

Early-returning Mormon missionaries often face stigma

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SALT LAKE CITY (RNS) It's what fellow Mormons didn't say that Ryan Freeman found most unnerving.

Freeman had left for his two-year LDS mission to St. Louis in January 2010, full of faith and hope. But returned a few months later suffering severe depression, anxiety and migraine headaches. His mission president was understanding and his family in Springville was supportive.

Only a few members made rude comments, but others –even once-close friends — avoided him.

“People don't know how to talk to you,” Freeman said. “There's so much silence.”

He felt pressure to “get better” and return to mission work, he said, so he worked at a Mormon temple and tried to live by mission rules.

Finally, as Freeman told his LDS bishop he was ready to return to his full-time mission, the young man broke down, sobbing. The bishop then helped the would-be missionary see that he still had health issues and that there were other ways he could share and serve his faith.

Not until that moment, he said, did he feel closure.

Freeman, like so many other “early-returning missionaries,” continued to be troubled, though, by feelings of failure.

That is no surprise, given the stigma typically associated with coming home before the allotted time. Many Mormons presume anyone returning early committed some serious sin, broke mission rules, just couldn't cut it, or was "unworthy" to wear the badge in some other way.

Mormon missions are often described as "the best two years." Many who serve talk about spiritual highs, miracles, faith-building and mind-expanding experiences. Former missionaries rarely detail how tough the work can be, how rigorous, how stressful.

Few enter the mission field anticipating anything but a life-changing, positive experience.

The percentage of young Mormon missionaries who come home early for health reasons has remained fairly consistent — about 1.5 percent — during the past two decades, according to sources in the church's Missionary Department.

But the number of LDS missionaries has skyrocketed in the past year, thanks to the lower age of service (18 for men, 19 for women), soaring from 58,500 in October 2012 to more than 82,000 today.

That means about 1,200 missionaries may find themselves in the "early returnee" category, beset by physical and mental health problems that immobilize them and destroy their plans.

Suddenly, "the best two years" can become the "worst three months."

High-level LDS leaders in Salt Lake City are aware of the challenges and have created an elaborate system for helping missionaries and their families cope. They just published a candid pamphlet called, "Adjusting to Missionary Life," which lays out some of the challenges young people will face.

They created a team of doctors and psychologists to follow early-returning missionaries' progress at home and to advise parents, families and ward members on how to treat their loved ones.

Several Mormon psychologists and psychiatrists also have begun studying the effects of early returns and counseling families on how best to help restore their children's confidence.

At the same time, Freeman and his friend, Drew Botcherby, have been sharing their experiences, reaching out to those who feel ashamed and unwelcome. They launched website, sickrms.com, and solicited stories and responses from 612 missionaries who either came home early or, like Botcherby, faced debilitating health problems on their missions.

“Missions are hard,” said Richard Ferre, a psychiatrist who works with the Utah-based faith’s Missionary Department. “There are better ways to cope than to hide illness or to presume [those who come home early] lack faith.”

Ferre applauded the efforts of Freeman and his group.

Early returnees are no longer voiceless, the psychiatrist said. “That’s an incredible step — and the only way to take the shame out of it.”

In the 1990s, the LDS Church began to “raise the bar” on missionary standards. That push included better screening to find out if young people might be at risk for physical or mental illness.

Applicants with a history of depression still can go on missions as long as they are stable on medication.

Candidates with limited abilities can serve alternative missions, perhaps an online assignment or gardening on downtown Salt Lake City’s Temple Square.

Many young missionaries, though, have no history and show no signs of mental illness until they arrive in their assigned locations and undergo the rigors of missionary life.

LDS leaders have divided the world into regions, each with a full-time medical missionary (a trained physician) and a full-time mental health professional.

There are no blanket rules about when to send a missionary home for a health crisis, explained Gregory Schwitzer, a physician who oversees missionary health. Every case is different, save for missionaries who express suicidal thoughts.

“We can’t deal with it in the field,” Schwitzer said. “We have to send them home. That’s an absolute.”

Leaders have to determine what the impact of depression, for example, will be on the missionary's ability to work (every day starts at 6:30 a.m. goes until 10:30 p.m.), on the relationship with an assigned "companion" and on the whole group (there are about 200 missionaries in each of the 405 Mormon missions around the world).

No decision is made lightly or by ecclesiastical fiat, Schwitzer said. A mission president and his wife consult with the area medical or mental health adviser, then with the missionary's LDS stake president and bishop, and, of course, the missionary's parents.

Once the decision is made to send a missionary home, the church's Returned Missionary Support System kicks into gear, he says. Some 60 to 70 physicians, capable of dealing with physical and mental health challenges, are on call to help the missionaries deal with their problems and re-enter home life.