TRANSCRIPT

An Undeceptions podcast.

John Dickson:

(Singing) If you grew up in Australia, Play School on the ABC, the national broadcaster, would almost certainly have been part of your childhood. It's been going strong now for over 50 years, the second longest running TV show in the world, after the British kids show Blue Peter.

Karen Pang:

A grumpy face, and a sad face. Boo-hoo-hoo. But I have a happy face. Hello, I'm Karen, lots of different faces with different feelings.

John Dickson:

That's Karen Pang, one of Play School's longest serving presenters. She's been on the show for more than 18 years. In the clip we just played, she's doing a series with her fellow presenters on feelings. And it's appropriate really, because we spoke to Karen for this episode about her own feelings, or more accurately, her mental health.

Karen Pang:

I stay because it's one of the best jobs ever. It's a job that permits you and gives you license to be a child. I guess it's like, especially when you start to have children around you, there is no way that you can walk with them without having some kind of childness and joy. But it also makes my life lighter, and it also just makes me remember that it's okay and it can be a lot of fun, this life.

John Dickson:

Karen's life isn't always light. It can get pretty dark. Karen has bipolar, and she says if it wasn't for her faith in God, she probably wouldn't be here anymore. Perhaps you've heard it before, religion is bad for your mental health. It triggers feelings of guilt, right? Self-loathing, bigotry. But actually there are many ways in which the opposite is true. Karen's life is testament to that. There's also a growing body of research, authoritative, real life, peer-reviewed research that reports a significant benefit to wellbeing if you are religious. That's right, you are more healthy if you are religious. I'm John Dickson, and this is Undeceptions.

Undeceptions is brought to you by Three Views on Christianity and Science, a new book from Zondervan Academic. Every week at Undeceptions, we explore some aspect of life, faith, history, culture, or ethics that's either much misunderstood or mostly forgotten. With the help of people who know what they're talking about, we'll be trying to undeceive ourselves and let the truth out. Before we go any further, just a warning that today, we are talking about mental health and suicide. If you are struggling at the moment, you can get help by calling Lifeline in Australia on 13-11-14. In the UK, they're Samaritans on 116-123. And in the US, the National Suicide Prevention Lifeline on 1-800-273-8255. Be safe. God bless.

Karen Pang:

Hello?

Kaley Payne:

Hi. It's Kaley. Thank you.

John Dickson:

That's producer Kaley, who sat down with Karen for a heart to heart.

Kaley Payne:

Hello.

Karen Pang:

Hi.

Kaley Payne:

I'm Kaley. Nice to meet you.

Karen Pang:

Nice to meet you too.

Kaley Payne:

Thanks. Thanks for having me.

Karen Pang:

No worries. Yes. I went to Charleston University in 1994, and it was really great because I was just doing stuff that I really liked in terms of it was communications. But by the second year, I felt something just ... It was like it got heavier and heavier, and I just found myself crying at a drop of the hat. I didn't know what was going on. It was as if all joy, all fun, all experiences, all these things were just taken away, and I feel like I was just an empty dry landscape.

John Dickson:

Karen says she was diagnosed with depression and given some antidepressant medication. It's probably worth just stopping here to define what we're talking about in this episode when we say mental health. The Mayo Clinic in the US, a leader in the field, puts it this way.

Kaley Payne:

Mental illness or mental health disorders refers to a wide range of mental health conditions, disorders that affect your mood, thinking, and behavior.

John Dickson:

That's producer Kaley.

Kaley Payne:

Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviors. Many people have mental health concerns from time to time, but a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function.

John Dickson:

Okay. Back to Karen, who says she began to walk out of the shadows of her university days depression, and walked straight into NIDA, the National Institute of Dramatic Arts, a prestigious center that trains some of Australia's best performance. There, Karen had to confront some really difficult things; opening herself up to criticism, digging deep into her emotions to play tricky characters, and well, just being in a high pressure environment where people are adversarial, with lots of people competing to be the center of attention. She emerged after three stormy years there and began her first job on Play School.

