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BETHEL UNIVERSITY
BETHEL SEMINARY ST. PAUL

AN INVESTIGATION OF SELF-CARE PRACTICES AND PRINCIPLES
AMONG THE PENTECOSTAL-APOSTOLIC CLERGY

A DISSERTATION SUBMITTED
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF MINISTRY

BY
CHELSEA A. HALL
ST. PAUL, MINNESOTA

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My first thanks are to God, without whom this project would never have been undertaken, completed, or of any effect. He is the reason for my hope and confidence in life, and the source of the peace and courage that facilitate all efforts at self-care in ministry.

I would like to express my sincere thanks and appreciation to my thesis advisor, Dr. Katie Friesen Smith. Her insights, encouragement and patience are immensely appreciated. I would also like to thank Dr. Justin Irving and Ceallaigh Anderson Smart for their guidance throughout the Doctor of Ministry process, and for faithfully answering my endless questions. I would especially like to thank all the faculty and administrative staff at Bethel Seminary; the insights, guidance and support graciously shared have left an indelible impression on my life. Of these a few special mentions go to the following instructors for their intentional investment in my project: Dr. Frank Green, Dr. Sam Rima, and Dr. Dan Rotach. Also, I would like to extend special thanks to my fellow students, whose kindness, vulnerability, and emotional generosity helped renew my faith in ministry and myself.

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thank all my family and friends who have supported and cheered me on toward my goal, being endlessly patient with the sacrifice of quality time.

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Finally, there is an anonymous maxim that declares “You can learn something from everyone; some show you what to do, and others show you what not to do.” I would like to acknowledge my father for demonstrating the dire consequences of neglecting holistic self-care in ministry. It is my hope that other Pentecostal-Apostolic ministers be spared your experiences by taking responsibility for and valuing the impact of their self-care choices upon themselves, their families, and their congregations. May grace yet find you.

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ABSTRACT

The goal of this research project was to investigate the perspectives and practices of self-care among Pentecostal-Apostolic (P-A) clergy, and create a set of principles to assist the P-A clergy in conducting a God-honoring self-care. This was done through use of a convergent-parallel mixed method research design, with a case study approach. Literature reviews were conducted in biblical, theological and psychological research areas, while a survey containing both qualitative open-ended questions and quantitative Likert-scale items was developed and distributed via email to P-A clergy from the United Pentecostal Church International, Worldwide Pentecostal Fellowship, and Independent organizations. Thirty-four complete responses were returned and the data analyzed led the researcher to the following conclusions about the sample population. While P-A clergy recognize the necessity of self-care to effective ministry and are interested in accessing methods of improvement, they have a fragmented understanding of the holistic nature and practices of self-care, tending to one or two parts instead of their whole self. Also, the P-A clergy sampled believed that they did not practiced adequate self-care over the last year, and experienced a lack of organizational/leadership support for effective self-care.

When coupled with findings from biblical, theological and psychological literature reviews, the survey data led to development of four principles for assisting P-A clergy to practice holistic self-care. First, to be effective clergy self-care must be holistic, addressing all facets of the minister's self. Second, the priority of such self-care must be

the well-being of the minister himself, before attending to anyone else. Additionally, effective clergy self-care requires development and/or attempts to practice active, non-judgmental self-awareness. Finally, a minister engaging in effective self-care must practice acceptance of his personal limitations in order to develop his strengths and keep his self-worth founded in God's acceptance as opposed to success or failure in ministry.

DEDICATION

To God, who has prepared every step of this project and my life with exquisite grace and mercy. In my lowest place, you lifted me up and filled my mouth with your praise, my heart with joy; you taught me to walk in the ways of peace, to face and care for myself, so that I could bring news of this peace to others. My salvation is truly found in him to whom nothing is impossible. May this project fulfill all the purpose for which you designed it.

To my mother, Ericka Hall, for your unconditional love, faithful support and courageous inspiration. You have championed the practice of clergy self-care by example and in leadership more than anyone else I know; without your vision and sacrifices my journey in the Doctor of Ministry program would have never begun. I owe all I am and ever will be to your love and Godly teaching. I am forever grateful.

To the ministers of the Pentecostal-Apostolic faith, with the hope that the information here may be a blessing and support to you and your families for generations to come. May you grasp the vision of self-care in ministry. May you intimately know that God is truly as great as you preach that he is, and that he is more than enough to care for his people when you are resting as well as when you are working.

Soli Deo Gloria

CHAPTER ONE: THE PROBLEM OF ABSENCE OF MINISTERIAL SELF-CARE
IN PENTECOSTAL-APOSTOLIC CLERGY

Statement of the Problem

The problem this project addressed was the lack of consistent self-care and development in Pentecostal-Apostolic (P-A) clergy, resulting in ministerial burnout and congregational distress. In response to the problem the researcher explored the theological foundations and biblical principles for ministerial self-care, reviewed relevant literature dealing with self-care, and developed research instruments which were used to evaluate the current perspectives and practices of self-care among P-A pastors and ministers. Based upon these investigations, the researcher developed a set of four principles of self-care for use by individuals in P-A ministry.

Delimitations of the Problem

The research was limited to P-A pastors, ministers, and organizational leaders in North America, specifically those registered with the United Pentecostal Church, International (UPCI) or Worldwide Pentecostal Fellowship (WPF) organizations and those classified as 'Independent.' Independent classification indicated that the minister did not hold membership with a specific P-A organization or fellowship, but because of shared doctrine attended conferences and engaged in fellowship with clergy members of various P-A organizations.

The term Pentecostal-Apostolic (P-A) was used to indicate that an individual or group maintained doctrinal beliefs and spiritual practices based on those of the apostles,

scripture and the leading of the Holy Spirit. These beliefs included an emphasis on a personal experienced-based relationship with God maintained through regular prayer, repentance, fasting, and church attendance, holiness of mind and body evidenced through modest attire, pure speech, sobriety and other forms of self-discipline, immersion baptism in Jesus name, and speaking in tongues as the evidence of the infilling of the Holy Spirit. One of the primary beliefs that bind the P-A organizations together is agreement on the doctrine of the Oneness of the Godhead, and not the doctrine of the trinity adhered to by many other Christian denominations.

The focus of the research was examination of the self-care perspectives and practices held by clergy currently active in ordained ministry in the above-mentioned organizations. The effectiveness of this self-care was not examined. For this research, ordained ministry is understood to refer to leaders and ministers who have been recognized by the above-mentioned organizations, and who minister to a specific congregation or church, and/or engage in spiritual leadership of a religious organization.

The research included the study of the principles of self-care found in Scripture through examples and commandments given regarding care of the individual leader/minister as a part of the community whole. The concepts of self-care found in psychology and the research literature on burnout and efficacy of self-care methods in clergy populations were also examined through the study. There was no study undertaken of self-care for individual congregation members or laity in this study.

Assumptions

The foundational assumption was that ministers are subject to physical, emotional, mental and spiritual limitations as all humans are and God does not regularly

create miracles to support ministers when they fail to use the wisdom God gave for caring for the body as a temple and other common sense measures.

The second assumption was that ministers themselves are the primary tool of ministry, such that they can only lead out of their own experiences, energy, and gifts combined with reliance upon God's direction. This is true not only physically, but also psychologically and spiritually as the formation and contents of the self become a tool. For this study the concept of self refers to the core emotional, mental, physical and spiritual identity or self-perception of the individual by the individual. A healthy sense of self includes self-awareness, self-knowledge, and honest self-evaluation, while unhealthy sense of self is fractured and is demonstrated through disconnected self-awareness.

A third assumption was that ministers must practice self-care to lead well and have a sense of personal fulfillment. Self-care is recognized as actions and attention requiring engagement in the ability to be self-aware, to self-regulate, and to balance the needs of others with needs of the self, as well as involving ordinary physical health care, and personal and professional development concerns.¹ It was assumed that to be effective, the practice of self-care must be a holistic one involving all parts and elements of the minister's personal being. This includes personal and professional development.

The fourth assumption was that the Bible is a reliable and accurate source of knowledge as the inspired word of God containing instructions and encouragement for humanity. Additionally, that the Bible contains self-care principles and instructions under

¹ Ellen K. Baker, *Caring for Ourselves: A Therapist's Guide to Personal and Professional Well-Being* (Washington, DC: American Psychological Association, 2003), 15-20.

other labels, and offers numerous examples of the resulting ministry impact on the leaders who chose or chose not to attend to self-care.

The final assumption was that pastors/ministers have a determining impact on the health and efficacy of a congregation. Also, that congregational distress and personal burnout are universally undesirable consequences, and can be influenced by the ministerial leadership of that congregation.

Setting of the Project

The setting for the research was among P-A pastors and ordained ministers involved in UPCI, WPF, or independent P-A organizations, in the United States of America. P-A clergy have a long history of avoiding practical self-care in favor of a superstitious reliance upon God to fill every need, even the ones they could or should probably take care of themselves. Reliance upon God is a widely-accepted tenet of Christian faith, however there are many clergy who have taken God's provision and grace as an excuse to neglect their responsibilities to prepare for sermons, invest in personal spirituality, and care for their physical body. This is particularly well demonstrated in the historical tradition of refusing medical or psychological treatment for terminal or mental diseases, although current trends have mitigated the severity of treatment refusal it continues to be refused frequently.² While there is a growing movement of P-A ministers obtaining higher education and an accompanying balance of honoring the wisdom God has given man by accepting medical, technological and counseling resources, there is yet an aversion to engaging in organization-wide practices of self-care. While no specific

² Neil Hudson, "Early British Pentecostals and Their Relationship to Health, Healing and Medicine," *Asian Journal of Pentecostal Studies* 6, no. 2 (2003), 283-285.

cause for this has been identified, the researcher has heard several reasons suggested by colleagues and other ministers.

One possibility is that the aversion might be due to the charismatic culture of P-A organizations, with a tendency to rely on the “blab and grab” type of blind faith. Another possibility is that the aversion is due to an inability to draw and maintain personal boundaries as they take on the role of representative of God to the congregation. Regardless of the cause, the effect has been observed to be a clergy over-reliance on spiritual intuition and taking on full responsibility for the success and welfare of congregations. This leaves little or no time for the personal care of the minister, as they race about trying to attend to every need; often needs they do not have the competency training to fill. Quite frequently the researcher has heard the phrase “burning the candle at both ends” displayed as a badge of honor and a standard of sacrifice. Such behavior seems to have led well-intentioned ministers to frequently confuse the necessity of God’s ultimate sacrifice with their own exhaustion, and to look askance at those who draw boundaries as though they were not living up to the kind of sacrifice Jesus gave.

The P-A organizations accessible to the researcher have undergone dramatic changes affecting ministerial self-care in recent years. The UPCI is an international organization of P-A churches with benefits of widespread fellowship for ministers involved. In 2007 the UPCI held a general conference of its members to address several important questions of change regarding convictions previously held for decades. When those changes were voted for in the affirmative, a large number of UPCI members withdrew from the organization. A fraction claimed independent status, while the majority formed a minister’s fellowship to provide mutual social and mentorship support.

This new ministerial fellowship is titled “Worldwide Pentecostal Fellowship (WPF)” and was formed in 2008. As a relatively new organization the WPF has fewer financial, emotional, and organizational resources to offer ministers, increasing the difficulty of carrying out church planting, world-wide missions, and day to day support.

Due to the doctrinal nature of the changes made in the UPCI, there were conflicts and divisions created between family members, friends, and church congregations. Several congregants opted to leave their various churches over the conflict, and others left the faith as well. While many ministers strove for neutrality, attempting to hold friendships across the two organizations, this has proved a difficult task as the UPCI has continued to make sweeping changes to the organization with the conservative elements largely removed. Also, there has been a continuing intense degree of animosity from the original organization at the number and position of the ministers who have left and continue to leave. It is not within the scope of the present research to evaluate the accuracy of either of these organizations, but to point out that the isolation, relational trauma, and loss of emotional and financial supports has greatly affected the self-care and training of ministers of both the UPCI and WPF as well as those of independent status. Accordingly, it was the opinion of the researcher that clear principles of self-care based in theology and psychology would be key to engaging ministers in the idea and practices of a God-honoring self-care, in the setting of P-A ministry.

The Importance of the Project

The Importance of the Project to the Researcher

The researcher has developed a passion for supporting the person and families of pastors and other clergy. This is due in part to experiences growing up observing and

ministering alongside her parents and other ministers and elders through the processes of establishing and developing a church plant in an industrial city in California. Along with the growing awareness of the difficulties and personal sacrifices inherent in ministry, the researcher also watched a number of respected ministers fail morally and ethically as a result of a gradual pattern of inconsistent or nonexistent self-care. The most unfortunate element of these observations was the trauma that occurred in both the families and churches of these ministers; trauma that was clearly preventable and unnecessary.

When the researcher left active ministry briefly to recover from personal trauma and pursue psychological training as a marriage and family therapist, she found that the unbalanced view of ministry and sacrifice in her upbringing was not only unnecessary but toxic to the human body and spirit. Further pursuit of doctoral studies increased the understanding that this unbalanced view of ministry was unbiblical and produced unethical results. These academic studies and psychotherapeutic practice demonstrated the fact that there was great potential for ministerial change in the area of self-care through developing awareness, education, and supported practice.

The researcher believed that if P-A ministers are to seek to honor God with their lives and ministry, they must be ready and willing to make significant changes in the ways they perceive and approach self-care and their role in ministry. If such changes are not made, the problem of moral and ethical failures in leadership will become common place, and the number of P-A churches closing their doors will increase rapidly. The demands of modern life and ministry are too great to continue without an intentional application toward self-care. The researcher also understood that for change to occur in the approach to self-care by P-A clergy, a thorough grasp of their current perspectives

and practices of self-care is necessary. In conducting this project, the researcher is hopeful that the results will provide a helpful contribution to the larger conversation regarding how P-A clergy can increase their effectiveness, longevity and personal fulfillment in the Kingdom of God.

The Importance of the Project to the Immediate Ministry Context

The researcher holds multiple roles in her local church and community which place her in a unique position from which to observe and attempt to mitigate the effects of ministerial lack of self-care. The researcher serves the local church and community directly through providing counseling services as a marriage and family therapist, and more indirectly through serving as an adjunct professor of Christian Counseling for an online school of theology. In addition, the researcher has served on the Pastoral Support Team at her current church for the past four years and did the same for as many years in her prior church. This Pastoral Support Team provides a sounding board and support to the pastor and his family, while acting as an informal liaison between the pastor and congregation. As a pastor's daughter; the researcher is especially well equipped to recognize and understand the biases and expectations of the P-A clergy, having often experienced them herself.

The researcher has watched pastors struggle to take care of their own basic physical, emotional and spiritual needs and those of their families as they attempt to follow the traditional P-A ministry guideline to "take care of the saints first and God will take care of you." This guideline is not often directly stated in training programs, but is implicit and obvious in the elder or more experienced minister's directions to younger pastors regarding schedule conflicts, for example, between a child's graduation and a

parishioners' non-emergency hospital visit. Invariably the minister is instructed to leave the graduation and go to the hospital. If a pastor is sick, he is encouraged to preach and counsel anyway and let the Spirit work through him, even if he infects half the congregation with a virus. The researcher has observed as dozens of ministers have developed physical and emotional ailments, from diabetes and ulcers to marriage trouble when a wife becomes lonely and fed up with taking care of children and home without help or appreciation.

Many of the churches in which the pastors or ministry leaders experienced the symptoms above were observed to develop congregational issues including an attitude of apathy, disunity, distrust of authority and church splits. With inaccurate and inconsistent spiritual and emotional care, these churches and pastors became ineffective and self-focused. The following case combines into one the various issues observed in P-A churches when clergy's decisions go awry from lack of self-care, to assist the readers' understanding of the importance of this project.

Everlasting Peace is a small but established church in California. It was once large and thriving with its own building and school. Over time, however, the church has had repeated splits due to poor personal choices on the part of the leadership, including everything from embezzlement of church funds to marital infidelity. After several interim pastors, a young minister took the church and attempted to enact swift changes to provide the maximum level of help and faith restoration. The congregation is apathetic toward evangelism, distrusts authority and lacks unity however, so it bitterly resisted every change at first. Although the new pastor has experienced some success in instilling hope and trust by establishing relationships, his personal sacrifices to be present and active

within the congregation have alienated his family and impacted his health negatively. As a result, there are numerous congregants who languish in bitterness because he cannot continue to invest all of his energy into many people at once and frequently “crashes” emotionally. The congregants who learned to over-depend on him are left without support. Being young this new pastor reached out to a counselor in the community for assistance. The counselor struggles to find ways to help the pastor maintain a basic level of self-care and to understand that his self-care directly impacts his care of the saints. The successes occurred when the therapist takes great pains to prove that there are self-care mandates in the scriptures related to the specific issue at hand, but the freedom to choose self-care in the pastor is short-lived. Whenever the pastor interacts or speaks with other pastors and ministers, he again chooses the old, supposedly “sacrificial” methods of ministry again.

This story has been repeated over and over throughout P-A churches, with variations, and continues to cripple both pastors and congregations and keep them from fulfilling their God-given purposes on earth. Because of this, the researcher believes the principles and understanding produced by this research will be of inestimable value to the current ministry context, aiding the researcher to assist pastors and ministers through spreading understanding and developing actions that will help P-A ministers to help themselves.

The Importance of the Project to the Church at Large

According to Barna Group research done in 2008, the Pentecostal/Charismatic contingent represents one of the largest groups of U.S. believers, being equivalent to the number of Catholics and larger than a number of other denominational churches (Baptist,

Methodist, Presbyterian, Lutheran, Episcopal and non-denominational).³ The only categories larger than Pentecostal/Charismatic groups were the Protestants and those designated as “born again Christians.”⁴ In the same article, Barna Group noted that the Pentecostal/Charismatic groups appealed across denominational boundaries with twenty percent of Catholic and twenty-six percent of Protestant adults identifying as part of the Pentecostal/Charismatic movement, and that there is an equal representation of this category across all of the geographic regions of the United States of America.

Unfortunately, this large portion of Christianity has lost some of its clarity of focus and conviction according to further Barna Group research, such that the youth and young adults of the Pentecostal movement are confused about the stated convictions of the movement, and focus on spiritual feeling and emotional process rather than actively living the convictions of faith and discipleship.⁵ It would seem that the spiritual sense of self is missing in the current generation of P-A church members, and from the researchers observations this same is missing in many P-A ministers and leaders. This research can be understood to imply that the spiritual leaders and directors of P-A communities, being the clergy, are not fulfilling their spiritual and ethical obligations of educating their congregants in their faith, whether due to a lack of their own spiritual sense of self or some other possible reason. Research-based leadership-development theory described by

³ George Barna, “Is American Christianity Turning Charismatic?”, Barna.com, January 7, 2008 (Ventura, Ca: Issachar Companies), <https://www.barna.com/research/is-american-christianity-turning-charismatic/> (accessed February 10, 2016).

⁴ George Barna, “How Different Generations View and Engage with Charismatic and Pentecostal Christianity,” Barna.com, March 29, 2010. (Ventura, Ca: Issachar Companies). <https://www.barna.com/research/how-different-generations-view-and-engage-with-charismatic-and-pentecostal-christianity/> (accessed February 10, 2016).

⁵ Barna, “How Different Generations View and Engage with Charismatic and Pentecostal Christianity,” 2010.

Robert Clinton and Paul Leavenworth indicates that a clear sense of and value for self is reflective of God's creation and guides our practice of faith and discipleship.⁶ In this way the research reflects the importance of self-care and development among the leaders of P-A churches and organizations, in order to correct the confusion and display strong effective modeling among church members.

The importance of this research to the larger world of ministry and academia can be found in the way that it will help provide some guidance for the creation and implementation of future methods of helping clergy live out a life of good self and other care. A set of essential clergy self-care principles based in biblical-theological research could serve as the basis for the development of a model of pastoral theology emphasizing self-care or for a program dealing with issues of self-care in ministry. Further suggestion of the importance of the research can be found in the fact that there are now large numbers of P-A believers that will be strongly impacted by the personal choices of a small but powerful group of people- their ministers.

⁶ Robert Clinton and Paul Leavenworth, *Living and Leading Well: Navigating Mid-Life Ministry (Well Trilogy), Volume 2* (CreateSpace Independent Publishing Platform, 2013), 23-45.

CHAPTER TWO: A BIBLICAL-THEOLOGICAL FOUNDATION FOR SELF-CARE PRACTICES IN PENTECOSTAL-APOSTOLIC MINISTRY

Many have called the Bible “God’s Handbook for Life,” because the Scriptures contain so many commandments, instructions and guidelines for living a God-honoring, personally fulfilling life. It also contains examples of leaders and ministers in history who followed or ignored these instructions, and the results of those decisions. The researcher is convinced that among these instructions God included direction and examples indicating the importance of ministerial self-care. To satisfy this conviction, and accomplish the project goal, an examination was conducted of Biblical instructions and leaders in both the Old and New Testaments to identify principles of ministerial self-care.

Biblical Instructions to Ministerial Self-Care

Although the Biblical writers did not use the term ‘self-care,’ there are numerous statements and commandments in both Testaments where people are instructed to “take heed to yourself.”¹ The Hebrew word often used in the Old Testament for heed is *shamar* which means “to keep, watch, preserve.”² One translation put it “to be on one’s guard, to keep oneself.”³ In addition, the word was used most often as a verb, with a sense of

¹ Exod. 19:12, 34:12; Deut. 4:9, 4:23, 11:16, 12:13, 12:30; I Sam 19:2; II Chron. 19:6-7; Jer. 17:21; Mal. 2:15-16, Mark 13:9; Luke 8:18, 17:3, 21:34; Acts 5:35, 20:28; and 1 Tim. 4:16 to list a few.

² *NAS Exhaustive Concordance of the Bible with Hebrew-Aramaic and Greek Dictionaries.*, s.v. “shamar,” (The Lockman Foundation, 1998) <http://www.biblehub.com/hebrew/8104.htm> (accessed February 22, 2016).

³ Francis Brown, S. R. Driver, Charles A. Briggs, and H.F.W. Gesenius. *Brown, Driver, Briggs and Gesenius Hebrew and English Lexicon*. unabridged, s.v. “shamar,” Biblesoft Electronic Database, 2008 <http://www.biblestudytools.org/lexicons/hebrew/kjv/shamar.html> (accessed February 22, 2016).

continued action performed consistently or continuously over time, rather than a single-instance obligation. It was used to describe a variety of maintenance activities including: the annual keeping of holy festivals, restraint from evil/wrong-doing, maintaining property, protecting valuable or holy things, and learning by observation.

The New Testament word translated “heed” has a similar connotation, being the compound verb *epechó* meaning “to give attention, to observe, to hold onto, and apply.”⁴ A further meaning is derived from understanding that the word *epechó* was used to refer to harbor watch-fires cautioning and protecting ships from danger, where the word also means “to hold forth.”⁵ As with the Hebrew *shamar*, the Greek word *epechó* is a verb indicating action, and has a present-tense continuous quality. It was used in a variety of ways, most notably to encourage believers and leaders to pay attention and hold fast and forth the truth of God.

