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“He Healed Them All”: Understanding Mental Illness in the Classroom

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“For years my family has struggled with a father who is unable to keep a job,” Ashley explained with an insecure yet determined voice. “He stays in bed all morning, sometimes all day. He is often short-tempered, likes to be alone, and doesn’t seem to enjoy life. I know he loves me, but I don’t seem to feel it from him very much. He seems to be struggling with so many of his own problems that he doesn’t have time for mine or me. We really don’t talk much anymore. It’s been really hard on my family, especially my mom. I’ve wondered for years what he must have done to cause him to be this way. I’ve always thought that it must have been something pretty serious. Are you guys saying that he could be this way because of genetics or a chemical imbalance and not because of something he’s done?”

As Ashley continued with her questioning, other students joined in. Some had more questions to ask, others more experiences to share. I was surprised how many of them shared experiences of family, friends, and even themselves that were similar to those of Ashley and her father. At one point, when asked how many of them either suffered from or had a close friend or family member that suffered from depression, not one hand stayed down. Feelings in the classroom became strong, and tears began to flow freely. As is often the case with these wonderful and inquisitive youth, we turned to the scriptures to find the answers.

The class struggled to answer Ashley’s plea and other questions through the use of basic principles and doctrines found in the Book

of Mormon. For example, to his son Coriantumr, Alma states, “Wickedness never was happiness” (Alma 41:10). In his closing testimony, Moroni states, “Despair cometh because of iniquity” (Moroni 10:22). Nephi, in regard to obedience to God’s laws in 2 Nephi 5:27, states, “And it came to pass that we lived after the manner of happiness.” King Benjamin, after discussing the guilt, pain, anguish, and unquenchable fire that come as a result of sin, states, “I would desire that ye should consider on the blessed and happy state of those that keep the commandments of God” (Mosiah 2:41).

Not finding the immediate answers and solace hoped for, the class asked deeper questions: It is true that wickedness never was happiness, but does that mean that unhappiness is always caused by wickedness? Is despair always caused by iniquity, or is it possible that despair comes from other sources as well? Is it possible that even those who are obedient do not always “live after the manner of happiness”? Is it possible that there are some who keep the commandments of God who do not live in this life in a blessed and happy state, but rather live with constant feelings of guilt, pain, and anguish, which is like an unquenchable fire?

As the class discussion continued, our eyes were opened. Ashley stated near the end of class, this time with perhaps more humility and love, but still a hint of insecurity, “Maybe my dad needs me more than I need him. Maybe I should share this stuff with him.” The students left that day with greater unity and understanding of the gospel and of each other.

Months later, while I was putting the hymnbooks back after class and getting things back in order, a gentleman came into my classroom and introduced himself to me as Ashley’s father. Without any further introduction or small talk and with tears streaming down his face, he said, “Thank you.” He explained that for years he had suffered from this dark depression and loneliness. He didn’t know what was causing it, but it was destroying his life, his marriage, and his family. He had been blaming himself, trying himself to figure out what had caused this darkness, blaming himself for unworthiness and being trapped in despair. He didn’t go into much detail as to the steps he was now taking but said, “I’ve received help. Ashley and I now have a good relationship. For the first time in years we have been able to talk. She has really helped me. Thanks for helping us both to understand.” Of course the real understanding came through the Spirit to Ashley, to her father, to me, and to all others in the class who were taught that day.

That was not the first time, nor was it the last time that we have had discussions of that sort with individuals and various groups on

the topic of mental illness. As mental illnesses continue to grow and become more pervasive throughout the world, the need to understand the truth is vital. My father has served as a stake president and patriarch, a social worker for LDS Family Services for over twenty-five years, and the father of thirteen children, many of whom suffer in varying degrees from depression. I have served as a Relief Society president, a Church Educational System instructor for seven years, and a BYU Religious Education adjunct faculty member for two years. In both our Church service and professional life, we are keenly aware of the great need for increased understanding in the education, especially religious education, of people affected by mental illness.

In our service as religious educators, a greater knowledge and understanding of mental illness will help us better love, accept, empathize with, and bring into the fold those who suffer and are in pain due to this highly misunderstood disease. We hope that by exploring the doctrines in the scriptures and the writings of prophets and apostles as well as knowledgeable mental health professionals, we can help give care and encouragement to those personally afflicted with mental illness and those who suffer because of the suffering of one they love.