Karen Pang:

I could feel a shadow just behind me. Yeah. I went into work, but then I hit about 25, yeah 25, and things got really weird. Things just really deteriorated and I started to lose track of time. It was like I couldn't sleep. I could hear stuff in my ears, some noises and stuff like that. I just felt like the adrenaline was constantly just overflowing and I just couldn't get rid of it.

I was moving all the time because I couldn't keep still. I'd stay up drawing these pictures continuously, and it really started to get out of control. It got to a point where it just felt like if I tried to step up on the third floor and jump, would I die? Or can I just try it and see what happens? Things were really starting to blur reality and what was going on in my head. In the end, I went into a hospital and they found out that I had bipolar. That was my first hit of what a serious high looked like, and it took quite a while for me to come back down.

Lyn Worsley:

Bipolar is a type of depression and it's a chemical imbalance.

John Dickson:

That's Lyn Worsley, a clinical psychologist based in Sydney.

Lyn Worsley:

But when it comes to bipolar disorder, you have an extreme, an extreme between someone who's hyper manic; so they're hyper in their behaviors and their thoughts, and they're fast-acting and fast thinking, and then there are extreme depths of depression. Those swings can be so extreme that they almost seem like they're two different people.

John Dickson:

When Karen was admitted to hospital and told she had bipolar, she ended up staying for almost three months.

Karen Pang:

For me, when I'm on a high, what happens is I bounce straight into a low, a bipolar depression. It's lower, it's harder, it's darker and longer. Generally for me, it took about six to eight weeks before I could even start to think about, or be in a place to accept sort of okay, how are we going to do this? To have that, even a small clarity of going, okay, so what are we going to do? And actually accept help, and also to be able to even want help.

Kaley Payne:

That six to eight weeks that you are in this severe depression, what are you doing in that time?

Karen Pang:

It's really hard, because a lot of people don't talk about this. At first, I didn't really talk about it. Strangely enough, as a Christian, I thought I couldn't talk about it, and other Christians didn't want to hear about it. I was in literally a constant state of suicidal not just tendencies or thoughts, I was in the thick of it.

That's why I was in hospital most of the time, in more lockdown places where it's not hospital. It's basically lockdown. Also, I was actually hurting myself very badly. That's what's happening in that phase, and it's like a cloud, a really deep fog. Yeah.

John Dickson:

Those suffering with bipolar are 17 times more likely to attempt suicide than the general population. See the show notes for the details. One in four people with bipolar will attempt suicide. And Karen's right, this hasn't been a topic the church is super comfortable talking about. In the Bible, there are six or seven suicides reported through the Old and New Testaments. The two best known are Saul in the Old Testament and Judas in the Mew.

King Saul who reigned in the 11th or 10th century BC, ended his own life to avoid dishonor and suffering at the hands of his enemies, the Philistines. In the New Testament, Judas, who betrayed Jesus, commits suicide after handing Jesus over to the authorities. There are two quite different accounts of his death you may know, one in the Gospel of Matthew, and the other in the Book of acts. Check out the bonus content from last season's Bible Mistakes episode, where I speak with Craig Blomberg about whether these accounts are contradictory. Still, however Judas died, it's clear he took his own life.

Augustine of Hippo, also known as Saint August, writing in the 5th century, addressed the ethics of suicide in some detail. A theologian and philosopher, Augustine wrote in his book, the City of God, that, "suicide violated God's commandment against killing and also the command to love one's neighbor as oneself. You can't love yourself if you want to kill yourself," the argument goes. Augustine actually goes a bit further than that and says that, "suicide is an attempt to completely escape suffering when the fact is

Jesus himself has given us a model of what it means to patiently endure suffering. It is clearly monstrous to kill oneself," Augustine wrote.

