THRIVING IN MINISTRY: INVESTIGATING THE IMPACT OF PARTICIPATION IN WHOLISTIC CLERGY WELLNESS INCUBATOR GROUPS ON CLERGY SELF-EVALUATION OF WELLNESS

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ABSTRACT

"THRIVING IN MINISTRY: INVESTIGATING THE IMPACT OF PARTICIPATION IN WHOLISTIC CLERGY WELLNESS INCUBATOR GROUPS ON CLERGY SELF-EVALUATION OF WELLNESS"

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The call to serve God's people is an awesome responsibility and a tremendous privilege. The call requires a deep investment which challenges the physical, emotional, and spiritual well-being of clergy. Research and personal experience make evident that the demands and pace of ministry can threaten the wellness of pastors. Statistics reveal that clergy have above average rates of heart disease, obesity, diabetes, and depression. These health realities can be devastating to the clergy person and to the communities they serve. This project is based upon my belief that lasting well-being can be achieved and maintained by integrating theological and biblical reflection, increased knowledge regarding wholistic health, and honest self-reflection. We found that participation in an incubator group which focused on these elements had a positive impact on participating clergy.

Eight clergy volunteered to participate in the three-month experience. Participants shared five bi-monthly meetings and a two-day retreat which integrated peer support, focused lessons, and reading materials. The sessions and reading guided clergy in exploring components of physical wellness including nutrition, exercise, activity and

sabbath. Components of emotional and relationship wellness, with an emphasis on family systems theory and differentiation, were also explored. The entire experience was undergirded by in-depth exploration of how our theology and biblical foundation guide our thinking and behaviors, which in turn impact our wellness.

The project was evaluated both by project participants and by the project advisory team. Participants claimed the enhanced theological and biblical framework they developed for understanding and valuing their own wholistic health as the most valuable result. Participants also reported positive benefits from the peer relationships acquired, the involvement of supportive laity, and the curriculum provided by the leader.

The outcome suggests that the development and implementation of incubator groups can be a positive investment for annual conferences and for other bodies who care about the wellness of clergy.

DEDICATION

This doctorate project is dedicated to my grandmothers who were each students in their own right. Beth Shank studied the world through her kitchen window. She mastered in birds, seasons, stitches, and family. Joan Weddle traveled the world in order to gain understanding of people and places. The more Joan sees and learns the more curious and humble she becomes. While Beth shared this project in spirit, Joan joined me for the journey and spoke encouragement throughout. I pray that the health and knowledge I gained through this process will equip me to share their grace, creativity and wisdom with generations to come.

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INTRODUCTION

BREAKDOWN: INTRODUCING THE URGENCY FOR CHANGE IN CLERGY HEALTH

This morning I woke up rested, enjoyed a healthy bowl of cereal and fruit and went for a walk with my son before putting him on the school bus. These simple pleasures may seem inconsequential for some but for me they are evidence of substantial life change.

I have served as a United Methodist Clergy woman for fourteen years. I have served as an associate pastor of a corporate church, a church development pastor for a small and growing church, a pastor/CEO for a church building a community center, a pastor for a church being closed, and now a lead pastor of multi-site, multi staff cooperative parish.

I have been blessed to witness baptisms, healed bodies and marriages, exponential growth, revival in a "hopeless church" and other calls to ministry. Like my brothers and sisters who serve as clergy, I have also experienced the heartache of burying friends, the systemic grief in churches breathing their last breaths, and the frustration of congregations trapped in conflict. While each setting for ministry has been remarkably unique, they have each offered opportunities to relish in the glory of our amazing God and work myself into "dishealth".

Shortly after my thirtieth birthday I celebrated ten years in full time ministry. That's a hallelujah event yet, after the party I seriously considered resigning the pastorate. I sat at my computer intending to write my superintendent but thankfully was too exhausted to write.

This low point came three years ago in the wake of serving a church in crisis. As the church I was serving spiraled into financial devastation and systemic despair, I found myself unable to maintain any level of health. I over functioned during my anxious days and tossed and turned at night. I experienced physical symptoms, family stress, and exhaustion. I kept telling myself I just needed to survive the current crisis and get past the next deadline. I thought my lack of health was simply a condition of being in an unhealthy situation. I found, however, that even after the church closed and I returned to focusing on healthy growing churches, I struggled to regain health. I began to wonder if physical and emotional health and peaceful family relationships are even possible while pastoring.

As I began to reach out to colleagues I realized that my struggle was not abnormal but surprisingly common among even the most successful pastors. My friends and colleagues told stories which personalize the statistics we will review in a later chapter. While God's healing and saving ministry was flowing out of those around me who serve as ministers to the gospel, the out pouring was leaving me and my fellow servants dry and depleted. The knowledge that I was not alone transformed my despair into a burning desire to figure out what was at the root of this health crisis and what could be done to become a catalyst for change. I became motivated to understand the factors contributing

to poor health and burn out among clergy and to forge a path towards health for myself and others.

When he was feeling dehydrated the psalmist wrote, "O God, you are my God, I seek you, my soul thirsts for you; my flesh faints for you, as in a dry and weary land where there is no water." (Psalm 63:1)[1]. My defeating dehydration was transformed into a thirsty seeking which led me quite unexpectedly to the Drew Theological Seminary website. There the Spirit led me to a doctoral program titled, "Mind, Body, Spirit Healing, for Pastors and Congregations." This program is providing me with the hope that health is possible. I have been given an understanding of the factors causing the crisis, and a burning desire to develop support systems which can help my colleagues and me achieve lasting health in ministry.

In my first year of studies I came to realize that my loss of wellness was not only determined by the circumstances of the congregations and the events around me. These factors contributed to my stress and perhaps sped up the road to burnout but they were not the root of the problem. Rather it was my theological, Biblical, and ecclesial understandings that were perpetuating and providing justification for my poor choices. I discovered that wholistic wellness began with a revamped theological and Biblical understanding of the vocation of ministry coupled with knowledge in the areas of family systems, differentiation, and physical health. The road to health is not found by changing churches or joining a health club. The journey toward lasting well-being begins by integrating theological and Biblical reflection, increased knowledge regarding wholistic health, and honest self-reflection.

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[1] This quotation is from the New Revised Standard Version of the Bible. Unless otherwise specified, all subsequent biblical references are from the NRSV.

As the word "wholistic" is utilized frequently in this conversation I feel the need to define it before going any farther. Most readers would be more familiar with the term holistic, which commonly describes the integration of physical, emotional, and mental wellbeing. The term wholistic is broader and more complete in that it also incorporates spiritual and relational well-being. Wholistic reminds us that our goal is not just to be physically or mentally healthy but to be whole. We seek a balanced life where all facets of our self and our relationships can prosper.

In her article prepared for the Center for Health, General Board of Pensions and Health Benefits of the United Methodist Church, Elizabeth Hooten provides a framework for envisioning the hope for clergy health. She begins by reminding clergy that we are called by a loving God who desires wholeness.

> Starting with the premise that human flourishing is ultimately a gift of a benevolent God; clergy who are called into the service of faith should be able to flourish in responding to that call…. Wholistic wellness is a dynamic state of being in which, on balance, no single aspect of health outweighs another and in which, environmental or contextual challenges can be absorbed and overcome.[2]

Hooten invites clergy to re-claim the wholistic health which is woven into the scriptures and the tradition of the United Methodist faith and should accompany a call to ministry. Hooten shares my conclusion that health which transcends ministry settings and overcomes stressors is not only possible but offered to us by a loving God. Hooten's assertion that we can "flourish in responding to that call," has become my daily aspiration and my hope for all clergy.

The program at Drew has given me opportunity to explore health through a wholistic lens. Previously fragmented understandings pertaining to exercise, diet, stress,

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[2] Elizabeth Hooten, "Clergy Well-Being in the United Methodist Church: Twelve Findings from Surveys Across the Connection," www.gbohd.org/cfh, accessed September 16,2013, 22.

Sabbath, and family systems are coming together into a comprehensive recipe for a healthy life. I realize that what was previously lacking in my attempts at health was not information but integration. As I weave together the theological hope of flourishing with the practical components of healthy living my life is beginning to transform.

I have now had nearly two years to live into a healthier life and ministry. Swimming, weight training, and nightly walks with my family have been re-instated. Packed salads are prepared in the morning to avoid fast food and office grazing. Recipe books are dusted off and healthy meals are gathering friends and family. I have begun seeing a counselor to work on emotional and relational components of wellness and I have found a supportive group of clergy who are holding me accountable. I now wake up most mornings with excitement and energy rather than dread. The work of the church continues to be tiring and at times stressful but the wholistic health I have gained allows me to engage the challenges with greater strength and less anxiety. What seemed impossible has by God's grace become possible.

To make time for this flourishing, I had to refocus and limit my work hours to 45 per week. My friends in church growth circles told me this feat was impossible and detrimental to the church. Remarkably though the church did not crumble; in fact the church experienced its first numerical growth year in three years. This supported the United Methodist's Center for Health's assertion that, "The health of the clergy directly influences the health of the congregation and vice versa. Wholistic health is necessary to successfully be in mission as a clergyperson."[3]

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[3] General Board of Pensions and Health Benefits of The United Methodist Church, *Center for Health Survey,* 2013, www.gbohd.org/cfh (accessed September 16, 2013), 3.

This was the final evidence I needed in order to devote myself to the mission of encouraging pastors to invest in their health for their own flourishing and the flourishing of their congregations. While the statistics reveal that wholistic health is currently a challenge for many clergy, I am convinced that the health of clergy can be improved. Furthermore I am hopeful that healthier clergy will infuse health into the congregational systems they serve and in the denominations of which they are a part. The potential for change is epidemic.

The project described in the chapters which follow is my first attempt at making such an impact. My hope is to develop, implement, and evaluate one peer group experience through which clergy can be supported and equipped in a focused way which brings about improved wholistic wellness for the clergy person directly and for the churches they serve.

Based on my personal experience and studies pursued by others investing in clergy health, I am convinced that in order to impact the health of clergy you must first impact the ways they think about their call and their wellness. This must be coupled with the exploration of what leads to physical, emotional, relational, and spiritual burnout and what thinking and behaviors bring about wholistic wellness. In order for change to endure and withstand the challenges of clergy life, the experience must allow time for integration, practice, and support.

Taking these factors into account I set out to design a peer group experience for clergy which would include deep theological reflection, teaching on the aspects of wholistic wellness, practice exercises, and peer support. The groups are called “incubator” groups in order to reinforce the concept that we are seeking to nurture the life

God has already given us in ways which bring about personal and congregational vitality. Participants will spend time receiving, nurturing, and, we pray, growing the theological foundations, emotional and social understanding, and relational and practical habits, which together foster a new level of health. The ultimate hope is stated in my hypothesis: implementation of a wholistic clergy wellness incubator groups will have a positive impact on the wellness of participating clergy.

CHAPTER ONE

JUSTIFICATION AND MOTIVATION:

BIBLICAL, HISTORICAL, AND THEOLOGICAL FACTORS

When a sick patient goes to see his or her doctor, they will often begin by sharing a list of symptoms. These unpleasant realities provide the clues which help to determine the cause of the illness. A wise physician understands that while curing these symptoms is of primary concern to the patient, a diagnosis of the illness causing the unpleasantness is also critically important. The physician is likely to investigate the cause of illness by ordering a blood test or conducting a biopsy. These diagnostics can reveal the bacteria, virus, or cancer which is causing the sickness.

As we set out to understand and address the clergy health crisis we may be tempted to focus on the symptoms which are experienced by clergy. These effects of compromised health are measured and recorded by statistical evidence and can be found in countless testimonies of struggling pastors. Looking at the symptoms in the lives of clergy and the impact on the broader systems they serve will be helpful. However, we must first give a genuine consideration to the underlying causes of health challenges among clergy.

This quest will take us not to operating rooms and blood draws but rather to an in depth investigation of the historical, theological, and biblical influences on clergy health. This investigation is particularly important for this project because I will seek to make a case that these factors affect the health of clergy on a more foundational basis than any

other behaviors or realities and that lasting wholistic health can only be achieved and maintained when these factors are adequately addressed.

Our process will follow a historical path seeking to understand how theological, biblical, and ecclesiastical beliefs have impacted clergy health from the onset of the Methodist movement to the current present day. Our investigation will reveal a constant tension between theological and biblical ideologies which encourage a wholistic view of health and support self-care and conflicting ideologies which divorce wholistic health from the Christian life and provide justification for neglecting one's health all together.

It is interesting, and perhaps hopeful, to begin with the reminder that clergy have not always been low on the health spectrum as compared with the broader community. Elizabeth Hooten reminds us in the introduction to her study on clergy health that, "In the late 19th century in England, Bertillon found that clergy had the lowest annual death risk and offered 'the regularity, certainly, and fairly active life of the profession, doubtless explains this privileged existence'."[1]

The active lifestyle together with deeper factors likely contributed to the "privileged" health of clergy. During this period, and throughout much of history, there was also a vocational understanding of clergy which included both the care of souls and bodies. This was a central focus of John Wesley, the pioneer and chief theologian of the Methodist movement. Contemporary United Methodist pastors may be surprised to discover a solid prescription for healthy ministry in their denomination's founder. While Wesley's specific understandings and remedies may be limited by the medical knowledge of his time, his theology of wholistic salvation and practical advice for health would be

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[1] Hooten, "Clergy Wellbeing," 7.

wisely embraced. As is so often the case, our current struggles may in part stem from forgetting where we began.

