

EMPOWERING NEURODIVERSE CLERGYWOMEN:
ENHANCING CHURCH SUPPORT FOR UNIQUE MINISTERIAL TALENTS

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ABSTRACT

EMPOWERING NEURODIVERSE CLERGYWOMEN

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This project examines the intersection of the rate at which clergywomen leave the ministry and the prevalence of clergywomen with ADHD diagnoses. Throughout the project I explore the lack of research on ADHD in girls and women until the twenty-first century. This exploration is then placed in conversation with the fact that how girls and women are socialized often makes it even more difficult to realize that they may be struggling. I then overlay the research on ADHD in girls and women with the research concerning the exodus of clergywomen from the ministry.

Using Qualitative Interviews as the methodology, I collected the personal narratives from ten young clergywomen with medical diagnoses of ADHD from a medical professional. Weaving these personal narratives together with reflections on my own lived experience, I go on to share the trends and commonalities experienced by these unique clergywomen. By reinterpreting and reimagining the biblical story of Mary, Martha, and Lazarus from Bethany, I encourage churches and church leaders to reframe ADHD as a spiritual gift given by the divine to these clergywomen.

By sharing real life examples of how ADHD has affected their ministries for both good and ill, creating challenges for them to overcome, I argue that despite the best efforts of clergy health initiatives and wellness programs, the root problem of many relational breakdowns between clergy and their congregations lays much deeper below the surface. After a thorough exploration of the effects of ADHD on ministry, a series of

recommendations are made for churches, church leaders, and denominational leaders on ways they might consider employing more support for the neurodiverse clergy entrusted to their care and communities for the benefit of all.

DEDICATION

To all the uniquely called, qualified, and gifted clergywomen with ADHD:

I see you. You are amazing. Keep following God's call.

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ABBREVIATIONS

- ADA – Americans with Disabilities Act
- ADHD - Attention Deficit Hyperactivity Disorder
- BOM – Board of Ordained Ministry
- ConEd – Continuing Education
- CPE – Clinical Pastoral Education
- DSM – Diagnostic and Statistical Manual
- EAP – Employee Assistance Program
- ELCA – Evangelical Lutheran Church in America
- PTO – Paid Time Off
- UMC - United Methodist Church
- VAST – Variable Attention Stimulus Trait

GLOSSARY

1. **Attention Deficit Hyperactivity Disorder (ADHD):** A series of traits that, when present for a sustained period, will qualify a person for a diagnosis. The ‘official’ symptoms of ADHD include hyperactivity, inattention and impulsivity though individuals with this diagnosis report experiencing several more common traits.
2. **DSM:** The Diagnostic and Statistical Manual is used by professionals in the fields of psychology and psychiatry to diagnose mental health conditions.
3. **Young Clergywoman:** A cis-woman or femme identifying person aged 45 or younger who has worked for and received credentialing from a mainline protestant denomination.
4. **Inattention:** Making careless mistakes; difficulty sustaining attention; seems to not be listening when others are talking (i.e. daydreaming); struggling to follow through on tasks; difficulty organizing tasks; losing things often; easily distracted by external stimuli; forgetful.
5. **Hyperactivity:** Fidgets with hands, pens, or squirms in seat, especially during long meetings; leaves seat when it is expected to remain seated; feeling unendingly restless, unable to engage in activities for sustained periods of time – even activities one enjoys; is often on-the-go, which many clinicians describe as a feeling of “being driven by a motor.”
6. **Impulsivity:** Talking excessively; interrupts or tries to complete others’ sentences; difficulty waiting their turn; may intrude or take over what someone else is doing; thoughtless financial spending.
7. **Rejection Sensitivity:** When a person overreacts to the slightest perceived rejection or disappointment.
8. **Emotional Dysregulation:** Challenges tempering emotions; disproportionate feelings to situations; emotional outbursts; trouble naming emotions despite feeling them intensely.

9. **Hyperfocus:** Ability to immerse oneself fully in work or a topic of interest for extremely long periods of time, sometimes forgetting to eat or use the restroom when fully engaged in something of interest.

10. **Timeblindness:** Only two understandings of time (“NOW” and “NOT NOW”); lacking an innate sense of time; grossly over- or underestimating how much time something will take; chronic tardiness.

11. **Divergent Thinking:** Coming up with new ideas all the time; “connecting the dots” in ways most others cannot; finding a “third way” forward when groups are stuck.

INTRODUCTION

Shortly before I entered seminary, I once heard public theologian Rev. Nadia Bolz Weber say, “You need to preach from your scars, not from your wounds.” Weber is an Evangelical Lutheran Church in America (ELCA) pastor who rose to prominence after founding the House for All Sinners and Saints in Denver, Colorado and publishing several award-winning books. As a budding seminarian and ‘baby pastor,’ she quickly became a meaningful voice as I began forming my own theological identity and preaching voice. The meaning I took from this was that if you are still “bleeding out,” metaphorically speaking, it will not only be messy, but it will likely be incredibly distracting to your audience to whom you are trying to preach. Perhaps you have experienced this.

I remember when the Associate Pastor at my home church was hired. She was fresh off a painful divorce and *every single sermon* she preached used her divorce as a “sermon illustration.” Unfortunately, it came across as though she was using our congregation more as her own personal group therapy session. Thus, her open, gaping, wound left by her divorce overshadowed any hope of any of us hearing her actual message.

This wisdom has stuck with me ever since and in my own ministry I have tried to abide by it. Though preaching and writing are different, they are related enough that I adopted the same mindset as I approached my Doctor of Ministry work and writing. However, as I was beginning this endeavor, I was diagnosed at age 34 with ADHD-Inattentive Subtype and my entire world turned upside down. Decades of exhaustion from masking natural traits, buried emotions from hiding the defining characteristics of

my personality, and frustrations linked to the challenges I'd faced in work, academics, and my personal life were finally beginning to boil over. In other words, I felt like a grief-stricken, sadness laden, confused blob of a human for months on end after receiving my diagnosis. While in some ways it felt like a relief, in so many more ways it was wounding in ways I still cannot quite describe. The wound was fresh, and I barely knew how to talk about it with my family and closest friends let alone with professors, mentors, and colleagues.

However, as I discerned what I was being called to study and write, one thing, and one thing only kept rising to the fore: the abundance of clergywomen in my networks sharing that they had been diagnosed with ADHD and their shared experiences of burnout. As both a clergywoman who has thought about leaving ministry often myself and as a woman who received a "late-diagnosis" of ADHD in my mid-30s, I developed an insatiable desire to dig deeper into this topic, despite it feeling altogether too close to the surface for comfort.

My undying gratitude goes to my Faculty advisor, Rev. Dr. Angela Yarber, who became a trusted sounding board and needed wayfinding guide on this journey. As I proposed this project initially, I voiced my concern that it may be "too close to home," and that I was unsure if it was wise to try and write about it (yet) or if I should concentrate on something else first. At the time I was still deep in the throes of coming to terms with this new-to-my-consciousness diagnosis even though I had, apparently, been living with un-diagnosed ADHD my entire life. My medical team was still trying to help me figure out if medications might be beneficial, and I was still working with my

therapist to find a new understanding of this condition. The struggle was real to try and increase the self-grace and compassion I would extend to myself.

Dr. Yarber in her infinite wisdom said something with the gist of, “I hear you... AND.... Sometimes we have no choice but to write from our wounds because we’re living in systems that continuously wound us. We simply don’t have time to heal. And writing can help us get there.” So, with her blessing and encouragement, despite the fact that I felt like a gaping, emotional flesh wound walking around, I set out to learn more about myself and my ADHD. I set out to explore in depth how trying to navigate ministry with ADHD might be contributing to my persistent thoughts of leaving ministry.

Now, with full awareness that I, in many ways, am still feeling very wounded and am still striving for better understanding of myself and praying for many of my wounds to heal, I offer this work to the church and to the world in hope and prayer that it will be a gift to neurodiverse clergywomen, their churches and church leadership as we continue to, as we United Methodists say, “strive for perfection.” Because as well founded as Clergy Health Initiatives, workshops, and retreats focused on “self-care” are, at the end of the day neither I, nor any of my beautiful, amazing, talented, gifted, and *called* “neuro-sparkly” colleagues can self-care our way out of our diagnoses. Instead, we need to find a new way forward along with our churches, colleagues, and leaders to increase the understanding of ADHD and to develop better ways to support neurodiverse clergywomen—consequently improving the ways we can be in ministry with one another.

The burnout rate for ministerial professionals is higher than it has ever been. In early 2022, the Barna group found that 42 percent of pastors seriously considered leaving

full-time ministry.¹ And it was discovered years ago that clergywomen, at least in the United Methodist Church, leave ministry at a rate that is ten percent higher than their male colleagues.² These statistics are sobering at best, and highly discouraging at worst for those women who are beginning to discern a call to set apart, ordained ministry.

Over the course of the Covid-19 pandemic and the years following, yet another (possibly related) phenomenon has presented itself that I find wildly intriguing. During the pandemic, life slowed for many young clergywomen. A notable number of us began to discover that we had been leading our congregations with undiagnosed Attention Deficit Hyperactivity Disorder (ADHD). Some of us had been doing so with other co-morbid mental health conditions as well. This led us to reckoning the fact that we had been making our way through our lives, our academic journeys and careers without accessing accommodations we could have benefited from and are legally entitled to request. This phenomenon is one I know all too well: I was one of the many clergywomen who was diagnosed “late” during the pandemic, in my mid-30s, after having left at least two ministerial posts. Even as I have now moved into a ministry context in which I feel I can thrive (campus ministry), I still often find myself contemplating leaving the ministry altogether.

While ADHD is diagnosed at half the rate for girls as for boys in childhood, in adulthood, men and women are diagnosed at approximately the same rate.³ With this

¹ “Pastors Share Top Reasons They’ve Considered Quitting Ministry in the Past Year.”

² Collier, “United Methodist Clergywomen Retention Study.”

³ “Women and Girls.”

growing awareness of the prevalence of ADHD in women in concert with the reality of the growing exodus of clergywomen from the ministry, this project will explore:

- 1) The intersection between highly talented and capable young clergywomen who have been diagnosed with ADHD who are leaving or contemplating leaving the ministry. “Young clergywoman” is defined here as those age 45 and younger since girls and women were not included in ADHD research until 2014 resulting in many of us not being diagnosed until well into our adulthood.
- 2) The support or lack thereof from denominational and church leadership for neurodiverse clergywomen and therefore all clergy.
- 3) What systems and structures may be put in place to improve support for both neurodiverse clergy and their congregations or ministerial posts.

My hope is that by exploring these connections through qualitative interviews, and identifying strategies to improve support for clergywomen and education for adjudicatory leaders, denominations might therefore, over time, and in consultation with the neurodiverse clergy within their connections, improve clergy retention, health, and vocational satisfaction. My interest in this research is heightened by the fact that I too am an ordained young clergywoman who has experienced living and leading with undiagnosed ADHD and has experienced the consequences of limited support by leaders, colleagues, and congregations. By investing in this work, the ripple effect to improve the pastoral-congregational relationship could be revolutionary, empowering both pastors and congregations to truly live into their collective call to work toward the transformation of the world.

The themes of my dissertation/project are twofold:

- 1) Clergywomen's experiences, especially as they relate to disability and neurodivergence within the church.
- 2) The lack of support and training for adjudicatory leaders in supporting neurodiverse clergywomen and how to improve this crucial lack of understanding for the good of all.

My research questions were derived from my belief that the origin of much of the turnover and burnout for young clergywomen goes far beyond what most clergy health initiatives address. As we will discover in the pages to come, many women feel a call into ministry precisely because of their neurodiversity rather than despite it. Therefore, both churches and adjudicatory leaders simply need more education, training, and resources focused on how to effectively work with and support neurodiverse clergywomen.

While these women are talented and gifted in many ways, it is, as previously stated, less a need for self-care or clergy health initiatives, of which there are many, than a need for better understanding and support from leaders and congregations. To help illustrate this point and further explore these nagging questions I had beyond my own personal experience, I reached out through various social media channels and personal and professional networks to find study participants.

After several weeks of posting requests for interested clergy to contact me, I received inquiries from 16 interested clergywomen who met the parameters for participation. Of the 16 who expressed interest, 10 returned consent forms and scheduled a time to meet with me during the duration of the study. Using a Qualitative Interview

methodology⁴, I conducted ten Qualitative Interviews⁵ via Zoom with other clergywomen who are aged 45 and younger, also diagnosed with ADHD, ordained in a mainline protestant denomination, and have considered at one time or another leaving ministry due to lack of support. I used the transcription feature on Zoom to collect transcripts, which were later edited for clarity and then coded, both manually and with the help of the Delve program. Using a combination of inductive and deductive coding, a series of themes emerged, which provided the data for this work.

Through this work, I want to encourage and empower neurodiverse clergywomen to name the root cause of their discontent with openness, honesty, and vulnerability; and subsequently be able to find and be met with compassion, understanding, and support from their churches and adjudicatory leaders. With truth and vulnerability leading the way, my hope is that this work will pave a path forward to create new training and education, encouraging crucial conversations to take place between clergywomen, their churches, and their denominational leaders.

We will start in Chapter 1 by setting the stage and exploring what events brought me to the conclusion that I must focus my work on the intersection of clergywomen and neurodiversity. Chapter 1 also includes an outline of the eight ADHD traits that will be explored, complete with their definitions. Chapter 2 is an exploration of women in ministry and the challenges they face as compared to their male counterparts. In Chapter 3, we turn our attention to ADHD and how it manifests differently in women and girls as

⁴ Lindlof and Taylor, *Qualitative Communication Research Methods*.

⁵ Jacob and Furgerson, "Writing Interview Protocols and Conducting Interviews: Tips for Students New to the Field of Qualitative Research."

opposed to in boys and men. Throughout Chapter 4, I share my own story of receiving my diagnosis and begin to reflect on how it has affected my life and ministry. Chapter 5 contains a reimagining of the siblings from Bethany, Mary, Martha and their brother Lazarus as a trio of siblings who each live with ADHD and its effects. Chapter 6 dives into the findings of the Qualitative Interviews and highlights the very real ways ADHD affects clergywomen and their ministries for both good and bad. And finally, in Chapter 7, recommendations are made for churches, church leadership teams, and adjudicatory and denominational leaders to increase support for the incredible neurodiverse clergywomen with ADHD they are blessed to have in their midst and leading their churches.

I hope that this work, this labor of love, will provide better guidance for leaders to support talented and called neurodiverse clergywomen whom, I would argue, the church *needs* for survival and growth. This in turn will help to create a culture within churches that makes it safe enough for neurodiverse congregants to also come forward and receive the care and support they need. That is one area in which research might continue to build upon this work – care and support for neurodiverse congregation members as well.

CHAPTER ONE

The rate of clergy considering leaving ministry is perhaps larger than it has ever been. However, this is far from a new phenomenon in the church. While exacerbated most recently by the Covid-19 pandemic, there have been stories shared with and research conducted by various educational institutions and church-adjacent research organizations such as the Barna Group and Pew Research about clergy burnout for years, if not decades. It seems to be a never-ending pursuit to try and get to the root of the changing face of ministry and clergy burnout. Ministry is a vocation which once was regarded with a certain amount of respect and even revered in some areas of the U.S., even in secular spaces. However, we now see clear trends in clergy leading almost all other professions in declining health outcomes and burnout rates.

In the United Methodist Church, there is a growing disparity between the experiences and treatment of clergywomen as opposed to their male counterparts. Elizabeth Collier found as early as 1999 that "...the Division of Ordained Ministry of The United Methodist Church confirmed that women are leaving local church ministry at a ten percent higher rate than male clergy."¹ While this finding could be a standalone issue, the fact that the way ADHD presents in women and girls differs from how it presents in boys and men cross referenced with the different way that girls are socialized is a key curiosity in this research. Does the combination of being a woman *and* having an ADHD diagnosis increase the stress of ministry and lead to higher rates of burnout?

¹ Collier, "United Methodist Clergywomen Retention Study."

While I am Ordained as an Elder in Full Connection in the United Methodist Church (UMC) and have a vested interest in improving the outcomes and experiences of clergywomen in the UMC specifically, this is far from an isolated issue. There have been studies on other mainline protestant denominations and the experiences of the clergywomen serving within them, and in every single one, “these investigations have shown inequitable experiences between clergywomen and clergymen.”² This phenomenon is worthy of more study and research within and of itself, as a major component of this reality is the embedded sexism and patriarchy of the institutional church. Unfortunately, this is borne of millennia of silencing women, going even so far as leaving many of their names out of our holy scriptures. However, studying the sexism and patriarchal issues affecting clergywomen in full is a study for another day. Here we will dive deeper into a subset of struggling clergywomen – those with the specific neurodiversity of ADHD.

ADHD, as we will explore in more depth in Chapter 3, is a condition that affects every aspect of a person’s life. By and large, ADHD is less of a deficit of attention, but rather an over-abundance of attention paired with often ineffective or impaired executive functioning, which affects the control and regulation of our attention. While there could be a multitude of reasons that “a study... revealed that clergywomen experienced discontent in their interpersonal relationships with their superiors, peers, and parishioners,”³ I posit that an underlying cause of this for a not-small percentage of

² Ibid.

³ Ibid.

clergywomen is likely undiagnosed or diagnosed but undisclosed and misunderstood ADHD.

