



The Face Of Depression

Susan Gregg-Schroeder

When I look out at the congregation on Sunday morning, I see beyond the faces, the Sunday demeanor and church clothes. I see faces that are hiding deep pain and secrets...faces of parishioners who have suffered a recent loss or death...faces of the persons struggling with physical illnesses of all kinds. And I am proud of the many programs the church offers to help and support these persons. I look out and see the faces and recall the first-ever report by the Surgeon General of the United States on the magnitude of mental illness in this country. One in every five Americans experiences a mental disorder in any given year and half of all Americans have such disorders at some time in their lives.

I also look out on the congregation and I know that many of those persons suffering from a mental disorder are missing. They have stopped coming to church because of the stigma and the shame. Whereas secular society is finally talking about mental illness, and some celebrities are telling their stories, our religious communities still need to understand that depression and other mental disorders are treatable illnesses.

I also know that many clergy are putting on a good facade to cover the deep pain they feel inside. I know these things because I am one of those persons. I now look out on a congregation with profound sadness because the church rarely addresses the issue of mental illness, much less offers support to the person suffering from this illness and his or her family members.

My depression began in 1991. I was in my third year of ministry at a large urban church. I was enjoying my career and the many opportunities for serving others that it offered. I liked being part of a large staff, and I had no doubt that I had made the right decision to answer my call and leave my teaching career to become an ordained minister.

The changes were slow and gradual. Our country was

involved in the Gulf War at the time, and I had an increasing sense of fear and felt that my sense of security and safety was somehow threatened. Another subtle change came in my self-confidence. Whereas, I had grown accustomed to leading worship in a large congregation, I began to feel tense, awkward and insecure.

Despite my experience in pastoral counseling, I did not recognize or understand what was happening to me. A friend suggested I seek out a spiritual director to help me sort through the personal and spiritual changes I was experiencing. I worked with my spiritual director for about eight months and began to understand and name some experiences from my past. My

mother's love for me was conditional, based on my behavior and performance. I became adept at working to please others and meet the expectations of others. I carried some very destructive

messages from my mother, that deep down, I still believed.

In the fall of 1991, a series of events hit me like waves, until I felt totally overwhelmed with despair. I named for the first time that my mother had abused me. I was the result of a first failed marriage, and her anger at my birth father was taken out on me. The day after my naming the abuse, my birth father died. I had been working to establish a relationship with him. My husband and I traveled to my birth father's service. We visited and took pictures of my old neighborhood. A week later I awoke to the newspaper headline's telling of a devastating firestorm that had gone through that section of the Oakland/Berkeley hills. It was two days later, on my birthday, that I learned my birth house and those of our former neighbors had been lost. I was the same age as my mother was when she died of breast cancer, and my daughter was sixteen—the same age I was when my mother died.

I had all the symptoms of major depression. I felt disoriented and disconnected from my feelings and myself. I couldn't

Part of my journey has been to understand my bleakest times as times of fertile darkness.

eat or sleep. Nothing brought me pleasure. I was simply going through the motions. I couldn't stand to be around others and isolated myself from everyone. I felt so hopeless that I wanted to end my life.

My spiritual director sent me to a psychiatrist, who also happened to be a member of my church. It was one of the most humbling experiences of my life, as I was enveloped with guilt and shame. He wanted to admit me to a psychiatric hospital that day. After several days of denial on my part, I was admitted to the hospital. It was the same hospital where I had conducted worship services when I was doing my Clinical Pastoral Education work. The small chapel was now a barbershop.

No one at church knew of my hospitalization except my senior pastor. I had subsequent hospitalizations, and I still am monitored for my depression. For two years I suffered in silence, hiding my condition from the church community for fear of losing my job. Rosalynn Carter has spoken out on the issue of the church and the mentally ill. The church does not know how to respond when clergy or other helping professionals reveal their emotional problems. In an article, "A Voice for the Voiceless - the Church and the Mentally Ill," she writes, "Those in a position to make a decision about these caregivers sometimes respond by pretending that a crisis doesn't exist. Other times they believe that the caregiver's move to another locale will resolve all the problems. Too often churches have sought to ignore a simple reality: that mental illness can come even to those who are providing care."¹

With the support of my senior pastor, I decided to openly acknowledge my depression. I wrote an article for our church newsletter entitled, "The Burden of Silence." Our Parish Nurse set up an informational meeting on depression the following week, and we had a turn-away crowd of over 130 people. Seeing such a great need, a depression support group was started, led by a professional counselor. Later that year I was asked to speak at our Bishop's Convocation. The stories that my colleagues shared with me behind those closed doors made me realize that I was being called to speak out on mental illness in the church. I was especially concerned about my colleagues from ethnic groups, where there is fear that such a disclosure may bring shame to the family, not to mention the effects such a disclosure could have on a person's appointment.

United Methodist Mental Illness Network

In 1996, the United Methodist General Board of Church and Society set forth a program called "Caring Communities." This was in response to a 1992 General Conference resolution asking congregations to enter into a covenant relationship of understanding and love with persons and families with mental illness in order to nurture them and to reach out to the larger community.