In the paragraphs that follow I will seek to share Wesley's formative theological ideas pertaining to wholistic health and the competing theologies and realities which have rivaled them as the movement has institutionalized and spread. Through this comparison we discover in Wesley the possibility for a theological and Biblical framework which supports the case for clergy investing in their health. We also gain an understanding of the theological and Biblical understandings which perpetuate attitudes and behaviors which negatively impact well-being.

Wesley's emphasis on wholistic health stems primarily from his theology[2]. Wesley asserted that the "mediocrity of moral life and the ineffectiveness in social impact of Christians in the eighteenth-century England could be traced to inadequate understanding of salvation."[3] Wesley refuted the theological strands which reduced salvation to the forgiveness of sins for the acquiring of heaven. Wesley defined salvation broadly: "By salvation I mean, not barely (according to the vulgar notion) deliverance from hell, or going to heaven, but a present deliverance from sin, a restoration of the soul to its primitive health…the renewal of our souls after the image of God in righteousness and true holiness, in justice, mercy, and truth."[4]

While Wesley understood that perfect healing would only be accomplished in heaven, Wesley believed that salvation in this life was wholistic and encompassed the

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[2] Melanie D. Hughes, "The Holistic Way: John Wesley's Practical Piety as a Resource for Integrated Healthcare," *Journal of Religion and Health 47*(June 2008): 240.

[3] Randy L. Maddox, "John Wesley on Holistic Health and Healing," *Methodist History 41* (October 2007): 8.

[4] Maddox, "John Wesley on Holistic Health," 7

fullness of mind, body, and spirit. Wesley believed that the "healing of the soul from sin would have tangible effects upon our physical health as well."[5] This understanding is clear in his letter to Alexander Knox: "It will be a double blessing if you give yourself up to the Great Physician, that He may heal soul and body together."[6] Because Wesley understood salvation as having a sanctifying effect on this life, not just heavenly consequences, Wesley invested in the whole person.

Wesley saw the body as having a role in the process of salvation. Wesley considered illness as a potential for prevenient grace. Wesley recognized that "illness in its humbling nature, could prompt someone towards repentance and on towards faith."[7] The process of salvation thus involved the entirety of one's being. Likewise sanctification, becoming like Christ, was a wholistic journey fostered by the means of grace which incorporated the whole person. Because Wesley's theology emphasized wholistic salvation Wesley saw the importance of caring for physical, spiritual, and emotional health. This care was emphasized both for clergy self-care and for including care of physical health in the vocation of pastors.

Wesley's wholistic understanding of salvation stood in contrast to the dualistic theology prevalent in his time. Many evangelical voices propagated a narrow view of salvation which was only concerned with salvation of the soul from hell to heaven. This strand of theology minimized concern for the body as it was a part of the temporary and fallen world. Calvinists in Wesley's day insisted that clergy should devote their full

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[5]Hughes, "The Holistic Way," 245

[6] Maddox, "John Wesley on Holistic Health," 7

[7] Hughes, "The Holistic Way," 246

energy to the saving of souls[8]. This theology in practice continues to be prevalent among clergy persons in North America including United Methodist Clergy. Dualistic theology can easily be used to justify running our bodies into the ground and failing to attend to the wholistic care of congregations. A focus which is exclusively on heaven perpetuates a disregard for our emotional, relational, and intellectual selves in this lifetime.

The contrast between Wesley's wholistic view of salvation and the more narrow views has drastic practical implications. Wesley's theology drove his practice of ministry and self-care. Wesley advocated for clergy to care for their bodies, minds, and spirits. Methodism gains its name from Wesley's methodical nature and his prescription for health does not fall short. If we consider Wesley's practice of the means of grace to be regimented we should take a look at his exercise regimen. It would be amusing indeed to watch the reactions of contemporary clergy to Wesley's prescription for health: "Every day of your life take at least an hour's exercise, between breakfast and dinner. If you will, take another hour before supper or before you sleep…Let nothing hinder you. Your life is at stake."[9]

Wesley consistently prescribed exercise as the best medicine for what ails you. He considered two hours of exercise to be optimal. Walking was the activity of choice, with horseback riding a close second. Wesley even prescribed the riding of a "wooden horse", their version of an exercise bike, when the weather was not conducive to outside activity.[10] "Wesley placed a strong emphasis upon preventative self-care through diet,

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[8] Maddox, "John Wesley on Holistic Health," 8

[9] Letter to Lady Maxwell (23 February 1767), *Letters* (Telford) 5:42.

exercise, adequate sleep, and good hygiene."[11] Our founding father taught with vigor the importance of wholistic self-care. Where along the way did other voices speak louder?

While Wesley's understanding of healthcare may seem antiquated in our day we benefit from realizing his eagerness to learn and adapt to advances in medical science. Largely ahead of his time Wesley grasped the "interconnection of physical health with emotional and spiritual health."[12]

My research study suggests that a leading factor affecting clergy health is the current tension between prioritizing healthy behaviors and fulfilling vocational responsibilities.[13] This disconnect seems unlikely for a Methodist clergy persons who carry in their roots a theological consistency between achieving health and serving in ministry. However, we must remember that the Methodist movement crossed the Atlantic and collided with a strong theological and historical concept we would name the protestant work ethic. This predominant value was largely a result of the demands for survival in the new world. Working from dawn to dusk was the necessary reality for those clearing the land, establishing colonies, and organizing government. Methodist preachers would easily latch on to this philosophy, for while their founder advocated for health, he did so with an exhausting pace and guidance to never "trifle time away." This pragmatic approach to ministry has at its roots some powerful theological justifications and biblical interpretations which can easily lead to a loss of balance and health. Perhaps

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[10] Maddox, "John Wesley on Holistic Health," 20.

[11] Hughes, "The Holistic Way," 242.

[12] Maddox, "John Wesley on Holistic Health," 13

[13] Rae Jean Proeschold-Bell and Sara LeGrand, "Tailoring Health Programming to Clergy: Findings from a Study of United Methodist Clergy in North Carolina," *Journal of Prevention & Intervention in the Community,* (2002), http://tandfonline.com/WPIC (accessed November 2013).

the most fundamental contributing factors for clergy who are struggling to maintain health is the loss of Methodist concepts for wholistic salvation and methodical self-care. The shift in values towards a more dualistic theology and protestant work ethic provides justification for a lifestyle which leads to symptoms of deteriorating health.

Having explored the early roots of Methodist theology and practice as they pertain to wellness, let us now turn to how current application of theology and Biblical study is impacting clergy health. The full statistical reality of the clergy health crisis and the factors which contribute to this crisis will be thoroughly explored in the next chapter. For our current purposes we can summarize the situation. Clergy are experiencing the consequences of poor health because they believe their vocational responsibilities and realities make self-care difficult. Self and community impose expectations which lead to boundary ambiguity, twenty-four hour availability, ceaseless work hours, isolation, and the loss of Sabbath. The thinking which justifies these realities can be found in underlying theology and Biblical interpretation.

While most clergy hold firm to the theology of salvation through grace by faith, the work-a-holic nature of many clergy could find its justification rooted in an underlying theology of works righteousness. Salvation by works is called by one author an "insidious toxicity"[14]. While most would deem Paul's theology of salvation as paramount, somewhere along the way many clergy have placed our emphasis, on James' assertion that faith without works is dead.[15] As you will hear in the stories of project participants, many struggle with self-worth and seek to find their value, if not also their

[14] Elizabeth G. Hooten, "Literature Review: Characteristics of Toxic Churches," Duke University Center for Spirituality, Theology, and Health. September 2009: 5.

[15] James 2:14 paraphrase.

salvation, in the work they offer to the church. One researcher states, "one of the hallmarks of a toxic church is an emphasis on working one's way to salvation instead of rejoicing in the grace that is ours because of the sacrifice of Jesus."[16] The literature goes on to describe the strong link between toxic churches and unhealthy clergy. We might infer that a when a works righteousness theology creeps into a system, both the clergy and congregation can experience compromised health.

Virginia Samuel, in a lecture on clergy health, offered another term to describe the theological underpinnings which challenge clergy health. She outlined a theological condition known as "savior complex" to account for much of our stress and overwork[17]. I have led several workshops with clergy and have asked if any would admit to having a savior complex. Not one was willing to claim the condition. Still as we explored the practical interpretation of Jesus' instructions to "carry your cross"[18] many admitted to feeling compelled to "save" the people in their communities and congregation. This call was interpreted as superseding the need for caring for ones' self even to the point of sacrificing health. Thus while the prevailing theology of discipleship places the emphasis on "love thy neighbor," we are too busy doing so to hear, "as you love yourself."[19] Jesus' call to clergy and lay servants alike is clear: we are to go into the entire world, baptize and teach, heal and cast out evil. Our call is vast and critical. Still, as I shared at one workshop, "we are not the savior pastors, we have a savior!" This

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[16] Elizabeth Hooten, "Literature Review," 5.

[17] Virginia Samuel, Drew Theological Seminary, September 2012.

[18] Luke 14:27.

[19] Matthew 22:38.

news was met by one female clergy with gushing tears. She later shared she realized her need to save the world was robbing her of health and threatening her marriage.

The ecclesiastical texts of the United Methodist Church provide support for a theology which can promote health. Their job description for pastors may present a different reality. The Book of Discipline reminds clergy and all members that "we are counted righteous before God only for the merit of our Lord and Savior Jesus Christ, by faith, and not for our works or deserving."[20] The denomination thus continues to hold the sound theological foundation established by Wesley; however, in the same Book of Discipline clergy are given a list of responsibilities in the job description. According to the Historic Examination of Full Membership in the Annual Conference, clergy are expected to "employ all your time in the work of God."[21] This expectation is fleshed out in the three page job description given in the Book of Disciple which includes the diverse responsibilities of clergy including:

"To preach the word of God…lead people in discipleship…perform marriage… visit in the home of the church and the community especially among the sick, aged, and imprisoned, administer the sacraments, train lay members to serve, encourage the means of grace, be the administrative officer, provide oversight to educational programs, administer temporal affairs…"[22]

The traditional expectations maintained by our documents and by the congregations are overlaid by a whole new set of expectations which are added by the advances of our modern age. It is not hard to imagine why clergy are checking their I-

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[20] *Book of Discipline of the United Methodist Church*, 61.

[21] *Book of Discipline*, 246.

[22] *Book of Discipline*, 252.

phones, while visiting house to house, on the way to the church meeting, hoping to have time to stop at the hospital before they check their e-mail for the night. The list of responsibilities is summarized by one guilt inducing phrase in the ordination covenant. Pastors are challenged to "be diligent…never trifle away time."[23]

Considering the Wesleyan theology from which this language comes, we could assume that originally the intent was for clergy to be methodical about investing their time wisely and avoiding laziness. The modern application can be exhausting. I can remember lying on the couch around 7:00 night; I had already worked a solid ten hours. Still I felt a cringe of guilt creep in about trifling the remaining hours of the day. One pastor described her internal struggle like this:

"I have to have a discussion with myself…every time I take some time for myself… 'Well, there's all these things I need to do at church. Okay. Then I need to do this to take care of myself. Now how can I justify spending some time on myself when all of these other people have needs?'"[24]

Where do we find hope in this conflicted web of theology and tradition? The Bible may be a solid place to look for a foundation to stand on. While we may be tempted to emphasize the scriptures which demand ultimate sacrifice, a swift pace, and total allegiance, if we look at the full witness of scripture there is a consistent and compelling argument for health, rest, and Sabbath. Many clergy who score low on a health assessment state that they feel compelled to "carry the weight of others burdens."[25]

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[23] *Book of Discipline*, 246.

[24] Proeschold-Bell, "Tailoring Health Programing for Clergy," 7.

[25] Richard Day Research, *Predictors of Health Among UMC Clergy* (General Board of Pensions and Health Benefits of the United Methodist Church, June 2009), 24.

Meanwhile Jesus is calling, "Come to me, all you that are weary and are carrying heavy burdens and I will give you rest. Take my yoke upon you, and learn from me; for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light." [26]

I grew up on a farm surrounded by agricultural images so this passage conveys a powerful image for me. An effective plow or cart is yoked to two oxen. The two share the weight and if they do so with balance they can pull far more than they could ever accomplish on their own. If one ox-was called to pull alone, the animal would quickly fall exhausted. In this passage Jesus invites the weary to yoke up with him. I believe that's exactly what we do when we take our ordination vows. Our exhaustion comes when we seek to plow alone and when we assume that we are to carry the burdens of our parish and community solely on our shoulders. Those burdens are best shared with Jesus and sometimes offered directly to God's care. Application of this Biblical principle requires emotional maturity and the ability to differentiate our role both from God's role and the responsibilities of others. The scripture provides the hope that the burden can be, and should be, lightened.