The Need to Understand

Elder Alexander B. Morrison, an emeritus member of the Seventy, offered this heartfelt plea: "With knowledge and understanding come love, acceptance, empathy, and enfoldment. May God bless us to love all His children, to abandon none, and to lift up and strengthen those suffering and in pain."¹ Much pain has been caused by the misunderstandings we and others have had in regard to depression. I remember clearly one of my sisters sharing with me a paper she had received from one of her teachers describing the feelings of one who has the Spirit and one who does not. She expressed how she had been reading her scriptures, saying her prayers, trying to be obedient, exercising, going to Church, and serving others, yet she was alone, sad, had no hope, and felt complete despair. According to the paper she had received and the discussion in class, she had unrepentant sin; otherwise she would not be feeling that way.

Not understanding depression and recognizing this teacher to be well educated and knowledgeable on gospel subjects, I too was confused and tried to help her understand. We studied the scriptures together and concluded that the teacher was right: she must have done something wrong. It wasn't until years later when I was able to recognize symptoms of depression, and became familiar with many

other righteous people with similar feelings to what she had described, that I was able to help her and become more sensitive to the needs of others suffering with a similar disease.

Normal Disappointments or Depression?

“It was meant to be that life would be a challenge,” wrote President Boyd K. Packer. “To suffer some anxiety, some depression, some disappointment, even some failure is normal. Teach our members that if they have a good, miserable day once in a while, or several in a row, to stand steady and face them. Things will straighten out. There is great purpose in our struggle in life.”²

It is normal to suffer some anxiety, some depression, some disappointment. What if, however, a person suffers a miserable day more than once in a while, or has more than several miserable days in a row? What if a person feels this way for weeks, months, years, or perhaps even a lifetime?

Elder Morrison defines mental illness this way:

By mental illness I do not mean the temporary, transient social and emotional concerns experienced as part of the normal wear and tear of living. Included in that category would be the temporary depression associated with the death of a friend or the anxiety felt when starting a new job. Nor do I include in the category of mental illness secondary effects of serious physical disorders, such as brain cancer or meningitis. By mental illness I mean a brain disorder that causes mild to severe disturbances in thinking, feeling, perception, and behavior. If such disturbances are sufficiently severe, and of sufficient duration, they may significantly impair a person’s ability to cope with life’s ordinary demands and routines. They may even threaten life itself—as in severe depression—or be so debilitating that the sufferer is unable to function effectively as an individual or productive member of society.³

My father and I asked three individuals who have experienced both cancer and chemical depression which disease they would rather find a cure for. Without hesitation, they replied “depression.” One individual even looked somewhat bewildered in response to the question and stated simply, “It’s obvious that you have never suffered from chemical depression. If you had you would never have need to ask the question. At times I wish the cancer would end my life so I would no longer have to suffer the depression.”

Although there are many who may believe that too much emphasis is placed on the biological-medical model of mental illness, it is our belief that understanding this biological-medical model of mental ill-

ness is vital to assist those who struggle in this area. Recognizing some of the symptoms of depression may increase understanding and thus help individuals. Common symptoms of depression include:

- Persistent sad, anxious, or "empty" mood
- Sleeping too much or too little; waking in the middle of the night or very early in the morning
- Reduced appetite and weight loss, or increased appetite and weight gain
- Loss of pleasure and interest in activities once enjoyed
- Restlessness or irritability
- Persistent physical symptoms that do not respond to treatment
- Difficulty concentrating, remembering, or making decisions
- Fatigue or loss of energy
- Feelings of guilt, hopelessness, or worthlessness
- Thoughts of suicide or death
- Lack of concentration

Common Misunderstandings

A difficult reality is that people simply do not understand mental illness, its causes, or its treatments. Following are some common myths associated with mental illness.

Misunderstanding 1: Mental illness is caused by sin. One of the most harmful and destructive myths about mental illness is that it is caused by sin. The Prophet Joseph Smith explained, "Many of the righteous shall fall a prey to disease, to pestilence, etc., by reason of the weakness of the flesh, and yet be saved in the Kingdom of God. So that it is an unhallowed principle to say that such and such have transgressed because they have been preyed upon by disease of death, for all flesh is subject to death; and the Savior has said, 'Judge not, lest ye be judged' (Matthew 7:1)."⁴