Furthermore, it has been found that “clergywomen experienced overt discrimination, lack of acceptance, and were stereotyped into certain gender roles”⁴ within their churches and careers. And it is precisely the presence and pervasiveness of societal gender roles and the way society (at least in the U.S.) socializes little girls and women that has kept the discovery of ADHD in many of us hidden for so long. Another intriguing facet of ADHD is its differing presentation in women that we will explore later.

Out of all the things that jumped out at me as I read the Collier Study on United Methodist clergywomen retention rates, one of the findings that resonated with me the most was the conclusion of the research that “...women do not seem to be getting the support they need from the hierarchy or their congregations. Flexibility on the part of churches and the appointment (UMC) and Call systems (most other mainline denominations) is in order and could be beneficial to both the clergywoman and the congregation.”⁵ This has been true in my own experience of trying to lead my local congregation, while simultaneously working with my District Superintendents and cabinet and striving to navigate the appointive process in a way that I can be both faithful to my call and the institution as well as to myself and honor my own needs: medical, physical, mental, emotional, and spiritual.

⁴ Ibid.

⁵ Ibid.

The more I learn about myself, the way my own unique brain is wired, and the many varied ways ADHD affects every aspect of my life, the more I ponder ways denominational leaders, colleagues, and churches might be better equipped to understand and support neurodiverse clergywomen. Just as many other jobs and institutions make accommodations possible for employees with disabilities as outlined and mandated by the Americans with Disabilities Act (ADA), so too must the church begin to adapt and strategize for the greater flourishing of all within its care, especially its clergywomen called to lead the church into the future for the transformation of the world.

The reality of a growing clergy shortage will not be news for anyone in mainline Protestant Christianity. The “Great Resignation” following the Covid-19 Pandemic did not skip the realms of church or ministry by any stretch of the imagination. Many denominations have poured resources into studying this phenomenon and creating clergy health initiatives and doubling-down on their adamancy that clergy focus on their self-care. I continue to assert that the church is missing the mark, especially in the case of their neurodiverse clergy. While they push self-care and throw everything they can at our symptoms that they observe but might not fully understand, next to nothing is done to attempt treating the core issues. Which, in the case of neurodiverse clergy, is misunderstanding and a lack of support for those who naturally engage with the world differently.

A large part of the reason I make this assertion is that I am living proof that, even with a strong self-care regimen in place, many clergy continue to struggle due to entirely different factors than not taking all their PTO or neglecting to make regular doctor’s appointments. Case in point, the feedback on my commissioning interview with the

Board of Ordained Ministry of the UMC lauded my self-care, which included taking my Sabbath day consistently, using both my PTO and continuing education time in full every year, and keeping regular therapy and spiritual direction appointments. Additionally, I had cultivated a robust support system outside of my parish including family and friends and activities unrelated to work such as a weekly improv class and volunteering as a Girl Scout leader in my local community (which allows me to camp regularly, another necessary component of my own personal spiritual-care regimen).

However, despite all my follow-through on the many and varied clergy self-care recommendations made by both my Conference, seminary, and touted by mentors as crucial to a successful ministry, I still burned out in my first appointment in a monumental way. Of course, as there always are, there was no shortage of systemic-level issues at play such as problematic family-system dynamics within the congregation and financial challenges that were far outside the bounds of my control. Yet there were other elements and recommendations that, despite some excellent advice from mentors, I simply couldn't seem to carry out despite my best efforts.

For example, I found myself impulsively sharing information with too many people despite my best efforts and intention to keep sensitive matters to myself. Despite good advice to the contrary, I struggled not to take bad behaviors by church members personally. Ultimately, I left feeling heartbreakingly rejected by this congregation that I loved and wanted to be with and felt called to lead.

It has taken me several years of reflection and processing, and no small amount of new self-discovery, including my diagnosis, to realize that most of my own perceived shortcomings in that ill-fated appointment were simply exacerbated by my undiagnosed

ADHD. My oversharing with so many different people was a classic sign of *impulsivity* and my inability to “let things roll off my back,” and instead feeling as though everything was a statement on my worth as a human being was made far worse by the *Rejection Sensitivity Dysphoria (RSD)* that many women with ADHD report experiencing.

Without the knowledge that I was trying to manage ministry and ADHD, and without the crucial support, coping strategies, accommodations, and medication I now have access to, I lacked the ability at the time to either understand or regulate myself fully. Nor was I able to advocate for myself in a way that might have increased my leadership team’s understanding of my needs and eased the pain and reduced the harm of that situation for both me and the congregation. Even if ultimately I would have still left that congregation, the insights and self-awareness I have gained since that time through my late ADHD diagnosis have helped provide a much-needed new perspective. It has allowed me to cultivate a whole new level of self-compassion when I look back on that season of my life and ministry.

It was during the global crisis of the Covid-19 pandemic and subsequent slow-down three years into my professional and credentialed ministerial career that my own usual tips, tricks, and strategies for success finally began to crumble in a way that I could no longer ignore. For many women with late-diagnosed ADHD, this shift often happens at earlier points in their lives, such as when they go off to college and are no longer being kept on a schedule or watched as closely by parents and teachers, and instead are faced with having to organize themselves in a new way for the first time. For others, it is when they become parents for the first time or are given more responsibility at work and have their usual coping mechanisms stretched beyond what they can maintain. Yet I had

moved away for college, lived abroad, and finished a master's degree all prior to the point of realization that something was inexplicably "off."

After I left my first church appointment, I shifted into hospital chaplaincy. I completed my first unit of Clinical Pastoral Education (CPE) and immediately after began a year-long CPE Residency. Between the new and pressing stressors of a global pandemic and the compounding pressure to complete my ordination paperwork and prepare for my Board of Ordained Ministry interview, it became almost impossible to function as I once had. Not to mention the fact that I was still adjusting to an abrupt and unexpected job change into a realm of which I knew little (hospitals and healthcare). All my usual coping strategies fell short, and I was no longer able to "mask" my ADHD, even from myself, in the same ways I had apparently been doing, unwittingly, for decades.

In consultation with my therapist at the time, I first began an anti-anxiety medication that helped to "take the edge off" for a few weeks. This was prescribed once she noted that the situational anxiety I was experiencing, precipitated by the extensive preparation needed for my Ordination paperwork and impending "big, scary interview," warranted attention and treatment. I am distressed to this day that it was the anxiety of my United Methodist Ordination process that led to my realization that I needed medicinal support for anxiety rather than the very real emergency of the global pandemic. It is indicative, I believe, of a broken system that is partly to account for the overwhelming burnout of clergy. Young clergy, especially, are so stressed by the ordination process they're already so fatigued at the outset of their careers it's no wonder so many leave expeditiously.

However, after those first few weeks on the anti-anxiety medication it soon felt as though my brain was “broken” in a new and alarming way. It felt as though I was looking at all the tools I knew I needed to get through this stressful season of life, and all that I had in my metaphorical toolbox, but my hands were now somehow too slippery to grasp, let alone use any of them. Only when I came across an article in *The Guardian* titled, “The Lost Girls,”⁶ outlining the very real challenges of women who had lived most of their lives with undiagnosed ADHD did it begin to dawn on me that there might be a different origin of my now seeming inability to function at work or in my personal life.

For weeks I worked with my therapist to explore my childhood and earliest memories. I recounted challenges at school and at home, academic and relational. We began to explore the internal narratives and “scripts” which had been running on a continuous loop in my mind for most of my life. Almost all the narratives were negative and self-deprecating, telling myself I was lazy or not trying hard enough. Often berating myself for not knowing how to better control my big emotions. Wondering why I couldn’t just be normal like everyone else.

A majority of my internal monologues, we found, were nearly a textbook example of how girls and women with undiagnosed ADHD tend to internalize the messages we often receive about being “too sensitive,” or “lazy.” With my therapist’s blessing, I began to seek out a psychiatrist with the ability to perform a fuller diagnostic assessment. By the spring of 2021, I had an official diagnosis of Attention Deficit Hyperactivity Disorder or ADHD-Inattentive Subtype.

⁶ Faulkner, “The Lost Girls: ‘Chaotic and Curious, Women with ADHD All Have Missed Red Flags That Haunt Us.’”

Although ADHD was a condition which I had heard about and had passing familiarity with due to my years as a youth leader and camp counselor, it usually brought about thoughts and images of elementary-aged boys, and the “Inattentive Subtype” was a presentation of ADHD that I had never heard about despite apparently living with it my entire life. Only through the course of this research did I learn that the reason for this very likely has to do with the fact that ADHD research did not include girls and women until the year 2014!

Suddenly, I felt both validated and bewildered. Within a matter of days, it seemed as though my whole entire life had been turned upside down. While I was still me, it felt as though I was a whole new person that I had to meet and rediscover and try to understand in a totally new way. For the first time I had an explanation for so many of my quirks and habits, thought processes and challenges both academic and professional as well as throughout my personal life. As I began to reflect on my life in conjunction with throwing myself into research about ADHD, so much of my life began to make sense in a way that it never had before.

Not long after I received my diagnosis, I was surprised by a deep grief that settled in for my younger self. I wondered how it was that so many adults in my life had missed the fact that I so clearly had ADHD and could have benefited from support, therapy, perhaps medication, and certain accommodations at school. Although I understand cognitively that a large part of it is due to the lack of research on girls and women in this field, I still struggle emotionally. It is a grief that I continue to work through even now as I discover ways both large and small that ADHD has affected my life, academic career, self-efficacy, relationships, and vocational pursuits.

It wasn't long into my self-research and quest for more information before I began noticing a related trend in my personal and collegial networks. I appeared to be one among many women under the age of 45 who were receiving a "late" diagnosis of ADHD. Stories began to pour forth in several areas of my life from friends and colleagues sharing similar stories from their jobs or home lives. None intrigued me more than my fellow clergywomen. Story after story of "failed" pastorates, moving from one job to another, and no shortage of relationship woes were shared in online forums and in quiet conversations in coffeeshops and during phone dates and Zoom calls.

All of this felt eerily familiar, as though I could have written or told these stories myself. At the very least I felt a deep sense of solidarity with these colleagues and their struggles. Could the unnervingly large percentage of young clergywomen burning out of the ministry be explained in part by missed or late ADHD discovery and the lack of support from churches, colleagues, and denominational leaders? I wondered.

Then I read the recounting of a conversation Thom Hartmann had in the mid-1990s with an Indian physician and two Indian businessmen while traveling through central India as shared in his forward of Kate Kelly and Peggy Ramundo's book *The ADDed Dimension*. In the conversation he asked the gentlemen if they had ever heard of "Attention Deficit Disorder." (The diagnosis name has changed and evolved in the Diagnostic and Statistical Manual since the 1990s.) While at first confused, after he explained the condition, the Indian physician nodded sagely and shared that in his country, they call people such as Hartmann described, "old souls." He remarked how strange he found it that while his country classified people with ADHD as spiritually

mature, those in the United States classify those persons as having a “disorder.”⁷ For the first time I felt truly seen. Even through a conversation that transpired 20 years between physicians on a train in India, it suddenly warmed in my own heart, mind, and spirit, *of course* women with ADHD would be called into ministry.

We are, by all accounts, “old souls” as the Indian physician described. We simply engage the world differently than others and see everything through a lens which allows us to see connections that others do not. We are hyper-empathetic and can pay attention to a multitude of people and activities simultaneously. The things others struggle with are the very things we excel at. Skills such as staying calm in an emergency, or thinking so far outside the box that no one else has seen the connections or thought of the solutions we suggest.

All of this and more uniquely qualifies us for the hard and holy work of ministry. For the first time, I reconsidered the thought that my fellow ADHD colleagues and I are the ones that need to change or improve the way we do ministry. Instead, I began to imagine a future where churches and denominations realize the absolute gift they are receiving when a neurodiverse clergywoman is appointed or called to their congregation—and the golden opportunity they have to blaze a new trail by working to better understand and *support* their neurodiverse clergy. I began to envision a more accepting and bearable world for those who are simply wired a little differently than the rest. For those created in God’s own beautiful and unique image. Why wouldn’t this work start in the church, especially as we begin to reframe neurodiversity as a *spiritual gift*?

⁷ Kelly and Ramundo, *The ADDED Dimension: Celebrating the Opportunities, Rewards and Challenges of the ADD Experience*.

To this end, the invitation to participate in this study was issued to clergywomen with ADHD from a variety of mainline protestant denominations. The invitations were issued primarily through Facebook via a post from the author placed in several private FB groups that were comprised of young clergywomen, women with ADHD, and clergywomen with ADHD. Participants were invited to opt-in by emailing me and completing a short questionnaire to ensure they met the requirements of identifying as a woman, being ordained in a mainline protestant denomination, were age 45 or younger, and had an ADHD diagnosis that was determined by a medical professional. Those women who were selected for the study met all requirements, assured the author they had appropriate self-care measures in place (therapist, etc.), and returned a consent form per IRB requirements prior to scheduling their interview.

There were two key things shared via social media in the early months of 2021 that first nudged me into thinking that I might be one the many women who had been “missed” in childhood for an ADHD diagnosis. One story was from another clergywoman who, in reflecting on her own “late” ADHD diagnosis and a previous pastoral post that had gone south, shared that she believed that she had been in “an ADHD spiral.” She ended up leaving her congregation abruptly to go on a medical leave of absence. In reading her story, many of the experiences she shared were akin to what I recalled experiencing in my first appointment. She shared challenges such as impulsively sharing too much about what she was facing with too many people, having trouble regulating her own emotions, and feeling rejected by her congregation to the point where it felt physically painful. I remember feeling as though I could have written a very similar post in that forum and as though the phrase, “ADHD spiral” was jumping out at me as the

descriptor I had been looking for to help me articulate that season of my life and ministry to others for years.

The second was a friend whom I had met through the creative outlet of improv classes a few years before. She shared an article entitled “*The Lost Girls*,” from The Guardian in which the author, Noelle Faulkner, reports about her own experience of being diagnosed later in life with ADHD-Inattentive Subtype.⁸ She highlights in the article the difference of ADHD presentation between boys/men and girls/women, and was the first place I was introduced to the observation and assertion that part of the reason girls are missed for ADHD diagnosis in childhood is because of the way we, especially in western cultures, socialize little girls.

For those of us with ADHD-Inattentive Subtype, we are often seen as good girls who are simply “daydreamers,” or “overly sensitive,”⁹ rather than girls who are desperately in need of help and access to resources that will help us focus, regulate our emotions, and stop talking to ourselves so negatively, fervently believing that we will never amount to anything. Upon reading this article, I knew beyond the shadow of a doubt that it was time to talk to my therapist, a trained professional, about whether I might be one of these “Lost Girls.”

Since I am but only one person with only one lived experience to share regarding living and serving in ministry with ADHD, and the fact that I serve in one particular protestant denomination this research has been strengthened by the completion of ten

⁸ Faulkner, “The Lost Girls: ‘Chaotic and Curious, Women with ADHD All Have Missed Red Flags That Haunt Us.’”

⁹ Ibid.

Qualitative Interviews with other young clergywomen who have been living and serving with ADHD and who have either left or contemplated leaving active ministry due to the challenges they have faced.

Research participants are all young clergywomen as defined as those age 45 and younger. The reason for this somewhat older definition of “young” is because so many of these women, like me, were not diagnosed until their mid-30s when many of our denominations no longer classify us as “young.” They had to have a verified diagnosis of ADHD and were able to reflect upon both how their ADHD has affected their ministries. They were also asked to imagine and articulate the ways in which they envision a future where congregations and denominational leaders are educated on the needs of those living with ADHD and better equipped to understand and support neurodiverse clergy with the goal of improving both support for clergy and relationships between clergy, their churches, and denominational leaders.

In addition to asking each participant, generally, how ADHD has affected their ministries, we explored eight of the most commonly experienced and *noticeable* traits of ADHD. The use of the word *trait* here is highly intentional as the field of ADHD research expands and discovers more about how our brains are wired. For too long, those with ADHD have been told that it is our “behavior” that is a problem and absorbed messages that the things we struggle with are choices (bad ones) that we are making. These messages are incorrect, ill-informed and cruel as it is not our behavior that those around us notice but rather our natural traits. This is simply the way God made us, in God’s own image.

In the first half of the interviews, we explored how each of these traits beneficially affect the clergywomen’s ministries as well as how they can pose challenges. Then, in the latter half of the interviews we explored how we imagine churches and church leadership, both at the local and adjudicatory levels, might become better informed and thus equipped to increase their understanding and support for neurodiverse clergy.