The later church continued to condemn the taking of your own life. Some even argued that it is an inherently unforgivable sin because in the nature of the case, there's no opportunity to repent of that sin. The result, sadly, is that various church councils through history declared that anyone who ends their own life can't have a Christian burial. The modern church has modified its view a bit, thank God. The Catholic church, for example, still holds that suicide is a grave sin, but also says that psychological impairments like depression can so cloud a person's moral judgment that it actually makes them less morally responsible.

The Catholic Catechism, which is the official Catholic curriculum reads, "We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to Him alone, God can provide the opportunity for solitary repentance. The church prays for persons who have taken their own lives." Protestants like myself, don't believe in praying for the dead, but most of us share the same sentiment about the possibility of God's grace toward those who have taken their own life. The church's teaching on suicide has been mixed through history, but there's more to say. Christian teaching on the immense value of life seems to have had a measurable impact in saving lives.

Tyler Vanderwell:

Our speculation is that, that belief that suicide's wrong, reinforced by often powerful and regular teachings on the value of life, may in fact be the principal mechanisms by which weekly religious service attendance protects against suicide.

John Dickson:

That's Tyler Vanderwell, the Professor of Epidemiology at Harvard University's School of Public Health. Tyler is the director of Harvard's Human Flourishing Program, which has done some fascinating research over the last few years. We spoke to him for a much longer discussion about human flourishing in general, so stay tuned for an upcoming episode on that. For now though, it's worth pondering how on earth regular church involvement is protective against suicide.

A study, I think, you were involved with, found that amongst American women, women who attend church are five times less likely to suicide. How can that be?

Tyler Vanderwell:

Yeah. Again, that's what our estimate from our study suggested, about fivefold less likely to commit suicide over the roughly 15 years of followup in that study. Others have found similar estimate. I would say, with regard to weekly religious service attendance, most of the estimates are in the range of threefold to sixfold protective effects, which again, is really substantial. We know of some factors which cause suicide that have such large effects, but in terms of protective factors, it really is one of, if not the strongest. So we were curious.

John Dickson:

Okay. Just a few more details about these remarkable statistics. Tyler and his colleagues at the Harvard T.H. Chan School of Public Health published this study in 2016, the one that found that regular participation in a religious service, like church, offers fivefold protection against suicide.

But then in the middle of last year, they published another study in the Journal of the American Medical Association Psychiatry that went a little further. Tyler and his colleagues found that people who attend religious services at least once a week were significantly less likely to die from deaths of despair.

Tyler Vanderwell:

Yeah. Deaths of despair is a term coined by Angus Deaton and Anne Case to refer to the phenomena where we've been observing, at least in the United States, increasing deaths due to suicide, alcohol poisoning, and drug overdoses. What we found was that those who attended religious services regularly were at considerably reduced risk for these deaths of despair. Amongst women in this study, those attending regularly had about a 66% reduction in these deaths of despair. And with the men in the study, the effect was somewhat smaller, but still very meaningful. It was about a 33% reduction in the likelihood deaths of despair over about 20 year periods. Considerable reduction, considerable protection for those attending religious services frequently.

We were curious to try to understand why this was so, and that is from an empirical and scientific perspective, a more difficult question. Suicide, thankfully, is still a relatively rare event, but it makes it more difficult to study. But in the analysis we did that tried to understand what the mechanisms might be, we had speculated that lower depression rates and less alcohol abuse and greater social support might all be important mechanisms for leading to the much lower suicide rates. We knew from prior work that religious service attendance had beneficial effects on social support, on reducing depression, on reducing alcohol abuse. These things are associated with suicide.

We found that some of the effect was explained by these pathways, but much, much less than we had anticipated. With that dramatic fivefold effect quantitatively, it was really a tiny portion that seemed to be explained by these other mechanisms. That led us to speculate that maybe that one of the central mechanisms, and this is more of a speculation than something we have definitive data on at present, but that maybe one of the central mechanisms was simply the belief that suicide was wrong. Many of these religious communities do have fairly strong prohibitions against suicide, and also profound teachings on the value of life, of life being a gift from God, and the negative consequences of suicide on the community as well.