Elder Morrison helps those with mental illness apply even more personally this doctrine taught by the Prophet Joseph Smith. He writes: "Recognizing that all mortals sin, in the sense that all fall short of perfection, the vast majority of the mentally ill are not sick because they are gross sinners. Furthermore, they are not sick because God is punishing them but because they have a disorder of body function, resulting from the natural causes and treatable using the knowledge God has given to skilled health care providers. If we do not believe that people get osteoarthritis or tuberculosis because they are sinners, why would we accept that they get obsessive-compulsive disorder or

schizophrenia (and we would add depression) because they are sinners? Such thinking just doesn't make sense."⁵

While I was visiting a loved one in the University of Utah Mental Hospital, one of the psychiatrists there, careful not to mention any names but sensitive to modern misconceptions and perhaps desiring to relieve the social stigma of depression, said, "You would be surprised how many General Authorities and their families I have treated here."

One General Authority, Harold B. Lee, who later became a prophet, suffered miserably from depression, apparently triggered by the death of his daughter Maurine and later by the passing of his wife. The grief that takes place after the death of a loved one is normal, but the grieving experienced by President Lee was not.

On one occasion, Elder Walter Stover, a traveling companion of Elder Lee's in Germany, Austria, and Switzerland for four weeks, expressed the following, "We held many conferences. At that time he was in deep sorrow for the loss of his beloved eternal companion, and I have seen him weep on many occasions, and it was very difficult for me to cheer him up. We held many meetings with our missionaries and members in the armed forces in different cities in Germany. On many occasions, I was his translator. In Berlin, he was so depressed he had to go to his hotel room and turn the conference over to me." A few days later President Lee wrote, "Our heartbreaking experience in losing our darling Maurine seems to bear promise of binding our families together as we all seek to share in the heavy burdens of sorrow in our loss. Somehow I seem unable to shake off this latest shattering blow. Only God can help me!"⁶

Misunderstanding 2: Faith, righteous living, and priesthood blessings will always heal mental illness. Although President Lee was a righteous man, it was not in the Lord's design at the time to alleviate his suffering. It is a common misconception as well that if we have enough faith, read the scriptures, say our prayers, attend church, and receive priesthood blessings we will be healed. There is no question the Lord does want His people to be healed, but it does not always happen immediately or even in this life.

In response to a question by a Church member as to why she was suffering from serious emotional problems even though she was active, an *Ensign* author wrote: "Spiritual growth and knowledge does not come to us automatically by virtue of membership in the Lord's church. Furthermore, depression and other emotional problems can be caused by physical and psychological disorders unrelated to our membership in the Church and which can often be improved or resolved by medical

treatment of professional counseling. . . . It is not enough to join the Church and be 'active' in it. Baptism alone does not change lives or cure physical problems."⁷

All the prophets and apostles, with the exception of those who were translated, were subject to mortal infirmities and death. Are we to believe that their death was a result of lack of faith? Was Elder Maxwell's death from cancer due to lack of faith, scripture study, Church attendance, prayer, or any other lack of righteous act on his part? Of course not. Both depression and cancer are physical ailments. Do miracles happen? Do people with cancer get healed? Yes! Do people with depression get healed? Yes! We must understand, however, that miracles are dependent on our willingness to ask in conjunction with God's desire to grant. Elder Dallin H. Oaks declared:

Although the Savior could heal all whom He would heal, this is not true of those who hold His priesthood authority. Mortal exercises of that authority are limited by the will of Him whose priesthood it is. Consequently, we are told that some whom the elders bless are not healed because they are "appointed unto death" (D&C 42:48). Similarly, when the Apostle Paul sought to be healed from the "thorn in the flesh" that buffeted him (2 Corinthians 12:7), the Lord declined to heal him. Paul later wrote that the Lord explained, "My grace is sufficient for thee: for my strength is made perfect in weakness" (v. 9). Paul obediently responded that he would "rather glory in my infirmities, that the power of Christ may rest upon me, . . . for when I am weak, then am I strong" (vv. 9-10).