The injunctions following the phrase “take heed to yourself” throughout the Bible indicate that God cares deeply about the emotional, cognitive, psychological and physical state of his people, both ministers and congregants. The phrase precedes a wide variety of instructions, from guarding against leprosy (Deut. 24:8) to caring for children (Matt. 18:10) and spouses (Mal. 2:15-16), from encouraging forgiveness (Luke 17:3) to anxiety (Luke 21:34). Other scriptures refer to obedience to Gods commands (Exod. 19:12), to protection from evil and all forms of danger (Exod. 34:12), to evaluation of personal

⁴ James Strong, *Strong’s Exhaustive Concordance of the Bible: Greek 1907.*, s.v. “epechó,” (Peabody, Mass: Hendrickson Publishers, Inc., 2008) http://biblehub.com/greek/strongs_1907.htm (accessed October 29, 2016).

⁵ Strong, s.v. “epechó.”

intentions (Acts 5:35), to parenting (Deut. 4:9), and obtaining Sabbath rest for body and soul (Jer. 17:21).

It can be interpreted that the meaning and use of the word “heed” indicates that God insisted on more than simple auditory attention when he asked someone to keep, observe, preserve and take notice of themselves. One receives the impression that taking heed was intended to be a lifestyle of intentional awareness of self, others and God that lead to changed actions. Without such awareness humanity is predisposed to the forgetfulness of sinful self that James described as the man who looks in a mirror and then promptly forgets what he saw as he walks away (James 1:23-24).⁶ Such action and attention devoted to how one follows God’s instructions would lead one to self-awareness and intentional action to keep oneself in good condition for fulfilling God’s purposes.

The depth of this divine emphasis on self-awareness is reflected in the number of times the word “heed” and similar words used for “directing one’s attention” are used in the Scriptures. The word “heed” is used 223 times in the Bible, “observe” 216 times, “regard” 230 times, “watch” 203 times, “note” 129 times, “guard” 185 times, “attend” 71 times, and “notice” 44 times.⁷

Accordingly, in both psychological and spiritual circles, self-awareness is considered an important key to effectiveness and personal fulfillment in ministry.⁸ The difficulty most ministers encounter, however, is not awareness of their need for self-care

⁶ Unless otherwise noted, all Scripture citations are from *The Holy Bible, New Revised Standard Version*. Peabody, MA: Hendrickson Publishers, Inc., (2008).

⁷ *BibleHub Thesaurus*, s.v. “heed” <http://biblehub.com/thesaurus/h/heed.htm> (accessed October 29, 2016).

⁸ Ronald W. Richardson, *Becoming a Healthier Pastor (The Creative Pastoral Care and Counseling Series)*, (Minneapolis, MN: Fortress Press, 1996), 172-175.

or “heed taking” but knowledge and experience of how to implement self-care into daily life in balance with their calling to serve the needs of others. Evidence for this difficulty is found in the many studies conducted on clergy health, well-being and burnout in recent years and the accompanying negative results. Clergy of varied denominations in America have been discovered to experience greater health problems than their non-clergy counterparts: ten percent higher rates of obesity,⁹ as well as higher rates of chronic diseases such as diabetes and hypertension.¹⁰ Mental health issues also run high among clergy. One study by Leslie Francis, Stephen Louden and C.J. Rutledge recorded that clergy report high levels of emotional exhaustion (24 percent) and symptoms of depersonalization (23 percent), while scoring low on personal accomplishment (23.4 percent).¹¹ At the same time, studies suggest that ministers who receive mental health support tend to produce healthier churches and avoid negative outcomes resulting from clergy deficits.¹²

Biblical Examples of Ministerial Self-Care

An exploration of the biblical examples of leadership indicates that many of them struggled with the same issues around self-care or “heed taking” that are reflected in ministers today. David failed emotional self-care, opting instead for a passive version of

⁹ Rae Jean Proeschold-Bell and Sara. H. Legrand, “High Rates of Obesity and Chronic Disease Among United Methodist Clergy,” *Obesity*, 18, 9 (2010), 1869-1870.

¹⁰ Teresa F. Cutts, Gary Gunderson, Rae Jean. Proeschold-Bell and Robin Swift, “The Life of Leaders: An Intensive Health Program for Clergy,” *Journal of Religion and Health*, 51, 4 (2011), 1322-1324.

¹¹ Leslie J. Francis, Stephen H. Louden and C. J. Rutledge, “Burnout Among Roman Catholic Parochial Clergy in England and Wales: Myth or Reality?” *Review of Religious Research*, 46, 1 (2004), 16-17.

¹² B.C. Trihub, M. R. McMinn, W. C. Buhrow Jr, and T. F. Johnson, “Denominational Support for Clergy Mental Health,” *Journal of Psychology and Theology*, 38, 2 (2010), 101-110.

self-care and found himself committing adultery and murder as a result. During the time of the judges, the military leader Barack failed to attend to his fears and required Deborah to lead the people of God instead. And despite his divinely given wisdom, King Solomon failed spiritual and physical self-care and allowed himself to be led away into idol-worship through his many wives.

However, there are examples of ministers and leaders in the Bible who were successful because they practiced “heed taking” or self-care. For the most part they seem to have learned by experience or by revelation some identifiable principles of self-care. There are numerous examples in both the Old and New Testaments of such leaders, but for the purposes of this project the researcher has selected the most well-known examples and therefore those most easily remembered and their lessons hopefully applied by the reader.

Old Testament

Some of the clearest examples of ministerial self-care in the Old Testament are provided by Moses, Elijah, and David. The lives of these men reflect the importance of a God-honoring self-care in numerous ways, the evaluation of all of which would take much more time and space than is available in this project. Thus, the life events and statements of each of the men in question were examined individually, with an emphasis on evaluating those practices and events which had a clear negative or positive impact upon that leader and his followers. This examination led to identification of several principles of self-care that impacted the success of the individual ministries/leadership. The principles discovered in this way can be summarized as the following. First is the importance of learning and accepting one’s own limitations, and second, practicing

physical self-care regarding both sleep and nutrition. The third is spending time with God and obeying God for one's own sake, while the fourth is seeking emotional support in ministry. The final principle is engaging in active, ceaseless attention to all aspects of one's own self.

Moses

The first ministry example examined was the prophet Moses, who is considered by many to be one of the greatest religious leaders of ancient times owing to his role in leading the multitude of Israelites out of Egypt and into a new religious and national identity. After Abraham, he is the first man in the Old Testament that we see being divinely directed to lead huge numbers of people in following God's will and developing a cohesive identity as God's people. And yet Moses is described as having numerous personal weaknesses and struggles with his leadership, particularly at the beginning of his leadership. He appears to have had a hot temper that led him to kill an Egyptian overseer, and later that same temper appears to have led him to break the tablets of the Ten Commandments in his anger at the people and zeal for justice. Moses also struggled with self-identified communication and self-esteem problems that he claimed made him unfit for God's purposes. However, by the time the Israelites had been formed into a nation of God-believing individuals and were being led into the promised land Moses had become a strong, reliable, humble and yet powerful, well-spoken leader/minister. Many modern ministers complain of exhaustion from simply leading a church in general from Sunday to Sunday. One wonders how Moses kept up with the demands of leadership of millions and yet remained strong in both faith and person. Outside of miraculous grace, the answer

can be found through examination of several life events that taught Moses the kind of self-care it takes to maintain excellence and longevity in leadership.

Acceptance of personal limitations. As the leader of a developing people group, Moses had numerous responsibilities not least of which was representing God to the people. Leading a group of people can be stressful at any time, but leading millions of newly-freed slaves through dangerous deserts and unfriendly territory to a place they had never seen before must have been overwhelming. Moses is recorded as reflecting his feelings of overwhelm and frustration to God in stating that the people were “a burden” and “too heavy for [him],” and requesting death instead of leadership (Num. 11:10-15). As a response to this God instructed Moses to select 70 elders to assist Moses in his leadership with whom God would share the spirit and burden he had placed on Moses for the people. At the point of the transfer of this spirit, the elders are recorded to have “prophesied.” Although there is some controversy as to whether this reaction of “prophesy” in the elders is a description of beginning of God-inspired administration of their duties or to a one-time actual forth-telling of God’s plans, the essential issue to this project is that God directed Moses to take delegatory action to support his leadership.¹³

Unfortunately, it appears to have taken two tries for Moses to understand the importance of recognition of personal limitations in ministry. Not too long after, we again find him ineffectively pushing his limitations with the work of arbitrating and teaching the people (Exod. 18). This time God inspired Moses’ father-in-law Jethro to speak to Moses about how he was exhausting and frustrating himself and the people by working in

¹³James Burton Coffman, *Coffman Commentaries on the Old and New Testament*, s.v. “Numbers 11” (Abilene, TX: Abilene Christian University Press, 1999) <http://classic.studylight.org/com/bcc/view.cgi?book=nu&chapter=011>. (accessed October 31, 2016).

the judgment seat from dawn to dusk (Exod. 18:13-26). Jethro suggested that Moses stick to His calling of representing God to the people and the people to God in leadership and, to support this calling, to create a hierarchy of leaders who would judge and teach the ever-increasing numbers of people, so that only the most difficult cases would reach Moses. The fact that this system was effective in bringing peace and clarity to both leader and congregation is evidenced in the fact that we do not read again about Moses sitting in judgement before the people after this.¹⁴

The fact that Moses led the people alone up to this point, under God's leadership, is not indicative of sinful pride or micro-management. This is proven by his response to Joshua's indignation that two people in the camp were prophesying without being at the tabernacle: "Would that all the Lord's people were prophets, and that the Lord would put his spirit on them!" (Num. 11:29). In appointing the 70 elders to help govern the people, and in sending Jethro to demonstrate Moses's need, the Lord appears to be communicating to Moses the importance of delegation through acceptance of personal limitations in the face of overwhelming stress. To effectively lead the people, there had to be more than one person who could administer justice and give direction. Additionally, the practice of delegation leads to the development of skills and anointing of selected members of the Israelite congregation, reducing the threat of jealousies, dissatisfactions among the people, and increasing a sense of order and security.

This delegation prompting event demonstrated that so long as Moses remained exhausted and emotionally burnt-out with the people of God, he was incapable of

¹⁴ Bruce Herzberg, "Deborah and Moses," *Journal for the Study of the Old Testament* 38, no. 1 (2013): 18.

representing God correctly and handling the people with the necessary grace. The longer Moses remained occupied with administrative tasks among the people, the more time he had to spend away from receiving strength and guidance from God. The significance of this event is heightened by understanding that it is only after this division of labor among the people that Mount Sinai was reached, the Ten Commandments given, and the instructions for life as God's chosen people were received. If Moses refused to recognize his personal limitations as a human, he would have failed to become the leader God set him up to be and the history of the Israelites might have been very different.

Physical and emotional self-care. A final element of self-care can be identified in the life of Moses in the keeping of the Sabbath rest. It was through Moses that God initiated the covenant requirement of the Sabbath day as holy unto God and a day of rest from work and self-interest on the part of the Israelites and all their animals and lands. There are no scriptural indications that Moses had any exemption from this commandment and as the mouthpiece for the Sabbath it would make no sense for him to have done so.

The word "sabbath" is derived from the Hebrew verb *sabat* meaning "to stop, to cease, or to keep."¹⁵ These meanings are indications of the kinds of behaviors God commanded and progressively revealed to Israel for maintaining the sabbath throughout the Bible. Sabbath keeping is so much more than the basic idea of resting from all work on the seventh day of the week. The scriptures reveal that keeping the sabbath was to be a reminder and sign that the Israelites were God's chosen people under the Mosaic

¹⁵ Walter A. Elwell, editor, *Bakers Evangelical Dictionary of Biblical Theology*, s.v. "sabbath," (Grand rapids, MI: Baker Book House co, 1996).

Covenant (Exod. 31:12), as they imitated his behavior of resting on the seventh day of creation (Gen. 2:1-3). As such, the sabbath was intended to be a gift of freedom from the cares of daily life that the Israelites had never experienced in their slavery in Egypt.¹⁶

The myriad instructions for how to keep the sabbath in the Old Testament reflect an emphasis on the idea that the spirit of the Sabbath keeping is what makes it holy and not simply the fact that it was a cultural ritual. The prophets Jeremiah and Ezekiel take the nations of Israel and Judah to task over their failure to keep the sabbath holy, because they had made it a day for pursuing pleasure and begrudging rituals. The implication here is that the day was to be devoted to worship, reflection, and good deeds as necessary, and as such provided emotional, physical and spiritual rest to all who engaged in it. Some have suggested that the sabbath helped the Israelites separate their identity from what they did and transfer it into who they belonged to as they were weekly reminded of their own inability to control weather, prosperity, and health while their crops sat idle in fields during the sabbath.¹⁷ Instead of worry or personal pleasure, the sabbath was intended to be a day of worship, of remembrance of who God is and who the Israelites were in connection to God.

While the specific scriptural commandments to keep the sabbath holy do not express a specific goal of creating self-awareness and self-care, the promised outcomes of keeping the sabbath do offer these things. The Lord promised to give the Israelites monetary and agricultural prosperity, freedom from hunger and need, peace, victory over

¹⁶ Marva J. Dawn, *The Sense of the Call: A Sabbath Way of Life for Those Who Serve God, the Church, and the World*, (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2006), 33-71.

¹⁷ Marva J. Dawn, *Keeping the Sabbath Holy: Ceasing, Resting, Embracing, Feasting*, (Grand Rapids, MI: William B. Eerdmans Publishing Company, 1989), 40-42.

their enemies, honor, and that they would find joy in serving the Lord (Isa. 58:13 and Lev. 26:3-13). Research has been conducted listing the benefits individuals have received from the various elements involved in sabbath keeping (such as meditation, prayer, religious practice, gathering with likeminded believers and ceasing from regular work), and the results line up directly with God's promised benefits, particularly those involving emotional and spiritual benefits. Some of these benefits include decreased anxiety from increased awareness of self-identity¹⁸ and increased sense of well-being is correlated with taking sabbath each week,¹⁹ Additionally, studies also indicated that negative attitudes toward sabbath keeping decreased the amount of health benefit obtained from sabbath practices.²⁰ In this way, it can be stated that while self-care is not the express purpose of the sabbath, the sabbath builds automatic self-care into the lifestyle of the leaders and laity of the Old Testament when followed appropriately.

The researcher understood that taking physical, emotional and spiritual rest for 24 hours each week was an important part of the lifestyle of Moses and provided time for self-care and awareness that can be generalized as an element of ministerial self-care for this project.

¹⁸ S. Wayne Hatcher and Joe Ray Underwood, "Self-Concept and Stress: A Study of a Group of Southern Baptist Ministers", *Counseling and Values*, 34 (1990), 190-191.

¹⁹ Karl G. D. Bailey and Arian C. B. Timoti, "Delight or Distraction: An Explanatory Analysis of Sabbath-Keeping Internalization," *Journal of Psychology and Theology*, 43, 3 (2015), 200.

²⁰ J. W. Lee, K. R. Morton, J. Walters, M. Mahoney and R. Veluz, "Beliefs About the Sabbath: Association with Religious Coping, Intrinsic Religiosity, Mental and Physical Health," (paper presented at the Western Psychological Association, Palm Springs, CA, April 12-14, 2014).

Elijah

The prophet Elijah is another example of successful leadership in ministry, although his successes are confined mainly to signs and wonders and eradication of large numbers of the priests of Baal, rather than converting many to the service of God. Like Moses, his exemplary success merits our attention to how he managed the stresses of personal needs and ministerial responsibilities. Unlike Moses however, the people Elijah was called to speak to were unwilling to follow or to listen, and frequently persecuted him into hiding in exile in nearby countries. It should not be surprising then that the elements of self-care we find in Elijah's life appear to have been learned through negative experiences, and one experience yields much for exploration. This is his experience at Mount Horeb (1 Kings 19:3-18).

This famous passage of scripture has been debated thoroughly by scholars and theologians, some proclaiming that it shows Elijah as a fearful, doubting prophet, while others claim that it proclaims Elijah as a man perfectly in God's will.²¹ A simple reading of the text within the historical context however reveals a very human prophet who "was afraid" and "fled for his life" in order to prevent the ending of his life and ministry like so many other unnamed prophets before and around him (1 Kings 19:3). Elijah had just experienced great victory at Mount Carmel where the people were roused by God's fiery miracle to kill the prophets of Baal, and some scholars have suggested that Elijah could be expected to have begun hoping for change on the part of the king and queen and was

²¹ Tchavdar S. Hadjiev, "Elijah's Alleged Megalomania: Reading Strategies for Composite Texts, With 1 Kings 19 as an Example," *Journal for the Study of the Old Testament*, 39, 4 (2015): 433-434.

vastly disappointed in receiving a death threat.²² This would naturally account for Elijah's dramatically negative response in fleeing to the desert and requesting God to take his life. The depth of his exhaustion is reflected in his statement that he had been "very zealous for the Lord" in spite of the Israelites persecution and breaking of God's covenant and that he "alone is left" and is now being sought out to be killed (1 Kings 19:10). For the purposes of this project, the "disappointed" line of thought will be adhered to as a foundation for evaluating the elements of self-care experienced by Elijah during his time in the wilderness around Mount Horeb.

Physical self-care. The elements of self-care Elijah was presented with came as God led him into experiences following his suicidal plea, rather than coming in conversations or through the suggestion of others. The first element of self-care identifiable in God's treatment of Elijah is physical self-care. God sent an angel to bring supernatural food and water and allowed him to sleep before sending him on a forty day and night journey to Mount Horeb. God demonstrated his understanding and investment in the importance of taking care of the physical body of his prophet-leader before addressing the spiritual and emotional needs. Verbally instructing Elijah to change his behaviors/thoughts would not have been effective, as a man exhausted of all energy and emotional resources is unable to respond to logical reasoning until he has recovered somewhat.

The physical body is the tool through which the spirit of man and God are able to work together, but it is a delicate tool and one that is easily overwhelmed by stresses

²² Adam Clarke, *Adam Clarke Commentary*, s.v. "Commentary on 1 Kings 19:4" (1832), (Baker Books, 1967). <http://www.studylight.org/commentaries/acc/1-kings-19.html> (accessed October 29, 2016).

when care is not taken to provide nutrients, hydration and physical rest.²³ Elijah's depressed reaction to Queen Jezebel's death threat is predictable and understandable when one recalls the fact that he had gone through the emotionally draining experiences of watching the prophets of Baal cut themselves on Mt Carmel for hours, initiating and praying for God's fiery miracle, helping to slay those same prophets of Baal, praying for rain, and running 17 miles from Mount Carmel to Jezreel without stopping. This last is thought by many to have been with the hope of supporting King Ahab in making a return to the worship of the true God.²⁴ The emotional and physical toll from three years of drought and several days of high stress building up to the Mount Carmel miracle must have been stupendous and the natural result was a physical depression. If God himself imposed physical care upon Elijah during a time of weakness it is reasonable to generalize that he would wish Elijah and other ministerial leaders to continue the practice to remain strong.

Emotional and social self-care. The second element of self-care identifiable in God's treatment of Elijah is emotional and social self-care. Humans were created by God to be social creatures, needing relationship with God and with other human beings. Solomon was inspired to write, "Two are better than one, because they have a good reward for their toil. For if they fall, one will lift up the other; but woe to one who is alone and falls and does not have another to help" (Eccles. 4:9-10). Also in the familiar

²³ Archibald Hart, *Coping with Depression in the Ministry and Other Helping Professions*, (Waco, TX: Word Books Publisher, 1984), 15-18.

²⁴ Robert Jamieson, A. R. Fausset, and David Brown, *A Commentary, Critical, Practical, and Explanatory on the old and New Testaments*. s.v. "1 Kings 18" (1882), <http://www.biblestudytools.com/commentaries/jamieson-fausset-brown/1-kings/1-kings-18.html>. (accessed October 30, 2016).

scripture God is recorded declaring “it is not good for man to be alone” (Gen. 2:18). The latter scripture describes Adam’s need for a companion that God responded to by creating the first woman. It also describes humanity’s need to have social companionship outside the animal or spiritual realm.²⁵

Further examination of the context of Elijah’s ministry demonstrates that Elijah had been progressively physically and emotionally isolated from other leaders and prophets for a very long time. The radical persecution of all prophets and believers of the true God by Ahab and Jezebel had sent them all into hiding, including Elijah at one point. Unlike Moses, Elijah had no father-in-law to support him or to offer solutions for his weaknesses. Every threat to his life had to be endured alone and without the aid of other human comfort most of the time. In spite of God’s miraculous provision and protection throughout his ministry to this point, Elijah was still human and obviously strongly affected by living in a state of hyper-vigilance to danger. Without continuous support and contact from peers, psychology predicts an emotional and physical depression, while scripture describes the set-apart position of a prophet as a relatively lonely one by nature.²⁶

When God finally spoke with Elijah after taking care of his physical need of nutrition and sleep and demonstrated his power in the chaos of the earthquake, fire and wind storms, he did two things that emphasized the importance of emotional self-care. He asked Elijah to express his reason for fleeing and gave him the opportunity to express his

²⁵ David Guzik, *David Guzik Commentaries on the Bible* s.v. “Genesis 2:18” (Enduring Word Media, 2003). StudyLight Database. <http://www.studylight.org/commentaries/guz/genesis-2.html> (accessed October 30, 2016).

²⁶ Hart, 16-18, and 115-122.

feelings, which Elijah willingly did. This room for emotional expression is something God did throughout the Old and New Testaments; in which he asks a question that he already knows the answer to. He did it with Saul when he struck him blind before his conversion, asking “Why are you persecuting me?” (Acts 9:4). The very first question God asks is to Adam and Eve after they tried to hide, saying “Where are you?” (Gen. 3:9). In all the situations God asks “unnecessary questions” the one answering learns or realizes something new through the opportunity to answer him and express their emotions. In our examples, Saul realized that that the Jesus he was persecuting was actually God, similarly Adam and Eve learned that they could not deceive God and recognized the extent of their failure. Elijah responded to God’s question of “what are you doing here?” by sharing his feelings of fear, isolation, and disappointment. Through sharing these emotional reactions to his predicament, he was able to become aware of himself again as God’s servant, to identify the obstacles that he had allowed to keep him back, and receive the direction necessary from God to move forward. Thus, the importance of emotional self-care was demonstrated by God’s interactions with Elijah.

The second thing God did for Elijah was to give him directions that would lead him into greater social contact with other believers and ministers. He did this by assuring him that divine justice would be perpetrated upon the evil political regime through the sword of a king of Syria and a new king of Israel whom Elijah was to anoint, assuring him of the fact that there were yet many thousands of believers who had not succumbed to idol worship and fear in Israel, and appointed him a successor to mentor for when Elijah was no longer able to serve (1 Kings 19:15-18). The anointing of the two new kings was to bring Elijah into connection with a new king zealous for righteousness,

something the prophet had long desired to see occur. Additionally, the prophet was assured of future companionship and therefore spiritual and professional effectiveness through the thousands who yet claimed Jehovah and the training of his future successor, Elisha. Thus, God demonstrated the importance of social interaction within emotional self-care to Elijah, by urging him to take action and providing direction of how to re-engage with fellow believers. Elijah was given not only healing from his depressed state emotionally and physically, but he was assured of effectiveness and a position by following the directions of the Lord in practicing physical and emotional self-care.

