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# Deaf Pastor Cohort: Self-Care for Deaf Pastors

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DEAF PASTOR COHORT:

SELF-CARE FOR DEAF PASTORS



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ABSTRACT

*Deaf Pastor Cohort: Self-Care for Deaf Pastors* is a project coordinated by Deaf

Pastors Participants (DPC) to address the research questions, "What does it take for Deaf

pastors to survive and thrive in the vocation of Deaf pastoral ministry? If being consistent

in personal self-care is the answer, why do Deaf pastors struggle to implement and

maintain this valuable practice?" Currently, there is no published scholarly research or

data on this topic except for one dissertation that focused on a type of self-care, pre-

marital counseling for Deaf couples.[1] In 2020, the researcher observed the emergence of

a movement within the American Christian Deaf Community. On Facebook, a few online

forums sharing Deaf pastors' perspectives were posted by Deaf Millennial Project.[2] Their

panel discussions reflected on pastoral issues such as the Deaf church community's

expectations and assumptions of American Deaf pastors. For instance, pastors were

expected to be available to their congregations beyond their extended schedule, provide

pastoral care and services without accessible training or access to resources for

maintaining resilience, and cope with unrealistic expectations.[3]

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[1] Peter C. Myers, "Toward Permanence: Addressing the Need for Accessible Premarital Care for Deaf Couples" (DMin thesis, Bethel University, Bethel Seminary, St. Paul, 2015), 12.

[2] Jackson Brown, Steve Dye, Chad Entinger, Dr. Rick McClain, and Ryan Sims interviewed by Brandon Gaskin on April 10, 2020 and April 11, 2020 during a public online event, "Home Church Conference." FaceBook Live, Zoom interview recording of Session 1 on April 10, 2020, Session 2 and 3 on April 11, 2020.

[3] These data were compiled from a survey created for a class project at Bethel Seminary in 2019.

CHAPTER ONE: SELF-CARE CHALLENGES FOR DEAF PASTORS

This project addressed the lack of accessible and culturally appropriate information and resources on self-care for Deaf pastors. In response to this problem, the researcher examined Scripture for examples of self-care, reviewed the literature on Deaf liberation theology, conducted research with a cohort on self-care, and developed an accessible, culturally-appropriate curriculum to help Deaf pastors learn self-care and develop strategies for providing it to themselves and others.

The researcher observed posts on social media from Deaf pastors sharing their experiences of personal and professional struggles with suicides, depression, and mental health challenges within their close circle of pastors, colleagues, and congregation members. These were excruciating burdens for both Deaf and hearing pastors, their families, and communities. It appeared that the practice of implementing support systems for pastoral self-care needed to be improved.

In searching for literature, a severe lack of material dealing with culturally appropriate self-care for Deaf pastors was discovered. In general, there was an adequate amount of information on self-care available on the Internet, social media, and published research instruments. New technology has adapted to the public's demand for faster access to more significant amounts of information. However, a gap persists in the 21st century and equal access to information for people who are Deaf or disabled has been overlooked. This gap may be bridged with current resources that offer accessibility

options such as open captions, transcripts, and American Sign Language (ASL) interpreters.

Deaf pastors have many responsibilities. In addition to providing pastoral care to their congregations, most Deaf pastors work additional full-time or part-time jobs to support their families, care for their spouses, and help raise their children. Deaf pastors encounter new challenges as they struggle to become equally informed on self-care, lead their congregations, and advocate for their personal needs. To explore these challenges, the researcher conducted a scholarly study of Deaf pastors' needs by reviewing doctoral dissertations, published journal articles, and empirical manuscripts that discussed self-care specifically, and discovered that there is a lack of scholarly articles on Deaf pastoral care. There are many informative handouts written by well-intentioned hearing interpreters, ministry coordinators, and hearing church staff who share their experiences and observations.

Annelies Kusters, Maartje De Meulder, and Dai O'Brien identified several reasons for the dearth of published works by Deaf authors. For instance, many Deaf scholars and researchers did not publish their work because they experienced various barriers.[4] Some scholars stopped researching after earning their PhD. Others did not publish their doctoral dissertations. Some scholars ended up teaching sign language and Deaf Studies. Some Deaf authors experienced difficulties with finding a forum: written English is a language barrier for many Deaf scholars for whom English is a second, third

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[4] Annelies Kusters, Maartje De Meulder, and Dai O'Brien, "Critically Mapping the Field." In Innovations in Deaf Studies, edited by Annelies Kusters, Maartje De Meulder, and Dai O'Brien,1-54. (New York, NY: Oxford University Press, 2017), 32.

or fourth language.[5] Hence, Deaf pastors and Deaf scholars have been limited to using the same resources used by hearing pastors and scholars. Those resources have not incorporated the specific nuances of Deaf culture.

## Overview of the Project

The first step in the research process was an examination of the Scriptures for examples of self-care. A biblical-theological review of 1 Kings 19, Psalm 23, and Mark 7:31-37 provided valuable insights for diverse modern reflections for self-care.

The second step in the research process was to review the literature on Deaf Liberation Theology. The researcher considered a relationship between Self-care and Deaf Liberation Theology when we honor God through liberation for Deaf people. Choosing our Deaf identity is a form of social and spiritual self-care given from God who gave deaf people the freedom to acknowledge themselves with integrity. But, deaf people were given very little opportunity to discern and develop the narratives of their true identity, strengths and receive full acceptance and accessibility within the hearing church.

The third step was to conduct research on self-care with a cohort of Deaf pastors. The researcher developed and administered an online pre-survey and post-survey consisting of six categories of five multiple-choice questions: Physical Health, Mental Well-Being, Managing Demands and Personal Agency, Spiritual Self-Care, Supportive Relationships, and Meaning. The pre-survey and post-survey consisted of 30 multiple-choice questions in text accompanied by videos of the multiple-choice questions in ASL.

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[5] Annelies Kusters, Maartje De Meulder, and Dai O'Brien, *"Innovations in Deaf Studies: Critically Mapping the Field,"* edited by Annelies Kusters, Maartje De Meulder, and Dai O' Brien, 1-54. New York, NY: Oxford University Press, 2017.

In addition, the researcher conducted interviews with the Deaf pastors to better understand their experience.

The fourth step in the research process was developing an accessible and culturally appropriate curriculum for a Deaf Pastors Cohort. According to Stephen Muse, Milton Love, and Kyle Christenson's research, pastoral self-care education needs to provide resources for developing a deeper personal spiritual maturity and group accountability. An individual's system of care creates healthier practices for thriving in their pastoral vocation.[6] The Deaf Pastors Cohort is a simple model that could be used by other groups of individual pastors, students and veteran pastors studying self-care.

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**Statistics Regarding Deaf Individuals**

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Minimal statistical information is available on US Deaf pastors, although the majority of data are from Catholic, nondenominational, and Baptist sources. Those sources note that:

- In the United States, 93 percent of Deaf people have no contact with a church.

- Less than 2 percent of Deaf people have an active relationship with Jesus.

- The Deaf community is the third or fourth-largest people group unreached with the gospel of Christ.

- Less than 300 individuals are serving in full-time Deaf Ministry worldwide.

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[6] Stephen Muse, Milton Love, and Kyle Christenson, "Intensive Outpatient Therapy for Clergy Burnout: How Much Difference Can a Week Make?" *Journal of Religion & Health*, no. 55 (2016):147-158, https://doi. 10.1007/s10943-015-0013-x.

- In 2005, 42 out of 65 Deaf churches in America did not have a pastor.

- Less than 5 percent of churches in the US offer a Deaf outreach program.[7]

**Delimitations and Assumptions**

This research was not designed to help hearing pastors lead Deaf pastors in shepherding their respective Deaf congregations. This is due to a historical tendency of hearing pastors to take over or control Deaf leaders, preventing them from providing culturally appropriate leadership. This research also does not promote teaching ASL to hearing pastors. There is an urgent need for hearing pastors understand Deaf congregants' culture, and recognize, respect, and respond with healthy and positive views of Deaf culture. Equally urgent is the need for hearing congregants and pastors to accept that the hearing ways of church life do not always meet Deaf pastors' spiritual needs. Paternalism is outdated, and churches should base their approaches on mutual respect coupled with modern thought processes focused on positive solutions. In other words, Deaf people must be viewed as human beings instead of objects under the control of the hearing society.[8] The researcher has observed that the majority of Deaf pastors have underlying physical and mental health issues and choose to ignore their need to maintain their well-being or participate in the Sabbath. The question is why Deaf pastors (and Deaf leaders) tend to neglect their self-care. This is especially important, as another study found,

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[7] "Statistics," World Health Organization, accessed August 11, 2019, https://www.gatecommunications.org/statistics.

[8] Arbinger Institute, *Leadership and Self-Deception* (Oakland: Berrett-Koehler Publishers, Inc., 2018), 36.

because "participants reported that good physical health and mental health status is necessary to cope with 'communication fatigue' and deal with 'societal oppression.'"[9]

## The Importance to the Ministry Context

### *Unhealthy Pastors*

The researcher has observed that Deaf pastors often disregarded their need to practice self-care and tended to place their Deaf ministry's needs above their health and mental well-being. Deaf pastors' busy schedules presented challenges that propelled them to neglect to take the Sabbath. A study conducted by Kushalnagar and her colleagues reflected on themes that affected one's quality of life:

> An emphasis in self-care (i.e., health status) should be considered in the intrinsic context that serves to promote a healthy foundation for the deaf people to be willing to maximize their functional communication skills, navigate through communication barriers to reduce fatigue and increase access to information, and persist through challenges/barriers. However, these factors were largely influenced by the attitudes that others hold toward deaf adults, access to information/social participation within the deaf person's environment (i.e., home, college, work, and community), and educating others to increase awareness and sensitivity about deaf adults' communication needs.[10]

The study focused on Deaf churches of various sizes who were independent or affiliated with a larger, independent church. Criteria for participation required that Deaf churches be led by one or two Deaf pastors, the congregation be primarily Deaf, and the church has an active Deaf ministry. Services were conducted in ASL and provided access to congregants who were hard of hearing, late-deafened, oral

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[9] Poorna Kushalnagar, Michael M. McKee, Scott R. Smith, M. Hopper, D. Kavin, and SR Atcherson., "Conceptual Model for Quality of Life among Adults with Congenital or Early Deafness," *Disability Health Journal* 7, no. 3 (July 2014*)*: 4, https://doi.org/10.1016/j.dhjo.2014.04.001.

[10] Kushalnagar et al., "Conceptual," 4.

deaf, and deaf-blind through accommodations such as real-time captions, Deaf interpreters, and deaf-blind interpreters.

*Full Accessibility*

This project's objective was to increase awareness of the severe lack of accessible information on culturally appropriate self-care for Deaf pastors. Podcasts and media featuring current self-care trends and healthy churches continued to be mass-produced without providing access. Simply translating current pastoral materials into ASL and printed text does not automatically equal full access to pastoral and self-care education and training. Specific materials and approaches may be linguistically difficult for an individual to understand, regardless of the language used, and dependent on whether the nuances of the original language were accurately translated.[11] The researcher acknowledged that a "one size fits all" approach was not always practical. To develop solutions for this situation, the researcher explored current effective practices, strategies, and self-care models. The objective was to develop an accessible ("Deaf friendly"), culturally appropriate curriculum that met the Deaf pastor's need for better self-care. Additionally, these pastoral materials could be of interest to Deaf Ministry Leaders.

In creating a culturally appropriate curriculum that promotes full access, the researcher considered Kushalnagar's vision of full access for Deaf adults: "Participation within the deaf person's environment (i.e., home, college, work, and community), and educating others to increase awareness and sensitivity toward deaf adults' communication needs. The ideal environment that enabled the deaf to experience

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11 Peter C. Myers, "Toward Permanence: Addressing the Need for Accessible Premarital Care for Deaf Couples" (PhD thesis) Bethel University, Bethel Seminary, St. Paul, 2015), 12.

full participation in the home, college, work, community, and educating others to increase awareness and sensitivity toward deaf adults' communication needs."[12] Access, sensitivity and respect provided to Deaf people within various environment situations would enhance their ability to function with greater resilience and success.

**Self-Care Components**

Self-care is the practice of maintaining consistent mindful awareness of personal inner emotional, mental, physical, social, and spiritual health and recognizing any symptoms of unhealthy thought processes. It is said of mankind, *autos gar esmen poiema,* which means "we are His artwork" (Eph. 2:10).[13] At creation, God said, "Let us make mankind in our image…. In the image of God he created them; male and female He created them. Then God blessed them" (Gen. 1:26-27). Understanding Jesus as *imago Dei* leads to the recognition of the importance of practicing consistent self-care. This view of self-care is intentional and disciplined.[14]

Self-care consists of five components: emotional, mental, physical, social, and spiritual. Figure 3.1 represents how each self-care element has an equal impact on pastors, their overall well-being, development, and ability to maintain consistency. Diane Chandler stipulated that pastors who apply ancient practices of spiritual disciplines, intentionally cultivate an intimate relationship, and implement a holistic approach to self-

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[12] Poorna Kushalnagar, Michael McKee, Scott R. Smith, Melinda Hopper, Denise Kavin, and Samuel R. Atcherson. "Conceptual Model for Quality of Life among Adults with Congenital or Early Deafness." *Disability and Health Journal* 7, no. 3 (July 2014): 354. Accessed June 25, 2020. https://doi.org/10.1016/j.dhjo.2014.04.001.

[13] "Ephesians 2:10," BibleHub, accessed September 17, 2019, https://biblehub.com/multi/ephesians/2-10.htm.

[14] Kristen Poppa, "Self-Care is Soul Care*," Journal of Spiritual Formation & Soul Care* 12, no. 1 (2019): 50–70, accessed on October 10, 2020, https://doi.org/10.1177/1939790918795633.

care can develop a burnout-resistant lifestyle.[15] Jamie McClanahan considered that

healing burnout is possible when pastors are willing to practice a burnout-resistant

lifestyle through self-care.[16] Kendra Smith explained that learning the best practices for

self-care and working within the Deaf community will positively boost these

practitioners' well-being.[17]
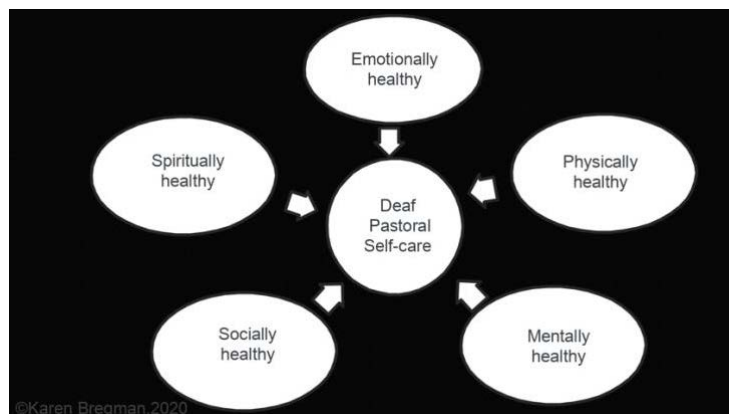


Fig 3.1 Components of Comprehensive Deaf Pastoral Self-Care

*Emotional Self-Care*

A commitment to self-care benefits clergy (including Deaf pastors) as much as

first responders, social workers, counselors, and others in similar vocations because of

exposure to personal trauma, difficult case management, emotional crisis, cultural

conflict, stress from unrealistic expectations, an undervalued family of origin, and

personal family assumptions that prevent them from enjoying their vocation. Through

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[15] Diane J. Chandler, "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-taking, and Support Systems," *Pastoral Psychology* 58 (2009): 273-387.

[16] Jamie McClanahan, "Pastoral Self-Care: Developing a Burnout-Resistant Approach to Life and Ministry" (DMin diss., Liberty University School of Divinity, 2018), 10.

[17] Kendra L. Smith, "Self-Care Practices and the Professional Self," *Journal of Social Work In Disability and Rehabilitation* 16, no. 3-4 (2017): 186, https://doi.org.10.1080/153671ox.2017.1372236.

challenges, experiences, and support, Deaf individuals develop resilience. Resilience is the ability to overcome challenges with practical strategies and supportive situations such as building partnerships with peers in mainstream settings.

The researcher's extensive experience of working with Deaf families in Southern California and nationally as a legal services coordinator, client advocate, counselor and pastor gave her opportunities to observe Deaf young adults who were raised in a supportive family environment where the parents used ASL. That experience shaped their role within their Deaf community, led them to acquire wisdom, develop strong spiritual beliefs, and feel confident with sharing their life experiences because they developed strategies for overcoming barriers that contributed to their development of resilience. Resilience is characterized as a personality trait, a learned skill, a process of adaptation, a mechanism to cope, and a conceptualization that encompasses the emotional, mental, physical, social and spiritual self-care components. Hence, Listman and Kurz define resilience as "a Deaf individual's capacity to adapt and navigate successfully through the systemic, attitudinal, and communication barriers that could impede the function of the Deaf individual."[18]

The development of reliable, healthy emotional intelligence presents much promise for ministering to Deaf pastors. Both Deaf and hearing pastors struggle to maintain a sense of fulfillment in their vocation but are willing to submit to God's

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[18] Listman, Jason D., and Kim B. Kurz. "Lived Experience: Deaf Professionals' Stories of Resilience and Risks." *The Journal of Deaf Studies and Deaf Education* 25, no.2 (2020): 240, https://doi.org/10.1093/deafed/enz045.

calling. Jeremy Allard documented that maintaining a balance of church, relationships, family life, spiritual and personal life is a struggle that rarely ceases.[19]

Krista Poppa illustrated self-care as a journey through a drawing of six circular diagrams: Unawareness of Self-Care, Initial Exposure to Self-Care, Assimilation of Values Associated with Self-Care, Conduits to Self-Care, Decision regarding Implementation of Self-Care, and Implementation of Self-Care.[20] The challenges of managing personal and professional struggles can drain Deaf pastors who strive to achieve a sense of productivity and positive well-being. As they struggle to address their unique challenges, Deaf pastors work hard to fulfill their Deaf congregations' needs and the needs of their local Deaf community. Thus, the ongoing goals are to maintain boundaries, minimize personal habits to prevent burnout, and thrive.

