

Mental Health and Pastors: Final Research Design

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GCN503 Spring 2020

Abstract

Mental health has been only a stigma throughout the Christian church for many years. It is a topic that is often push down or neglected by the community. However, in the present-day age now, the affects that mental health counseling is growing rapidly not only in the secular world, but also in the church. This paper will explore how mental health issues affect pastors and church leader in particular. Some of which have committed suicide by surprise to their families and church congregation because they felt that they could not be open. Many church leaders face various mental health issues alone, fearing loss of respect or loss of position. Because of this, this paper seeks to find an effective way to care for pastors who deal with mental health in way that they can be open and can seek the help they need. The methodological response to this approach may help become the gate to see the need for professionals to care for pastors and church leaders.

Introduction

On August of 2018, megachurch pastor of Inland Hills Church, Andrew Stoecklein told his huge congregation that he struggled with anxiety, depression and suicidal thoughts. Pastor Stoecklein had just returned to the pulpit from a four-month leave of absence in which he battled panic attacks and severe depression. This was the first in a series of sermons about mental illness he titled “Hot Mess.” He clicked through suicide statistics on the screen. He listed resources. He implored his congregation to know that if they were fighting mental illness, they weren’t alone (Koyongian). “There is hope, and there is help available,” the pastor said. Twelve days later, he killed himself (Potts, pg. 1). On August of 2018, megachurch pastor of Inland Hills Church, Andrew Stoecklein told his huge congregation that he struggled with anxiety, depression and suicidal thoughts. Pastor Stoecklein had just returned to the pulpit from a four-month leave of absence in which he battled panic attacks and severe depression. This was the first in a series of sermons about mental illness he titled “Hot Mess.” He clicked through suicide statistics on the screen. He listed resources. He implored his congregation to know that if they were fighting mental illness, they weren’t alone. “There is hope, and there is help available,” the pastor said. Twelve days later, he killed himself (Potts, pg. 1). In September of 2019, a megachurch pastor in Southern California known for his mental health advocacy died by suicide. Pastor Jarrid Wilson of Harvest Christian Fellowship Church founded Anthem of Hope, a Christian organization meant to “amplify hope” for those struggling with mental health and substance use issues (Keeslen, pg. 1). These two pastors are amongst other church leaders who dealt with mental illnesses which during their ministry which led them to end their lives and leave their church asking who is pastoring or helping the pastor? How did this happen? What people often overlook

is the fact that pastors in the Christian church need counseling more than anyone because they struggle with mental illnesses throughout their ministry.

Breaking Stigma

Only 1% of pastors say that medication should never be considered as a treatment option or only be viewed as a last resort, and that psychological therapy should never be used. More than seven in 10 (71%) said it should be used in conjunction with spiritual principles. Clinical needs and spiritual concerns are often inextricably intertwined among people in the church. People who have a mental health condition may experience distressing spiritual questions like, “Has God forsaken me? Why doesn’t God heal me? Is taking medication evidence of a lack of faith” Many Christians are not encouraged to seek counseling, but instead are encouraged to pray harder and have more faith. However,

Nolte, S. & Dreyer, Yolanda. (2009) analyze Henri Nouwen’s contribution to pastoral care. They highlighted the impact of cognitive dissonance and the role it plays in pastors becoming constrained in their ministry. The authors believe that the reason is that during the past two decades, pastors have been subjected to profound changes. While pastors view their involvement with people they minister to as guiding people towards a life of wholeness and integrity, they themselves, because of their own inner woundedness, struggle to live a life of wholeness. “Pastors’ woundedness may lead to inner conflicts in terms of the way in which they view and experience themselves, which in turn, may have a negative influence on their humanness and their ministry” (Nolte 2009). Because of this, the challenge is how to effectively counsel those in ministry leadership position in order to decrease the levels of mental illness amongst leaders/pastors?

A Call for Help

According to the National Alliance on Mental Illness, the nation's largest grassroots mental health organization, nearly 1-in-5 adults in the U.S, that's 43.8 million people who experience mental illness in a given year, and 21.4% of youth ages 13 through 18 will experience a severe mental disorder at some point during their lifetime (Henderson-Espinoza, pg. 1). In 2019, LifeWay Research conducted a survey in partnership with Focus on the Family and an anonymous donor to dig deeper the perceptions of pastors, churches and those suffering from mental illness on a wide range of related topics. The study indicated that 23% of pastors indicated they had battled a mental illness of some kind on a personal level, including 12% who said it was formally diagnosed (Koyongian). Simpson, A. (2016, Winter) in her article "Pastor in recovery" focused on taking real life experiences from pastors who struggle with addiction and mental health. Some pastor admit that the church is not a safe place for those struggling, mostly because congregation elevate pastors to a level that cannot possibly live up to. One of the pastors that was interviewed was Teresa McBean, a senior pastor and executive director of the National Association for Christian Recovery admit that "the expectation for pastors to have it all together is very high. After all, the assumption is, if your pastor hasn't got it all together, can you believe what you're hearing from the pulpit?" There is a tension between ministry expectation and what is necessary to seek continual help. However, what is needed the most is a space for complete honesty. It is not easy for pastors to be honest about who they are and what they are going through when their ask them to be something other than a normal human.