I am part of the United Methodist Mental Illness Network, which allows me to connect with people across the country via the Internet. We share resources, ideas, and visions, as well as our frustrations. All new ministries struggle to find ways to fit into the church's structure and receive appropriate financial support. Last year I was appointed as Coordinator of Mental Health Ministries for the California-Pacific Annual Conference. Because of my passion on this subject, I accepted this unfunded appointment. This ministry is under the Conference Board of Church and Society and has been approved as a Conference Advance Special.

A large part of my work is to help congregations begin to address mental illness issues through education. Education must begin with a commitment by the clergy and church leaders. When mental illness is addressed in sermons, prayers, liturgy and classes, it becomes a topic that can be openly discussed in the church.

Mental Health Ministries has produced an ecumenical video, "Creating Caring Congregations." Our mission is to provide resources to educate clergy and laypersons for the purpose of decreasing the stigma associated with mental illness in our faith communities. With a total running time of under 30 minutes, the video is divided into four sections.

The Discussion Guide gives various options for using the video, including using the segments separately to provide education and encourage discussion among specific groups in the church. "Shawn's Story" tells of an adolescent's experience with bi-polar depression, addiction and suicidal ideations. "Carol's Story" is about the most common illness of the brain, clinical depression, with accompanying anxiety issues. "Jan's Story" highlights how the normal changes associated with the aging process can lead to depression in older adults. The final segment, "How Congregations Can Respond," provides a five-step program of education, covenant, welcome, support and advocacy.

The video provides a resource for youth groups, adult Sunday school classes, Stephen Ministry training, Parish Nurse programs and other related ministries. It can also be used effectively with my book, *In the Shadow of God's Wings: Grace in the Midst of Depression*, (See p. 23 to order) for a 4-week study group.

"Creating Caring Congregation" and an accompanying Discussion Guide are available for \$20 plus \$4 shipping and handling by contacting Rev. Susan Gregg-Schroeder, 6707 Monte Verde Dr., San Diego, CA 92119. Email: sgschroed@cox.net

For further information on what your church can do, visit the General Board of Church and Society website at www.umc-gbcs.org/caring_communities.htm and www.umc-gbcs.org/mencare.htm or email Jackson Day: jday@umc-gbcs.org

Coping with a Loved One's Depression

Stan Schroeder

This is what I've learned living with a spouse with depression:

1. I need to be flexible: When she is in the depths of the shadow, I need to protect her; when she is functioning in the normal range, I need to give her space. Don't be shy about taking the car keys or other drastic action when your loved one appears to be "out of control," since you may be saving his or her life.
2. I can help her understand the dynamics of her depression. For example, I can help her recognize what triggers a depressive cycle and help her implement actions to stop the downward spiral into the deep shadows. Using these prevention points can avoid the coming pain.
3. I am a caregiver, and I need to know my boundaries. I have a life too, with feelings and needs. I need to maintain my "separate self" and not just become a slave to the depression. Yes, I need to sacrifice and forgo some of my plans and commitments, but I will quickly burn out if I don't also care for myself.
4. TV is a drug. Most of it is not healthy for me or my spouse. A walk is much more therapeutic.
5. There is no golden answer waiting to be found in books or other literature. Yes, it's good to know the basics of depression and the specifics of your loved one's diagnosis, but you will not find a cure in a book.
6. Change the subject if your loved one is cascading into the pit. Depressed people can easily get into a cycle where one negative thought breeds another negative thought and they can't seem to stop the descent.
7. Try to maintain some level of social activity in which you can both participate, such as going to movies. The depressed person will probably withdraw and avoid social situations. They need some "quiet time" and personal space, but that can quickly become brooding time that leads to another slide into the depths.
8. Do the best you can with what you've got. You cannot work miracles and you are not superman/superwoman.
9. Share with family/friends about the situation so they can support both you and your loved one. If you don't tell people, they will not know. The best action they can take is prescribed in *When Bad Things Happen to Good People* by Rabbi Kushner: listen and "be present" for the person in pain. After going through this, I realize how few people actually do that. One or two good friends/family members are invaluable to provide support to you.
10. And very importantly, plan future activities for both of you and activities that just one of you will do. Plan for evenings later in the week, for weekends, for a "getaway" next month, for a mini-vacation a few months from now, for a holiday trip, etc. Hope is crushed by depression, so it's important to have events scheduled in the future, which helps both of you have something to look forward to.
11. Take a step at a time, since you cannot control the journey in and out of depression.

Secular society is finally becoming more open to talking about mental illness and the complex social issues associated with it. Many analysts say that the issue of parity in health care for physical and emotional illnesses could become a prominent issue in national elections. There are still millions of Americans who have no health insurance and have no access to medications to treat brain disorders.