Smith examined compassion fatigue and found professionals (including Deaf pastors) working on the frontlines in treating trauma were more vulnerable because much of the Deaf clients' trauma is rooted in the experiences of being Deaf in a hearing-centric society. Empathic engagement can lead to overidentification with the traumatic material presented by Deaf clients.[21] There is limited access to counseling services for pastors, and there is a reluctance to receive counseling through a therapist who does not know ASL. Another obstacle pastors experience is referring their clients to and receiving their

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[19] Jeremy Allard, "A Model for Small Church Leadership to Support their Minister's Self-Care" DMin thesis, Bethel University, Bethel Seminary, St. Paul, 2017), 59.

[20] Poppa, "Self-Care is Soul Care," 51-59.

[21] Kendra L. Smith, "Self-Care Practices and the Professional Self," *Journal of Social Work in Disability & Rehabilitation* 16, no. 34 (2017): 186-203.

counseling from the same therapist. There is also a reluctance to receive services from therapists who have a role in their professional network.

### Mental Self-Care

Mental self-care implements self-awareness and mindfulness to prevent burnout and chronic stress. It serves to reduce anxiety and manage and deflect adverse emotional reactions from unhealthy individuals by maintaining a caring attitude toward oneself.[22] Mental self-care consists of active self-reflection habits, awareness of personal needs, and continuous search for resources to enhance one's mental health and well-being. It prioritizes investing in maintaining balance and flexibility and monitoring one's own needs to maintain a high quality of life. Examples of positive activities are practical stress management, personal satisfaction, commitment, energy, motivation, and creativity. Positive coping strategies for resolving professional difficulties and responding to difficult days of chronic stress or depression with optimism are common challenges for pastors. Thus, pastors could benefit from exploring ways to internally manage and externally respond to their vocation's varying demands.[23]

### Physical Self-Care

The human body thrives under consistent stewardship. Stewardship consists of "a relationship between each of us and the rest of what God has created between us and His spiritual gifts."[24] In principle, God created our bodies, and people must be faithful

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[22] Kirsten Posluns and Terry Lynn Gall, "Dear Mental Health Practitioners, Take Care of Yourselves: A Literature Review on Self-Care," *International Journal for the Advancement of Counseling 42* (2020): 1-20.

[23] Posluns and Gall, "Dear Mental Health Practitioners." 6.

[24] Tim Challies and Josh Byers, *Visual Theology* (Grand Rapids: Zondervan, 2016), 146.

stewards.[25] We follow God's example by taking care of our bodies. "To the Lord your God belong the heavens, even the highest heavens, the earth and everything in it" (Deut. 10:14).

A significant number of Deaf pastors spend more time on their vocation than regular exercise. Many of them struggle with their body weight because their schedule does not allow them adequate time to rest from pastoral care requests. Elaine Jones, Ralph Renger, and Youngmi Kang conducted a study to test the Deaf Heart Health Intervention (DHHI) program's effectiveness on increasing self-efficacy for health behaviors related to cardiovascular disease (CVD) among culturally deaf adults.[26] According to the Centers for Disease Control and Prevention, CVD was the leading cause of premature death and disability in the United States. There was no data specifically about CVD among culturally deaf adults. People with hearing loss are included together, with no distinction between culturally deaf, late-deafened, or hard of hearing people, in health statistics of people with physical disabilities. The view was people with disabilities were at greater risk for CVD than people without disabilities. The study's activities included education about stress, guided relaxation, and stress management strategies. The hypothesis was that culturally deaf adults who received the DHHI would demonstrate greater self-efficacy for target-related behaviors than deaf adults who did not receive the DHHI. The researchers' findings supported their theory. Although this study showed a positive outcome from this approach to facilitate risk reduction and behavior intervention,

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[25] Challies and Byers, *Visual Theology*, 146.

[26] Elaine G. Jones, Ralph Renger, and Youngmi Kang. "Self-Efficacy for Health-Related Behaviors Among Deaf Adults," *Research in Nursing & Health*, no. 30 (2007): 185-192, doi:10.1002/nur.20196.

more work is needed to eliminate disparities in health care for people who are culturally Deaf.[27]

According to Jones and her colleagues, self-efficacy is the "belief in one's ability to perform a certain task … a high degree of self-efficacy for a specific health behavior correlates strongly with actual enactment of that behavior."[28] Examples of physical self-care are adequate sleep, regular exercise, maintaining a well-balanced diet, practicing safe habits for protection from physical harm, and practicing social distancing.

*Social Self-Care*

*"*Thriving in Ministry: Exploring the Support Systems and Self-Care Practices of Experienced Pastors" provided helpful insights on procuring a support system.[29] Examples of a support system include congregational support, ministry support groups, and mentors. These support systems are a form of social self-care. A support system can help those who maintain personal and professional relationships while coping with challenges. Those who do tend to show openness and vulnerability with individuals and their peers; tend to cope more effectively with loneliness and isolation. The Thriving in Ministry authors noted that "consistently tending to personal care and receiving support

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[27] Elaine G. Jones, Ralph Renger and Youngmi Kang, "Self-Efficacy for Health-Related Behaviors Among Deaf Adults," *Research in Nursing & Health,* no. 30 (2007): 185, 187, https://doi.10.1002/nur.20196.

[28] Elaine G. Jones, Ralph Renger and Youngmi Kang, "Self-Efficacy for Health-Related Behaviors Among Deaf Adults," 187.

[29] T. Scott Bledsoe and Kimberly Setterlund, *"*Thriving in Ministry: Exploring the Support Systems and Care, Practices of Experienced Pastors." *The Journal of Family and Community Ministries* 28 (2015): 50. Accessed May 30, 2019. https://doi.org/306372306.

from clergy and others might promote longevity and increase joy in their calling over time."[30]

<div align="center">*Relational Support*</div>

This type of support consists of family members, spouses, friends who provide help and support in the pastor's ministry. The Deaf community is small and prohibiting nonprofessional relationships with clients can lead to personal and social isolation, exclusion, and disconnection. Healthy social boundaries and maintaining an active, lively social life, playing sports, and hobbies with family and friends who support the pastor/professional contribute to overall well-being.

"Thriving" is an essential outcome of consistent self-care. By definition, thriving is "characterized by success or prosperity"[31] and is used interchangeably with the term *flourishing*, "to be very successful; to do very well."[32] Participants at a Pastors' Summit considered the following factors vital and essential for their long-term ministry's success: motivation to serve God, job satisfaction, and maintaining psychological, physical, and spiritual well-being.[33]

During interviews with the participants, T. Scott Bledsoe and Kimberly Setterlund discussed the meaning of the term "thriving in ministry." The participants proposed a new definition: "Clergy who thrive are those who have obtained success or prosperity for

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[30] Bledsoe and Setterlund, "Thriving in Ministry: Exploring the Support Systems and Care, Practices of Experienced Pastors," 51.

[31] Merriam-Webster, s.v. "thriving," accessed October 24, 2020, https://www.merriam-webster.com/dictionary/thriving.

[32] Merriam-Webster, s.v. "flourishing," accessed October 24, 2020, https://www.merriam-webster.com/dictionary/flourishing.

[33] Bledsoe and Setterlund, *"*Thriving in Ministry," 50.

their careers through a variety of factors that include a consistent desire to serve God and lead His people, the ability to reflect upon and learn from important experiences in ministry, and a focus on maintaining self-care and adequate support systems."[34]

*Spiritual Self-Care*

*Imago Dei* and soul care are terms for describing spiritual self-care. Psalm 23, Mark 12:28-30, and 1 Thessalonians 5:23 are examples of Scriptures that verify biblical commandments from God to prioritize and practice self-care. This priority honors God by abiding in His image, in which God sanctifies the mind, body, and soul. Poppa concluded that "a proper understanding of soul care necessitates self-care … defined as an intentional, proactive approach of personal care for the self, enacted by an individual that encompasses the physical, mental, emotional, spiritual, and relational aspects of life."[35] Smith considered spiritual care "an internal set of values that provides meaning to life, an inner wholeness, a connection with God through contemplative practices, mindfulness meditation..." and brought up an exciting technique called mindfulness-based stress reduction to reduce perceived stress, negative affect, state and trait anxiety, and rumination, and significantly increases positive affect, self-compassion, and therapeutic presence.[36]

Two commandments require a response to Jesus' initiative of physical self-care: "Love the Lord your God with all your heart and with all your soul and all your mind and with all your strength" and "Love your neighbor as yourself. There is no commandment

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[34] Bledsoe and Setterlund, *"*Thriving in Ministry." 50

[35] Poppa, "Self-Care is Soul Care," 51.

[36] Smith, "Self-Care Practices," 199.

greater than these" (Mark 12:29-31). In learning more about self-care, pastors improved their lives by consistently maintaining active self-care, including "safeguards" such as personal boundaries, resilience, burnout prevention, and reduced anxiety. The overall goal is the consistent maintenance of a positive and flourishing sense of well-being.

The researcher considered that Jesus came to earth to remove various social, cultural, and theological barriers. These were barriers to salvation, yet Jesus offered a relationship that initiated our salvation. Deaf people continued to struggle with daily life issues and experienced profound crises. Deaf Christians found their niche within Deaf churches and maintained a life of following Christ, whose promises included healing for Deaf people. Christ provided healing through his miraculous birth as a holy infant and his crucifixion as an obedient adult. Previous centuries of our history portrayed struggles within the world. However, Deaf people have found the will to persevere, maintain resilience and partake in a movement that provides opportunities for their communities to flourish.

CHAPTER TWO: THEOLOGICAL REFLECTIONS ON SELF-CARE

The Scriptures provide timeless examples of self-care, encouragement, comfort, and restoration. Scriptures such as 1 Kings 19, Psalm 23, and Mark 7:31-37 offer examples of individuals who seek God as their source of self-care, and by doing so, develop resilience and thrive. 1 Kings 19 is a direct interaction between a prophet and God using nature's elements to demonstrate his power. Psalm 23 offers a metaphor that illustrates God's faithful provision of spiritual, mental, physical, and emotional care that accompanies individuals as "sheep" throughout their life-long journey. Mark 7:31-37 symbolizes God's faithfulness to reach out to people who were considered outcasts in society but equally deserving of God's care. All three passages identify God's character as the primary source of self-care.

**1 Kings 19**

The Book of 1 Kings 19 presents an example of self-care to the prophet Elijah, who was persecuted by Jezebel for eliminating 850 of Israel's idolatrous prophets (1 Kings 19:1-5). Exhausted and discouraged, Elijah prayed for God to end his life. Instead, God sent an angel to minister to Elijah (1 Kings 19:5-9). Elijah responded well to the angel's care of solitude, rest, food, and water, which sustained him for 40 days and nights of travel to Horeb. During one-on-one interactions, God's presence and attention restored Elijah's strength, confidence, and well-being, along with his zeal for righteousness. Elijah realized he was not being sent alone on his journey (1 Kings 19:10-18). Elijah was equipped to continue his journey and chose Elisha to accompany him as his servant (1 Kings 19:19-21).

*Exegesis of 1 Kings 19*

First Kings was written in the first millennium BC and provided historical narratives about Israel and Judah's ancient kingdoms. The narratives cover almost five hundred years from the initiation to the eclipse of their kingdoms. God's chosen people seemed to lose because they tended to trust in themselves and break away from serving God to worship other gods or idols rather than follow the Lord God himself.

Before 1 Kings 19, a meaningful ceremony took place to commemorate a promise made by King Solomon to encourage the people of Israel to honor an eternal commitment to God by declaring, "Now Lord, the God of Israel, keep for your servant David my father the promises you made to him when you said, you shall never fail to have a successor to sit before me on the throne of Israel if only your descendants are careful in all they do to walk before me faithfully as you have done" (1 Kings 8:25). Scholars consider that a dynasty's survival hangs on royal faithfulness.[37] This passage reflects a royal self-care for Israel that was carried out honorably as Israel's legacy.

The prophet Elijah was often shunned for his direct testimony, and Israel and some of her prophets rejected his message. Elijah became a fugitive; he was hunted throughout the nation, driven out of the land with a price on his head, and became deeply depressed (1 Kings 19:3-9).[38] Throughout this ordeal, the Lord preserved and provided for Elijah (1 Kings 18:4).

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[37] Robert Hubbard, *NIV Biblical Theology Study Bible* (Grand Rapids: Zondervan, 2018), 559.

[38] Donald J. Wiseman, Ed., *Tyndale Old Testament Commentaries,* Vol. 9: *1 and 2 Kings* (Downers Grove: InterVarsity Press, 2008), 185-187, 380. ProQuest Ebook Central.

The distance traveled on foot was 200 miles, which may have taken 40 days. Elijah traveled five miles per day on foot alone without riding a camel in a caravan. A white broom tree (also known as *retama ratam)* provided shelter for Elijah when he fled Israel. This plant is common in this region and grows anywhere from five to ten feet in height. It is the only shrub to offer shade in the Sinai Peninsula in this dry, desolate region.[39] The white broom tree that provided shelter for Elijah grew near Sinai (Horeb) and northwards. Elijah fled to Horeb with his servant for his safety and refuge from Jezebel's threats. Elijah preferred to die alone under the tree instead of being executed by Jezebel.

An angel or messenger from God (*male ak*) ministered to Elijah by feeding him a type of bread; his restoration was an act of obedience in taking care of himself through consumption of food (1 Kings 19:6). This was significant, as the Israelites in the wilderness were reported to have made such cakes out of manna. It was also the same type of food that Zarephath's widow made for him earlier in his travels (1 Kings 17:7-16, 19:5-7).[40]

It is well known the Bible typically exposes the weaknesses of a man of God.[41] Elijah may have had a mental illness, including symptoms of manic depression, wishing for death, a loss of appetite, an inability to manage, and excessive self-pity. Elijah was unmoved by visitors, even God and visions, but God gave him a new and demanding task

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[39] John Walton, Victor H. Matthews, and Mark W. Chavalas, *The IVP Bible Background Commentary: Old Testament* (Downers Grove: InterVarsity Press, 2000), 355-380.

[40] Walton, Matthews, and Chavalas*, The IVP Bible Background Commentary,* 355-380.

[41] Wiseman, *1 and 2 Kings*, 380.

to fulfill; he became mentally and physically recovered. Self-care occurs when people pause to consider directions they believe to be best for personal and professional activities and opportunities. This was also evident in Exodus 24:2 when God met with Moses, and with Abraham (Gen. 22:5) taking the time to reflect on the circumstances and consider alternatives with God to discern God's call and clarify our mission.[42]

There was fire, wind, and an earthquake with a theophany (1 Kings 19:11-12). A theophany is an appearance of the divine presence. Thundering terminology is picked up in royal rhetoric as Hittite or Assyrian kings portray themselves as the instruments of the gods, thundering against those who have violated treaties or stood in the way of empire expansion. As Israel's Yahweh, God typically was viewed as a warrior, but Elijah revealed much more about God (1 Kings 19:11-13).[43] The theophany when "the word of the Lord came" (1 Kings 19:8) became the primary source of direction and support for Elijah. Yahweh had a plan for Elijah. It was made explicit to Elijah that Yahweh was not merely a hot-blooded warrior defending or dethroning kings on an arbitrary whim like the gods of the ancient Near East. God had a plan for Elijah to have a significant role in Israel's history (1 Kings 19:12-17).[44]

The cave, a cleft of the rock, was God's shelter for Elijah and a sacred meeting place where God dramatically appeared to Elijah. When God appeared to Elijah, He provided spiritual self-care by inquiring, "What are you doing here, Elijah?" This was a formal ritual that God had conducted previously when commissioning Moses at the

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[42] Wiseman, *1 and 2 Kings*, 186.

[43] Walton, Matthews, and Chavalas, *The IVP Bible Background Commentary,* 355-380.

[44] Walton, Matthews, and Chavalas, *The IVP Bible Background Commentary*, 187.

burning bush (Exodus 3) and when giving Elijah a new mission. For both prophets and pastors, responding to a traditional calling to ministry or reassessing the situation for new directions to the next phase of their life is active self-care. In this instance, God initially rebuked Elijah but listened to Elijah's fears and feelings.[45] Elijah expressed dismay that his zealous work failed to prevent Israel from apostasy, desecration of sacred places, and the prophets' martyrdom. Elijah felt alone, without support, having been subjected to criticism for believing in God instead of joining Israel's pagan worship. His request to God, "Take my life," (1 Kings 19:4) reflected his deep despair and feelings of failure. God's will stipulated Elijah's extraordinary departure from earth; it is not for humanity to ask for death but to ask for life.[46]

The "gentle whisper" in 1 Kings 19:12 does not indicate what the Lord said but describes the resonating silence after all the destruction. Humanity considered natural phenomena such as earthquakes, floods, storms, and winds, God's revelation and judgment. It is when the air is silent that Yahweh's voice of direction may be heard; when we take the time to be silent in God's presence and seek clarity of His will for us, God's voice is unmistakably powerful and precise. Elijah's face-to-face meeting with God at the cave is an incidence of theophany, a visible manifestation to humankind of God the deity through nature.