John Dickson:

It's not just deaths of despair that are reduced by religious service attendance. Tyler found that religious service attendance is associated with better overall mental health.

Tyler Vanderwell:

I would say there's very strong evidence for a protective effect of religious service attendance on depression. Those who attend regularly seem to be at about a 30% reduced risk of depression over time, and likewise, those who are attending regularly, who are depressed, are more likely to recover from depression. There's also evidence that religious service attendance contributes to various aspects of

psychological wellbeing. Tends to increase levels of happiness and life satisfaction, gives rise to a greater sense of purpose in life. That would be another contribution of religious service attendance to mental health.

Yeah. I would say the evidence to date is that religious service attendance has both a preventive effect, but also an effect on healing and recovery. There's some evidence, I wouldn't say it's yet definitive, but some evidence that perhaps the effect on recovery is even more substantial than it is on prevention. That while religion may not prevent things from going wrong, may not prevent suffering, it allows one to find meaning in the midst of suffering and difficulties, and the resources which religious communities provide might help as a pathway towards healing.

Some evidence of this for depression, I would say even stronger evidence for this, from recovery from drug abuse or alcohol abuse, where again, one sees protective effects, but the magnitude of the effects on recovery seem to be even larger. Religious communities really have an important and powerful role to play in healing and in recovery.

John Dickson:

The prevailing idea for many is that religion is bad for you, but the evidence just doesn't support that. It strongly points in the other direction. Tyler Vanderwell is a leader in his field. He's not just heading up the Human Flourishing Project at Harvard, he is a methodologist and statistician. He has an added interest in making sure his research holds up. So we ask him, what about reverse causation? Isn't it possible that only healthy people end up going to church in the first place?

Tyler Vanderwell:

The only way to properly address this is to collect data repeatedly over time, both on an individual's health status and on an individual's religious service attendance. Then you can begin to look at, do the changes in religious service attendance proceed those in the changes in health, or is the reverse the case?

We essentially control for early levels of health when looking at the potential effects of religious service attendance on subsequent health and wellbeing. This helps rule out that possibility of reverse causation.

John Dickson:

Tyler's team isn't the only group of experts that have found these positive connections between religion and mental health. The Oxford Handbook of Religion and Health provides a comprehensive meta analysis of all published studies on the association between religious involvement and medical and mental health. The findings are extraordinary.

Kaley Payne:

Wellbeing.

John Dickson:

78% of more than 300 studies report a positive association between religiosity and wellbeing.

Kaley Payne:

Hope.

John Dickson:

73% of 40 studies report a positive association between religiosity and hope.

Kaley Payne:

Optimism.

John Dickson:

81% of 32 studies report a positive association between religiosity and optimism.

Kaley Payne:

Meaning and purpose.

John Dickson:

93% of 45 studies report a positive association between religiosity and one sense of purpose and meaning.

Kaley Payne:

Social support.

John Dickson:

82% of 74 studies report a positive association between religiosity and one's sense of social support.

Kaley Payne:

Depression.

John Dickson:

61% of 413 studies report lower rates of depression or faster recovery from depression in religious individuals.

Kaley Payne:

Suicide.

John Dickson:

75% of 141 studies report that religiosity is associated with less suicidal ideation, fewer suicide attempts, or fewer completed suicides.

Lyn Worsley:

Because all of us do have ups and downs, so you can imagine all of us just having a normal wavy line that's between two points on a spectrum. And those-

John Dickson:

That's Lyn Worsley again, back to talking about bipolar.

Lyn Worsley:

Someone who has different types of bipolar, but some people would have an extreme that would go to a point of them making rash decisions, spending money too quickly, spending money inadvertently without even thinking it through. Going in and taking out a new business without even thinking about it or understanding the consequences. Making massive decisions. Proposing to someone, going somewhere on a long road trip without thinking of putting petrol in the car. It's almost like an impulsive behavior. Then to be caught out by the extreme of having depression in an absolutely low mood a couple of days later.

