle to integrate spirituality into their clinical practice, especially if they are not familiar with their patients' religious beliefs.

Walking Toward Holistic Healing

Anxiety is a real struggle, but it does not define those who experience it. By combining psychological principles with the strength derived from faith, we can offer a unique and powerful perspective on addressing this condition. Holistic healing, which encompasses body, mind, and spirit, is key to complete restoration. Through the integration of faith and psychology, individuals can find the peace and healing they long for, trusting that, in the end, God has everything under control.

Nayeth Perea

Nayeth Perea Rojas is a Christian psychologist, spiritual leader, and director of Healing Worship. She combines her expertise in psychology with her faith, helping others find purpose, fulfillment, and emotional restoration in Christ. From Barranquilla, Colombia, she can be found on Instagram and YouTube as @nayethpereamusic.

Martin Luther and Mental Health: Between Desolation and Guidance

- BY JAN NIKLAS MINACK

Many biographies have already attempted to portray Martin Luther's life concisely: they often describe Luther as a fearless fighter against the sale of indulgences, a determined advocate for religious freedom, or an important translator of the Bible. But increasingly, critical voices are also being heard, rightly emphasizing that Luther was also a hate-filled preacher against Judaism.[1] The purpose of this article is to highlight a completely different aspect of Luther's life: throughout his life, Luther struggled with symptoms that would nowadays be considered as mental health issues. At the same time, he was an empathetic counselor to other people who were also affected by these symptoms.

The first impression we get from reading Martin Luther's writings is that he was a tough and straightforward man who radiated great vitality. Luther had a talent for getting to the point, even if this clarity was not always met with enthusiasm. But in his speeches, letters and conversations, Luther also expresses his sensitiveness, which allows us a good insight into the reformer's physical and mental health. After completing his law studies at the University of Erfurt in 1505 and subsequently entering the Augustinian monastery in Erfurt as a monk, the same year, his mental health in particular seems to have been severely affected for reasons that are not entirely clear today. In a letter to Jerome Weller from 1530, he expresses his situation as follows: "When I first entered

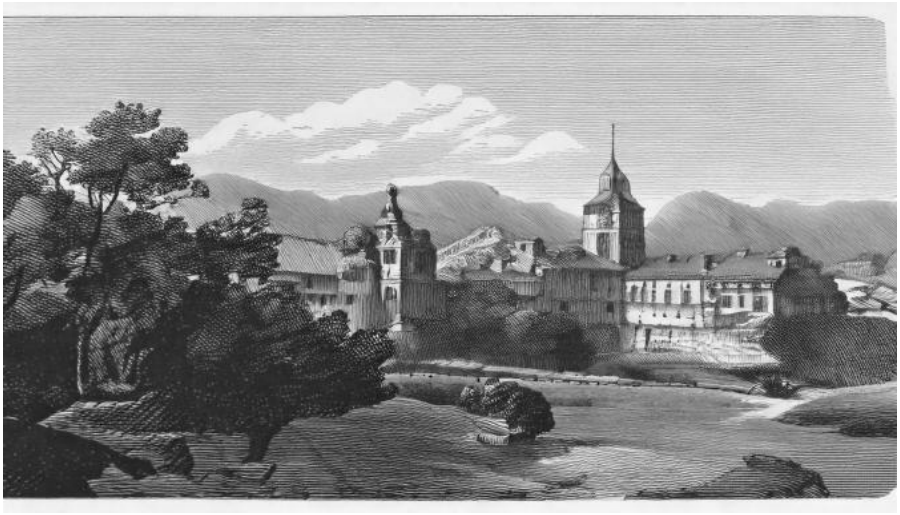
1 Gritsch, Eric W., Martin Luther's Anti-Semitism: Against His Better Judgement, 2012.

the monastery it came to pass that I was sad and downcast, nor could I lay aside my melancholy."[2] Melancholia was a disease, which received increasing attention at the beginning of the 16th century, caused symptoms such as pessimism, impaired perception and concentration. According to the so-called humoralist model, which states that the human body is influenced by the four humors (blood, phlegm, yellow bile and black bile), melancholia was caused by an overproduction of black bile. Even in later phases of his life, Luther repeatedly described how he suffered from mental health issues. In addition, there were physical issues that plagued him from around the age of 38: during the Diet of Worms in 1521, for example, he "suffered from stomach and intestinal complaints, bilious pains, digestive disorders, constipation, mood swings with feelings of fear and anxiety."[3]

Despite his own physical and psychological problems, Martin Luther acted as an empathetic counselor in personal exchanges as well as in many letters. He took care of the worries, fears, and needs of many people and invited them to visit him. In 1527, for example, he wrote

