

*Book Reviews*

## Book Notes: Volume 5



by MICHAEL GEMBOLA

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This column aims to highlight books relevant to the tasks of pastoral care and counseling by providing summaries, reviews, and some commentary. I hope to orient you to what is available by including new releases that are thought-provoking or helpful or merit constructive, critical engagement. In a field flooded with books, I also hope to help you identify the right resource so you can decide what to purchase. I aim to be primarily informative and descriptive, though at times I will raise questions or counterarguments. I will engage more with some books than others, and I will often highlight one or two representative chapters rather than summarizing a whole book. A book's inclusion or exclusion is neither an endorsement nor a criticism. The nine book reviews below are grouped into longer and shorter reviews. Within each category, the books are reviewed in alphabetical order by the author's last name.

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## LONG-FORM REVIEWS

*A Quiet Mind to Suffer With: Mental Illness, Trauma, and the Death of Christ*, by John Andrew Bryant (Bellingham, WA: Lexham Press, 2023), 312 pages.

Few counseling books can be called works of art, but this book is. Bryant shares honestly what it is like to suffer with OCD and to begin to find help and relief. He captures many aspects of the experience of OCD vividly. He explains the logic of it as “[doing] things to make [your] brain stop screaming at [you]” (p.5). He calls an obsessive thought the “Bully” or the “Accuser,” which is what the OCD voice sounds like in the minds of people who suffer in this way.<sup>1</sup>

His writing style delivers his message well. Many of the progressions accurately describe the experience of OCD, such as his comments on “what recovery . . . looks like”:

“To walk down the street, or drive my car, or be sitting with my wife and

To think that something is wrong  
And to feel like something is wrong  
And to understand that nothing is wrong.” (p.9)

In the repetition and cadence of sections like this, it is easy to hear Bryant’s fine preaching voice. He effectively illustrates the experience of OCD through his rhetoric and by metaphor. He explains that his intrusive thoughts often felt like losing control over what he was watching on the movie screen of his mind and that if he tried to protest or exit the theater, “the usher would make me take a seat up close, so the screen loomed larger and there was nothing else to see or think” (p.107).

The cure that emerges is simple but not simplistic. As he says, “mental illness [is not] . . . a character flaw or a lack of faith.” Rather, it is “Affliction, a kind of Suffering among other kinds of Suffering” (p.8). He explains, “There really is something wrong with my brain” (p.13). He resists reducing the cause of OCD to a spiritual struggle that requires a spiritual victory. As he says, the book “is not the story of how I got rid

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1. Bryant often uses capitalization ostensibly to personify concepts, messages, practices, or experiences, like “Suffering.”

of a mental illness by believing in Jesus” (p.7). However, he also cannot separate his healing from the work of God in his life.

The severity of OCD can sometimes be underappreciated compared to other major mental health issues, but when it is bad, it is truly formidable. Also, some of the things that help people to get past other issues only make OCD worse. For example, though many experience talking about traumatic suffering to be helpful and healing, sometimes memories get colonized by a person’s attacking and accusatory thoughts. Bryant explains it this way:

Many people who have had terrible things happen are not better for it, and probably not better for remembering it. We wound each other needlessly by charging into the Past and claiming a naive victory over terrible suffering (p.37).

I do think there is an alternative to how he’s describing the process of going into the past and working through traumatic memories, but I see where he’s coming from. Sometimes, with OCD, giving airtime to bad memories and awful thoughts makes it all worse. In counseling, I sometimes say, “It’s best to stay out of the boxing ring whenever you can. I want to help you fight when you find yourself there, but if you can ignore the invitation, do that. You’ll always take punches if you get in the ring.”

Another one of his efforts to find relief that was difficult for him was when he sought treatment in a short-term psychiatric facility. This was hard to read as a helper. We rightly and necessarily sometimes send people to the ER or residential facilities, but it’s always sad when people who are admitted report back that the experience behind the locked doors felt shaming or traumatic. It can feel humiliating to have your shoelaces, belt, and other belongings taken. It can be upsetting to be with others who are in such deep distress.

It’s a necessary but imperfect system, but not all the standard helps were damaging to him. He met some kind nurses, and medication made a difference (p.124). A psychiatrist provided a breath of fresh air to Bryant: “You have OCD,” he told him. “Try not to worry so much,” take your medicine, and “try to develop a sense of humor” (p.130–31). Following the advice proved more difficult than it had sounded. “Try not to

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