God ordered Elijah to stand on the mountain to witness His presence. God then spoke to Elijah in a "gentle whisper" and summoned him (1 Kings 19:12-15). God's

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[45] Walton, Matthews, and Chavalas, *The IVP Bible Background Commentary*, 187.

[46] Walton, Matthews, and Chavalas, *The IVP Bible Background Commentary,* 355-380.

voice speaks to our consciences and hearts; developing a resilient spiritual relationship with that voice to overcome personal and interpersonal conflicts is self-care. Elijah's obedience continued his relationship with God; when Elijah recovered, he moved forward with God's instructions to complete his next mission at Damascus.

 As if setting up an accountability system and social self-care, God sent Elijah to his third commission: anointing Elisha of Shaphat (1 Kings 19:16). As a means of spiritual self-care, Elijah declared that Elisha's new tasks consisted of fulfilling God's duties. Elisha came from a wealthy family; he was working with twelve oxen when Elijah arrived to commission him. To conduct the commissioning properly, Elijah wrapped his cloak around Elisha, possibly as a symbol of adopting him as a son. This ritual represented Elijah's powerful ownership of his cloak[47] and symbolized Elijah transferring his prophetic authority and power. Elisha serving Elijah is an example of social self-care, providing moral and emotional support to help ease Elijah's burden of working to lead Israel back to God.

Elisha asked for permission to kiss his parents goodbye, honoring tradition to receive their blessings (1 Kings 19:20-21). Elisha slaughtered the oxen and prepared a meal for his family to celebrate. Maintaining a good relationship with parents is another self-care act, ensuring that relationships (family and support) are in place and taken care of. This self-care act ensured Elisha's affairs were in order before he departed to officially become Elijah's apprentice. When Elisha requests permission to conduct farewell preparations with his parents, Elijah may have rebuked Elisha for delaying his

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[47] Wiseman, *1 and 2 Kings*, 188.

mission. As Elisha broke the wooden yokes, this ritual marked a break from his past life. Elisha's preparation of a farewell feast for his family signified social self-care for family members and individuals from their community while celebrating Elisha's new role as Elijah's assistant.

In conclusion, the prophet Elijah, who attempted to restore peoples' relationship to God and draw them away from idolatry, exemplified spiritual self-care examples. His job was to represent God, and he spoke God's messages to kings and exhorted them to repent, worship God, do the right thing according to the Lord, and be restored by following God's laws and maintaining worship for meeting people's spiritual needs. Elijah's spectacular meeting with God face-to-face was an example of spiritual self-care; he witnessed a theophany and received direction, physical, emotional, and spiritual restoration from God's presence and self-care. God summoned Elijah to lead Elisha through a new era of his life as an apprentice. Elijah's provision of social and spiritual self-care consisted of mentoring and teaching responsibilities that continued until his ascension to Heaven. Thus, within the Bible, 1 Kings 19 is viewed as a "religious commentary on history" to illustrate God's overall control of history, even when this is not obvious to observers.[48]

## Psalm 23

Psalms are in the first book of the Ketuvim (Writings), located in the third section of the Hebrew Bible, and a book of the Christian Old Testament. Psalms are distinct, consisting of Hebrew poetry, parallelism, imagery, and hymns. Psalms stand out in the

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[48] Wiseman, *1 and 2 Kings*.18.

Bible as a popular source of worship. There are several types of Psalms: hymns, community laments, individual laments, enthronement Psalms, narrative Psalms, penitent Psalms, royal Psalms, and thanksgiving Psalms.

In Greek, Psalms are "instrumental music" and by extension, "the words accompanying the music."[49] Deaf individuals "sing" Psalm 23 in sign language to the Lord during difficult times. He understands their language and appreciates their choice to worship Him by following the Psalmist's instructions to conduct doxological responses for His glory.

In general, Psalms provide a benevolent solution for people struggling with adversity, and leaders are no exception. Psalm 23 presents avenues of comfort and guidance to pastors for coping with challenges. The evocative language of Psalms resonates with intense emotions people experience when ill or facing challenges.[50]

Psalm 23 is frequently consulted for personal use and spiritual formation. Psalm 23 portrays God as the Chief Shepherd who vigilantly cares for His flock's survival and future. Jesus is the Shepherd who leads people to God the Father to meet their needs. The spiritual community is the Shepherd's congregation who requires godly leadership. The assembly relied on their Shepherd's compassionate care and protection during periods of rest and travel without fear of attacks, harassment, and destruction. Psalm 23:1 describes God as the primary source of comfort, guidance, and leadership during periods of

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[49] Norah Caudill, "Psalms" (lecture, Bethel Seminary, San Diego, November 7, 2017).

[50] Israela Meyerstein and Gila Ruskin, "Spiritual Tools for Enhancing the Pastoral Visit to Hospitalized Patients," *Journal of Religion and Health* 46, no. 1 (March 2007): 113, accessed July 1, 2018, http://www.jstor.org.ezproxy.bethel.edu/stable/27512988.

stability, the absence of adversity created a sense of safety for the congregation to develop confidence and experience profound spiritual maturity.

From another perspective, Psalm 23 is a lament that speaks of grief, sorrow, and fatigue. Yet the Shepherd understands the needs of His flock and provides His church with opportunities to manage their struggles, a feeling of safety while resting and the ability to be adequately refilled for ministering to themselves and other people (23:2). The congregation feels safe enough to adjust their focus in adverse situations to being receptive to guidance and wisdom (23:3).

In response to emotional challenges and difficulties, self-care provides the recipient comfort and stability. During trials, emotions consist of pain, doubts, confusion, depression, disagreements, and anger; the Chief Shepherd teaches the flock how to resolve them. When temptation seduces the sheep, the Shepherd administers discipline and guidance with staff and rod to ward off predators and keep the herd together (23:4). Coming together for a community meal or fellowship are examples of community self-care. Although the organization is less formal and not called a church, its characteristics are similar to the church, and offer similar benefits.

*Exegesis of Psalm 23*

In Psalm 23:1-6, the Psalmist advocates for God as a primary source of comfort and guidance during personal adversities. People, especially pastors and leaders, are gifted with shepherding their congregation, family, neighborhood, and community. People are like sheep requiring God's care during times of both tranquility and adversity. With deep insights gained from personal hardship experiences, recipients apply the context of Psalm 23:1-6 as an additional resource from the Psalmist for emotional

resilience, growth toward deeper spiritual maturity, and confidence. The personal gain of spiritual growth equips pastors to manage severe challenges presented in their respective congregations' needs.

An overview of Psalm 23 reveals the Psalmist's response to adversities, including grief, sorrow, and fatigue, which help the individual identify with the Shepherd. In general, Psalm 23 is a lament that speaks passionately of grief or sorrow. The Psalm moves from plea to praise; the lament is resolved and thanks is given. This is a transformation of the person's attitude. Lament Psalms characteristically end in praise that is full and unfettered. Lament Psalms have had enormous theological significance in Christian faith and liturgy and their subsequent use by the church.[51]

*A Review of Psalm 23*

"The Lord is my shepherd. I lack nothing" (23:1). Individuals seek his presence and acknowledge that He is the provider for all of their needs. God provides individuals, who are like sheep, everything they need, including leadership and guidance for their spiritual and personal needs. In return, the individual models what they learned from the Shepherd. A similar line of rhetorical imaging follows.[52]

"He makes me lie down in green pastures. He leads me beside quiet waters" (23:2). God calls on people to pause amid their struggles and let go of things they do not understand, to quiet their thoughts, and listen to His voice. God provides a natural place to be refreshed; the quiet waters evoke peace or tranquility and safety of a place of rest or

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[51]Walter Brueggemann, *The Psalms and the Life of Faith* (Minneapolis: Augsburg Fortress, 1995): 98.

[52]Annang Asumang, "The Presence of the Shepherd: A Rhetographic Exegesis of Psalms 23," *Conspectus: The Journal of the South African Theological Seminary* 9 (2010): 10.

"mental health day" for individuals. Additionally, this metaphor means feeling empty of tears as individuals run out of tears to shed. Thus, people ask God to refill them for the work of ministering to other people and themselves.

"He refreshes my soul. He guides me along the right paths for his name's sake" (23:3). In listening to God, people allow themselves to be ministered by Him. Lying down or sitting quietly in His presence, they can be still and know Him. In reading, meditating, and prayer, God releases His wisdom to respond by the minute. God's paths are straight; He does not lead people on crooked paths because his ways are not misleading and does not lead them to harm. By trusting in God's wisdom as the Shepherd, people (and the Psalmist) glorify Him through their daily lives.

"Even though I walk through the darkest valley, I will fear no evil, for you are with me; your rod and your staff, they comfort me" (23:4). Individuals experience dark times when pain, doubts, dissatisfaction, conflicts, disagreements, confusion, anger, frustration, and depression clouds their minds. Individuals experience difficulties in their home community or in locations far from familiar surroundings. God protects individuals from personal temptations (infidelity, affairs) and dangerous or violent situations. By seeking God's assurance, all will be well; it is a part of His plan to be refined and shaped to be more like Christ, overcome adversity, and provide peace, resolutions, and answers to His people.

The staff provides support, guidance, and corrective discipline. A shepherd uses it to assert power for leading the flock, rounding up sheep into a herd, guiding sheep by

applying pressure to a sheep's flank, and extricating sheep from bad situations.[53] The rod is shorter and heavier used to assert authority and power; it protects and defends against predators, disciplines wayward sheep, and assists in examining and counting sheep in the flock. Metaphorically, the type of guidance individuals receive for their self-care enables them to discern the differences between healthy and unhealthy mental, emotional, physical, social, and spiritual states, becoming educated and aware of their overall well-being.

"You prepare a table before me in the presence of my enemies. You anoint my head with oil; my cup overflows with blessings" (23:5). The table is usually a center for bringing individuals or a community together for a meal, a meeting, a liturgy, storage for items, decoration, and space between enemies to protect from and diffuse escalating conflicts. A table may or may not include equipment, tools, or weapons, though most likely its best feature would be food. Being anointed with oil brings healing, blessings, consecration to the person. Enemies are required to recognize and acknowledge the anointed as the head of the table; the person whose "cup" overflows is blessed and respected with honor.

"Surely your goodness and love will follow me all the days of my life, and I will dwell in the house of the Lord forever" (23:6). The individual recognizes that God's love and goodness are the leading sources of this assurance. These blessings accompany the individual as he models God's love and honor to his family, community, workplace, and church. With faith and confidence, the individual has the assurance of knowing his future

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[53] Reuben Ahroni, "The Unity of Psalms 23," *Hebrew Annual Review* 6 (1982): 14.

will be secure, and God has already set a place for him in Heaven. The individual provides grief counseling and comfort; the outcome is to lead other grieving people to Christ as the primary solution for everything. There are assurances of being in the Lord's presence as a reward for integrity and piety in ordinary life.[54] The individual assures people that life with Christ is more comfortable to bear than life on their own.

Scholars agree that Psalm 23 presents the Deity in two distinctive roles: Shepherd and Host.[55] As the Shepherd, God provides for all of the peoples' needs. The Shepherd reflects God's provision of spiritual support and peace during troubling events throughout his life. The central affirmation is "you are with me."[56] Theoretically, King David wrote Psalm 23 during a time of adversity when his forces were fighting the forces of his son, Absalom. Absalom's forces were rebelling against King David to seize the throne of Israel. Psalm 23 was estimated to have been written between 1440 BC and 586 BC.

The genre of Psalm 23 is a non-parallelistic poem that has context-markers: the sense of time, of reality, the relationship to text and audience, and the metaphoric or metonymic modes. Furthermore, Psalm 23 communicates its genre through its opening metaphor: Yahweh — "The Lord is my shepherd."[57]

King David, whose first occupation was a Shepherd, experienced many ordeals, including Saul's ruthless pursuits and losing his first child. Writing provided him with an

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[54] Julian Morgenstern, "Psalm 23," *Journal of Biblical Literature* 65, no. 1 (March 1946): 1.

[55] Morgenstern, "Psalm 23," 1.

[56] David M. Howard, Jr., in "Psalms 23," *NIV Biblical Theology Study Bible (*Grand Rapids, MI: Zondervan, 2018), 900.

[57] Francis Landy, "Poetics and Parallelism: Some Comments on James Kugel's The Idea of Biblical Poetry," *Journal for the Study of the Old Testament* 9, no. 28 (February 1, 1984): 76.

outlet for his emotions and thoughts. His adventures provided him knowledge of the requirements of adequate care of sheep, the atmosphere, occupational hazards, politics, and leadership. The beautiful surrounding meadows and the majestic mountains were familiar scenes for him and provide context in Psalm 23. King David's self-care was choosing to seek comfort from God and receiving assurance of His promises of spiritual guidance and personal restoration.

### Ancient vs. Modern Perspectives on Deafness: Discourse of Deaf People

With consistent use of self-care, pastors, leaders, and individuals are equipped adequately for ministering to themselves and others by uplifting their spirits through social, mental, emotional, physical, and spiritual self-care. Psalm 23 provides profound and straightforward examples of self-care that encourage individuals to feel connected to God. Social self-care helps people feel comforted and cared for by Him and others. Self-care reduces anxiety, creates personal peace, and provides prayer that resonates with the individual's deepest aspirations and inward spiritual focus. Psalm 23 gives people a sense of hope and something to lean on in difficult times.[58] David Grummet summarized his thoughts of today's church, "The shepherd addresses them by name from outside, calling them out from their safe and familiar enclosure to encounter him and be led by him to feed on rich and lush pasture." Grummet adds that today's church relies on "networks of relationships and obligations in which we both give and receive."[59] Psalm 23 enriches people's lives and provides for those who rest in his care.

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[58] Meyerstein and Ruskin, "Spiritual Tools."

[59] David Grumett, "11th May: 4th Sunday of Easter: Acts 2.42-7; Psalm 23; 1 Peter 2.19-25; John 10.1-10." *The Expository Times* 125, no. 7 (April 2014): 338–339, accessed October 29, 2020, https://journals-sagepub-com.ezproxy.bethel.edu/doi/pdf/10.1177/0014524614523538a.

**Mark 7:31-37**

*Deafness of the Heart*

God's provision of self-care had been available throughout history. Prior to the period of Jesus' ministry, people opposed prophets by disregarding the prophets' messages. Israel's leaders understood and obeyed God's law. Jesus' disciples did not always understand his parables. In choosing not to listen to God, people were spiritually deaf, unable to receive God's provision of social, spiritual and physical self-care.

Through exegesis, Catherine Owen analyzed the relevance of two scriptures, "Then will the eyes of the blind be opened and the ears of the deaf unstopped" (Isa. 35:5) and the healing of the Deaf man (Mark 7:31-37) and reviewed her Deaf grandfathers' experiences with isolation.[60] Owens considered that life without hearing severely limited their social interaction which intensified their isolation. The researcher considered that God provides social self-care to Deaf individuals by minimizing isolation to the point of living a full life within a *koinonia*, a Christian fellowship with God, fellowship and community. Owens concluded that by eliminating isolation, Deaf people's world would be opened to being included in a community and to God's words.[61]

According to Michael Flowers, the healings of the Greek woman's daughter and the Deaf man need not have occurred back-to-back in the way the Gospel of Mark presented them, but he considered that the evangelist may have composed a single

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[60] Catherine Owens, "'Hear, O Israel': Exegetical Blindness and Mark 7:31-37," *Sewanee Theological Review* 56, no. 3 (2013): 251–61, Accessed October 30, 2020. raphttps://www.proquest.com/docview/1813963046.

[61] Owens, "Hear, O Israel': Exegetical Blindness and Mark 7:31-37," 258.

journey to bring two initially disconnected stories together.[62] Regardless of their status, Jesus provided spiritual self-care to women, children and men, regardless of their age, ethnic and religious background. Jesus enabled God's social, physical, mental, emotional and spiritual self-care to provide healing for people of various backgrounds and situations.

Scholars believe both miracles took place at the same location, either Decapolis or the Sea of Galilee. The outdated references to the healed Deaf man as "Deaf-Mute" and "deaf and dumb" were used for evangelistic outreaches (Mark 7:26-32). Flowers believed these miraculous healings revealed Jesus' willingness to provide recoveries to individuals seeking spiritual and physical self-care. The long walking distance had not dissuaded Jesus from healing the woman's daughter; it was not a "pointless excursion." The reason why the story of the woman and her daughter preceded Jesus healing a Deaf man with hearing and "speech impediments" is unknown. Jesus broke barriers by being willing to heal a girl from demonic possession before healing a Jew; this example and many other healings reveal Jesus' self-care was accessible to everyone, regardless of their age, religious affiliation, physical disability, and emotional mindset.

People would frequently bring the poor and the disabled to Jesus for healing because they considered a disability a "defect," a result of sin, that needed to be modified. In this instance, the people begged Jesus to lay his hands on the Deaf man (Mark 7:32) so that he could be "normal" like the rest of society. It is possible that ancient culture

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[62] Michael Flowers, "Jesus' Journey in Mark 7:31: Interpretation and Historical Implications for Markan Authorship and both the Scope and Impact of Jesus' Ministry," *Journal for the Study of the Historical Jesus* 14 (2016): 168. Accessed October 30, 2020. https://www.academia.edu/33926394/.

viewed people like the Deaf man as "untouchable" and, therefore, unworthy of experiencing God's holy presence.