King David

The final Old Testament example that displays elements of self-care is David, son of Jesse, shepherd of sheep, King of Israel, and paternal ancestor to Jesus Christ. He is a rather notorious character to most Christians for his great personal attributes of humility, prayer, praise and worship, and deeds in the wars uniting Israel and destroying her enemies. However, he is also famous for an incident in which his failure to uphold his kingly responsibilities and to guard his heart resulted in murder and adultery. The examination of David's life for elements of self-care resulted in identification of two elements: that of personal spiritual self-care, and active self-care and awareness in ministry.

Personal spiritual self-care. Throughout his life, David was known for writing and singing Psalms to the Lord, of dancing and otherwise sacrificing his dignity and personal safety in order to glorify God and accomplish his will. While it is generally agreed that David did not write all of the Psalms 72 of them are ascribed to him, and the biblical description of David is that he possessed the gift of performing and writing

psalms to God.²⁷ The psalms of David, both in the book of Psalms and as recorded in II Samuel, give insight into the intensely personal relationship with God that David cultivated on a regular basis. In these he expressed and became aware of a variety of strong emotions, made requests and sought provision and direction for his own life and that of others. These prayer-like songs indicate that David spent the majority of his time singing from a personal place, expressing emotions and seeking Gods direction for himself personally, and only a part of his time in seeking direction for the people.

As a king, David would have been expected to spend a significant portion of his worship time in public prayers, and in seeking political direction, but David wisely prioritized his personal devotion recalling that it was God who raised him from the sheepfold to the palace. This personal devotion coupled with David's acknowledged success as a leader reflects the importance of spiritual self-care for one's own sake prior to attempting to pray for others. This idea is somewhat like the scripture in the New Testament reminding Christians to "avoid attempting to pluck a dirt speck out of someone else's eye while having a large beam in their own" (Matt. 7:3). Interestingly David was not the only one to benefit from his prioritizing of his personal relationship with God, but it was transferred to others as well. Some have suggested that while the Psalms were originally the heartfelt words of humanity to God, through the fall of Jerusalem and exile the psalms became the scriptural words of God encouraging humanity during times of trouble and confusion.

²⁷ Otto Eissfeldt, *The Old Testament: An Introduction*, trans. by Peter R. Ackroyd, (New York, NY: Harper and Row Publishers, 1965): 451.

Active self-care and self-awareness in ministry. The second element of self-care reflected in the life of King David is the need for active self-care and self-awareness in ministry. David failed to practice appropriate awareness and guarding of his personal desires, needs and responsibilities, and this led him to yield to the temptation of committing adultery with Bathsheba and ordering the murder of her husband and his own friend and soldier Uriah the Hittite (2 Sam. 11-12). The consequences visited upon David and his family stand as a warning to all leaders who would avoid the death of their children, the near ruin of their family and descendants by violence and conflict, and the distress of the people they lead. While David repented and returned to a God-honoring devotion and self-care, the consequences remained.

The entire failed episode of David's life could have been avoided if he had actively practiced self-care and awareness. It is a well-known fact that if David had gone with his army to war as was his responsibility, he would not have been available to temptation at home. Even at the point where he first observed Bathsheba bathing upon the roof, he still had a way of escape in redirecting his eyes toward God as he must have done so many times in his life before. Perhaps it was the fact that he was uneasy at not fulfilling his responsibilities that assisted him in desiring to distract his feelings with a woman.²⁸ Regardless of the specific rationale David had in mind, he failed to give attention, to "take heed" as he was commanded and broke the commandments of God.

If David had been practicing a God-honoring self-care as he had before, he would not have given room for himself to neglect his duties of leadership on the field of battle,

²⁸ David Guzik, *David Guzik Commentaries on the Bible*, s.v. "Commentary on II Samuel 11:2" (Enduring Word Media, 2003), StudyLight Database. <http://www.studylight.org/commentaries/guz/2-samuel-11.html> (accessed October 30, 2016).

or if remaining behind was necessary, he would have practiced better self-management of his desires and emotions. Self-care is a concept often confused with self-indulgence. The latter suggests that any action that induces positive feelings is good and should be repeated despite potentially negative consequences.²⁹ Self-care is a concept that encourages nurturing the habits, ideas, thoughts, speech, and behaviors that will produce emotional, psychological, spiritual, and physical health and success. Self-care is not always easy and requires activity rather than passivity, and for that reason some refer to it as self-nurturance or self-management.³⁰

An important part of self-care or self-management is that it requires the individual to have a basic level of awareness of their own physical, emotional, spiritual, and mental states. And it is reasonable to think that the more responsibility a leader has the more self-awareness they will need due to the increased number of influences weighing upon them. Self-awareness has been described as “a process of introspection to understand the multifaceted nature of the self and make meaning of the outside world” and as such it “provides a solid basis for leader’s decisions and actions.”³¹ At the same time, it has also been noted that if the environment is challenging or difficult leaders tend to avoid self-awareness in order to ignore unpleasant feelings or gain the illusion of control.³²

²⁹ Leon F. Seltzer, “From Self-Indulgence to Self-Nurturing,” *Psychology Today.com* (June 8, 2008). <https://www.psychologytoday.com/blog/evolution-the-self/200806/self-indulgence-self-nurturing> (accessed October 28, 2016).

³⁰ Gary L. McIntosh, and Samuel D. Rima, Sr, *Overcoming the Dark Side of Leadership: The Paradox of Personal Dysfunction*, (Grand Rapids, MI: Baker Book House Co, 2004), 141.

³¹ William L. Gardner, Bruce J. Avolio, Fred Luthans, Douglas R. May and Fred O. Walumba, “Can You See the Real Me? A Self-Based Model of Authentic Leader and Follower Development,” *The Leadership Quarterly*, 16, (2005), 344.

³² Todd F. Heatherton and Roy F. Baumeister, “Being Eating as an Escape From Self-Awareness,” *Psychological Bulletin*, (1991): 89.

In the examination of David's life, if this understanding of self-awareness is included, it becomes obvious that David failed to remain consistently, intentionally aware of himself and the meaning he was attributing to the events of the outside world. Whatever his reasons for remaining behind during war, the practice of self-awareness would have assisted him to identify the hindrance and deal with it. Beyond that, David also failed to continue the habits of self-care/management that he had been effective in the past, namely going to war. In other words, David's failure to practice self-awareness led him to practice self-indulgence. Appropriate self-care would have helped him to give greater thought to the consequences and moral inappropriateness of his planned actions, and aided him to find fulfillment of his desires by more acceptable means.

This part of David's life indicates that he paid dearly for his choices and so did the nation of Israel: the child born out of wedlock died shortly afterward, the sword never departed from David's house, and family conflict between his children ensued including rape, murder, a political coup by David's son Absalom, and an example set for the son who became King Solomon who was led away by his lust of women and led Israel into idolatry with him. In this way, the examination of David's life reflects the importance of the element of an active form of self-care and self-awareness in leadership and ministry.

New Testament

An examination of New Testament leaders reflects important elements of ministerial self-care that are both similar and different than those that were highlighted in the examination of Old Testament examples. Due to the instructive nature of the New Testament, the ministerial examples of self-care are primarily found in the form of instructions and ideas rather than full biographies. For this reason, the researcher selected

the written letters from the Apostle Paul to the young pastor Timothy and the life of Jesus as examples from which to identify elements of self-care. The principles identified in this way are the following: the importance of self-awareness, of physical self-care, and the value of drawing boundaries/accepting limitations.

Paul's Instructions to Timothy

The mentoring relationship between the Apostle Paul and Timothy, his spiritual son and apostolic representative in Ephesus, gave rise to profitable letters and instructions regarding the self-care of the minister, which the researcher examined for elements applicable to ministerial self-care today. The Apostle Paul was undeniably effective in building churches and evangelizing the world even while maintaining recovery from persecution and personal character issues, and as such his words of mentorship are worthy of examination. Within these letters of mentorship, Paul gives many instructions to Timothy including the selection and training of bishops, Christ-reflective gender and social roles, and exhortation to faithfulness in teaching the truth. The two elements that were identified for this project were physical self-care and self-awareness.

Physical self-care. One of the most mundane scriptures is “No longer drink only water, but take a little wine for the sake of your stomach and your frequent ailments” (1 Tim. 5:23). While the origins and meaning of this verse have been debated over time, the general consensus is that, because of the unhealthy quality of ancient Ephesian water, the cultural tendency to dilute drinks with water for antiseptic and taste properties (three parts water to one part wine), and the apparent feebleness of Timothy's health, Paul

prescribed a preventative health measure.³³ That Paul took time out of writing serious spiritual directions for the church to include a health prescription to ensure Timothy's health is indicative of the importance that God continued to place on physical self-care in the New Testament.

In the context of the fairly primitive health care in those days, it is easy to imagine that without careful attention to diet and exercise someone struggling with illness might easily pass away. In this case, not only would Paul lose a dear son in the Lord but the church in Ephesus would be left without a spiritual leader.

Self-awareness. The second element of ministerial self-care identified in the mentorship letters between Paul and Timothy is self-awareness. Paul instructed Timothy to “pay close attention [take heed] to yourself and to your teaching, continue in these things, for in doing this you will save both yourself and your hearers” (1 Tim. 4:16). This statement was made immediately after Paul had encouraged him to be an example to others in his life and faith. The order of the injunctions to give attention to Timothy's own self first and then to his teaching is significant. Because this scripture comes immediately on the heels of Paul's encouragement to Timothy to be an example to others in his life and faith practices, some have suggested that the attention to himself is confined to attention to his spiritual health.³⁴ However, Paul's following statement regarding physical self-care with the wine-water discounts the idea that paying attention to the self is meant to refer only to spiritual concerns. Instead it is suggested by some

³³ Adam Clarke, *Adam Clarke Commentary*, s.v. “1 Timothy 5” (1832), (Baker Books, 1967). <http://www.studydrive.org/commentaries/acc/1-timothy-5.html> (accessed October 29, 2016).

³⁴ James Burton Coffman, s.v. “Commentary on 1 Timothy 4:16,” *Coffman Commentaries on the Old and New Testament* (Abilene, TX: Abilene Christian University Press, 1999). <http://www.studydrive.org/commentaries/bcc/1-timothy-4.html#16> (accessed October 27, 2016).

scholars that Paul is communicating the importance of being aware of the ministers own physical, emotional, and spiritual needs as a means of preparing himself for attending to his teaching with an open-mind to Gods direction.³⁵ A minister who is overwhelmed by illness or emotional exhaustion cannot effectively minister, as Elijah and Moses both discovered in the Old Testament. Also, if the heart or spirit of a minister is in poor moral condition, she will not be able to teach clearly. In either case, spiritual or physical, a minister with a lack of self-awareness risks losing the souls they are trying to lead as well as their own.

Jesus

Of all the New Testament examples of effective ministry and leadership, the savior Jesus Christ is preeminent. Despite his divinity, the elements and principles of self-care practiced by Jesus are an important part of New Testament examination because he was given to be our example of holy, God-honoring living (Heb. 4:15), and because he was subjected to human limitations and testing just like all humans are, and was yet without sin (1 Pet. 2:21). The researcher was forced to limit the examination regarding Jesus due to the vast number of examples of self-care generated by His life. Thus, only the most unique elements were examined, and these were identified as a sabbath spirit self-care, and acceptance of limitations.

Sabbath-spirit self-care. During Jesus' time on earth he intentionally shook people out of their apathy and religious complacency by living and speaking the essence or spirit of the Mosaic commandments. Probably the most obvious of these redirections

³⁵ Marvin R. Vincent, s.v. "Commentary on 1 Timothy 4:16," *Vincent's Word Studies in the New Testament*, (New York: Charles Scribner's Sons, 1887). <http://www.studydrive.org/commentaries/vnt/1-timothy-4.html#16> (accessed October 27, 2016).

to the spirit of the law was the treatment of the sabbath day. On several occasions the Pharisees attempt to rebuke Jesus for healing the sick and plucking corn to eat on the sabbath, for they had made rules upon rules to prevent anyone from transgressing the law, without understanding they had made the law an impossible burden. The response Jesus gave to these was simple “It is lawful to do good on the sabbath day (Matt. 12:12).” And again the disciple Mark recorded Jesus as stating “The sabbath was made for humankind, and not humankind for the sabbath (Mark 2:23-28).” In these statements, Jesus attempted to remind the people that because God cannot be damaged or benefited by the Israelites keeping of the sabbath covenant, the sabbath was created as a gift to them to help them take the time to worship God and to have rest from their worries and work.³⁶

Jesus himself kept the sabbath, but not in the manner prescribed by rules but by the spirit of the law. As described in the example of Moses previously, the spirit of the sabbath covenant inclined toward self-care for the purpose of remembering who God is, who the Israelite was by nature of God’s adoption, and ceasing from work in order to trust and worship. This ceasing from work was not intended to be the anxious keeping of the rules that the Pharisees had made it, but to be a simple time set aside to increase awareness of God and self in relationship with God. The numerous results of sabbath keeping in the spirit of the law included peace, contentment, time for emotional and physical rest from work and worries, and decent sleep owing to the time restraints. In this way, it is obvious that Jesus practiced spiritual and emotional self-care through keeping

³⁶ Matthew Henry, s.v. “Mark 2:18-28,” *Matthew Henry Commentary on the Whole Bible*, 1706. <http://www.biblestudytools.com/commentaries/matthew-henry-complete/mark/2.html> (accessed October 28, 2016).

of the sabbath, although the commandments to keep the sabbath holy do not express a specific goal of creating awareness and self-care.

Acceptance of limitations. Another element of ministerial self-care reflected in the life of Jesus is acceptance of limitations. Without taking on the physical and emotional body of a human Jesus could not have been an acceptable sacrifice for the sins of mankind. However, because God did take on full humanity, he had to recognize and work within the emotional, physical and social limitations of his human body. There are a number of proofs that Jesus did function effectively within his human limitations both as an example to us and in order to minister effectively. Because the man Jesus was aware of his human limitations he could also be sensitive to when the divine spirit moved upon and through him to create miracles that were outside human limits.

One of the primary ways Jesus could be observed to accept limits is in the practice of regularly withdrawing from the crowds to pray and think (Luke 5:15-16), and also in order to protect himself from his enemies until the correct time was accomplished (John 7:1, 10-13); he also instructed his disciples to do the same when necessary (Matt. 12:15). Jesus took time to develop relationships with his disciples and followers, to express joy and sorrow with others, and drew boundaries with his family and other naysayers that would have impacted his ability to fulfill his purpose on earth. In addition, there are multiple references to Jesus eating, drinking, sleeping, and generally observing practical measures of self-care. These actions clearly demonstrate the self-awareness and stewardship Jesus cultivated regarding taking care of the physical, emotional, mental and spiritual elements of the self that God endowed him with.

Summary

There are several examples of self-care demonstrated by important figures of the Old Testament and New Testaments. It is important to point out that each of these men had a sense of identity based on God-given purpose and plans and that each had struggles practicing self-care in leadership, with the exception of Jesus. However, by dint of practicing divine commandments, experiencing personal guidance from God and learning from mistakes, they illustrate a number of elements of self-care necessary to effective ministry. In the Old Testament, Moses, Elijah, and King David illustrated the following elements of self-care: learning and accepting one's own limitations, practicing physical self-care regarding both sleep and nutrition, and the importance of spending time with God and obeying God for one's own sake. They also illustrated the necessity of emotional support in ministry, and engaging in active, ceaseless attention to all aspects of one's own self. The New Testament examples of Jesus and the mentorship between Paul and Timothy demonstrated quite a bit of overlap in the elements of self-care, including demonstration of the importance of limitation acceptance, personal devotion and engaging in a holistic, sabbath-spirit self-care (physical self-care and emotional support). Unique to the examples of this project is that David and Jesus demonstrated the importance of self-awareness as an element of effective self-care in ministry.

The Apostle Paul encouraged the elders of Ephesus to "Keep watch over yourselves and over all the flock, of which the Holy Spirit has made you overseers, to shepherd the church of God that he obtained with the blood of his own son" (Acts 20:28). Paul emphasized the care and awareness of the minister himself coming first, then care of the church in order to guide them in the right direction. While self-care is a principle God

indicates through the sabbath should apply to all believers, ministers have a specific calling to serve as specific representations of God to the community. Therefore, the self-care of ministers is doubly important - for both their own sakes and for the sake of the encouragement and modeling of the flock of God.

CHAPTER THREE: REVIEW OF THE RELATED LITERATURE

The literature review consisted of three areas: the nature of the concept of self-care, the causes and impact of burnout in ministry, and literature describing elements of ministerial self-care proven to have some degree of efficacy.

The Nature of Self-Care

The search for understanding and identification of the self has been a continuous theme in human development and literature, since at least the 17th century when the first mention of “self-awareness” is found in German and English writings, and among the Puritans with their infamous concerns about the possibilities of self-deception and self-consciousness.¹ One could suggest that the search for self-understanding goes back even further if one includes seeking existential meaning and evaluation of one’s abilities as part of the self, although many would argue this point.² Accompanying the search for the self has been the struggles to practice self-awareness and proper care of the self that leads neither to over-indulgence nor to the dangers of self-obliteration. Either of these extremes can produce emotional distress as well as eventual physical death if pursued long enough. Over the centuries, a massive variety of theories and practices purported to provide care for the self have been invented, and applied with varying results. For the

¹ Roy F. Baumeister, “How the Self Became a Problem: A Psychological Review of Historical Research,” *Journal of Personality and Social Psychology*, 52, no. 1 (1987), 164-165.

² Mark R. Leary and June P. Tangney, (2003), The Self as an Organizing Construct in the Behavioral and Social Sciences. In M. R. Leary and J. P. Tangney (Eds.), *Handbook of Self and Identity*. (New York, NY: The Guilford Press, 2003), 4-5.

purpose of this research, self-care is recognized as an essential aspect of longevity of success in professional ministry.³ Self-care in helping professions such as ministry is also recognized as requiring engagement in the ability to be self-aware, to self-regulate, and to balance the needs of others with needs of the self; as well as involving ordinary physical health care concerns.⁴ For the purpose of this project self-care will indicate a holistic approach to devoting action, speech and thought to an intentional effort to value and care for one's own physical, mental, emotional and spiritual health; with the understanding that without personal care one cannot take care of others with efficacy or longevity. This includes both personal and professional development efforts, as in ministry the person of the minister is the primary tool.

Causes and Impact of Ministerial Burnout

Burnout is understood as a “multidimensional process within an interpersonal work context,” involving a downward spiral through emotional exhaustion, depersonalization, and decreased sense of personal accomplishment.⁵ In simpler terms it is a form of depression that typically occurs as a result of long periods of imbalanced activities, intense levels of emotional and/or physical stress, and an overall lack of self-care.⁶ Clergy-specific factors preceding burnout are found in high expectations for achievement that go unmet in spite of the clergy member's dedication and persistence

³ Bob Burns, Tasha Chapman, and Donald Guthrie, *Resilient Ministry: What Pastors Told Us About Surviving and Thriving*, (Downers Grove, IL: Inter Varsity Press: 2013), 177, 253-256.

⁴ Baker, 30-35.

⁵ Christina Maslach, “A Multi-Dimensional Theory of Burnout,” in C.S. Cooper (Ed.) *Theories of Organizational Stress*, (Oxford: Oxford University Press, 2000): 70.

⁶ Hart, 113-127.

and create a sense of disillusionment and uselessness.⁷ A summary of symptoms generally agreed upon by the majority of theorists includes constant high levels of irritability and exhaustion, apathy, a sense of hopelessness or personal uselessness, angry outbursts over minor issues, anxiety or panic attacks, a sense of emptiness especially during devotional or spiritual exercises, and a general withdrawn response to life demands, among other things.⁸

The first use of the term “burnout” is found in the writings of psychiatrist Herbert Freudenberger⁹ in 1974 when he suggested it as a description for the symptoms he and his colleagues were experiencing in a social health agency. He defined burnout as “a state of fatigue or frustration brought about by devotion to a cause, a way of life or a relationship that failed to produce the expected reward,” and in other research suggested that it could occur in anyone in the “helping professions.”¹⁰ Researcher Christina Maslach expanded this definition by studying the etiological processes that develop burnout in the helping professions, identifying her seminal three-factor model.¹¹ This model is a progression of symptoms beginning with emotional exhaustion due to environmental or workplace stressors, which over time leads to detachment from previously valued concepts and relationships into a state called depersonalization, and

⁷ Benjamin R. Doolittle, “The Impact of Behaviors Upon Burnout Among Parish-Based Clergy,” *Journal of Religion and Health*, 49, (2010) 88-90.

⁸ Hart, 108.

⁹ Herbert Freudenberger, “Staff Burnout,” *Journal of Social Issues*, 30, (1974), 159-165.

¹⁰ Herbert Freudenberger and Geraldine Richelson, *Burnout: The High Cost of Achievement*, (New York: Bantam Books, 1981), 13.

¹¹ Christina Maslach, “Burnout: A Multidimensional Perspective,” in *Professional Burnout: Recent Development In Theory and Research* edited by W. B. Schaufeli, C. Maslach and T. Marek. (Washington, DC: Taylor and Francis, 1993): 19-32.

which leads into a decreasing perception of personal confidence and efficiency referred to as a reduced sense of personal accomplishment.¹² Maslach suggested that these factors arise primarily as a response to the individual's situational context, rather from coming solely from within the individual as has been suggested by some.¹³

A different etiological model with three factors was suggested by Lennart Hallsten, in which both situational and individual factors are assumed to lead to burnout.¹⁴ The factors Hallsten suggested that were influenced by workings within the individual are vulnerability, resulting from frustration of success and achievement strivings with inadequate coping mechanisms; and the integrated factors of goal orientation and perceived environmental congruency in which an individual perceives a dissatisfactory level of match between personal goals and the goals and supports of the organization they serve.¹⁵ Similarly Matthias Burisch claimed that environmental and personal dispositions are important factors in the "active model" describing burnout as a sense of unending loss of autonomy.¹⁶ Other theorists describe burnout as a depletion of

¹² Maslach, (2000): 78.

¹³ Christina Maslach and Julie Goldberg, "Prevention of Burnout: New Perspectives," *Applied and Preventive Psychology*, 7 (1998):63-74.

¹⁴ Lennart Hallsten, "Burning Out: A Framework," in *Professional Burnout*, edited by W. Schaufeli, C. Maslach and T. Marek, (Philadelphia, PA: Taylor and Francis, 1993).

¹⁵ Hallsten, 1993.

