

Insanity to Serenity: Ministry Insights for Navigating Mental & Spiritual Health Challenges

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About Tim Reside

Since 2009, Tim Reside has served as President of Bright Tomorrows, where he has been involved since 2001. A licensed and ordained minister for over 50 years, he holds an MA in Practical Theology with 36 hours of post-graduate doctoral study.

Tim and his wife, Nancy, serve as Mental Health Coaches and Consultants. His MHC status also reflects his lived experience with bipolar disorder and long-term treatment, deepening the compassion and practical insight he offers others.

About My Book

“Insanity to Serenity: Surviving and Overcoming Bipolar Disorder”

- The following topic and seminar syllabus is organically connected to this May 2026 newly published book which is a memoir of my spiritual journey while living with daily mental and emotional health challenges.
- It recounts euphoric highs, devastating lows, pain, abandonment, and shame—yet ultimately tells a redemptive story of transformational grace.
- Book access: The book is on Amazon for \$14.99 paperback or \$4.99 eBook.¹

Special Seminar Syllabus Note:

The start-up of the video content coincides with page two of the syllabus.

Today's Focus

Research suggests one in five people worldwide process information differently from the societal norm. Studies also indicate that 25% of churchgoers face mental health concerns, while 23% of pastors experience mental illness. These realities are likely already within your sphere of influence—and thus your opportunity to serve.²

Part 1: Personal Testimony and Theology of Healing

Part 2: Wounded Healer Shepherding

Part 3: Practical Ministry Tools for Healing Presence: LEAP & The Physiological Sigh

Part 1: Personal Testimony and Theology of Healing

Testimony: “I believe in miracles—but!”

My Practical Theology Affirmations & Exception:

1. I believe in miracles—because I believe in God. (Matthew 19:26)
2. I believe in miracle healing-cures—because I believe in God. (James 5:14-15)
3. I believe in miracle healings that do not cure but do inspire wholeness—because I believe in God. (2 Corinthians 12:8-10)

“Cure may occur without healing; healing may occur without cure.... The focus of cure is different from, but not contrary to, the focus on healing.”

– Rev. Frederick Reklau

Partners in Care: Medicine and Ministry Together ³

Cure, Healing, and Wholeness

CURE: the physical dimension

- **Statement:** *Cure removes physical illness or impairment by eliminating disease, repairing injury, or resolving a medical problem.*
 - Ministerial Takeaway: *Cure primarily belongs to biology. As ministers we celebrate cures, but our deeper work is relational restoration.*

HEALING: the spiritual dimension

- **Statement:** *Healing brings Christ's wholeness to the spirit, mind, and relationships—a wholeness that manifests as peace, purpose, and joy, even within bodily limits.*
 - **Ministerial Takeaway:** *Shalom restores right relationship with God, self, and others, even amid disability or illness.*

WHOLENESS: the eternal dimension

- **Statement:** *Wholeness is always possible, available, and accessible: a frail, aging, disabled, or chronically ill body can still house a flourishing soul.*
 - **Ministerial Takeaway:** *Disability, aging, or illness does not equal spiritual weakness. See the person as sacred, not a project to fix.*

***“Rather than God being the author of pain and suffering;
God is the ultimate redeemer of pain and suffering.”***

—Tim Reside's View⁴

“I know that my Redeemer lives, and that in the end he will stand on the earth. And after my skin has been destroyed, yet in my flesh I will see God; I myself will see him with my own eyes—I, and not another. How my heart yearns within me!” (Job 19:25–27 NIV).

“It was good for me to be afflicted so that I might learn your decrees” (Psalm 119:71; cf. John 16:33; Romans 8:28; Hebrews 5:8–10, 7:25).⁵

Part 2: Wounded Healer Shepherd

Wounded-Healer Shepherd is rooted in Christ, the wounded Servant and Good Shepherd, whose wounds heal us and whose love lays down His life for the sheep (Ezekiel 34; Isaiah 53:5; John 10:14–18).

After restoring Peter, Jesus called him to feed and care for His sheep (John 21:15–17), and Peter later urged elders to shepherd God’s flock humbly, willingly, and by example under the Chief Shepherd (1 Peter 5:1–4).