Jesus provided the Deaf man a rare opportunity for self-care. The Deaf man sought Jesus as the primary source of self-care to meet his need for social interaction, spiritual revival, and subsequent Sabbaths through Jesus' powerful and intimate touch (Mark 7:33-35). The Deaf man, an outsider, received a rare privilege typically restricted to insiders (i.e., Pharisees, teachers of the law, and the twelve disciples): he received Jesus' healing physical contact. By making contact and acknowledging the Deaf man, Jesus broke with cultural and religious traditions. Jesus did not mistreat social outcasts and outsiders but treated them as one of his sheep. The Deaf man engaged in self-care by being open to God and Jesus' spiritual healing of salvation. This miraculous healing opened the Deaf and hearing worlds (culturally, socially, physically, mentally, and spiritually) and allowed for restoration of the Deaf man and the Deaf community into mainstream society.

God, his Son Jesus Christ, and the Holy Spirit offer the best examples of self-care from which people may learn. The healings resulted from the choice to trust in the Lord, resting long enough to be ministered to and empowered to excel above society's low expectations of individuals with physical challenges. The researcher viewed these passages as valuable lessons of self-care within God's kingdom.

*Exegesis of Mark 7:31-37*

Mark 7:31-37 began with Jesus departing from Tyre, traveling through Sidon to the Sea of Galilee and into the region of Decapolis. Jesus received instructions from God

to be receptive to people requesting healings. A crowd brought a Deaf and Mute[63] man to Jesus and begged Jesus to heal him with his hands (7:32). Jesus led the Deaf man away from the crowd, possibly to avoid hostile disbelief, unwanted publicity, making a spectacle of the man, or all three. As a means of receiving physical self-care, the Deaf man was willing to let Jesus place his fingers into the Deaf man's ears. Then Jesus spat saliva onto his hands and touched the Deaf man's tongue.[64] Jesus looked up to Heaven and with a deep sigh, and said, "Ephphatha!" (7:34). There are several interpretations of this declaration or command. It could mean to "become open to the idea of physically hearing and hear clearly." Or it could be the Deaf man must be receptive to Jesus' attempt to alter the Deaf man's ears by opening the ear canal, allowing the tongue to have more space in the mouth to speak skillfully. A shared symbolic interpretation is that Jesus opens the ears of the Gentiles to hear God's word;[65] this would also be a form of spiritual self-care.

Being open could lead to various ways of responding. The divine action is Jesus looking up to Heaven for this miracle, since God made people in His image, and gave them the power to speak and hear. Jesus' unusual actions in this Gentile region testify that He, the Lord, has come to restore the image of God in humanity by opening ears and

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[63] The term "deaf and mute" is no longer used. For centuries, this label and stigma incorrectly focused on speech ability as the measure of Deaf individuals' intelligence, ability to manage numerous capabilities for independence and achieve self-sufficiency.

[64] Hubbard, *NIV Biblical Theology,* 1786. First century people believed that spit had medicinal and even magical properties, but such associations are out of character with Jesus' healings.

65 There are multiple diverse views of being receptive to God's healing of physical deafness in America.

loosening tongues. Other than receiving admiration from the crowd, the Ephphatha passage ended without closure, providing no details of what happened after the miracle. It appears that access to Jesus' provision of miracles became available to everyone; his act gave the Deaf recipient the means to physical and mental self-care. The condition of spiritual self-care occurs when divine contact allows the Deaf man to hear and speak clearly. Interestingly, The Passion Translation (TPT) presents a different declaration that reads like a narrative and then a command, "Then he gazed into heaven, sighed deeply, and spoke to the man's ears and tongue, 'Ethpathakh,' which is Aramaic for 'Open up, now!'" What the Deaf man said or did after that in response to Jesus's miracle of healing his ears is unknown.

Jesus commanded the crowd to keep the healing private (7:36), but they spread the word about what they witnessed. They were amazed at how Jesus conducted miraculous healings and accomplished the impossible feat of enabling a Deaf person to hear. Jesus was not alone when he healed the Deaf man. The heavens "opened" to allow God's power to flow down is a common symbolic interpretation.

In review, there are a few examples of self-care in Mark 7:31-37 that focus on removing barriers to Christ and being a part of the community to appreciate God's healing and grace. It emphasizes the importance of putting aside one's internal narrative, prejudices, and biases to open oneself to what others might have to offer.

*Perspectives*

For much of history, society has isolated Deaf people by not learning sign language and forcing them to lipread and use speech. Deaf pastors are not free from these conforming efforts. Fresh perspectives on views of Deaf people are presented in this section for consideration and further study for the 21st century. If Jesus were Deaf, how

would he have responded to the healing of deafness? If audism were prevalent in the first century, how would Jesus have responded? Consider society's tendency to lump Deaf people and people with various disabilities into one group: they have been labeled "sick," "disabled," and "deficient." In response, Deaf people prefer to stand out as a separate group to implement the message that being deaf is not a disability, but rather it is the world's attitude and prejudice that prevent them from contributing their talents and gifts to society.

During quiet times and solitude, Deaf people experience encounters with Jesus, and Jesus' touch leaves a deep impression on our hearts and minds. Luke described crowds of people "who had come to hear him and receive healing of their diseases. Jesus cured people who were troubled by impure spirits, and the people all tried to touch him because power was coming from him and healing them all" (Luke 6:18-19). Paul spoke of "a thorn in the flesh," which he referred to as the means to humble people and glorify God (2 Cor. 12). God created Deaf people to glorify Him through personal and cultural struggles; eventually, they would become more Christ-like through imitating Christ by being compassionate, benevolent and loving one another despite conflicts.

### Insights and Conclusion

The story of the miraculous healing of the Deaf man originally began as καὶ ανὰ μέσον τῶν ὁρίων Δεκαπόλεως[66] within "the borders of the Decapolis."[67] The pattern of

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[66] Flowers, "Jesus' Journey," 5.

[67] Flowers, "Jesus' Journey," 161.

Jesus' travels in the two pieces of healing narrative is the same: (1) Jesus withdraws, (2) he is discovered, and (3) he obliges the crowds by ministering to them.[68]

The exegesis of Mark 7:31-37 reveals a few brief and profound insights for consideration. Society's prejudice and negative attitude did not justify how Deaf people were treated within the early church, the Christian community, and society. Equally important is the consideration that various interpretations and responses that attempt to discern their relevance to understand inclusion were challenging. Most hearing scholars and experts were not thoroughly aware of the language and culture in the Deaf world. They had not experienced the daily hardships of discrimination, stereotypes, bias, and misconceptions associated with cultural misunderstandings.

The researcher reflected on Jesus, who commenced an intimate interaction with a Deaf man as if He were offering a solution to close the gap between the Deaf and hearing worlds. This scene is an allegory to which Christians were encouraged to "be still and know the Lord" (Ps. 46:10). By allowing the crowd to bring him to Jesus to heal his deafness, the Deaf man gave himself physical and spiritual self-care. Additionally, God precipitated a historical moment that sparked numerous debates on its interpretation and intent.

Jesus created a type of cultural intimacy with Deaf people when He spoke the Aramaic word *ephphatha*, "be opened" (Mark 7:34). Jesus' divine encounter with the Deaf man established precedents when He used gestures to reach out, touch, and transform the Deaf man's heart. Jesus defied Graeco-Roman social and cultural barriers

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[68] Flowers, "Jesus' Journey," 165.

by touching the Deaf man's ears and tongue. Jesus initiated the first step of access that awakened the Deaf to experience God's presence. The crowd who brought the Deaf man to Jesus witnessed a healing miracle firsthand.

Furthermore, this historical event invited generations of Deaf people to be acknowledged, welcomed, and included in experiencing the fullness of Christ at the most intimate level. This scene portrays the Deaf man as having received a fully accessible encounter with Christ. Different types of self-care occur when the individual takes the initiative to do something beneficial that enhances their well-being. Of great importance is the way reinterpreting this encounter turns upside down every piece of history and views toward Deaf people since antiquity.

CHAPTER THREE: REVIEW OF DEAF LIBERATION THEOLOGY

Jason Listman and Kim Kurz discussed that Deaf people, particularly those who use sign language, generally live within phonocentric and audist societies and are subject to institutional and structural discrimination. Deaf people experience setbacks in systemic, attitudinal, and communication barriers throughout their lives. These barriers lead to traumatic experiences for many, and occur in the home, school, and other environments where access to communication and information is difficult.[69] Those experiences and trauma impact one's self-care and can feel like captivity.

**Deaf Pastors Challenges and Captivity**

In the United States, there has been a disturbing trend in thousands of homes with Deaf children of hearing parents where the Deaf children are denied access to communication in ASL — often called "Dinner Table Syndrome."[70] Deaf children are not aware they are missing out on daily communication, emotional and linguistic interactions, and experience loneliness, which becomes a source of trauma.

Families that did not sign miss out on opportunities to experience meaningful conversations and interactions. They miss out on the opportunities to instill in their Deaf child a deep sense of belonging and thriving as a family member. When they become adults, Deaf children who experience social and emotional difficulties struggle to find accessible mental health services. Studies have concluded that Deaf individuals have

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[69] Listman and Kurz, 239.

[70] Wyatte C. Hall et al., "Considering Parental Hearing Status as a Social Determinant of Deaf Population Health: Insights from Experiences of the 'Dinner Table Syndrome'," (September 5, 2018). *PLoS ONE* vol. 13, no. 9: e0202169, https://doi.org/10.1371/journal.pone.0202169.

higher rates of psychiatric disorders than those who are hearing. Consequently, this might increase the risk of suicide, though the prevalence of suicidal behavior in deaf people is currently unknown.[71] A study of suicide in the Deaf population concluded, "There is a significant gap in our understanding of suicide in deaf populations. Furthermore, the study recommended that clinicians should be aware of the possible association between suicide and Deafness. Specialist mental health services should be readily accessible to deaf individuals and specific preventative strategies may be of benefit. However, further research using a variety of study designs is needed to increase our understanding of this issue."[72]

Deaf individuals experience isolation on more profound levels than most hearing people, and Deaf pastors face the same challenges experienced by their congregation. Discrimination, cultural and linguistic misunderstandings occur, all of which cause stress. A review of challenges that Deaf pastors generally share while ministering to their community would help understand their perspectives.

Over 5 percent of the world's population, 466 million people, have disabling hearing loss (432 million adults and 34 million children). By 2050, an estimated 900 million people, one in every ten people, will have disabling hearing loss.[73]

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[71] Oliver Turner, Kirsten Windfuhr, and Navneet Kapur, "Suicide in Deaf Populations: A Literature Review," *Annals of General Psychiatry* 6, no. 26 (2007), accessed on November 29, 2020, https://doi.org/10.1186/1744-859X-6-26.

[72] Turner, Windfuhr, and Kapur, "Suicide in Deaf Populations," 8.

[73] "Deafness and Hearing Loss," World Health Organization, accessed August 7, 2019, https://www.who.int/health-topics/hearing-loss#tab=tab_1.

There are two terms used that distinguish when hearing loss occurred: prelingually deaf and postlingually deaf. Prelingually Deaf refers to individuals who were born Deaf or became Deaf before learning to understand and speak a language. Postlingually Deaf or late-deafened describes persons who lost their hearing after learning a spoken language. These distinctions are important as they may determine a person's familiarity with and memory of spoken English. It is important to note that these terms do not relate to intelligence or potential.

In 2015, DOORS (formerly known as Deaf Opportunity Outreach) International reported that 2 percent of the Deaf world's population was saved; this is an urgent situation. Compared to the past, there is greater awareness and admiration of Deaf people today as much more of their prestigious historical, linguistic, and cultural heritage has been recognized. However, stereotypes, misunderstandings and discrimination continue to exist. The researcher proposed a new term for what we experience today: "Hearingarchy." Hearingarchy means an institutional system within society and government in which the hearing, unintentionally or intentionally, maintains power to control or exclude Deaf individuals. Closing the gap on barriers to access the Gospel continues to be an urgent challenge. The Deaf world views people as either hearing or Deaf; the researcher considers Hearingarchy as subtle but evident. It is evident in the negative stereotypes and discrimination that remain embedded in societies and schools, which continue to maintain outdated views such as favoring oralism as the best primary communication method for Deaf people.

Movements such as Deaf President Now, Deafhood, Deaf Liberation, Black Deaf Lives Matter, and Deaf Persons of Color have furnished evidence that Deaf people can

shake up the world to seize and maintain greater power through solidarity and liberation. Deaf people advocated for equal access and cultural freedom through Deafhood. Deaf Christians continue to support equal access and cultural and theological liberation in the Church through Deaf liberation theology.

**Liberation for Deaf People**

A relationship between Self-care and Deaf Liberation Theology occurs when God is honored through liberation for Deaf people. Choosing one's Deaf identity is a form of social and spiritual self-care given by God who gave deaf people the freedom to acknowledge themselves with integrity. But, deaf people were given very little opportunity to discern and develop the narratives of their true identity, strengths and receive full acceptance and accessibility within the hearing church.

The development of Liberation Theology began with a concern for the poor and the innovative methodology of historicization to discuss human rights during the 1960s and 1970s by the Roman Catholic Church.[74] Deaf Liberation Theology is similar in that both theologies promote social concern and justice. Deaf Liberation Theology focuses primarily on the social concern and justice for the Deaf within the hearing church. Lewis goes further to explain that engaging with the process of liberation and decolonization is necessary not only to keep theology credible as a subject but also to keep theology true to its basic calling to proclaim the good news of Jesus Christ in the world.[75]

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[74] Mark Engler. "Toward the Rights of the Poor": Human Rights in Liberation Theology. *The Journal of Religious Ethics,* Vol. 28, No. 3 (Fall, 2000), pp. 339-365.  Accessed on March 1, 2021. https://www.jstor.org/stable/40017861?seq=1.

[75] Hannah Lewis, *Deaf Liberation Theology* (New York: Ashgate Publishing Limited, 2007), 10.

Deaf Liberation Theology was developed by Reverend Dr. Hannah Lewis in 2017, beginning with a discourse on Deaf Liberation Theology as being one of many diverse Liberation Theologies that are distinguished by their viewpoints, analyses and aims and social context. All of the varied Liberation Theologies share a similar methodology consisting of three elements: analytical, hermeneutical and practical mediations of epistemology. Deaf Liberation Theology reiterates the narratives by deaf people who experienced oppression from the medical view of hearing loss and a widespread perception of deaf people as being unable to do certain tasks. Equally important, Lewis analyzed the meaning of "benevolent oppression" of deaf people by welfare workers, teachers, clergy and others using concepts from deaf studies.[76] Deaf Liberation Theology's discourse explains the preliminary understanding of the appropriate language used by the Deaf population on the word, 'Deaf' (with a capital 'D') which refers to "culturally Deaf people," whereas the phrase, 'deaf' (with a lowercase 'd') refers to an individual with a significant hearing loss who does not identify themselves as culturally Deaf. Lewis created a new term, 'd/Deaf,' to designate the individual when the person's identity status (as Deaf or deaf) is uncertain or when the author wants to refer to all d/Deaf people.[77]

Lewis attempted to theologize deafness as it progressed from sympathy to being challenged to change the dominant theological discourse itself. In focusing on biblical hermeneutics, Christology, and Worship as examples, Lewis established a methodology,

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[76] Hannah Lewis, "Deaf Liberation Theology and Social Justice," *Religions* 8, no. 10 (October 2017): 4, Accessed on March 1, 2021. https://doi.org/10.3390/rel8100232.

[77] Hannah Lewis, Deaf Liberation Theology, x.

sources, and norms that Deaf people can use to create a comprehensive Deaf Liberation Theology. By being proactive with recognizing our liberation, Deaf people can release themselves from marginalization to being defined by society, church, school, and home.

In 2007, Lewis created a progressive Deaf Liberation Theology. Lewis developed this theology during the process of accepting and embracing her Deaf identity and acknowledged that the process of recognizing her Deaf identity provided greater confidence in herself and deeper personal satisfaction. In 2019, the researcher had the good fortune to become acquainted with Lewis during a research project; she received opportunities to conduct a few direct conversations with Lewis through Skype and e-mail. Lewis is the Founder of the revolutionary Deaf Liberation Theology. The researcher remains grateful for Lewis's willingness to share her perspectives and insights about Deaf Liberation Theology and her work at the Church of England. Lewis is a shining example of 2 Timothy 2:1-15, in that women serving as church leaders should "be allowed space and leisure to study and learn in their way. Not so that they may muscle in and take over the leadership, as in the Artemis-cult, but so that men and women alike can develop whatever gifts of learning, teaching, and leadership God is giving them."[78]

In developing Deaf Liberation Theology, Lewis stated, "…d/Deaf people and those who work with them have been trying to educate the church about deafness for about 150 years, to no obvious effect. Lewis considered alternatives on d/Deaf people's invisible needs and concerns within mainstream academic theology and the practical

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[78] N.T. Wright and Michael F. Bird, *The New Testament In Its World* (Grand Rapids: Zondervan Academics, 2019), 544.

expression within the English church."[79] Lewis proposed that "we cannot change the marginalization of d/Deaf people and their concerns within the theological discourse itself."[80] Lewis attempted to show the inadequacy of modern western theology from the point of view of Deaf people and promote an effort to see how the theological task redefines Deaf Liberation. In commencing her work of hermeneutics, Christology, and Worship as examples, Lewis attempted to establish a methodology, sources, and norms that Deaf people could use to create a comprehensive Deaf Liberation Theology.