The eight most noticeable ADHD traits we investigated included¹⁰:

DSM traits of ADHD:

- a. **Inattention:** making careless mistakes, difficulty sustaining attention, seems to not be listening when others are talking (i.e. daydreaming), struggling to follow through on tasks, difficulty organizing tasks, losing things often, easily distracted by external stimuli, forgetful
- b. **Hyperactivity:** fidgets with hands, pens, or squirms in seat, especially during long meetings, leaves seat when it is expected to remain seated, feeling unendingly restless, unable to engage in activities for sustained periods of time – even activities one enjoys, is often on-the-go which many clinicians describe as a feeling of “being driven by a motor”
- c. **Impulsivity:** talking excessively, interrupts or tries to complete others’ sentences, difficulty waiting their turn, may intrude or take over what someone else is doing, thoughtless financial spending

Commonly experienced and reported traits of ADHD in women:

- d. **Rejection Sensitivity:** when a person overreacts to the slightest perceived rejection or disappointment
- e. **Emotional Dysregulation:** challenges tempering emotions, disproportionate feelings to situations, emotional outbursts, trouble naming emotions despite feeling them intensely
- f. **Hyperfocus:** ability to immerse oneself fully in work or a topic of interest for extremely long periods of time, sometimes forgetting to eat or use the restroom when fully engaged in something of interest
- g. **Timeblindness:** only two understandings of time – “NOW” and “NOT NOW,” lacking an innate sense of time, grossly over- or underestimating how much time something will take, chronic tardiness

¹⁰ {Edward M. Hallowell, 2023, ADHD Explained}

- h. **Divergent Thinking:** coming up with new ideas all the time, “connecting the dots” in ways most others cannot, finding a “third way” forward when groups are stuck

As this project expands and takes form into a usable resource that can be utilized across denominations, it will be important to ground the work in sound theological exegesis and expand through employing creative theological imagination. Therefore, I have chosen the biblical family of Mary, Martha, and Lazarus of Bethany to use as a text to explore. I reimagine them as a family of siblings that very well may have all had some form of ADHD. We now know the condition is highly genetic and often if one family member is diagnosed it is likely that others will be as well, or may be living, as I was, with the condition but undiagnosed and under supported.

The first seeds of creative theological reimagining Mary of Bethany as a biblical figure who might have been living with a neurodiversity were planted within me by a colleague and mentor years ago. More than a decade before my own “late” ADHD diagnosis, I was hired on to do some consulting work with our local United Methodist Campus Ministry to help their residents find a more amenable way of cohabitating with one another in community. When I entered the executive director’s office to discuss how we would approach the strife she was seeing within the student community, I was taken aback by a beautiful, large needlepoint portrait hanging above her desk. The image was of a young girl who clearly had Downs Syndrome and was smiling serenely at the viewer. I asked about it and learned the campus ministry’s director, an artist, had crafted the piece herself and, interestingly, it was her interpretation of Mary of Bethany.

Prior to her post as the Executive Director of the Campus Ministry, Rev. Dr. Melanie Reuter had done her own Doctoral work studying the narratives of Mary and

Martha. In her reinterpretation of their story, she imagined why it might be that Martha had a home of her own. It is an interesting piece of the story, given that at that time women were highly unlikely to have homes of their own, as in the culture of the time a woman was considered property and therefore would have lived either with her father or with her husband. And although it is never clearly stated what the birth order of Mary, Martha, and Lazarus is, the text seems to make clear that Lazarus is the only male child and would be the one we might expect to have received their father's inheritance. It is curious, then, to note that the text says that Jesus went to *Martha's* home not to the home of Lazarus.

Due to these factors and the way in which Mary is presented in the two major pericopes in which we hear about these siblings, this colleague re-imagined that Mary might have had a condition such as Down Syndrome. In the scene in which we first meet this family, Jesus comes to visit. While Martha is busying herself with the many tasks of hospitality, Mary sits at his feet and listens to him. Often this leads to preachers and teachers interpreting this story as Mary doing the "right" thing and Martha being "distracted" doing many things which is alluded to as "wrong." However, in this reinterpretation, Reuter suggests that Martha has been tasked by their parents to be Mary's caretaker, gaining Lazarus' permission to split the inheritance to afford Martha the ability to be self-sufficient and able to care for both herself and Mary in return for giving up whatever other kind of life she might have imagined for herself. In this way, the story changes from one of Martha being distracted to one of Martha being mindful that Mary fared better when keeping a routine schedule, as we now know many individuals with Down Syndrome benefit from.

Likewise, thanks to modern medicine, we also now know a great deal more about Down Syndrome and how those with the condition have some of the biggest, most loving hearts of anyone you will ever meet. Reuter points this out and suggests that in the story where Jesus is called to Martha's house once again, this time upon the occasion of Lazarus' death, it is the display of emotion pouring forth from Mary that moves him to raise Lazarus from the dead. This theory is corroborated by her following observation that Mary is the woman who pours the costly perfume on Jesus' feet at the dinner following the raising of Lazarus and that a person with Down Syndrome would not be concerned with the cost or perceived "wastefulness" of this gesture but rather would be wholly focused on the love and care being poured forth on the object of their affection.¹¹

When I first heard this reinterpretation of the stories of the sisters from Bethany, I recall feeling goosebumps. Truly, I felt in my heart, mind, and spirit that there was something to this interpretation and it has clearly stuck with me now for the better part of 16 years. In this work, I would like to build upon this reimagining and reinterpret once again the siblings Martha, Mary, and Lazarus. Rather than imagining only one sibling with a disability, what if it were all three of them that had a condition that was not well understood at the time and affected every aspect of their day-to-day life?

It is known now that ADHD is a highly genetic condition, and if one sibling is diagnosed there is a higher chance that their siblings will be as well. And we know from at least the narrative in the Gospel of Luke during Jesus' first visit (of which we are aware) to their home, Martha is up and down and all around the house, portrayed as a

¹¹ Reuter, Melanie. *The Three Marys: A Workshop on John Wesley's Way of Salvation*. Washington, D.C. Wesley Theological Seminary. 2008.

kind of busy body who can't sit still. What if Martha had an ADHD-Hyperactive Subtype presentation whereas Mary, more prone to sit serenely and daydream while trying to listen to Jesus had ADHD-Inattentive Subtype? And, to take it a step further, we might imagine that Lazarus too had ADHD-Combined Subtype.

Representation matters, and it is important for all people to see themselves reflected both in the world today and in the portrayal of characters in the Bible or their own holy texts. While modern biblical scholarship has done much for women, people of color, immigrants, the LGBTQ community, and other marginalized populations to see themselves reflected in scripture, less has been done for those with physical disabilities and even less with so called "invisible disabilities" such as ADHD and other types of neurodiversity. In her book, *The Disabled God*, Nancy Eiesland forges the first inroads to exploring the presence of people with disabilities in the Bible, and imagining how that might affect the word and work of the church in the world today as an advocate for ALL of God's beloved children to be able to live their lives in wholeness. She leads the way in helping the disabled be seen as also created fully in the *Imago Dei*, the Image of God.¹²

In the pages that follow, I will share the stories of 10 clergywomen, in addition to myself, that have worked to navigate life and ministry with ADHD, most of whom were diagnosed later in life. Their stories will break your heart and give you hope. Through them, you will see a new face of God and a whole population of clergy who have been misunderstood and undervalued for the majority of their careers. We will explore the miscommunications and misunderstandings that continue to arise because ADHD

¹² Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability*.

research took so long to include girls and women in the first place. Finally, we will imagine a new way of doing life and ministry together.

These women have helped to imagine and provide suggestions for churches, church leaders, and denominational leaders to consider as they strive to provide the best possible care and support for their clergy. Only by listening to each other and working to learn about others' lived experiences can we hope to bring about transformation in the world and the church. While the project starts here, I hope that this may be the first of many steps in exploring how those with diagnosed conditions defined as "neurodiversity," or as I like to call us, "neurosparkly," might be more fully welcomed and affirmed within the church for the glory of God and the transformation of the world.

CHAPTER TWO

Before we jump heavily into exploring the effects of neurodiversity on the ministerial careers of young clergywomen, I believe we first must explore the ways in which simply being a woman in ministry is a challenge in and of itself. As I was beginning seminary, I recall being informed that the average length of time women were staying in ministry was only about five years. Due to the immense undertaking pursuing a master's degree is both intellectually as well as financially, this was a startling and somewhat disheartening statistic to hear. However, I was feeling so sure of my call into vocational ministry I saw no other option at the time than to begin that journey, especially as I had received a full tuition scholarship from my seminary of choice.

For me, seminary was a time of incredible affirmation of my call and my skills for ministry. I was surrounded by both peers and professors who saw and called out gifts in me that I rarely took time to notice or appreciate within myself. We do tend to be our own worst critics, and ADHD, I have come to find, can exacerbate that tenfold. It was a shock then, when in my first appointment, which I will share more about in Chapter 3, I was told by my Staff Parish Relations Committee (SPRC) that I should never be ordained and that it was “such a shame,” that I would still have a job after I left their church. All of a sudden, I felt the statistic of the five-year mark being the point in which clergywomen tend to leave ministry in an entirely new and visceral way. And I am unfortunately in good company, as the Barna Group's research on clergy retention rates show that “the immense stress of the job,” and “feeling lonely and isolated” are top reasons clergy

consider leaving ministry.¹ Nothing will make you feel more lonely or isolated than having people you trust, love, and respect look you dead in the eye and tell you they think you shouldn't be credentialed for the very vocation to which you feel wholly called, let me tell you!

My experience with that church took place prior to the COVID-19 pandemic and, while there were certainly stressors both within and outside of our little local church, from finances to floods, there were even larger stressors brewing. Between the COVID-19 pandemic and the turbulent political terrain in which clergy were having to navigate preaching and pastoral care there was an uptick of 13 percentage points of pastors who considered leaving full-time ministry between 2021 and 2022 settling in at 42%.²

This data is similar to that which I have gleaned from the 10 clergywomen who agreed to be interviewed for this project. One of the questions I asked each of them in about the middle of each interview was, "Have you ever thought about leaving ministry? And if so, do you believe those thoughts are due to, or exacerbated by, trying to manage ministry with ADHD?" Out of the 10 interviews conducted, 5 of the participants shared that they have considered leaving full time ministry, and all 5 of those participants did cite the challenges of managing ADHD in professional ministry as a stressor. Interestingly, one of the women currently works in an academic setting rather than a local parish. She views this role as ministry and believes the schedule in that context is more conducive to living with ADHD, while another shared she has thought about leaving ministry but did not believe those thoughts to be precipitated or exacerbated by her

¹ "Pastors Share Top Reasons They've Considered Quitting Ministry in the Past Year."

² Ibid.

diagnosis but rather by the unhealthy nature of the church to which she was serving at the time she had those thoughts.

While not currently expressing thoughts of leaving ministry, it was Pastor Louise who had this insight to share regarding the challenge of trying to manage living as a neurodiverse clergywoman while managing the abundance of expectations of churches and church leaders today. She said, "... maintaining this kind of pace as a neurodivergent human is inhumane. It's not healthy."³ She continued to muse about the systemic challenges in churches today, especially ones that tend to be clergy-centric, with unreasonable and unrelenting expectations placed upon their pastor. Furthermore, she voices the desire for more time for rest for clergy, be it increased vacation allotments or more opportunities to take voluntary leaves of absence to recharge and recenter oneself, especially as a clergyperson who needs extra time to re-regulate an often-dysregulated system.

While the rate of clergy burnout and the statistics regarding those who consider leaving ministry are concerning across the denominational board, I am particularly concerned as a United Methodist clergyperson about the heightened rate at which we are seeing this within our own denomination. In addition to the Barna study on clergy retention, the Anna Howard Shaw Center at Boston University has also been exploring this phenomenon. It is beyond disheartening to learn from their work that, in the United Methodist Church specifically, "...the Division of Ordained Ministry of The United

³ Louise, "008.Louise."

Methodist Church confirmed that women are leaving local church ministry at a ten percent higher rate than male clergy.”⁴

While the reasons for this are varied, I have no doubt in my mind that an underlying cause of this larger number is the overlooked prevalence, misunderstanding of, and thus lack of support for clergywomen with ADHD. For it is our ADHD that makes us some of the most creative, innovative, and empathetic clergy any church could hope to have leading them. This is something we will explore in-depth in later chapters, but for now let us look at the differences between how men and women are perceived in their pastorates as leaders.

While men who move quickly on ideas and take the lead on new initiatives are seen as “good leaders,” and “innovative,” similar women by contrast are labeled “bossy,” “pushy,” or seen as too “impulsive,” which for clergywomen with ADHD may be a critique that cuts especially deeply as Impulsivity is simply a natural trait that we possess by nature of living with this condition. Likewise, clergymen who can’t sit still or who interrupt others or are otherwise always on the go are “gregarious,” and “charming,” while clergywomen are “tiresome,” or labeled “busybodies.” While ADHD presents differently in men and in women, the societal expectations and descriptions used vary widely between the sexes, and all too often the descriptors and thus perceptions of women lean heavily negative. Is it any wonder, then, that the research shows time and time again that women who have been living with ADHD often present with anxiety and/or depression first, as these messages become internalized and eat at us from the

⁴ Collier, “United Methodist Clergywomen Retention Study.”

inside out, sometimes for decades before anyone realized that, hey, we were just born this way.

Without travelling too far down the rabbit trail of unequal pay or the disparity between the experiences clergymen and clergywomen often have with parishioners and church leaders alike, it does need to be stated that inequitable experiences between clergywomen and clergymen abound.⁵ This was highlighted in a powerful way by the North Carolina Synod of the Evangelical Lutheran Church in America (ELCA) in 2018 when they put out a short video entitled “Seriously?”⁶ in which several male clergy were asked to read, on camera, statements that their clergywomen colleagues had submitted of things that had actually been said to them either by parishioners or their male clergy colleagues. Statements from how the clergywomen were dressed to statements that would count as outright sexual harassment were read. As the clergymen participating were asked to read the statements without having seen them first, it was quite telling how disturbing some of the comments were as a few of the men had trouble reading them aloud.

It should come as no surprise, then, that many of the clergywomen I interviewed shared their thoughts of leaving vocational ministry while also holding in tension how difficult they would find leaving to be. Pastor Ruby pointed out how challenging it would feel to walk away from ministry after having received a terminal degree in the field. Yet she recounted how “getting my position I had to scrap my way into, because I’m a

⁵ Ibid.

⁶ “*Seriously?*” *Women in Ministry Video*.

woman in ministry, and that's usually the way.”⁷ Imagine that, on top of being a woman in a male-dominated field in ministry, you are also a woman with ADHD. Your brain never stops whirring, you have trouble focusing, and you are always working at least as hard as anyone else in the room to finish at half the pace they do. If clergywomen are leaving ministry at a ten percent higher rate as clergymen in the United Methodist Church, how much higher might this rate be for our neurodiverse clergywomen? The fact that any of us are still in ministry at all is a miracle.

Many of us have also chosen to stay not because of, but despite our experiences in ministry. Here we are not only talking about the experiences we have in our local churches where we are appointed or called, but also our experiences with our regional and denominational leaders. While I can only speak for myself, it does seem that, as long as one of these two entities is supportive, clergywomen, by and large, can find ways to cope and stay in ministry. However, if both their local church and their adjudicatory leaders are unsupportive, then this creates a precarious and often unsustainable situation, even for the most self-aware, healthy, and well-regulated clergy.

The way that this played out in my own ministry, and what led me to fall into my job outside of the local church, was when I got so sick during my first appointment that I ended up hospitalized for pulmonary emboli (blood clots in my lungs). While my medical team never quite figured out the genesis of the blood clots, my primary care physician to this day remains convinced that the stress I was under trying to manage my first congregation without much support from my regional leaders was a pertinent complication that we need to continue to keep our eye on. In fact, he still jokes with me at

⁷ Ruby, “001.Ruby.”

every annual well-visit and asks if I'm ready for him to write a doctor's note for my "permanent file," that would disallow me from ever reentering a local church pastorate. While I appreciate his concern, this saddens me a great deal that a care provider who has known me as long as he has (he was my pediatrician so he's known me since childhood) can see the toll that my vocation is taking.

I remember sitting in a meeting with my regional leadership while I was still recovering from my hospitalization. I was not yet up to full speed and simply exhausted. And this was years before I realized that I was also dealing with an undiagnosed condition that can be, by all accounts, exhausting in and of itself. I still remember the crushing feeling of being a failure and like I wasn't living up to the expectations placed upon me when, with a distinct tone of disdain, my regional supervisor asked me, "Well, what, do you think you need a medical leave?" In that moment, I felt about four inches tall and not at all empowered to speak up for myself or my needs.

In hindsight, the Rejection Sensitivity Dysphoria was working overtime and the mere thought of disappointing my regional leadership was an anathema to my brain, heart, and spirit. Pastor Elizabeth and I discussed the feelings we get when we try to advocate for ourselves and how nice it would be to be met with support rather than looked at like we have "four heads because of a developmental disorder."⁸ The intersectionality of being a woman and being diagnosed as neurodiverse in any way only adds to the often uphill climb succeeding in ministry (whatever that means) often feels like.

⁸ Collier, "United Methodist Clergywomen Retention Study."

While I am neither married nor have children, clergywomen who do have yet even more, or at least different hurdles to overcome in ministry. Yes, being single has its own set of challenges and comes with its own plethora of... commentary... from well-meaning church folk who, well-meaning or not, are prone to asking inappropriate and prying questions. One of the questions I often do not have to field, though, are questions regarding how I plan to balance being both a pastor and a mom. I know plenty of clergywomen who have been asked this either on their road to ordination in their interviews or from search committees, or, most infuriatingly, even from their denominational leadership. While the questions may be asked with the intention of being caring and concerned for our wellbeing, these questions are at the root sexist and discriminatory, unless of course ordination committees and church leaders are asking the same of our male counterparts.

While the information that being a clergywoman comes with certain challenges may be nothing new to those of us who have been hanging out in the church for some time, I hope that it adds a helpful backdrop to where we will be heading from here. In the same way as many churches and parishioners are still working on overcoming their own internal biases regarding women being ordained as clergy (even though we've been doing that since 1956, at least as Methodists) the stigma surrounding mental health and neurodivergent diagnoses add an additional layer of trepidation for those of us endeavoring to be faithful to our call to ministry while navigating inherently human systems.