We can expand the image of being yoked with Jesus and how this impacts our pace by looking at other gospel passages. Many clergy feel guilty if they stop to rest or care for physical needs. We may be surprised to find that Jesus often "withdrew" from the crowds that pressed in for healing and teaching in order to pray (Matthew 14:23), to be by himself (Matthew 14:13), to refresh after a long day (Mark 1:35-37), and to prepare for what lay ahead (John 6:15). Furthermore Jesus made rest a priority even when literal and figurative storms were mounting around him (Matthew 8:24). If we can apply the

[26] Matthew 11:28-30.

image of being yoked with Jesus we will find ourselves retiring to the mountain, the grass, and the back of the boat to rest even when there is still healing and teaching work that could be done.

A secondary application to the image of the yoke which is supported by scripture is the reminder that we are never called to go alone. Work isolation is cited in many studies as a contributing factor to poor health for clergy.[27] Clergy in the group studied for this project shared that they were hesitant to form relationships with other clergy because of the competitive mentality among clergy and were hesitant to form relationships with members of the congregation for fear of boundary crossing.

While these realities are important to consider, there are many Biblical images and stories which would suggest that God's intent is not for us to serve alone but rather in community. In the Hebrew Bible, Adam and Eve are commissioned together, Moses is given Aaron to complement his gifts and later Joshua to carry forth the work, Elijah's loneliness is comforted both by the widow and by Elisha, and Nehemiah gathers the community to rebuild the walls.

In the gospels, as soon as Jesus begins his public ministry, he gathers disciples to walk with him. Likewise when Jesus sends the disciples out they were carefully sent in pairs. In Acts 2 the Holy Spirit is strategically poured out on all the believers. While Peter carries the unique call to be the rock for the church, all believers are given a call and a voice. The communal nature of ministry is perhaps best captured by Paul in his writings on the church as the body of Christ[28]. The breakdown of clergy physical health lies in part in our attempts to function as every part of the body at once. I would argue

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[27] Richard Day Research, *Predictors of Health*, 17.

[28] 1 Corinthians 12.

that there would be tremendous ramifications in the physical, emotional, and spiritual wellbeing of clergy if we could abandon our "lone ranger" attitudes and adapt a biblical model for shared ministry.

Sabbath keeping or skipping is perhaps the most controversial topic in clergy self-care. Many seminars and classes focus on the adherence of Sabbath as a critical element for the maintenance of clergy health. A lack of Sabbath is referenced in many studies as a leading cause for burn out and declining health.[29]

I have found in my conversations and teaching opportunities with clergy that many clergy feel that Sabbath is an impossible obligation. They feel guilty for taking Sabbath because of the work left undone and guilty for not taking Sabbath because of the "God says you must" based teaching they hear. Sabbath in this framework is reduced to rule keeping obligation and the purpose and joy of Sabbath is lost.

In his powerful book, *Sabbath as Resistance: Saying No to the Culture of Now*, theologian Walter Brueggemann invites us to take a fresh biblical and theological look at Sabbath. Brueggemann affirms the Jewish roots of Sabbath which have the possibility to reframe our understanding.

The Sabbath and its observance may cultivate a theological mindfulness. How so? The Sabbath sanctified time through sanctioned forms of rest and inaction. On this day certain work-day activities and ordinary busyness are suspended and brought to a halt. In their stead, a whole host of ways of resting the body and mind are cultivated.[30]

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[29] Rae Jean Proeschold-Bell, Ph.D., et al., "A Theoretical Model of the Holistic Health of United Methodist Clergy," *Journal of Religion and* Health 50, no.3 (2001), http://www.springerlink.com/content/k28302144w51x4r5/?MUD=MP11(accessed November 2013).

[30] Walter Brueggemann, *Sabbath as Resistance: Saying No to the Culture of Now (*Louisville: Westminster John Knox Press, 2014), x.

Brueggemann goes on to share the deep joy and rest which can be achieved when genuine Sabbath is celebrated. Brueggemann also conveys a powerful reframing of the Sabbath commandment. By clarifying the fourth commandment's connection to the first and second commandment the author illuminates that God's intent in the observance of Sabbath can be understood as God's way of inviting God's people to follow God's rhythm of rest and work. This rhythm is established in the creation narratives as God rests to enjoy the goodness of creation. This rhythm is reclaimed by the Israelites as they pause to dance and worship as soon as they escape from slavery. This rhythm stands in stark contrast to the pace of the secular kingdoms, market society, and competitive sports which push for ceaseless production and has no mindfulness of the value of rest. Brueggemon challenges Christians to embrace Sabbath as an opportunity to align ourselves with the one true God and a way to resist the forces which will seek to enslave us with restlessness. He proclaims,

"That divine rest on the seventh day of creation has made clear (a) that God is not a workaholic, (b) that YHWH is not anxious about the full functioning of creation, (c) that the well-being of creation does not depend on endless work."[31]

Brueggeman's theology has the potential to make a fresh and meaningful impact on the health of clergy both in our claiming of joyful rest and in challenging our stale theological and biblical interpretations which justify unhealthy behaviors and mindsets. In the next chapter we will explore the symptoms experienced by clergy as they struggle to attend to their well-being. The underlying illness as explored in this chapter can be understood as a lack of investment by clergy in their own wellbeing which is justified by their desire to care for the wellbeing of others. Theological, historical, and biblical

[31] Brueggemann, *Sabbath as Resistance,* 6.

concepts, including dualism, works righteousness, protestant work ethic, and a "savior complex," can each, like flu bugs and viruses, cause the symptoms of illness. The hope for health can be found in ancient and modern voices. John Wesley lays a solid foundation for an understanding of salvation which lifts up self-care and the value of wholistic wellness. Likewise, contemporary voices such as Brueggeman's offer fresh theological perspectives which invite pastors to resist the restlessness and poor health of our culture and claim the gift of wellness offered by our creating and sustaining God. The scriptures invite us to return again to explore the timeless ways of the Lord, not to justify our savior complex and abandonment of self-care but rather to follow the rhythm of our Savior Jesus Christ that we might "love our neighbors, as we love ourselves."

CHAPTER TWO

COUNTING THE COST, ENVISIONING CHANGE

In order to understand the necessity and to justify the methods for clergy incubator groups we now turn our attention to the research available in the field. Statistical data and scholarly investigation of clergy health reveals an urgent but often over looked crisis. Across multiple data sources clergy indicate higher rates of chronic illness and factors which diminish health. Research extends beyond mere statistics to offer data and conclusions which help us to understand the diverse yet intertwined factors which contribute to the health challenges experienced by clergy. Identifying the factors which are most prevalently discussed throughout the research provides insight into where intervention strategies might be most effectively focused. Likewise a review of previous and existing resources, programs, and interventions addressing clergy health offers guidance in designing and evaluating the Incubator Group Project.

The United Methodist Center for Health conducts annual surveys of 4,000 UMC clergy. This survey generates data which reflects the current state of clergy health and reveals any trends or changes. Researchers also compare clergy responses with those in a demographically-matched sample of U.S. adults. In 2013 the survey revealed that 40% of clergy were obese compared to 30% in the mainstream population.[1] An additional 39% were overweight. 51% of clergy had been told by a doctor that they had high

[1] The Center for Health of the General Board of Pensions and Health Benefits of the United Methodist Church, *2013 Clergy Health Survey*, 1.

cholesterol compared to 39% of the general population and 35% were diagnosed with high blood pressure.[2] 11% of clergy had borderline high blood pressure, which more than doubles the 5% indicated in the comparable population. Higher rates of arthritis, asthma, and diabetes were also indicated[3].

Studies conducted by other denominations and conferences within the United Methodist Church reinforce these statistics. A study conducted in 2001 by the Evangelical Lutheran Church reported that 34% of their clergy had a body mass index over 30, which places them in the obese category[4]. This was 12% higher than the national general population. The 2008 study conducted by the North Carolina Conference of the UMC found that 39.7% of clergy were obese compared to 29.4% of Carolinians. 9.8% of clergy had been diagnosed with diabetes compared to 6.5% in the general public.[5] Interestingly, as Rae Jean Proeschold-Bell points out, while the statistics reveal that clergy have higher rates of chronic illness, their responses indicate that they feel they have higher overall health than the norm.[6] This helps to explain why clergy may not jump at the chance to invest in their physical health.

While it is harder to measure, statistics also indicate that clergy are struggling in the areas of emotional and relational wellbeing when compared to similar demographics of the general public. The 2013 Clergy Health Survey conducted by the UMC indicated

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[2] *2013 Clergy Health Survey*, 1.

[3] *2013 Clergy Health Survey*, 1.

[4] Rea Jean Proeschold-Bell et al., "Use of a Randomized Multiple Baseline Design: Rationale and Design of the Spirited Life Holistic Health Intervention Study," *Contemporary Clinical Trials* 35 (2013), http://www.sciencedirect.com/science/article/pii/S1551714413000724 (accessed September 24, 2014), 3.

[5] Proeschold-Bell, "Use of Randomized Baseline Design," 3.

[6] Proeschold-Bell, "Use of Randomized Baseline Design," 3.

that 5% of UM clergy have been diagnosed with depression compared to 3% in the matched U.S. population.[7] The Center for Epidemiological Studies of Depression scale is a validated depression measure. Using this scale 17% of Nazarene pastors and 18% and 20% of Roman Catholic Clergy (in separate studies) were evaluated as being depressed.[8] Even more troubling than the rate of those who are diagnosed as depressed is the 26% of United Methodist Clergy who indicate that they have "some functional difficulty from depressive symptoms."[9] This suggests that more than one in four UM clergy struggle to overcome mental health challenges in order to get through their day. A 2008 study of UM clergy in North Carolina reported a depression rate of 11.1% among clergy who took the survey via web or paper and 8.7% among those who took the survey via phone interview. This is significantly higher than the national rate of 5.5%. In this survey 13.5% of respondents indicated high levels of anxiety.[10] These statistics would suggest that both depression and anxiety are areas of concern for clergy and those who care about clergy wellness.

Statistics in the area of relational health, pertaining to relationships with the parish, family, and friends, are in short supply. However, the challenges in this area can be gleaned from research interviews which all self-evaluation. The Richard Day Research group conducted a study, commissioned by the General Board of Pensions and Health Benefits of the United Methodist Church, which invited a series of focus groups to generate a list of likely factors which could impact clergy health. These factors were then

[7] *2013 Clergy Health Survey*, 1.

[8] Proeschold-Bell, "Use of Randomized Baseline Design," 3.

[9] *2013 Clergy Health Survey*, 3.

[10] Duke Divinity School, "Clergy More Likely to Suffer from Depression, Anxiety," https://divinity.duke.edu/news-media/news/2013-08-27chi-depression (accessed September 24, 2014).

evaluated through a quantitative survey in order to identify the strongest predictor of heath. Based on their responses, participants were grouped into three categories from most healthy to least healthy. Then the researchers were able to determine which factors had the most profound correlation to overall health. In the area of relational health the study reveals that among clergy who score in the least healthy category, 33% feel they experience work isolation and only 41% feel that they have friends and support outside of work[11]. Just over half, 52%, feel close to the community and a mere 46% feel they have people with whom they can share personal issues. The responses in each of these categories indicate higher levels of connectivity among clergy scoring in the healthiest category but still less than 65% attest to feeling close to the community, have friends outside of work, or have persons to share personal issues with.[12] The respondents in both categories indicated more positive relationships within the congregation. 80%-92% (least healthy-healthiest groupings) reported a positive working relationship with the congregation and with lay leadership[13]. The isolation experienced by clergy and lack of relationships outside of the congregation will resurface among the leading contributing factors to the clergy health crisis.

According to the 2013 Clergy Health Survey and numerous other sources, clergy rate themselves high in the areas of spiritual vitality and spiritual well-being. The Center for Health study conducted by Richard Day Research found spiritual health to be the highest area of flourishing for clergy. Among the healthiest respondents, 94% of clergy

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[11] Richard Day, *Predictors of Health Among UMC Clergy,* Center for Health of the General Board of Pensions and Health Benefits of the United Methodist Church, June 2009, www.gbphb.org (accessed September 16, 2013), 19.

[12] Day, *Predictors of Health*, 18.