2 Tappert, Theodore G., Luther – Letters of Spiritual Counsel, Philadelphia 1955, p. 84–87.

3 Fege, Jürgen, Der Reformator Dr. Martin Luther als Dauerpatient, Ärzteblatt Sachsen 7/2014, p. 301.



to a former nun, Elizabeth von Canitz, asking her to work as a teacher at a girls' school in Wittenberg. In the same letter he also addressed the young woman's personal situation: "I hear too that the evil one is assailing you with melancholy. O my dear woman, do not let him terrify you, for whoever suffers from the devil here will not suffer from him yonder. It is a good sign. Christ also suffered all this, and so did many holy prophets and apostles, as the Psalter sufficiently shows. Be of good cheer, therefore, and willingly endure this rod of your Father."[4] He concludes the letter with an invitation to come to Wittenberg and further talk to her about the situation.

The advice to be of good cheer and endure the situation would, of course, be highly questionable from today's psychotherapeutic perspective. However, Martin Luther refers to Jesus' suffering in the letter in an attempt to give people of faith important support for their mental health. Luther rejected the "theology of glory", as it is known today, which tried to convey to people that faith is a work that can be experienced as happiness. Luther considered this to be a false teaching, especially because it taught people with mental health problems that their condition was a consequence of a faith too weak. This is why Luther's theological view, which refers back to Apostle Paul and can be summarized under the term "theology of the cross", is something salutary for those affected then and now: according to Luther, feelings are irrelevant to faith, even obstacles.

In an emotionally difficult situation, many people feel desperate about being loved by God. Their lack of joy in life leads them to assume that they have no part in salvation. They begin to judge themselves for this. According to Luther's understanding, however, God does not reveal himself in glory or power, but above all in the weakness and suffering of Jesus Christ on the cross. This assurance that people are not only recognized by God in their suffering (including mental health problems), but that God takes their suffering upon himself, is a healing message for many people. God is with them, especially in the dark moments. Paul writes about this: "For I

4 Tappert, Letter of Spiritual Counsel, p. 83–84.

am certain that nothing can separate us from his love: neither death nor life, neither angels nor other heavenly rulers or powers, neither the present nor the future, neither the world above nor the world below—there is nothing in all creation that will ever be able to separate us from the love of God which is ours through Christ Jesus our Lord."[5]

5 Romans 8:38-39 GNT

Jan Niklas Minack

Jan is German, lives in Austria and studies Protestant Theology and Religious Education at the University of Vienna. In the association "EvanQueer", he advocates for the LGBTIQ community within the Protestant Church in Austria. He is the campaign coordinator for WSCF-E.

A Prayer for Mental Wellbeing

Heavenly Father, Source of all comfort and healing, we come before You today with hearts full of gratitude and concern. We lift up the countless young people around the world who are struggling with their mental health. We pray for those who feel lost, alone, and overwhelmed by anxiety, depression, or other challenges.

May Your peace envelop them like a warm blanket, soothing their troubled minds and hearts. Grant them the strength to face each day with courage and hope. May they know that they are not alone and that You are always with them, guiding them through the darkness.

We pray for those who are dedicated to helping others with their mental health: the psychologists, psychiatrists, counselors, and all those who work tirelessly to provide care and support. Bless their hands and hearts as they work to alleviate suffering and promote healing. Grant them wisdom, compassion, and the strength to continue their important work.

We ask that You would raise up more people who are willing to listen without judgment, to offer support without conditions, and to create safe spaces where young people can feel heard and understood. May we all be instruments of Your love and compassion, reaching out to those in need and offering a listening ear.

We pray for a world where mental health is valued and prioritized, where stigma is eradicated, and where everyone has access to the support they need. May we all strive to create a more compassionate and understanding society, where mental health is seen as a vital part of overall wellbeing.