One of the primary goals of this project is to help break the stigma surrounding ADHD, and to help churches and church leadership begin to see the incredible giftedness

in their neurodiverse clergywomen. Our abilities to think outside the box, hyperfocus, and be so deeply in touch with our emotions, making us deeply empathetic, are nothing short of superpowers for ministry. On the flip side, these traits come with a cost and that often is in the form of extreme energy output, even if it's all internal and others may not see or notice what a monumental lift keeping ourselves regulated and healthy is. In a similar vein as the Clergy Retention Study, I posit that [neurodiverse] clergy "...women do not seem to be getting the support they need from the hierarchy or their congregations. Flexibility on the part of churches and the appointment system is in order and could be beneficial to both the clergywoman and the congregation."⁹ Let's explore the ways that we might increase support for the benefit of all.

⁹ Ibid.

CHAPTER THREE

Now that we have explored the ways in which gender effects the experiences of clergywomen in comparison to our male counterparts let's take a look at the differences between men and women when it comes to ADHD. If anyone had asked me prior to 2021 to define ADHD, I, like many others, would likely have described a child, probably a boy, who has trouble staying in his seat in school, can't focus, and by all accounts appears to have more energy than his poor little body can contain. And, in part, this is correct. ADHD often does present in a primarily "Hyperactive," presentation. This is only one of the ways it can appear, and in 2021 I was shocked by my diagnosis to learn not only did I have ADHD, but that I had the primarily Inattentive Subtype, something I didn't even know existed!

As I was exploring my newly identified anxiety with my therapist, a friend of mine posted an article from The Guardian on Facebook entitled "*The Lost Girls: 'Chaotic and curious, women with ADHD all have missed red flags that haunt us.'*"¹ In the post she shared that she had just discovered that she had been living with undiagnosed ADHD and had recently received a "late" ADHD diagnosis in her 30s. As I read the article, more out of curiosity than anything, I was shocked at how much of the article seemed to be describing... well... me. One of the quotes pulled from the article and placed in big BOLD letters in a pop-out on the website read, "The assumption is that

¹ Faulkner, "The Lost Girls: 'Chaotic and Curious, Women with ADHD All Have Missed Red Flags That Haunt Us.'"

ADHD makes little boys disruptive. But it can also make little girls feel like they'll *never be good enough.*" (emphasis mine).

Wow. For the first time I saw the tiniest glimmer of hope that perhaps, finally, I might be headed toward discovering the reason why I have spent the entirety of my life feeling like a complete and total outsider. From my earliest memories, I've always had a sense that I just don't "get" life in the same way as those around me do. Whether it was feeling more comfortable talking to my teachers than to my peers, refusing to join the "in crowd" when I knew they were making others feeling left out, being the last to turn in my daily work and every test or quiz I've ever taken in my life, or never feeling like a part of a cohesive group of friends, there has just always been a sense I've had that I don't "fit in" in any way. But that has not stopped me from trying, often to a fault, to do so – desperate to feel like I perceive everyone else does.

The article gave a wide overview of many of the differences in presentation of ADHD between boys, girls, men, and women and the further I read, the more and more sense it all made. It also said that girls were not included in ADHD research until the late 90s and were not included in any kind of longitudinal study until as late as 2002 – at which point I was already a freshman in high school! No wonder so many of us women who are receiving what is coined as "late" diagnoses are called the "Lost Girls." We endured years of academia without anyone thinking that we might have been having many of the struggles as the boys in our classrooms, but that it was simply manifesting differently within us.

Every facet of one's life, the article said, is affected by ADHD. And although "attention deficit," is one of the key phrases in the official name of this condition, any

expert will be quick to tell you that it is an incorrect description. Rather than a deficit of attention, those of us living with ADHD actually experience an overabundance of attention. The challenge or disability comes in the inability to regulate that attention. This leads to challenges in our academic and professional pursuits, our relationships, as well as in our ability to manage our daily lives and homes, let alone in being able to keep up with the world around us due to the sheer amount of energy we are constantly using to try and manage the chaos within.

One of the most intriguing arguments the article from The Guardian made was that, in many ways, it was not simply the oversight in excluding girls and women from the official research that has led to a delay in diagnosis of this condition in half of the population, but also the very way that girls and women are socialized that has kept us hidden and flying under the radar for so long. For decades, if not centuries, girls and women have been socialized to “be a lady,” and told that we should be “seen but not heard.” These expectations of girls and women then pair well with the fact that so many of us have the Inattentive version of ADHD where the ‘hyperactivity’ we experience is primarily within our own brains, and the rejection sensitivity that is so often a hallmark of our condition keeps us in line and terrified that if we step out of line then we will upset someone whose approval we are desperate to either obtain or to keep.

One of the core memories I hold from my time in elementary school is that while many of my friends were pegged as what our school district called “Gifted and Talented,” I was not one of those students. That meant that, for several years in elementary school, a core group of my friends were in the “GTE” or “GTA” (Gifted and Talented Education and Gifted and Talented Art if I remember correctly) programs. These groups met early

on one or two days a week at one of the other elementary schools, and then they would come into class all together laughing about whatever had happened that day and creating their own memories, inside jokes and deeper friendship bonds and such. Oh, the longing and FOMO (fear of missing out) that I felt in those days. Not being a part of the GTE crowd made me feel like I was not measuring up to my full potential, and that I was somehow not as good as everyone else around me. While no adult ever explicitly said this to me, the reality that there was a “special” program that was titled “Gifted and Talented,” and I was NOT in it was clear enough messaging for my brain at the time to get the message – *I wasn't good enough.*

This was around the same time that I was in second grade where our daily routine was to come into class and the first thing we were expected to do was to finish a certain amount of self-paced “morning work,” before lunch time. While enough time has passed that I can no longer remember the specifics, I vaguely recall there being a daily grammar lesson and number of math problems that needed to be completed. If these items were not completed by lunch time, we were told that we needed to stay in and finish them after lunch before we would be allowed to go out and join our classmates at recess. Unfortunately, the place where we were told to sit and complete this work was not back in a quiet classroom, but instead at one of the lunch tables in the loud and noisy cafeteria. And not just at any lunch table, but at a lunch table that had a bright sign above it that read, “*MAKE A BETTER CHOICE.*”

That’s right, those of us who worked a little slower than our peers were lumped in with the behavioral discipline “troublemakers,” and expected to sit with them in a noisy cafeteria to finish our work. It was not exactly a recipe for success, let me tell you. I

cannot recall exactly how much recess I missed in second grade, but it still feels like it was far more than was necessary. And I certainly feel as though I had to sit at that insensitively named table on more days than not. My deep gratitude goes out to Sherri Conrad, my gym teacher at Lakeside Elementary, who took the time one day that year to sit down at the lunch table with me and say to me, “Katie, I’m really sorry that this table is named the ‘Make a Better Choice Table,’ because it’s not your choice to be here. You simply work slower than others, and that’s OK.” Ms. Conrad, you have no idea how reassuring those words from a trusted adult were to me then and how they have stuck with me for decades, acting as a counterbalance to all the messages society tries to throw at me that I’m “stupid,” “lazy,” or “not living up to my potential.”

Another core memory of elementary school was my fifth-grade year where I was decidedly NOT in the “in crowd” in that class. There was a clear girl’s group in fifth grade and everyone in the entire grade knew who was IN and who was OUT. Now, I was one of the lucky ones as I was not often a target of the bullying that was common coming from that group. It appeared everyone agreed that I was a nice enough classmate, but I was not at all “cool” enough to be “in.” However, if you had tried to tell my little sensitive self back then that I was NOT being bullied, I wouldn’t have believed you. For what I now understand to have likely been rejection sensitivity dysphoria was working overtime that year. I was crushed day in and day out to know that, for reasons unknown to me, I wasn’t included with the majority of the girls in my class. This was most viscerally obvious in the winter months when we had a lot of indoor recess.

I can still see clearly in my mind’s eye the majority of the girls from both fifth-grade homeroom classes convening in the back of my homeroom classroom, talking and

laughing together. Meanwhile, there were three other far smaller groups of girls. There was me and my friend, who happened to use a wheelchair, who hung out together on the far-left side of the classroom (as you face the teacher's desk) near the classroom sink, pencil sharpener, and doorway. Another two girls almost directly across from us on the far-right side of the classroom, one of whom often wandered over to me to ask me to be her emissary and to ask the girls in the back if they would let her hang out with them (a request I denied time and time again). And lastly, three girls front and center, who were their own safe little trio of musketeers. In hindsight, it was probably the three girls in the front whose group I most wanted to be a part of because they were nice, and I knew the girls in the back were 'mean girls.' Whatever it was about that age and stage of my development and the effects of ADHD that were not yet known to be a contributing factor, my fifth-grade year left lasting emotional scars that I hate to admit I am still having to work through to this day.

Throughout my interviews with the other clergywoman who had to navigate early elementary, middle, and high school years with ADHD (whether known or not), I learned that I am far from alone. True to much of the research, it appears as though most of us were internalizing the messages that were either said directly to us by the adults in our lives who didn't understand us, or by society at large that we internalized and later turned into shame that we are now working to overcome.

Pastor Gloria recalls seeing an interview with Tom Cruise, self-identified Scientologist, but incredibly well-known public figure, where he said in an interview that he believed that ADHD, and psychology as a field as a whole was a crock. The fact that such a public figure was going on national television spouting that sort of stigma paired

with her parents' direct comments calling her "lazy," left a lasting impression.² Likewise, Pastor Fiona recalls that she viewed herself for most of her childhood as "flighty," thinking less of herself and making "dumb blond jokes," at her own expense to try and hide the shame she was feeling.³

Prior to deciding to concentrate on ADHD as a research topic as I pursued my Doctor of Ministry, and thus prior to any of the interviews I later completed, the "Lost Girls" article ignited a curiosity in me that I had not felt for a long time. A season of research began as I sought to find any and every resource I could get my hands on that would help me better understand the ways that ADHD presents in women as I tried to figure out if this might be something I should be tested for. Much of my information came from the organization Children and Adults with Attention Deficit/Hyperactivity Disorder, or CHADD. This organization provides education, advocacy, and support for individuals with ADHD and their families. By signing up for their digital newsletter, I began receiving at least weekly articles in my inbox that expanded my knowledge and awareness about ADHD, and I also was able to register for several free webinars to learn from experts.

CHADD has an entire section of their website dedicated to information about the symptoms of ADHD in Women and Girls.⁴ It reiterated and confirmed that what I had read in The Guardian article was indeed true. Women and girls have been overlooked and underdiagnosed when it comes to ADHD precisely because of the differences in the ways

² Gloria, "006.Gloria."

³ Fiona, "003.Fiona."

⁴ "Women and Girls."

it presents within us paired with the overwhelming societal expectations and stereotypes that swirl around us. Who would ever think that a girl who seems either excessively chatty or conversely like she has her “head in the clouds,” always daydreaming, might actually be experiencing hyperactivity and racing thoughts that she can’t seem to control? And in a culture, at least here in the United States, which is my own context and frame of reference, where women are already often seen as less-than in the workplace, why would a lack of close attention to detail or inability to sustain attention in long meetings ever raise any ‘red flags’ for anyone?

The further and further I got down the ADHD rabbit hole, the more and more fascinated I became, and the more committed I became to learning as much as I absolutely could about how this condition was likely affecting me and so many of my colleagues. It wasn’t long before I began wondering how the dots might connect and began wondering if all of the well-intentioned Clergy Health Initiatives and Self-Care seminars might not be working to treat the symptoms of a much deeper root issue. What if the high rates of clergy burnout, especially among women were less to do with our gender as has often been the reason given, but instead due to a lack of understanding and thus support for our uniquely wired brains?

As this wondering settled within me the curiosity grew and grew until I had no other choice but to propose this as my research topic. Between the pandemic and the increase in diagnoses I saw shared among my colleagues it became a timely passion project. Once I was given the green light, I set out to start finding research participants. Since so many women are not diagnosed until their 30s I set the age limit, in consultation with my faculty advisor, at 45. Some might say this no longer qualifies as “young

clergy,” but given the reality that many of us are less than 5 years out from receiving our diagnosis it felt appropriate. I also did not want to limit my research to only the United Methodist Church, so I named “Mainline Protestant” as the parameter, widening my potential participant pool. Finally, I needed to be sure that each participant had a qualified medical professional that had given them an official diagnosis. While it can be easier (and cheaper) to ‘self-diagnose’ for the purposes of this project an official diagnosis was required. And with that I set out get IRB approval, created a 10 question Interview and began recruiting participants. The themes and patterns that were awaiting me were clearer than I could have ever imagined them to be.

CHAPTER FOUR

The path to my own late diagnosis of ADHD – Inattentive Subtype was not unlike many women’s journeys. First diagnosed with circumstantial anxiety, further digging and exploration with my therapist at the time led us to wonder if there might be a deeper underlying root cause. At the time I was meeting with a therapist through the Employee Assistance Program (EAP) provided by the hospital where I was completing a Clinical Pastoral Education (CPE) residency. CPE, for those who are unfamiliar, is an intensive program where chaplain trainees are expected to complete clinical hours meeting with patients and their families providing spiritual as well as many hours of coursework with class at least once a week. During those weekly classes, trainees discuss assigned readings, present verbatim accounts from their patient encounters, write and present papers and presentations, and participate in “IPR,” or “Interpersonal Relations” modules where the cohort is expected to bring up and deal with any conflict within the group in real time.

Many find CPE to be a tedious process, and many students balk at the idea of having to confront, explore, and understand their emotions at that deep level. For me, however, CPE was like finally feeling as though I was in the right place. Perhaps due to what I now understand as my own Emotional Dysregulation, I LOVE talking about my emotions and trying to figure out what they are and why I’m feeling them and how to best manage them in real time. However, in the middle of the second unit of my residency the world was hit with SARS-COV2 which precipitates COVID-19. To put it mildly, working as a student chaplain who was very new to hospital work during a global

pandemic was...stressful. And as the world grappled with what was going on and many civilians refused to follow best practice advice, the amount of rage I felt in that time was unparalleled, and in instances quite disconcerting. I'd felt angry before, but never at this level and never quite that consistently or for that long a period.

As chaplain trainees we were navigating incredible uncertainty. This was also prior to the availability of vaccines so the anxiety about whether we might get sick and what would happen if we did was very real. We were journeying alongside patients, family members, staff and even supervisors as we faced the unthinkable. It would make sense, then, to assume that I was in therapy at the time and being diagnosed with 'circumstantial anxiety' to help manage the incredible stress of my day-to-day work life.

My friends, it is with great lament that I tell you that, no, it was not the stress or anxiety of learning how to be a chaplain during a global pandemic that precipitated my need to be prescribed anti-anxiety medication for the first time in my life. No, it was my *ordination process* that did that. You see, the United Methodist Ordination process is notoriously cumbersome, lengthy, rigorous, and has a bad habit in many areas of burning candidates out even before they pass through the process and are ordained. At the time I was already coming to the end of my second mandatory year of provisional membership between commissioning and ordination, and in addition to a full time Chaplain Residency had also picked up a part time Middle School Youth Leader position at a local church. I had done this because, according to our denominational polity, to be qualified to apply for ordination, clergy must serve two probationary years under full time appointment, however the status of full or part time is dictated by the amount of our paychecks, not the hours we are working.

So, to recap, at the time I was discussing my increasing anxiety as I prepared for my ordination interview with my therapist, I was working 60+ hours a week in two separate locations, one of which was a hospital during an unprecedented (in our lifetimes) global pandemic and preparing for what, in my mind, was my *BIG SCARY ORDINATION INTERVIEW*. Due to the heightened anxiety everywhere, when I went in to see my primary care physician and his nurse practitioner, they were quite amenable to providing a prescription. In many ways, starting the anti-anxiety was helpful, “the edge” was taken off, and I was living in less of a constant panicked state. However, very shortly after I began the anti-anxiety medications, other things began to feel “off,” in ways that they never had before.

It turned out that, for me, the anxiety – likely a byproduct of the undiagnosed ADHD – was helping in many ways to mask the ADHD. For years, it turned out, it was the anxiety that was a counterbalance to the ADHD “timeblindness” that has kept me showing up early to everything from doctor appointments to low-key house parties for decades. But now, without the anxiety I was running late to every meeting and appointment on my calendar. The anxiety of fearing how people would perceive me in group or public settings was now gone, and suddenly I was more impulsively interrupting people and blurting out almost any thought that came into my head. I was simultaneously feeling more like myself than I ever had and the most *unlike* myself as I ever had.

Within about six weeks of my therapist suggesting I might be experiencing some circumstantial anxiety, two women from two entirely different sectors of my life posted on Facebook sharing their own recently diagnosed ADHD. One posted an article that spoke of the prevalence of undiagnosed ADHD in girls and women and the other was a

fellow clergywoman who shared in a private group her reflections on a previous pastorate. In hindsight, she could see how her ADHD had affected her ministry and her ability to cope with a challenging church now that she had received an official diagnosis. It was this post especially that grabbed my attention as it sounded eerily similar to my recollections of my own first appointment. The phrase that jumped out to me most viscerally was when she shared that she believed she may have fallen into what she named as “an ADHD Spiral.” Something about this term felt akin to what I had experienced as well. It was as if I could have written her entire post myself

In my first appointment as a ‘greenhorn’ pastor, things went from manageable, to bad, to worse in my second year with that community with alarming speed. Early in my second year the community where the church was located was hit with what was described as a “50-year flood.” The sanctuary was on the second floor of that church specifically because there had been such a history of flooding in that area. We immediately teamed up with the local food bank, the fire department, the police department, other area churches and businesses, the civic association, and several community activists and began serving free weekly meals. Lowe’s also donated several supplies, and we became the location where the local arm of the United Methodist Committee on Relief (UMCOR) dropped off “Flood Buckets” for our community members to come and pick up.