[13] Day, *Predictors of Health*, 19.

indicated that they experienced the presence of God. 80% of the respondents who were ranked among the least healthy said they experienced the presence of God[14]. Elizabeth Hooten summarizes the research on spiritual health by saying, "clergy report that their spiritual life has positive effects in clergy well-being."[15] Because few secular research measures include spiritual health in their inventories there are limited opportunities to compare the spiritual health of clergy to the general public. Spiritual health is considered a resource and an area of strength for many clergy interviewed in the studies. Rae Jean Proeschold-Bell cautions those interested in the field not to overreact to the health in this area. Her interaction with clergy has caused her to believe that while clergy invest countless hours in spiritual practices such as Bible study, theological reflection, and corporate prayer that these disciplines are most often employed for the benefit of the congregation. Dr. Proeschold-Bell believes that in order for spiritual health to be leveraged as a means to enhance wholistic wellness, clergy must be invited to re-engage theology and scripture in the context of personal reflection.[16] A clergy person participating in a focus group as a part of a study lead by the Duke Clergy Health Initiative would resonate with this conclusion. She shared,

We think sometimes, 'Okay, well, I'm right there with God because I'm preaching and I'm reading the Bible and I'm doing that stuff all the time'… Because it's

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[14] Day, *Predictors of Health,* 14.

[15] Elizabeth Hooten, *Clergy Well-Being in the United Methodist Church: Twelve Findings from Surveys Across the Connection*, Center for Health, General board of Pensions and Health Benefits of The United Methodist Church, www.gbophb.org (accessed September 16, 2013).

[16] Proeschold-Bell, "Randomized Multiple Baseline Design," 11.

so easy for us to get so caught up in the busyness of being the pastor that we don't take time to feed ourselves spiritually.[17]

Perhaps we can conclude that while pastors rank themselves high in the area of spiritual wellbeing that there is always room for growth and personal application.

As we ponder the statistics which reveal chronic illness, high levels of depression, and relational struggles, we are likely to begin asking the question, why? Why are pastors experiencing higher levels of obesity, heart disease, diabetes, and asthma? Why do one in four clergy struggle to function because of their emotional wellbeing? Why are one out of every two pastors lacking healthy relationships outside of the congregations they serve? Considerable research has been done by those hoping to answer the question of why. A relatively short list of factors are surfacing which have the largest, or at least most measurable, impact on clergy health. Some of these factors are more closely linked to one facet of health. However, I will seek to process them from a wholistic perspective.

Building on the findings of the Clergy Health Survey conducted by Richard Day, Elizabeth Hooten articulates thirteen factors which are most highly associated with clergy health. Her list has become a standard which is used frequently in teaching on clergy health and is often the starting place for other research. The top four factors which she identifies are focal points in my project and are strongly supported with subsequent research.

The first factor is "Personal Centeredness- feeling a lack of control over one's life; ruminating about the past."[18] Researchers offer a variety of reasons why clergy struggle to be centered including; unpredictable work hours, emergency calls, diverse

[17] Proeschold-Bell, "A Theoretical Model of the Holistic Health," 11.
[18] Elizabeth Hooten, "Clergy Well-Being," 19.

responsibilities, the need to change focus frequently, varying expectations of congregation members, lack of time for rest and devotion, and boundary ambiguity. This challenging reality is addressed by several of the studies which will be explored later and was a chief concern in the design of the Clergy Incubator Group Project. Facilitators of clergy health resources are seeking to help clergy regain a since of control which allows for decisions and actions to stem from intentionality rather than chaos.

The second factor listed by Hooten involves the eating habits of pastors which are heavily influenced by their hectic schedule and the unhealthy food which is so often available in ministry settings.[19] 58% of clergy in the least healthy bracket of the Richard Day Research study said they had difficulty finding healthy food options.[20] Chronic stress, which causes the release of glucocorticoid secretion, might also contribute to clergy seeking out "comfort foods."[21] The research suggests that unhealthy food choices, influenced by occupational factors, is contributing to the physical, and consequentially wholistic, health of clergy. Some interventions seek to address this factor at the food level by teaching healthy dietary practices. Others share my understanding that the diet problem must be addressed theologically, and biblically, and in connection with seeking to lower stress and increase motivation for self-care.

Work/life balance is the third factor on Hooten's list and is perhaps the most documented by other researchers. Work/life balance pertains to difficulty in balancing the multiple roles and responsibilities experienced at work with the responsibilities of home and family. Research indicates that 49% of those in the lowest health grouping

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[19] Hooten, "Clergy Well-Being," 19.
[20] Day, *Predictors of Health*, 15.
[21] Proeschold-Bell, "Randomized Multiple Baseline Design," 7.

find it difficult to balance multiple roles and only 28% said they had good work/life balance.[22]

This imbalance is clearly understandable from a practical perspective. Given the list of duties contained in the Book of Discipline shared in the previous chapter, we can comprehend that no human being could possibly accomplish all the duties in a twenty-four hour day. Time for caring for family, tending the home, as well as caring for one's health is fleeting. Researchers also credit "unpredictable schedules…rapid switching between tasks throughout the day, and seasonal periods of increased time demands"[23] as contributing to this reality. Clergy who struggle with work/home imbalance report that they feel guilty about making time for Sabbath, exercise, and even doctor's appointments. Addressing this imbalance is at the core of the Clergy Incubator Project. This imbalance in clearly a symptom of a theology which justifies ceaseless caring for others at the expense of personal health.

The fourth factor highly correlated to clergy health is job satisfaction. This would include feeling disappointed about ministry settings, feeling isolated, and desiring a way out of the system.[24] Several additional realities are suggested by researchers which may contribute to this dissatisfaction. Among them are: lack of respect by the community and the congregation for the role of clergy, a salary which is below community norms, the prevalence of declining churches and churches in conflict, and the institutionalization of the church, which shifts the pastor's role to that of an administrator.

In addition to these factors outlined by Hooten, several other factors stand out among the research. Effort-reward imbalance theory is lifted by many as a recurring

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[22] Day, *Predictors of Health*, 16.
[23] Proeschold-Bell, "Randomized Multiple Baseline Design," 4.
[24] Day, *Predictors of Health*, 15.

factor impacting clergy health. Research on this theory suggests that depression and work/home imbalance can be in part attributed to an imbalance in the amount of effort required and the amount of reward given[25]. Few clergy would say they work for the money or the accolades; however, research suggests that for clergy depression is linked to feeling a lack of appreciation and measurable outcomes.

As we read and absorb the list of realities which contribute to the deteriorating health of clergy we could perhaps summarize a majority of the factors in one word: "stress". I have not come across a single study which did not attribute health deterioration in some way to stress. Yet, I found it refreshing to be reminded in several studies that ultimately the health or lack of health is not as much a direct result of the factors, or stressors, clergy encounter but how they respond to them. Health is not dictated by realities and challenges but rather realized through self-care and coping strategies. With this in mind, we turn our attention to ways in which researchers, conferences, theological schools, and agencies of the church are seeking to make a positive impact on the health of clergy.

Programs and intervention measures for clergy health have expanded exponentially in recent years. I will seek to provide an overview of some of the highlights in the field and then focus on one study which most closely pertains to my Clergy Incubator Group project. Amanda Wallace, together with her colleagues at the Duke Clergy Health Initiative, identified and investigated fifty-six clergy health

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[25] Rae Jean, Proeschold-Bell, et al., "Using Effort-Reward Imbalance Theory to Understand High rates of Depression and Anxiety Among Clergy," *Journal of Primary Prevention* 34 (December 2013): 439-453.

programs. They classified programs based on the level of intervention[26]. Individual-level programs included prevention, personal enrichment, and counseling. Interpersonal-level programs involved family and marriage support and peer support. Congregational-level programs addressed congregational health and effectiveness. Institutional-level programs were most often sponsored by denominations or conferences and implemented in conjunction with health care providers. After reviewing the existing programs, Wallace concluded that most programs focus on the individual level and interpersonal level and that resources for congregational level intervention are sparse. She also concludes that there is very little integration or even conversation between the diverse programs. Because of this participants lack the benefit of knowing the fullness of resources available and facilitators lack the benefit of learning from each other.

In a subsequent study the Duke Clergy Health Initiative team ask clergy to rank what was most valuable to them in a health program. The clergy prioritized "health club memberships, retreats, personal trainers, mental health counseling, and spiritual direction."[27] From their responses the researchers were also able to reach several conclusions which are instrumental in designing a program tailored for clergy. They recognized that clergy "defined health holistically."[28] Understanding that clergy already view their health wholistically helps to justify the wholistic approach of the Clergy Incubator Group project. This gives opportunity to meet not only the actual needs of

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[26] Amanda Wallace et al, "Health Programing for Clergy: An overview of Protestant Programs in the United States," *Pastoral Psychology* 61 (2012): 113.

[27] Rae Jean Proeschold-Bell and Sara LeGrand, "Tailoring Health Programming to Clergy: Findings from a Study of United Methodist Clergy in North Carolina," *Journal of Prevention & Intervention in the Community (2012), http://www.tandfonline.com/WPIC (accessed September 23, 2013):1.*

[28] Proeschold-Bell, "Tailoring Health Programming to Clergy," 1.

clergy based on research but also their perceived need for wholistic wellness. Schedule flexibility and low cost were also priorities which immerged in the study. My project was able to be offered at a low cost to participants due to support from the annual conference which was a double blessing, since "institutional support" was a necessary element identified by the study. As you will discover in my project description, schedules can be a challenge when gathering any group of clergy. Maintaining as much flexibility as possible is a benefit.

I feel it is important to mention the Health Flex program here as it is the most wide spread program for improving health in the United Methodist church. Health Flex is offered through the General Board of Pensions and Health Benefits and is managed by United Health Care, the denomination's health care provider. Health Flex offers annual exams and evaluative tools for clergy to understand their health. For many of my colleagues, this process has alerted them to health concerns which they are now addressing through a doctor's care and often lifestyle changes. This process also allows for a year-to-year comparison on health measures, for targeting problem areas, and goal setting. Incentives are given through Health Flex for participating in health screenings, health surveys, and programs. Online resources are offered for personal exploration of health topics as well as optional coaching around health issues. The largest program Health Flex offers is the "Virgin Pulse Walking Program". This program provides pedometers to participants and enables them to track and upload their miles. Incentives are given for walking and healthy competitions are fostered among clergy. I have observed that this program is widely utilized by clergy in the Baltimore Washington Conference. I once went for a "walk" with our bishop on the back of an airplane flying

to Zimbabwe. I was stretching my legs, he was seeking to have more miles that week than any other bishop despite his international travel. The efforts being made at the denominational level are commendable and in many ways appear to be making an impact. However, I believe these programs depend on clergy being motivated to be intentional about their health. This step requires a more interpersonal approach.

The most comprehensive strategy I have encountered for improving the health of clergy is the "Spirited Life Holistic Health Intervention Study". This is not just a study but a multifaceted three-year investment in the health of participating clergy and the future of clergy health programing. What I appreciate about this study is that from the onset the designers went beyond addressing the symptoms of the health crisis and factors which impact health in order to lay the "theological underpinning for health stewardship based on incarnation, grace, and response."[29]

While the design for this project was not released until after I conducted my project design I am edified by the notion that the researchers at Duke Clergy Health Initiative share the conclusion that the answer to impacting health is found first in impacting theological thoughts. Rae Jean Proeschold-Bell writes, "clergy interpret their call to ministry to be all-encompassing and intertwined with self-sacrifice in such a way as to permit sacrificing their own health…we sought to counter this theological reason for sacrificing one's health with a theological reason for caring for one's health."[30]

This program continues with a massive investment in developing healthy behavior of clergy through: a stress management program; an online weight loss program called Naturally Slim; support through Wellness Advocates; and grants for reaching health

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[29] Proeschold-Bell, "Use of a Randomized Baseline Design,," 1.
[30] Proeschold-Bell, "Use of a Randomized Baseline Design," 11.

goals. As this is a research study the program has a primary measurable end point of improving the Metabolic Syndrome (weight + 2 additional physical health factors) of participants. Their secondary endpoints are lowering stress and depression. What I find most interesting is the conceptual model through which the authors believe the program can change the health outcomes of participants. Their description goes far beyond a cause and response mentality to offer a systematic construct for addressing the intentions of the clergy to change their behaviors. The framework for their work is described below.

> The Theory of Reasoned Action and Planned Behavior proposes that behavior is influenced most importantly by intentions to behave a certain way. It further proposes that one's behavioral intentions are influenced by three constructs, each of which has its own set of influencing constructs. First, intentions are influenced by attitudes toward the behavior…Second, intentions are influenced by subjective norms, which are beliefs about whether most people approve or disapprove of the behavior…Finally, intentions are influenced by perceived control, which is how sure one is that he or she can enact the behavior.[31]

This line of thinking suggests that behavior is shaped by intentions. As I will discuss in detail later, this is precisely the conclusion reached by the clergy participating in the incubator group I led. The approach of this study echoes the conclusions I will later offer and undergirds the rationale for my project. Clergy health is based foundationally on clergy attitudes which stem for their theological and Biblical understandings. Thus, genuine change can only flow from deep reflection.

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[31] Proeschold-Bell, "Use of a Randomized Multiple Baseline Design," 10.

The second way that intentions are influenced is by subjective beliefs about how others approve or disapprove of the behavior. This also supports the implementation of clergy wellness groups. As a group becomes intentional about improving their health, the individuals are validated by each other and become increasingly intentional.