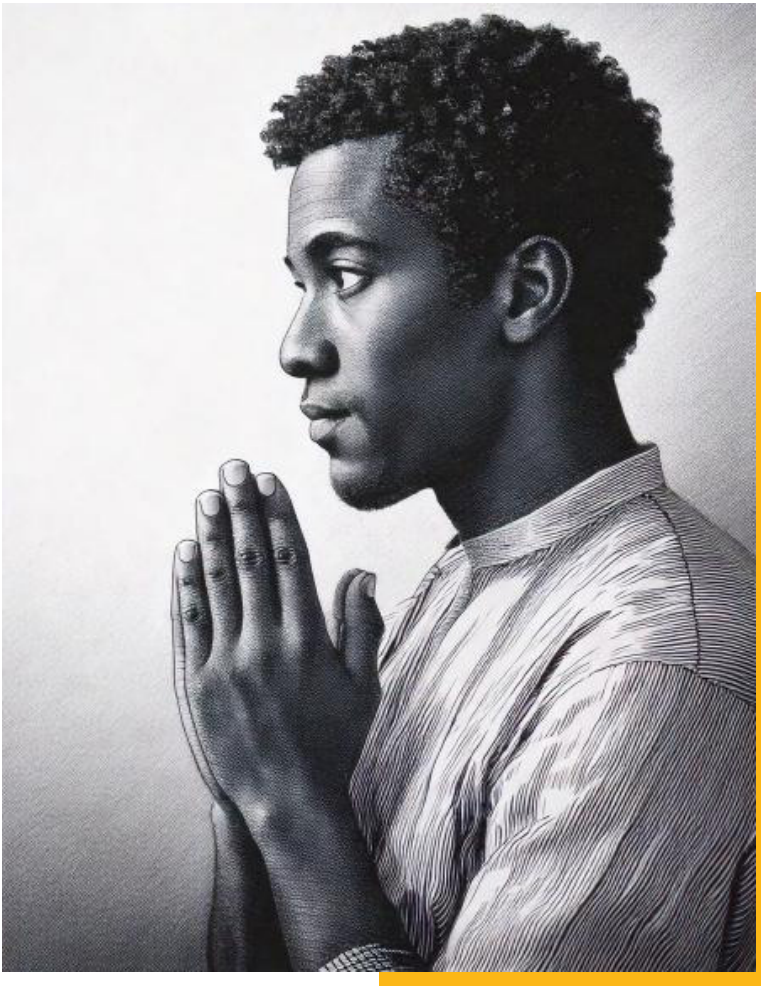
Let us remember the words of the Apostle Paul in Philippians 4:13: "I can do all things through Christ who strengthens me." This verse reminds us that even in our darkest moments, with God's help, we can overcome any challenge.

We call upon all young people struggling with their mental health to reach out for help. There are people who care about you and want to see you thrive. Don't be afraid to talk to a trusted friend, family member, or mental health professional. Your journey towards healing may be difficult, but with faith, hope, and the support of others, you can find peace and joy.

In the name of Jesus Christ, our healer and redeemer, we offer this prayer.

Amen.

Prayer by anonymous contributor



Bibliography and References

Depression and Suicide in Teenagers: Much More Than "It's just hormones" by Dafne González

1. Organización Mundial de la Salud. La salud mental de los adolescentes. 2024. Disponible en: https://www.who.int/es/news-room/fact-sheets/detail/adolescent-mental-health. Accedido en 4 de diciembre de 2024.
2. Shorey, S., Ng, E. D., & Wong, C. H. J. (2022). Global prevalence of depression and elevated depressive symptoms among adolescents: A systematic review and meta-analysis. British Journal of Clinical Psychology, 61(2), 287–305. https://doi.org/10.1111/bjc.12333
3. Palacios, D., Caldaroni, S., Berger, C., Di Tata, D., & Barrera, D. (2024). Adolescent depressive symptoms and peer dynamics: Distorted perceptions in liking and disliking networks. Behavioral Sciences (Basel), 14(11), 1110. https://doi.org/10.3390/bs14111110
4. Fernandez-Fernandez, J., Jiménez-Treviño, L., Andreo-Jover, J., et al. (2024). Network analysis of influential risk factors in adolescent suicide attempters. Child and Adolescent Psychiatry and Mental Health, 18(1), 152. https://doi.org/10.1186/s13034-024-00842-9

Mental Health and Christian Theology: A Trinitarian meditation by Emad Atef

1. Cook, Christopher C.H. "Mental Health in the Kingdom of God." Theology 123 (3), no. 3 (2020) (n.d.): 163–71.
2. Flynn, Gabriel, and Paul D. Murray, eds. Ressourcement: A Movement for Renewal in Twentieth-Century Catholic Theology. Oxford New York: Oxford University Press, 2014.
3. Hathaway, Hathaway. "An Examination of Two Biblical Cases for One Approach to the Sufficiency of Scripture." Journal of Psychology and Theology 49, no. 3 (2021): 1–9.