*Attributes*

The methodology of Deaf Theology consists of a review of Deaf language, voices, thoughts, and narrative. A deaf-centered discourse focus on Deaf people, Deaf Christians (Congregants), Deaf culture, Deaf experiences, and the Deaf community. The Deaf community provides a formation of the individual's identity.[81] In this context, sign language provides the primary means of linguistic access and expression rather than written texts. The deaf identity develops and is refined by socializing with members of the Deaf community. Likewise, Lewis acquired fluency in British Sign Language (BSL), the deaf individual can benefit as a flourishing community member. Within this context, deaf people can enjoy all aspects of self-care with Spiritual and Social self-care being the most significant.

The researcher's interpretation of liberation is deliverance from oppression,

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[79] Lewis, Deaf Liberation Theology, 1.

[80] Lewis, Deaf Liberation Theology, 3.

[81] Andrej R. Strauss, "Theology without Words: Theology in the Deaf Community," *Practical Theology*, 2 no. 3, (2009): 405-406. Accessed March 5, 2021. doi:10.1558/prth.v2i3.405.

personal misrepresentation, assumptions, and the standards established in the hearing world. A form of liberation self-care would be from honoring our liberation as a Deaf person with a godly identity. Lewis expressed hope, "the "ultimate validation of Deaf Liberation Theology would be that deaf people find what I say to be a tool in their struggle for liberation; it is a way of helping them reverse the direction of their lives from restriction and oppression that hinders the freedom to enjoy the fullness of life."[82] When we liberate ourselves from cultural, social, and mental oppression, we increase our ability to express our gifts more freely and empower one another.

Among the most essential aspects of Deaf Liberation Theology is Deaf Worship. Deaf Worship supplements the linguistically and culturally accessible church by producing ASL praises, hymns, songs, poems, liturgy with LOUD music, drums, and dancing. ASL worship is a positively charged spiritual and physical self-care. BSL and ASL worship is one of the best ways of enfolding the deaf and hearing into being free of barriers. Lewis shared various Worship descriptions: "it is one of the 'marks' of the liberating or otherwise nature of a church."[83] In the mainstream and within the Deaf church, the Church of England strives to embody and perpetuate the medical model of what it means to be deaf. It does this by focusing on giving d/Deaf individuals access to hearing and celebrate Deaf experience before God. Within the context of Liberation Theology, Lewis clarifies the meaning of 'worship' as a fundamental task that gives worth or value to God and to receive worth from God. It is a two-way process that God

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[82] Lewis, *Deaf Liberation Theology*, 7.

[83] Lewis, *Deaf Liberation Theology*, 155.

initiates. In addition, Lewis added Robin Green's view, "worship and liturgy that fail to be 'appropriate' or 'authentic' can damage deaf people and 'strip us of our sense of worth and dignity.'"[84]

Deaf Liberation Theology challenged the church to modify the structures and theological views so that deaf people, disabled, and minorities gain access to every activity the church offers. When the Church of England became fully accessible to deaf congregants, Lewis empowered the deaf congregation to participate and serve in all church life areas. They experienced the freedom to follow God's calling in their lives, use their skills and interests to serve God, participate in discipleship classes, and complete future church leadership roles.[85] Both Lewis's and the researcher's vision of a fully accessible church in which the deaf were fully involved became a reality. "True inclusion means deaf people in the hearing world can experience justice within the church, serve a role of sharing their perspectives that challenged and changed their structures and assumptions so that the aural world does not overrule the deaf people's visual world. Both groups experienced full equality of being responsible for ongoing improvement. Bob Shrine shared a perspective, "social justice for deaf people means they gained full access to the world around them. Society changes to enable deaf people to be fully immersed as participant members (as opposed to changing deaf people to fit in society), the church becomes a place where there are equality and justice. Deaf people and hearing

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[84] Robin Green, *Only Connect* (London: Darton, Longman & Todd Ltd, 1987), 5.

[85] In her article, *Deaf Liberation Theology and Social Justice,* Hannah Lewis included a valuable quote by Bob Shrine that was referenced in *Inclusion and empowerment: Unresolved Issues for Deaf People in the Church.* (England: Southend-on-Sea: Go! Sign, pp. 5-17), p. 6.

people needed to recognize their essential equality and work together to dismantle inclusion barriers.

A goal to overcome barriers for deaf people requires challenging the disempowering and dominant narrative of "deaf can't" and be more independent from hearing people. For deaf people to achieve liberation, deaf people need to be taught leadership, receive encouragement, accept more responsibilities to be leaders and role models, participate in collaboration with hearing people because deaf people have as much to offer as hearing people, especially with those who acknowledge that sign language is not inferior to spoken language.

Deaf Liberation Theology encompasses all forms of self-care, most notably social and spiritual self-care. The deaf congregants developed confidence and increased self-esteem from shared deaf experiences, deaf stories, and visual-tactile culture preaching, teaching, and worship. Serving in a ministry has proven to be invaluable for the congregants who received spiritual self-care. All of these results show direct and indirect self-care and liberation as provided by God. In comparison with Deafhood and Deaf Culture, only Christ comprehensively liberates us.

**Comparison: Deaf Culture, Deafhood, Deaf Liberation Theology**

Table 3.1 illustrates the frameworks of how Deaf individuals viewed themselves historically from within the secular Deaf world to the most recent proposed development of the Christian Deaf world. The researcher created this table for an understanding of each component of significant movements in Deaf history, and their similarities and differences, that shaped the perceptions Deaf individuals have of themselves. The objective is for Deaf pastors to use this table as a tool to help their congregants achieve a

better understanding of the differences between being a secular Deaf person compared

with the identity of a Deaf Christian. By learning about these identity frameworks, the

Deaf congregant will recognize the various distinctions in Deaf and disabled identities

and be more informed and aware.

Table 3.1 Comparison of Deaf Culture, Deafhood, and Deaf Liberation Theology

| Deaf Culture (1965) | Deafhood[86] (1993) | Deaf Liberation Theology[87] (2007) |
|---|---|---|
| The set of social beliefs, behaviors, art, literary traditions, history, values, and shared institutions of communities influenced by Deafness and uses sign language as the primary mode of communication. This term promotes the Deaf Rights Movement, Deaf President Now. | The process of defining the existential state of Deaf people as "being-in-the-world." Deafhood is a finite form, a process by which Deaf individuals come to actualize their Deaf identity, positing that individuals construct that identity around several differently ordered sets of priorities and principles affected by factors as a nation and class. | Incorporates various aspects of Liberation Theology toward applying social concern and justice for Deaf people within the hearing Church. |
| Identity | Deaf, Oral, ASL, LGBT | Deaf Christian |
| Community | Colonialism | Isolation within Church |
| Oppression | Opposite of the medical terminology of Deaf people. This term is equivalent to oppression (unjust treatment, control, the exercise of hearing authority and power). | We have freedom in Christ; even we are slaves, we have the freedom to live life with free will. |
| Purpose | To search and explore what it means to be Deaf. Once an understanding is reached, the enlightened Deaf person is viewed as an idol. | Theology of Deaf is identifying with Christ and living a life for glorifying God. |
| Limitation | Deaf people whose determination to overcome oppression are admired. | Jesus is hearing; how do Deaf relate to Jesus? By a Servantheart, Deaf people attempt to imitate. |
| | Deafhood is the term used for giving Deaf people a new identity to get past the negative aspects of Deaf culture. | |
| What happened before | Oralism eradicated much of the cultural Deaf who could do almost everything as the hearing created by hearing world. | Ignorance and oppression in the Church: A hearing role model for the Deaf congregant. |
| Re-Development Stage | Re-development stage: all of us are trying to find our way back to who we were before we were colonized, learn from the past's positive models, and then bring them into modern life as part of Reconstruction. | Once saved, our old selves were buried, and we start a new life and a unique identity in Christ. |

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[86] Paddy Ladd, *Understanding Deaf Culture: In Search of Deafhood (*Clevedon: Multilingual Matters Ltd., 2003).

[87] Lewis, Deaf Liberation Theology.

| Restoration | Deaf Identity Restoration: Restoration program to develop or restore healthy identities for all Deaf people, Deaf clubs and their importance in our community, why it is critical to engage in discourses to unlock the doors to a positive and holistic future, and why there is a need for healing within our community. | Identity is in Jesus Christ, Restoration is from God. |
|---|---|---|
| **Philosophy v. Theology** | **Deaf Community** | **Deaf Church** |
| A community of Academic thinkers (Latin for "philosophy" is "love of wisdom") | A community of secular support | A community of benevolent support |
| A community of Academic Christian thinkers (Greek for "theolog" is "theos'god" logia) | Shared interests and united by Deaf culture | Fellowship of Believers and Disciples |

CHAPTER FOUR: QUALITATIVE CASE STUDY OF SELF-CARE

The Deaf Pastors Cohort was descriptive research whose purpose was to create a pastoral self-care model within the Deaf Christian community. The researcher conducted a qualitative case study, using the following research instruments: a pre-survey, a post-survey and an interview at the end of the cohort. The results compared all participants' progress of studying self-care and their participation in the cohort at the beginning and end. Based on these results, the researcher concluded that this group of American Deaf pastors is struggling with practicing consistent self-care.

**Qualitative Case Study**

*Qualitative Research*

Qualitative research is the process of collecting data from diverse sources. Qualitative research aims to gain an in-depth understanding of the data and the processes that lead to specific results. Examples of qualitative research include interviews, surveys, and surveys that produced comprehensive data, results, and phenomena. Ironically, there is no precise and singular definition of qualitative research. Patrik Aspers and Ugo Corte observed various descriptions of what qualitative research looked like, and the related activity typically included ethnographic, interpretative, definitive, empirical, methodology, studies, fieldwork, interview and observation.[88] When summarizing the

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[88] Patrik Aspers and Ugo Corte, "What is Qualitative in Qualitative Research?" Qualitative Sociology, 42 (February 2019): 139-160. https://doi.org/10.1007/s11133-019-9413-7. Accessed December 31, 2020.

findings, the researcher has the responsibility to present the research facts without bias and with integrity as much as possible.

According to Justin Irving, the highest priority of conducting research is to consider viewing from a doxological perspective, an act of worship: "A holistic approach to doxological research may with integrity uphold the centrality of God and his glory in all of life and research, while at the same time guard against undue bias in the research process."[89] Thus, a primary focus of this research and outcome was to glorify God. William R. Myers stated that qualitative research was "never a neutral activity; one engages in a particular research methodology in order to reach a 'successful' and 'useful' conclusion."[90]

The researcher used a pre-survey and a post-survey, conducted virtual interviews, recorded responses, analyzed themes, adhered to ethical research processes and compiled data for comprehensive qualitative research. To implement this research, the qualitative case study of the Deaf Pastors Cohort combined with the case study method was feasible; the combined approach of a qualitative case study and research was expected to provide a clearer understanding of the research problem than either approach alone.[91] The analysis, interpretations, and distinctions collected from these important data, including the Deaf Pastors Cohort, went through an in-depth review process for acquiring a greater understanding of their challenges.

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[89] Justin Irving, "Research as Worship: A Doxological Model for Researchers." GS901 Course Lecture (Spring 2020): 5.

[90] William R. Myers, *Research in Ministry: A Primer for the Doctorate of Ministry Program*, 3rd ed. (Chicago: Exploration Press, 2002), ix.

[91] Aspers and Corte, "What is Qualitative in Qualitative Research?" 16.

Aspers and Corte proposed that a description of qualitative research is best described by themes: "distinction, process, closeness and improved understanding."[92] Various terms that described qualitative research included research practices of creating a singular definition, empirical, research, methodology, studies, fieldwork, interview and observation.[93] The desired outcome of qualitative research of the Deaf Pastor Cohort is that the evaluation leads to an effective written description of a new ministry development that would enable Deaf pastors to learn consistent healthier practices of self-care.

When including a sociological and inductive point of view, Aspers and Corte concluded that qualitative research is "an iterative process in which improved understanding to the scientific community is achieved by making new significant distinctions resulting from getting closer to the phenomenon studied.[94] Aspers and Corte proposed "a combination of two criteria: (i) how to do things – namely, generating and analyzing empirical material, within an interactive process which one gets closer by making distinctions, and (ii) the outcome – improved understanding novel to the scholarly community."[95]

Aspers and Corte observed that qualitative research would be best combined with a case study. The researcher considered this idea would result in a meaningful study of

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[92] Aspers and Corte, "What is Qualitative in Qualitative Research?" 144.

[93] Aspers and Corte, "What is Qualitative in Qualitative Research?" 144.

[94] Aspers and Corte, "What is Qualitative in Qualitative Research?" 155.

[95] Nancy Jean Vyhmeister, *Quality Research Papers for Students of Religion and Theology,* 3rd ed. (Grand Rapids: Zondervan, 2014), 41.

the challenges Deaf pastors experienced and their challenges in maintaining consistent self-care practices. In contrast to numerical data that focuses on quantity, qualitative research can produce pastors' perspectives, habits, tendencies and strive to determine how self-care could benefit the Deaf pastors, improve their quality of life and strengthen their consistency in self-care.

Additionally, a case study of a small segment of the Deaf Pastor population would gather in-depth research of their superficial symptoms, and their struggles with a personal crisis or struggles with consistently managing their self-care. This qualitative research study aimed to achieve a better understanding of the components; an in-depth description and analysis of this research and case study provided a comprehensive view of the related issues. For gathering this type of in-depth perspective Vyhmeister stated that "interviews are superior to surveys," therefore, individual interviews and group discussions were conducted.[96] Using this method allowed diverse views to be observed and documented.[97]

### Case Study

In using a qualitative research method with a case study approach, John Creswell viewed the single case as "typically selected to illustrate an issue." Additionally, Creswell considers the qualitative case study method as "ideal for studying individuals from a unique cultural setting." In this case, the unique cultural setting was a Deaf pastor's ministry. Creswell further recommended that the researcher compile a detailed

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[96] Vyhmeister, *Quality Research Papers for Students of Religion and Theology* 41.

[97] Vyhmeister, *Quality Research Papers for Students of Religion and Theology*, 42.

description of the setting for the case.[98] Creswell emphasized the case study as an "in-depth description and analysis of a case that studied an activity." Case study has had a variety of meanings but today, it usually refers to the intensive study of a small number of cases, or a single case.[99]

Vyhmeister considered the most appropriate case study in pastoral research to include the study of a biblical-theological point of view. Additionally, Myers viewed a case study as a "research process that used the tools from other research methods in order to focus holistically upon particular practices of ministry with persons, groups, programs, institutions, or systematic mixes of such components."[100]

For this case study, the researcher's approach was to explore and analyze the problem among Deaf pastors who represented various denominations using the research question(s), the participants' insights, inquiries about the participants' use of self-care, analysis of the data collected in 2020, and interpretation of the data. From this data the researcher compiled the research report on the participants' subsequent use of self-care. The case study looked at the event, person or situation related to ministry.[101] The participants in the Deaf Pastors Cohort were the focus group of this research study (n=3). The pre-survey and post-survey were the sources of qualitative data collection, analysis,

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[98] John Creswell, "Five Qualitative Approaches to Inquiry," in *Qualitative Inquiry and Research Design,* 4th ed. (Thousand Oaks: Sage Publications, 2018), 103-106.

[99] Albert J. Mills, Gabrielle Durepos, and Elden Wiebe, *Encyclopedia of Case Study Research*, (Thousand Oaks: SAGE Publications, Inc., 2010), 757-774. https://doi.org/10.4135/9781412957397.

[100] William R. Myers, *Research in Ministry: A Primer for the Doctorate of Ministry Program*, 3rd ed. (Chicago: Exploration Press, 2002), 3.

[101] Vyhmeister, *Quality Research Papers for Students of Religion and Theology*, 54.

interpretation and description of this research design. Responses collected during the interviews, both individual and group, were organized into a summary of the themes; the analysis and interpretation of the data resulted in a plan of action. In this case, the plan of action was to equip Deaf pastors with resources, continued education, ongoing support and encouragement to use self-care consistently. Overall, the researcher considered the case study method combined with qualitative research to be the best type of research for this setting.

<div style="text-align:center"><strong>Research Instruments and Data Collection</strong></div>

The instruments used in this research included pre-survey, post-survey and interviews. Participants completed the pre-survey before participating in a DPC (Deaf Pastor Cohort). The post-survey and interviews were completed after the 8-week DPC.

<div style="text-align:center"><em>Survey</em></div>

The survey was an easy research tool to create; it was inexpensive and provided accurate results that can be interpreted.[102] The researcher developed an online pre-survey and a post-survey on Google Forms to gather data for assessing the Deaf pastors' insights, practices of self-care, status, and well-being. The survey was voluntary and included an informed consent at the beginning.

Each survey consisted of six categories of five multiple-choice questions. Each survey question displayed a video of the survey question in ASL modeled by the researcher. The researcher adapted the survey questions from two existing sources:

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[102] Vyhmeister, *Quality Research Papers for Students of Religion and Theology,* 46.

Irving's Self-Care Inventory[103] and Nami's Self-Care Inventory. [104] Using questions from these two sources allowed the researcher to create a survey that included six topics: Physical Health, Mental Well-being, Managing Demands and Personal Agency, Spiritual Self-Care, Supportive Relationships, and Meaning.

The Deaf Pastor Cohort began with the completion of the pre-survey in October 2020. The researcher emailed the pre-survey to each participant. Upon completion, the researcher collected the results from the summarized data automatically produced by Google Forms. For each question, a five-point Likert scale was used: Almost Never (1) Occasionally (2) Half of the Time (3) Fairly Often (4) and Almost Always (5). The number of points for each response were added for the overall total score.