¹⁶ Matthias Burisch, "In Search of Theory: Some Ruminations on the Nature and Etiology of Burnout," in *Professional Burnout: Recent Developments in Theory and Research* edited by W. B. Schaufeli, C. Maslach & T. Marek, (Philadelphia, PA: Taylor and Francis, 1993).

energetic resources,¹⁷ and some added that this depletion must be produced primarily by long term involvement in demanding and stressful work environments.¹⁸

Other research has further complicated the issue of burnout etiology. Carry Cherniss described results indicating that symptoms and reactions to burnout are person-specific, and that the individual's perceived loss of meaning resulting from stress is the causal factor of burnout (rather than the stress itself).¹⁹ Additional research has confirmed a number of suggested etiological elements of burnout are in fact causative. These causative elements include emotional exhaustion,²⁰ increased levels of physical stress,²¹ preexisting anxiety and depression,²² and greater number of hours worked.²³

In the context of the confirmed elements of burnout above, it should not be surprising that burnout is becoming an increasingly distressing problem among clergy. Indeed, research demonstrates that ministers are especially prone to burnout,²⁴ and that it has become a major problem for clergy across denominations, from Catholic priests²⁵ to

¹⁷ Arie Shirom, "Reflections on the Study of Burnout," *Work & Stress Special Issue: The Conceptualization and Measurement of Burnout*, 19, 3 (1989), 265.

¹⁸ Wilmar Schaufeli and Esther Greenglass, "Introduction to Special Issue On Burnout and Health," *Psychology and Health*, 16, (2001): 502.

¹⁹ Carry Cherniss, *Beyond Burnout*, (New York: Routledge, 1985), 20-25.

²⁰ Michael Gemignani, *Spiritual Formation for Pastors; Feeding the Fire Within*, (Valley Forge, PA: Judson Press, 2002), 51.

²¹ Roy M. Oswald, *Clergy Self-Care: Finding a Balance for Effective Ministry*, (Washington, DC: Alban Institute, 1991), 15.

²² Doolittle, 88-95.

²³ Leslie Francis, Peter Kaldor, Mandy Robbins, and Keith Castle, "Happy But Exhausted? Work-Related Psychological Health Among Clergy," *Pastoral Sciences*, 24, (2005), 103.

²⁴ George Barna, *Today's Pastors: A Revealing Look at What Pastors Are Saying About Themselves, Their Peers, and the Pressures They Face*, (Baker Publishing Group, 1993).

²⁵ Antony Raj and Karol E. Dean, "Burnout and Depression Among Catholic Priests in India," *Pastoral Psychology*, 54, no. 2 (2005), 169.

Protestant pastors.²⁶ Peter Wagner demonstrated that burnout is one of the two most common reasons pastors leave the ministry (the other being sexual immorality).²⁷

H.B. London and Neil Wiseman produced an important work revealing the depressing state of affairs experienced by ministry in burnout: three of four pastors report experiencing significant stress-induced crises at least once in every five years of ministry, four of five ministers believe that their families are negatively impacted by ministry, seven of ten cannot name a close friend, and nine of ten feel they were not adequately trained to handle ministry demands.²⁸ In 2003 there was an estimated 1,500 pastors abdicating positions of ministry every month in the United States of America!²⁹ It has also been found that potential consequences of burnout include depression, anxiety, somatization, marital infidelity, and a host of other emotional and relational dysfunctions.³⁰ As a result of such information and the overwhelming anecdotal evidence of dysfunctional, depressed, or damaged ministers in America, theories of the etiology of ministerial burnout have been created and various solutions offered for recovery in the literature.

One of the theories most supported by research is the suggestion that the very nature of ministry itself predisposes clergy to experience of burnout. Archibald Hart

²⁶ Leslie J. Francis, Peter Hills and Peter Kaldor, "The Oswald Clergy Burnout Scale: Reliability, Factor Structure and Preliminary Application Among Australian Clergy," *Pastoral Psychology*, 57 (2009), 249-252.

²⁷ Peter C. Wagner, *Prayer Shield*, (Ventura, Ca: Regal, 1957): 64.

²⁸ H. B. London, and Neil B. Wiseman, *Pastors at Risk*, (Wheaton, IL: Victor Books, 1993): 22.

²⁹ H. B. London and Neil B. Wiseman, *Pastors at Greater Risk*, (Ventura, CA: Regal Books, 2003), 35.

³⁰ Schaufeli and Greenglass, 505.

created the following list of elements that predispose clergy to burnout. First there is a lack of adequate training for the relational and emotional demands of ministry, especially with a volunteer congregation and staff, a lack of clear personal and professional boundaries of time and activity due to the spiritual and continuous nature of ministry, a lack of criteria for measuring ministerial success and accomplishment in seemingly never-ending tasks, coupled with the stress and temptation of being revered and set on the proverbial pedestal and inaccurate or inappropriate role expectations.³¹ His suggested solutions and preventative measures include developing self-awareness and beginning a program of active self-care in all areas of life, including the physical.

Other conceptualizations of the etiology of clergy burnout contain similar elements to those of Archibald Hart. Mary Coates developed a three-factor model of clergy burnout in which she identified the causal factors as clergy who had a lack of clear boundaries, experiencing the anxiety created by this lack of boundaries, and the difficulties of identifying ministerial success in concrete ways.³² Another conceptualization was put forth by Helen Doohan, which is unique in that it emphasizes the difficulty of self-identification of burnout symptoms due to the highly unique nature of burnout symptoms.³³ She also emphasized the impact of the increasing pace and demands of modern society, further complicating the role of the minister. Finally, others have suggested that clergy take on too many responsibilities out of a sense of obligation

³¹ Hart, 113-127.

³² Mary Anne Coate, *Clergy Stress: The Hidden Conflicts in Ministry*, (London: SPCK, 1989), 72-73.

³³ Helen Doohan, "Burnout: A Critical Issue for The 1980s," *Journal of Religion and Health*, 21, 4 (1982): 352-354.

or required sacrifice, and thereby create their own anxiety by attempting the impossible task of filling the needs of everyone around them.³⁴

Specific research conducted among clergy in the United States of America has confirmed the fact that some of these theorized etiological elements are indeed related to the development of burnout in clergy. The suggestions that pastors carry too much responsibility without building boundaries into their schedule are supported by the report that 21 percent of pastors work 7 days a week on a regular basis.³⁵ Part of the problem of overwork and burnout has been traced to the congregational demands and expectations on the time of the minister,³⁶ as well as the unrealistic expectations of the minister for himself.³⁷ Other factors tied to causation of burnout in ministry are isolation,³⁸ loneliness,³⁹ and the minister's perceptions of the demands from those he leads.⁴⁰ Spiritual dryness was found to be the primary predictor of emotional exhaustion in ministry,⁴¹ while emotional exhaustion was identified as the primary predictor of pastoral burnout.⁴²

³⁴ Lloyd J. Ogilvie, *Making Stress Work For You*, (Waco, TX: Word Books, 1984), 119.

³⁵ London and Wiseman, 2003, 30-39.

³⁶ Michael Jenkins, and Keith Wulff, "Austin Presbyterian Theological Seminary's Clergy Burnout Survey," *Congregations* (Publication of the Alban Institute, May 2002). <http://www.alban.org/pdf/AustinGrad2-app.pdf> (accessed November 8, 2016).

³⁷ London and Wiseman, 2003, 40.

³⁸ John A. Sanford, *Ministry Burnout*, (New York: Paulist Press, 1980), 25.

³⁹ Spaite, Daniel, and Debbie Salter Goodwin, *Time Bomb in The Church: Defusing Pastoral Burnout*, Kansas City, KS: Beacon Hill, 2007.

⁴⁰ Doolittle, 2010, 89-90.

⁴¹ Chandler, 283.

⁴² Gemignani, 2002.

The impact of the increasing levels of burnout in ministers and their congregations currently is obvious and concerning. If there is no remedy found and applied quickly, the ministerial failures and congregational distress that occasionally make news will become commonplace. The most terrifying outcome of widespread ministerial burnout is the lack of faith, and transfer of an apathetic Christianity to new converts and congregations/organizations led by these ministers. Fortunately, the potential and present distresses among clergy and congregations are preventable.

Effective Elements of Ministerial Self-Care

The importance of clergy self-care is recognized in both psychological and spiritual circles, and is theoretically and medically known to be correlated with a better quality of life. The research conducted in this area, though, appears to have been focused primarily on identification of causes and elements of burnout or distress rather than upon examination of methods or techniques of self-care that apply specifically to ministers. There are a few, however, and the remaining space in this chapter has been devoted to listing the effective elements of ministerial self-care discovered in recent research. Special attention was given to those elements of self-care in the literature that a minister could perform or seek himself, in keeping with the understanding that the only control appropriate to ministry is control of the self.

Spiritual and Physical Self-Care

One would expect that the traditional elements of spiritual self-care would need no research to prove their worth and necessity such as prayer, fasting, scripture reading and so forth. However, within the academic realm it behooves us to study the methods of our care in order to ever increase our effectiveness in our modern world. In this way,

Douglas Turton and Leslie Francis conducted research that validated the fact that a positive attitude toward prayer by a minister increases his sense of well-being and is correlated with decreased levels of burnout.⁴³ Similarly Janice Meisenhelder and Emily Chandler reported discovering a positive relationship between positive mental health in 1,412 active Presbyterian ministers and their practice of consistent prayer.⁴⁴

Kenneth Pargament, Nalini Turakeshwar, Christopher Eliison and Keith Wulff reported that religious coping is positively related to increased levels of well-being and self-efficacy in ministry, specifying that only positive methods of religious coping that reflected a secure faith in God were significant to increased well-being.⁴⁵ These methods of religious coping were described as active methods of seeking God’s will on earth rather than passively waiting.⁴⁶ These included everything from religious forgiving, spiritual connection, seeking support from clergy members, benevolent religious reappraisal, collaborative religious coping, pleading and religious purification.⁴⁷ These seem to be elevated descriptions of types of prayer, fellowship, and repentance strategies.

One method of spiritual self-care that is not as obvious as prayer or our attitude toward religious coping exercises is that of seeking personal support outside of expressly

⁴³ Douglas W. Turton and Leslie J. Francis, “The Relationship Between Attitude Toward Prayer and Professional Burnout Among Anglican Parochial Clergy in England: Are Praying Clergy Healthier Clergy?”, *Mental Health, Religion and Culture*, 10, 1 (2007), 70-74.

⁴⁴ Janice Bell Meisenhelder and Emily N. Chandler, “Frequency of Prayer and Functional Health in Presbyterian Pastors,” *Journal for the Scientific Study of Religion*, 40, (2001): 325-329.

⁴⁵ Kenneth I. Pargament, Nalini Turakeshwar, Christopher G Ellison, and Keith M. Wulff, “Religious Coping Among the Religious: The Relationships Between Religious Coping and Well-Being in a National Sample of Presbyterian Clergy, Elders and Members,” *Journal for the Scientific Study of Religion*, 40, 3 (2001), 497-513.

⁴⁶ Pargament, Turakeshwar, Ellison, and Wulff, 499.

⁴⁷ Pargament, Turakeshwar, Ellison, and Wulff, 499.

spiritual activities. Benjamin Doolittle conducted a series of research ventures in which it was discovered that increased feelings of well-being are related to ministry who obtain high levels of satisfaction from non-vocational activities of leisure and exercise,⁴⁸ and that seeking the support and guidance of a spiritual mentor was also correlated with decreased levels of burnout.⁴⁹ Adding a practice of consistent accountability can assist ministry in experiencing greater degrees of emotional security, and heightened self-awareness to prevent avoidable problems. Other research reported that ministers that engage in consistent exercise and taking time off experience lower levels of burnout just as Doolittle reported regarding non-vocational activities.⁵⁰ The emphasis on non-vocational activities or ceasing from daily cares for a time is reflective of the Sabbath principle of rest and of the Biblical emphasis on physical care of the minister described earlier in the project.

Social Support and Emotional Self-care

As the primary unit of relationship, the spouse and immediate family of the minister play an important role in the support required for a minister to cope with the demands of ministry. It has been reported that the degree of marital support shared with a minister's spouse has a significant impact in reducing or increasing burnout and clergy quality of life.⁵¹ Additionally it has been reported that support from the immediate family and family of origin is a crucial source of support for the minister as a person as opposed

⁴⁸ Doolittle, 92.

⁴⁹ Doolittle, 93.

⁵⁰ Doolittle, 93-94.

⁵¹ Janelle Warner and John D. Carter, "Loneliness, Marital Adjustment and Burnout in Pastoral and Lay Persons," *Journal of Psychology and Theology*, 12, 2 (1984), 129-130.

to the minister as fulfilling his spiritual position.⁵² In fact research indicates that the presence of an active support system, of any kind whether family, friend, or clergy group has been shown to protect mental health and reduce tendencies toward burnout in a clergy member.⁵³

Laura Barnard and John Curry conducted research that determined that the greater the level of self-compassion a minister was able to hold, the more his satisfaction in ministry increased.⁵⁴ The self-compassion Barnard and Curry described did not refer to a sense of self-indulgence or pity, but to an attitude of self-forgiveness, self-acceptance and willingness to grow, which Barnard suggests may be one way to reduce burnout. Self-compassion understood in this manner is a part of the emotional self-care of a healthy minister. A final effective element of self-care noted in the literature on emotional self-care is that the greater the minister's ability to differentiate his sense of self and identity from his role as a clergy member, the greater his degree of well-being.⁵⁵ In other words the identity of the minister is like that of the Sabbath-keeping Israelite, predicated upon who he belongs to and not what their role is or how well they fulfill that role.

Mindfulness-Based Interventions for Alleviation and Prevention of Burnout

Non-religious studies and treatments of burnout have begun to take increasingly greater amounts of inspiration and activities from eastern meditative practices. One

⁵²Gerald Caplan, "The Family as a Support System," In Gerald Caplan and Marie Killilea, (Eds.), *Support Systems and Mutual Help*, (New York: Grune and Stratton, 1986), 20-34.

⁵³ Oswald, 88.

⁵⁴ Laura K. Barnard and John F. Curry, "The Relationship of Clergy Burn-Out to Self-Compassion and Other Personality Dimensions," *Pastoral Psychology*, 61 (2012), 160-163.

⁵⁵ Ronald Beebe, "Predicting Burnout, Conflict Management Style, and Turnover Among Clergy," *Journal of Career Assessment*, 15, (2007), 257.

practice has been found to be effective in reducing levels of burnout through targeting reduction of the key symptom of emotional exhaustion is the Mindfulness Based Stress Reduction program developed by Jon Kabat-Zinn.⁵⁶ This program includes both active and passive forms of meditation, yoga and group discussions, but primarily focuses on the use of mindful meditation as a tool to increase individual stress management and emotional regulation. Meditation is not something unusual to ministers, especially as there are biblical calls to meditate up on the word of God. The self-care oriented meditation is somewhat different however. The definition given by Kabat-Zinn for mindful meditation is “the process of paying attention on purpose in the present moment and nonjudgmentally to the unfolding of experience moment by moment.”⁵⁷ In his dissertation of 2010 Bancroft Davis attempted to research the effectiveness of using Mindfulness Based Stress Reduction with clergy in order to reduce levels of burnout. While the results Davis reported did reach statistical significance, there was an observed shift in the levels of emotional exhaustion experienced by the participating clergy members.

Summary

The literature related to self-care in ministry indicates that self-care is an important part of an individual’s well-being, particularly if they are involved in leadership. Additionally, that burnout can be understood as a progressively degenerative response to negative and disaffirming internal and external environments that has serious,

⁵⁶ Joanne Cohen-Kats, Susan Wiley, Terry Capuano, Debra Baker and Shauna Shapiro, The Effects of Mindfulness-Based Stress Reduction on Nurse Stress and Burnout,” *Holistic Nursing Practice*, 19, 1 (2004), 32-35.

⁵⁷ Jon Kabat-Zinn, “Mindfulness-Based Interventions in Context: Past, Present, and Future,” *Clinical Psychology: Science and Practice*, 10(2), (2003), 144-145.

yet preventable consequences for clergy whose career makes them particularly prone to burnout. Finally, that there are a number of actions and elements of self-care that have been proven to be at least moderately effective in reducing burnout in clergy from a variety of denominations.

CHAPTER FOUR: INVESTIGATION OF SELF-CARE PERSPECTIVES AND PRACTICES OF PENTECOSTAL-APOSTOLIC CLERGY

Data and Methodology

Nature of the Research

The research was convergent-parallel mixed-methods in nature, for the purpose of creating more robust results. Pentecostal-Apostolic clergy were viewed as a bounded system from which a purposeful sampling was taken for the purpose of identification of learning points regarding the process of ministerial attitudes and practices of self-care. Therefore, the primary research model selected was a case study with a survey including both qualitative and quantitative questions.

The case study method requires in-depth study of a process or phenomenon occurring in a bounded system, for the purpose of increasing the understanding or description of that focal process/person.¹ The case study method is designed to answer how and/or why questions in research and as such it has been argued that case studies can and do effectively utilize quantitative and mixed-methods research designs in order to answer these types of questions accurately.² The facets of the case study method make it helpful for researching a situation where little is known or understood about the research

¹ Sharan B. Merriam, *Qualitative Research and Case Study Applications in Education*, (San Francisco, CA: Jossey-Bass, 1998), 27.

² Robert K. Yin, *Case Study Research: Design and Methods*, 4th ed., (Applied Social Research Methods Series, Vol 5), (Thousand Oaks, CA: SAGE Publications, Inc.: 2009), 10,19.

subject/s.³ This research sought to understand how and why a relatively unknown population (Pentecostal-Apostolic clergy) perceive and practice self-care, and the nature of that question demanded both the specificity of quantitative research as well as the subjective exploration of qualitative research. The case study method involves multiple sources of information, which this study accomplished through evaluation of biblical, theological, and psychological-ministerial literature exploration in addition to the two types of results (qualitative and quantitative) produced by the mixed methods survey.

The mixed methods approach to research is fairly new, originating as a separate methodology in the late 20th century utilized in a wide variety of professional fields such as sociology, education and management, and pushed to popularity through the impact of factors such as federal requirements for elements of quantitative research prior to approval for funds distribution.⁴ A common approach for dissertations, this method is recognized as unique in its potential to minimize the limitations of both qualitative and quantitative methods by combining the strengths of both, as well as producing a more complete understanding of the research results from the inclusion of participant voices.

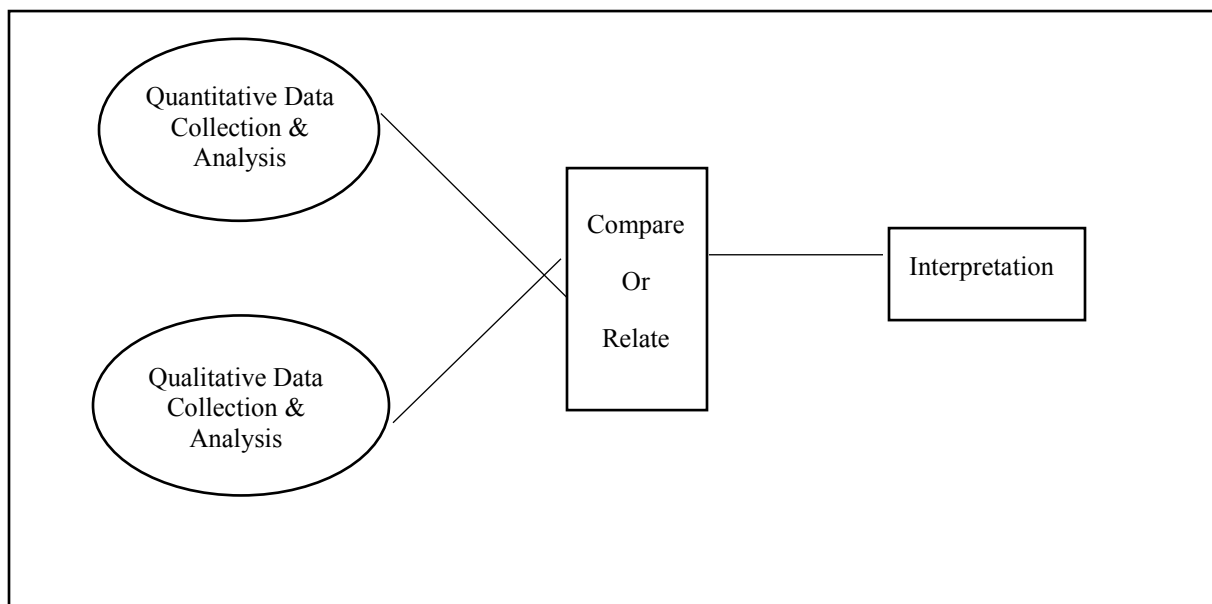
This research utilized the basic mixed methods design known as “convergent parallel” in which both quantitative and qualitative data were collected concurrently in the same survey, separately analyzed then compared the results against each other to uncover agreement and disagreements for a more accurate understanding of the case.

(Figure 4.1)

³ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 4th ed. (Thousand Oaks, CA: SAGE Publications, Inc., 2014), 135.

⁴ Creswell, 217-218.

Figure 4.1. Convergent Parallel Mixed Methods Design⁵



Data Collection

Data was collected through literature exploration and an online survey including demographic, qualitative and quantitative questions. The literature exploration included analysis of biblical principles and theological foundations for self-care of the minister, as well as an examination of research and theory of the nature of self-care, the causes and impact of burnout in ministry, and elements of self-care proven to be effective in ministry. The latter examination assisted the researcher in selecting items for survey development.

The online survey included participant characteristics, as well as measure of participant perspectives and practices of self-care. Specifically, the survey assessed the following aspects of P-A clergy self-care: perspectives of self-care, type and frequency of

⁵ Creswell, John, "Figure 10.1 Three Basic Mixed Methods Designs" p. 220.

engagement in self-care activities in basic areas of life including spiritual, physical, psychological, relational and professional.

Research Instrument

The research instrument consisted of a 45-item online self-report survey including short answer, multiple choice and Likert-scale questions. (See Appendix.) The surveys were anonymous and confidential and began with an informed consent form that provided contact information for any questions the participants might have related to the study. The researcher used the Qualtrics Survey Software to develop and send the online survey to participants because of its availability, affordability, and functionality. The purpose of the survey was to allow participants to describe their perceptions and understanding of the concept of self-care as applied to P-A clergy, and to describe the frequency with which they engaged in different kinds of holistic methods of self-care. Such information would allow the researcher to identify these practices and perspectives, as well as identify any disparities and commonalities between them.

Demographics

The participant demographic information was elicited via ten multiple choice and short answer questions at the survey outset assessing characteristics such as age, gender, ethnicity, marital status, level of education, current ministry role, years in ministry, ministerial organization and an additional question regarding number of congregants for pastors. The items were selected based on relevancy to the survey topic and correlation to elements found to impact self-care and efficacy of ministers during the literature exploration phase.

Qualitative Questions

The qualitative portion of the survey consisted of 6 short-answer questions. The first four questions inquired about participant's perspectives of self-care, including their personal definition of self-care, whether it is necessary for effective ministry and why, whether they felt they had taken adequate self-care in the last year, and whether they felt supported/encouraged to conduct self-care by their organization or leadership. These questions were placed at the beginning of the survey to enhance the probability of thoughtful answers instead of rushed answers that often occur at the end of a survey. For the same reason the final two short-answer questions are requests for any comments/suggestions from the participants, and an opportunity to describe self-care methods the participant uses that were not mentioned in the survey.

