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Caution: Clergy At Risk, Too

By Rev. Randall R. Roda

The numbers are staggering.

One out of every eight persons, or five to seven percent of the population, lives with some form of depression. According to The National Institute for Mental Health, 75 percent of all depressive episodes are recurrent, often up to seven or eight times during the adult life span. Some episodes can last up to two years or even ten years if they remain undiagnosed and untreated.

It is also true that those working in emotionally demanding professions such as teaching, counseling, or even ministry are more prone to depressive disorders than are others.

Given all this data, red flags should be going up all over the church. But they aren't.

If the church is going to effectively proclaim the gospel in an increasingly complex and demanding world, pastors must be emotionally equipped as well as spiritually equipped to meet the demands of their work.

Just getting through the day

In 2005, I was forced to leave active ministry after being diagnosed with major depressive disorder so severe that I twice tried to take my own life.

By the time I finally came forward and got help, my church was in crisis and productive ministry had come to a screeching halt. Why? Because my whole life became about just getting through each day.

I had neither the strength nor the energy to even concern myself with the needs of others or the needs of my church. That's what depression does. It saps one of their emotional, physical, and even intellectual strength.

Prior to my leave of absence, my congregation had nearly doubled its worship attendance and was involved in several vital community ministries. But my ability to lead began to deteriorate. I was overwhelmed by feelings of utter hopelessness and despair. Nothing

mattered to me anymore; I didn't even care about myself.

Over the five years I had served there, I became so obsessed with helping the church to grow, I never had any down time. Days were spent visiting, planning sermons, and building leadership. Evenings were spent in meetings or ministry events.

When bedtime would come, my head would be spinning so fast I couldn't sleep. I would turn every need, problem, or task over and over in my head. After awhile, I was sleeping only two or three hours a night. When the morning came and it was time to get ready for work, I was totally exhausted. It was a vicious cycle that went on for months until I just ran out of gas.

Not only was I depressed, but I also had constant paranoia. Everywhere I went I irrationally thought everyone was focused on me. Every conversation I saw going on without me became a conspiracy to undermine my ministry.

It got to the point where I began to imagine crises that weren't even happening. When I would go to the store or out to eat with my family, I felt all eyes upon me sizing me up and the room closing in on me. I would imagine people were saying things that weren't being said. After I became run down from lack of rest, I even began to fabricate conversations with unruly church leaders and tell other church leaders in order to get their support. It was a real mess.

It didn't stop there. Along with the depression and paranoia came paralyzing anxiety attacks out of nowhere. Any time I would feel stressed out or nervous, my breathing would increase, my heart would begin pounding and every muscle in my body would clench. The pain was excruciating. The first two times, I was sure I was having a heart attack. After a while they became so frequent that I could predict their occurrence and feel them coming on several minutes in advance.

All this was happening at the same time I was trying to serve the needs of 200 plus attendees of the church. I just stopped functioning. And then one day, I decided I didn't want to live anymore. Twice I tried to end it--once by gunshot and once by carbon monoxide, but I didn't have the strength or courage to follow through.

So I went to my wife, who knew something was wrong, and to a few trusted friends and they took me to my doctor for help. Within two days, I was diagnosed with major depressive disorder, began taking medication, and receiving psychotherapy.

Over the past two years, my depression has not subsided and I have continued on incapacity leave. The greatest lesson I have learned and the greatest one I have to teach is that the same thing can happen to anyone.

A serious medical illness

Depression is not an emotional problem. It is a physical illness brought on by diminished levels of serotonin, norepinephrine, and other chemicals in the brain. Often times, the imbalance is either caused or triggered by extreme stress or emotional crisis.

The symptoms vary but include: feelings of intense sadness or hopelessness, thoughts of suicide, confusion, poor sleeping patterns, weight gain or loss, and anxiety or panic.

