

Depression: Let's Talk About It

Isaiah 49:8-13 Luke 8:26-30
College Hill Presbyterian Church, Tulsa

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Yesterday morning I decided to set aside the sermon I had planned to preach today. All week long, following the tragic death of comedian and actor Robin Williams, I found myself returning time and time again to the issue of depression, and how it appears, in this case, to have played a major role in Williams' suicide. Therefore, with some sense of urgency, I felt it was necessary to address this issue at this pertinent time. I have entitled this sermon, "Depression: Let's Talk About It." As a scriptural text I have chosen part of the story known as the Gerasene Demoniac from Luke 8:26-30.
[Read text.]

Those who suffer from depression are increasingly finding it a less-shameful secret that they keep to themselves, and sometimes from themselves. Far too many people, however, are still afraid of the social stigma associated with acknowledging that they suffer from depression. But as a society, especially over the last few decades, we have begun discussing depression more openly. Perhaps never as much as this past week after we learned of the suicide of Robin Williams, who fought depression most of his life.

Along with watching a great deal of television news coverage, as I'm sure you may have as well, I have read numerous articles and Internet postings this week. And I would guess that many of you have had discussions with family, friends, or co-workers about Williams' death, including the topics of depression and suicide. Some of the things I read appalled me, in that they no longer square with the current medical knowledge and understanding concerning this illness. And some violated the understanding that we have of a loving and compassionate God. There was one blog, however, that I thought best put into perspective these very difficult topics to discuss: depression and suicide. I will share part of that with you in that in just a moment.

Throughout this past week we have rightly been reminded that depression isn't some kind of weakness embedded in one's personality. Rather, it is just one form of mental illness – a medical illness of the brain. I've decided not to go into all the statistics this morning, but the number of people who suffer from depression in this country is estimated to be at least around 10%, which comes to over 30 million Americans. A recent study estimates that a staggering 70% of clergy have had, or currently are suffering from depression. For all those who have symptoms of clinical depression it is thought that a full 80% of these folks are not receiving any specific treatment for their depression. What if 80% of those suffering from cancer, or diabetes, or Parkinson's, or HIV, for example, didn't receive any treatment for their illness?

So let us not kid ourselves. **Few families and congregations are left unaffected by the illness of depression. So we need to ask: What is the church doing to help?**

Florence Kraft is a Presbyterian ruling elder and the author of an official Presbyterian Church USA Report and Resolution entitled, ***The Church and Serious Mental***

Illness, which was approved by the 200th General Assembly in 1988. The following is her recommendation as to how the *church* should respond to those suffering from mental illness:

Nobody *wants* to talk about it: it makes us uncomfortable. As Christians, as Presbyterians, as citizens, we *must* talk about it: talk about specific biological illnesses that afflict [so many adults and children] in this country...disorders of brain functioning that disrupt faith, will, personality, family, that disrupt knowledge of truth, of logic, and of one's own true self.

"We need to talk about mental illness to heighten our awareness of its nature and scope; to enable ourselves to reach out, without fear, to become instruments of grace and peace for those who suffer; to recognize that we are talking about ourselves, our families, [our congregations], not some mythical "others" in the house [or church] down the street.

We know that with the proper medical treatment for mental illnesses, functioning frequently improves and some people seem to recover completely. But **medicine and technology cannot heal socially inflicted wounds. Pills cannot overcome social ostracism, stereotyping, and stigmatizing.**

Only open dialog and the attitude of inclusiveness can reconcile the fear, uncertainty, even repugnance felt by "normal" persons in the presence of those recovering from mental illnesses - and the degradation, fear, hesitancy, doubt, and anger felt by those who have suffered psychiatric labeling.

In the inclusive view of Christian community, the church, this church, *must* provide a safe space of mutual trust and respect that's necessary for open, honest and direct dialog. Ms. Kraft adds, "**As Christians, we need to talk about mental illness out of our belief that God's design is for all humans to be born equal in dignity, rights, and freedoms. We know that God intends for us to lead lives of wholeness and fullness...**"

But she continues, "Individuals with psychiatric labels, their parents, wives, husbands, siblings, or children have seldom been able to find pastoral care or community support within the church to enable and sustain them." That is a serious indictment against the church - and I'm afraid that it's more often true than not.

Let me return, now, to that one specific article that I personally found the most useful in helping deal with the aftermath of Robin Williams' death. I found **a blog by Daniel Fincke on the patheos.com website**. Fincke has a PhD in philosophy from Fordham University, has taught college classes in ethics and philosophy. The article is entitled, "**Robin Williams's Verdict on Life.**"

Reading the various lamentations of the suicide of Robin Williams, I'm troubled by the tendency for people to take a single deed to define a man's entire disposition towards life. There is a tendency to frame what happened as Williams losing his battle with depression. Or to take his act of suicide as his ultimate verdict on the value of his life, or of life itself.