The principal investigator developed these questions as no list of questions suited specifically to the purpose of the study were found in public literature or in dissertations. Open-ended questions were selected for use in this section because they elicit detailed, individual-specific information that parallels the descriptive exploratory goal of qualitative research more effectively than close-ended or multiple choice questions could do. Closed-ended questions restrict the amount and types of information obtained, and are better used in the pursuit of concrete information. The researcher desired to obtain information about the participants' perspectives of self-care which required giving the participants the opportunity to express what that is. If the researcher had selected multiple choice or close-ended questions, she would have had to limit and hypothesize about what the various perspectives might be, which is not the focus of this research. In so doing the researcher might have developed potentially leading questions that would guide the

participant to respond inaccurately. The researcher concluded there was no method of accessing the participants' perspectives of self-care more effectively than to use open-ended questions.

The qualitative questions were designed to elicit information about the P-A clergy self-care perspectives: how they understand self-care, self-perception of their self-care practices, and perceptions of clergy-related support for self-care. The question foci were based on the theories and efficacy research from the literature review. The participants own definition of self-care was elicited to both gather information about participant self-care perspectives and to ensure that all analyzed responses were referring to care of the self and not to some other concept. The necessity of self-care to effective ministry was inquired about because both biblical and research reviews indicated that holistic self-care is essential to effective ministry. Researchers demonstrated that holistic self-care increased clergy satisfaction and decreased the experiences (with the negative consequences) of burnout.⁶ Participants were asked to evaluate whether their self-care was adequate (self-perception) over the last year or not, as an acknowledgment of the changing demands of ministry and personal habits over time. Also, the study was conducted over the winter holidays, and as the Likert-scale items inquired about self-care habits over the last three months which are traditionally busy for clergy, the researcher desired a means of finding out whether the last three months was representative of the participant's usual methods of self-care. Finally, the researcher included a question about perceived support from organizations/leadership because the literature has demonstrated that the presence of an active support system is an important part of clergy self-care and

⁶ London and Wiseman, 2003.

burnout prevention.⁷ The suggestions for further research and comments questions were both open-ended in order to gather further information from participants and allow them room to respond or release any concerns about the survey. These questions requested the participants to give some rationale for their answer.

Quantitative Questions

The majority of the survey was composed of 30 quantitative Likert-scale items divided into five sections or areas of self-care (spiritual, physical, psychological, relational, and professional), consisting of 6 items each. Responses for each item were in the form of Likert-scales extending from 0-4 using the descriptive anchors “never,” “seldom,” “sometimes,” “often,” and “always.”

The quantitative questions were developed by drawing from two pre-existing self-care measures. One of these measures was the “Self-Care and Lifestyle Balance Inventory” (SCLBI) created by the Headington Institute.⁸ The measure is a four-part Likert type survey consisting of 25 randomly ordered questions which effectively assess the frequency of various types of self-care within a professional population. The investigator selected this measure to draw from after careful review of similar surveys indicated that the SCLBI provided the most adequate questions to accurately measure the most current self-care management activities used by professional populations while also having reflected self-care items proven to have efficacy among clergy populations via the investigators literature research.

⁷ Oswald, 94.

⁸ Headington Institute. *Self-Care and Lifestyle Balance Inventory*, (2008). Available at http://www.newcombefoundation.org/docs/NewtonH_Self_care_inventory.pdf (accessed March 3, 2016).

Accordingly, items drawn from the SCLBI for use in the quantitative portion of the current survey were selected based on the degree of reflection of self-care activities proven effective among ministry circles; while items considered redundant or non-applicable to the target population were discarded. Several of the quantitative questions in this survey were directly drawn from the SCLBI: items 1 and 2 in the Physical section, 4 and 5 in the Psychological section and item 5 in the Relational section. (These correspond to SCLBI items 9, 8, 15, 22, and 17, respectively). Other items drawn from the SCLBI were adapted for vocabulary and needs of the target population of P-A clergy via simplification of some statements for clarity, broadening of others for increased collection of information (i.e. 25 mins of exercise to a range from 15-20), and insertion of the words minister and/or ministry. Items adapted from the SCLBI in the survey developed for this study were: items 1 and 6 in the spiritual section, items 3,4 and 6 in the physical section, 2 in the relational section, and items 1,2,3,5 and 6 in the professional section (corresponding to SCLBI items 2, 12, 4,13,6,7,15,1,21,23 and 9, respectively). The survey developed by the thesis researcher also adopted the same Likert-scale categories and full sentence style items used in the SCLBI.

The other self-care measure drawn from for development of the quantitative questions was the “Ministry Leaders Self-Care Assessment Worksheet” (MLSAW), which was developed by the Life Recovered ministry group for assisting clergy to prevent and overcome vicarious traumatization in their community services via intentional self-care.⁹ The Life Recovered ministry group based their assessment on an

⁹ Life Recovered.com, *Ministry Leaders Self-Care Assessment Worksheet*, <http://www.liferecovered.com/wp-content/uploads/2015/03/Life-Recovered-Ministry-Leaders-Self-Care-Worksheet1.pdf> (accessed March 3, 2016).

adaptation of the Self-Care Assessment created by Karen Saakvitne and Laurie Pearlman in their book “Transforming the Pain: A Workbook on Vicarious Traumatization.”¹⁰ Both the MLSAW and the Self-Care Assessment surveys are composed of Likert-scale items with category anchors from “frequently” (5) to “it never occurred to me” (1), with items divided into 6 sections to evaluate the frequency of various types of self-care activities. The Self-Care Assessment was written for a non-specific population, so the adaptations of items in the MLSAW was primarily limited to altering the language of the section labeled “spiritual” to reflect Christian religious practices and values. The researcher selected the MLSAW to draw from after a review of self-care surveys indicated a lack of clergy-focused self-care measures that reflect items found in self-care efficacy research. The MLSAW had several characteristics that deterred the investigator from solely relying upon it as the survey method, including the facts that it was written in a checklist style without full sentences, and consisted of 62 somewhat redundant questions that the researcher hypothesized would deter participants from completion of an online survey.

Items drawn from the MLSAW for use in the quantitative portion of the current survey were selected based on the same criteria used for drawing from the SCLBI: reflection of self-care activities/perspectives with proven efficacy, and elimination of redundant items and those non-applicable to the target population. Although the MLSAW was developed to target a Christian clergy population, the researcher found it necessary to adapt many of the items to full sentence form, and in so doing was often required to add or discard specific words to simplify, condense (such as deleting two items separately referencing family and friends, and replacing it with ‘important people’) or otherwise

¹⁰ Karen Saakvitne and Laurie Pearlman, *Transforming the Pain: A Workbook on Vicarious Traumatization*, (New York: W. W. Norton and Company, 1996).

tailor the items for use with an online survey P-A clergy. Items adapted from the MLSAW were item 2, 4, and 6 in the spiritual section, 4 and 5 in the physical section, 1, 2, 3, and 6 in the psychological section, and items 1, 3, 4 and 5 in the relational section. The researcher also adopted the idea of separation of the types of self-care activities into categories, although only the spiritual, physical, psychological, relational and professional sections were used as the researcher could find no rationale for including a separate emotional section that reiterated the items in the psychological and relational section (as was utilized in the MLSAW).

One of the quantitative questions was created by the researcher, being item 4 in the professional section: “I engage in efforts to educate and train myself to become more skillful and equipped to minister to those God has called me to serve (higher education, personal research, seeking mentors, etc.).” This question was created to investigate the efficacy element described as an attitude of willingness to grow that contributes to a minister’s levels of self-compassion and greater satisfaction in ministry as part of self-care.¹¹ Seeking further training or education in ministry is a physical demonstration of the attitude of willingness to grow, and contribute to a minister’s self-awareness and desire/ability to seek spiritual mentors, all of which have been correlated with decreased levels of ministerial burnout.¹²

Participants

The researcher sent the survey to a purposive sample of 190 Pentecostal-Apostolic clergy. These ministers were selected based on accessibility to the researcher

¹¹ Barnard and Curry, 150-163.

¹² Doolittle, 88-90.

via having a personal email in the ministerial directories for the UPCI, WPF, or Independent church directories, and through the researcher's personal acquaintance. This was done in order to reach as many ministers as possible to gain a more significant sample size, and increase the utility and accuracy of the study results. Clergy who had a church email listed were not included in the survey in order to avoid the possibility of individuals engaging in the study who were not clergy or otherwise outside the description of the target population, as many church emails are handled via a secretary or other church member in P-A circles.

The email containing the survey link included an introduction of the researcher, a brief explanation of the research topic, and a request for the minister to complete the survey before a specific deadline. After the first week with few responses, the researcher sent out a reminder email to all on the email list, and extended the deadline an additional 7 days. By the final day of the survey 42 people had responded to the survey of which 8 were incomplete, thus there were 34 complete responses.

While a variety of ethnic groups and age ranges were represented, the majority of participants were Caucasian male pastors in their late 30s to early 50s, of independent organizational status, and possessing a college degree as well as more than 20 years of ministerial experience.

Data Analysis

The researcher collected both quantitative and qualitative data in the online survey. In accordance with the convergent-parallel mixed methods approach, these data were collected concurrently, analyzed individually, and then compared for similarities and differences prior to interpretation.

Survey

The researcher first identified the tools necessary to analyze the data collected. The researcher used Qualtrics Survey Software to analyze the data due to its availability, affordability and functionality. In addition, the researcher used Excel workbooks, tag clouds, word counts, and creative display of information to assist in identifying the greatest number of possible data connections, differences, and themes.

The online survey produced both categorical and quantifiable data. Categorical data cannot be measured numerically (quantified), but must be organized into nominal sets or ordinal ranks. Such information is typically analyzed by use of frequency charts and modes.¹³ In contrast quantifiable data has to do with information that can be numerically defined, such as ratios or interval scales.¹⁴ The majority of the data produced by the study fell into the nominal and ordinal categories due to the use of short-answer questions in the qualitative section, and Likert-Scales in the quantitative section. The items in the demographic section of the survey produced several numerical data points which were analyzed by simple frequency count to understand the personal ministry context of the participants. Additionally, the Likert-scales were quantified via frequency, percentage and modal statistics, a typical proceeding in mixed-methods research.¹⁵

Qualitative section analysis. Participant responses to the short-answer items yielded a large amount of text which was reviewed thoroughly before analysis. The researcher used descriptive coding to both summarize responses and retain important data to form the

¹³ David E. Gray, *Doing Research In The Real World*, (Thousand Oaks, CA: SAGE Publications Inc., 2004), 286.

¹⁴ Gray, 287.

¹⁵ Creswell, 97.

foundation for deeper analysis.¹⁶ In this process, responses using synonymous words or describing identical concepts were identified and systematically homogenized with similar responses to create codes. In keeping with the practices of case study research, the researcher allowed the descriptions and concepts within the response data itself to determine the creation of analytical codes. Then, manual coding of the data with analytical codes was conducted in order to identify patterns and integrate information.

Quantitative section analysis. The data produced by the Likert-scale items was analyzed by frequency, percentages and modes to determine if any prevailing trends emerged. Analysis of individual items was conducted to determine whether specific types of self-care practices were engaged in by the participants, and the relative frequency with which they did so. To add to the researcher's grasp of the data, the most frequent category anchor of all six items within one of the individual self-care sections was identified as "the modal answer" for that type of self-care. For example, if the most frequent category anchor in the items for the Spiritual section was "often," then the researcher might suggest that this sample practices spiritual self-care methods more often and more consistently in comparison with a section whose modal anchor was "seldom" or "sometimes."

Qualitative to Quantitative section analysis of comparisons. After analysis of both the qualitative and quantitative survey data individually, the researcher analyzed them against each other. This analysis sought to evaluate the data for possible patterns, dissimilarities, similarities and relationships, as well as to synthesize the two forms of information. The results of this analysis were further analyzed side by side with the

¹⁶ Lyn Richards, *Handling Qualitative Data: A Practical Guide*, (Thousand Oaks, CA: SAGE Publications Inc., 2009), 93-94.

biblical and literature reviews to identify the four themes described in chapters five and six of this report. These analyses were limited in scope by reliance on the researcher's finite abilities and the academic and time restrictions necessary for project completion. The researcher presented the data analysis descriptively and inferentially to illustrate the researcher's conclusions.

Conclusion

The researcher developed a foundation for the research through a review of Biblical and Theological themes related to self-care and ministry. That foundation was further built upon with a literature review on the nature of self-care, causes and impact of burnout in ministry, and effective elements of ministerial self-care. This foundation contributed to the selection of the types and wording of questions used in the online survey. Ethical considerations such as informed consent and confidentiality of information were included. Once the data were collected, the researcher organized and analyzed the quantitative and qualitative research separately, then compared the two.

CHAPTER FIVE: DATA TREATMENT AND ANALYSIS

The purpose of this research was to identify and evaluate the perspectives and practices of self-care held by P-A clergy in order to develop principles of self-care for P-A ministry. Clergy from WPF, UPCI, and Independent P-A organizations were invited to respond to a convergent-parallel mixed methods survey in which they were asked to describe their perspectives of self-care and report their self-care practices over the last three months. In this chapter, the researcher analyzed and evaluated the qualitative and quantitative data resulting from the survey. The first section explored the demographic responses from the online survey. The second section and third sections examined the qualitative and quantitative responses from the online survey (respectively). The fourth section briefly analyzed and explored the connections and dissimilarities between the qualitative and quantitative data, without interpretation. The researcher used descriptive and analytical coding to illuminate emerging themes that would help contribute to the development of self-care principles for P-A ministry.

Demographics

The researcher contacted 190 P-A clergy with an email request to take the self-report survey via a direct Qualtrics link. These participants were selected by their status as ordained pastors/ministers, and accessibility to the researcher via personal emails recorded in UPCI and WPF directories or the researchers' personal acquaintance. The demographic portion of the survey included items 3-12 (items 1-2 consisted of a welcome page and the informed consent form).

Out of 190 invitations, 42 clergy participated in the survey, of which 34 completed it entirely. Incomplete responses were not analyzed, as they were composed of demographic data without completion of either the qualitative or quantitative sections of the survey. All 34 participants completed the qualitative section. The low response number and completion rate could have been contributed to by the following factors: the subject matter, length of survey, and possibly the time of year (end of the year). The researcher rounded all percentages to the nearest whole number. Table 5.1 contains the demographic information.

While a variety of ethnic groups and age ranges were represented, the majority of participants were Caucasian male pastors in their 40s and 50's, of Independent organizational status, and possessing a college degree as well as less than 30 years of ministerial experience.

All participants were male (100 percent), and 94 percent of them were married. The ages of participants ranged from 18-71+ and nearly half of the participants fell into the age category of 40-55 (47 percent). Although Caucasian was the largest ethnic group/category (76 percent), Bi-Racial/Multi-Ethnic was the next largest group at 12 percent, with Hispanic (9 percent) and East Indian (3 percent) making up the remainder. (Table 5.1)

Table 5.1 Participant Personal Information (n=34)

	Characteristics	Participants	
		n	%
Gender:	Male	34	100
Age:	18-24	0	0
	25-39	10	29
	40-55	16	47
	56-70	7	21
	71+	1	3
Ethnicity:	African-American	0	0
	Caucasian/White	26	76
	Bi-Racial/Multi-Ethic	4	12
	Hispanic	3	9
	East Indian	1	3
Relationship Status:	Single	1	3
	Married	32	94
	Divorced	1	3

Participants identified primarily as holding a pastoral role (82 percent of the total), and the majority of clergy had twenty years' ministry experience or greater (94 percent). Among the 71 percent of respondents involved in direct pastoral ministry, the largest group reported having a congregation of 201 members or more (33 percent). The church size groupings were not selected according to Church Size Theory due to the fact that the smallest ranges (75 and under and 76-140) would have grouped many of the respondents into the same category without differentiation between the pastors who are building new church works and those with a more stable congregation. (Table 5.2 and Table 5.3)

Table 5.2 Ministry Experience Information (n=34)

	Characteristics	Participants	
		n	%
Ministry Role:	Pastor	19	56
	Senior Pastor	6	18
	Evangelist	6	18
	Assistant Pastor	2	6
	Bishop/Pastor to Pastors	1	3
Years in Ministry:	1-10	2	6
	11-20	8	24
	21-30	11	76
	31-40	9	26
	41-50	3	9
	51-60	1	3

Table 5.3 Number of Congregants (n=34)

Number of Congregants	Participants	
	n	%
1-30	1	4
31-50	4	17
51-80	3	12.5
81-100	0	0
101-150	5	21
151-200	3	3
201+	8	12.5

Nearly half of the respondents identified as holding Independent organizational status (47 percent), while the other half was divided between WPF (29 percent) and UPCI (24 percent). The participants as a whole were highly educated where over half reported holding a master's degree (59 percent), while only 12 percent reported having completed their education upon receiving their high school diploma/GED. Twenty-eight respondents described the majors of their corresponding degrees, which were analyzed by the major

of the most recent degree conferred. The most common majors were the variants of Christian Leadership, followed by Theology and Ministry. (Table 5.4).

Table 5.4 Educational Information

	Characteristics	Participants	
		n	%
Education Level (n=34):	HS/GED	4	11.5
	Bible College	2	6
	Associate Degree	1	3
	Bachelors	1	3
	Masters	20	59
	Some College	1	3
	In Doctoral Program	1	3
	Doctorate	4	11.5
Degree Major (n=28)	Christian Leadership	13	46
	Theology	6	21
	Ministry	4	14
	Education	3	11
	Business	1	4
	Arts	1	4

Qualitative Survey Responses

The researcher designed the focus of the qualitative items to gather information about the P-A clergy perspectives of self-care, and add additional information about their self-care practices. The body of the questions (14-17) was intentionally placed directly after the demographic items and prior to the Likert-scale quantitative items in order to secure the respondents own perspectives of self-care without influence from the wording or questions in the quantitative portion. These questions elicited responses to the following topics: the definition of self-care, the importance of self-care, whether the participant had engaged in adequate self-care over the past year, and whether the participants' organization or leadership supported ministers in engaging in self-care. The

final qualitative items (49-50) were intentionally placed at the conclusion of the survey to gather additional information about the participant's practices and perspectives of self-care after self-evaluation in the quantitative section. These items requested the participant to share any self-care methods engaged in by the participant not-mentioned in the survey, and any comments or suggestions regarding the survey or the survey topic. Since the responses were open-text, the researcher coded the results to identify overarching themes and summaries for each item.

When participants were asked about their definitions of self-care, they included a variety of descriptors in their comments, which the researcher coded and summarized to identify themes. All participants indicated their understanding of self-care as being a form of creating/maintaining personal wellness through need fulfillment. A little over half of the participant's responses (52 percent) demonstrated a tendency to divide the task of self-care into different life facets. The most frequently mentioned facets were physical health (76 percent) and spiritual care (65 percent). Less frequently, participants included emotional (29 percent), self-development (24 percent), mental (21 percent) and relational (21 percent) facets as needs or areas that define self-care. Two participants suggested that the meaning of self-care was "not depending on others to care for you." In addition, one respondent included caring for his wife and family as part of his own self-care. Another theme that emerged from this data was the understanding that there was not a wide consensus in responses regarding what activities make up self-care or what facets of life are included in the concept of self-care among this sample of P-A clergy, outside of the broad definition of self-care as giving attention to the needs of the self.

In response to the question of whether self-care was necessary to effective ministry and why, participants overwhelmingly indicated their belief that this was true (100 percent). From the rationale provided with each response, the researcher noted that the reasons self-care was viewed as necessary are not homogenous among participants. Forty-one percent of participants indicated self-care is necessary in order to be able to serve others effectively, while another 32 percent of participants indicated that self-care was essential to avoid negative outcomes such as burnout or failure. The final 27 percent stated that self-care was necessary to a minister's personal health.

When participants were asked to describe whether they felt they had taken adequate care of themselves over the past year and how, they offered a wide variety of responses. A portion of the participants responded by stating specifically which areas of their life they had and/or had not practiced adequate self-care in, rather than giving a clear yes or no response. The researcher coded these responses such that any response that did not give specific information about the areas of self-care that were successful were then included with those that answered "no", while responses that included information about both successful and failed self-care areas were collected into a separate category labeled "partial." Thus, all three response categories of "yes," "no," and "partial" were mutually exclusive of each other. The majority of the participants stated that they felt they had not taken adequate self-care in the past year (41 percent), while 32 percent stated that they felt they had taken adequate self-care, and 26 percent indicated that they had taken self-care in partial areas of their life. From these responses the researcher found that the participants indicated four obstacles to engaging in adequate self-care: overwork (21 percent), poor time management (15 percent), neglect of physical

health (21 percent), and grief (3 percent). The participants also indicated the activities of self-care they felt allowed them to achieve adequate self-care fully or partially as individuals: “accountability daily chart,” “physical activity,” “hobbies,” “family time,” “conference attendance,” “taking breaks,” “consistent devotions,” “prayer,” “self-awareness,” “engaging in ministry activities,” “saying no,” being “surrounded with ‘challenging’ people,” and “balancing priorities.” The researcher identified another finding in that there appeared to be differences in the dispersion of the results between the various P-A organizations involved in the study. Fifty percent of the UPC participants felt they had not engaged in adequate self-care, 37 percent felt they had, and 13 percent felt they had done so partially. Similarly, 50 percent of the Independent participants felt they had not engaged in adequate self-care, 25 percent felt they had, and 25 percent felt they had partially engaged in adequate self-care. The WPF participants’ responses were different however: fifty-six percent felt they had engaged in partially adequate self-care, 33 percent felt they had engaged in adequate self-care, and 11 percent felt they had not.

A portion of the participants responded to the question of whether ministerial self-care was supported by their organization and leadership, by stating that their organization or leadership would allow them to conduct self-care if they asked for it, and a few described their own habits of self-care; these responses were coded to indicate that the organization/leadership did not support self-care because the self-care being described was self-directed. The majority (62 percent) reported that self-care was not supported by their organization and leadership. Only 38 percent reported that they felt self-care was supported by the organization and leadership. A number of the latter described the self-care support coming in the form of conferences and fellowship meetings.

Since the participants came from two different organizations and a collection of Independent ministers, the researcher grouped the participant's responses to the question above by organization in order to identify any possible different themes between the groups. The researcher noted that the UPCI and WPF organizations showed a majority of participant's perspectives that the organizations do not support ministerial self-care (75 percent, and 60 percent, respectively), while smaller percentages of those groups felt that there was support from the organization (25 percent, and 40 percent, respectively). Two of the respondents from the UPCI described the support as coming in the form of a service called "Points of Refuge" designed to help ministers in crisis, while others stated that they felt "everyone is aware" of the need for self-care and that it is vocally encouraged but not actively supported. Two of the WPF respondents suggested that self-care should be the responsibility of individuals and learned from local leaders rather than the organization. Another respondent stated that they felt the WPF organization provided "strong support for spiritual, mediocre for mental and minimal for physical" self-care. The researcher treated the Independent group of participants as though they were answering the question as to how their leadership supported self-care, since they did not have an organization to answer for. Even within the Independent participants, over half felt that their leadership did not support self-care actively (56 percent), while 44 percent felt that it was supported. Three of the pastors described their support as coming from their congregations and volunteer ministers. A final theme recognized in this section was that there was an explicit desire for greater self-care support expressed by some of the respondents (18 percent).