It is a serious illness that is, believe it or not, the leading cause of disability in our nation. Thirty-five percent of all people with depression will attempt suicide, and nearly 75 percent of all suicide deaths are linked to depressive disorders. Besides that, 60 to 70 percent of all those affected never get diagnosed and treated. Depression costs our economy nearly \$47 billion a year in lost productivity and medical costs.

But this has not mobilized churches to educate clergy or other church leaders. And the incredible negative stigma attached to this disease is the reason.

For years, people have associated depression with laziness, weakness, and deficient character. People with depression are viewed as unstable and untrustworthy. If it is an illness like any other, why do we look only at the behavior that results from it?

The reason is that we draw a distinction between the brain and the mind. When we think of illness in the brain we think of tumors and aneurisms. We don't associate the brain with behavior and emotions. Those things we relate to being in our mind, the intangible part of the brain made up of our thoughts, personality, moods, and emotions.

For years, mental illness was thought to dwell only in the mind. It was something that we could control or get over -- hence the saying "It's all in your mind" or the expression "out of your mind." But the truth is modern science and medicine have now proved that mood disorders like depression are rooted in the brain itself and that they manifest themselves through mood, behavioral, and psychological disorders.

They are every bit as physical as high blood pressure or diabetes.

But in our culture we continue to look at only the symptoms and not the disease. We see aberrant or dysfunctional behavior and we immediately attribute it to lack of character, weakness, or other negative personality traits.

Even more stereotypical is the assertion made by many Christians that those with depression are simply not of strong faith. I have heard countless stories of Christians with depression who have been told by lay persons and pastors alike that they are depressed because they have not prayed hard enough or been faithful enough. There is absolutely no connection between our illness and our spirituality. Stigma continues to drive the conversation about mood disorder at all levels of our culture, even the church.

Clergy at risk

If depression is an issue that concerns the world, then it is also an issue for in the church and in ministry. Statistics show that those in the helping professions such as teaching, counseling and ministry are more prone to depression than those in other professions.

If we look at the nature of our work as pastors we will find that this is not surprising. First, we are isolated. Only the largest churches have multiple clergy on staff who are able to share the burdens and demands of ministry. Most of us serve small to medium size churches where the burden of service falls on us alone. There are very few emotional outlets for those serving in stand-alone ministries. We are probably not going to share our emotional problems with our district superintendent or surrounding clergy unless there is some kind of covenant relationship already in place. We would never want to be seen as being weak and vulnerable. We aren't going to go to parishioners, even leaders, because in most cases, they expect us to be the ones who have it all together. Most likely, we will "tough out" emotional problems until they pass or create extreme crisis in our ministry. We work alone. What else can we do?

Ministry is also an overwhelming and never-ending mission. Most of us would call our work a calling and would be unwilling to call ministry our "job." No matter how hard we work, the job is never done. The church is never done growing, never done reaching out, never done worshipping. There are very few chances for a pastor to sit back and celebrate or dwell on an accomplishment. If we are effective no one notices. But if we are not getting the job done everyone notices.

Thus we tend to be juggling so many balls at one time, it becomes too hard to put any of them down. If we stop to catch our breath, something or someone will get left behind. What do we do when we get overwhelmed and stressed out? Who picks up the slack? Usually we just pull ourselves up by the bootstraps and keep on going.

Expectations also make ministry a profession with a high risk of depression. Most of us don't consider the superintendent our boss. Most of us think and act like everyone in our congregation is a boss. So we run around trying to meet every need, visit every sick or homebound parishioner, run every meeting, and be at every event in fear of not living up to people's expectations. Since so many think we just work on Sunday mornings they think we have countless hours to sit around waiting for them to need something. And when they do, we are expected to drop everything and be there. I once read that if the President of the United States has a 60 percent approval rating he is doing good. But ask pastors if they'd be willing to settle for meeting the needs of only 60 percent of their parishioners. The stress can be overwhelming.