Healing blessings come in many ways, each suited to our individual needs, as known to Him who loves us best.⁸

Misunderstanding 3: Mental illness is untreatable. Just as a person with cancer seeks medical advice while fasting and praying for divine assistance, so should a person suffering with mental illness seek medical attention while exercising faith in the Lord. Mental illnesses, just like other illnesses, vary in type and seriousness, some easily resolved through medical advice and medication and others not. Rather than diagnosing oneself or a loved one, medical assistance should be sought after. A June 1984 *Ensign* article titled "When Life Is Getting You Down" counseled: "This kind of depression does not respond to willpower, positive thinking, or stress management techniques [alone]. The causes of biological depression involve alterations in the brain neurotransmitter [messenger] chemicals. Changes in these brain chemicals can actually alter one's mood, thinking, and behavior."⁹ It is true that these techniques alone do not solve the problems of depression,

but they may help, especially when combined with medications. Elder Joe J. Christensen stated:

One sensitive area I wish to deal with is the use of medication for resolving emotional problems. I am not a medical doctor, and, for the most part, neither is your bishop or other church leader. Prescribed medication can only be given by a trained and licensed professional. Whether or not you use medication is a decision that you and a trained physician make. Use a similar procedure in taking medication for a mental illness as you would in deciding about taking medications to deal with any other medical problem. The Lord has blessed us with science and technology that can make our lives so much easier. A variety of medication are now available that assist in dealing with serious and life threatening problems, including emotional ones. To those suffering from a mental illness or disorder, medication can be a tremendous help. We would no more expect a diabetic to live without insulin than we would expect a person suffering from a serious mental illness such as manic depression or schizophrenia to live without appropriate medication. We understand the treatment of many mental illnesses require the use of medication. If you, your surrounding loved ones, and a mental health professional decide medication is necessary, then take the medication.¹⁰

Misunderstanding 4: People with mental illnesses need to “buck up and snap out of it.” Many people believe that those with mental illness need to merely snap out of it, get over it, buck up, and move on. Those with this belief show a detrimental lack of knowledge, understanding, and compassion. Elder Morrison states:

Anyone who has ever witnessed the well-nigh unbearable pain of a severe panic attack knows full well that nobody would suffer that way if all that was needed was to show a little willpower. No one who has witnessed the almost indescribable sadness of a severely depressed person who perhaps can't even get out of bed, who cries all day or retreats into hopeless apathy, or who tries to kill himself would ever think for a moment that mental illness is just a problem of willpower. We don't say to persons with heart disease or cancer, “Just grow up and get over it.” Neither should we treat the mentally ill in such an uncompassionate and unhelpful way.¹¹

Alleviating these common misconceptions and teachings in our classrooms may reduce the number of “daggers placed to pierce their souls and wound their delicate minds” (Jacob 2:9).

Our Role

As religious educators, we can strive to follow the example of Jesus Christ in offering love, acceptance, and empathy to all our Heavenly Father's children. Much as Christ took upon Himself our infirmities, "that his bowels may be filled with mercy, according to the flesh, that he may know according to the flesh how to succor his people according to their infirmities" (Alma 7:12), we should be "willing to mourn with those that mourn; yea, and comfort those that stand in need of comfort" (Mosiah 18:9). And there are some basic things we can do to help our students who suffer from mental illness.

1. *Study and seek to understand mental illness.* Increasing our knowledge and understanding of mental illness will increase our ability to "mourn with those that mourn" and "comfort those that stand in need of comfort." The social stigma associated with mental illnesses has been a great detriment to those suffering from mental illness and its effects. Just as any false doctrine taught to students can have devastating effects, the misconceptions about mental illnesses can be so devastating that learning the truth from a wise teacher can open a path of hope and understanding for a student in need. In seeking spiritual knowledge, Elder Richard G. Scott invites us to "search for principles. Carefully separate them from the detail used to explain them. Principles are concentrated truth, packaged for application to a wide variety of circumstances. A true principle makes decisions clear even under the most confusing and compelling circumstances. It is worth great effort to organize the truth we gather to simple statements of principle."¹²

In our search for principles, we must be careful in separating them from the detail used to explain them. Misunderstandings, misinterpretations, or ignorance on our part of the words of the prophets or of the scriptures, if not carefully studied, can be of great confusion and heartache to our students. As we gain a better understanding of the truths of depression, we will be able to sympathize and perhaps even empathize with those suffering from its devastating effects. Our very attitudes can change as the truths of all things are known by us.

2. *Understand the rule first, and then see to the exception.* President Packer shared the following experience:

I once learned a valuable lesson from a mission Relief Society president. In a conference, she announced some tightening up of procedures. A sister stood up and defiantly said, "Those rules can't apply to us! You don't understand us! We are an exception."

That wonderful Relief Society president replied, “Dear sister, we’d like not to take care of the exception first. We will establish the rule first, and then we’ll see to the exception.” Many times I have borrowed from her wisdom, grateful for what she taught me.