When asked to share methods of self-care participants practiced that were not mentioned in the survey, only 26 percent of the total participants offered actual answers. Although 22 responded to the question (65 percent of the total 34 participants), 13 of them (59 percent) stated that there were no other methods of self-care they engaged in. The remaining 41 percent (n=9 of total 22 responses) gave fourteen different activities they believe help them to practice self-care that they didn't recognize as present in the survey (Table 5.5).

Table 5.5 Other Methods of Self-Care (Summarized direct participant quotes). (n=34)

Regular College Classes	Time Alone to Read and Think
Fishing	Hunting
Music	Horses
Balancing Work, Worship, Rest and Play	Walk in the Spirit
Magnify God	Prioritizing and Assessment
Regular Fellowship Together with Church with Family	Engaging in Community Service Outside of Ministerial Obligations.
Have Multiple Challenges at A Time	Stay Part of Larger Enterprises Than Self

The researcher included a question requesting participants to share any comments or suggestions they had about the survey or topic of self-care in order to elicit answers that would assist the researchers understanding of the experiences of the participants, and gave the participants room to express further viewpoints or ideas about self-care. Of the 34 participants in the survey, 62 percent responded to the question. However, 48 percent of these responded with "No" and were treated as if they had not commented, so the percentage of the participants who commented was reduced to 32 percent of the total participants. The researcher coded the responses to summarize the results, and as several respondents made both comments and suggestions the following divisions are not mutually exclusive. The researcher identified three types of comments: notes to the

researcher (36 percent), comments on the survey itself (18 percent), and notes expressing the importance of and need for self-care in the ministry (54 percent). Three suggestions were made about how P-A clergy and/or P-A organizations ought to handle issues of self-care. Two clergy suggested that clergy need the intentional support of experienced ministers to mentor and develop networking opportunities to prevent isolation and support self-care, while another suggested “stress is usually caused by a lack of self-differentiation rather than overwork ... [which] requires strong self-identity.”

Quantitative Survey Responses

The researcher designed the quantitative section of the survey to gather information about the P-A clergy self-care practices. The 30 Likert-scale items consisted of statements describing self-care activities that participants were directed to indicate their agreement/disagreement with by rating the frequency with which they engaged in them over the last three months. The descriptive anchors or response choices were: 0-never, 1-seldom, 2-sometimes, 3-often, and 4-always. These items were divided into five sections based on the self-care area addressed: spiritual, physical, psychological, relational and professional. Each section was composed of six items each. All items required the participants to respond for the frequency during the last three months.

As these items were choice specific, analysis of each item was conducted by using frequency counts/percentages, modes, and bar charts to look for patterns and themes related to the current practice of self-care by P-A clergy. Because the point of the research was to identify what self-care practices P-A clergy engaged in, the following analyses will address whether they engaged in the described actions and how often.

Spiritual

The spiritual section of the survey asked ministers to rate the frequency of engagement in the following activities for care of the minister's own spirit: meditative study/reflection (item 19), prayer and fasting (item 20), prioritizing time with a mentor/spiritual advisor (item 21), spiritual studies for personal growth (item 22), gospel-centered media (item 23), and the ability to disengage from ministry/work related concerns at the end of the day (item 24). Overall, 100 percent of participants reported having engaged in meditative study/reflection, prayer and fasting, and listening to gospel-centered influences at some point in the last three months, although to differing degrees of frequency. Additionally, 97 percent of the participants reported also taking time for personal study and having the ability to release ministry/work related concerns; 91 percent reported intentionally meeting with a mentor/spiritual advisor. The most common response in the spiritual section overall was "often," reflecting the expected emphasis on spiritual duties by a religious population. Table 5.6 contains the spiritual response information.

The majority of participants reported engaging in reflective religious activities for self-care with some measure of consistency. Nearly half the participants reported engaging in meditative study/reflection 'often' (44 percent), another 29 percent reported doing so all the time; while others did so with less consistency (sometimes 24 percent; seldom 3 percent). Similarly, over half of respondents reported that they engaged 'often' in prayer and fasting (54 percent), while 44 percent indicated they did so consistently. Only one minister indicated that they 'seldom' practiced prayer and fasting regularly.

The researcher observed that the responses to the statement regarding whether they intentionally spent time with a mentor/spiritual advisor displayed a unique division between response choices ‘seldom’ and ‘often,’ each representing 29 percent of the participants. Other participants reported intentionally obtaining mentoring inconsistently (sometimes 26 percent) or not at all (never 9 percent). This would seem to suggest that a division of opinion exists on the importance or the accessibility of mentorship in P-A clergy communities.

The overall responses to personal spiritual pursuit items indicated that the majority engaged in such activities often. The predominant frequency regarding personal spiritual studies was that they were engaged in ‘often’ (41 percent). Other respondents indicated that they ‘always’ devoted time to such studies (24 percent), while some reported doing so less consistently (sometimes 32 percent) and another not at all (3 percent). Nearly half (47 percent) of participants reported that they often spent time enjoying gospel-centered media (i.e. podcasts, sermons, music, etc.), and another 24 percent reported doing so all the time. Several ministers indicated they seldom engaged with gospel-centered media (12 percent), and fewer did so only some of the time (18 percent).

Forty-seven percent of the participants reported that they were able to disengage from ministry/work related concerns ‘sometimes,’ while others were unable to do so rarely (24 percent) or not at all (3 percent). In contrast 6 of the ministers reporting being able to disengage often (18 percent) and three more were able to do so continually (9 percent).

Table 5.6 Spiritual Self-Care Practice Engagement (n=34)

	Never	Seldom	Sometimes	Often	Always
I take time to myself to be quiet, read scripture, write and/or meditate.	0	1	8	15	10
I take regular times of prayer and fasting.	0	1	0	18	15
I intentionally spend time meeting with a mentor or spiritual advisor.	3	10	9	10	2
I take time to dig deep into the scripture and theological material for personal edification.	1	0	11	14	8
I listen to and/or read gospel-centered messages/music.	0	4	6	16	8
I am able to disengage from work/ministry related concerns.	1	8	16	6	3

Physical

The portion of the survey assessing physical self-care required ministers to rate the frequency of their engagement in the following activities over the last three months: dietary care (item 25), quality sleep (item 26), exercise (item 27), preventive/necessary medical care (item 28), vacations (item 29) and forms of mindful relaxation (item 30). Overall, 100 percent of participants reported engaging in dietary care and medical care in varying frequency; while 97 percent engaged in activities around vacations and quality sleep. In contrast, 88 percent engaged in exercise and even fewer engaged in mindful forms of relaxation, such as progressive muscle relaxation, stretching, and slow breathing (65 percent). The most common response in the physical section was ‘sometimes’ reflecting anecdotal evidence that physical self-care is typically neglected by clergy and other care-giving professionals. Table 5.7 contains information about clergy physical practices.

Half of the participants reported keeping a balanced diet ‘sometimes’ (50 percent), while 15 percent reported rarely doing so (seldom). Other participants reported

keeping a balanced diet with great consistency such that 29 percent selected 'often' and six percent 'always.' In contrast, participants indicated that they were less consistent about sleep care than about diet. Thirty-five percent of participants reported obtaining at least 7 hours of quality sleep per night often, another 6 percent reported doing so all the time, while others reported seldom (26 percent) or never (three percent) attaining that quality of sleep.

A similar lack of consistent physical self-care was demonstrated in the areas of exercise and preventive/regular medical care. The majority of participants reported engaging in 15-20 minutes of aerobic exercises inconsistently such that 35 percent did so sometimes, 29 percent did so seldom, and 12 percent did not do it at all. Other participants reported engaging in aerobic exercise often (18 percent) or all the time (6 percent). In terms of obtaining regular/preventive medical care participants selected the terms sometimes (35 percent) and often (35 percent) most frequently. Twelve percent reported doing so all the time, while 18 percent did so seldom.

The majority of participants reported taking vacations unrelated to conferences inconsistently (sometimes, 41 percent), and 21 percent reported doing so seldom. Twenty-four percent of participants indicated that they took such vacations often, six percent indicated that they always took such vacations, and nine percent reported that they never had.

In addition, the majority of participants indicated they had little experience with practicing mindful forms of relaxation (deep breathing, stretching, or progressive muscle relaxation) such that 35 percent rarely practiced them and another 35 percent have never

done so. In contrast 15 percent indicated they had engaged in mindful relaxation forms sometimes, 12 percent indicated often, and three percent did so consistently.

Table 5.7 Spiritual Self-Care Practice Engagement (n=34)

	Never	Seldom	Sometimes	Often	Always
I'm careful about what I eat and eat a balanced diet.	0	5	17	10	2
I sleep well and get 7 hours min. a night.	1	9	10	12	2
I engage in aerobic exercises for at least 15-20 mins at a time	4	10	12	6	2
I listen to my body's signals and get regular medical care for prevention/when needed.	0	6	12	12	4
I take vacation time and truly get away from work (conference excluded).	3	7	14	12	2
I practice muscle relaxation, meditation, slow-breathing techniques or stretching.	12	12	5	4	1

Psychological

The psychological section of the survey requested ministers to rate the frequency of engagement in activities that held specific impact on the cognitive and emotional facets of the respondents, over the last three months. These activities included: engaging in activities in which the minister is not the expert or leader (item 31), receiving from others (item 32), intellectual expansion in areas not related to ministry (item 33), expressing creativity (item 34), self-efficacy and positive self-talk (item 35), and unplugging from technology (item 36). All participants indicated engagement in the activities of receiving from others, expressing creativity, and positive self-talk for self-efficacy, although in varying degrees. However, 97 percent of participants also reported engaging in non-leadership or non-expert activities and intellectual expansion, and 94 percent reported practicing unplugging from technology as well. The most common

response in the psychological section was ‘sometimes,’ which appeared to demonstrate greater inconsistency in psychological self-care. Table 5.8 contains the psychological response information.

The majority of study participants reported inconsistently engaging in activities they were not in charge of or expert in, such that 50 percent of participants reported doing so ‘sometimes,’ 32 percent reported doing so ‘seldom,’ and three percent report never doing so at all. In contrast, 15 percent reported engaging in such activities ‘often.’ Similarly, half of the participants reported expanding their intelligence through experiences unrelated to ministry (such as art museums, auctions, etc.), some of the time (50 percent), while 29 percent reported doing so often and nine percent (n=3) did so all the time (always). The remaining 12 percent of participants indicated that they did so rarely (seldom 9 percent) or not at all (never 3 percent).

Although clergy are anecdotally known for having difficulty receiving rather than giving support in their interactions with others, only 26 percent reported this to be the case. Instead, thirty-eight percent of participants indicated that they practice receiving from others ‘often,’ and 35 percent indicated they did so ‘sometimes.’

More than half of the participants indicated that they practiced self-care through expressing creativity such that 50 percent reported doing so ‘sometimes,’ 21 percent did so ‘often,’ and nine percent did so ‘always;’ although the remaining 21 percent reported expressing creativity rarely (seldom). An even greater number of participants reported encouraging themselves with positive self-messages often (62 percent), another 18 percent reported always doing so, while only six percent seldom did so.

Nearly half of the participants reported intentionally taking time to unplug from technology intermittently (sometimes 47 percent), while 21 percent did so often and three percent reported consistently doing so all the time. In contrast, 24 percent participants reported seldom unplugging and six percent never did.

Table 5.8 Psychological Self-Care Practice Engagement (n=34)

	Never	Seldom	Sometimes	Often	Always
I engage in activities that I am not in charge of or that I am not an expert in.	1	11	17	5	0
I practice receiving from others, rather than giving only.	0	9	12	13	0
I engage my intelligence in new area not directly related to ministry/work.	1	3	17	10	3
I do things I find creative or expressive.	0	7	17	7	3
I believe in myself and generally give myself positive messages about my ability to accomplish my goals- even when encountering obstacles.	0	2	4	21	6
I practice setting boundaries for time away from technology.	2	8	16	7	1

Relational

The portion of the survey investigating self-care in the area of relationships directed participants to rate the frequency of their engagement in the following activities in the last 3 months: maintaining contact with important relationships (item 37), sharing thoughts/emotions with spouse or close friend (item 38), developing a network of close friends (item 39), quality time with children (item 40), asking for help (item 41) and assertiveness (item 42). Overall, 100 percent of participants reported engaging in each of these items in varying degrees. Uniquely, only 32 people responded to the question about spending quality time with their children, which may have been due to oversight or design error in not leaving an opt-out response for those who did not have children. All

those 32 participants reported spending quality time with their children. The most frequent response in the relational section was ‘often.’ Table 5.9 contains the psychological response information.

The majority of ministers indicated that maintaining intentional contact with important relationships was a priority for them: half of them maintained contact often (50 percent), 18 percent ‘always’ did so, and 21 percent stayed in contact some of the time. Only 12 percent indicated that they seldom maintained contact. This priority on relationships among P-A clergy was further indicated by the frequencies with which participants engaged in the following practices.

All participants indicated that they engaged in personal sharing with their spouse/friend such that nearly half reported doing so often (47 percent), 44 percent did so all the time, and only nine percent did so sometimes. In a related manner, over half of the participants (56 percent) indicated that they often spent time with their children, while the remaining participants indicated they did so sometimes (22 percent) or all the time (22 percent).

Uniquely, 38 percent of participants indicated that they maintained a network of close friends all the time (always), while 32 percent did so ‘often’ and 24 percent did so sometimes. Only six percent reported seldom maintaining a network of close friends.

All participants indicated that they asked for help if it was needed, but half of them indicated they only did so ‘sometimes’ (50 percent), while others indicated they did so often (32 percent), always (6 percent) and seldom (12 percent). Also, the majority of participants indicated that they practiced assertiveness (saying no, setting healthy boundaries) with a greater degree of consistency such that 41 percent reported doing so

often and 18 percent reported doing so all the time. The remaining participants indicated a lesser degree of assertiveness enacted with 26 percent indicated they did so sometimes and 15 percent doing so only seldom.

Table 5.9 Relational Self-Care Practice Engagement (n=34)

	Never	Seldom	Sometimes	Often	Always
I intentionally stay in contact with important people in my life, from past and present.	0	4	7	17	6
I share my feelings/thoughts with and spend time with my spouse, or at least one close friend if not married.	0	0	3	16	5
I have developed a network of close friends that I can reach out to in time of need.	0	2	8	11	13
I spend quality time with my children. (n=32)	0	0	7	18	7
I ask for help when I need it.	0	4	17	11	2
I set and maintain healthy boundaries by standing up for myself, saying “no” when I need to and not letting other take advantage of me.	0	5	9	14	6

Professional

The professional section of the survey required ministers to rate the frequency of engagement in the following activities focused on care of the self in the ministerial workplace: a sense of ministerial proficiency or preparedness (item 43), weekly day off (item 44), satisfaction with time and energy expenditures in ministry (item 45), seeking continued ministerial development/training (item 46), realistic goal setting (item 47) and maintaining a ministerial peer group for mutual support (item 48). All the participants reported some degree of engagement in a weekly day off, feeling satisfied with time and energy expenditures, seeking continued ministerial development/training, and realistic

goal-setting. Ninety-four percent of participants indicated they had engaged in maintaining a ministerial peer group, while 97 percent affirmed that they felt a sense of ministerial proficiency or preparedness. The most commonly selected response was 'often.' Table 5.10 contains the professional response information.

Over half of participants indicated they often felt they possessed the appropriate training and skills necessary for effective ministry (59 percent), while 24 percent indicated they felt that way all the time. Other participants indicated they only felt this proficiency/preparedness sometimes (15 percent), and one not at all (3 percent).

All participants indicated that they scheduled a weekly day off, even if only seldom (18 percent). The majority of participants reported taking a weekly day off often (35 percent), and the remainder did so all the time (29 percent) or sometimes (18 percent).

Nearly half of participants indicated often experiencing satisfaction with how their energy/time spent was related to their life goals and calling (45 percent), while other experienced such satisfaction only some of the time (33 percent) or rarely (9 percent). Additionally, 12 percent of participants reported such satisfaction all the time. (For this item (45) only 33 participants responded.)

All participants indicated that they engaged in efforts toward continual ministerial development and skill such that the majority reported doing so often (44 percent), while others reported doing so sometimes (15 percent) or all the time (41 percent). The majority of participants also reported that they often set and worked toward realistic goals (62 percent), although 24 percent indicated doing so only sometimes and others doing so all the time (15 percent).

While all the participants indicated that they have engaged with a peer ministry group for mutual support, the most frequent responses were that this occurred sometimes (26 percent) and all the time (26 percent). The remainder of participants indicated that they engaged with a peer ministry group often (24 percent), seldom (18 percent), or not at all (6 percent).

Table 5.10 Professional Self-Care Practice Engagement (n=34)

	Never	Seldom	Sometimes	Often	Always
I feel that I have the training and skills necessary to minister well.	1	0	5	20	8
I have at least one full day off work/ministry responsibilities each week.	0	6	6	12	10
I feel good about how I spend my time and energy in relation to what is really important to me in life, and to my calling.	0	3	11	15	4
I engage in efforts to educate and train myself to become more skillful and equipped to minister to those God has called me to serve.	0	0	5	15	14
I set realistic goals for my life (short and long term) and work toward them consistently.	0	0	8	21	5
I have a peer ministry group that provides me with support and whom I provide support to.	2	6	9	8	9

A final theme was identified when the frequency and mode for the individual statements in all five sections was analyzed: The P-A clergy in this sample practiced self-care most frequently through activities that have direct impact on others. The researcher observed that among all participants there was a lower frequency of engagement reported for the activities/statements that had a clearer impact on the self than those that had a clear impact on others through the self. In other words, the majority of participants chose the anchors ‘often’ and ‘always’ most often in the spiritual, relational and professional

sections that have explicit inclusion of other's needs, while choosing 'sometimes' and 'seldom' more often in the physical and psychological sections that show a focus upon the needs of the individual alone. The self-impact statements are found in items 21, 25, 27, 28, 30-36 (all items in the physical section), and also in 41, 42 and 48. (Appendix.)

Qualitative and Quantitative Data Comparison

All convergent-parallel mixed-methods designs require comparison of both types of data prior to interpretation. The researcher engaged in comparison of both qualitative and quantitative survey themes and responses as a means of further illumination and evaluation of the data. Upon comparison of the two types of data no contradictions between overall themes or data points could be discovered. There were differences between participants' responses within each portion of the survey, but no significant differences between them. The primary differences between the results of the two types of data were the greater detail provided by the written text qualitative responses than restricted choice quantitative responses and the difference of primary focus in each section (quantitative on practices and qualitative on perspectives of self-care).

The qualitative and quantitative data comparisons demonstrated reinforcement and expansion of similar themes. The frequency of quantitative responses in the various areas of self-care (spiritual, physical, psychological, relational, and professional) are reflected in a similar frequency of mention of those same areas/terms of self-care in the word choices/statements in the qualitative responses. For example, more qualitative responses included mention of spiritual elements of self-care more often than physical or psychological, which is mirrored in higher frequency of the anchor 'often' in spiritual questions than on physical or psychological questions in the quantitative responses. The

degree of similarity over difference in the two data sets could be due to a difference in focus emphasized in both sections, as the quantitative section was designed to examine primarily practices of self-care, while the qualitative section as designed to examine both perspectives and practices of self-care.

Summary

In summary, the researcher discovered three over-arching conclusions regarding self-care among the majority of P-A clergy in the research sample. First, P-A clergy indicated that they recognize the necessity and benefits of self-care in ministry, and expressed interest in accessing support or methods of improvement. Second, P-A clergy display a fragmented understanding of the holistic nature and practices of self-care. Third, P-A clergy overall do not feel well-supported in the area of self-care by organizations or leadership, and do not feel they have adequately practiced self-care in the last year.

The goal of this project was not to create a new theory or program of self-care for clergy. The literature reviews and preliminary research conducted prior to the study demonstrated that these are to be had in plenty. Although there is not yet a theory or program of self-care designed specifically for P-A clergy, the researcher found that so little was recorded regarding self-care or any other facet of P-A clergy that such an undertaking would be pointless without first undertaking investigative research of the kind this study engaged in to discover more about the specific population. Additionally, counseling and mentorship ability and access to the time and resources for a self-care program vary widely from minister to minister, context to context.

The researcher identified a need for identification and dissemination of a set of self-care principles for P-A clergy that integrates biblical and theological principles with efficacy research in order to engage clergy in the practice of holistic self-care. These principles needed to emphasize the importance of physical and psychological care directly for the self as well as care directly relating to others, as the former were found to be one of the P-A clergy's most pronounced areas of difficulty. They also needed to emphasize the biblical and theological precedent of self-care in order to convince the P-A clergy of their religious or spiritual utility. Although no set of principles or concepts are ever acceptable to everyone, the researcher was confident that P-A clergy in any context would be able to take these principles and use them as a foundation to build upon for their individual use and for use in mentorship.

CHAPTER SIX: DISCUSSION AND EVALUATION

In this chapter, the researcher presented a discussion of the research findings in relationship to the relevant literature and biblical foundations. She included a summary of themes of her findings from the online survey, and a set of principles for P-A clergy self-care based on her conclusions. An evaluation of the strengths and weaknesses of the study was also included.

Discussion

Through analysis of the data the researcher identified four themes or patterns in the results. The first is that self-care is considered an important part of effective ministry by P-A clergy, and second is that they are interested in improvement and support from their respective organizations/fellowships or leaders in self-care. These themes were demonstrated by participant quotes and responses to qualitative questions. A third theme is that clergy demonstrated an incomplete understanding of the purpose and components of self-care, as seen in the participant responses describing the importance of self-care to ministry by how their practices impact others or help them avoid negative outcomes. This can also be seen in the way that participants practiced self-care activities most often when the activity was perceived to have a direct impact on others (such as personal prayer preparing the pastor to minister), and less frequently when the activity was perceived to have a direct impact on themselves (such as preventive medical care or practicing assertiveness). A clear understanding of the purpose and practices of self-care could assist clergy in placing value on caring for their own selves, rather than minimizing.

The fourth theme appears to be related to the third, in that it is a tendency to practice self-care in a compartmentalized manner rather than holistically. This is reflected in the responses of many participants describing that they had partially achieved adequate self-care, and of responses that defined self-care as consisting of one or two components (typically spiritual and physical or relational) rather than listing all facets of the self.

In the light of these four patterns or themes in the results, it is unsurprising that the majority of participants reported feeling that they had not taken adequate care of themselves in the past year. One cannot care for only a few facets of the self and expect to experience adequate personal growth, health, satisfaction, or to experience effectiveness in ministry. When the survey data themes and the biblical research and literature review were analyzed together, the researcher concluded that there is both interest and need for P-A clergy to engage in effective, holistic methods of self-care. Due to the widespread need and personal nature of self-care the researcher determined that development of effective principles would prove more beneficial and flexible for P-A clergy use than the development of yet another theory or training program.