“Nobody escapes being wounded. We all are wounded people, whether physically, emotionally, mentally, or spiritually.

“The main question is not 'How can we hide our wounds?' so we don't have to be embarrassed, but 'How can we put our woundedness in the service of others?’

“When our wounds cease to be a source of shame, and become a source of healing, we have become wounded healers.”

– Henri Nouwen

Bread for the Journey⁶

- To Shepherd as a **wounded healer** means utilizing our own personal pain, struggles, and vulnerability as a source of empathy and spiritual strength to care for others.
 - This concept stands in stark contrast to the idea of a spiritual leader who must appear flawless, completely put-together, or detached.
- Nouwen understood ministry as **hospitality**: creating a safe space where others can enter, be received, and discover their own soul. When pain is denied, defensiveness takes over, or spiritual arrogance appears, that space no longer feels safe.

“Making one’s own wounds a source of healing does not mean a superficial sharing [i.e., emotional dumping] of personal miseries.

“It means a constant willingness to see one's own pain and suffering as rising from the depth of the condition which we share with all human beings.”

– Henri Nouwen

The Wounded Healer

One Size Does Not Fit All

“My grandson and I are ‘neurodivergent.’ We are part of 15 – 20% of the population. Would you be willing to take the time to know us in our uniqueness?”

- Neurodivergence is an umbrella term—not a diagnosis—for brains that process, communicate, or respond differently. While it can overlap with mental illness, they are not the same. My grandson and I both navigate a neurotypical world, **but** our **divergences** vary in origin and pattern.⁷

How We Differ and Connect

- **Autism:** A lifelong neurodevelopmental difference present from birth that is not a mental illness.
- **Bipolar disorder:** An episodic mental illness marked by shifts in mood, energy, sleep, and functioning.

Why Bipolar Is a Mental Illness⁸

- Bipolar disorder affects mood regulation, brain chemistry, sleep, judgment, and daily stability.
- Treatment and support can help reduce episode severity and frequency.

Why Autism Is Not a Mental Illness⁹

- Autism is a lifelong neurodevelopmental difference that shapes perception, communication, and sensory experience.
- It is my grandson's baseline way of being, not a separate illness or episode.
- The goal is support, accommodation, and respect—not cure.

Where We Connect

- We both know stress, sensory intensity, stigma, and the need to adapt to others' expectations.
- That shared understanding deepens patience, curiosity, and empathy between us and for others.

Where Can Shepherds Get Information & Insight?

- Google Search and AI can potentially serve as “pastoral translators,” turning complex clinical information into practical, compassionate insight.
See Endnotes.¹⁰
- Used wisely, they do not replace medical professionals; they help ministry leaders listen well, avoid harm, and offer informed, healing presence.
See Endnotes.¹⁰

Part 3: Practical Ministry Tools for Healing Presence: LEAP & The Physiological Sigh

The “LEAP” Tool: Listen, Empathize, Agree, Partner

**“We don't win on the strength of our argument; we win on the strength
of our relationship.”**

– Dr. Xavier Amador

The Care Ministry Podcast, titled “I Don't Need Help!”
How to Help Someone Accept Treatment

- The **LEAP** tool was developed by **Xavier Amador, Ph.D.**, founder of the **LEAP Institute**
 - He is a clinical psychologist, author, professor, and forensic expert on severe mental illness. Formerly at Columbia, the New York State Psychiatric Institute, and NAMI, he has published more than 130 peer-reviewed papers.¹¹
- After years of arguing with his brother, Henry, about his schizophrenia and medication, Amador saw that his brother's denial was **anosognosia**.¹² When Amador stopped forcing the diagnosis and began listening, he rebuilt trust and helped Henry move toward voluntary treatment.

- Amador developed LEAP to rebuild trust and encourage openness to help. Although originally designed for anosognosia, **LEAP** is now used in ministry care, counseling, law enforcement, and conflict resolution.

“My dear brothers and sisters, take note of this: Everyone should be quick to listen, slow to speak and slow to become angry, because human anger does not produce the righteousness that God desires” (James 1:19-20 NIV).