If all this is not enough, how about the emotional toll that ministry can take on even the strongest of pastors? We are on the front lines every day. We visit the sick in intensive care units, sit with families as their loved ones undergo life-threatening surgeries and walk people to and from the cemetery. We see people at their best and at their worst. We do marriage counseling, confirmation preparation, baptismal counseling, and even relationship counseling. We are involved in some of the most important decisions people will ever make. Most of us love this aspect of ministry, but the risk of becoming over-invested emotionally puts us at risk for depression. It doesn't take much to overtax our brains and get our brain chemistry out of balance.

The importance of education and advocacy

If we are more vulnerable to depression, than what can we do to mitigate or reduce our risks? The first thing we need to do is educate, from the bishops on down. I truly believe that much of the disciplinary action taken by cabinets and Boards of Ordained Ministry (BOOMs) has depression at its roots.

Like the rest of the world, we are uneducated about the realities of mental illness, so instead of treating the cause, we punish the behavior that results. I know more than one pastor who was labeled as "ineffective" due to a bad stretch of ministry. In many cases, they were effective before because they were healthy and if we would only

examine the roots of their ineffectiveness we might find depression present.

I believe we need to put the same energy in to training churches about depression as we have put into safe sanctuaries and sexual harassment education. If five to seven percent of the population is clinically depressed than many of them are sitting or serving in our churches. We owe it to Christ to educate ourselves enough so we can minister to their needs or lead them to help.

We also need to advocate. Clergy need to ask questions at Clergy session about colleagues who are being disciplined. Has a psychological assessment been done? Has counseling been offered? In a lot of cases, I have found that BOOMs just want difficult clergy to go away. We need to stand up and ask questions about clergy or other church leaders who are deemed "ineffective."

Conferences should work through their Committees on Incapacity to look at each instance of involuntary leave, honorable location, or suspension that is voted upon. It's possible that some emotional or mental health issue could be driving that pastor's problematic behavior.

Our Book of Resolutions also calls upon us to partner with the National Alliance on Mental Illness (NAMI), a non-profit organization made up of persons with mental illness and their families. NAMI is equipped to come to congregations and conferences to do training and to provide referrals for treatment to BOOMs and Cabinets. But we have to be the ones who put those ideas into action.

We also need to realize that persons with depression or mood disorders are considered to be disabled by The Americans With Disabilities Act of 1991, and are thus protected from discrimination solely on the basis of their illness.

Caring for self and others

The last thing we need to do is be accountable. If we are not in a covenant group of pastors where we can share the burdens of ministry, then we need to work at starting one in our area. We are the keeper of our brothers and sisters who serve. We must find places to go where there will be a listening ear and an open heart.

The worst thing that we can do with stress and burdens is keep them bottled up inside. Clergy need to look out for one another and reach

out to our colleagues who might be in crisis. If we are to be true to the name United Methodist then our ministry must extend beyond the walls of our churches. We put way too much upon our superintendents to expect them to be aware of every pastor's ongoing emotional needs. We must look out for one another. If we are suffering we must also be willing to trust other clergy with our needs. If we can't do that, then our church is in serious trouble.

We also need to know what we can do for ourselves. We need to ask ourselves if we are emotionally over-invested in our churches. Do we take a day off every week? Do we spend enough quality time with our families? Are we nurturing other interests and hobbies? Do we have friendships and relationships outside of ministry? Do we have a productive and personal relationship with Christ that is nurtured in ways other than ministry? We need to think hard about our answers to these questions, because if we answer them honestly, they can tell us much about our emotional health.

If we are experiencing any of the symptoms of depression listed above, we need to talk to our spouse and immediately visit our primary care physician. It may be just a passing phase in our lives, but then again, it could be a serious medical problem that needs treatment and therapy. Would we take chances with our blood pressure or blood sugar, or a lump on our breast? We shouldn't take chances with our emotional health either.

The church cannot lag behind the world; it must set the pace. The emotional health of our clergy leadership is far too vital a resource to risk. We need to be honest as a church and admit our job expectations, emotional investment, and time demands have put us in a vulnerable position. We must take account of our emotional health or the rate of clergy burnout and ineffectiveness will only increase.

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