Principles of Effective Self-Care

To meet the needs of P-A clergy for support in engaging in effective self-care, the researcher developed a set of four principles of effective self-care from triangulation of the literary, biblical and survey data from this study. These principles do not prescribe a list of specific practices of self-care but define the nature, purpose, and basic skills required for practicing effective self-care in ministry.

Principle one: the holistic nature of clergy self-care. The first principle states “effective clergy self-care is holistic, addressing all facets of the self of the minister: spiritual,

physical, psychological (mental and emotional), relational and professional.” Such self-care necessitates an ability to balance activities in order to attend to each facet of the self in proportion to the current need, recognizing that neglect in one facet impacts and impairs the functioning of the self in all other facets.

Data from the research study indicated that the majority of participants had been engaging in partial self-care efforts, engaging most often in spiritual, professional and/or relational practices. The negative results of this partial self-care can be observed by the fact that over half of the participants (67 percent) reported recognizing that they had not engaged in adequate self-care over the past year. Those who reported having engaged in adequate self-care described doing so by engaging in practices from multiple areas of self-care, including the physical and psychological in particular. In this way, it can be suggested that the effectiveness of the self-care ministers engaged in was affected by the areas that they neglected, such that their overall self-care was hindered in spite of the efforts in one or two areas. This supports the idea that holistic self-care is essential to effective ministry, for the sake of preventing burnout and promoting the well-being of the minister.

The biblical portion of the research project gave examples of how God’s chosen leaders sometimes engaged in similar lop-sided self-care behaviors, and the consequences that followed. King Saul failed to take appropriate spiritual and psychological self-care through obedience and humility, instead allowing his pride and impatience to lead him into rebellion against God and the prophet Samuel on numerous occasions (1 Sam. 15:1-32). Ultimately Saul lost his throne, his family, and his sanity as a result of what could be considered a lack of holistic self-care. Another example of the consequences of a lack of

emotional self-care is the prophet Moses, whose famous struggles with his temper kept him from “possessing the promised land” with the Israelites he had led in the wilderness (Exod. 2:11-14, 32:19, and Num. 20:8-12). Occasionally God would allow the leader who failed in self-care to learn from his mistake and continue leading, as in the case of King David who continued to lead God’s people despite his lack of self-restraint and care for his psychological and professional duties. In contrast Jesus is an example of the positive results of holistic self-care. He intentionally took time away from the crowds for his psychological health (Luke 5:16), he attended synagogue and prayed regularly for spiritual health (Luke 4:16), he had adequate food, drink, sleep and exercise from travel for physical health (Luke 7:33-34), he developed close friends and supporters for his relational health, and fulfilled his “professional” calling with integrity and discipline. In spite of the painful sacrifice at Calvary Jesus’ life and ministry were marked by effectiveness and the researcher suspects, a sense of personal fulfillment as there is no evidence to the contrary.

The biblical portion of the research also demonstrates the holistic nature of self-care through the oft-repeated divine command to “take heed to yourself” in both the Old and New Testaments of the Bible.¹ The translation of the phrase in both Greek and Hebrew yield a present-tense verb indicating that attention or action following the phrase was to be continuously applied to an individual’s life.² The variety of instructions that

¹ Exod. 19:12, 34:12; Deut. 4:9, 4:23, 11:16, 12:13, 12:30; I Sam 19:2; II Chron. 19:6-7; Jer. 17:21; Mal. 2:15-16, Mark 13:9; Luke 8:18, 17:3, 21:34; Acts 5:35, 20:28; and 1 Tim. 4:16 to list a few.

² Francis Brown, S. R. Driver, Charles A. Briggs, and H.F.W. Gesenius. *Brown, Driver, Briggs and Gesenius Hebrew and English Lexicon.*, s.v. “shamar,” Unabridged, Electronic Database, BibleSoft, 2008. <http://www.biblestudytools.org/lexicons/hebrew/kjv/shamar.html>. (accessed February 22, 2016). And James Strong. *Strong’s Exhaustive Concordance of the Bible: Greek 1907.*, s.v. “epechó.” (Peabody, Mass: Hendrickson Publishers, Inc., 2008). http://biblehub.com/greek/strongs_1907.htm. (accessed October 29, 2016).

follow this phrase throughout the bible include all areas of self-care. A few examples of these scriptures are: physical care (Deut. 24:8), spiritual care (Exod. 19:12, 34:12), psychological care (Luke 17:3, 21:34, Acts 5:35), relational care (Deut. 4:9, Matt 18:10, Mal. 2:15-16) and professional care (Jer. 17:21, Acts 20:28).

The research project's literature review of efficacy in self-care practices and burnout etiology further support the principle of holistic self-care in the following ways. Most of the research about self-care in the literature has been conducted on methods for prevention of burnout which is considered to be one result of a lack of self-care, or about individual elements of self-care such as meditation, prayer, and so forth. The element of religious coping, through prayer, forgiveness, obedience, and the like, was proven to increase well-being and self-efficacy in ministry.³ Physical clergy self-care is supported by multiple studies which demonstrated that enjoying consistent exercise and leisure time increases a minister's well-being, not to mention his health.⁴ While consistent accountability practices were proven to enable a minister to gain greater coping skills and emotional security, regarding psychological self-care.⁵ The importance of the relational area of clergy self-care was supported in the literature via demonstrations that active support systems of family, friends or mentors are proven to reduce burnout and protect the mental health of the minister.⁶ The latter research also supports the understanding that

³ Pargament, Turakeshwar, Ellison, and Wulff.), 509-511.

⁴ Doolittle, 88.

⁵ Doolittle, 88-90.

⁶ Gerald Caplan, 33-36.

self-care in one area (relational in this case) can impact other areas of self-care (psychological) and therefore the personal and ministerial functioning of a minister. *Principle two: the priority of clergy self-care is the individual.* The second principle of effective clergy self-care dictates that “the primary priority of clergy self-care is the individual minister’s welfare.” This is an acknowledgment and rebuttal of how the traditional perspective of ministry as the “self-sacrificing servant” is often taken to an extreme with the minister feeling obligated or ‘called’ to put other’s need before his own in all situations. Instead biblical and research literature indicate that the self-care of the minister must be prioritized over care of others, if the minister is to have a healthy self with which to serve.

The exaggerated service perspective appeared to be shown in the survey data where the majority of participants engaged more often in self-care activities that had a clear impact on the needs of others, like prayer and friendship networks, than they did in activities that appeared to solely benefit their own selves, such as assertiveness and taking vacations. This was an observed effect in the analyses and not an effect that the participants mentioned themselves, and was therefore assumed to be at least partially unconscious. The prevalence of this idea is also demonstrated in the research in that nearly two-thirds (41 percent) of the participants stated that they felt the purpose of self-care in ministry was to prepare them to serve others more effectively, writing statements such as “In order to serve others I have to be healthy.” Another 37 percent of participants stated the purpose of clergy self-care was to avoid negative outcomes such as burnout. The exception in the research was that 27 percent of the participants stated that self-care was necessary to ministry simply for the sake of the health and wellbeing of the minister.

Taking into consideration the fact that 78 percent of participants were conducting self-care not for their own sake but to help others or avoid problems, it was not surprising that the majority of the participants didn't feel that they had conducted adequate self-care as well.

The theological reflection of the research study paints a very different picture than the exaggerated serving perspective. Many examples in the Old and New Testaments clearly demonstrated that care of the minister must come first in his stewardship of life at least the majority of the time, in order for him to receive his own salvation and to be fit to serve. One example was found in the way that God supported the way in which Jethro assisted the prophet Moses that he was working ineffectively. The delegation of judicial and administrative activities among the Israelite elders was done primarily for the sake of allowing Moses the space to take appropriate self-care as he was exhausting himself, while the benefit to the people of Israel was of lesser concern (Ex. 18:13-26).

The Apostle Paul instructed the young pastor Timothy to "Take heed unto thyself, and unto the doctrine; continue in them: for in doing this thou shalt both save thyself, and them that hear thee." (1 Tim. 4:16, KJV). The theme of taking attention of and care for the self of the minister is continued throughout scripture, and here the Apostle Paul indicates that this self-care must take priority over care of others by placing the salvation of the minister before that of the potential listeners. Although this scripture makes specific reference to spiritual care and the avoidance of apostasy in the earlier verses of chapter four, some make the case that this instruction related to anything in Timothy's

life that would “qualify him for his work” including health and social habits.⁷ Regardless of whether the instruction is to spiritual or non-specific self-care, it makes sense to generalize the principle of prioritizing care of the minister over service to others, when one recalls how self-care in one area of life affects all others (as explained in principle one above). An emotionally unhealthy minister is prone to poor decision making that could lead to development of a spiritually errant leader over time. Likewise, a minister who cannot control his anger can do more damage to a congregation by serving them constantly while exposed to his emotions, than he would by taking some time each week to self-care via counseling or some other self-help effort. Further supporting this understanding is the fact that ministers who obtain mental health support produce healthier churches and have less personal deficits.⁸

The biblical picture of the healthy minister leading through modeling of self-care is reinforced by the research project’s literature review. The generally accepted theory of self-care among social-service and counseling research included the understanding that effective care for others is an outgrowth of a healthy self, and that conducting self-care for the sake of others is the result of an internalized belief that one’s value resides in the work done for others.⁹ Some research studies support this theory, through discovering that the greater a minister’s ability to distinguish his sense of self and value from his role

⁷ Albert Barnes, *Barnes’ Notes on the Bible, 1834*. s.v. “1 Timothy 4:16,” BibleHub.com Database, (19th edition, Baker Books, 1983). http://biblehub.com/commentaries/barnes/1_timothy/4.htm (accessed December 28, 2016).

⁸ Trihub, McMinn, Buhrow, and Johnson, 108-110.

⁹ Elisabeth Nesbit Sbanotto, Heather Davedink Gingrich, and Fred C. Gingrich, *Skills for Effective Counseling: A Faith-Based Integration*, Downers Grove, IL: IVP Academic (2016), 46.

as a minister, the greater his degree of well-being.¹⁰ If a minister's sense of self is attached to his ministry work it becomes understandable why so many clergy never rest from their exertions, alongside research showing burnout symptoms that center around feeling a lack of purpose or meaning in lives of clergy members.¹¹

This paradox of caring for self before caring for others only makes sense when one is familiar with the situation of the sabbath Israelite whose ceasing from work within Divine boundaries helped him recall how his identity and value was predicated upon his relationship with God rather than what he did or how well he did it. Research studies have also proven that increased awareness of self-identity leads to decreased anxiety among clergy.¹² The priority of self-care being upon the individual minister does not indicate that he cannot engage in sacrifice for others, merely that he must maintain an awareness of his limitations and resources so that he can flexibly respond to service opportunities in relative health and safety.

Principle three: active, non-judgmental self-awareness is required. The third principle of effective clergy self-care states that “effective clergy self-care requires the minister to engage in an active, non-judgmental self-awareness.” In this statement the term active refers to the intentional practice and cultivation of awareness of the self, and the term non-judgmental indicates an orientation to intentional focus on the experiences of the moment without immediately assigning positive or negative value to them. The minister must first gain self-awareness or understanding of who he is, what his strengths are, how

¹⁰ Beebe, 257.

¹¹ Cherniss. 33-40.

¹² Hatcher and Underwood, 187-196.

he impacts and makes meaning of the world around him, and how God tends to work through him. Without intentional awareness of the needs, strengths and weaknesses that make up the self, a minister will be unable to practice effective self-care as he will not be aware of progress made or changed needs.

The biblical portion of the research demonstrated the importance of a lifestyle of self-awareness to God and ministry by the hundreds of iterations of the phrase “take heed to yourself.” Although the importance of this phrase and the commandments following it has already been discussed in principles one and two, it is worth noting that these scriptures literally spell out that the attention and evaluation is to be of one’s own self. These instructions are mirrored in the list of personal qualifications for potential deacons and other leaders in the church written by the Apostle Paul: they must be above reproach, temperate, self-controlled, hospitable, gentle, honest, sincere, and have a good reputation with outsiders, as well as the ability to manage the leadership of their own family (1 Tim. 3:1-10). These qualifications are intensely personal and required a great deal of intentional attention to acquire and maintain.

The infamous moral failure of the king David with his later wife Bathsheba is one of the clearest examples in scripture for the importance of self-awareness. He neglected his professional care for himself of going to battle with his army as had been his habit and his responsibility, and when faced with temptation he allowed his restlessness and carnal desire to lead him astray into adultery and murder. If he had stopped to be intentionally aware of himself and his motives, David would have been able to prevent the issue by responsibly caring for his physical, psychological, and professional needs in

a more acceptable manner. His self-awareness would have directed his self-care, and prevented the curse that was laid upon his family as a result.

Unfortunately, the story of David's lapse of self-awareness is frequently repeated among religious and other leaders. A review of the literature yielded research that indicated that many leaders tend to avoid self-awareness when their environments are challenging or difficult in order to avoid unpleasant feelings or a sense of loss of control.¹³ In this way we can assume that clergy may be tempted into self-indulgence rather than self-awareness during times of stress. One response to this is found in a study that demonstrated that adding a regular practice of accountability heightened clergy self-awareness and increased well-being at the same time.¹⁴ Similarly it was found that cultivation of a nonjudgmental self-awareness through meditation can decrease the probability of the emotional exhaustion that leads to burnout in clergy.¹⁵

In the research for this study, the survey was a self-report measure meaning that level of self-awareness displayed in the responses would be difficult for the researcher to determine, despite this the researcher surmised that the fact that 66 percent of participants reported having not achieving adequate self-care over the past year due to "ministry transitions," "overwork," and other life issues, indicated that their level of self-awareness might be low to moderate. Awareness of one's self includes awareness of one's own needs, desires, and limitations, and when a person is aware of these facets they find a way

¹³ Heatherton and Baumeister, 89-90.

¹⁴ Doolittle, 94-95.

¹⁵ Bancroft G. Davis, "Preventing Clergy Burnout: Assessing The Value of a Mindfulness Based Intervention as Part of a Holistic Clergy Wellness Program," Psy.D. Thesis Project, Chestnut Hill College, 2010, 80-81.

to avoid living in a state of over-work as much as possible being equally aware of the impact their eventual burnout will have on others. The exception in this case was that 32 percent of participants felt they had taken adequate self-care, and a couple of the participants offered examples of methods they had used to increase their awareness of their weaknesses and engaged in regular assessments to track their growth progress.

Regardless of whether the participants gave evidence of a solid or weak self-awareness, there is more evidence to suggest that P-A clergy participants had difficulty with non-judgmental self-awareness. Nearly thirty percent of participants found it necessary to describe their self-care as partial and prove that they had achieved self-care in some areas even if not in others, in response to the same question about whether they had engaged in adequate self-care. This interpretation is supported by the fact that many of those who reported partially adequate self-care did not include a description of what they had not achieved adequate care in, only what they had. Whether this is due to a lack of self-awareness or a disinclination to recognize what areas of self-care had been neglected, both suggest that non-judgmental self-awareness is a problem for this sample of P-A clergy.

Principle four: acceptance of personal limitations is required for effective self-care. The fourth and final principle of effective clergy self-care indicates that “effective clergy self-care requires the minister to engage in acceptance of personal limitations and resources.” When a person adopts a practice of self-awareness and begins making intentional efforts to grow they inevitably discover certain characteristics they do not like in themselves but find that they cannot change on their own or at all. Additionally, a constant awareness or

attention directed to the self can ignite all the insecurity's and worries a minister might have, unless he is able to engage in some form of self-acceptance or tolerance.

The participant responses in the research survey data demonstrated that the majority of P-A clergy do not practice accepting their limitations, through describing troubles with time management, work boundaries and stress along with frequent use of the following phrases to describe the inadequacy of their self-care this past year: feeling “overworked,” “spreading myself (sic) too thin,” “having to push beyond my limits,” and struggling to “overcome grief,” among other negative phrases. There were a few exceptions to this rule however, in which several participants reported learning how to draw boundaries around their time and resources from their leadership, mostly in the form of taking a day off and spending time with family. On a positive note the majority of the participants indicated that they would be open to seeking mentorship and engaging in supportive groups for clergy self-care if such were made available. This would seem to indicate that recognition of one's limitations and acceptance of them are two different things. Recognition has to do with self-awareness, while acceptance of limitations has to do with practicing boundaries and care taking of the self.

The biblical chapter of the research demonstrated that learning to recognize and accept personal limitations is an integral part of ministerial self-care, and often requires the assistance of a more experienced elder, mentor or spiritual advisor to recognize and consult with, as in the case of Moses. In his zeal to serve the Lord and the people Moses failed to recognize the importance of working within his human limitations in attempting to be both the voice of God to the people and serve them as an arbitrator of their disputes: it took a wise father-in-law to point out the problem and the solution. The prophet Elijah

also needed someone to help him accept his limited ability to influence Queen Jezebel's plans and the nation of Israel to turn back to God on his own, and to recognize that he had used up his resources in all areas of himself, physical and psychological included. In Elijah's case, it was God that came to help him address his needs (food, water, rest, and renewed purpose) and recognize that God was still in control of Israel and her future. The final example is that Jesus, despite being God in the flesh, recognized the limitations upon his physical, spiritual, emotional and mental resources and worked within them (with the exceptions of the miracles and Calvary).

The biblical literature review demonstrated that the concept of sabbath in the actual practice in the Old Testament and spiritual practice in the New Testament reflects the importance of ministers recognizing their general limitations as humans in order to recognize God for who He is. Ministers are then reminded of their value in God and not their activities, so that acceptance of personal limitations is not admission of defeat but admission of the need for God's grace to be made perfect in weakness (2 Cor. 12:9). It is then that clergy can make time to rest and draw boundaries around their time and energies knowing that the ultimate success of all ministry is a divine responsibility and not their own.

The necessity of acceptance of personal limitations in clergy self-care is reinforced by findings from the literature review. Review of the literature about the etiology of burnout indicated several characteristics of clergy who have not accepted or possibly recognized their own limitations. The first is that clergy (and their congregations) often hold unrealistic expectations for themselves and their performance of both routine and unexpected responsibilities which, unchecked, leads to the

development of burnout.¹⁶ Similarly, one study found that 21 percent of the participating pastors regularly worked 7 days a week, supporting the theory that pastors do not recognize their limits or build boundaries into their schedules.¹⁷ Also, the literature review on efficacy of self-care methods demonstrated that seeking consistent contact with an accountability figure (a mentor or spiritual advisor) can assist clergy in decreasing the probability of burnout while increasing accurate self-awareness of both limitations and strengths.¹⁸ Other studies indicated that the support of a minister's spouse or immediate family was crucial for the self of the minister;¹⁹ presumably this would be true for his self-acceptance as well.

A final element from the literature review important to the rationale for acceptance of personal limitations is the practice of self-compassion. Barnard and Curry described self-compassion as an attitude of self-acceptance, self-forgiveness and willingness to grow.²⁰ Through a research study they determined that the more self-compassion a minister was able to direct toward himself, the more his ministerial satisfaction increased as well as his sense of well-being. In order to practice effective self-awareness as described in principle three, it is logical to assume that the clergy must find value in their personal sense of self and practice acceptance of their limitations. Only then will they be able to use their strengths effectively.

¹⁶ Hart, 113-127.

¹⁷ London and Wiseman, 30-39.

¹⁸ Doolittle, 93.

¹⁹ Janelle Warner and John D. Carter, "Loneliness, Marital Adjustment and Burnout in Pastoral and Lay Persons," *Journal of Psychology and Theology*, 12, 2 (1984), 129-130.

²⁰ Barnard and Curry, 159-160.

Limitations

One of the benefits of having a set of principles to guide a practice is that they can be flexibly applied in a variety of contexts and methods, such as ministry training courses, mentoring sessions, clergy support groups, family scheduling, and individual application. This benefit can also be a limitation however, as a minister's own level of self-motivation and ability to generalize can cause self-care efforts to fall flat no matter how effective the principles have been shown to be. Additionally, this set of principles is not an exhaustive list of self-care practices, but rather a set of guidelines about how self-care works to enable clergy to identify their needs. In this way clergy can begin to tailor their self-care practices to changing needs, rather than attempting to make one spiritual or other self-care activity meet all their care needs.

An important limitation of these principles is that they were designed to emphasize the pragmatic practices and holistic nature of self-care that P-A clergy have been found to struggle with. While these principles could be generalized to clergy of other Christian denominations, it would be important to consider first what facets of self-care that population struggles with and make adaptations for these needs, before adopting or implementing them.

These principles were developed as the culminating result of analyzing and integrating biblical and efficacy literature reviews with the data of one research study. As such they have not been tested through active use in a group setting, although they reflect findings and principles that have been tested by others both corporately and individually. Neither do the principles form a singular solution to the problem of clergy self-care, which by nature is a multi-faceted issue and therefore requires multiple resolution

approaches. The value in these principles is that they do provide a basic understanding of the nature and skills required for practicing effective self-care among P-A clergy specifically. In this way, they function as a starting point from which a minister can explore and grow.

Evaluation of Project Design

In the project design, the researcher intended to engage in four investigation paths: to explore self-care through a biblical review, literature review, mixed-methods survey of P-A clergy, and triangulation of data to develop principles of self-care for P-A clergy.

There were some inherent strengths and weaknesses which are presented below.

Strengths

In evaluating the research design, the researcher identified six strengths. The first strength is that the researcher contacted a large number of potential participants from different ages, educational backgrounds, and different P-A organizations. This was done in order to maximize the potential generalizability and applications of the study, as well as ensure that the data collected was more truly representative of the population being studied. The results of the study did indicate that participant's demographic information was not completely homogenous, although there was a low response rate.

Related to the first, the second strength was the method of survey administration. The use of an email self-report measure assists the researcher in reaching a greater number of participants than would have been possible with personal interviews, observations or more objective measures requiring facilitated administration. It was also more time and cost efficient and offered greater probability of return than if a pen-and-pencil questionnaire was sent.

The third strength identified was the use of a convergent-parallel mixed methods design. The mixed methods design strengthened the research by including open-ended questions or discussion items to the quantitative survey. This enabled the researcher to collect qualitative data regarding the self-care perspectives of clergy, as the questions functioned as a written interview.²¹ The convergent-parallel element of the study brought the possibility of greater internal validity to the project through the collection of both qualitative and quantitative data, the comparison of both sets of findings to each other, and evaluation against the biblical and research literature reviews.²²

The fourth strength as the use of Likert-scale quantitative items. These items allowed the researcher to obtain more detail than a simple yes/no question and allowed for the expression of degrees of opinion while maintaining the specificity inherent in fixed answer questions. This assisted the researcher in quantifying both the self-care methods practiced by P-A clergy as well as assess the relative frequency with which they did so. To expand the information already obtained by the Likert-scale items, the researcher added a “never” category anchor in order to avoid false reports of self-care practices in the research.