Often pastors feel there is something wrong with them when they feel a loss of passion, burn-out, or depression. Wayne Cordeiro in his book "Leading on Empty" illuminates the issue

that often pastors whose vocation is all about giving out are wearing out. Wayne Cordeiro talks about how the “A tragic flaw of many leaders is that they cannot recognize their limits or acknowledge their need for others as the demands of work or ministry scale up dramatically” (pg 34). Most of the people in churches now have no idea how demanding ministry can be.

Cultural Effects of Mental Health

Location

The geographically location may also play a role in pastors ministering to different regions. Scott, G., & Lovell, R. (2015) present findings from an 18-month evaluative study in which they gathered survey and telephone interview data on 51 rural pastors. “To these pastors, who believe themselves to be overworked and unbalanced in their professional lives, self-care is viewed as self-indulgence, an added luxury to life that they simply cannot afford due to the external demands placed on them.” The goal of the study was designed to help the pastors overcome some of the biggest obstacles in their professional lives (including loneliness, isolation, burnout, an imbalance between personal and professional life, and an absence of self-care activities). They found that rural pastors suffer a significant degree of loneliness and isolation. The participants in the study continued to struggle with the structural and organizational barriers endemic to daily life as a rural minister. “As a result, loneliness, which may be ingrained in the job itself, still becomes the most robust explanatory variable, exhibiting a strong relationship with other variables such as burnout and professional excellence” (Scott, G., & Lovell, R. 2015).

Race

Likewise, Bledsoe, T. S., Setterlund, K., Adams, C. J., Fok-Trela, A., & Connolly, M. (2013) believe that their study shows that those who experienced the highest levels of stress

included those working in the smallest churches and those who were non-white. It is reasonable that pastors from the smallest churches have the least resources, and possibly have higher demands than those with a larger church. Their study laid the foundation for others to further explore why non-white pastor experienced more stress. This may be a result of cultural beliefs about the origins of mental health condition.

Education

Furthermore, Bledsore, Adam, & Connolly also proved that education also affected the level of stress experienced by pastors and church leaders. Specially, pastors with the highest levels of education endorsed lower levels of stress when providing grief and bereavement services and those who attended seminary endorsed less stress than clergy who did not attend seminary. This may indicate the significance of general and theological education in dealing with the on-the-job demands inherent in the ministry. The study also focused on clergy knowledge of mental health issues and treatment. The majority of participants had obtained their education about mental health through self-study and research, while some had acquired knowledge through personal and familial experiences. These findings further shows the importance of educating church leaders and pastors about more knowledge on mental health.

The Healing Process

Nolte, S. & Dreyer, Yolanda. (2009) article reacted on the development of the insight that pastors can view their own brokenness (wounds) as a gift in their lives. It has been shown that the shift from a modern to postmodern paradigm has had an impact on pastors' ministry in the sense that they experience cognitive dissonance because of their being 'trapped' between two mutually exclusive worlds: on the one hand, a global postmodern world in which they and the people they minister have to make a living every day, and on the other, a world characterized by

a struggle to live meaningfully and significantly. showed that honesty and transparency about their own woundedness and struggles are better options for pastors, because it creates spaces wherein pastors are able to experience their woundedness as a sign of emotional energy and that their emotional pain can, paradoxically, be used as a means towards healing.

When a pastor is diligently seeking the help that need to recovery and healing, the church can start by understanding the nature of the problem. “The greatest gift churches can give their pastor is the gift of humility.” The church most first acknowledge that pastors are normal humans who also has struggles and issues too. Simpson (2016) emphasizes that pastors and church leaders must considerate measurable risk in order to seek help. For some pastors, seeking help can lead to job loss. Nevertheless, some pastor in recovery say that this is a risk that is worth taking.