I remember flying into super-pastor mode in those weeks. My brain was lit up with excitement and intrigue and seemed to thrive in that crisis. Where others were freezing and wondering, “What do we do? How do we help?” I was actively making phone calls and connections and making strides to get the word out in every way that I

could that our church was a safe place for people to come and use the restroom, get a hot meal, take a break, and pick up whatever supplies we could provide for their continued efforts to salvage their homes. The local news even came and interviewed me that week!

Within two months of that, and feeling as though I was really thriving as a new pastor, things took a shift. Apparently, there had been some members of the congregation that hadn't appreciated that I'd opened the church to our neighbors. Others were disgruntled that I refused to ask the parents of our youngest children to take them out of the sanctuary on Sunday mornings, and instead insisted that All Are Welcome at church. The tight and stressful finances of that congregation notwithstanding, there were several things "going sideways" at about the same time. And, in hindsight, I can see how my deficiencies in executive functioning, a hallmark of ADHD, were not helping. I couldn't seem to prioritize what needed to be dealt with when. The hyperfocus on welcoming children and families likely did make me appear as though I was less than receptive to other generational needs within the community.

The most debilitating things in that season, however, were my inability to "grow a thicker skin," as it seemed everyone was recommending I do, and the fact that I couldn't seem to stop telling anyone within a 10-foot radius of myself everything that was going wrong at that time and asking for their advice. In one phone call with a specifically chosen mentor who had high level skills in employee supervision, I recall he told me that I needed to be very careful who I spoke to about the insubordination I was receiving from multiple staff members. However, whenever anyone would listen it was like the filter in my brain was broken, if not missing entirely, and despite knowing logically and in my brain that I shouldn't be sharing with them, I couldn't keep my mouth closed. It was

infuriating to not know why I couldn't stop myself from oversharing – and I did not yet have the awareness to know that impulsivity, another trademark of ADHD, was at play and unmanaged as I did not yet know that I was living with an undiagnosed condition.

As I reflected deeply on my own first appointment and the traumatic experience it turned out to be, in concert with the post I had read by a colleague and the article posted by a friend, I began to wonder if I might not have ADHD too. At my next therapy appointment, I broached the subject with my therapist who spent the rest of our session performing a deep dive into my childhood. Memories from elementary school and feeling like I was always an “Elementary School Reject,” came to the fore. I could remember how viscerally I felt the sting of feeling like the only one no one wanted to play with at recess. The sign that read, “Make a Better Choice” hanging over the lunch table in 2nd grade, where I had to sit almost every day to finish my morning work before being allowed to go out to recess was burned into my memory. I recounted for her how I seemed to always be the very last student to turn in any test or worksheet, was always at the fringes of every social group, and how I'd never felt as though I had my own group to claim as my own. I recalled how devastated and inconsolable I had been at different points in my childhood and adolescence when I wasn't chosen for teams, or cast in the spring musical, or felt rejected by unrequited love interests.

By the end of that session, my therapist shared that, while she didn't have the credentials to test me, she would support me if I decided to seek out a diagnosis. When I went in for testing, it felt as though I didn't know what part of the test was and what might have been a cruel irony. The ticking of the clock in the psychologist's office was particularly distracting to the point I had to pause in one of the tests to ask her if the

clicking tock WAS the test, or if it was an oversight, as it was so distracting to me I couldn't concentrate on the task at hand. By the time I returned for my read-out of my results, I was so thoroughly convinced that I had ADHD I was truly unsure how I would react or what I would do if she told me I didn't have it.

It was in April of 2021 that I received my official diagnosis of ADHD-Inattentive Subtype and began reviewing my life through this new and enlightening lens. Suddenly, I wasn't just someone who was "too sensitive," or who was "lazy," or who displayed "repeated patterns of unacceptable behavior." Instead, I was someone who, for years, decades even, had been trying her best to keep up with all the other kids. Who had studied twice as hard to do half as well as her peers. I rediscovered an inner child who was cut so deeply by the smallest of slights (or perceived slights) that it routinely became impossible for her to concentrate on anything else at hand. An inner child who, for her entire life, hadn't had the ability to communicate to others that while others might be able to let things "roll off their back," that to her it felt like there was instead an internal tape player on loop in her head that would relentlessly play all of her faults and failures to her ad nauseum. Along with a wave of relief, there was a wave of grief for my younger self when I received my diagnosis.

Throughout this time, I noticed an undeniable trend of other women within my age group sharing that they too were receiving "late" ADHD diagnoses. Some were seeking testing in conjunction with realizing their children were presenting with symptoms. Others, like me, had been slowed down enough or thrown so far off their normal routines during the pandemic that the skills and masking tactics that they had always used were no longer enough to cover up that there was something more going on.

And nowhere was this phenomenon more noticeable or concerning than it was with my peers, other clergywomen.

As a member of Young Clergywomen International, a professional organization that “creates a holy and authentic community that sustains generous collaboration, embodiment and solidarity for and by Christian clergy women under 40,” I was privy to several quiet conversations happening online and in Zoom rooms and during small gatherings where clergywomen were disclosing this new discovery about themselves. It was in these spaces that we began providing solidarity with one another as we were on a journey of relearning how our own brains are wired, reflecting on our respective challenges in ministry, and trying to establish new and healthier ways to cope and care for ourselves. And it was what inspired me to begin wondering whether there may be an unrealized correlation between the high burnout rates and *neurodiverse* clergywomen.

CHAPTER FIVE

Speaking of themes and patterns, have you ever noticed how so many of our Bible stories seem to only be interpreted and shared in one or two certain, now predictable ways? Sometimes the continuity of hearing different pastors and different churches and every Bible Study group I've ever been a part of tell familiar Biblical stories the same way is comforting. In a world that is always changing, these consistent touchpoints can serve as a needed respite of familiarity and reprieve. Unfortunately, if we continue to share the same stories and interpret them in the same way we, as Christians and people of faith, will remain stuck. Which I'm afraid will then lead to limiting our own view and experience of God, and who God is trying to tell us they are. Which is why when someone can introduce me to a new way of thinking about a familiar text or interpret a well-known and well-loved story in a new and surprising way, instead of getting angry or trying to fight whatever discomfort that might introduce, I endeavor to approach the new idea(s) presented with curiosity and openness.

This is the experience I had over a decade ago when I asked a colleague about a beautiful portrait that was hanging above the desk in her office. While you couldn't see it from the hallway, if you entered her office and turned around you were greeted with a serene portrait of a young girl who, even in two-dimensional form, gave off the distinct aura of peace and tranquility. The portrait was quite large, and when I looked at it closer, I realized it had been cross stitched. This was, I knew immediately, a labor of deep love. I asked my colleague about it, and she invited me to sit while she shared about her own doctoral research and project which had focused on the "Three

Marys” – Mary the mother of Jesus, Mary Magdelene, and Mary of Bethany. This portrait, she said, was her own interpretation and envisioning Mary of Bethany.

This comment gave me pause because, while it was indeed a beautiful and serene portrait, it was evident that the little girl within it was someone with Down Syndrome. Down Syndrome, or Trisomy 21, is a genetic abnormality where a person is born with three copies of the 21st chromosome rather than the usual two. While individuals with Down Syndrome do face several developmental and physical challenges, they are generally able to live long and happy lives. As I had grown up with a friend whose older sister lived with Down Syndrome, I knew immediately upon seeing this portrait that its subject had Down Syndrome. The news that it was a depiction of Mary of Bethany was what took me by surprise.

In the well-known stories of Mary and Martha, their brother Lazarus and their friend Jesus, we learn quite a bit about them. We “know” (or at least I’ve always been told) that these three are siblings, that Martha is a ‘busybody’ who needs to learn how to take a break, and Mary is a daydreamer who would rather sit and listen to stories than help prepare the house for respected guests. We know Lazarus died and that Martha and Mary expected their friend Jesus to come to their aid more quickly and to do more before their brother’s death. And by all accounts, they were pretty angry and wasted no time in chastising him when he finally showed up late (or so they thought), before Jesus appears to bring Lazarus back from death and out of the grave. “Did you ever notice though,” my colleague asked, “that it says that Jesus went to *Martha’s house*? Not Lazarus’ house. *Martha’s* House.” We discussed how in biblical times it was not common for women to have their own houses. Women were still considered property and were given from their

father's house to their husband's house, often with a large dowry in what was more akin to a business exchange than the celebrations of love and holy covenanting that we know today when we think about marriage.

During this discussion, I realized I had never noticed that before. Nor had I ever realized that the biblical text does not provide a birth order for these three siblings. For whatever reason in my mind, I had always just thought that Lazarus was the oldest, Martha was the middle sibling, and Mary was the baby of the family. Of course I have no proof of this, it was just what I always assumed. Their birth order is beside the point, because in those days, no matter where in the sibling lineup he landed, as the only male sibling it would have been *Lazarus* who would have inherited their father's home and land and whatever savings or assets the family had. In any other story, Jesus would have been going to *Lazarus' House*. Or perhaps it would have been phrased *The House of Lazarus* as it often was.

In her doctoral thesis, Rev. Dr. Melanie Reuter outlined and shared an entirely new interpretation of Mary and Martha and their brother Lazarus. She imagined a world in which Mary may have been born later in their parents' life, and that with Lazarus' blessing as the rightful (in that time) heir, provided Martha a house of her own in exchange for her forfeiting her right to any life other than one in which she would become Mary's primary caretaker.¹ Truly this is perhaps one of the most creative and non-traditional interpretations I have ever heard in regards to this story, and it is clearly one that has stuck with me now for nearly two decades. I would, however, like to take the

¹ Reuter, Melanie. *The Three Marys: A Workshop on John Wesley's Way of Salvation*. Washington, D.C. Wesley Theological Seminary. 2008. Eiesland, *The Disabled God: Toward a Liberatory Theology of Disability*.

imaginative interpretation a step further and imagine that it was not one, but instead all three siblings that were living with a condition that affected every aspect of their lives and inhibited their ability to live fully independently. Yet, somehow, the strengths and shortcomings of each fit together just perfectly enough that, by living together with Martha as the head of the household, they live meaningful, happy and healthy lives despite the societal expectations and stigmas they routinely faced.

Let us imagine for a moment that Martha, rather than being a “busybody,” as she has often been interpreted, is instead living with ADHD Primarily Hyperactive Subtype. Instead of being an overly controlling “Type-A” personality who would rather chastise her sister for not helping her with the housework and women’s work of waiting on their honored guest, she is transformed into someone who, instead of being seen as rude, is now someone who is simply internally compelled to keep moving. If Martha were to be diagnosed with ADHD Hyperactive type, she could simply be feeling as if she is being “run by a motor” at all times. Even when she might want to stop, sit, and simply listen to Jesus, there is a dysregulation of her focus and energy, and she simply can’t turn it off or regulate her energy at will. This, while sometimes problematic, is what helps their household run because while she can’t regulate her constant movement, it is what allows her to attend to the many tasks of keeping their home running. She is the sibling who can follow through on the cooking and the cleaning and the going to the market and paying their taxes and temple tithes on a regular basis.

Martha is also, in this telling, the sibling who observes the others the most closely. And in her years of being the primary caretaker for her sister, Mary, she has realized that Mary does the best when she is kept on a regular schedule. If left to her own

devices, Mary, who is living with undiagnosed ADHD-Inattentive Subtype, would spend most of her days unaware of the passage of time, forgetting to eat at regular intervals and overlooking most of the housekeeping needs. Without prompting and gentle guidance from her sister Martha, Mary would fall further and further behind her peers. Even as women were not often going to formal education in the same way as their brothers, fathers, uncles, and cousins were, Mary would have fallen behind in learning the domestic skills taught by the older women in their community and would have struggled to keep relationships of any kind – friendships or otherwise. It would be hard for their father to find a husband for her, and given her higher needs and Martha's acumen about how to best care for her sister, the thing that made the most sense was to ask their brother, Lazarus, if he would be willing to share his inheritance to ensure his sister's wellbeing.

Lazarus, who conceivably was living with ADHD-Combined Type himself was more than happy to agree to this arrangement. Not only did he love his sisters very much, but he also knew that without husbands of their own when their parents died, he would be the one left to take care of them. Unfortunately, Lazarus finds it hard enough to take care of himself. He often gets so absorbed at work to the point where he will look up and hours will have passed, and he realizes that he has forgotten to eat any meals all day. He rarely remembers to go to the market, and when he does, he either buys far too much or not nearly enough. His finances are often askew and the thought of having to support others is so overwhelming it's nearly paralyzing for him to even think about.

By accepting his father's request and in collaboration with his sisters, they figure out a way around the social norms of their day. They set up households in Bethany that are close enough to each other so that, even after they leave their father's house, they can

continue to work together to take care of each other. Lazarus providing the needed oversight and permission for things the women need, and his sisters ensuring he stays well fed and his home livable, as he likely also is not a top contender for marriage given his absent mindedness and overfocus at work.

In her seminal work *The Disabled God*, Nancy L. Eiesland brought to the attention of Biblical scholars and theologians the limitations of reading scripture exclusively through a lens which, even if subconsciously, assumes abled bodies as the “norm.” She writes:

A reconception of the symbol of Jesus Christ, as disabled God, is developed here as a contextualized Christology. It is contextualized in that the disabled God emerges in the particular situation in which people with disabilities and others who care find themselves as they try to live out their faith and to fulfill their calling to live ordinary lives of worth and dignity. Contextualization is an authentic process of perceiving how God is present with people with disabilities and of unmasking the ways in which theological inquiry has frequently instituted able-bodied experience as the theological norm. The theological lenses through which we have traditionally viewed our own and others’ bodies distort the physical presence not only of people with disabilities but also of the incarnate God. To contextualize then is to both engage the past and present of a biblical text or a religious symbol in light of the past and present of its readers and hearers and to look to the future and the transformative effect that such a reading can have upon those who will come into contact with it.²

While Eiesland focuses her work primarily on physical disabilities and the need to read scripture through a disability lens, she does provide a nod to “hidden” disabilities as well. This is where I have endeavored to pick up the mantle as the same argument is, I believe, highly transferrable here. ADHD and other neurodiverse conditions are classified as disabilities, and those of us who are diagnosed with them need to be given permission to see ourselves in our sacred texts. And seeing neurodiverse beloveds in scripture is

² Eiesland.

important for those around us who may never know we have a disability unless we choose to disclose it. Our challenges may not be as immediately evident as seeing a wheelchair or seeing eye dog trotting alongside those with physical handicaps, but they are no less real and no less valid.

While Eiesland reinterprets Jesus Christ as the disabled God, using the story of Mary, Martha, and Lazarus is no less powerful. Perhaps a closer look at the life of Christ and a reconception of a “Neurodiverse God” or “Neurodiverse Christ” is in the offing sometime in the future. For now, however, let us remember that, if we truly believe that “all persons are made in the image of God,” then these three siblings are yet reflections of the divine Creator. Why wouldn’t we imagine, given the prevalence of neurodiversity, that God’s own self would be reflected in those who have these diagnoses?

While the reinterpretation of the story of the family from Bethany is, of course, a creative speculation for the sake of the requirements put forth for this particular project, I do believe there is power in the narrative as reimagined to see biblical characters in a new and neurodiverse light. Did Mary or Martha or Lazarus ever ask themselves, “Why am I like this?” Who’s to say. However, whether they were living with ADHD or not, I think it might be safe to assume they did. For most, this self-reflective question can lead us to deeper introspection and better understanding of our own behaviors, beliefs, and actions.

For others of us, however, it is a constant, nagging, self-deprecating query that does little else than tip the first mental domino over, until we find ourselves in a deep pit of self-loathing. At worst we end up convincing ourselves that we probably misheard our call to ministry, are not cut out for this vocation, and that it would be better if we left to go do literally anything else with our pathetic little lives.

This glimpse into how the rejection sensitivity and emotional dysregulation on loop in the minds of most people with ADHD, or at least my own brain specifically, is not shared to garner pity or dig for compliments and reassurance. Rather, it is shared here to provide a true and sobering portrait of what the internal workings of your neurodiverse clergyperson's world might very well look and feel like even though you, the church congregant, or church or denominational leader will not be able to see it or discern that it is happening from the outside. It is for this very reason that it is of the utmost importance that keeping before ourselves that all people are reflections of the Divine, that *Imago Dei*, the image of God is upon us all is so very important. We have spent a lifetime by the time we are ordained hiding our true selves and trying to blend in with the crowd. We have survived elementary, middle, and high school by the skin of our teeth. And the effort we put in to complete our undergraduate and master's level degrees so that we could have even a hope of entering ministry in our beloved, yet rigorous mainline protestant denominations have worn us out before we've even preached our first sermon.

In addition to adding to the litany of lenses we may choose from to read scripture through, it is my hope that this neurodiversity lens may also become another liberation theology to which we may submit ourselves joining those of African American, Feminist, Womanist, Latin American and Queer liberation theologies. For, as Eiesland says, "the presence of the disabled God makes it possible to bear a nonconventional body,"³ and, in this case, nonconventional mind. And the presence of this framework "enables both a

³ Ibid.

struggle for justice among people with disabilities and an end to estrangement from our own bodies,⁴ and minds.