The fifth strength identified in the research is that the survey was anonymous. Self-report measures are prone to a variety of possible distortions, however the assurance

²¹ Bart Weathington, Christopher Cunningham, and David Pittenger, *Research Methods for the Behavioral and Social Sciences*, Hoboken, NJ: John Wiley and Sons, Inc., (2010), 234.

²² Paul D. Leedy, and Jeanne Ellis Ormrod, *Practical Research: Planning and Design*, 8th edition, (Upper Saddle River, NJ: Pearson Education, Inc., 2005), 99.

of participant anonymity has been proven to reduce some of the pressure that fuels social desirability bias and acquiescence bias in self-report measures.²³

The final strength noted in the research was that it focused on assessing multiple aspects of clergy self-care. Other studies regarding the self-care of clergy of various denominations focused on a single aspect of self-care, such as spiritual or physical. This research focused on gleaned information about multiple aspects: physical, spiritual, psychological, relational and professional. The researcher was able to get a small snapshot of how the whole person of the minister is being cared for among a population that very little is understood about in formal literature.

Weaknesses

In evaluating the research design, the researcher identified four weaknesses. The first weakness was a small sample size. Only 34 clergy returned completed responses, out of the 190 pastors, evangelists and leaders contacted to participate in the survey. The total number of returned responses was 46; however, twelve incomplete responses had to be removed from the data set. Low participation was likely due to several factors including the busy Christmas season and that advertisement and distribution of the survey was conducted through email only. Although the small sample size reduced the potential generalizability of results, this was not considered an overwhelmingly negative factor due to the emphasis on a case-study approach and use of qualitative questions in the current study. The case-study approach seeks detailed information about an unknown or poorly understood population, while the open-ended qualitative questions employed yielded information that was deemed valuable despite the small sample size. The P-A clergy

²³ D. L. Paulhus, "Two-Component Models of Socially Desirable Responding," *Journal of Personality and Social Psychology*, 46, (1984),598.

being a relatively unstudied population, the information gathered from the sample gives future research something to build upon or compare against.

The second weakness noted was that the participants might not represent the P-A clergy as a whole. There were two ways in which this possibility exists: the missing voices of the small sample size and the high degree of similarity among participants. First, the survey inherently excluded ministers who were unwilling to participate in a survey about self-care, as well as excluding clergy who had not publicized a personal email address. The researcher suspected that these missing voices might have represented clergy who were not invested in assessing their own self-care, whether due to being busy or a devaluation of the concept of self-care. Second, the majority of participants were married, well-educated pastors any of which characteristics may have influenced their desire or ability to both engage in self-care and participate in the research study. Given the traditional lack of standard higher education within P-A clergy, particularly the WPF and UPCI organizations, it is highly possible that educated clergy would be more open to valuing research studies and/or exposure to self-care concepts than others who were not. If this were the case it would further illustrate the necessity for further research in this area, as well as demonstrate the need for the development of self-care principles that could then be disseminated informally or through mentorship among those who would otherwise have no access to learning and practicing self-care in the ministry. Regardless of the cause, it is important to recognize that generalization of the findings of this study should be very limited and conducted with extreme caution.

A third weakness was the use of a self-report instrument. Self-report data may hold inaccuracies and other problems derived from the participant's memory restrictions

and perception differences. Specifically, the Likert-scale items are prone to a variety of biases: central-tendency bias in which participants tend to pick the central, least extreme label offered, acquiescence bias in which participants simply agree with whatever statement is made, and/or social desirability bias where participants alter the truth in order to feel or seem more skilled or knowledgeable than they are.²⁴ Such inaccuracies and biases are particularly likely in the case of P-A clergy responding to statements about a topic that is considered important by some, but not generally discussed or well-practiced among their peers. The results showed a variability of responses scattered between category anchors in Likert-items that did not indicate a strong presence of central tendency bias, but there is a stronger indication of acquiescence bias shown in the frequency of the selection of the anchors “often” and “sometimes” across the majority of the 30 Likert-scale items. Because the purpose of the research was to assess the subjective perspectives and practices of self-care by P-A clergy this weakness can also be viewed as a strength.

The final weakness is that self-care is by nature an evolving practice that requires multiple examinations over time in order to accurately assess. The every-changing needs and schedules of clergy only complicate the process of adapting personal care to these changes, and any attempt to capture this in a one-time survey would be impossible. Thus, the current research presents only a “snapshot” of the perspectives and practices of self-care.

²⁴ Dimiter M. Dimitrov, *Statistical Methods for Validation of Assessment Scale Data in Counseling and Related Fields*, Alexandria, VA: American Counseling Association, 2012), 1.4.2 in Kindle version.

If the researcher were to redesign the research process, she would seek to engage greater numbers of participants by sending email and paper-mail announcements and letters to a larger number of clergy, rather than relying upon accessibility through email address. She would also obtain a brief letter of introduction from a recognized elder or leader in one of the P-A organizations to lend credibility and trust to those announcements. The researcher would engage in data collection at a different time of year as well. It might have been helpful to include an objective measure of self-care against which the subjective data could be measured, or to use more specific category anchors in the Likert-items to obtain more information. Additionally, pilot testing of the survey might have improved the flow and readability of the survey questions and statements. The inclusion of a focus group of pastors and leaders to consider the final principles would have also improved the project. As the researcher implements the principles in her counseling practice and clergy education courses, she expects that refining changes will take place.

Recommendations

The self-care of the P-A clergy, as reported in this research, needs to be seriously attended to and adjusted before they can be considered truly informed and out of imminent danger of succumbing to or being impacted by the experience of burnout. Ministers and organizational leaders need to be educated about effective ways to understand, support and otherwise in engage in the pursuits of a God-honoring self-care. However, because the variety of methods for practicing and encouraging self-care are as varied as the number of people engaged in them, the following recommendations

represent only a part of the possible methods of using the principles and information contained in this study.

Individual ministers. Based on the results of this research, the recommendations for individual clergy center around self-application. A good starting point would be for pastors to take time to use the principles described above to reflect on the self-care practices they have engaged in and their overall sense of wellness at the end of each week, in this way intentional changes can be made to improve the wellness of the minister in the following weeks. In some cases, ministers may need to spend time adjusting their family and church event schedules in order to reflect their new goals and priorities. Engaging in healthy self-care may mean that individual ministers will need to spend time learning from and being accountable to a mentor, pastor or other spiritual leader who is more proficient in self-care and can provide support to them in self-acceptance. Alternately they may decide to engage in a fellowship group or initiate a peer cell group to meet quarterly to offer support in self-care. Or it might mean that a minister may need to engage in a regular exercise routine, begin cultivating neglected friendships, or visit a counselor to learn how to practice assertiveness.

The changes that a minister will need to make in order to take self-care should be dependent upon evaluation of what areas the minister struggles with and what changes can be reasonably made, as well as prayerful consideration. Any changes that impact the routines and lives of others may need to be accompanied by warning, explanation, and in the case of family or friends, possible sharing of the principles or purposes of the minister's new goals in self-care.

Leaders and organizations. Based on the research results and self-care principles developed, the recommendations for leaders and organizations center around modeling and education. If the priority of self-care is the welfare of the individual minister, then the efforts of leaders to support or encourage others in self-care without effective practice themselves will not have credibility; which may be the reason so few ministers feel supported in this area. Thus the first recommendation for leaders is to prioritize and reevaluate their own self-care. For some this might include having to delegate non-essential responsibilities or to restructure the events calendar. In this way, not only is the leader taking self-care but he is providing an opportunity for others to do as well.

Many congregations would benefit from receiving information about self-care, particularly if their pastors or leadership have begun practicing self-care more intentionally and changes to calendars or administration has begun taking place. A P-A organization could begin supporting self-care of its members by offering training seminars, retreats, stipends for self-care days needed by ministers who rely on small or house churches for their income, and inclusion of the concept of self-care in ministerial training and licensing/ordination preparations. Also, it would be beneficial if a group of clergy support mentors or support cell groups were organized so that referrals could be made. Use of the self-care principles in this research could be used as a tool to initiate discussions with those a leader mentors, and to promote self-care through organizational publications/editorials. Regardless of how it is supported, clergy self-care should be taught by theologically and biblically literate ministers/teachers who both are able to model self-care somewhat effectively already, and are willing to build long term relationships and mentor or counsel members in the future.

Regardless of the form taken, an accurate understanding of the nature and practice of self-care must be integrated into the ministerial responsibilities of the P-A clergy if the current trends of burnout and dissatisfaction are to be reduced. The implementation of a thorough understanding of the biblical-theological-ministerial importance of self-care and effective practices of self-care among clergy could play a vital role in the effectiveness and longevity of the P-A faith through stronger, more vibrant leadership.

CHAPTER SEVEN: REFLECTIONS

Personal Insights

The researcher began the doctor of ministry (DMin) process with a great deal of trepidation and excitement for all the new information she expected to discover. Her objective was to expand her ability to serve P-A clergy and congregations as a marriage and family therapist and pastoral counselor. This objective was the outcome of years of ministry with and under her pastor-father, during the last years of which she observed the disintegration of his life and ministry as he increasingly neglected his spiritual and physical self-care in favor of a pursuit of what can only be described as self-centered leisure. After observing a similar phenomenon among other P-A clergy, and still others dealing with burnout, the researcher was determined to do and learn whatever she could to prevent the same failure happening to others. At this point her understanding of the concept of self-care was limited to a bio-psycho-social set of principles for keeping one's being healthy.

What the researcher did not anticipate was that the discoveries she made in the DMin process would be primarily about her own self. The courses and research projects she was engaged in emphasized the importance of continual self-awareness and self-development to effective ministry of all kinds. Many of the course assignments involved online and in-person evaluations, journaling exercises, peer discussions, and implementations of personal self-development programs that forced the researcher to confront unknown, avoided, and assumed aspects of herself, both positive and negative.

The researcher gradually began developing effective self-care habits that resulted in greater efficacy in her counseling services, ministry and personal well-being. It was through this process that some refer to as “overcoming the dark side of leadership”¹ that the researcher’s objective in the DMin process became one of personal spiritual formation, with a secondary emphasis on others transformation.

Challenges and Opportunities

There were a few challenges to this process of personal formation through self-care along the way, and opportunities as well. The most intense challenge the researcher faced was the constant presence of the grief and existential doubt from the traumatic situations her father-pastor inflicted upon her family throughout the first several years of the DMin process. Being left with emotional pain, anxiety, financial pressures, and loss of a sense of self that had been predicated upon her ministry to her father’s church, the researcher carried a sense of distrust and cynicism of ministers in general for a time.

It was recognizing and accepting these grief reactions in the coursework, then integrating the traumatic experiences into her faith experience that the researcher found to be both obstacle and opportunity in her personal formation process. The fact that the researcher was forced to face herself and her reactions within the courses and projects provided her the opportunity to dispel her cynicism of ministers through observing the healthy actions and supportive reactions of the clergyman among her fellow students, and engaging in the practices of healthy ministry. It also enabled her to gain resources, develop health habits, and rebuild her identity around God’s plans for her life rather than a ministry position.

¹ Rima and McIntosh, 22-23.

It was through these experiences in self-formation along with exposure to other research that the researcher's understanding of the concept of self-care was changed from mere concept to a vibrant, inspiring reality. She learned that self-care was based on valuing the self as a God-given gift no matter how flawed it has become. She learned to view negative personality tendencies as opportunities to grow closer to God rather than signs of evil that must be denied or repressed. And that self-care was not selfish or foolish but a necessary part of ministry and even of maintaining salvation and faith. The researcher's conclusion upon the culmination of the DMin process is that self-care is an essential part of ministry that enables the minister to holistically care for his own self in order to mature into God's designs for his life, so that he may effectively serve God's people.

Impact of the DMin Project on the Researcher

The researcher can identify a few effects that conduction of the research study has had upon her understanding of self-care, the P-A population, and her desire to achieve the original objective for which she entered the DMin process. Throughout the data collection and analysis of research results the researcher found her original understanding of self-care frequently reflected in the participant responses. Many of them reported engaging in self-care inconsistently and primarily for the sake of how it helped them be more effective in serving others. The researcher was also surprised and encouraged to find that all of the participants (n=34) stated they felt that self-care was necessary for effective ministry, as she had expected that most would feel it was an important concept but not essential due to the opinions and actions she had observed in several local ministers.

Through the data collection and research process the researcher has grown in her understanding and appreciation of the struggles that ministers face in caring for themselves. Prior to data collection, the researcher found that engaging P-A clergy in discussion about self-care produced a variety of reactions, although the most frequent response was a look of anxiety and frustration accompanied by a self-disparaging comment or excuse about unexpected funerals and the like. Later as the researcher read the survey responses the frank expression of overwhelming pressure and lack of supportive resources reinforced her original desire to provide some form of assistance to clergy to prevent the burnout and moral failure the literature review indicates is the mildest result of a lack of self-care. This compassionate understanding of ministerial struggles in self-care further increases the confidence of the researcher in the value of the self-care process that demonstrates the power of engaging in a God-honoring self-care. This is due to the fact that, in hindsight, the motivation for her original objective of assisting ministers with self-care had more to do with an angry sense of justice that dismissed the lack of self-care among P-A clergy as lazy incompetence. In contrast, the researcher's motivation for the same objective currently is derived from a sense of compassion and hope, now that the researcher has gone through a transformative process of self-care and awareness herself.

It is the researcher's opinion that the DMin process was a divinely appointed opportunity for recognition and reformation of her faith in God's unchanging, loving nature despite the struggles and injustice that life might bring. This understanding is and will continue to be essential to the researcher's effectiveness as a counselor and minister,

as well as to her own spiritual formation and self-care. While the researcher could never have predicted why God directed her to pursue the DMin process, God knew all along.

Recommendations for Further Research

To the researcher's knowledge very little formal investigation outside of this study has been conducted about P-A clergy, and still less regarding their self-care. In this lies the value of the current research, for despite its limitations it offers a cornerstone of data from which to begin building further investigation among the P-A population.

This research sought to examine what the perspectives and practices of self-care are among P-A clergy. Through a convergent-parallel mixed-methods study the researcher collected and analyzed biblical, literature and self-report information that indicated P-A clergy perceive self-care as a necessary component of ministry, although a gap between perspective and practices was both observed and reported such that the majority were understood to engage most frequently in practices involving spiritual, relational and professional self-care while less frequently in physical and psychological. Due to the small sample size (n=34) and the subjective nature of the survey these results cannot be generalized to indicate the beliefs of all P-A clergy, and there is much more research to be done before a thorough understanding of the factors involving self-care among P-A clergy can be claimed.

Although the current research results suggested that P-A clergy self-care is inadequate in the sample, further research is needed to determine whether this is true for the larger group. The researcher recommends that future research studies engage a larger and more diverse sample of participants, including a greater number of ministers who are

single, of diverse educational backgrounds, and those in various ministry roles such as evangelists, bishops, pastors and department leaders.

Another important area of future research would be using quantitative measures or field research to identify what self-care practices are used by P-A clergy, as opposed to relying on self-report measures. Additional qualitative measures including interviews with organizational heads and individuals, or participatory action research could provide a means of discovering why P-A clergy hold the beliefs and practices they do, and possibly give some clue to remedies for the observed lack of self-care. Similarly, it will be important to investigate the effectiveness of the self-care practices that P-A clergy engage in.

A final area of future research is to implement and evaluate the self-care principles developed in this research, to determine the best methods of implementation and their relative effectiveness in resolving clergy confusion about the nature and practices of self-care. Accompanying research should include some method of investigating whether the P-A clergy's self-care problem is one of lack of education, lack of awareness, or some other struggle.

Conclusion

In conclusion, the role of the minister has often been anecdotally described as “giving of themselves” because so much of their time is spent giving of their own spiritual, physical, emotional and mental resources to help others. In order to give in a way that does not threaten destruction of themselves and everyone around them it is vital that clergy develop a clear understanding and consistent practice of holistic self-care. It is the fervent hope of the researcher that the principles and survey results presented in this

research will provide an effective means of support and guidance to P-A clergy and those seeing to support them in practicing a God-honoring self-care. It is also the desire of the researcher that these same results would inspire others to join the process of research and discovery of information about P-A clergy self-care to further develop reliable resources to aid these ministers in effectively fulfilling their divine calling.

APPENDIX

Ministry Self-Care Practices & Perspectives Assessment
Informed Consent

Introduction

You are invited to participate in a mixed-methods (qualitative and quantitative) study on the self-care of Pentecostal-Apostolic (P-A) pastors and clergy. I (Chelsea Hall, principal investigator) hope to learn what practices and perspectives of self-care are held by P-A clergy. This research project is for my final thesis in partial fulfillment of the doctorate of ministry program at Bethel Seminary in St. Paul, MN.

Procedures

If you agree to participate in this study, you will be asked to answer a series of questions beginning with some demographic questions, some Likert scale questions and finally some open-ended questions. The survey may take 15 minutes or more to complete, depending on how much you decide to share. The more you share, the more beneficial it will be for this study. However, you are free to share as little or as much as you feel comfortable or led to. If you cannot finish in one sitting, you are able to save and finish later *only if you use the same computer and same browser*.

Risks/Discomforts

There is a possibility of experiencing negative emotions related to recognizing and sharing how often you engage in practices that provide care for your physical, spiritual, emotional and professional self. As with any research, there is some possibility that you may be subject to risks that have not yet been identified. As you fill out the questionnaire, you are free to skip any question (or questions) or discontinue participation in this study without prejudice.

Benefits

There are no direct benefits for participants. However, there are a couple indirect benefits from participating in this study. First, it will provide you an opportunity to reflect on what your perspective of self-care is regarding ministry, and how the self-care practices you engage in or ignore impact your effectiveness as an individual and as a leader. Second, you are helping to contribute to an important area of research that can bring understanding of the relative importance of ministerial self-care, and provide the foundation for further research in order to develop appropriate and effective methods for supporting P-A clergy in their service to God and others.

Confidentiality

Participation in this study and the information collected is completely anonymous. Any information obtained in connection with this study that can be identified with you will remain confidential. All demographic data obtained from participants will be kept confidential and will only be reported in an aggregate format (by reporting only combined results and never reporting individual ones). The name of your church will not be released or used in written reports. Only the principal investigator will have access to the data collected from the questionnaires. The data collected from the questionnaires will be stored in the HIPPA-compliant, Qualtrics-secure database until it has been deleted by the principal investigator.

Participation

Participation in this research study is completely voluntary. You have the right to withdraw at any time or refuse to participate entirely without prejudice. If you desire to withdraw, simply close your internet browser.

Questions about the Research

If you have any questions about this study, you may contact me (principal investigator) at 510-512-2353 or chh55639@bethel.edu.

Questions about your Rights as Research Participants

If you have questions you do not feel comfortable asking the researcher, questions regarding your rights as a research participant, or wish to report a research related injury, you may contact Dr. Katie Friesen Smith (thesis advisor) at smikatj@bethel.edu.

I have read and understand the above consent form and desire of my own free will to participate in this study. Please print or copy the above contact information for your records.

Yes

No

Pre-Questions:

Age: __ 18-24 __ 25-39 __ 40-55 __ 56-70 __ 71+

Gender: male __ female __

Ethnicity: Caucasian African-American Native American Asian Pacific Islander
 Hispanic East Indian Bi-Racial (Multi-Ethnic) Other

Marital Status: Single Married Separated Divorced Widowed

Current Ministry Role/Title:

Years in Ministry:

If Pastoring, number of congregants under your care: 1-30, 30-50, 50-80, 80-100, 100-150, 150-200, 200 plus.

Ministerial Organization: UPCI WPF Independent Other _____

Education: High School Bible College Associates Bachelors Masters Doctorate

If you hold a degree what was your major(s)?:

Qualitative Questions

Please answer the following questions with a few brief statements.

- 1) Describe what the term “self-care” means to you?
- 2) Provide a comment on whether self-care is necessary for effective ministry?
Why or why not?
- 3) Over the past year, do you feel as if you have taken adequate care of yourself?
Why or why not?
- 4) In what way(s) is the practice of ministerial self-care supported by your organization and leadership?
Describe specific ways it is supported. Or if it is not supported, please indicate that.

Quantitative Questions

Over the last 3 months, how often has the following been true for you? For each question, choose the number that best fits your experience.

0=Never 1=Seldom 2=Sometimes 3=Often 4=Always

Spiritual:

- I take time to myself to be quiet, read scripture, write and/or meditate.
- I take regular times of prayer and fasting.
- I intentionally spend time meeting with a mentor or spiritual advisor.
- I take time to dig deep into the scriptures and theological material for personal edification.
- I listen to and/or read gospel centered messages/music (podcasts, radio, other sermons, etc.)
- I am able to disengage from work and ministry related concerns at the end of the day/service, and leave those pressures behind.

Physical:

- I am careful about what I eat and eat a balanced diet.
- I sleep well and get at least seven hours of sleep a night.
- I engage in aerobic exercise (walking, running, swimming etc.) for at least 15-20 minutes at a time.
- I listen to my body’s signals and get regular medical care for prevention or when needed.
- I take vacation time and truly get away from work (conferences are not considered vacation time).
- I practice muscle relaxation, meditation, slow- breathing techniques or stretching.

Psychological:

- I engage in activities that I am not in charge of or that I am not an expert in.
- I practice receiving from others, rather than giving only.
- I engage my intelligence in new areas not directly related to ministry/work- art museum, history exhibit, auction, theater, etc.
- I do things I find creative or expressive (e.g., writing, cooking, gardening, etc.).
- I believe in myself and generally give myself positive messages about my ability to accomplish my goals—even when I encounter obstacles.
- I practice setting boundaries for time away from telephones/email/other technology.

Relational:

- I intentionally stay in contact with important people in my life, from the past and present.
- I share my feelings/thoughts with and spend time with my spouse, or at least one close friend if I am not married.
- I spend quality time with my children.
- I have developed a network of close friends that I can reach out to in a time of need.
- I ask for help when I need it.

I set and maintain healthy boundaries by standing up for myself, saying “no” when I need to and not letting other take advantage of me.

Professional:

I feel good about how I spend my time and energy in relation to what is really important to me in life, and to my calling.

Have a peer ministry group that provides you with support and whom you provide support to.

I set realistic goals for my life (short and long term) and work toward them consistently.

I feel that I have the training and skills necessary to minister well.

I have at least one full day off work/ministry responsibilities each week.

I engage in efforts to educate and train myself to become more skillful and equipped to minister to those God has called me to serve (higher education, personal research, seeking out mentors to learn from, etc.).

Final Questions

- 1) Are there any other methods or activities you engage in for self-care that are not mentioned in this survey?
- 2) Comments or Suggestions?

Thank you very much for participating in this survey! If you would like further information regarding the research being conducted or the results gathered, please feel free to submit requests to chh56639@bethel.edu or 510-512-2353. Please be aware that the researcher will not be able to share results for some months following your completion of the survey.

Adapted from the *Self Care and Lifestyle Balance Inventory* by Headington Institute, and the *Ministry Leaders Self-Care Assessment Worksheet* by Life Recovered, Inc.

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