Role of Clinical Professional help

Salwen, E. D., Underwood, L. A., Dy-Liacco, G. S., & Arveson, K. R. (2017) purpose in their study to in *Self-Disclosure and Spiritual Well-Being in Pastors Seeking Professional Psychological Help* was to focus on the future health of the Church. They see the gap in understanding the potential impact of self-disclosure flexibility and spiritual well-being on willingness to seek help among future pastors being trained at evangelical seminaries should be explored. Their purpose of their research was to determine the effects of self-disclosure flexibility and spiritual well-being on willingness to seek professional psychological help among evangelical seminary students preparing for pastoral leadership.

Their measurement involved using the spiritual Well-Being (SWB) Scale, a commonly used assessment that measures both religious and existential well-being. “It has helped in

understanding internal and external alignments of those planning to enter vocational ministry” (Salwen 2017)

The Methodological Approach

The challenge now is to find the most effective approach to first help pastors recognize certain mental illness they may be facing, with or without realizing at first, and second, what is the most effective way towards healing and proper care?

Some might argue that this study is too broad and the too many factors such as culture backgrounds, denomination differences, demographics/size of the ministry, and etc. Though these are valid accusations that might affect the validity of the research, it is worth still finding out what the major and hidden factors that causes anxiety, depression, and suicide amongst church leaders. In order to get fair and diverse viewpoint to the research, the best methodological approach would be to incorporate a mix-method research that combines both numerical values and measurements found in quantitative methods (survey), and then afterwards take it a step further in incorporating an in-depth exploration through qualitative methods (interviewing).

Both methods are needed in the research because quantitative surveys and collects data that gives data to identify certain patterns. These patterns are helpful for the researcher to see if there are underlining factors such as socio-economic and cultural influence how the person answers the question. The researcher approach to gather participants are through social media, emails, and possibly visiting local churches to see if they would participate in the research experiment, assuring that everything is confidential. The online survey first set of questions involves 10 questions of multiple choice that the respondents need to answer through a five-point Likert scale. These first set of question aim is to see the respondent's belief towards mental health and the Christian faith, for example: Mental health is a flawed in character or chemistry?

Does anxiety and depression need to be totally eradicated from the church? Is mental health considering a priority in your church community? Questions like these help the researcher determine the standpoints of the respondents in how they view mental health in relation to their faith beliefs. Afterwards, the next set of question will ask in the same format but will ask personal questions that ask if respondents have ever dealt with certain mental health issues or know anyone who has. These questions will get deeper as it goes in hopes to get a numerical measurement of how much and how often church leaders are exposed to mental health issues. Lastly, the last set of questions ask the respondents about the demands of their ministry and how these affect the health of the respondent. Alongside, the survey will ask if the participants are willing if able to seek counseling and go further

The next part of the research goes in-depth by interviewing participants to ask further explanation of what they answer on the survey. Interviews are conducted in a comfortable room/office. Answers are recorded by note-taking from the researcher. These also remain confidential and respectful to what the participants will share. The goal of the interview is to simply look for more elaborate and descriptive reasoning from the participants. It is not to diagnose the participants. It is also important to ask how the interviewees background and experience shape how they approach mental health. Another question that may be asked to explain is how open they to study deeper the science mental health are even through a non-Christian viewpoint.

After the interview process, the researcher will analyze the data they received from the mixed methods. For the qualitative methods, the result will end in numbers. Before analyzing it, the researcher should look for missing data, remove outliers, and transform variables if needed. Having the data be peer-reviewed is crucial in order that there is no hidden factors. For the

qualitative methods, most closely examine different themes/ideas presented, language, and interpretation of words/phrases.

All in all, this research study may take time and need frequent interpretation. However, the results will help pastors, their family, the church community, and the world of counselors/therapist see that those in leadership are in need of help too. The results of the study can open a door for pastors and leaders to seek professional help without feeling shamed or belittled. There are still many factors that may be missed through this study because of the possibility of limited of participants and diversity, which can open doors for further research to be conducted in the future.

Conclusion

Vulnerability and honesty shape a pastor's wellbeing. Understanding the human constraints makes pastor's more sustainable and guards us against disillusionment and burnout. Recognizing that weakness makes people rely on God, in doing so weakness can become a ministry resource. How a leader handles his or her own emotions will shape the culture of the church. When the leader is self-aware and communicates emotion well, this has the potential to create an incredibly healthy church and those around them.

Wholeness comes from embracing what makes a person human. They must acknowledge that emotional struggles and mental health are part of the process. When pastors ignore the critical human and spiritual resources God has placed around them, such as Christian counselors, they are in danger. "Clinical mental health professionals have an opportunity to play a critical role in helping pastors to achieve the greatest possible level of wellness." These professionals can come alongside the pastors to position themselves back to their personal values and morals. Most importantly, reminding pastor that they are not alone and can get through.

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