But it's neither of these things.

Monday he had a bad day with depression. A *lethally* bad day.

But had he been lucky enough to survive it, he would have likely regretted it. Most survivors of suicide attempts are glad to be alive. And his judgment day after day prior, over the course of *decades* of struggles, was that life was worth enduring even through the blackest nights of addiction and mental illness. He transmuted his pain into enduring art.

After discussing the scope of characters the Williams portrayed in his movies, including a car salesman in *Cadillac Man* that went from a motto of "nobody gets out alive," to "everybody gets out alive," Fincke continues:

Those are the twin things to remember about life. Nobody gets out alive. We all die. Whatever the cause. But in most places on most days, everybody gets out alive. No matter how bleak things are for us, most of us live to fight another day. And it's the same for those struggling with depression. *Most* days, they win. *Most* days, they endure. *Most* days, they choose life.

On their darkest days the simple act of breathing is an act of hope...

My point is that people who struggle with suicide win their lives over and over again. They *choose* life *more often* than those who never make living into a question. They survive numerous ledges that their minds push them out onto, managing over and over again not to fall. And we should appreciate what their high wire skills tell us about them and what matters to them. *Each* time they choose their family, their friends, their life's cause, or even just the next day, it's a *choice*. It's a choice to continue valuing and to continue giving.

And what Robin Williams said in his work over and over again was that life was a mixture of anguish and joy. And eminently worth enduring the anguish for the joy... He spent a lifetime choosing life, preaching life, and spreading life.

He won. Over and over. He lived a great life... precisely through bearing the unbearable, so well for so long. Day after day, he not only got out alive, he spread life around the globe...

In the end, an illness killed him. Just as illnesses will kill most of us. One day losing to depression can kill you. But it doesn't mean the entirety of his inner life was a loss. Nor that his ultimate judgment of life was that it was a lost cause.

Quite the contrary.

Read more: <http://www.patheos.com/blogs/camelswithhammers/2014/08/robin-williamss-verdict-on-life/#ixzz3AZo06tYX>

It is my hope that we can start an open dialogue about depression. I want to start this today by modeling it myself. While I have shared this on occasion in church

school classes, I have never spoken it from the pulpit. So I'm going out on a limb here by risking being vulnerable – something I hate. **I am one of those pastors who suffer from clinical depression. But it has been a struggle for me since I was a teenager.** I finally sought help after I had been ordained as a pastor. After a great deal of fear and trepidation, especially thinking I was the only one going through this, I visited a psychiatrist. She asked me what I did for a living. When I said I was a pastor, I could almost see an expression on her face that said, "Well duh, no wonder you're depressed." And she all but immediately started writing out a prescription for an antidepressant.

I have hated to have to be on medication for so long, about 20 years now. But each time I try to see if I can function without it, I spiral down. I'm also among those who are **well aware of what seems like the utter ridiculousness of not being able to manage even the simplest tasks of life while in the throes of depression.** At times it has been impossible to handle simple tasks like opening mail, responding to phone messages, cleaning the house, buying a birthday card, or simply shopping for groceries. There were times when a horrible mix of immobilizing paralysis and fearful anxiety took over. Only those who have suffered from clinical depression can truly understand this.

So we must remember that depression isn't a lack of happiness. I, for instance, experience happiness and joy, and I'm well aware that I have lots for which to be deeply thankful. **It's easy, therefore, for others to look at folks like me and judge that it's all just silly because I have nothing to be depressed about. That's the cruelty of clinical depression. It's not always based of life situation or circumstances. It's just there – always.**

Instead, **depression is an attack on the vitality of living life.** And while we often repeat the mantra during worship, "Life life fully," I confess that I find that very hard to do.

Thankfully, I'm in a good place now, but I still struggle. It took me a long time to understand that **this is a medical illness, not a weakness.** It took me a long time to understand that **this isn't something that I could pray away if I just had enough faith.** I know, because I tried that for years. I wonder how many preachers today, in the aftermath of Williams' death, are telling their congregations that if they just get closer to Jesus then everything will be alright.

I'm sharing this personal information about myself with you today not in order to elicit sympathy, and certainly not as a cause for worrying about me.

Instead, I hope to crack open that door of fear and shame that many of us have about sharing our real selves with one another. Perhaps you, or a loved one, struggle with depression as well. If so, let's talk. Perhaps we can start a small group dealing with mental health. Let's trust one another. Let's fight against social stigmas by sharing the very real illnesses we face.

College Hill, as you know, is *already* a community of care and compassion and hope. But we can't really offer that to those who need it most if we are unaware.

May the events of this past week enhance our awareness, our vulnerability, and as always, our compassion.

Amen.