⁴ Ibid.

CHAPTER SIX

While I hate to admit it, this project came perilously close to not getting completed in time for me to graduate on my projected and hoped-for timeline. And the rate at which my writing needed to happen at the end was compressed and stressful. This was due to a variety of factors including that, as someone with ADHD myself, my brain tends to need a certain amount of urgency to complete tasks and my relationship with time has only about two settings, “now,” and “not now.” With a spring deadline for the final draft and consultation with my advisors months away, the fall and winter were spent mostly conceptualizing the idea of writing an entire dissertation with little more actual progress being made than drafting an outline and holding a few conversations with my advisor and mentors.

In addition to having to overcome my own brain wiring and self-sabotaging internal monologue beating me down every day, things at work were continually slipping further and further off course. For not the first time in my professional career, nor the last I am sure, my supervisor at the time began to pick up on several of my ADHD traits and the way they were presenting. None of them were, as far as I could tell, prohibitive of my performing my job or meeting the expectations of my job description. And I was being diligent to work with a myriad of care providers at the time: my Primary Care Physician and Mental Health Nurse Practitioner were working together to help me figure out a new medication regimen, I was meeting regularly with a therapist as well as a Spiritual Director and had recently added a Clergy Coach just for good measure. The undertaking of a project in which I have essentially been peeling back my own layers of hurt and

confusion, relief, grief, anger, and curiosity about how ADHD has affected my life was no small undertaking. Most days I felt as though I was an open, gaping flesh wound walking around.

While I was trying to “keep it together” internally while riding the undulating waves of emotion as I worked through medication shifts and therapy, I also sifted through 10 Qualitative Interview transcripts from women much like myself recounting their own stories of pain and confusion. Simultaneously, there was also a tidal wave of horrors happening externally at a macro level both locally and globally. A new administration had just been inaugurated and within weeks, the system of checks and balances that once seemed to hold our country together was being dismantled, leaving many people I know, and love frightened for their well-being and safety. I also was watching in dismay as national safeguards such as the ADA were coming under attack, and less than 5 years after I had first realized I was someone who could benefit from ADA protection myself. Not to mention the fact that I was also continuously in touch with friends in Ukraine, where I had served years before as a young adult missionary through the United Methodist Church. I was battling daily feelings of helplessness and inadequacy while watching their country be bombed and my own government debate betraying our allies. All of this, when paired with the emotional dysregulation of ADHD was soul crushing, to say the least.

As all of this was going on and I was fighting tooth-and-nail to stay mentally, physically, emotionally, and spiritually afloat, my supervisor began a campaign, intentionally or not, to assure me of my inadequacy. Stemming from one or two minor miscommunications the previous fall, our communication broke down to the point that at

the beginning of the second semester (we are campus pastors) we had to bring in a mediator to work with us. I spent several meetings in a row being told that I wasn't communicating enough, or in the correct ways, even though I had tried both oral and written communication at different points only to consistently be met with a misaligned recounting of what we had agreed on. I had spent months naming continual confusion surrounding one of my job responsibilities and despite requests for clarity and a clear checklist of tasks to perform, I was never provided one. This did not prevent me from being told every few weeks that I clearly wasn't doing enough. And the piece de resistance was when a piece of medical information I had shared in confidence regarding my ongoing medication trials and dosage adjustments - to try and help my colleague better understand some of what I was navigating during a particularly contentious time - was shared publicly during a staff meeting in front of our coworkers.

For a month or more, the overwhelming sense of rejection from someone I had considered not only a close colleague and superior supervisor, but also a friend and mentor was suffocating. As the weeks wore on, I began to feel less and less like myself. I became once again a hollow shell of a person, questioning whether I am even cut out for ministry as a vocation, as this pattern seems to continue to repeat in a variety of ministry contexts. As researchers at the Boston University Anna Howard Shaw Center assert, "the ability to live fully and authentically is crucial for a healthy clergyperson."¹ And instead of living fully and authentically I was trying to hide once again who I truly am. Only this time, I realized that was what was happening because now I know that I am someone

¹ Collier, "United Methodist Clergywomen Retention Study."

who must work to find a balance between living with the realities of her ADHD and her ability to thrive in ministry.

Around this time, I began to feel an impending sense of dread each time I even thought about the next time I needed to make an appearance at the campus ministry house. And on the days I went in to work there was always some comment or observation made by my boss about something I would do or say, or wouldn't do, or I was perceived as *not* saying that drove me further and further away from being able to focus in the way I needed to on completing my dissertation let alone from feeling psychologically safe in that space. In consultation with the Board President, I worked with my colleagues to find a creative solution that allowed me, for the following month, and the month that the project was due, to work remotely. For the first time in my professional career, I found a way to creatively readjust my work habits and was able to stay on staff instead of quitting in disgust, which had unfortunately been my professional pattern up to this point. The amount of post-traumatic growth I was seeing and feeling in myself felt like a win in and of itself, whether or not this project was going to be finished on time.

As hard as it was to be sifting through the transcripts of my peers who had given so generously of their time and who had shared so vulnerably, I also found reassurance and solace in their stories. I was reminded day in and day out that I am not alone in feeling the stress of trying to manage ADHD as a pastor. There are a million and one ways that ADHD affects every aspect of our lives, both personal and professional. And we all have stories of feeling misunderstood by our congregations, colleagues, and the leaders to whom we are expected to turn when we need help. In the next several pages we will explore the ways in which eight of the traits of ADHD that are most likely to be

noticed by others affect the ministry of clergywomen. These traits are Inattention, Hyperactivity, Impulsivity, Rejection Sensitivity, Emotional Dysregulation, Hyperfocus, Timeblindness and Divergent Thinking.

THE INTERSECTION OF ADHD AND MINISTRY

Inattention

Inattention is perhaps my “favorite” trait to explore now that I know that my ADHD diagnosis is “ADHD – Inattentive Subtype,” which was something I had never heard of before. However, since I learned this and started reading about the condition and how it presents, especially in girls and women, it’s a wonder to me that no adult in my life growing up ever thought something might be amiss. Perhaps this is because, like Pastor Nicole shares, “Like many people with ADHD, I think, especially women, I am fairly good at masking things.”² Inattention makes sitting through meetings especially difficult as Pastor Fiona shares, “That’s my biggest problem. I can get easily distracted during meetings and I’ll just, like, look around the room.”³ Same, girl, same.

Inattention also has a huge effect on neurodiverse clergywomen’s abilities to fulfill certain pastoral responsibilities, namely, Pastoral Care and visitation duties. Six out of ten of those women I interviewed named Pastoral Care as a major challenge in ministry. For some it was that regular visitation simply does not seem urgent enough or interesting enough to hold their attention. It’s too easy to say, “If I’m not interested in

² Nicole, “005.Nicole.”

³ Fiona, “003.Fiona.”

something, then ‘I’ll do it later,’”⁴ but due to the challenges of ‘object permanence,’ later rarely ever comes, especially when it comes to those church members who are not urgently needing care but are also not able to come to church regularly because they are homebound. As one pastor stated, for these individuals it is not that we do not care about them as their pastors, but, unfortunately, it’s simply that, “Oops, ‘forgot that you existed,’ to quote the indomitable Taylor Swift. And that’s actually a big thing that [due to my trait of inattention] I forgot you existed. I kind of say it as a joke, but that out of sight out of mind thing.”⁵

For others, the lack of motivation to attend to Pastoral Care calls stems from the lack of dopamine and interest these tasks hold. Pastor Elizabeth, who would rather do almost anything else, puts it this way, “Okay. I... I hate small talk. Please don't make me go on any more in person visits. I'll do the ones I have to. I'm amazing at the crisis ones -- you call me to the highest hospital for a crisis? I am looking fantastic. But sitting listening to the same little old lady with dementia tell me the same 10 stories? I can't do it. Horrible!”⁶ While for others it’s social anxiety that’s tied up in their experience of Rejection Sensitivity that makes Pastoral Care feel impossible. Pastor Sophia shares, “I used to think I can't do pastoral care home visits because of social anxiety and fear of going to see other people... And I still cannot get out the door. Like, I cannot leave my house to go.”⁷ And Ruby admits, “I... I want so badly for people to not kick me out of a

⁴ Ruby, “001.Ruby.”

⁵ Fiona, “003.Fiona.”

⁶ Elizabeth, “002.Elizabeth.”

⁷ Sophia, “004.Sophia.”

room, you know? If I'm... if I'm in a hospital room, or, you know, if I'm working with a kid or whatever it's like I... I get deeply, deeply wounded if somebody kicks me out."⁸

Finally, our trait of inattention makes completing annual reports and attending denominational meetings, of which all of us are required to attend at least annually, feats of super-human endurance. Pastor Nicole shares, "Diocesan convention is like literal torture for me... I have to bring, like, a whole bag of snacks and various forms of hydration and activities to be able to reasonably get through."⁹

Hyperactivity

You might have heard the object lesson of the duck on the water to illustrate how someone's mind works when they are stressed or trying to pull off a big event. You know, the one where someone says, "If you look at a duck on the water it looks like it's gliding effortlessly across the surface of the water, but in reality it's feet are under the water paddling like crazy." This provides a general understanding of this next ADHD trait and its effect on your beloved clergywoman. Our minds, by and large, are going at a warp speed. All the time. And it is exhausting, often leading to, at the least, mental overwhelm and at the worst to burnout. Pastor Nicole shares, "Hyperactive brain. Yes. The, like, inability to shut off the thoughts means I think I spend a lot more time thinking about work than I mean to... I think that leads me to kind of paths of burnout more quickly."¹⁰ While Pastor Louise says, "I have a bazillion ideas a day, and they all go on my list, and then I'm routinely stressed out all the time - only by a list of my own

⁸ Ruby, "001.Ruby."

⁹ Nicole, "005.Nicole."

¹⁰ Ibid.

making."¹¹ And, as Pastor Elizabeth shares, sometimes the draining nature of the internal work going on in our minds stalls our outward productivity. “Sometimes I have a hard time getting started into projects because that brain is going. How can this go wrong? It's like having a nest of wires in my head, and the impulses are going twice as fast.”¹²

When we can “get out of our heads,” for a moment the trait of Hyperactivity can then have effects on our communication. Pastor Fiona shares, “One of the ways I think [hyperactivity] shows up is if I get excited about something I'm preaching, I will talk faster, and my pitch changed,” so she compensates, “I write out my sermons to keep me from going on too many tangents. There are still tangents sometimes, but it gives me a center point to come back to.”¹³

To a lesser degree, at least for the women who participated in this research, Hyperactivity can also be manifested physically. This can be as simple as our leg bouncing during a meeting to needing to stand up at the back of longer meetings to keep ourselves engaged. Whether it is noticed by anyone else, the physical manifestation of hyperactivity can be a cause of stress or shame, especially if we perceive it to be noticeable and a target of judgement from our congregations. Pastor Elizabeth explains how she noticed how her physical hyperactivity was becoming more noticeable in her worship leadership, “But the hyperactivity physically, I notice by not being behind the pulpit I now walk. I can't just stand because the pulpit I used to hold it, and that would hold me in place. I would love that I could catch myself. Now I wander all over the place

¹¹ Louise, “008.Louise.”

¹² Elizabeth, “002.Elizabeth.”

¹³ Fiona, “003.Fiona.”

and I will notice when I'm up front, some of the hyperactivity comes out in certain stims. I have like, if I'm feeling super anxious, I'll start flicking my fingers at my side and I'll catch it in videos now."¹⁴

Impulsivity

Rounding out the third and final ADHD trait that's officially listed in the DSM-V is Impulsivity. While this trait is generally less prevalent in girls and women than in boys and men with ADHD, it still exists and can be one of the most noticeable traits we have. Impulsivity affects our ability to prioritize pastoral tasks and can hinder our ability to follow through as well as affect our communication and relationship to financial wellness, both personally and professionally. Pastor Nicole shares, "I will impulsively decide to pursue a new idea and get other people on board with it, and then I have to see it through from there. So that is one that gets me,"¹⁵ as she recounted several projects she was excited to start, but then never seemed to quite bring to completion. Pastor Fiona faces a similar challenge, "I get really excited about a new project, and then... I'm on to the next shiny thing, and I forget what I was doing."¹⁶

Several pastors shared that their Impulsivity can be most noticeable in meetings when they either get excited, or are afraid they are going to forget what they are going to say, or lose the thought in their mind. This is noticed by others as they tend to blurt things out in meetings or inadvertently interrupt others. While not an insurmountable challenge, as with many ADHD traits, when it happens despite our best efforts to manage them, we

¹⁴ Elizabeth, "002.Elizabeth."

¹⁵ Nicole, "005.Nicole."

¹⁶ Fiona, "003.Fiona."

can feel embarrassed and ashamed that we weren't more professional, or at least to our own understanding of what being professional looks like. And, finally, regarding the implications on financial management, Pastor Gloria shares, "[Impulsivity's] been more of a problem in churches where money is really tight. Because I'm gonna spend the whole budget, and if your expectation is that I'm gonna pace my spending through the year, or that I'm going to spend as little as possible, then we're probably gonna have a problem."¹⁷

Rejection Sensitivity

We've already touched briefly on the effects of Rejection Sensitivity on the task of Pastoral Care so we'll move right on into the effects of Rejection Sensitivity on pastor's ability to receive feedback and how it's affected the way in which clergywomen experience things like annual reviews. Speaking in a way that rings true with my own experience, Pastor Louise states that, "Receiving feedback can feel like a personal attack rather than constructive criticism. I often have to remind myself that it's not about me."¹⁸ Likewise, Pastor Ruby shares that, "When someone criticizes my work, I feel like I'm being rejected as a person, not just my work."¹⁹ I know for myself that when it is Annual Review time that I am going to need to intentionally block off time on my calendar following the review – good or bad – to tend to myself. Because no matter what, I know myself well enough to know that, however the feedback is provided, I will need time to sift through what was said and will need time to detach from my ministry area and colleagues and congregants to rest and recenter after any kind of review.

¹⁷ Gloria, "006.Gloria."

¹⁸ Louise, "008.Louise."

¹⁹ Ruby, "001.Ruby."

Sometimes nothing even needs to be said for the mere idea or perception of rejection to affect our ministries. Pastor Ruby again shares that the risk of rejection often launches her into overthinking decisions in ministry for fear that those around her will not approve of what she decides. And when this happens, she admits that "I sometimes avoid taking risks in ministry because I'm afraid it will lead to rejection or failure."²⁰

Between the fear of Rejection, our sensitivity to it, and our inability to regulate our emotions, our need for reassurance skyrockets. All too often, clergywomen with ADHD spend hours upon hours second-guessing ourselves and wasting untold amounts of energy wondering if our congregations and colleagues approve of us. This can become draining for those around us as, especially when we are in states of unhealth or during a particularly rocky patch mentally, emotionally, or spiritually, we will seek that reassurance ad nauseum but are incapable of stopping ourselves despite our awareness that we may be overwhelming others. It is, as they say, a double-edged sword.

Emotional Dysregulation

One of the clearest signs that I might have had something "going on" in my youth is, in hindsight, clear as day to me. And that would be the Emotional Dysregulation I have displayed since my earliest days. It's hard to explain to those living outside of your own brain what it is like to know that your reaction to something – anything – is disproportionate to whatever has taken place. And yet, despite your knowing and your understanding, still be unable to tone down or regulate your reaction be it joy, or sadness,

²⁰ Ibid.

or anger. It is truly infuriating to want to “calm down,” while being rendered essentially defenseless against your own emotions.

For clergy who are told seemingly to no end that they are to be the “non-anxious presence” in their congregations and places of employment, this is a surefire recipe for failure. Emotional Dysregulation might be the preeminent ADHD trait neurodiverse clergywomen need others to understand and find creative ways to help support as it is the trait that has the biggest negative effect on our self-perception. As Ruby shares, “The expectation to always be a calm and collected leader can be overwhelming when my emotions are all over the place. ... I worry that if I show my emotions, people will see me as weak or incapable.”²¹

Not only does our Emotional Dysregulation wreak havoc on us internally, but it can also manifest in ways that are more noticeable to others. Ruby continues, “When I’m emotionally dysregulated, my decision-making becomes impaired, and I struggle to think clearly about what needs to be done... I struggle to connect with my congregants and provide the care that they need.”²² Pastoral ministry is taxing on pastors’ minds, hearts, and souls in ways that few other professions are. For those of us who need to work double or triple time to stay regulated, this can take incredible amounts of intention to manage. Pastor Louise observed that, “I have now come to understand that a good 20 to 30% of my week is just processing emotions and space and feelings and vibes, and trying to keep the... keep all of this moving and humming and regulated otherwise it's a

²¹ Ibid.

²² Ibid.

nightmare.”²³ She continued by sharing this example, “Yesterday, going on a two-hour walk and taking a shower and screaming, like, that’s part of [my] pastoral care, and work for [myself] to be able to... Now, this morning, get up and write a sermon in an hour that I’m ready to give like, but I had to do all that to get there.”²⁴ While I still am finding best practices for myself in this regard, I appreciated hearing the stories of colleagues who are further ahead on this journey of what I would call ‘radical self-acceptance,’ as I find it truly inspirational and full of hope that a new future of pastoral care and understanding is coming for clergy.