A suggested LEAP Ministry Framework

That Promotes Sacred Listening & Hearing / Humility and Connection

Core Principle: Ministry counseling falters when leaders argue before building trust; healing begins through humble relationship and collaborative care.

The Ministry Leader’s Anchor: The Physiological Sigh

- Spiritual disciplines ground self-regulation, helping us to respond with calm presence, rather than anxiety, distraction, or the impulse to fix too quickly.
 - “... My peace I give.” (See John 14:27; Philippians 4:6-9)
- **The Physiological Sigh as a Ministry Tool** helps reset the nervous system so ministry leaders can return to a calm, attentive presence with God and the care receiver.
 - It does not replace spiritual disciplines. Instead, it offers a quick way to re-center when anxiety, distraction, or urgency begins to pull attention away. Can be used as a form of “pray without ceasing breath prayer” (See Isaiah 30:15; Matthew 11:28-29).
- **The Science:** The physiological sigh is a natural breathing pattern that reopens air sacs, releases carbon dioxide, and stimulates the *vagus nerve*, supporting balance. Practiced intentionally, it quickly calms and re-centers.¹³
- **How to do it:** Take a deep nasal inhale, add a short “top-off” inhale, then exhale slowly through the mouth to quiet the body and steady your presence.¹³

- **When to use it:** Use it before or during a session whenever you feel the urge to interrupt, judge, or rush toward a solution.

The Core LEAP Process:

LISTEN → EMPATHIZE → AGREE → PARTNER

(Ministry Goal / Self-Regulation / Action / Verbal Anchor)

LISTEN (Reflective Listening)

- **The Ministry Goal:** To understand, not to correct. Stop formulating your scriptural defense or advice while they speak. (Self-regulate with a silent physiological sigh.)
- **Leader's Self-Regulation:** When the care-receiver says something shocking or scripturally incorrect, your brain will want to "leap ahead" to correct them.
 - Again, a silent physiological sigh can help clear your mind, anchor your presence, and refocus on their words.
- **The Action:** Focus entirely on their perspective in order to mirror their words back to them without judgment.
- **Verbal Anchor / Mirror:**
 - *"It sounds like you feel completely overwhelmed by this situation. Did I get that right?"*
 - Definition: Mirroring reflects a counselee's words, body language, or tone to build rapport, validate experience, deepen empathy, and foster the connection of communion.¹⁴

EMPATHIZE (Strategic Empathy)

- **The Ministry Goal:** To validate their pain, not their theology or choices. You do not have to agree with their actions to empathize with their suffering.

"Feelings reveal experiential-truth, regardless of objective reality."
 – Tim Reside
 (Not original thought, but original quote.)
- **Leader's Self-Regulation:** True empathy requires immense emotional presence, which can be exhausting or distracting.

- If your mind begins to drift to your email or your next appointment, execute a physiological sigh to bring your awareness back into the room.
- **The Action:** Connect with the emotion behind their story. Normalizing their feelings lowers their defenses immediately.
- **Verbal Anchor / Mirror:**
 - *“It makes complete sense that you are angry given how much pressure you have been under.”*

AGREE (Find Common Ground)

- **The Ministry Goal:** To pivot away from points of friction and find shared desires.
 - As God’s representative in Christ, the Apostle Paul served as an “ambassador” and “minister of reconciliation” (2 Corinthians 5:18-21).
- **The Action:** Identify neutral, positive goals that both you and the care-receiver genuinely want.
- **Verbal Anchor / Mirror:**
 - *“We both want your marriage to be a place of peace, even if we aren’t sure how to get there yet.”*

PARTNER (Collaborate on Shared Goals)

- **The Ministry Goal:** To move forward as a team rather than an authority figure issuing directives.
- **The Action:** Build a collaborative action plan around the common ground you just established.
- **Verbal Anchor / Mirror:**
 - *“Since we both want to see your stress decrease this week, let’s look at two practical steps we can take together to make that happen.”*

When shepherding leaders or counselors must speak truth in love—through biblical counsel, personal feedback, or a difficult perspective—the care-receiver may resist.

The Three A's help preserve connection.