The overall score was calculated by adding the number of points based on the value of each response the participant selected. The score could range between 30 to 150 points. A score of 120 points or higher indicated personal well-being and serenity for the participant. The participant had a sound self-care system in place or practiced their daily self-care consistently. A score of 91 to 119 points indicated the participant had some areas in his life with a good system of self-care, while other areas of his self-care may need focus and new habits. A score of 50 to 90 points indicated the participant was struggling and could use some assistance with developing a stronger self-care system. The participant may need to establish a structure to enhance areas of his life needing

[103] David Irvine, "Self-care Inventory," accessed July 16, 2020, https://www.irvinestone.com/wp-content/uploads/2020/09/selfcareassessment2016.pdf.

[104] National Alliance on Mental Illness (NAMI),"Self-care Inventory," accessed July 16, 2020, https://www.nami.org/getattachment/Extranet/Education,-Training-and-Outreach-Programs/Signature-Classes/NAMI-Homefront/HF-Additional-Resources/HF15AR6SelfCare.pdf.

immediate attention. A score at or below 49 points indicated the participant was experiencing some severe difficulties with self-care. The participant may need to establish a structure to enhance his life that needed immediate attention. The participant may need to determine if these difficulties are coming from a current change in life and consider taking better care of himself during his challenges and difficulties.

The pre-survey results were reviewed and scored by the researcher. After the participants received their pre-survey results from the researcher, the participants began an 8-week cohort studying self-care (Appendix, p. 88). Upon completion of the DPC, the participants completed the post-survey in November 2020. The post-survey was identical to the pre-survey. The researcher emailed the post-survey to each participant. Upon completion, the researcher collected the results from the summarized data automatically produced by Google Forms.

<div style="text-align:center"><em>Interviews</em></div>

Interviews are the right choice when qualitative research is not available from a survey.[105] An individual interview was conducted virtually in ASL with each participant during the last week of the DPC and recorded. The researcher developed an interview guide with the following questions:

1) How would you describe self-care?

2) What areas of self-care are the easiest for you? What areas of self-care are the hardest for you?

3) What advice would you give a new pastor about self-care?

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[105] Vyhmeister, *Quality Research Papers for Students of Religion and Theology*, 41.

4) Describe what self-care concerns are unique to first-year pastors? Or veteran pastors?

5) What barriers keep you from engaging in self-care?

**Deaf Pastors Cohort (DPC)**

The researcher developed an 8-week curriculum for participants to explore self-care topics. The DPC took place from October 1 through November 24, 2020. At the beginning of each week, the researcher posted a vlog/email on a Facebook group page vlog/written message of encouragement, reflection, and instructions. The researcher emailed a weekly vlog to the participants to discuss the related week's topic, reading assignments, and an optional activity. In addition, the researcher coordinated two monthly Zoom group sessions that provided the participants with opportunities to discuss effective practices gave and received support accountability. The researcher moderated both of the Zoom sessions for two hours each. The sessions were conducted in ASL. The curriculum of the DPC focused on the following topics:

Week 1 – What is Self-Care?

Week 2 – Why do we need Self-Care?

Week 3 – Who needs Self-Care?

Week 4 – How do we practice Self-Care?

Week 5 – How do we create Self-Care?

Week 6 – How do we maintain Self-Care?

Week 7 – Self-Care Plan and Strategies: Where do we go from here? Do we want to continue? If yes, what do we want to do next?

# Participants

The researcher invited three Deaf male pastors, representing different churches in the U.S. Table 4.1 provides the participant information. All three participants served as pastors, were male, and were married. They were of different ages, served in different denominations, and had different educational backgrounds. Two were Caucasian and one was Caucasian/Hispanic.

Table 4.1 Participants

|  | *Role* | *Denomination* | *Gender* | *Age* | *Ethnicity* | *Education* | *Marital Status* |
|---|---|---|---|---|---|---|---|
| Pastor A | Pastor | Baptist | Male | 20s | Caucasian | MDiv | Married |
| Pastor B | Pastor | Nazarene | Male | 60s | Caucasian | DMin | Married |
| Pastor C | Pastor | Baptist | Male | 30s | Caucasian/ Hispanic | B.A. | Married |

CHAPTER FIVE: DEAF PASTOR COHORT DATA COLLECTION AND FINDINGS

Deaf Pastors Cohort (DPC) project studied pastoral self-care for Deaf pastors; the objective was to address the research question, "What does it take for Deaf pastors to survive and thrive in the Deaf pastoral ministry? If being consistent with personal self-care is the answer, then why do Deaf pastors struggle to implement and maintain this valuable practice?" There are no published scholarly research or data on this topic.

The DPC project created a pastoral self-care model for Deaf pastors serving in the US Deaf Christian community. The researcher proposed that a fully accessible pastoral curriculum, the use of research instruments, and participation in a cohort studying self-care would result in improved well-being. Based on the cohort's outcome, there may be a possibility that Deaf pastors are struggling with practicing consistent self-care.

The outcome of the Deaf Pastors Cohort is an increased awareness of self-care from a pastoral curriculum that is fully accessible. Deaf pastors experienced and gained knowledge of benefits associated with ongoing support, spiritual and moral accountability within a safe environment for them to heal and flourish.

**Pre-survey Data and Themes**

The researcher distributed a pre-survey to three pastors who participated in the research. The survey allowed participants to self-report their well-being in six different categories. The researcher reviewed the survey scores. The researcher created a summary

chart of each participant's scores and shared the results with each participant. Table 5.1

identifies the categories and the individual scores from each participant.

Table 5.1 Pre-survey Data (*n*=3)

| Categories | | Scores | |
|---|---|---|---|
| | Pastor A | Pastor B | Pastor C |
| Physical Health | 16 | 16 | 11 |
| Mental Well-being | 14 | 19 | 17 |
| Managing Demands and Personal Agency | 22 | 20 | 20 |
| Spiritual Self-Care | 22 | 19 | 17 |
| Supportive Relationships | 17 | 23 | 25 |
| Meaning | 23 | 20 | 19 |
| **Overall Total** | **114** | **117** | **109** |

The categories of questions on the pre-survey and the post-survey were Physical

Health, Mental Well-Being, Managing Demands and Personal Agency, Spiritual Self-

Care, Supportive Relationships and Meaning. The participants' response options were

Almost Never, Occasionally, Half of the Time, Fairly Often, and Almost Always.

Physical Health examined the physical aspects of the participant's life; how they

are nurturing their body and taking care of their health. Mental Wellbeing examined how

the participant's mind is supporting his self-care system and some of the choices he made

for having a strong mental attitude and a firm mind in his life and work. Managing

Demands and Personal Agency focused on how the participant clarified the most

important areas in his life and how he managed demands from other people. Spiritual

Self-care examined how the participant made time for his personal spiritual development

toward greater maturity and resilience. The participant was asked how often he cultivated

a deeper relationship with God through reflections, meaningful worship, prayer, a deeper

appreciation of nature, reading inspirational literature (lectures, worship, etc.) and being

engaged in renewed transformation with God. Supportive Relationships examined the

quality of the supportive relationships in the participants' lives, people who provided support and held them accountable to take care of themselves and help guide them to their truth. Meaning focused on the level of satisfaction and fulfillment the participant received from his life and work that made the self-care in their lives and other people's lives meaningful.

A report of the pre-survey data revealed two findings that will be expanded in Chapter Six. Briefly, the first finding is related to the total score for each pastor. Pastor A's overall score of 114, Pastor B's overall score of 117 and Pastor C's overall score of 109 indicated that all of them had some areas in their lives a good system of self-care was being practiced and there is room for improvement. Pastor A's overall score of 114 indicated that some areas of his life had a good system of care in place and would benefit from investing more focus on strengthening his self-care with new habits. Pastor B's score of 117 was slightly higher; the difference being his highest use of self-care was Supportive Relationship (23). Pastor C's score of 109 indicated some areas of a good system of care in place; the benefits of practicing self-care more consistently would enhance his life.

Pastor A's highest score of 23 in the Meaning category of self-care showed Meaning self-care was practiced most often than the other categories, whereas, Pastor A's lowest pre-score was 14 in the Mental Wellbeing the least. Pastor B's highest pre-score of 23 indicated that Supportive Relationships were practiced most often than the other categories, whereas, his lowest pre-score was 16 in the Physical Health the least. Pastor C's highest pre-score of 25 showed Supportive Relationship was practiced most often than the other categories, whereas, Pastor C's lowest pre-survey score of 11 and lowest

post-survey score of 10 in Physical Health indicates it was practiced the least. Pastors A,

B and C's pre-survey overall total scores of 114, 117 and 109 indicated they practice

some areas of self-care; their lives would be improved by using a healthy system of self-

care more often. In contrast, the lowest post-survey score of all was 10 in the Physical

Health self-care which indicates that Physical Health is the least used self-care of all. The

highest post-survey score of 25 was Supportive Relationships which indicates that it is

the highest self-care sought by the pastors. Overall, the self-care that is used most

frequently is Supportive Relationships with a score of 137. In contrast, the total score of

the least used self-care was 86 in the category of Physical Health.

The second finding is related to categories that received higher scores.

Regarding the six categories of self-care, the participants' highest scores were in the

Managing Demands and Personal Agency category (Pastor A: 22, Pastor B: 20, and

Pastor C: 20). The lowest scores were the Mental Well-being (Pastor A: 14) and Physical

Health categories: (Pastor C: 11). Table 5.2 presents the data from the pre-survey and

post-survey.

**Post-Survey Data and Themes**

After the participants received their pre-survey results from the researcher, they

began their 8-week cohort studying self-care. When the cohort concluded the participants

completed their interview and the post-survey. The post-survey was identical to the pre-

survey. Table 5.2 shows the post-survey scores alongside the pre-survey scores.

Table 5.2 Pre- and Post-Survey Data (*n*=3)

| Categories | Pastor A | | Pastor B | | Pastor C | |
|---|---|---|---|---|---|---|
| | Pre-Survey Score | Post-Survey Score | Pre-Survey Score | Post-Survey Score | Pre-Survey Score | Post-Survey Score |
| Physical Health | 16 | 19 | 16 | 14 | 11 | 10 |
| Mental Well-being | 14 | 16 | 19 | 22 | 17 | 23 |
| Managing Demands and Personal Agency | 22 | 20 | 20 | 24 | 20 | 19 |
| Spiritual Self-Care | 22 | 21 | 19 | 24 | 17 | 20 |
| Supportive Relationships | 17 | 23 | 23 | 24 | 25 | 25 |
| Meaning | 23 | 22 | 20 | 24 | 19 | 24 |
| **Overall Total** | **114** | **121** | **117** | **132** | **109** | **121** |

The post-survey revealed fluctuations in the participants' knowledge and use of self-care practices; however, it is significant that the overall scores for all of the participants increased. The researcher noted that education on self-care benefitted the participants. Pastor A's pre-survey score and post-survey score decreased in the Managing Demands and Personal Agency category (22 to 20), Spiritual self-care (22 to 21) and the Meaning self-care categories (23 to 22). Pastor A had some improvements, increasing his scores in Physical Health (16 to 19), Mental Well-being (14 to 16) and his overall score increased from 114 to 121. Pastor B's only decreased score was in the Physical Health category showing a decrease (16 to14) and his overall score increased significantly from 117 to 132. Pastor C, who had the lowest overall score in the pre-survey, increased his overall score from 109 to 121. In addition, Pastor C had the lowest score in Physical Health self-care. His Physical Health Self-Care decreased from 11 to 10 and the Managing Demands and Personal Agency scores decreased from 20 to 19. Pastor

C's significant increases were Mental Well-being (17 to 23) and Meaning self-care (19 to 24).

The pre-survey scores for all participants ranged from 109 to 117, and the post-survey score for all participants ranged from 121 to 132, reflecting the highest level of active and consistent self-practices. This score indicates the participants' have a good self-care system in place, leading to personal well-being and serenity at this stage of their lives. Participants were encouraged to make time for reflecting on areas of self-care that may need attention when new challenges arise. It is interesting to note that two participants had the same overall score (121). All three participants increased their scores through participating in the Deaf Pastors Cohort. Pastor A increased his total score by 6 points. Pastor B had a significant increase of 15 points in his total score. Pastor C increased his total score by 12 points. The highest scores for all three participants on the post-survey were in the Supportive Relationships category.

## Interview Data and Findings

During the last week of the cohort, an individual interview was conducted separately in ASL with each participant via Zoom and recorded for documentation. Each participant gave the researcher their verbal consent to be recorded. Each interview lasted from 1 hour to 1½ hours. Five interview questions asked what the participants learned and whether they observed significant changes in their self-care practices and overall well-being. The interview questions were as follows:

During each interview, the researcher asked five questions:

1) How would you describe self-care?

2) What areas of self-care are the easiest for you? What areas of self-care are the hardest for you?

3) What advice would you give a new pastor about self-care?

4) Describe what self-care concerns are unique to first-year pastors? Or veteran pastors?

5) What barriers keep you from engaging in self-care?

The researcher organized the participants' responses by theme.

*How would you describe self-care?*

When asked to describe self-care, all three participants were able to provide a description. Table 5.3 reports the participant's responses. Pastor A saw self-care as a learning process and a discipline to be practiced. Pastor B saw self-care as a sacrificial act of putting others needs before their own. Pastor C saw self-care as a renewal of the mind. The researcher concluded that there were two themes in the responses. Self-care is a process. The participants say transformation is a process that was both about learning and being transformed. Self-care is also connected with one's faith. All three participants noted that self-care was part of being "like Christ."

Table 5.3 How would you describe self-care?

| Pastor A | Pastor B | Pastor C |
|---|---|---|
| "Self-care is a learning process, a practical discipline, and a process toward a balance in my lifestyle." | "Self-care, self-discipline, spiritual discipline and combined is more practical than theoretical, that I would use to protect all aspects of my personality, my purposes here on earth."<br><br>"To be 'sacrificial' like Christ and put other's needs before my own." "To take care of myself in order to take care of others; specifically, my relationship with the Lord, then my wife, and then to my boss." | "To be discipled for transformation and renewal of my mind as spelled out in Romans 12."<br><br>"To distance myself from my normal routine to take care of myself; it's a time where I take a mental or physical rest and do something different from my routine." |

*What areas of self-care are the easiest for you? What areas of self-care are the hardest for you?*

When asked to describe the easiest self-care, all three participants were able to provide a description. Table 5.4 reports the participants' responses. Pastor A saw that maintaining regular reading time of the Bible for his work as the easiest, whereas maintaining healthy physical shape, finding time to add a workout in his schedule, eating healthier, making time for spiritual self-care and adapting to unexpected circumstances were the easiest forms of self-care for him. Pastor B saw that reading his Bible regularly for conducting spiritual studies and creating a foundation of adaptive self-care, mental health care, having a close core group for accountability and shared personal issues were the easiest self-care. In contrast, Pastor B saw that by reducing his resistance toward regular exercise, he was able to manage this long-term struggle. Pastor C saw that reading the Bible regularly and prayer for personal worship were the easiest self-care, whereas finding the time to schedule regular doctor appointments, exercise and eat more nutritious food to lose weight were the hardest forms of self-care for him. Pastor C saw that unhealthy eating habits adversely influenced his family. The researcher concluded that there were at least two themes in the responses. There are easy self-care and hard self-care, meaning some self-care can be easily managed, whereas other types of self-care require more effort from the participant. All of the participants saw that their easiest self-care was reading the Bible for personal and professional study. In contrast, all of the participants struggle with physical self-care; each of them expressed concerns for their weight, overall well-being and nurturing their body through healthy eating. The researcher noted all of the participants expressed appreciation for their spouses' support during personal and professional struggles.

Table 5.4 What areas of self-care are the easiest for you? What areas of self-care are the

hardest for you?

| | *Pastor A* | *Pastor B* | *Pastor C* |
|---|---|---|---|
| Easiest | "Maintaining regular reading time in the Bible for my work." | "Regular reading of my Bible for conducting spiritual studies."<br><br>"Making my 'adaptive self-care' as the foundation."<br><br>"I have a close core group with whom we are accountable to; I can share my personal issues." | "Reading my Bible and prayer for personal worship."<br><br>"Joining a group for regular support to share my heart and my emotions." |
| Hardest | "Spiritual self-care and striving to be adaptive."<br><br>"Maintaining good physical shape; it's hard to find the time to get in a workout in my schedule, to eat more healthy. My struggles with weight is an ongoing battle." | "Self-care that are the hardest for me are spiritual practice, spiritual discipline and integrity."<br><br>"Reducing my resistant stubbornness toward regular exercise." | "Struggles with weight, find time to eat nutritious meals and schedule appts with my doctor."<br><br>"I excel at preaching, but when it comes to my personal application, I actually do the opposite." |

*What advice would you give a new pastor about self-care?*

When asked what advice they would give a new pastor about self-care, all three

participants were able to provide a description. Table 5.5 reports the participants'

responses. Pastor A advised new pastors to find a reliable accountability partner. He also

recommended allowing the practice of grace when unable to fulfill the congregation's

pastoral needs, "Don't be hard on yourself; give yourself grace." He also provided

encouragement, such as "Try to practice self-care as much as possible." Pastor B saw that boundaries are very important for new pastors to establish and maintain. The new pastor should learn to prioritize their boundaries in the following order: spouse, family, closest friends, peers, and acquaintances. Pastor B saw the need for the new pastor to receive training first, with the intent to pass on what was learned. In this manner, the new pastor will create, build, empower, and continue the tradition of training and not fall apart internally. Hence, encouraging new pastors to maintain consistent healthy practices and boundaries are good for building strength to minister effectively. Pastor C saw the importance of encouraging the new pastor to develop a reliable and accountable team of two or three individuals within the church to provide consistent support and encouragement. The key term is "reliable," in which new pastors and their core team are able to maintain a structure for responding appropriately to the congregation's needs in order to protect the new pastor from feeling overwhelmed and overworked, leading them to experience burnout. Pastor C cautioned new pastors to avoid the "Superman Syndrome" where they do everything; he felt that "75 percent of my job is devoted to providing congregation care" and emphasized the need to use self-care as a "priority with his accountability team."