The third influence over intentions is perceived power over barriers. Again this supports the implementation of clergy groups as participants empower one another to push through barriers by encouragement and accountability. This third area can also be enhanced by engaging a congregation to support healthy practices by their clergy and by inviting denominational supervisors to offer support. This third element was lacking in my project but can be incorporated in the recommendations for how to improve upon the experience for future groups.

The statistics and list of factors which contribute to clergy health challenges provides strong motivation to invest in programs which enhance the wholistic wellness of pastors. All who seek to engage in this work are indebted to those who pioneered the cause and began the work to uncover the realities and investigate the causes. I am particularly grateful for the ongoing work of the Duke Clergy Health Initiative as they provide such comprehensive and systematic research and invest continually in program development. Now it is time to turn to the design and implementation of the Clergy Incubator Group Project, which will add to the conversation regarding clergy health realities and interventions.

CHAPTER THREE

INVESTING IN SEVEN: PROJECT DESCRIPTION

The purpose of this project was to develop, implement, and evaluate one process through which clergy can be supported and equipped in a focused way which brings about improved wholistic wellness. Many factors from the research and my personal experience are incorporated into the design of the project. I chose a peer group of clergy as the primary venue for inviting clergy to explore their health. In my experience, sharing the journey towards health with a group of supportive colleagues is critical for success. Research reveals that isolation and lack of people with whom to converse with outside the local church are two obstacles to relational wellness for clergy. Small groups provide a venue for clergy to explore their health while experiencing peer support, encouragement, and accountability.

My small group was named an “incubator group” because the term is familiar to clergy within the Baltimore Washington Conference (BWC) where the study was conducted. In the BWC clergy or denominational leaders form incubator groups around areas of particular value and importance. Participants are asked to commit to participating in a focused way for their personal growth and the overall benefit of the group. The concept of an incubator also seemed applicable to the journey we would undertake. A newborn is put in the safe and warm environment of an incubator to foster growth and life. Incubator groups provide the safety of a confidential and supportive environment where clergy can grow and claim the fullness of life God has intended.

Eight to twelve participants was set as the ideal size for the group. The schedule and parameters were set later in conjunction with the Project Advisory team.

In addition to selecting the incubator group format, my initial planning also included consideration over which areas of clergy health to address. It was tempting to seek to address all of the health concerns uncovered by researchers and each of the factors impacting health. I found relief and clarity in trusting in one premise at the heart of family systems theory: in systems thinking, impacting one or a few select areas of health will cause a ripple effect on all areas of health. With this centering I prayerfully discerned the focus areas of the project. Based on the Duke research it was obvious to me that a wholistic approach, incorporating physical, emotional, spiritual, and relational wellness, would be palatable and even attractive to clergy. I also knew I wanted to focus the experience wholistically. Based on my personal experience and the recurring insistence that behavior is driven by our theology, I knew I wanted to offer a theological foundation. I also felt called to address the foundational areas of physical health including diet, exercise, and Sabbath. Lastly, based on the prevalence of conversation regarding the lack of work/home balance and the need for personal centering, I felt called to invite clergy into a deeper understanding of family systems theory. Specifically, I wanted to emphasize how differentiation can lead to balance, reduced stress, and offer space for personal centeredness.

These foundational elements of the project were recorded in the project prospectus and refined by the Project Advisory Team (PAT). The impact the PAT had on the project was instrumental beyond my wildest expectations. The purpose of the PAT was to guide the design of the project, oversee and support the implementation of the

project, and help to evaluate the project. I was blessed to witness members of the team embody the heart and soul of the project as they held me accountable to living the tenants of wholistic health, as they encouraged clergy participants, and as they implemented the components of wholistic wellness into their own lives and the congregations of which they are a part.

Our team leader serves as the chair of the Staff Parish Relations Committee at Mt. Carmel United Methodist Church where I have been serving as pastor for 12 years. She was selected because she holds a deep concern for the health of those who practice ministry and possesses leadership and administrative skills needed to organize the team. As team leader she provided overall oversight and accountability to our team. She also volunteered her editing skills to revise some of the material shared in the groups and she assembled the clergy notebooks.

A second instrumental presence on the team was the chair of the Board of Elders of our Baltimore Washington Conference. Her responsibility is to care for the health of the clergy in our conference by offering opportunities for fellowship, growth, and accountability. I was honored by her willingness to participate on our team. Her primary responsibilities were to generate enthusiasm for the project across the annual conference, to help recruit participants to the project, and to continue the push for clergy health programming after the project is completed.

A third participant was a lay member of the congregation whose mother is a clergy woman. We intentionally wanted to have representation from a clergy family in order to incorporate this important voice into our conversations and curriculum design.

This lay person recorded the minutes of our meetings and provided lay support to the clergy retreat.

We were also blessed to welcome a member from a sister congregation whose father was a pastor. This individual offered the perspective of another congregation and that of a clergy child. She served as the lay presence during the clergy sessions. Our initial intent was for her to help with the set-up of meals and materials and to record the most important comments and applications shared during the session. However, her presence served in a much deeper fashion, offering participants an embodied reminder that the laity do care about clergy heath and can be invited to partner with clergy in the seeking of wellness. Our partnership at the meetings further demonstrated the health found in sharing ministry rather than applying a "lone ranger" mentality.

In addition to our five core members additional persons provided support and assistance to the project. Bishop Marcus Matthews, the episcopal leader of the Baltimore Washington Conference, met with me during the project design phase and gave his blessing for the project. He also welcomed me to communicate to the clergy of his conference in multiple venues. This open door was critical to the success and validity of the project. Several District Superintendents added their support by encouraging specific clergy to participate and by endorsing the project. Several additional lay persons in our local community and the hospitality team at Camp Manidokan also supported the project.

The PAT team guided the development and implementation of the project. In addition to determining how each of them would contribute, team members also reviewed the schedule and content for the incubator group meetings. The PAT team supported the initial framework established in the prospectus in which the incubator group would share

five two hour group meetings and a retreat. The meetings would include focused teaching which would give participants opportunity to explore and deepen their theological and Biblical perspectives, as well as education around physical, emotional, and relational health.

Preparing the lesson plans for the incubator group meetings involved constant adapting. Initially, I planned to write the entire curriculum, with the help of select PAT participants, prior to the start of the incubator group meetings, which would allow PAT team members to revise, edit, and enhance the curriculum. Due to a flood at our church, this plan was drenched and the team determined that curriculum would be written between sessions. This reduced the PAT team's involvement in developing curriculum considerably. On several occasions, PAT team members reviewed information prior to an incubator group session but the initial hope of comprehensive curriculum development was not achieved.

The PAT team was involved in tailoring the incubator groups to the needs and realties of the participants and overcoming obstacles along the way. One major decision made by the PAT team was to change our evaluative framework from a quantitative pre and post survey to a qualitative focus group held at the end of the incubator group experience. This change was driven by complications with securing an appropriate survey and a recognition that the three month time frame of the incubator group did not allow enough time for behavior change to happen to an extent measurable on a survey. The more narrative approach to evaluation allows for a broader reflection about the impact the incubator experience had on the theology and thought process behind

participants' intentions and actions regarding their health. Thus the PAT team concluded that this modification would strengthen the insight gained from the project.

With the enhancements and revisions offered by the PAT team the project was ready to launch. The recruiting of participants proved to be a slow process with much need for flexibility. As planned, the Board of Elders Chair and I set up a table to promote the project and invite participants at the Clergy Day Apart in December. We were successful at inviting clergy to consider how they could improve their health during the stressful advent season and were pleased with their engaged response. However, only one clergy person signed up that day. A follow-up invitation was sent via e-mail from the Bishop's office to all clergy; this communication created questions about how "institutional" the project was and caused fear that "the Bishop is behind this."

The Board of Elders chair then blasted her connections via e-mail, Facebook, and other social media. This began a stream of whole hearted interest. Those expressing interest were sent the application and registration form. As only eight applied we did not need to implement our plan through which the board chair would select the group from among the applicants. We learned from the recruiting phase that the best invitation is a personal invitation. We also learned that being indorsed by the Bishop can give a project validity but also raise questions about the confidentiality of participants. In the United Methodist Church, many clergy feel compelled to be private to avoid their personal matters affecting appointments. We also learned that convincing clergy to make their health a priority is a tough sell. Dozens of clergy expressed to us a profound need in their lives for balance, rest, exercise, and weight loss. However, when asked to address these concerns by participating in an incubator group the common excuses of schedule

conflicts, lack of time, and church demands quickly overpowered the drive for self-care. We were relieved to have eight willing participants out of 600 active clergy in the BWC. These participants were provided a packet of information describing the incubator groups.

The first session of the clergy incubator group was held on January 30, 2014 at the BWC mission center in Fulton, Maryland. This location was selected by participants as the most central and convenient. The primary purpose of this meeting was to provide the theological and biblical foundation for investing in wholistic health. The meeting began with an overwhelming amount of house-keeping as the clergy were eager to nail down the details of group meeting times and spaces. Research indicates that schedules are a primary concern for clergy: thus, we took care early on to find a monthly time which was agreeable to all participants. The covenant designed by the PAT was also discussed as a means for protecting the confidentiality of all participants and honoring one another's time and commitment. Working out the schedule and implementing a covenant for trust had the positive effect of lowering the anxiety in the room.

With greater comfort in the group, I invited participants to introduce themselves and share one thing they hoped to glean from the experience. The stories of participants were heartening and demonstrated the need for clergy to have people with whom to share in their lives. They came from diverse situations and each conveyed a profound hope that the experience would help them regain or maintain health. There were some who had served for many years who were seeking to restore health after a challenging ministry setting or divorce. Others were just starting off in ministry, one only a pastor for three months, yet who had already determined that if they followed the steps of their

predecessors they would be unhappy and unhealthy. Their stories provided a powerful transition into laying the foundation for our experience.

We began with Elizabeth Hooten's vision and definition for wholistic wellness. As introduced in the opening chapter, Hooten states that clergy are created and called to flourish in ministry, not just survive it. With this foundation, participants were invited to consider which areas of their wholistic wellness they would describe as flourishing and which would be described with others words. This provided an initial opportunity for participants to engage the concept of wholistic health and to apply this model to their current experiences of health. Sharing in partner groups allowed for deeper relationships to begin forming.

As a closing activity participants were invited to consider what a healthy schedule for health would look like in their lives. A diagram was shown which chunked the day into three parts. Participants were challenged to dedicate no more than two chunks in a given day to the work of ministry thus saving a chunk for self-care, home, and family. Participants were asked to "chart" the following week on the diagram provided. This was a practical and visual way to invite clergy to begin to differentiate by establishing some boundaries between ministry responsibilities and personal lives, thus creating space for the care of self. This activity would provide a practical introduction which would be built upon in subsequent lessons as we worked towards personal centeredness and work/life balance.

Due to a lack of Bibles in the mission center and time constraints, participants were encouraged to explore a collection of scriptures regarding Jesus' rhythm for ministry as home work. This personal Bible study would be further complemented by

their reading assignment from, *Tending Body, Heart, Mind, and Soul: Following Jesus in Caring for Ourselves*.[1]

Session two was held on February 20th (rescheduled from the week prior due to snow), again at the Mission Center. The lay PAT member and I provided a healthy lunch for the clergy as a way to begin our conversation on physical health. The session titled, "Strong Body for Life and Ministry," focused on the areas of healthy food, activity and exercise, and sleep and Sabbath as the "pieces of the health pie". The session began by inviting participants to share their "Schedule for Health Charts". A lively conversation erupted as participants shared the obstacles they faced and the ways their "personal time was hijacked" by unexpected needs in the parish. Mutual support and brainstorming ensued with ideas for how to keep the balance.

Participants were asked to read and reflect in small groups on 1 Corinthians 6:19 and Romans 12:2. These passages encourage readers to view their bodies as temples of the Holy Spirit and to invite God to transform us by changing our thinking. In addition to the Biblical foundation, excerpts from *The Daniel Plan* were shared to emphasize the interconnectedness of our bodies and our wholistic health. Much conversation revolved around Rich Warren's statement, "What you do with your body sets the tone for everything else. Physical health influences your mental health, your spiritual health, your emotional health, your relational health, and even your financial health."[2]

Our focus then turned to three teaching segments in which I shared a basic understanding of the major components to physical health. After each segment

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[1] Mary Jane Gorman, *Tending Body, Heart, Mind & Soul: Following Jesus in Caring for Ourselves, (*Abingdon: Nashville, 2006).

[2] Rick Warren, *The Daniel Plan: 40 Days to a Healthier Life*, (Grand Rapids: Zondervan, 2014).

participants broke into partners to consider what habits they desired to develop. In the area of activity, we discussed the health benefits which could be gained by adding just thirty more minutes of movement into each day. Participants then shared lively ideas for how to get moving including; walking the dog, inviting a co-worker to walk when a conversation is needed, walking outside while taking a long call, stretching as a part of morning devotion, even belly dancing while brushing your teeth.

The areas of strength training and cardiovascular exercise illuminated some diversity in the group. Some already had a regimented workout plan while others had no regular exercise. All participants were eager to learn the fundamentals and brainstorm where they could fit exercise into one of those now open “chunks” on the schedules.