Triple 'A' Tools

(Tools for High-Friction Moments)

- **APOLOGIZE** (Own the Friction): Express genuine regret for the necessity of the difficult conversation or for any past misunderstandings.
 - *Example: "I am so sorry if bringing this up causes you pain or discomfort today..."*
- **ACKNOWLEDGE FALLIBILITY** (Lead with Humility): Remove the "expert" persona. Remind them that you are a flawed human being who does not see perfectly.
 - *Example: "I could easily be misinterpreting this situation, and I don't have all the answers, but..."*
- **AGREE TO DISAGREE** (Honor Their Freedom to Choose): Expressly state that you do not expect them to change their mind right now, preserving their free will and dignity.
 - *Example: "Even if we have to agree to disagree on this specific point today, my commitment to supporting you doesn't change."*

ENDNOTES

1. Google: **Insanity to Serenity: Surviving and Overcoming Bipolar Disorder by Tim Reside | Amazon** (<https://www.amazon.com/dp/B0H3C89ZVZ?lv=shuf&channelId=500&plpRedirect=mhFallback>).
2. Google: **Mental Illness Remains Taboo Topic for Many Pastors | Lifeway research** (<https://research.lifeway.com/2014/09/22/mental-illness-remains-taboo-topic-for-many-pastors/>).

3. In ***Partners in Care: Medicine and Ministry Together***, Lutheran pastor Frederick W. Reklau distinguishes “cure” from “healing” to support holistic healthcare. He created a 12-part framework showing that biological cure and spiritual healing may occur independently, making medical and mental health care providers and spiritual caregivers equal partners in true wellness.

4. **Theodicy** seeks to reconcile God’s goodness, justice, and power with suffering. In simple terms, the **Augustinian model** looks back to lost perfection, while the **Irenaean model** looks ahead to future maturity. I find a both/and synthesis more compelling: it recognizes a systemic, “original” brokenness with intergenerational effects while keeping grief joined to eschatological hope. I.e., underscoring “original blessing” as ultimately subsuming of “original sin.” I also see relevance here to the Calvinism/Arminianism tension.

5. **Amplification:** *“Affliction taught me, broke resistance, and drew me into God’s schoolroom as a disciple (Heb. **lāmad** = ox goad; Grk. **manthánō** = root for **mathētēs** = disciple . In LXX **lāmad** becomes **manthánō**. Through pain, knowledge became lived experience as God engraved His boundaries on my heart and aligned my character with His way (Heb. **chōq** = hacking / carving; Grk. **dikaiōma** = righteous requirement lived out).”*This amplification, created with Gemini (Google, July 18, 2026), synthesizes Hebrew and Greek roots, cultural metaphors, and historical definitions into a cohesive expansion.

6. Nouwen popularized the “wounded healer” concept in ***The Wounded Healer*** (1972), though this exact “shame” wording later appeared in ***Bread for the Journey*** (2006). A Dutch Catholic priest, theologian, psychologist, professor, and spiritual writer, he taught at Notre Dame, Yale, and Harvard and is remembered for compassionate pastoral care, shaped by L’Arche Daybreak. He wrote openly about loneliness, depression, and self-doubt.

Cf. David Augsburger’s “interpathic caring” discussion of temporarily entering another person’s logical, moral, and cultural framework. Google: **Listening Effectively in Spiritual Direction: Teaching “Interpathic Caring” | The pelican papers / A big birds eye view** (<https://pelicandiaries.wordpress.com/pelican-academics/first-dmin-course/>).

7. Google: **Introduction to Neurotypicality and Its Significance | Advanced Autism Services** (<https://www.advancedautism.com/post/neurotypical-meaning>).

8. Google: **Bipolar Disorder | NIH National Institute of Mental Health** (<https://www.nimh.nih.gov/health/statistics/bipolar-disorder>); Google: **Suicide Risk in Bipolar Disorder: A Brief Review | NIH National Library of Medicine** (<https://pmc.ncbi.nlm.nih.gov/articles/PMC6723289/>).