Table 5.5 What advice would you give a new pastor about self-care?

| Pastor A | Pastor B | Pastor C |
|---|---|---|
| "Make sure to have a reliable accountability partner.  Don't be hard on yourself; give yourself grace."<br><br>"Try to practice self-care as much as possible." | "Boundaries!"<br><br>"Create 'prob-ortunities' (take advantage of transforming problems into opportunities for growth)."<br><br>"Training is healthy. What you do with your training is important: If you look beyond yourself for training, you will fall apart. If you use the training for yourself and pass it on to someone else, it is good and you remain intact." | "Develop a reliable accountable team within the church, maybe 2 or 3 people, who will maintain a strong commitment, is totally reliable, unless they have to move out of town."<br><br>"Make sure your accountability team are using self-care." |

*Describe what self-care concerns are unique to first-year pastors? Veteran pastors?*

When asked to describe what self-care concerns were unique to first-year and veteran pastors, all three participants were able to provide a description. Table 5.6 records the participants' responses. Pastor A emphasized the importance of allowing first year pastors to have opportunities to learn from their mistakes. Social self-care is vital for receiving support from mentors during their "teaching moments." Pastor A saw the need to teach and encourage the first-year pastor to develop a consistent routine that would provide structure and consistent self-care. Pastor A stated, "Grace and accountability is so important." Modeling grace and accountability support the first-year pastor and the veteran pastor in feeling comfortable within their roles, seeking feedback for developing new skills, and being receptive to growth. Similarly to Pastor A, Pastor B saw the importance of creating opportunities for ongoing self-care. Pastor B observes that first-year pastors need to be encouraged to transform their mistakes into opportunities for growth, "first-year pastors are encouraged to give themselves room to make mistakes."

Veteran pastors given a new perspective to add to their thought process, "give themselves 'prob-ortunities' which allow the problem to become an opportunity to grow." Pastor B emphasized an important point for veteran pastors: maintaining consistent self-care is necessary to "make sure to mentally prepare the new pastor to keep the Deaf church growing instead of folding or become inactive."

Pastor C saw that Deaf pastors are spread thin throughout the United States; more consistent visible support and opportunities for social self-care through technology help decrease this type of isolation that Deaf pastors experience. The number of Deaf veteran pastors decreasing due to health or retirement is resulting in fewer opportunities for first-year pastors to receive ongoing encouragement, and to learn self-care and acquire wisdom.

Table 5.6 Describe what self-care concerns are unique to first-year pastors? Veteran pastors?

| Unique self-care concerns | Pastor A | Pastor B | Pastor C |
|---|---|---|---|
| First-year pastors | "Give yourself room to make mistakes." | "First-year pastors are encouraged to "give yourself room to make mistakes" and "give yourself 'prob-ortunities' which allows the problem to become an opportunity to grow." | "Don't try to do everything alone." (Superman Syndrome)<br><br>"Don't compare yourself with other churches."<br>"What may work at another church may not work for your church." |
| Veteran pastors | "Grace and accountability is so important!"<br><br>"Develop a good routine." | "Make sure to mentally prepare the new pastor to keep the Deaf church growing instead of folding or become inactive." | "It is equally important to remember to prepare your congregation for the time when you leave to retire or are called to minister at another church. |

| | | | Provide discipleship to the staff; teach them how to take over and lead the church through the transition." |
|---|---|---|---|

*What barriers keep you from engaging in self-care?*

When asked to describe the barriers that keep pastors from engaging in self-care, all three participants were able to provide a description. Table 5.7 reports the participants' responses. Pastor A saw the importance of giving himself grace when consistent self-care was not possible, and he neglected his needs for social and physical self-care. Pastor A saw that being consistent in taking time for self-care was a challenge because other priorities such as congregants' needs for pastoral care, preparing for sermons, and taking care of his family override his priority of establishing personal self-care and taking care of himself before taking care of other people. All of the pastors considered that "Pastors should make sure to have a reliable accountability partner, create boundaries." Pastor B saw the importance of creating "prob-ortunities," which are "opportunities for setting up boundaries." In encouraging new pastors to "not be hard on yourself," Pastor B saw the value of "giving yourself grace, to try practicing as much self-care as possible." Pastor C viewed the importance of integrity by following through on his intentions. For instance, "We can be a barrier that prevent us from engaging in self-care when we lose weight, but then gain it back, this time heavier. We try again."

Table 5.7 What barriers keep you from engaging in self-care?

| Pastor A | Pastor B | Pastor C |
|---|---|---|
| "Give yourself grace when you can't be consistent."<br><br>Fatigue, anxieties, and burnout<br><br>"Being unable to take care of myself before I take care of others.<br><br>"My tendency to place other people's needs before my own.<br><br>Spouse's present occupation as a nurse has added stress and fear of getting infected from Covid-19. Family's safety adds conflict of opinion on whether to keep working or not. | "Being stubborn causes change of attitude but leads to repentance."<br><br>Mental health challenges for self. | "Emotional and physical fatigue, lack of motivation, burnout, and stress.<br><br>Family's school and home restructuring during the pandemic.<br><br>"There are three barriers: Lack of time management skill; Lack of motivation; and Having the intention to 'do it all,' but then not having the discipline to follow through."<br><br>"I will use my self-care system, but not always. When I slip, I will forgive myself." |

CHAPTER SIX: DEAF PASTOR COHORT EVALUATION AND DISCUSSION

**Project Design**

The overall methodology for the Deaf Pastors Cohort was a simple and short-term project that has the potential to be a useful model for future cohorts. The primary data consisted of the research instruments used to measure the participants' progress learning self-care through an 8-week cohort from October 4 through November 28. The researcher developed the research question, examined survey questions from two sources, developed the pre-survey and the post-survey and recorded the questions in ASL, then analyzed the participants' scores. The researcher created a letter to recruit participants for the Deaf Pastors Cohort and made a curriculum of the cohort activities and a diagram of the self-care for the Deaf Pastors Cohort. The researcher analyzed the strengths and weaknesses of each portion of this project. The data collected in this project presents a unique study of pastoral self-care in a distinctive population. Using the data collected by the research instruments, the researcher was able to analyze how the Deaf Pastors Cohort participants were taking care of themselves before and after the cohort and observe whether their participation increased their commitment to use self-care consistently, and if there were any negative repercussions.

Secondary resources used for facilitating cohort activities included the books, *A Shepherd Looks at Psalm 23* by W. Phillip Keller and *Can You Drink the Cup?* by Henri Nouwen. A large number of scholarly journals were used to research cohort models and clergy issues related to burnout and compassion fatigue. Zoom, a video conferencing

platform, was used for facilitating the Zoom group sessions and individual interviews with each participant. The desired outcome was evidence of improvement in the participants' quality of life, vocation and overall well-being, combined with healthier views and confidence from developing effective self-care practices.

The fact that a survey of this type has not been available in the past was an incentive for the researcher to offer it to the participants as an opportunity to develop greater self-awareness. It is important to consider whether this survey can fulfill the participants' need for cultural and linguistic access, can be easily accessed, conducted without bias, and can be used equally by Deaf and hearing participants.

## Research Question

The research question was revised to explore the challenge of consistency. The initial research question was, "What does it take to survive and thrive in Deaf pastoral ministry?" The expanded research question added "If we know that self-care is essential for our emotional, mental, physical, spiritual, and social health, then why are we pastors not being consistent?" This question could be viewed as subjective but it leads to more discussions on whether it is possible to modify our process of change by focusing on the outcome. Additionally, it prompts pastors to develop an objective perspective that consistency can be developed over time by being proactive with setting goals and persevering during their journey of improving their self-care.

## Survey

In 2020, the researcher checked online for surveys that researched self-care for Deaf pastors; none were available. The researcher contacted a consultant based in Canada whose leadership training resources included an online self-care survey and a national

mental health nonprofit organization in the US[106] whose survey included a few questions related to spiritual self-care.[107] The researcher requested permission to use some of their self-survey questions for this project; both sources graciously shared their materials. The researcher developed other questions herself.

The researcher created an online pre-survey and post-survey in Google Forms to collect data for assessing the Deaf pastors' insights, practices of self-care, status, and well-being. A consent clause was visible at the beginning of each survey informing participants they were allowed to withdraw from the pre-survey and post-survey at any time. The participants were instructed to sign and date the online clause. The pre-survey and post-survey had 30 subjective and objective multiple-choice questions; each question was accompanied by a video of the question in ASL. This offered linguistic and cultural accessibility for the Deaf participants.

After the pre-survey was completed, the researcher provided the participants with their results and a "Self-Care Plan" template. The template was useful for keeping track of specific physical, emotional, social, mental, vocation, and spiritual self-care goals. It provided sections for documenting a strategy for overcoming negative habits or obstacles and for analyzing changes observed after implementing a plan. Using this tool

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[106] National Alliance on Mental Illness (NAMI). "Self-care Inventory," accessed July 16, 2020, https://www.nami.org/getattachment/Extranet/Education,-Training-and-Outreach-Programs/Signature-Classes/NAMI-Homefront/HF-Additional-Resources/HF15AR6SelfCare.pdf.

[107] David Irvine, "Self-care Inventory," accessed July 16, 2020, https://www.irvinestone.com/wpcontent/uploads/2020/09/selfcareassessment2016.pdf.

supported participants in being proactive in their self-care. The participants then started the 8 weeks of cohort activities.

## Review of the Survey Data

There was a significant improvement in each participants' overall score from the pre-survey to the post-survey. The scores reflect the participant's level of understanding of each component of self-care and the amount of time invested on each activity. The maximum score for each survey category is 25 and the overall score range is 30-150.

The weakest areas of self-care for the majority of participants were Mental Well-being and Physical Health. The participant's low scores in Physical Health were attributed to neglecting to make time for regular exercise, overloaded schedules, and lack of energy. All of the participants were overweight and admitted placing their health on a low priority. The majority of participants' highest scores were in the area of Supportive Relationships. The participants thrived on social interactions, whether personal or professional, in person or online.

During adversities and challenging periods in their lives, the participants' level of loneliness accelerated. During the cohort, the pandemic significantly restricted the participants' interactions to online activities. This fact has significance because the option to interact personally in real-time was reduced; the opportunity to feel included as a "community" by interacting physically in person during the cohort was deeply missed.

## Recruitment

Recruitment of participants for the Deaf Pastors Cohort was very challenging, requiring networking through the Deaf Grapevine and social media. This is the first time

the researcher ventured beyond familiar roles within the Deaf Christian community,

becoming a Deaf researcher collaborating with new individuals on a professional level.

The researcher knew several Deaf pastors by name through the Deaf community and

social media that made cold contacts awkward; there were many rejections based on their

busy schedules. However, this experience provided a great opportunity for future

collaboration and another cohort.

The Deaf Christian community is very small; being a new presence within the

Deaf Christian community may have caused prospective participants to decline the

invitation to join the cohort. What helped bridge this gap was the researcher had

conducted an informal online survey 2019 on the demographics of Deaf churches in the

US; one question asked the participants if they would be interested in participating in a

future cohort. Some participants responded to that question with enthusiasm.

In 2020, the researcher recruited more aggressively by making contacts through

email and Facebook Messenger. The researcher developed a formal letter of invitation

and distributed it through Facebook Messenger and cold emails to prospective

participants. Prior to starting the cohort, the researcher had successfully recruited three

participants, but one participant had to withdraw. This delayed the cohort by a few

weeks. When the researcher successfully secured a replacement, she distributed the pre-

survey to the participants and began the cohort.

**Curriculum**

The cohort curriculum consisted of 8 weeks of activities that began on October 4, 2020 and concluded on November 28, 2020. The activities included weekly reflections that were written or signed in a vlog and shared with the researcher. The participants could also choose to share reflections with the cohort by posting it in the private Facebook group or email. The participants reflected on the weekly topic questions and contributed their perspectives. During the second week, the participants considered "What is Self-Care?" and documented their insights. During the third week, the pastors thought about "Why do we need Self-Care? During the fourth week, the participants thought about "Who needs Self-Care?" During the fifth week, the participants discussed "How do we practice Self-Care?" During the sixth week, the pastors learned, "How do we create Self-Care?" During the seventh week, the participants discussed "How do we maintain Self-Care?" During the eighth week, the participants discussed "Self-Care Plan: Boundaries and Strategies."

The strength of the topic questions was that they engaged the participants' focus on different components of self-care. It appeared the components of self-care for pastors were fairly easy to understand, but the act of carrying out self-care practices consistently were challenging for the participants. The weakness of the topic questions was that they required more time for in-depth discussions; 8 weeks was not sufficient for studying self-care beyond general definitions.

Each week, the participants completed their reading assignments from two books that provided deep insights for personal reflection: *A Shepherd Looks at Psalm 23* by W. Phillip Keller and *Can You Drink the Cup?* by Henri Nouwen. The purpose of these reading assignments was to provide an enrichment activity that offered participants a

nurturing form of self-care and soul care. Both books were received well. The participants commented they understood the symbolism of the shepherd and the sheep and felt spiritually refreshed. These reading assignments satisfied the participants' need for quiet time with reflective reading and were appropriate for pastors who also served as caregivers to their respective congregations. The weakness of this activity originates from the fact the participants experienced difficulty finding time to read non-work-related materials. Two of the participants consistently completed their reading assignments. The profound symbolism of the "cup" may have been difficult reading for at least one of the participants. Two of the participants expressed difficulty with the reading materials. The article about the Resilient Ministry was somewhat challenging to read for at least two of the participants. The most frequent comment shared was that reading materials were challenging to comprehend. This indicates it would be helpful for the majority of the learning materials and resources to be offered in ASL.

The Zoom group discussions were the most active and productive portions of the cohort. These discussions were conducted online, live and in real-time for 2 hours. The first Zoom group discussion was held on 10/17/20 and focused on getting to know one another and sharing how the pandemic was affecting their respective congregations. The Zoom group discussion provided the participant a much-needed source of support; the participants' choice to share the impact of the pandemic allowed them the benefit of receiving social and emotional self-care.

Table 6.1 8-Week Cohort Curriculum and Activities

| Time Frame | Activity | Topic | Reading Assignment | Optional Self-Assessment | |
|---|---|---|---|---|---|
| **Week 1** | Prep Work: Pre-survey | | | | Book Purchase Info |
| **Week 2** | Zoom Group Discussion #1 (10/17) 10 a.m.-Noon: Discussion and Prayer<br><br>Written/Vlog Post | What is Self-Care? | *A Shepherd Looks at Psalm 23* Keller Chapters 1, 2, and 3 | | Keller, W. Phillip A Shepherd Looks at Psalm 23. Grand Rapids, MI: Zondervan, 2007. |
| **Week 3** | Written/Vlog post | Why do we need Self-Care? | *A Shepherd Looks at Psalm 23* Keller Chapters 4, 5, and 6 | Clifton Strengths Finder Test (Strengths) | Clifton, Don Strengths Based Leadership New York, NY: Gallup Press, 2008. |
| **Week 4** | Written/Vlog post | Who needs Self-Care? | *A Shepherd Looks at Psalm 23* Keller Chapters 7, 8, and 9 | | |
| **Week 5** | Written/Vlog post | How do we practice Self-Care? | *A Shepherd Looks at Psalm 23* Keller Chapters 10, 11 and 12 | Myers-Briggs Test (MBTI) Personality | Thomson, Lenore Personality Type: An Owner's Manual. Boston: Shambhala Publications, Inc., 1998. |
| **Week 6** | Written/Vlog post | How do we create Self-Care? | *Can You Drink from the Cup?* Nouwen Foreword, Part I, pp. 11-56 | | |
| **Week 7** | Zoom Group Discussion #2 (11/21) 10 a.m. – Noon Interviews Written Vlog /post | How do we maintain Self-Care? | *Can You Drink from the Cup?* Nouwen Part Two through Epilogue, pp. 58-123 | TalentSmart Test (Emotional Intelligence) | Bradbury, Travis and Jean Greaves Emotional Intelligence 2.0 San Diego: Talent Smart, 2009. |
| **Week 8** | Written/ Vlog post<br><br>Interviews<br><br>Post-Survey | Self-Care Plan: Boundaries and Strategies | | | |

The difficulty of maintaining stability for themselves, family and congregation during an

extremely chaotic period was the highest priority for this session. The second Zoom

group discussion took place on 11/21/20 with one participant absent. This session gave the participants ample opportunity to discuss self-care, how to apply self-care practices, and ways to support one another in their respective personal challenges. The strength of the Zoom group discussion was that it was fully accessible, allowing sufficient meaningful interaction. The weakness of the Zoom group discussion was that the total of 4 hours for this activity was too short for building relationships.