Hyperfocus

The discussions surrounding how Hyperfocus has affected our ministry practice was less laden with the challenges it poses but leaned a little more positive as many of us see our ability to Hyperfocus as one of the few ‘superpowers’ ADHD affords us. Yet it still has its number of challenges. Many of us find that we can get so absorbed in certain tasks that the rest of the world sort of falls away and it can take extreme effort to bring ourselves back or to switch our attention to something different after being in a Hyperfocus state. Pastor Gloria puts it this way, “When I go into hyperfocus, I can dive deep into sermon preparation or planning, but it often means I lose track of time and neglect other responsibilities... Sometimes I find it hard to shift my focus back to what’s important after getting caught up in a hyper focused state.”²⁵

²³ Louise, “008.Louise.”

²⁴ Ibid.

²⁵ Gloria, “006.Gloria.”

In the most extreme cases of Hyperfocus many of us can forget to take breaks for the simple necessities, as Pastor Nicole shares, "When I'm hyperfocused, I can forget to eat or take breaks, which can lead to burnout."²⁶ Also challenging can be the way that Hyperfocus is perceived by those around us with can sometimes lead to relational strain, shares Pastor Fiona, "My hyperfocus can sometimes make me seem distant or unavailable to my congregants, especially when I'm deeply engaged in a project." While truly a superpower in many regards, Hyperfocus can also have negative effects on our ministry and relationships as neurodiverse clergywomen. In the next chapter we will envision support strategies to increase clergy retention.

Timeblindness

In perhaps the most comical example of my own ADHD during this project Process originally neglected to include "Timeblindness" among the noticeable ADHD traits to explore with my interview participants. It wasn't until one of the last five interviews that someone mentioned it and I realized my oversight. Therefore, the responses to this question came in written form after the initial interviews were completed. I want to thank those participants who took the time to answer these additional questions regarding our relationship to time and how it can affect our ministries.

For nearly all of those who responded, including myself, one of the major ways in which our timeblindness affects our ministry is that we tend to have an unrealistic optimism regarding how much we can realistically get done in any given day. We are

²⁶ Nicole, "005.Nicole."

either consistently over- or underestimating how much time a task is going to take. Pastor Nicole puts it this way, ²⁷"Timeblindness is a struggle in ministry because I have a tough time understanding how long something actually will take me to complete, which can lead to me feeling underprepared or rushed." Similarly, Pastor Sophia shares, "I also way overestimate how much I can get done in a given period."²⁸

In addition to the daily challenges of time management and task prioritization, timeblindness can affect long term projects and tasks can also be affected. This can lead to inadvertent procrastination on more important tasks, especially if the tasks we would rather spend time on hold more interest for us and our dopamine-seeking brains. Pastor Louise recounts that, "I frequently believe I can get more tasks done than the amount of time I have allotted. I struggle with time management because I'll prioritize something that appears urgent to me but later, it turns out it was just my brain assigning equal urgency to everything."²⁹

Finally, as with almost every ADHD trait we have explored, our timeblindness can have negative effects on our relationships both personally and professionally. As Pastor Nicole shares:

It's also a challenge when I'm running late and such, because people perceive it as something negative, like irresponsibility or lack of care.

If someone tells me they need me to do a thing, I need a deadline, and gentle reminders really help make sure that I can see that deadline approaching. And yes, I can do that on my own, and I'm getting better at systematizing those processes, but it's a work in progress. I think a general understanding of the ADHD brain having a "now" and a "not now" setting can be helpful

²⁷ Ibid.

²⁸ Sophia, "004.Sophia."

²⁹ Louise, "008.Louise."

for people I work closely with as well. If someone tells me they need something from me today, I'm probably going to manage to do that, because it translates as "now," but if they say they need me to do something by the end of next week, that is "not now" and my brain will just put it in a box and forget to get it out.³⁰

Divergent Thinking

The eighth and final trait of ADHD that I chose to explore in-depth with my research participants was what I chose to call “Divergent Thinking,” that thinking that ADHD brains seem to be able to do effortlessly that can strike others as incredibly creative or ‘out-of-the-box.’ Similarly to Hyperfocus, this trait appears to err on the side of ‘Ministry Superpower,’ but does take some time to learn how to harness, manage and direct for the most effective leadership and greatest ministry wins.

It is the Divergent Thinking of Clergywomen with ADHD that lead churches to try new things such as wear birthday party hats and have a reception with cake and punch on their church’s founding anniversary or.... Birthday.³¹ It is also what led one pastor to work with a local non-profit agency to address the housing crisis in their area, leading their church to see the need and guide them to the point of using their resource of extra land to provide the space for new homes to be built in their community. So much good, faithful, and creative ministry happens when clergywomen with ADHD are encouraged and affirmed in their creativity and are given the support, resources, and help they need to attain what once seemed impossible.

³⁰ Nicole, “005.Nicole.”

³¹ Marley, “007.Marley.”

On the flip side of this, some reigning in by the community is often in order. As Pastor Marley shared, “I’ve had some wild [ideas]. And then, like, you know, there’s certain like, ‘Hey, can you be... Remember, remember, this carpet is brand new.’”³² While others appreciate their lay people helping them prioritize and decide what great ideas to act on and which ones to set aside for a time to return to later once the initial excitement (and, emotional dysregulation, perhaps?) has had a chance to subside. With a little conversation and compromise though, the sky is truly the limit for churches with a willing heart, the capacity to be flexible and the gift of an ADHD pastor at the helm to help them imagine new and creative ways to follow the Spirit’s leading both within their church and out in their communities.

³² Ibid.

CHAPTER SEVEN

Now that we have thoroughly explored the WHY and behind the need for local churches and denominational church leaders to improve their understanding of neurodiverse clergywomen and the WHO needs to make that effort and those changes, let us turn our attention finally to the HOW of creating better supports for neurodiverse clergywomen. As a reminder, the WHY of this need is first and foremost to improve the health and well-being of these incredible clergywomen, thereby improving clergy retention—as we have also learned that clergywomen leave ministry at a rate ten percent higher than that of their male colleagues.¹ The WHO that need to make some changes to their approach in working with and supporting neurodiverse clergywomen includes members of the congregations who receive, either by appointment or by call, neurodiverse clergywomen, but especially the lead team members of Administrative Councils, Vestries, Sessions, and governing boards. Denominational leaders tasked with supporting both local churches and clergy within their assigned regions bear the bulk of the responsibility for educating themselves and providing the right education and training for church boards to be prepared to receive these gifted clergy and to set up all parties for success.

As with almost any topic or issue of concern within the church where recommendations are being issued about how to improve relationships between people, the following recommendations will feel both too easy as well as nearly impossible to implement. At the root of the matter, what neurodiverse clergywomen truly long for is for

¹ Collier, “United Methodist Clergywomen Retention Study.”

our churches and church leaders to “to really understand the absolute gift that they have in an ADHD-brained pastor.”² If we are left consistently fighting the stigma and misunderstanding of our condition rather than working together with our churches to find more collaborative and grace-full modes of operating with one another, then there will be no change nor growth, only a repeating of the unhealthy patterns that have led so many of us to contemplate leaving ministry all together. This also harkens back to the story of the gentlemen on the train in India that I shared at the outset of this work. While in Western cultures individuals with ADHD and other neurodiverse traits are seen as having a ‘disability,’ in other cultures we are seen as ‘old souls.’ What a change waiting to happen when our spiritual giftedness via our God-created brain circuitry is recognized rather than shunned as faith leaders.

In the previous chapter, we explored eight of the most common traits of ADHD that are also likely to be noticed by others, even if they do not know that the clergywomen presenting these traits has ADHD. Disclosing a diagnosis such as ADHD still holds a lot of trepidation for many of us precisely because of the stigma we know still surrounds it. Fortunately, the tips, tricks, suggestions, and requests made here are ones that will, if taken to heart and implemented, will not only benefit neurodiverse clergywomen, but in fact benefit all clergy and laity across the board. Most of the advice that we are about to share can truly be boiled down into a few simple things: trying things differently, being flexible, assuming the best intent. Additionally, respecting healthy boundaries instituted by your clergyperson, extending grace and approaching one another with curiosity and grace rather than judgement and assumptions. Finally, investing the

² Louise, “008.Louise.”

time and energy to educate yourselves about neurodiversity so the weight of helping you understand does not fall upon the neurodiverse person. And of course, returning to the basics: showing each other simple respect would go a long, long way to improve the relationship between neurodiverse clergywomen and their congregations as well as with their denominational leaders. Please read on for more detailed information.

Inattention

Traits of Inattention prove the most challenging for clergywomen in two primary ways. First, it makes sitting through meetings, especially long denominational meetings and conferences that are often required incredibly difficult. Secondly, Inattention can lead us to either procrastinate on or forget entirely to complete certain tasks on our to-do lists, especially if they are further out on our calendars, when our Timeblindness might also become a factor. To help with this, we would love to see our denominational leaders “scheduling meetings in shorter bursts and putting in breaks.... Being able to break things down into smaller sessions for folks, create space to tackle one thing at a time, that would be helpful.”³ Normalizing allowing people to get up and stand at the back of the meeting space, or encouraging people to get up, go to the restroom, or bring snacks or water to keep hydrated through longer sessions would also be worthwhile.

Closer to home in our local churches and ministry contexts “moving towards more collaborative approaches to ministry would be really helpful.”⁴ A great deal of clergy burnout can be attributed to clergy feeling overworked and under supported. In the

³ Nicole, “005.Nicole.”

⁴ Sophia, “004.Sophia.”

case of Pastoral Care, which we discovered is an area of immense challenge for a majority of neurodiverse clergywomen, it would be incredibly helpful for our ministry partners and leadership team to “hold us accountable in kindness, with kindness and love... instead of judging the ways that our minds are different, try to understand it and think about how they can support it.”⁵ This could look like someone helping to schedule visits for the pastor, gently reminding the pastor to make their monthly visitations and creating a sense of urgency, or even launching a lay visitation team so that the work of visitation is delegated and does not rest solely on the pastor’s shoulders.

Finally, it is super, super important that churches provide both clear expectations and firm deadlines for important events and needs. As Pastor Gloria states, “Some churches know damn well what they want. They just won’t tell you out loud, you know? Don’t you know all you’re doing is inadvertently creating tests that your pastor will fail.”⁶ For pastors who have a disability and the trait of Inattention, when we have too much to attend to some things start to fall off of our radar, not because we don’t care about them, but because our attention is focused elsewhere and we lack the executive function to regulate and direct it. Therefore, it is highly unlikely that, if we are left in a position where we are expected to make educated guesses about what our congregations want or expect from us, we are, intentionally or not, being set up for failure from the get go.

Hyperactivity

⁵ Fiona, “003.Fiona.”

⁶ Gloria, “006.Gloria.”

While I cannot speak for all clergywomen with ADHD I can tell you that, for myself, it is the mental Hyperactivity that I find the most draining about being neurodiverse. There is, at all times, the equivalent of 50 or more open tabs in my brain and I'm never quite sure which one I'm supposed to be looking at or focusing on and they all seem equally important and then every third hour or so the little jelly bean guys from my long-term memory decide to send that "Double Mint Gum" jingle back to Headquarters and I find myself distracted and off task for the 214th time that day. Most of the women in this study shared that their Hyperactivity primarily manifests within their own minds as racing thoughts, however, Hyperactivity can also present physically, and we will address both.

Pastor Louise, who experiences Hyperactivity more internally, was direct and to the point when she shared, "I think [hyperactivity] is really hard for me. That one's not a fun superpower. It's really overwhelming inside. I think a lot of that emotional work would just be such a gift for me to be in spaces as a pastor and feel that who I fully am is understood and loved. But also, just for people to understand this is a disability that you're working with here. And that's really hard."⁷ Having church leaders come alongside us, at both the local and denominational levels, to help us prioritize our ministry goals and help us come up with a do-able, bite-size, to-do list would be incredibly beneficial. Or ensuring that ADHD coaches are a covered service through denominational health plans would be a dream.

For pastors whose Hyperactivity may be more noticeable to outsiders because it shows up in our bodies, it would be helpful for churches to normalize, validate, and

⁷ Louise, "008.Louise."

empathize with us. Turning a blind eye to bouncing knees or tapping feet in meetings and not drawing attention to the fact that we might be clicking our pens more than you would ideally like can be a small thing that makes a big difference in ensuring we do not feel shamed about this release of pent-up energy. If your clergywoman is often coloring, doodling, or working on a knitting, crocheting, or needlepoint project in meetings or long conference sessions, please don't assume that she isn't paying attention. Keeping her hands busy might be the very thing that allows her to engage fully in the session because the work of her hands is helping quiet her brain enough to focus. Likewise, don't assume that someone choosing to stand at the back of the presentation hall or choosing to go on a walk during the lunch session instead of networking indicates anti-social tendencies or disinterest. Again, we're likely doing everything we can to stay engaged.

Churches also need to be prepared to meet the needs of their clergywomen physically, both in the office and in their home if they are living in church-owned housing. When she asks for a standing desk or informs you that the air conditioning unit is too loud and prevents her from concentrating and being able to get work done, please believe her. And fix it. Do not leave your gifted neurodiverse clergywomen to suffer something because you think "it's no big deal," when in fact it could be the last straw that leads your clergyperson to start interviewing for jobs in other sectors far, far outside the church.

Impulsivity

Impulsivity is one of the most shame-inducing traits of ADHD for many women. This is the trait that is most likely to wreak havoc on our finances and our relationships. Pastor Louise recommends that our church leadership teams would be well advised to be

prepared to be the “guardrails,”⁸ that can help hone us in and help us refocus. Often, we impulsively try to go in too many directions all at once, or the great idea we have needs funding, and instead of waiting for the committee decisions, we’re prone to decide we’d rather ‘beg for forgiveness than ask for permission.’ This can get us in trouble and jeopardize our relationships with our congregants and leaders.

Our Impulsivity can also inhibit our ability to think before we speak. We are more likely to blurt out the thoughts in our heads instead of filtering them, and tend to interrupt in meetings or in conversations. Often our interruptions are due to our own excitement and readiness to either try and learn more by asking a question, or to try and connect by sharing a thought or story of our own to prove to you that we are listening and have gone through something similar. Unfortunately, this can come across as rude in a variety of ways. Once again, education and training for leadership teams to help them understand this natural tendency in those with ADHD would go a long way in hopefully helping our congregations and leaders be better prepared to experience this and to embrace it as part of who we are rather than resent it due to misunderstanding.

Now, Impulsivity can also have the effect of helping certain clergywomen be more “fun, gregarious, happy, engaging kind of pastor(s).”⁹ Validating and embracing us as we truly are so we can feel safe to be our whole selves is a gift beyond measure. When we feel safe enough to ‘unmask’ and live authentically as ourselves everyone benefits. It can improve not only our overall mood and wellbeing but can also become a strength in the pulpit and in other areas of our ministry. As Pastor Marley shares, “I think when I

⁸ Ibid.

⁹ Fiona, “003.Fiona.”

stepped into the pulpit, fully embracing who I was, not only as a queer woman, but also as a person who wanted to make a side comment, and not just like, fully reading my manuscript, exactly like when I allowed that a little bit of impulsivity in the preaching, a little bit of, like, ‘I need to say, I just need to go on this sidetrack,’ people were like, ‘You are ‘So You,’ when you preach,’ and, like, isn’t that one of the goals of preaching?’¹⁰

Rejection Sensitivity

Hopefully at this point we have begun to make some connections for those of you reading this book that have already begun to help you see and perceive your neurodiverse clergywomen in a new and gentler light. My prayer is that you are already beginning to see the areas in which the actions of your pastor, now that you know she has ADHD, might be making more sense to you. Please hold on to this new knowledge and understanding as we turn our attention now to how to best understand, accommodate, and support clergywomen who live with rejection sensitivity dysphoria and emotional dysregulation. Please keep before you that we are talking about a true disability, and that the outsized reactions and disproportionate emotions are very likely truly out of the control of your neurodiverse clergyperson. It is going to take empathy, understanding, and support to help them achieve success in their ministries which, as with all of these recommendations, only stand to improve the relationship between your church and your pastor, and the overall quality of ministry you all will be able to do together moving forward with understanding, grace, and a commitment to transparent communication and unconditional support.

¹⁰ Marley, “007.Marley.”

First and foremost, congregations must start training their leadership teams and members on the futility of sharing every complaint and gripe directly with their neurodiverse pastor. Unfortunately, Pastor Gloria rightly observes that simply “being mindful of how we speak to, and with, one another would be a huge improvement. Churches tend to be the most toxic places for conversation. Which, you know, is antithetical to what we should be... If your hope is to have a pastor who’s invested in you and in the future of your church, maybe treat that person the way you would want somebody to respect you, you know?”¹¹ Pastor Nicole coaches, “don’t tell your clergy every single thing you dislike about whatever they did. Hold it in. If there’s 1) nothing that can be done about it, we don’t need to know and it’s not helpful for us. 2) If it’s not something that you are willing to help with, I don’t need to know. I don’t need to know. You don’t need to tell me the thing that you didn’t like about how I did whatever if you are not following that up with, ‘How can I help do it differently next time?’” or something along those lines.”¹²

Given that not every congregant is going to agree to take such a training or attend such a workshop, it is likely that, despite our best efforts, these comments are going to continue. However, it would be a great gift if, over time, their frequency noticeably declined. One of the ways church leadership teams can balance out the scales on feedback from the deluge of negative comments we often hear is to take utmost care in preparing and delivering annual reviews and having conversations with their neurodiverse clergyperson as leaders in the church. The tried and true ‘compliment

¹¹ Gloria, “006.Gloria.”