Because their bellies were full of super foods the clergy “ate up” the conversation around a healthy diet. The conversation around the importance of understanding the glycemic index of foods and how our diet impacts our blood sugar and risk for diabetes was taken very seriously. Several participants took down information for additional resources and demonstrated in future meetings a deep integration of this information. As the facilitator, I was excited to see how hungry the group was to learn about healthy eating and exercise practices. Without being instructed to do, so many participants articulated ways they hoped to apply their new knowledge.

Once again I did not make it to the end of the curriculum so I invited them to read the materials on Sabbath prior to the retreat. Participants were also encouraged to read the chapters from *The Daniel Plan* which they felt were most important for their personalized health goals.

Our third gathering was a two day retreat held on the coldest weekend of the year, February 27th-28th, at beautiful camp Manidokan. The retreat was chunked into teaching segments and Sabbath opportunities. Thursday morning we began with a challenging conversation around Family Systems Theory. Participants were asked to read, *Creating a Healthier Church; Family Systems Theory, Leadership, and Congregational Life*[3], by Ronald Richardson, prior to arriving at the retreat. The purpose of this segment was to help clergy see that they are a part of multiple systems simultaneously and that the ways in which they function in those systems contributes to health or lack of health. The Biblical foundation was laid as participants were invited to read the apostle Paul's description of the church as a body (1 Corinthians 12:4-31) and consider which part of the body they would each be in their church system. Some of the responses are worth noting in order to understand the burden carried by the clergy. One called herself the hand because she feels responsible for catching every responsibility dropped by others. Another said she was the lips because her church is in turmoil and she is responsible for communicating reality and vision. One shared that while her role has been primarily administrative in recent years, she feels called to return to her previous role of the ear, in which she could deeply listen to the needs and prayers of those around her. Each clergy person expressed a longing to be a part of the body which was somewhat different than the function they were currently defined by.

Participants embraced the notion that our churches are systems. However, they also shared that most congregations do not view themselves as such. Surprisingly, in evaluating their systems, the pastors of corporate sized churches with large staff teams

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[3] Ronald Richardson, *Creating a Healthier Church: Family Systems Theory, Leadership, and Congregational Life*, (Minneapolis: Fortress Press, 1996).

testified to the most individualistic attitudes. They shared how this mentality causes isolation and over functioning. Participants engaged in conversation about the characteristics of healthy emotional systems and shared ways they could help to foster those attributes in their setting. Many agreed that respect for clergy was deeply lacking and caused breakdowns in the system.

After lunch we shared a lighthearted session which focused on Sabbath. Sabbath was introduced theologically as an invitation to adapt to the rhythm of the one true God. Clergy were invited to draw a picture of their perfect “day off”. Laughter and excitement mounted as the pastors shared their dreams of sitting under a tree and reading a book or going to the bay and sailing away for an afternoon. My announcement that they had been given the gift of this day, one day a week, for the rest of their lives, brought about silence and unexpected sorrow. Some became determined to find this day and keep it holy. Others admitted a sense of defeat in knowing that such a day would be difficult to find. I invited clergy to spend the next three hours enjoying Sabbath. The pastors erupted into excitement when given the opportunity to have three unexpected, unstructured hours.

After dinner we engaged in a conversation about our family of origin and how the dynamics of that family system continue to impact our functioning as adults. Participants took time away from the group drawing their genogram, a diagram which conveys the relationships between family members over several generations. Participants were encouraged to draw three generations and to add details such as relationships between members, mental and physical illness, and addiction. They were later invited to reflect on how the functioning of their family of origin impacts how they function in other systems. When the group reassembled we were privileged to hear the deep

conclusions reached by the clergy. Many spoke of issues such as mental illness, abuse, overwork, divorce, and substance abuse which they could see repeated through the generations of their genogram. We listened deeply and held confidence as pastors considered how they were seeking to function differently in the systems they are a part of. Many expressed how new insight was gained towards understanding "why I do what I do." Several were able to see how family relationships or history impacted the ways they function in their church system. Several were encouraged by the group to seek out a counselor to continue their processing.

The Friday morning session focused on differentiation as an emotional process which allows an individual to define himself or herself as an emotionally separate self while maintaining relationships with others. We began by looking at biblical characters who exhibited the characteristics of a differentiated person. First, we looked at Jesus' ability to fully engage the crowd as healer and teacher and to walk away for times of separation and prayer. The clergy were attracted by the point that Jesus did not wait until all were healed, and he appeared to experience no guilt over pulling away when needed. Jesus was defined as highly differentiated because he knew his call and was able to balance self- care with ministry. His responses were based on wisdom and centeredness rather than emotional or self-defensive reaction. This type of emotional maturity was also exhibited by the father in the parable of the prodigal son. We explored the ability of the father to fully love his son while letting him go to a foreign land. The father was not destroyed by the separation but remained whole as he waited for the son to return.

We built on our understanding of differentiation by exploring additional portions of Ronald Richardson's book, *Creating a Healthier Church: Family Systems Theory,*

Leadership, and Congregational Life[4]. We considered how pastors can become enmeshed with their congregational systems and thus lose all sense of self. On the flip side we discussed how pastors can become isolated within their congregational systems or family systems and lose connectivity. Using the Functional Style Graph[5] in Richardson's book we considered how we could each move towards experiencing togetherness and individuality and how this higher level of differentiation would enhance our emotional wellbeing.

The final activity of the afternoon was inviting participants to draw their congregational systems. Some chose to include just staff, others incorporated lay leaders and other strong personalities from the congregation. Using diagram symbols, the clergy identified relationships that were connected, conflicted, isolated, and enmeshed. Clergy were also introduced to the presence of triangles and invited to draw those where they saw them at play. Each clergy person privately shared their diagram with me as they finished. The confidentiality of that space allowed them to speak of their colleagues and congregations in honest reflective ways without fear of repercussions. In conclusion, participants were encouraged to prayerfully consider how they can position, or reposition, themselves seeking higher differentiation, in their system.

Overall I found the retreat to be a fruitful way to invest in clergy health. The extended time away from their systems allowed for physical, emotional, and spiritual changes which are a result of reduced stress and obligation. The time together enjoying meals and Sabbath also allowed for deeper relationships and trust to be fostered.

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[4] Ronald Richardson, *Creating a Healthier Church.*
[5] Richardson, *Creating a Healthier Church,* 101.

The fourth session titled, "Sharing and Claiming our Odd and Wondrous Call," was held on March 13th, at the Mission Center. This session was designed to give clergy space to remember their call to ministry and to recapture some of the initial joy and excitement of that call by aligning their current schedules to their call and giftedness. The clergy arrived scattered and disheartened. Rather than beginning with the curriculum, I asked each to answer the traditional question of Wesleyan small groups: "How is it with your soul?" Each reply was uniquely different but shared a common element of disappointment. As the clergy returned to their church systems they experienced resistance from others around them as they sought to motivate or implement healthy change. One pastor insisted on keeping a Sabbath day and was criticized by her staff team for not being dedicated to the ministry. She responded by insisting that her Sabbath day be honored. Applause erupted from her peers for the power she had claimed to set her own boundaries. The stories shared provided a powerful application to the underlying realities of systems. When you impact one part of the system there will be ripples. The group spent time in prayer for each other to continue taking healthy steps.

The content of the week's lesson was shortened due to personal sharing but still accomplished the hoped-for purpose. Participants were invited to share their call story specifically answering the question, "Who were you called to be?" The stories conveyed an often dismissed reality, which is that clergy are uniquely gifted and called for different ministry focuses. While most are placed in a context where they are expected to do a little of everything, their calls are unique. One was called to "teach", another to "heal", still another to "go into the community seeking justice", still another to "share the sacraments." The cause for occupational discontent came streaming out of the pastors

when they were invited to consider how they spend the hours in their week. They discovered that a low percentage of time is given to living out their most personal call. After visualizing this reality pastors were invited to fill out a diagram in which they would claim time to focus on ministries which they love, find energizing, and believe are bearing fruit.

Participants were invited to go deeper in their contemplation over their call and how this sense of vocation impacts their work satisfaction and overall wellness by reading, *This Odd and Wondrous Calling*[6]*,* by Lillian Daniel and Martin Copenhaver.

A secondary lesson learned in this session was that you must serve lunch if holding a meeting from 12:00-2:00pm. Participants were invited to bring their lunch on this occasion but most forgot. Those who did bring lunch only had a banana or some crackers. The lack of energy and focus among the group was a terrific teaching moment for the reality and value of the glycemic index and what happens to our brains when we run out of protein and energy.

The fifth group meeting titled, "Experiencing Joy in Ministry," was held at Mt. Carmel United Methodist Church. Lunch was provided! The biblical foundation for the meeting was laid by exploring scriptures from Isaiah and the Psalms, which express the joy which can be found in the Lord. This was connected to the concept of clergy thriving in ministry. Participants were invited to share a time in ministry when they experienced "great joy". Together the group explored Angella Son's article, "Agents of Joy as a New Image of Pastoral Care." Unfortunately I did was not able to present Son's article in a way which fostered the joy I had experienced from her lectures and writings. My

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[6] Lillian Daniel and Martin Copenhaver, *This Odd and Wondrous Calling, (*William B. Eerdmans Publishing: Grand Rapids, 2009).

attempts to provide a theological and psychological foundation for the notion of "joy finders" was disconnected from the conversational and pragmatic approach preferred by the clergy. In the end the premise was embraced that we can be "agents of joy who transform joyless people into joyful people."[7]

The final meeting of the incubator group was held on April 10th at Mt. Carmel United Methodist Church. Lunch was provided by the Project Advisory Team and several members of the PAT team attended. We began by sharing a review of the theological and Biblical foundations of wholistic health. Participants were invited to share excerpts from the article, "John Wesley on Holistic Health and Healing," which conveys the wholistic salvation theology of our denomination and Wesley's challenge for all people, especially clergy, to engage in a rigorous discipline for physical health. Participants appreciated this additional resource which gives justification to their efforts toward making health a priority.

The bulk of the final session was dedicated to the evaluation process which was facilitated by the chair of the PAT team. Participants were invited to share their verbal answers to the questions which were listed on the prospectus. Their sharing was enhanced by the time of personal reflection they had spent answering the questions in written form prior to the focus group. Participants shared openly about the impact the group had on their thinking and on their behaviors. Participants evaluated both the process and the content of the lessons. The PAT team were also asked to complete a written evaluative form and contributed verbal feedback during the project review session with the advisor. The verbal and written feedback of the incubator group participants

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[7] Angela Son, "Agents of Joy as a New Image of Pastoral Care," *Journal of Pastoral Theology* 18, No 1, (Summer 2008):80.

and the Project Advisory Team makes up the content for evaluating the project which will be the focus of the following chapter.

Throughout each stage of the project the goal was to design, implement, and evaluate a process through which the health of clergy can be positively impacted. As the design was implemented and the clergy engaged in the material it became apparent that the process was indeed allowing for transformation and growth to happen. In the next chapter we will explore how the process accomplished the purposes, and some purposes not initially planned for, and how Clergy Incubator Groups can be refined for greater impact.

CHAPTER FOUR

EVALUATING THE METHOD AND TRANSFORMATION

The ongoing application of the Clergy Incubator Group Study will be impacted greatly by the evaluation of the project. The incubator group was designed to accomplish the purpose of making a positive impact on the wellbeing of clergy. By evaluating the project's effectiveness in accomplishing this goal, we will be able to determine if this is an effective strategy for improving clergy health. We will also gain the knowledge necessary to make improvements on the method and curriculum used in the project.

In addition to evaluating the experience of the project participants, we will also evaluate the effectiveness of the Project Advisory Team. We will consider the contribution made by the team and the extent to which I, the project leader, was able to leverage the gifts of the team to enhance the project. We will also consider what process revisions would have enabled the team to be more impactful.

Next we will turn to an evaluation of myself as the project leader. I will consider my process and effectiveness through each aspect of the project from design through evaluation. This reflection will guide and inform my continued work in the field of improving the health of clergy colleagues. Through self-reflection I will also consider how the project impacted my own wellness, and my understanding of how to best impact the health of clergy.

The overall value of the project for clergy participants, the congregations and denominations they serve, the PAT members, and myself will be shared in the final chapter.

Participant Evaluation of Project

We utilized a narrative form of evaluation in which participants in the incubator group, members of the Project Advisory Team, and myself were each given opportunity to share written and verbal feedback. Both groups were asked to complete written surveys using questions developed for the prospectus. The Incubator group was then led by the PAT team leader in a focus group in which they were able to give verbal feedback. The group setting was particularly helpful because it allowed group members to comment on one another's impressions and suggestions, thus offering a much deeper level of reflection. Group members were also able to share when they disagreed with their colleagues; this revealed the reality that what is most helpful to one group member may not be helpful to another. The variety of experiences, learning styles, and ministry challenges proved to give each clergy person a different perspective.