The Optional Self-Assessments were suggested for the participants' personal enrichment while participating in the cohort. Learning more about themselves is a form of mental, emotional and social self-care, providing the participant in-depth information on their strengths, personality, and emotional intelligence. The strengths of these activities were they provided participants the opportunity to gain clarity and new information about themselves that they were not aware of. The weakness of this activity was that these assessments may require more reading and coaching to understand and incorporate the new information in order to grow because some of the measurements were superficial.

### Evaluation of Research Design

*Strengths*

The pre-survey and post-survey were strengths. They were helpful for the participants to increase their self-awareness, collaborate and build relationships among the participants to observe their growth during their journey together. The purpose of these surveys was to gather data for comparing the differences between Deaf pastors' subjective and objective insights before and after participating in the cohort. The surveys captured their levels of understanding the concept of self-care; the status of their spiritual, emotional, mental, physical, and social self-care; and their use of self-care. It was also

important that the surveys were accessible in ASL. Additional strengths included developing the survey using two existing self-care inventories, and conducting the cohort over several weeks rather than offering a one-day workshop.

Michael McKee, Deirdre Schlehofer, and Denise Thew noted that "lack of linguistic and cultural concordance places the population at high risk for poor research engagement and inaccessible informed-consent processes and research materials."[108] Interviews facilitated in ASL added strength to this project by making participants feel comfortable, respected, fully engaged, and included during the process. The interview provided linguistic and cultural access for the participants. The interviews allowed the participants to feel at ease with sharing thoughts, insights and information. Most important, this project gave the participants an opportunity to contribute toward an urgent and worthwhile endeavor that would benefit the Deaf pastor community. The participants felt their experiences, education and self-worth was elevated to that of an elite level.

The research instruments and approaches used allowed for an in-depth, qualitative research that produced detailed observations that could not have been obtained through quantitative research. The question of whether the participants will maintain their self-care consistently is an important goal to achieve.

*Weaknesses*

A weakness of this thesis project was the small number of participants limited the diversity of perspectives. The American Deaf Pastor community are evolving and the number of older, traditional pastors are slowly dwindling leaving the younger pastors

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[108] Michael McKee, Deirdre Schlehofer, and Denise Thew, "Ethical Issues in Conducting Research with Deaf Populations," *Public Health Ethics* 103 no. 12 (December 2013): 2174, accessed 1/11/2021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3966694/pdf/AJPH.2013.301343.pdf.

with very few mentors to learn from. The researcher observed the small size of a short-term cohort resulted in a limited amount of feedback. According to A. E. Simmons, when discussing the effects of variability, "smaller sizes get decreasingly representative of the entire population."[109] In this case, the small number of the participants' insights and perspectives on practicing self-care may not adequately represent the entire Deaf pastor community.

The second weakness was that this thesis project did not include Deaf female pastors. There are plans for coordinating a future cohort for Deaf female pastors as they offer valuable pastoral care to their congregations and they would benefit greatly from learning about practicing consistent self-care. The number of female pastors in the world is extremely small which indicate the likelihood of minimal opportunities for social self-care. The researcher knows only seven female Deaf pastors – three from California, one each from Kansas, Missouri, and England and two from Cuba. In comparison, there are more hearing female pastors than Deaf female pastors. When compared with the number of Deaf male pastors, the disparity widens significantly. Barna also noted that women often pastor smaller churches than their male colleagues.[110]

Also, it is noted that the participants did not take advantage of the optional assessments: Clinton Strengthfinders, Emotional Intelligence 2.0 and the Myers-Briggs Test (MBTI). The reason for using these specific assessments was that they are well-known in the professional and business fields, they are easy to take online, and their long

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[109]A. E. Simmons, "The Disadvantages of a Small Sample Size," Sciencing.com, last modified January 11, 2021. https://sciencing.com/disadvantages-small-sample-size-8448532.html.

[110] Barna, "Women" in *The State of Pastors*, ed. David Kinnaman (Los Angeles: Barna Group, 2017), 82.

history of use indicates their reliability for giving accurate results. The MBTI assessment has been available to the public for use since 1962, Strengthfinders has been available since 1999, and the Emotional Intelligence 2.0 was developed in 2009. Though the assessments were offered without a fee, only one of the participants took advantage of these assessments.

All of the participants successfully completed the pre-survey survey and the post-survey survey. The surveys were helpful for identifying the level of each participants' practice of self-care as either consistent, consistent in some areas, or inconsistent in all five areas of self-care. An explanation of the pre-survey and post-survey scores gave each participant an idea of their level of self-care practice. Each week, one of the three participants consistently submitted reflections on video and email, while the other two did not turn in their reflections. The reflections were subjective and prone to varied disclosures because the moderator of the cohort had few prior interactions in the Deaf pastor community.

 The cohort's weakness was the short 8-week timeframe, which may have resulted in the majority of the participants having insufficient time or energy to participate fully. The individual interviews and the monthly Zoom group sessions appeared to be the best platform for the participants to connect, listen, share, and brainstorm, and to give and receive accountability, encouragement, and support.

During the Deaf Pastors Cohort, the participants shared their insights on experiencing common barriers to practicing self-care such as "long workdays, inadequate rest, and lack of clear boundaries." Their concerns included a lack of awareness of resources for psychological help, fear of stigma, lack of available qualified referrals for

professional counseling, "limited funds for counseling, and fears of losing confidentiality during therapy." Barriers to support and initiate self-care were negative thoughts, low self-esteem and the lack of awareness and understanding from their family of origin. In some cases, pastors feel there is a lack of general clergy support who are adequately trained and services are not adequate for their needs.

These are just the tip of the iceberg. Below the surface, Deaf pastors face insurmountable challenges. Most of the time, they are isolated. Other times, there are joyous occasions and life events that make the pastor's vocation very rewarding.

The comparison between the first and last week of the cohort indicates a general overall increase in knowledge about the five components of self-care for Deaf pastors. The participants expressed a desire to maintain their self-care at a higher level, interest in attending another cohort in the future and reading another book together such as *Resilient Ministry.*

CHAPTER SEVEN: REFLECTION ON SELF-CARE FOR DEAF PASTORS

**Personal Growth**

*Formation*

The calling to research self-care for Deaf pastors opened the researcher's eyes to a very profound experience that deepened her personal spiritual growth just as she had begun serving as a newly commissioned pastor with a megachurch. Her primary focus was on the Deaf Christian Community as well as the local secular Deaf community. In 2015, she prayed about whether there was a need for this type of research since ample information was already available to able-bodied pastors. Over the years, it has become more apparent that Deaf clergy, Deaf pastors and Deaf churches in the US were few in number and individuals were spread thin and undertrained and overworked, possessed limited financial and technical resources, and were less able to respond to societal changes, including the Covid-19 pandemic. She sought and provided encouragement to others and observed that Deaf pastors needed more ongoing support and advanced training.

*Academic*

The self-care project for Deaf pastors was a divine calling that allowed the researcher to commence an intensive spiritual and personal growth process that led to the formation of a new ministry. Prior to starting her seminary education in 2017, two significant events took place in her life: she completed a 2-year pastor training program provided by her church and she was commissioned as a pastor. Shortly afterward, she

was fully engaged in serving as a pastor to the Deaf ministry and the local Deaf community. Eventually, this prestigious work required her to seek strategies for her personal self-care and develop strategies in order to thrive. One day, she was unexpectedly captivated by scripture, "Then the Lord God provided a leafy plant and made it grow up over Jonah to give shade for his head to ease his discomfort, and Jonah was very happy about the plant." (Jon. 4:6). When the researcher thought about this verse, she sensed her studies at the seminary were to focus on self-care that God outlines: to use scripture and education to impact similarly situated individuals. Her research explored how to thrive in the midst of personal and professional challenges. She knew that aside from this revelation of a needed and divine calling by God the academic portion of her research journey would provide her with important theological and biblical resources. Specialized knowledge pertaining to Deaf pastors and their vocation was sparse and devoted to historical information on Deaf people attending church-related events and fellowship. Very little information regarding Deaf pastors' experiences with pastoral training were available. Her research reviewed relevant literature and included fieldwork in the form of a Deaf Pastors Cohort.

This project is meant to benefit the reader, present pastors and future pastors by providing a reproducible framework. For instance, this project creates a good foundation to prevent burnout and ensure longevity. When the researcher considered the potential benefits this project could bring, a Chinese quote came to mind, "One generation plants the trees, another gets the shade." It is truly rewarding for Deaf pastors to study the concept of self-care through a cohort where the activities and curriculum are fully

accessible, linguistically and culturally. This foundation could support the next generation of Deaf pastors in gaining new knowledge and modeling healthy self-care.

A cohort participant elaborated, "Pastors who are 'established' have the responsibility to pass on their wisdom gained from years of their service to new pastors." Sharing this research with Deaf pastors may enable them to transform their challenges into a thriving life of serving with healthy perspectives and practices.

*Self-Care for Deaf Pastors Next Steps*

Through this project, God revealed three possibilities that the researcher envisioned as part of self-care for Deaf pastors. This project has the potential to become an ongoing ministry since the primary purpose was to create avenues of development and support. Further, the project could be expanded to serve Deaf ministry leaders and church volunteers. The availability of virtual communication technology makes it possible for the researcher to provide self-care to a wider audience of Deaf pastors. This could allow for a greater national and international reach.

The practice of self-care as a requirement for pastors has merit. As Deaf pastors strive to maintain healthy boundaries, the standard of being "above reproach" is a good measure of protection for the pastor and the congregation. Deaf pastors face daily challenges that threaten their integrity. Pastors provide direct, professional services to staff, volunteers, and congregants, and are placed in situations that make them susceptible to liabilities. Practicing consistent self-care is a valuable tool; it increases their productivity and spirituality and provides a system of care that greatly benefits their congregations. Furthermore, Deaf pastors experience positive benefits from the long-term effects of consistent self-care; they become productive and they thrive.

The cohort participants expressed interest in ongoing learning opportunities, including the opportunity to work with female Deaf pastors, international Deaf pastors and leaders in the Deaf community. There is interest in a future cohort that offers more frequent virtual/live interactions, explore advanced self-care and an initiative to cultivate pastor-mentors.[111]

## Possible Future Research

This research raised additional issues to consider. According to Barna, a resilient leader "prioritizes their own spiritual, emotional and physical needs, views challenges realistically, learns from their mistakes, considers alternate perspectives and new processes, and expects that God is at work even in adverse situations."[112] Consistent use of self-care produces positive characteristics such as resilience. Based on feedback from the cohort participants, the researcher is planning to coordinate another cohort that will facilitate passing on what is being taught on an ongoing basis.

An overall goal is for Deaf pastors to be empowered to thrive rather than just get by or make it to the end of the day. Funding and resources would benefit the Deaf pastor community. An excellent RFP (Request for Proposal) grant was available to the pastor community by the Lilly Foundation in 2018. Dr. Matt Bloom was the grant recipient and used it to coordinate an extensive research survey. The survey result identified four common characteristics of a thriving pastor: (1.) The pastor establishes a clear sense of his or her pastoral and professional identity; (2.) there is an alignment between the

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[111] Bob Ayers and Rick McClain, *DeafChurch21: Vision for a New Generation* (Louisville: A&M Publishing, 2019), 102.

[112] Barna, "Resilience in Complexity," in *The State of Pastors*, David Kinnaman (Ventura: Barna Group, 2017), 154-160.

pastor's gifts and skills and the demands and expectations of the local congregation he or she serves; 3) the pastor receives mutual respect and support from clergy peers; and 4) the pastor has relationships with role models and exemplars who serve as mentors and who can guide him or her through common professional challenges and transitions.[113]  As the Founder of "Flourishing in Ministry," Dr. Bloom concluded, "The modern context is more demanding," he said, noting that pastors of all denominations are dealing with a more secularized culture and the threat of empty pews. A church is also in part a business, including financial issues and managing staffs, a process many pastors feel ill-equipped to deal with."[114]

These perceptions concluded with a finding that "too many clergy lack these kinds of mentoring relationships."[115] Theoretically, if hearing pastors struggle to find mentoring relationships, how much more difficult is it for Deaf pastors? How can leaders create a network of Deaf pastors to build relationships and actively learn from each other? Future research could include opportunities to help Deaf pastors find and build relationships with role models. This would create an environment for more pastors to flourish and lead congregations more effectively.

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[113] Matt Bloom, *Flourishing in Ministry: Emerging Research Insights on the Well-Being of Pastors* (South Bend, IN: The Flourishing in Ministry Project, Mendoza College of Business, University of Notre Dame, 2018), 3-4, https://wellbeing.nd.edu/assets/198819/emerging_insights_2_1_.pdf.

[114] Matt Bloom, "Flourishing in Ministry Program Aims to Counter Pastor Burnout," Flourishing in Ministry, Mendoza College of Business, University of Notre Dame, 2013, https://mendoza.nd.edu/news/flourishing-in-ministry-program-aims-to-counter-pastor-burnout/.

[115] Lilly Endowment, "Thriving in Ministry RFP" (2018), 3-4.

**Conclusions**

This research gave the researcher the opportunity to follow through on a calling shortly after she became a commissioned pastor in 2015. She began her seminary education in 2017 and experienced unexpected tragedies a few months later. Her parents had serious health issues and her family members became part-time caregivers. Within almost a year, both of her parents passed away, the most recent eight months ago. Her seminary education coincided with tremendous spiritual growth, and much fruit was produced. God impressed His heart on her to continue her research on self-care. This endeavor turned out to be the best course of action that enabled her to thrive spiritually, personally and professionally. Additional research ideas have surfaced, such as comparing the differences and similarities of self-care practices used by Deaf female pastors and Deaf male pastors; identifying the differences, if any, of self-care practices among Deaf pastors of different ethnicities/backgrounds; and identifying additional methods for educating Deaf pastors.

This project brought up excellent discussions for deeper contemplation showing there is much potential for growth within the Deaf pastor community. During the cohort with three Deaf pastors, the researcher felt incredible respect for their transparency, perspectives, challenges, and struggles. The cohort consisted of incredible richness created by the learning process derived from the participants' perspectives. Their courage and sacrifices made on behalf of their congregants remain largely untold.

*Future Activities and Research*

A possible virtual Deaf Pastors Cohort may be offered to a new group of Deaf pastors in 2021; the time frame will be adjusted from 8 weeks to 5 months with the cohort undergoing a Zoom session every other week. The material and coursework will

be expanded. It is worth noting the importance of how, over time, people develop and

mature in significant ways while providing care for people God places in our lives. It is

from caring for one another that deeply enriches people's lives.

APPENDIX A: Pre-and Post-Survey

APPENDIX A: Pre-and Post-Survey

Each Pre- and Post-Survey questions are accompanied by an ASL video.

A total of 30 videos of the survey questions in ASL were created.

**Physical Health**

1.  I get seven to eight hours of sleep most nights.

2.  I consistently exercise at least three times a week, for at least 20 minutes.

3.  I am a non-smoker.

4.  My body weight is just right for me.

5.  I have a healthy, well-balance diet.

**Mental Well-being**

1.  I am optimistic about my life and my future.

2.  Joy and gratitude come easily to me, and I do things that give me joy.

3.  I am free of worry about people, places, and things that I have no control over.

4.  I am able to move from self-criticism to self-acceptance easily (i.e., I treat. myself with the same respect and compassion I would toward a best friend.)

5.  I am able to deal with fear, guilt, and insecurity in a constructive way.

**Managing Demands and Personal Agency**

1.  I am clear about the essential elements that matter most in my life.

2.  I attend to my core values on a regular basis.

3.  I have clear boundaries, when necessary, around the expectation of others.

4.  I am satisfied with the way I handle demands in my life.

5.  I have little in my life that needs cleaning up (household clutter, destructive relationships, addictions, unmanageable debts, etc.)

**Spiritual Self-Care**

1.  I allow myself time for daily reading and reflection.

2.  I spend time with nature.

3.  I participate in a spiritual community.

4.  I read inspirational literature (i.e., lectures, books, devotions, and prayers).

5.  I cherish my own optimism and hope.

**Supportive relationships**

1.  I give and receive affection regularly.

2.  I have at least one relative within an hour's drive on whom I can rely.

3.  I have a network of friends on whom I can and do depend.

4.  I have at least one friend that I confide in about personal matters, and I meet with them regularly.

5.  I am able to speak openly about my feelings when angry or worried.

**Meaning**

1.  I enjoy getting out of bed most days and look forward to the day.

2.  I have a sense of purpose in my life.

3.  If I suddenly received an inheritance of $1 million, my life wouldn't change much.

4.  I stand up for what I believe in.

5.  I express my unique talents, strengths, passions, and dreams on a daily basis.

APPENDIX B: Likert Scale

APPENDIX B: Likert Scale

The survey was categorized by Physical health, Mental Well-being, Managing Demands, and Personal Agency, Spiritual Self-Care, Supportive Relationships, and Meaning. For each item, a specific number of points assigns the value of the participant's response: a response of "Almost Never" is worth 1 point, "Occasionally" is worth 2 points, "Half of the Time" is worth 3 points, "Fairly Often" is worth 4 points and "Almost Always" is worth 5 points. The number of points are added together for the overall total score.

A survey score of between 30 and 90 indicates the respondent is struggling, has severe difficulties with maintaining self-care, and would benefit from developing a more robust self-care system. A score of between 91 and 119 points indicates the participant has some healthy self-care methods and some areas that need a new focus and may require new habits. The recommendation for the participant is to focus on one or two areas of self-care. A score of 120 or more points indicates the participant has a good self-care in place and consistently exercises their healthy self-care plan. The highest score is 150.

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