4. Hathaway, William L., Mark A. Yarhouse, and Stephen E. Parker. The Integration of Psychology and Christianity: A Domain-Based Approach. Downers Grove, IL: IVP Academic, 2021.
5. Kunst, Jennifer, and Siang-Yang Tan. "Psychotherapy as 'Work in the Spirit': Thinking Theologically about Psychotherapy." Journal of Psychology and Theology 24, no. 4 (1996): 284–91.
6. Santrac, Aleksandar S. "Towards the Possible Integration of Psychology and Christian Faith: Faculties of Human Personality and the Lordship of Christ." In Die Skriflig 50, no. 1 (2016): 1–8.
7. Solomon, Robert. "BIBLICAL PERSPECTIVES ON MENTAL HEALTH CARE*." International Review of Mission 88, no. 350 (July 1999): 226–39.
8. Staniloae, Dumitru. Orthodox Dogmatic Theology: The Experience of God, Vol. 1: Revelation and Knowledge of the Triune God. 1st edition. Brookline, Mass: Holy Cross Orthodox Press, 1998.

The Interplay of Faith and Mental Health: A Holistic Approach to Anxiety by Nayeth Perea Rojas

1. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). APA.
2. Beck, J. S. (2011). Cognitive behavior therapy: Basics and beyond. Guilford Press.
3. Ellison, C. G., & Levin, J. S. (1998). The religion-health connection: Evidence, theory, and future directions. Health Education & Behavior, 25(6), 700-720.
4. Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. ISRN Psychiatry, 2012, 278730.
5. McAdams, D. P., & McLean, K. C. (2013). Narrative identity. Current Directions in Psychological Science, 22(3), 233-238.
6. National Institute of Mental Health. (2023). Anxiety disorders. Retrieved from https://www.nimh.nih.gov

7. Pargament, K. I. (1997). The psychology of religion and coping: Theory, research, practice. Guilford Press.
8. Seaward, B. L. (2021). Managing stress: Principles and strategies for health and well-being. Jones & Bartlett Learning.

Martin Luther and Mental Health: Between Desolation and Guidance by Jan Minack

1. Gritsch, E. W. (2012). Martin Luther's anti-Semitism: Against his better judgement.
2. Tappert, T. G. (1955). Luther – Letters of spiritual counsel (pp. 84–87).
3. Fege, J. (2014). Der Reformator Dr. Martin Luther als Dauerpatient. Ärzteblatt Sachsen, 7, 301.
4. Tappert, T. G. (1955). Luther – Letters of spiritual counsel (pp. 83–84).
5. Biblia. (n.d.). Romanos 8:38-39 (GNT).

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MOZAIK'S TEAM

Laura Gomez Reyes | Editor-in-Chief

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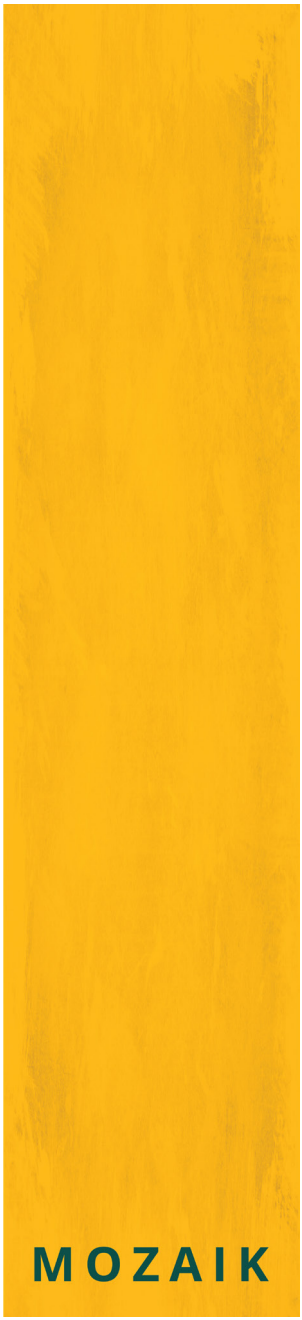
Laura Gomez Reyes is a Colombian from Barranquilla with a background in International Business. Her passion for serving others led her to become a youth leader, where she discovered a deep connection with young people. She is drawn to diverse cultures, history, and travel, and finds the ecumenical and interreligious world particularly fascinating. Laura enjoys volunteering and contributing to her community.

Eleonore Seiferth | Illustrator

Eleonore Seiferth studied English literature and art education at the University of Paderborn, with a focus on art mediation and cultural education. Alongside her academic work, she participated in international projects such as the "Share the Care" youth event in Croatia, gaining diverse insights into collaboration and cultural exchange.

Marcos Dorneles | Art Editor

Marcos is a Brazilian freelance videomaker and graphic designer based in Italy. He is passionate about using music and visual arts to create unity and harmony. His work is deeply inspired by his love for ecumenical communities and the richness of cultural diversity.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