In addition to the focus group at the conclusion of the project, the clergy shared feedback throughout the experience. Their comments helped to steer the project as it was in motion and will be mentioned in this evaluation when appropriate. Their insight contributes to all three areas for evaluation including the incubator group, the role of the PAT, and my leadership.

Our evaluation of the Incubator groups began by asking participants why they chose to participate in the group, what they were hoping to gain, and to what extent their

expectations were met. The answers to these questions reflected the diverse starting places of the clergy. One pastor, still in the first year of a first appointment was already experiencing a loss of physical health and overwhelming amounts of stress. Another reported a previous struggle with depression and was seeking to avoid falling into a perpetual depressed state. Another shared having already made some strides toward improved health and saw the group as a way to continue that progress. One stated a desire to support the project since health programming is an urgent need in the conference.

While these reflect diversity, the unifying motivations for participation were clear. The clergy were seeking a safe venue, where confidentiality was appreciated, in which they could receive support. As one stated, "I could have read the Daniel Plan on my own but I know myself well enough to know that I won't follow through without community." The group also agreed that they were seeking guidance particularly in the areas of diet and exercise and stress management.

When asked if their expectations were met, the participants agreed that the experience exceeded their expectations even as they admitted that the group was not exactly what they anticipated. They shared that they expected the group to focus more on physical health. They envisioned more of a health coach experience with weight or fitness goals. They admitted that this assumption was likely based on previous experience with wellness programming. I was intrigued by this consensus and returned to the promotional materials which were used to inspire participation. Those materials were very careful to convey the group as focusing on wholistic wellness and even provided an overview of the sessions which clearly cover the range of topics to be

considered. I gained from this insight that when communicating about wholistic wellness we must communicate, and communicate again, the wholistic aspect. We must give particular focus to the emotional, relational, and spiritual components and how they contribute to overall wellness. In essence we must overcompensate to overcome the preconceived notion that wellness is all about weight and miles logged on the pedometer. On the programming side, the feedback is important to take to heart. Participants were looking for more ongoing guidance on how to impact their weight and their fitness. Integrating components of this into each session may strengthen the overall outcome of incubator groups.

Participants shared that their hope for receiving a safe place to be heard and grow was accomplished. Their emphasis on the value of the communal aspect of the experience reinforces the need among clergy for relationships outside of their local congregations and friends with whom they can share their concerns. While having to travel a distance to assemble participants from all over the conference was a logistical challenge, group members found value in sharing the sessions with colleagues whom they don't interact with on a regular basis. That lowered the anxiety that their congregations or superintendents would learn of their challenges. The retreat was credited with being a crystallizing experience for community building. One suggestion worth further consideration was holding two retreats—one towards the beginning and another towards the end to allow time for the community aspect of the project and more in-depth consideration of the topics.

Of principal interest to our project was discerning the extent to which the incubator group could impact the beliefs and thinking of participants. Our hope was that

the project would engage the clergy in biblical and theological study which would help them develop a new framework through which they could value their health and in turn invest in healthy behaviors. Throughout the sessions this focus was met by surprise and affirmation by participants. As one participant commented, “without the spiritual and theological grounding we have developed we cannot maintain our health. We have learned that health is not another “to-do” list but rather the very essence of who we are and how we do ministry.” In the final evaluation group members shared that it was precisely the bible study and theological reflection that gave them clarity and motivation to value their health. Furthermore they agreed that their enhanced theological perspective is what gave them the courage to implement healthy boundaries and behaviors even in the face of opposition.

Feedback addressing how their thinking impacted their behaviors was received in the final session and in each group session. In the first session the theological and biblical foundation that was offered encouraged participants to believe that flourishing was possible in ministry. Participants shared that this hope stuck with them and encouraged them to abandon the guilt which they often associated with taking time to engage in healthy activity and rest. The foundational notion that God valued their wholistic wellness and desired for them to be healthy in ministry was a freeing experience. Throughout the evaluations, the participants stated that this framework motivated them to be intentional about caring for themselves. Intentionality was the prevalent concept conveyed in their evaluations. One participant states, “I am now intentional about spending time with my wife, enjoying Sabbath, and getting exercise. These are important for my emotional health as well as my physical health.” The group

agreed that they learned to be intentional about each aspect of the wellness in order to thrive as God intends.

The components of physical health were presented in the second session. This is the area where I see through the evaluation process that participants drew the most direct lines between their thinking and their behaviors. The clergy articulated that prior to the group experience they felt guilty about taking time to exercise or eat healthy. They felt that their service to the church was far more urgent and important than the ongoing work of self-care. Participants agreed that the teaching on Wesley and Warren's theology of wellness and salvation motivated them to apply a more wholistic approach to their living. In this area, it is also important to note that participants found great value in the specific teaching on nutrition. In the final evaluations the majority stated a dietary change they had begun and hoped to follow through with. One shared he changed his diet, particularly in how he incorporated dairy and protein, and had lost five pounds. Another commented how he was seeking to change the eating culture of his congregation so that unhealthy food was no longer the norm. Another rejoiced because she presented the Daniel plan to her husband and he was now eating fruit for the first time in his life. Another conveyed that what she heard was the need to sit down and eat, as Jesus did with his disciples, and that her family was now eating around a table. Listening to the ways that participants were incorporating the lesson on nutrition into their lives and their families reiterated to me the importance for the session to integrate both the theological and biblical framework and specific guidance for practical application. One research study concluded that their small groups were not life changing because the facilitators were not prepared to share detailed teaching which would give participants the tools

needed to succeed[1]. The feedback shared about our session on nutrition showed that participants are looking for detailed information to be conveyed.

In addition to nutrition, Sabbath was another area which participants agreed they grew considerably. Sabbath was discussed in several sessions including the retreat. One participant stated, "In the past I felt I didn't deserve Sabbath, now Sabbath is something I feel good about taking and I'm talking with my staff team about how we can guard each other's Sabbath." Another commented, "I have learned that it is healthy to take time to do things I want to do. I don't have to beat myself up about what ministry I am setting aside."

The retreat focused on differentiation and family systems theory in order to address emotional and relational wellbeing. Participants stated in the evaluation that they were not expecting to go "this deep" into their emotional and relational lives. They also agreed that the study of differentiation was important for gaining the "space" needed to apply all the other principles. Several stated that the session on differentiation was most transformational for them. As one articulated, "Prior to group I was internalizing all the opinions of others, I saw the ministry as a reflection on myself, I judged myself based on how the church was growing or not. The shift toward health came for me when I learned about differentiation."

Group members also offered positive feedback regarding the insight they gained from the family systems lessons. Some integrated this knowledge on a more personal level while others applied system thinking to their ministry settings. One pastor admitted

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[1] Andrew Miles and Rae Jean Proeschold-Bell, "Overcoming the Challenges of Pastoral Work? Peer Support Groups and the Mental Distress Among United Methodist Church Clergy", *Sociology of Religion: A Quarterly Review,* http://socrel.oxfordjournals.org/content/early/2012/11/01/socrel.srs055 (accessed November 15, 2013):10.

that doing her family genogram revealed for her the ways she was repeating her parents destructive behaviors. She took her genogram to her counselor and began the process of considering how she can break certain cycles in her family. She also realized in our conversations that these same patterns were showing up in her ministry and were contributing to the negativity found in her setting. Her openness caused me to realize that whenever such self-reflective activities are incorporated into group life, the facilitator must be diligent about encouraging participants to follow up with counselors, or other professionals, if they determine that they have areas which require further reflection. Thankfully, this participant did so on her own, but I consider it a weakness of the project that I had not incorporated information on how and where to seek support for further growth into the family systems conversation.

One pastor learned during the project that he would be starting a new appointment in a short time. He was excited to have the opportunity to go into a new congregation viewing the body as a system. He felt this would help him begin in more healthy ways, particularly in being intentional about his placement in the system. His sharing led to feedback suggesting that family systems theory be a part of transition training as pastors move from one place to another. This is an interesting insight as it pertains to the health of clergy, their churches, and denominations.
Research suggests that transitions are a major cause of stress and loss of health[2]. Encouraging conference leaders to consider a family systems approach to transition training could be another valuable take away from the project.

Across the board, both in the evaluation focus group and in written evaluation, participants did not mention the last two sessions which discussed “call” and “joy”. This

[2] Day, *Predictors of Health*, 13.

is somewhat consistent with what the PAT representative and I observed in these sessions as compared to the others. The call session followed the retreat. In this session participants were not eager to engage in a new conversation. Rather they kept returning the conversation back to what they had learned about differentiation and family systems and how they were trying, and struggling, to apply these principles to their lives and ministry settings. This would suggest that what was needed after the retreat was additional time to process and apply the vast amounts of information shared on the retreat. A revision for future implementation of the incubator group process may be to set aside an entire session for retreat follow up.

The PAT representative and I felt that the group did engage when asked to share their call stories. If the project were to be repeated I believe that the conversation around call should be incorporated into the first session or added between the first session and session on physical health. Since no evaluative comments were offered on the session about joy I will address this area in my self-evaluation.

Overall the evaluation of the project offered by group participants was overwhelmingly positive. They presented some insightful suggestions for how Incubator Groups could be enhanced if offered again. Many shared that stress is a major concern for them and they would like to see more concentration placed on stress management. While we dealt with this indirectly in many ways, they desired a focused lesson with suggestions for application in this area. They also commented about financial management being neglected entirely. This was a strategic decision made during the planning of the project in order to allow time to go deeper in a few areas. If Incubator groups were able to be offered over the period of 5 months rather than three, having

sessions on stress management and financial management would be the recommendation of participants. Another suggestion offered by participants was to consider a multiple retreat structure rather than bi-weekly meetings. They felt that the time away allowed them to really experience health and integrate what they were learning without the pressure of getting back to the office that day.

Project Advisory Team Evaluation

Having evaluated the effectiveness of the project with regards to impacting the thinking and behaviors of participants, we will now turn our attention to considering the effectiveness of the Project Advisory Team and the effect the project had on them and their communities. The Project Advisory team shared a similar format for their evaluation. After completing their written surveys they participated in an evaluation session lead by the project advisor, Dr. David Lawrence. This group conversation again provided insight into all three areas for evaluation.

Based on the feedback received on the written forms, a consistent conclusion can be gleaned. The PAT had a rough start and a strong finish! Due to a flood which devastated Mt. Carmel church where I serve and many PAT team members worship, the implementation of the project at the beginning was delayed about three weeks. This caused the PAT team to begin in catch-up mode, which is never a healthy condition. The delay forced an immediate revision of the prospectus. Where it was the initial plan to have me write the lesson plans for the incubator groups, with considerable input and feedback from the PAT, I chose to write independently with little review. My intent was to minimize the stress of the PAT team by not overwhelming them with responsibilities

in our efforts to catch up. The PAT team members expressed disappointment about this because several of them are educators and felt their gifts could have been utilized to strengthen the curriculum and the sessions. In retrospect the project would have been stronger if we found a way to have the PAT team members, who are gifted in curriculum, help to write and enhance the lesson plans.

Another reoccurring helpful critique offered by PAT team members was that the timeline for the beginning of the project, even without the flood, was not realistic. The prospectus called for the participants to be recruited during the month of December. Given that clergy have so many responsibilities at church and at home during the month of December, this was not a good month to be inviting them to add something to their plate, even if that something was meant to increase their health and ease their burden. The PAT team suggested beginning this recruiting at the onset of the New Year when clergy are eager to start fresh. I wholeheartedly agree with this recommendation.

The evaluations revealed something about laity which I think is imperative to note. The laity involved in the project were honored to be asked to serve because they care deeply about the health of clergy. There was not a single complaint about the time invested or responsibility given because they were excited to be able to make an impact. This feedback reveals a disconnect between what many clergy assume about laity and what laity actually wish to contribute. Even the pastors who participated in the Incubator Groups felt that the members of their congregations were not particularly interested in their wellbeing, only their work ethic and ministry investment. The PAT team offered a different perspective. They embody the hope that laity in healthy systems, given the opportunity to be educated about the importance of wholistic wellness for their clergy,

can become advocates and helpers for their pastors. The PAT team shared that their areas of greatest satisfaction pertaining to the project were the opportunities they had to interact with and bless the clergy participating. In considering the future of Incubator Groups and other methods for enhancing the health of clergy I feel the involvement of supportive laity must be maximized.

The PAT team offered wonderful feedback pertaining to how the project was impacting them personally and impacting the communities of which they are a part. Their comments reflect again the notion from family systems theory which is that if you impact one part of the system you impact the entirety of the system. Each member of the team articulated specific ways that exposure to the concept of wholistic wellness was impacting their lives, families, and congregations. One stated, “My husband and I are now implementing a true Sabbath. Laundry is not Sabbath!” another insisted, “I discussed wholistic wellness in my small group for young adults. The members shared that they are so busy and stressed they don’t have any time for enjoying life or being healthy.” This leader adapted the Incubator group lesson plans for her small group in order to help them discuss health topics. This month they are studying “Eating for Life during the Holidays.” Another PAT team member commented on how the project has spilled over into the leadership of Mt. Carmel church. Based on what the PAT team learned about how churches contribute to family dysfunction and over commitment, the leaders implemented a new calendar process through which the ministry calendar would be reviewed twice a year. The review would focus on how ministries can be aligned to keep families together and to make sure no one is at church more than two nights a week (including the clergy). The calendar would also provide at least one Saturday per month

for a building Sabbath to insure that every leader and member has a Saturday with no church responsibilities. The PAT team also commented on the sermon series on Wholistic Wellness which was being offered at Mt. Carmel at their request. They could each see fruit in the lives of their family and friends. They were honored that their work was contributing to the wellness of the congregation.