The religious community has much work to do to address the shame, guilt and stigma associated with mental illness. Unfortunately very few seminaries incorporate adequate information about mental illness in their core curriculum. And some religious groups still make the assumption that mental illness is a moral or spiritual failure. Sometimes a person is encouraged to stop taking medication. Some churches continue to put some of the blame on the family at a time when the family members are most in need of support. This is especially true with suicide. If the suicide is seen as a sin or an unfaithful act, the family has to deal with their grief as well as the guilt, shame and isolation from their community of faith at a time when the family most needs the support of their community.

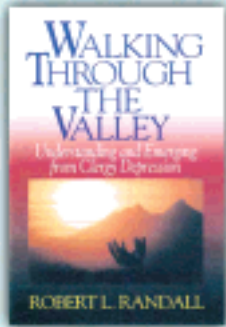
I am one of the "wounded healers" described by Henri Nouwen. I learned that when we begin an inward journey of self-discovery, we find that we are led back to the community and caring for others. Part of my journey has been to understand my bleakest times as times of fertile darkness. When a person begins to live into their darkness, embrace it, and even befriend it, God's presence is most often revealed. And when persons with a mental illness are able to use their faith and spirituality as a source of healing and support, they discover a renewed sense of vision, hope and possibilities for the future. □

¹ Rosalyn Carter, "A Voice for the Voiceless: The Church and the Mentally Ill," *Second Opinion* (March 1990), pp. 44-47.



Susan Gregg Schroeder is an elder in the California-Pacific Conference. She is the author of *In the Shadow of God's Wings: Grace in the Midst of Depression (The Upper Room, 1997)* and an accompanying Group Study Guide (Abingdon, 1998).

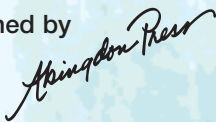
Dealing with Depression



Walking Through the Valley: Understanding and Emerging from Clergy Depression, by Robert L. Randall; foreword by James B. Nelson. Clergy are at risk of encountering depression as much as anyone, yet they often find it very difficult to admit their depression and understand it.

This book offers a four-step process that allows pastors to recognize their own depression and deal with it effectively. Shows pastors how to slow the downward spiral, to hold on and stabilize, to return to the road back to a normal state, and to step beyond depression and transform themselves into better selves. An excellent primer for pastors and counselors in their work with persons struggling with depression. 0687014638. Paper, \$15.00

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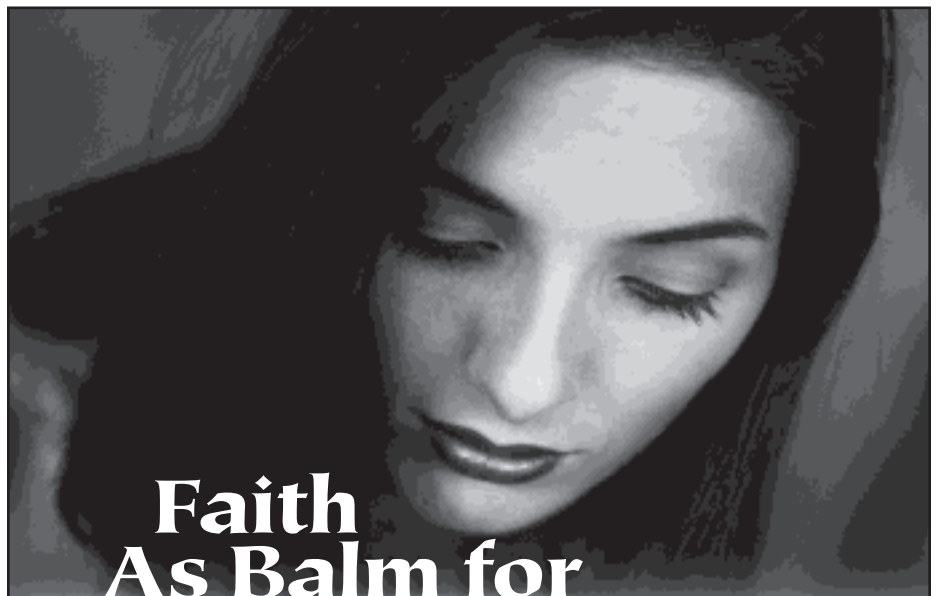


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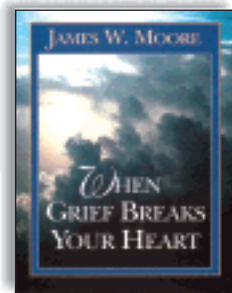
Faith As Balm for Grief's Tragic Scars



The Funeral: A Pastor's Guide, by John S. Mansell. Mansell provides guidance on comforting the bereaved throughout the period of direct pastoral involvement, offering appropriate, expected responses, and advises pastors on the nature of funeral services and sermons. Especially useful for new pastors, with complete to-do lists and sample guides. UI1-0687067901. \$13.00



Standing in the Circle of Grief: Prayers and Liturgies for Death and Dying, by Blair Gilmer Meeks. *Standing in the Circle of Grief* offers new and veteran pastors a book of worship resources for occasions of grief. Prayers and liturgies address specific grief-related circumstances, including suicide and the death of a parent or infant. UI1-0687051673. \$13.00



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