When teaching about joy and happiness as found in the scriptures and the joy that comes from obedience, chemical depression is the exception to this rule. Most students do feel happy as a direct result of obedience; most students do feel peace, love, and joy as examples of “the fruit of the Spirit” as stated in Galatians 5:22, but a few do not, and they are the exception. It is significant that the Relief Society president not only established the rule but also saw to the exception. There *are* exceptions to the rule!

Imagine the heartache of a young student in one of our classes intently studying a handout prepared by a loved and respected teacher on “the fruit of the Spirit.” Students studying Galatians 5:12 may write on one side of the paper how they feel when the Spirit is present and on the other how they feel when He is not present. The student who feels depressed, sad, alone, dark, and hopeless now may also feel sinful, guilty, and confused. With a quick aside, the teacher may state simply that this does not apply to someone suffering from chemical depression. Thus the pain is eased, the guilt soothed, and the doctrine understood.

By stating this brief exception, we have seen on many occasions a look of understanding, relief, gratitude, and even joy on the faces of students who face their own struggles or the suffering of a family member inflicted with mental illness. Often a short discussion ensues with questions asked and answers discovered. On more than one occasion family members suffering from depression have later entered the classroom to thank us for helping their child or sibling understand. With so many people suffering from serious mental illnesses in these latter days, it would be rare to have students who are not affected by the effects of mental illness.

As teachers we must see to the rule first, but we must also at times help our students understand the exception.

3. *Treat students on an individual level.* Coach John Wooden, the former coach of the ten-time national-title-winning UCLA basketball team, in regards to making a winning team, stated, “It was very important that I learn about each player and then study that player so I would know if he needed a little more time on this or that particular drill. I needed to know which drill had greater application to this player or that player, because individuals vary. So I devised drills for both individuals

and the group and studied and analyzed them. Some drills would be good for all and some drills would be good for just certain players."¹³

How much more important is it for a teacher of the souls of man to know the individuals in his classroom. The need to know the individuals in the classroom is not merely a good idea, but according to modern prophets, it is crucial. President Howard W. Hunter, in his address to religious educators, admonished:

In your search for individually teaching each student, you will most certainly discover that some are not doing as well as others and that some are not making it to class at all. Take personal interest in such students; give extra-mile effort to invite and help the lost sheep back into the fold. "Remember the worth of souls is great in the sight of God" (D&C 18:10). An incalculable price has been paid by our Savior for every one of us, and it is incumbent on us to do all we can to assist him in his work. It is incumbent on us to make sure that the gift of the Atonement is extended to every young man or woman we have responsibility for. . . . Give special attention to those who may be struggling, and go out as necessary to find the lost sheep. A written postcard, a telephone call, or, if possible, a personal visit to a home in many cases will have a wonderful result.¹⁴

The importance of understanding the individuals in our classrooms cannot be underestimated. Understanding those who are not in our classrooms may also reap great rewards. As many understand, oftentimes those who are not in attendance are those who need the hope of the Atonement most. Are there students suffering greatly from mental illnesses of some sort who clumsily but painfully cover themselves with excuses of various kinds such as "sleeping in," "doing other things," or "just not wanting to talk about it"? Are there some students who have been "sick" for lengthy periods of time? Do we as teachers, unknowingly, take students off the roll too quickly without knowing the real needs of the individual?

As teachers we would be wise to follow the perfect example of Jesus Christ who "took their little children, one by one, and blessed them, and prayed unto the Father for them" (3 Nephi 17:21). President Hunter continues: "It will be hard for you to give all of the personal attention some of your students both want and need, but try the best you can to think of them individually, to let them feel something personal and special in the concern of you, their teacher. Pray to know which student needs what kind of help, and remain sensitive to those promptings when they then come."¹⁵

4. *Help students understand the healing power of the Atonement.* Elder Jeffrey R. Holland, speaking to those battling with various difficulties, even specifically to those suffering from “disease or depression or death” pleads:

Whatever other steps you may need to take to resolve these concerns, come *first* to the gospel of Jesus Christ. Trust in heaven’s promises. In that regard Alma’s testimony is my testimony: “I do know,” he says, “that whosoever shall put their trust in God shall be supported in their trials, and their troubles, and their afflictions.”