The clergy representative of the PAT also commented on the value of the project as it was impacting the mindset of clergy in the annual conference. She noted that at the most recent meeting of the Board of Elders one of the participants in the Incubator group was responsible for snacks. She brought an assortment of healthy food which was received with enthusiasm by her peers. The PAT member also reported that another Incubator group participant shared with the Board of Elders that her participation in the group has refocused her sense of call and was inspiring her to invest again in the community ministries to which she was first drawn. While impacting the health of the PAT team members, the congregation, and the denomination was not the primary task of the project, it is encouraging to see that healthy principles and practices are rippling out from participants into the community at large.

Candidate Evaluation

In order to evaluate myself as the leader of this project, I will consider my effectiveness during the project, what I learned from the project, and the effect the project had on my health and future ministry. The PAT team provided some evaluation specific to my leadership which provided me a starting place for self-reflection. Several team members indicated that my weakness was seeking to do too much of the project in

isolation rather than challenging PAT members to own more of the planning and implementation. This feedback was important for me to hear because it is consistent with feedback that I have received previously from multiple sources. I think this feedback also reflects aspects of the clergy health crisis which was revealed through the research. Over the last year I have sought to work in community with the laity and with other clergy and to apply a team approach to ministry to the greatest extent possible. The PAT team's feedback helps me to understand that while I am seeking to build teams, I am not fully entrusting those teams to share in the work. I am often falling back into old habits of working independently and assuming that others either lack the training or the time to make significant contributions.

One specific area in which this manifested was in curriculum writing. As previously discussed the PAT members were willing to invest in this process but I functioned independently, excluding them from the process. For the first few sessions this was not problematic as I was able to immerse myself in the subject matter in order to write well received lesson plans. I discovered as the project progressed, however, that I had less time for curriculum writing and less focus. Utilizing a team approach, particularly in preparing the last two sessions, would have greatly improved the lessons as team members could have offered fresh perspectives and ideas for engaging the group.

As I continue to seek avenues to impact the health of clergy, it will be critical for my own health, and for the effectiveness of my message, that I model the empowerment of others in the sharing of ministry.

A weakness which was not articulated by others but that I was reminded of often during the implementation of the process is my shortfalls in administrative skills and that

my desire to be accommodating can cause confusion. I consider myself a strong communicator but I am not strong in the logistics of communicating. The first session was negatively impacted by my lack of clarity over the start time of the initial meeting. In an effort to accommodate schedules I changed the meeting time twice and in so doing confused participants. As a result we lost valuable time in the first session. I was able to acknowledge this weakness and invite one of the PAT members to keep a watchful eye on matters of logistics. This helped the remainder of the sessions to go much more smoothly. As I move forward professionally this is an important reminder that I must surround myself with those who possess the gift of administration and empower them to utilize their gifts.

Leading the project helped me to identify two areas of particular strength. The first is in linking physical health to wholistic wellness in ways which motivate healthy change. My undergraduate concentrations were tri-fold including; Religious Studies, Psychology, and Sports Coaching. I pursued these areas because they were of interest to me. As I led the project I found myself pulling from my undergraduate studies and integrating them in ways I had never envisioned. I realized that my knowledge of nutrition and exercise, while taken for granted by me, are unique among my colleagues. I discovered that I had far more to offer in this area than I had previously considered. This has motivated me to integrate physical health into my ministry in new ways which I will share in the concluding chapter.

The second strength which I was surprised to discover was my ability to explain and apply the principles of family system theory. My graduate studies did not apply a systems approach, so I have only been exposed to systems theory and particularly the

concept of differentiation since I began my doctoral work. These studies were personally the most transformative aspect of the doctoral program. I was excited to discover that I had the ability to share these concepts in ways which bring about healthy thinking and processing in the lives of others. I also realized that if I am going to really make a strong contribution to the health of my colleagues, and continue to develop my own maturity, that I need to invest in more focused study in these areas.

The greatest challenge, and I believe greatest victory, of this project was my ability to maintain my own health. I shared with the PAT team at our first meeting that being wholistically healthy included being able to maintain health in the midst of challenging times. This is perhaps the greatest obstacle clergy face. We can go on retreat and regain our balance only to be thrown for a loop by a phone call on the way home. True health perseveres in the midst of stressful situations. I shared with the PAT team that my primary personal goal for the project was to be wholistically healthy as I lead others to be so. This priority was challenged before we even began by the flooding of our church building. In ways I never could have imagined, the fight for my health was the fight for the ages. As a person who had lost health in the midst of crisis before, I was determined to maintain health through the chaos of the flood and through the intense pace of the project. By the grace of God, I was able to accomplish this feat. My exercise, eating, healthcare, and family time were maintained in a "methodical" manner which would make John Wesley proud. The constant immersion in the subject matter for the writing and presenting of the sessions continually called me back to being intentional about my self-care. This taught me personally that if I am going to maintain health, I must continually be learning and studying in the areas of wellness. I am a person that is

inspired and invigorated by learning so the learning process must be continually nurtured lest I fall into old thought patterns and habits.

The project has also impacted my understanding of my call to ministry. While I believe that my call to serve the church is a lifelong call, I now can see that there is diversity within that call. I also understand, through working so closely with the clergy in the Incubator group, that the call to serve the church is not as generic as I once envisioned but can be specific according to our unique gifts. I have served in the United Methodist church as a pastor of congregations for nearly 15 years. For the bulk of these years my focus has been on church growth. This is an important emphasis for the church and was the overwhelming popular strategy for ministry as I came out of seminary. There are many components of church growth which I will forever hold central to my ministry strategy. However, my research and now my experience working with clergy has taught me that church growth strategies without the complement of a theology of wholistic wellness, or in Wesleyan terms, wholistic salvation, can leave pastors and congregations literally and figuratively big and unhealthy. As I pastor local churches I will seek to integrate the principles of church growth with the foundational teachings which lead to wellness in hopes that I may lead healthy and growing congregations.

Lastly, the project has helped me to explore ways in which I may be useful beyond the local church. I found that I do have gifts for working with my clergy colleagues as they seek to become healthier individuals and ministers. I also found that while it takes great investment to help one person develop a theological and biblical foundation for healthy living, once they do, they in turn can impact small groups,

congregations, and denominations. I am personally and professionally excited to discover the ways God will employ me in the future towards this contagious work.

Overall, the evaluation process shared by project participants, the PAT team, and myself, reveals the effectiveness of this project and offers insight into how the Incubator Group process can be enhanced for future use.

CHAPTER FIVE

CHANELLING MOMENTUM FOR LASTING IMPACT

One year ago, the recruiting for the clergy incubator group began at an advent clergy meeting. On that cold December day I set out to invite clergy men and women to participate in a process which I hoped would help them invest in their wholistic wellness. The hypothesis for the project was that participation in a clergy wellness incubator group would have a positive effect on clergy's self-evaluation of wellness. Through formal evaluation of this project we have already established that those involved reported a positive impact. I received the unique blessing this week as I heard about how the project continues to impact the lives of participants. I returned to an advent clergy gathering and was stopped on several occasions by those who were in the incubator group. I asked each the cliché question, "How are you?" I was delighted that their response was not a surface level one but rather reflected the depth of our shared experience. One reported that she is enjoying her healthiest months of ministry. She shared how she has continued to eat healthy, is exercising, and is investing in her emotional wellbeing. Another participant burst into tears and shared how her congregation has been challenged in recent days and how she is fighting desperately to maintain her health. She shared that she thinks about our group continually and that what she learned in group is helping her "survive" the recent events. These responses were humbling and affirming. I am blessed to hear that the incubator group continues to make

a lasting impact on the health of participants. This fruit sweetens my desire to maintain momentum generated by the project for making a positive impact in the lives and ministry of those who serve.

Based on the positive impact that the project has had on the participants in the initial incubator group, I feel that continued development and replication of the experience would be a worthwhile investment. I have already been approached by clergy who desire to participate in the "next round" of the incubator group. These men and women have heard the testimonies of participants and are eager to become more intentional about their own wellness. Offering incubator groups is a tremendous investment of time and resources for the facilitator. I believe that in order for future groups to be offered, in ways which are healthy, the experience will have to be facilitated through a sponsoring agency.

Many organizations and agencies would potentially benefit from adapting the clergy incubator groups in order to encourage wellness among the clergy they serve. Annual Conferences of the United Methodist Church and the leadership of other denominational organizations could implement clergy wellness incubator groups in order to care for the clergy who serve their churches. Likewise the concept could be utilized by denominational boards and agencies which specialize in the health of clergy and churches. Counseling groups which specialize in clergy care could also incorporate the incubator group model into group sessions with interested clergy. I have begun conversations with local counseling groups in my region who are interested in offering the experience to their clients.

Leaders within the Baltimore Washington Conference of the United Methodist Church have expressed interest in offering more clergy wellness groups in the future. I believe the incubator group process could be a healthy direction. I believe that the creation of a staff position or at least a stipend for the individual overseeing the process would be necessary. A paid position would allow the facilitator to be compensated for the hours invested in steering, improving, and implementing the project.

In addition to seeking out a sponsoring agency, and developing a paid position to implement the project, there are additional modifications which may improve the impact of clergy incubator groups. Many specifics have been discussed in the evaluation chapter; I will concisely outline them here. The most important modification that I would suggest is to extend the length of the project from three months to five months. I believe lasting change requires both a change in thinking and a change in habits. Having a longer run time for the group would allow these changes to happen on a deeper and more sustainable level. A longer process would allow for more in-depth goal setting and implementation. This was particularly requested among participants in the areas of weight management, physical fitness, and stress management. A longer process would allow for participants to see measurable change over time. Having more time would also allow for content pertaining to stress management and financial health to be added. These two dimensions were deleted because of time from the initial group and were missed by participants.

The particulars of when, where, and how often groups meet would need to be customized based on each cohort. However I feel the suggestions made by participants to offer more than one retreat and longer sessions, rather than more frequent sessions,

should be considered. Likewise our experience would suggest that healthy meals be offered at any session which comes close to a meal time.

While the implementation of the incubator group was the primary focus of the project there are other valuable lessons learned which can be utilized for enhancing the health of clergy and congregations. Working with the Project Advisory Team taught me two primary lessons which I think are worthy of further consideration and experimentation. First, many laity are deeply concerned for the health of clergy and can be utilized as a means for improving clergy health. I believe the inclusion of laity is critical and necessary for future implementation of clergy incubator groups and other clergy health programs. As an offshoot of this project I led a leadership academy for clergy and laity on the topic of clergy health. The laity present were inspired and energized to become helpers and encouragers of the clergy in their lives. I believe there is great potential for change in the relationship between clergy and laity as we educate both on wholistic health and how they can support health in each other. Duke Divinity School has developed published resources for Pastor Parish Relations Committees to explore how they can promote wellness in clergy and the relationships they share with congregations. I hope we can continue to investigate how to best utilize laity in the work of supporting clergy wellness.

The Project Advisory Team also demonstrated for me the hunger in our culture for a theological perspective of wholistic wellness. In our meetings the members were eager to learn the principles being shared with the incubator groups. Many were faithful to read and research beyond what was asked of them because of their curiosity on the subject. Without being asked, several members incorporated their new knowledge into

the groups they lead. They even asked, for a congregational series on wholistic wellness which was well received. Their eagerness to bring the wellness lessons to their church families reminded me that the conversation on wholistic wellness is just as needed in our congregations as it is among our clergy. I am very interested in developing an incubator group for Wholistic Wellness for small groups in local churches. A published sermon series with supplemental small group and devotional materials would be another potentially fruitful next step.

The possibilities for implementing the lessons learned through this experience are nearly endless. Most fervently I pray that readers adopt the hope that clergy can thrive in ministry as they apply the principles of wholistic wellness to their lives and service. I hope that many will gain ideas from this project upon which they can make their own contributions in the field of clergy and congregational wholistic health. Personally, my discernment lies in where the Lord is calling me in the next season of the journey. My call to serve the local church must be held in balance with my new passion for improving the wellness of the clergy and congregations which serve around me. I will undoubtedly apply the principles of wholistic wellness in my preaching and teaching ministry at the local church level. I will also explore opportunities for investing in clergy health through denominational positions, seminary teaching positions, and counseling group positions. Undergirding the discernment will be the call to “love my neighbors as I love myself,” and the resolve to live and model wholistic health throughout ministry in Christ’s church.

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