

Pastor discovers ways to deal with his depression

March 9, 2009

RICHMOND, Va.—Kirby Smith has his life back. After years of struggling with clinical depression—what he calls “a hell on earth”—the Virginia Baptist pastor has discovered in both medical and psychological treatment a way to deal with his disease.

“I feel better now emotionally, spiritually, psychologically and in terms of self-awareness than I have since I was in seminary and going to my first church and getting married—better than in 25 years,” said Smith, pastor of Oak Forest Baptist Church in Richmond. Treatment “has given me back who I was in college and seminary.”

It hasn't been easy. Over several years, Smith underwent a regimen of prayer, counseling, medication and electroconvulsive therapy—a well-established, though sometimes controversial, psychiatric procedure in which seizures are electrically induced in patients for therapeutic effect.

Depression started as "malaise"

Smith began exhibiting signs of clinical depression in the early 1990s, while pastor of a Baptist church in Lawrenceville, Va. It began as a sort of “malaise,” he said—a lack of enthusiasm and initiative he felt both at home and work.

“I talked about it with the director of missions in my (Baptist) association, and he told me it sounded like clinical depression,” Smith, then in his early 30s, recalled. “But I ignored it. It didn't mean anything to me. I didn't know anything about clinical depression.”

But within a few months, he was “sitting in my office and staring at the wall.” Other symptoms materialized. At times his heart rate was up and his breathing fast; at other times lethargy paralyzed him. He dreaded going home to greet his wife and two young children at the end of the day because

“I knew the kids would want to be with daddy and I didn’t want to deal with. I hung around the office as long as I could.”

Smith’s deep faith in God naturally inclined him to prayer. “I prayed and prayed and prayed and got nowhere. I thought, ‘God, what is the deal?’ “

At about that time Smith was called to a new church, this one in Altavista, Va. Almost immediately his depression disappeared. “I don’t know if it was a change of scenery or what, but overnight (the depression) just left. I’d been living with it for about five years and it just left. “

For two years, he felt energized by his new ministry responsibilities and took pleasure in the tasks. But eventually the symptoms reappeared. This time he turned to a member of his church who was a doctor and a trusted friend. The doctor prescribed medication which diminished the effects—so successfully that after about two years Smith, with the doctor’s consent, stopped taking it.

Isolation

By 2003, though, Smith—now in his early 40s—began “to feel really, really awful.” He couldn’t prepare sermons and recycled old ones instead. He avoided people whenever he could, making himself almost inaccessible to his church members.

For months, Smith had been scheduled to deliver the baccalaureate address before his daughter’s high school graduation that year. “I’d worked to prepare it and had it memorized. I was excited, really pumped.”

But a week before graduation, he suffered “a complete meltdown—I guess the best way to describe it would be a nervous breakdown.” He remained in bed, curled in a fetal position, completely immobilized. Smith’s wife, Laura, drove him to the emergency room at Lynchburg (Va.) General Hospital.

Two days later he was on a psychiatrist’s couch at nearby Virginia Baptist Hospital, sobbing. “I just couldn’t help myself.”

The doctor prescribed a high dosage of medication, which allowed Smith—whose wife had arranged for another pastor to give the baccalaureate address—to slip in and watch his daughter graduate. “I sat in the corner. I didn’t want to talk to anyone.”

The medication worked—for awhile. Two weeks later Smith was back in his Altavista pulpit and for the next year and a half he continued to minister effectively. But in 2005, the bottom fell out again—the same lethargy, the same withdrawals. In July of that year, three deacons from his church told Smith he needed to take a medical leave of absence.

“I was so happy I didn’t know what to do,” he said. “They offered me a way out and I needed out.” With the help of doctors and an attorney, he quickly qualified for disability insurance—“One of God’s miracles,” he said, since the qualification process often takes much longer.

But this time Smith’s symptoms didn’t respond to medication and in the fall he resigned his church—10 years to the day after beginning ministry there. “I needed to take care of myself and (the church) needed to move on, as well.”

After another year of “playing with medicine dosages and combinations,” Smith’s doctors cautiously suggested electroconvulsive therapy. “I told them if it will help, I’m there.” During a 10-day hospital stay, Smith received ECT treatment every other day. Later he underwent five more treatments as an outpatient.

“If you’ve ever seen *One Flew Over the Cuckoo’s Nest*—well, ECT’s not like that anymore,” Smith said. “It’s not ‘medieval’ like it used to be.” And in fact, Smith says, the treatment made him feel better almost immediately, though complete healing took several more months. “But I’ve felt great ever since.”

In 2006 he was called to Oak Forest Church, where his wife also leads music, and he teaches church history and ethics adjunctively at the John Leland Center for Theological Studies, a Virginia Baptist-affiliated seminary in Falls Church, Va.

Mistake to treat depression as a spiritual flaw

Through his experience, Smith says he’s become convinced that it’s a mistake to treat depression only as a spiritual flaw. “A lot of people say that it’s a spiritual battle, that you’re battling demons; that if you’re a strong enough Christian you can pray it away, or if you can’t, it’s a spiritual weakness or a character flaw,” he said.

He finds it especially irritating when people ask him if his depression was prompted by the pressures of ministry. “It implies that I’m not strong enough to do my job,” he said, though he acknowledged that external conditions can exacerbate the situation.

“But to my way of thinking, this is a 100 percent medical condition caused by an imbalance of chemicals in the brain, and it needs to be treated medically, perhaps also with counseling.

“The brain is an organ in your body just like anything else,” he adds. “If it gets messed up you treat it medically, just as someone would seek dialysis for a malfunctioning kidney.”

Smith hopes churches can respond compassionately if their pastors face challenges similar to his. “Congregations need to encourage their pastor

not to be Joe Super Faithful, but seek medical help,” he said. “Church members needs to encourage, be proactive, even interventionist. ... They need to give pastors permission to seek help without thinking the congregation will fire them. And that people won’t think the worst of them when they come back.”

As for himself, Smith says in the back of his mind he often wonders if “I’m like a cancer patient in remission. I don’t really know if it will never come back.”

And if it does? “I would have no hesitation in going through all the treatment again. It’s worth it to have your life back.”