That's cyclical change. Some people can have the hyper manic behavior for weeks on end, and then they crash. Some people might have it for 10 hours, and then they crash, and then they cycle back again. There's particular medication that is used for bipolar and a particular type of treatment, psychological treatment, to help people to manage their highs and their lows, and training their brains to try and regulate their emotions because it's such an extreme of that.

Karen Pang:

It's turbulent, because people think that it's only just the yay. But it's also the other side where you swing right to the other side, and it's the extreme sort of emotional roller coaster. Then you fall into the trap of being literally identified, and you yourself, that is your identity. I am bipolar, I have mental illness. It's a very tight place in terms of, you're very lonely in that space. Because you start to get defensive, you start to get that no one understands you or no one knows what it's like.

John Dickson:

Tyler Vanderwell's research is all about public health. He deals in the statistics that help us improve the health of entire communities. And yes, at that macro level, religion is good for us. It's not just on the grand scale that we see this, it's personal. We're so grateful to Karen Pang for sharing her story with us. But after the break, it gets a little more personal for me. My darling wife, Puff, has battled anxiety and depression for years. And when we come back, she shares something of her journey and how faith helps and doesn't.

This episode of Undeceptions is brought to you by Zondervan academic's new book, Three Views on Christianity and Science. Whether science and faith can play nicely together in our modern setting is a favourite topic of ours here at Undeceptions. We've devoted plenty of episodes to it already and we have plans for more. And actually one of our previous guests is a key contributor to this new book, Alister McGrath, argues that though the natural sciences and theology function differently, they can and should inform each other.

But there are other viewpoints on this topic too. Michael Ruse argues that science and religion operate independently, keep out of each other's way. They seek answers to different questions by different means. And then Bruce L. Gordon argues that science, philosophy, and theology all contribute to our understanding of reality. The question of Christianity's relationship with science isn't going away. It's one of the most frequent questions we get here at Undeceptions, and I reckon this book is going to help you understand the different views. You can get the book on Amazon right now. And there's a link in our show notes, or just head to zondervan.com.

Right now, 2.2 billion people can't access water that is safe to drink. It's an extraordinary figure. And Anglican Aid, the overseas relief agency of the Anglican church, is working hard to change that. These are people I deeply trust. Their Waterworks Campaign is funding local organizations in 17 countries to provide wells, boreholes, rainwater tanks, micro-flush toilets, and hygiene education, all of which decreases waterborne diseases and raises living standards exponentially. And you can help make this happen in more places. Head to waterworks.org.au to learn more about the Waterworks Campaign, and please donate today. You can also find a link in the show notes.

Buff Dickson:

When I was 20, I had a brain haemorrhage and needed surgery, and that was fairly dramatic. Then when I was 30, I had a ruptured ectopic pregnancy when I was three months pregnant.

John Dickson:

That's my wife, Buff. She and I sat down with ABC's Rachel Kohn during Mental Health Week, a few years ago. Buff opens up about grief, loss, and clinical depression. The full interview, by the way, is linked in our show notes.

Buff Dickson:

That was also a fairly call-the-family-to-say-goodbye kind of moment.

Rachel Kohn:

Oh goodness. Ectopic pregnancies don't usually result in that, but did you say you almost bled to death?

Buff Dickson:

Yeah. But it was all internal. It was in my stomach, so they didn't know what it was. After the brain surgery, which was in my frontal lobe, which in hindsight would say maybe was the start of some mental health problems, but I was never diagnosed. Then when we had the children, they didn't diagnose it as quickly as they might this time, but I was described as having a definite detachment from the children, which now people would jump on and say, oh, postnatal depression or something.

Rachel Kohn:

Right.

Buff Dickson:

But back then, it wasn't quite so clear. And then we moved house and so it all just gets lost. But after the ectopic, I definitely went downhill.

Rachel Kohn:

Into a kind of depression then?