This reliance upon the merciful nature of God is at the very center of the gospel Christ taught. I testify that the Savior’s Atonement lifts from us not only the burden of our sins but also the burden of our disappointments and sorrows, our heartaches and our despair. From the beginning, trust in such help was to give us both a reason and a way to improve, an incentive to lay down our burdens and take up our salvation. There can and will be plenty of difficulties in life. Nevertheless, the soul that comes unto Christ, who knows His voice and strives to do as He did, finds a strength, as the hymn says, “beyond [his] own.” The Savior reminds us that He has “graven [us] upon the palms of [His] hands.” Considering the incomprehensible cost of the Crucifixion and Atonement, I promise you He is not going to turn His back on us now. When He says to the poor in spirit, “Come unto me,” He means He knows the way out and He knows the way up. He knows it because He has walked it. He knows the way because He *is* the way.¹⁶

To the people of Gideon, Alma stated that Christ bore our sicknesses and our infirmities “that his bowels may be filled with mercy, according to the flesh, that he may know according to the flesh how to succor his people according to their infirmities” (Alma 7:12). Elder Maxwell added, “No one can teach Christ anything about depression because he bore it to a depth and to a degree that we cannot even fathom.”¹⁷

Indeed, Jesus Christ is the great empathizer. There is no suffering He does not understand. There is no ailment He cannot heal.

“He Healed Them All”

“Jesus healed many from physical diseases, but He did not withhold healing from those who sought to be ‘made whole’ from other ailments,” taught Elder Oaks in the April 2006 general conference. “Matthew writes that He healed every sickness and every disease among the people (see Matthew 4:23; 9:35). Great multitudes followed Him, and He healed them all (Matthew 12:15). Surely these healings included those whose sicknesses were emotional, mental, or spiritual. He healed them all.”¹⁸

He then added: "Healing blessings come in many ways, each suited to our individual needs, as known to Him who loves us best. Sometimes a 'healing' cures our illness or lifts our burden. But sometimes we are 'healed' by being given strength or understanding or patience to bear the burdens placed upon us. . . . The Atonement . . . gives us the strength to endure 'pains and afflictions and temptations of every kind,' because our Savior also took upon Him 'the pains and the sicknesses of his people' (Alma 7:11). . . . If your faith and prayers and power of the priesthood do not heal you from an affliction, the power of the Atonement will surely give you the strength to bear the burden."¹⁹

With greater understanding and knowledge come increased love, empathy, and acceptance. We echo Elder Morrison's plea at the beginning of this article: "May God bless us to love all His children, to abandon none, and to lift up and strengthen those suffering and in pain." May we understand for ourselves and help our students understand the truths of mental illnesses and turn their attention to the eternal hope found in the Atonement of Jesus Christ. For He did indeed "heal them all." **RE**

Notes

1. Alexander B. Morrison, *Valley of Sorrow* (Salt Lake City: Deseret Book, 2003), 35.
2. Boyd K. Packer, "Solving Emotional Problems in the Lord's Own Way," *Ensign*, May 1978, 93.
3. Morrison, *Valley of Sorrow*, xiv.
4. Joseph Smith, *History of the Church of Jesus Christ of Latter-day Saints*, 2nd ed. rev. (Salt Lake City: Deseret Book, 1957), 4:11.
5. Morrison, *Valley of Sorrow*, 6–7.
6. L. Brent Goates, *Harold B. Lee: Prophet and Seer* (Salt Lake City: Bookcraft, 1985), 351.
7. Mollie H. Sorensen, "My Battle with Depression," *Ensign*, February 1984, 12.
8. Dallin H. Oaks, "He Heals the Heavy Laden," *Ensign*, November 2006, 7.
9. Val D. MacMurray, "When Life Is Getting You Down," *Ensign*, June 1984, 56.
10. Joe J. Christensen, Education Week Presentation, "Mental Illness: A Soul under Siege."
11. Alexander B. Morrison, "Myths About Mental Illness," *Ensign*, October 2005, 35.
12. Richard G. Scott, "Acquiring Spiritual Knowledge," *Ensign*, November 1993, 86.
13. John Wooden, *Wooden* (Chicago: Contemporary Books, 1997), 133.

14. Howard W. Hunter, *Eternal Investments*, address to Church Educational System religious educators, February 10, 1989.
15. Hunter, *Eternal Investments*.
16. Jeffrey R. Holland, “Broken Things to Mend,” *Ensign*, May 2006, 70–71.
17. Neal A. Maxwell, “Lest Ye Be Wearied and Faint in Your Minds,” *Ensign*, May 1991, 88.
18. Oaks, “He Heals the Heavy Laden,” 6.
19. Oaks, “He Heals the Heavy Laden,” 9.