9. Google: **What is autism? | National Health Service (NHS)** (<https://www.nhs.uk/conditions/autism/what-is-autism/>).

10. **AI as ministry tool technology:** Technology (from the Greek *technē* = “art,” “craft,” or “skill”), has long served ministry. Paul’s letters extended his presence through messengers like Phoebe, Roman roads aided gospel spread (Acts 8:26-40), and later tools—from Gutenberg’s press to radio, cars, air travel, television, and digital media—continued that pattern. Life.Church in Edmond, Oklahoma, created the YouVersion Bible app in 2008 and later launched a virtual reality campus; by 2021, YouVersion had surpassed 500 million downloads and reached post-Christian contexts such as France, where downloads per capita were especially high. Source: Korpi, Todd. ***AI Goes to Church: Pastoral Wisdom for Artificial Intelligence*** (pp. 4-5). InterVarsity Press. Kindle Edition.

SUGGESTED AI RELATED RESOURCES:

Book: ***AI Goes to Church: Pastoral Wisdom for Artificial Intelligence*** by Todd Korpi (InterVarsity Press). A robust theological framework for using technology ethically without compromising authentic human care. (Available on Amazon)

Book: ***God, AI, and the Mind: Whose Problem Is It?*** (suggested title) is a forthcoming book currently in process by Dr Kathy Hoppe. Friend of Bright Tomorrows, Dr. Hoppe is a known author, speaker, and mental health professional with a background in theology, trauma, and chaplaincy, As Department Chair, she directs the undergraduate behavioral sciences curriculum at Oral Roberts University.

PDF: ***Ministry Magazine’s Dedicated Issue on AI***, September 2023 (<https://cdn.ministrymagazine.org/issues/2023/issues/MIN2023-09.pdf>). A deeply thoughtful collection of articles from a trusted professional journal, focusing on balancing efficiency with the irreplaceable “human touch.”

Practical Guide: ***AI in Ministry: A Practical Guide by The Gospel Coalition***. A sharp, actionable guide highlighting critical boundaries, such as the absolute necessity of anonymizing congregant details.

11. **LEAP MINISTRY RESOURCES:** While Dr. Amador’s work is rooted in clinical psychology his **LEAP Institute** provides materials and communication frameworks that are highly beneficial for church ministers conducting pastoral counseling, particularly

when dealing with congregants who refuse mental health care, deny having an addiction, or suffer from severe mental illness. Here are three resources:

- 1) **The Core Textbook:** Ministers widely utilize his bestselling book, *I Am Not Sick, I Don't Need Help!*, to handle congregants experiencing “anosognosia” (a biological lack of awareness or severe denial of their own mental illness or addiction).
- 2) **Conflict Resolution Guide:** His book *I Am Right, You're Wrong, Now What?* serves as an effective manual for resolving interpersonal disputes or marital impasses during standard pastoral counseling.
- 3) **Video Training Modules:** The institute offers free video workshops, such as Dr. Amador's Free LEAP Videos, which model how to shift from an adversarial “educational” argument to a cooperative alliance. Google: **LEAP Institute | Free LEAP Videos** (<https://leapinstitute.org/free-leap-videos/>).

12. **Anosognosia** is a neurological lack of awareness of one's medical or mental health condition, caused by brain damage or structural differences—not denial or a coping mechanism. Google: **Anosognosia | NAMI** (<https://www.nami.org/co-occurring-conditions/anosognosia/>).

13. Physiological sigh resources: Google **Breathing Techniques to Reduce Stress and Anxiety** — Dr. Andrew Huberman (<https://www.youtube.com/watch?v=kSZKlupBUuc>); Google **5-Minute Guided Cyclic Sighing Video with Andrew Huberman** (<https://www.youtube.com/watch?v=EN2ta7Z4d3s>).

14. How-to mirror resources: ***Don't Sing Songs to a Heavy Heart: How to Relate to Those Who Are Suffering*** by Kenneth C. Haugk, published by Stephen Ministries (<https://www.stephenministries.org/stephenministry/default.cfm/1797>). This is a tutorial and praxis resource for learning mirroring within an **“Incarnational Presence” ministry mindset**; ***A Christian Perspective on Imago Relationship Therapy*** by Keith Miller (<https://www.keithmillercounseling.com/a-christian-perspective-on-imago-relationship-therapy/>). The author reframes this clinical tool as a way of creating a “sacred space” and moving from simple communication toward deeper spiritual connection and communion.