Buff Dickson:

Yeah. Yeah. Definitely. Just crying all the time and almost wishing I hadn't survived. I was just all over the place, and that was when I first started on the track of being diagnosed and medicated and dealing with all that. The beginning of that journey, I suppose.

Rachel Kohn:

You're still on medication?

Buff Dickson:

Oh, yeah.

Rachel Kohn:

That faith experience, if you can put it that way, that you had when you were there in the surgery, almost near death, has not sustained you? Or that is to say faith hasn't fixed you?

Buff Dickson:

Oh, no. I was saying this to John the other day. I said, "It's so funny how it really fixes me every day, but it doesn't fix me." It's attention there. I don't always understand myself. I don't know if you have any science there.

John Dickson:

Yeah. No, faith doesn't fix. Definitely not.

Christianity doesn't offer a fix to every ailment. In fact, the New Testament speaks of our groaning in this world. It goes on to say that the world itself is groaning. The better way of thinking about all of this is that Biblical faith sustains us in a real and profound way. It tells us there's more, there's another perspective that can anchor our lives when we feel at sea. If you talked to any of Buff's friends, they'd say her faith sustains her in remarkable ways.

In the midst of the worst bouts of depression, when she doesn't want to get out of bed, she has this amazing ability almost to laugh at herself, to detach from her feelings. Not in a negative way, but by reminding herself that she's not the sum of her emotions, she is objectively loved by me and the kids, but also by the Creator. We end up praying through it all. We almost never pray nowadays for healing. We've just decided we're going to walk with a bit of a limp; calmly, peacefully, often joyfully with a limp. Faith isn't a fix, it's a steady ground to walk on, even when you're walking through the darkness.

Karen Pang:

I think it was hard because as a Christian, a lot of people were very much like those guys who were just unhelpful friends. I think it is because I don't blame them for it. They want to try and their heart is in the right place, but you cannot assume, you cannot fix, and you cannot advise what you don't know. I didn't know how to travel through the bipolar and the diagnosis, so I was listening to all the people around me.

I was going, "Oh, okay. I'll do this. Oh, I'm not praying enough. Oh, I'll read my Bible more." It didn't help because it was just this flurry of people, everything trying to help me, trying to heal me, prayer over me, and I got a demon inside me. When I look back on it, it was just really actually quite amusing now. Because I have to say it was like a circus and I was the show, but I feel glad that I got out of that and not let that harm me.

Lyn Worsley:

I don't know if it's necessarily a prejudice. I think people don't know what to do. As much as we can say it's a stigma, it also comes from a place of lack of knowledge. The more knowledge we have, the more likely we're going to be able to lean in.

John Dickson:

What would you say to a Christian listener who thinks that they can just pray and read the Bible and they'll be fine if they're struggling with anxiety or depression?

Lyn Worsley:

Unfortunately, when you say to someone we're just going to pray these spirits away, or we're going to read the Bible over you, that you're telling that person that they're evil. You're telling that person that there is something in them, that they might be possessed. That, for somebody who is having problems with their thinking, just adds to the problems and actually perpetuates the situation.

John Dickson:

But sometimes it's the person experiencing, say anxiety, dramatic anxiety, who thinks themselves that it's a spiritual problem. If I go to a psychologist, I'm letting the Lord down. Because after all, didn't He say in Philippians, "Be anxious about nothing"? And here I am, anxious.

Lyn Worsley:

Hmm. Yeah. I hear that all the time.

Kaley Payne:

Do you find yourself still praying to be healed of your bipolar?

Karen Pang:

No.

Kaley Payne:

Why?

Karen Pang:

Because I've done so, so many times, and those many times I've demanded that He do that. There's a few times where He just says, "No, I'm not going to do it." As my life has continued on, I realize my life is blessed. My life is good because I know I have a good story, and I'm glad He isn't taking it away.

Kaley Payne:

Maybe another misconception then about bipolar in particular is this middle ground. We're sitting here drinking tea, where are you now?