¹² Nicole, “005.Nicole.”

sandwich' is a great place to start. All too often the annual reviews clergy receive feel more like hatchet jobs than constructive times of mutual sharing and it sure doesn't feel like we're on the same team working toward a mutual goal of caring for our communities. Please, please, for the love of God, make sure there is a 2-to-1 ratio of positive feedback for your ADHD clergyperson and not simply a list of all their faults. I promise you the only thing that you will do is stab a hole through their heart and send them into a weeks-long internal battle that will be draining not only for them, but for their support systems as they will need to process what they were told ad nauseum and need to seek validation and reassurance from multiple sources. In the worst-case scenarios, a negative review can trigger the often-associated anxiety and depression in your clergyperson which results in their shutting down and pulling away from your community. This is easily avoided by having leaders trained and equipped in providing constructive feedback and ensuring that all annual reviews are balanced and fair.

Relationships are, of course, in need of mutuality and reciprocity, so there is also an onus on the clergywomen themselves to ensure that they have their own support systems in place. Denominations need to be sure that mental health services such as therapy and medical providers are adequately covered as are prescription drug plans for those who use medication as a part of their ADHD management plan. Receiving feedback and navigating human-to-human relationships is a part of life and necessary for the work we do as clergy. If everyone does their part to ensure proper support and fair assessment of clergywomen, we'll all benefit.

Emotional Dysregulation

A close cousin to Rejection Sensitivity is Emotional Dysregulation. This was

probably one of the most liberating things to learn about when I received my ADHD diagnosis at age 34. I had spent my entire life to that point wondering why I wasn't able to control my emotions like "everyone else" around me, or so it seemed. As a child I was quick to tear up whenever I felt slighted or hurt, and no one ever seemed as excited as I felt for things like birthdays and Christmas. Feedback, from report cards to my first job evaluations felt like torture, even when they were mostly positive, and no matter what I did I always seemed to need days if not weeks to recover from any slight or perceived slight from friends, family, or coworkers. This resulted in my hearing time and time again that I needed to "grow a thicker skin," and to let things "roll off my back." However, there were never any instructions on HOW to do that, I was just told that I needed to and thus set up for thinking that I was somehow, obviously defective as a human as I could never seem to figure out how to follow through on this advice.

Upon entering ministry and the professional world, this did not improve, as I was now being told time and time again that I was to be the "non-anxious presence," in situations from board meetings to hospital rooms. Again, this felt laughable as I did not yet know or understand that my Emotional Dysregulation was simply a symptom of ADHD and the way my brain is wired. And, in fact, it is precisely what allows me to be as empathetic and compassionate as I am as a clergyperson because it allows me to more easily slip into 'someone else's shoes.'

Rather than encouraging clergy to be the 'non-anxious presence,' changing the language to "less anxious" would be incredibly helpful on the part of churches and church leadership. Simply changing the culture that can all too often place clergy on pedestals, and instead allowing us to be fully human would provide a greater sense of

psychological security for us. As Pastor Louise says, “I think so much of it just comes down to awareness and then normalizing and supporting.”¹³

Another thing to consider for churches and church leadership is to assess your church’s culture around flexibility. Are you a congregation that needs everything to happen at a certain time without much room for change? Often neurodiverse clergy experience what I have come to call ‘Bad Brain Days.’ These are days where I either am having an immense amount of trouble focusing, or am feeling inexplicably ‘off,’ for reasons I often cannot articulate. Having the understanding from the congregation and normalizing the postponing or rescheduling of meetings on “Bad Brain Days,” would be such a gift. And, in the instances where cancelling, rescheduling, or postponing simply aren’t feasible, as these cases do happen, and your neurodiverse clergyperson has to “rally” to get through the event, meeting or day of ministry, the flexibility to allow her to modify her schedule the next day or over the next week would be a small miracle. Giving pastors the time they need to re-regulate their systems after intense periods of work and ministry would be an incredible gift. While it is nearly impossible to see, especially if your clergyperson has spent a lifetime of ‘masking’ and adapting to fit in, your clergyperson is likely in need of true and deep rest on a more frequent basis to stay healthy in all forms.

Hyperfocus

Unlike many of the other traits that can certainly feel more like a disability than a

¹³ Louise, “008.Louise.”

superpower, Hyperfocus has more often than not been described by the participants in this study as something that is generally a benefit in ministry. Hyperfocus comes and goes and is unfortunately unpredictable, but when we find ourselves in that near-perfect “flow state,” our one main request is not to interrupt it. When we’re allowed to truly immerse ourselves in the project at hand, especially if it is one that we are passionate about or that has captivated our interest and is scratching that need for dopamine, that’s when the magic can happen. However, if that focus is broken, it can take us a long time to get it back, if we ever do. Pastor Ruby shares the double-edged sword of this trait, “When I hyperfocus on sermon preparation, I can create something truly meaningful, but I have to be careful about how long I stay in that zone.”¹⁴

One of the best ideas I ever saw in an office environment was the creation of stop light colored signs: red, yellow, and green. Each person in the office received a set, and the signs were attached to magnets so they could be hung on the metal shelving above workstations or on the metal doorframes of those who had private offices. The green signs said, “come on in, I’m free to talk,” the yellow signs said, “Please give me a minute,” and the red signs said, “Do Not Disturb.” It was an easy way to let our colleagues know if we were working on something that we needed to concentrate fully on or if we were on a phone call or meeting, and when we were open to interruption. This system would be an easy and cost-effective way to implement a simple strategy for your neurodiverse clergywoman to communicate with others when hyperfocused.

Timeblindness

¹⁴ Ruby, “001.Ruby.”

Once again, the answers from participants regarding Timeblindness were written responses as a follow up to their interviews, as I had originally overlooked including this incredibly prevalent trait into the interview questionnaire. It is fortuitous that I caught this oversight when there was still enough time to reach out to the participants and inquire about how this trait affects their ministries and how they envision churches and church leaders could better support them in managing this trait and succeeding in ministry despite experiencing it.

One of the easiest things church leadership boards, church admin assistants, and others could implement would be to simply give their clergy person "...clear, honest, true deadlines for everything."¹⁵ While many people probably assume it is more graceful and kind to say things like, "Just get it to me whenever," this is nearly always a death sentence for whatever it is they need from their clergyperson – the monthly church newsletter article, the budget report, the plan for Vacation Bible School, anything. This is because ADHD brains have only two settings, "NOW" and "NOT NOW." Deadlines help us "see time," and when we can place deadlines on our calendars, on sticky notes, and in our reminder apps, it exponentially increases the likelihood that we will follow through on the task at hand and return the items that are being requested by the time they are needed to avoid holding the other person up from completing their own work.

Timeblindness and its effects on our lives is one of the most anxiety and stress inducing traits that we contend with as ADHD Clergywomen. For so many cultures that we find ourselves working in, being on time seems to be a major criterion for deciding whether someone is responsible, caring, competent, and invested in their job. As someone

¹⁵ Fiona, "003.Fiona."

whose anxiety kept her on time or exceedingly early for things for most of her life, let me tell you it was an abrupt switch when my anxiety was finally controlled, and the ADHD Timeblindness became more noticeable. Instead of running early for meetings, for work, for lunch with friends, I was consistently five or more minutes late. Whether it is showing up for in person events or ensuring we turn needed documents and reports in on time, timeblindness is one of the biggest challenges and thus triggers for our anxiety and sometimes even depression. Pastor Louise shares how helpful features such as the Gmail “nudge” feature have become for her, “I mean, one thing’s super simple, but the way we even do reminders in an email. I have always the fear that I will miss data and miss things. So, I’m like hypervigilant about following every and all my systems and everything right, but it would be lovely if there was often a little more grace around deadlines and some gentle reminders. I think that for a lot of people that I talk with that’s just that executive function of the administrative part of the work. For administrators to really be gentle and kind in that, in their tone would just be beautiful. Because I have judged ADHD people who can’t get on a deadline and can’t get with it. I’m like, ‘You’re being lazy.’ I’m like, “Louise, you know. That is not what’s happening.’¹⁶ As Pastor Louise states, even as clergy and people who contend with this trait ourselves, it is often one of the ones that we find ourselves judging the most often in others as well. It is past time for a culture shift, especially in Western cultures, to see time differently. This is truly, I believe, another spiritual gift of your ADHD clergy – we naturally live more in Kairos or “God’s Time” than in Kronos or human time. Why not see this as a true gift of

¹⁶ Louise, “008.Louise.”

the Holy Spirit that has been given to your church? Let your neurodiverse clergywomen help you live in God's time more consistently and see what incredible things follow.

Divergent Thinking

Finally, the piece de resistance of the giftedness of your neurodiverse clergywoman is her uncanny ability to think outside of the metaphorical box. Oftentimes churches will articulate a desire for change, claiming they long for their church to grow and that they are willing to try new things. However, clergywomen are more consistently met with the age old, "But we've never done it that way before," when they offer new and innovative ideas for consideration. It can be disheartening and chafe up against that rejection sensitivity when our ideas are consistently shot down. And for some of us, the cognitive dissonance of being told time and time again that the church wants to and is willing to change but being met with perpetual resistance is what will push us closer and closer to the edge of wanting to walk away from ministry entirely.

Pastor Marley advises churches to, "Well, just allow it. Go with it. Be okay with the chaos. Allow space for imagination. The amount, I think, allowing space for the imagination of the Holy Spirit, because I think so much of what we... we as ADHD people do is not just form, like, I think 'my' idea. They're my ideas. But it's also through, like, the leaning into... into spirit and into where we're being... we're being led. Like, try new things..."¹⁷ Speaking only for myself, I know it can feel nearly impossible to articulate to my congregation or ministry setting that the new or creative idea I am pitching to them is one that I believe is coming from God. Even for pastors, it can feel a

¹⁷ Marley, "007.Marley."

little woo-woo to say that we heard something from God or the Holy Spirit. At worst, it can even feel manipulative, as who is going to be able to prove, really, whether the idea is yours or divinely inspired? This is an incredibly narrow line to try and traverse as a pastor. Once again, the best advice we can offer is to encourage and train your churches to be as flexible as possible. Only when churches are willing to try new things and follow the creativity of their neurodiverse clergyperson will they know what is possible.

For denominational leaders a good, hard, honest look at our ordination policies, procedures and practices is needed. As Pastor Nicole laments, “Saying you want to do anything differently is not the way to get ordained.”¹⁸ For many neurodivergent clergy it is precisely our creative thinking and the spiritual giftedness of that which leads us to discern our calls to ministry in the first place. We hear the cries of the church that they want to survive, thrive, grow and be more relevant in the world today. And it is our heart’s desire to help them obtain those goals through creativity and innovation.

However, too many of us have learned the hard way that there are unspoken rules in our current systems and have surmised that if we do not answer ordination questions a certain way, or appear to fit in a certain type of model, then our chances at getting ordained in our tradition of choice becomes slimmer and slimmer. Many of us feel a tension between staying true to ourselves and maintaining our integrity as opposed to saying the “right thing,” simply to pass through the arduous process of ordination. Once again, I fear that we are perpetuating systems and patterns that lead to little more than burning competent, qualified, and called clergy out before they even receive their first pastoral assignments.

¹⁸ Nicole, “005.Nicole.”

The more open and flexible both local churches and regional adjudicatory bodies can become, the more possibilities lie ahead for everyone. And for those who can see the broader lay of the land such as bishops and regional ministers, it is advised to keep in mind the gifts and graces of your neurodiverse clergywomen. Instead of assigning or installing them in those churches that you know may talk a good game about wanting to change but truly aren't ready, instead of sending your ADHD clergywomen there to struggle, why not help guide them to the churches that are most likely to benefit from their unique giftedness? The time to consider a change in how we deploy neurodiverse clergywomen is now.

In conclusion, there are some overarching things to endeavor to do as church and denominational leaders to increase support for your neurodivergent clergy. These include trying things differently, being flexible, assuming the best intent, respecting healthy boundaries instituted by your clergyperson, extending grace and approaching one another with curiosity and grace rather than judgement and assumptions, investing the time and energy to educate ourselves about neurodiversity so the weight of helping you understand does not fall upon the neurodiverse person and of course by returning to the basics and showing each other simple respect.

Whether it's through video training, workshops, continuing education events or other means, the time and investment put into training church boards and denominational leaders on how to best support neurodiverse clergy will reap net benefits across the board for generations.

CONCLUSION

As a pastor myself, it is a rare treat when I get to worship with my own family. Perhaps this is why a specific Children's Moment at my parents' church remains with me as one of the most powerful and memorable Children's Moments I can remember ever having witnessed. That Sunday, I was worshipping with my niece in the pews at "Grandma & Papa's church," and was delighted when she bounded up the aisle to sit at the feet of the Children's ministry director. That Sunday, the children were given Mobius strips as a take-home object lesson. Mobius strips are, according to Scientific American, "an artist's reverie and a mathematician's feat."¹ By giving a half twist to a long rectangular piece of paper and attaching the two ends, a shape is created that only has one side. As you trace your finger along the strip you can continue in endless loops. There is no top and no bottom, no inside nor outside. It is truly an entrancing experience and immediately captures the attention of the children (and adults, too!).

"Every ending is a beginning, and every beginning is an ending," said the woman at the front as she expertly discussed deep theological truths with the children in a way that, at least some of the older ones, might be able to grasp as they held the Mobius strips in their hand. It is this deep theological truth that has helped sustain me through this project and given me hope as I look toward the future for neurodiverse clergywomen and the church. For many of us, receiving our ADHD diagnoses was both a beginning and an ending. It was the beginning of having to re-learn who we are and why our brains work the way we do. It is, hopefully, the end of living in an endless and vicious cycle of shame

¹ Alagappan, "The Timeless Journey of the Mobius Strip."

and the beginning of extending ourselves more grace and understanding than we've ever been able to muster before.

Likewise, my hope and prayer is that this project will be the beginning of a new conversation within the church, especially among church leaders. I hope that this work will inspire those in positions of leadership to learn more about not only ADHD, but the many and varied ways that our brains can be different from one another, and the end of expecting all pastors to be exactly alike. I pray it is the beginning of helping churches, church leadership, and ADHD clergy ourselves to see our neurodiversity not only as a physiological and psychological phenomenon, but also as a spiritual one as well. How beautiful would it be to be able to witness, in our lifetimes, the end of stigma and misunderstanding and the beginning of affirmation and celebration for the varied and diverse ways in which God has created us and called some of us into ministry not despite, but *because of* the way our brains are beautifully and differently wired?

Of course, just as we – clergy, churches, and church leadership alike – begin to make progress here, something else will arise. I haven't even mentioned in this work the research beginning to emerge regarding how hormone fluctuations both monthly and at different life stages for women and uterus-owning persons such as peri- and menopause can affect and change how ADHD presents. Or the reactions changing hormone levels can have with different medications, tampering with their effectiveness. It's possible that just as a clergyperson with ADHD and their church find a smooth-sailing rhythm, something will change or shift that will feel like one or both parties are taking several steps backward rather than forward.

It is my prayer, in these cases, that the most basic and foundational of strategies for understanding, support and collaboration we have discussed here for churches and church leadership will be of help. That, with education and heightened understanding of ADHD and other neurodiversity conditions, leaders will first and foremost turn to curiosity and empathy, rather than assumptions and confusion. That they will extend grace and a listening ear to clergy who may seem to be struggling out of the blue. And that clergy may feel empowered to be curious about their own experiences and have the support and allyship of their congregations and denominational leadership to explore together the shifts and changing tides of the seasons of life and ministry and ADHD all together.

There is no doubt that the decades of misunderstanding and neglect of how ADHD affects girls and women have had a negative effect on those of us who have been diagnosed as adults. While we often managed to find our own coping strategies, learned to mirror our peers so we could “mask” our traits in order to better fit in, and were by and large successful in school and our academic journeys, the fact that 80% of the interview participants and myself all report poor self-esteem and battling negative self-perception is telling. Before we even enter the pastorate, a vocation known for its rigor and penchant for subjecting those who enter it to elevated levels of... commentary... from what and how we preach to the way we lead meetings to what we wear and how our hair is styled, we are already half convinced that we aren't worthy to lead.

In addition to the practical strategies and supports that have been outlined, such as breaking up longer denominational meetings and ensuring that congregations are well trained in WRITING SHIT DOWN for their clergyperson on the regular, the most helpful

changes churches can make are simply to flex their ability to learn, to try to understand, and to remain flexible and open to trying new or at least different ways of operating and working with their neurodiverse clergyperson. In doing so, I truly believe that our churches and communities will be blown away by the tremendous amount of joy, vision and energy that the Spirit will let loose as their spiritually gifted, differently wired, completely unique clergywoman is allowed to lean in and follow the guiding of that same Spirit into a new and exciting future for the church and the world.

May God the nursing Mother² open our churches' eyes to the shimmering beauty of and unique perspectives provided by our "neurosparkly" clergywomen.

May Jesus the Redeemer free the minds, hearts, and spirits of neurodiverse clergywomen everywhere to see themselves as the gifted Children of God they are.

And may the Creative Spirit and Wisdom of God lead us forth into a new beginning of deeper understanding, creative cooperation, and joyful acceptance all.

For the transformation of the world hangs in the balance.

Amen.

² Wil Gafney

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