Karen Pang:

For me, now, I'm in a time where I'm very stable and I've been stable for now two years.

Kaley Payne:

Okay.

Karen Pang:

I still have my days. I feel quite stable and quite steadfast, as the Bible would put, and quieter. I think quietness and stillness is the essential part of this experience. Because not only is it the opposite of bipolar, but it is the way that the Bible teaches us as Christians, that is the best place. Also, on your knees, because as He says, "Bring me the broken-hearted and those who are weak." I think that for me, being on my knees has been the best place to be. Prayer also has brought me to my knees to be able to live in this space.

John Dickson:

There is strong evidence now of an association between attending religious services and happiness and life satisfaction. Those who attend religious services find a greater sense of meaning and purpose. They're more likely to have social supports and they have stronger coping mechanisms.

Buff Dickson:

I think spiritually, like in a devotional sense, there's days where I have felt if I'm particularly low, where I would just feel I have nothing to offer today, I just can't pray. I've got nothing. But somehow that time of prayer or of looking at the Bible or of saying the prayers, they're a great help and there's something that's ... It's bigger than ...

John Dickson:

That's Buff talking about how we use the wonderful set prayers of the prayer book when we can't quite find our own words.

Buff Dickson:

The feeling, the trouble with anxiety and depression is that so you get emotional, you get paranoid, you get so low on yourself and so on. These words, they lift your days higher and they're constants, and they're so reassuring. I find it what some would say is a ritual. Or maybe that the idea of discipline and self-discipline is outdated these days, but I find just as someone with cognitive behavioural therapy would put things in place, just to help. I find for me that has really helped me to not be a slave to my feelings, but to be able to step outside and realign myself with things I know to be true, regardless of how I feel.

Karen Pang:

Sometimes, of course, I raged and I questioned and I hated. I was bitter and I was upset. But the thing is, I know God says it's okay. I can take this. This is okay. Just keep going.

Kaley Payne:

Can you imagine what your journey might be if you didn't have your faith?

Karen Pang:

I don't think I'd be here. I wouldn't be here. Even my husband says that. "My sister, you would not be here."

John Dickson:

If you are struggling right now, you don't have to do it a alone. If you or someone you know needs help, here are some excellent services ready to talk right now. In Australia, go to lifeline.org.au. In the US, suicidepreventionlifeline.org. In the UK, go to samaritans.org.

Have you got questions about this or other episodes? I'd love to hear them. You can tweet us at Undeceptions, send us a regular email at questions@undeceptions.com, or if you're brave, record your question for the show by heading to undeceptions.com and click record. While you're there, check out everything related to this episode and plenty of other bonus content.

If you feel like helping out the larger Undeceptions project, please click the donate button, the really large donate button. We still haven't quite worked out how to cover all the costs, even of this podcast, let alone the wider writing and speaking associated with it. So your support means a lot to us. Your response last season was amazing. Thank you. Any amount is deeply appreciated.

If you like our show, check out With All Due Respect by Megan Powell du Toit and Michael Jensen. They talk about contentious issues without killing each other. They're part of the Eternity Podcast Network.

Next episode, we are going for guilt. Yes, a whole episode on guilt. Is it morbid self-flagellation? Was Freud right that it's a kind of neurosis for which we need therapy? Many think so, but I'm going to try and convince you that guilt is good.

Undeceptions is hosted by me, John Dickson, produced by Kaley Payne, and directed by Mark Hadley, who not 30 seconds ago told me to play that with a straight bat. So there you go.

Kaley Payne:

Straight.

John Dickson:

Bat. Our theme song is by Bach, arranged by me, and played by the fabulous Undeception Band. Editing by Nathaniel Shumack. Good job, buddy. Special thanks to our series sponsors, Zondervan, for making this Undeception possible. Undeceptions is part of the Eternity Podcast Network, an audio collection showcasing the seriously good news of faith today. Head to undeceptions.com. You'll find show notes and lots of other stuff related to our episodes.

Kaley Payne:

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