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SELF-CARE IN MINISTERS IN THE PRESBYTERIAN CHURCH IN IRELAND: A CRITICAL INCIDENT STUDY

By

DAVID ALLEN

A DISSERTATION SUBMITTED TO THE
FACULTY OF COVENANT THEOLOGICAL SEMINARY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF MINISTRY

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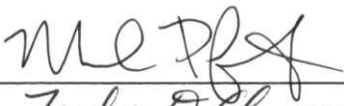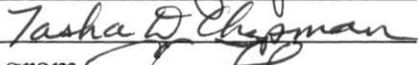
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ABSTRACT

Ministers in the Presbyterian Church in Ireland (PCI) are facing increased levels of stress with a significant number taking an absence from work due to stress-related illnesses. Self-care has been recognized as one means of coping with stress more effectively. The assumption of this study was that such an absence from work would act as a critical incident in the lives of ministers; as a result, ministers who had endured such a period of sick-leave would have considered their practice of self-care at a deep level and improved their self-care practices; such consideration and practice would be instructive to other ministers in the PCI and elsewhere.

This study utilized a qualitative design using semi-structured interviews with six pastors in the PCI. The review of literature and analysis of the six interviews focused on three key areas: stress in clergy; self-care in leaders; self-care in clergy.

The study found that an absence from work due to a stress-related illness is a critical incident in the lives of pastors, that it did cause them to practice improved self-care, and consequently is instructive to other pastors.

The study concluded that in order for pastors to exercise ministries that are as refreshed and renewed as possible, they must increase their level of well-being and maintain this over time. This can be done through maximizing self-care and minimizing causes of stress

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ACKNOWLEDGEMENTS

I would like to thank my wife, Jackie, for her constant support during the time that I spent away from home attending doctorate of ministry courses, interviewing pastors for this study and writing this dissertation. Her love and support allowed me to complete this study and encourages me daily in life and ministry. I also give thanks for my children, John, Rachel, and Chloe, for the delight that they bring me as their father. I am so grateful for the loving and supportive family God has blessed me with.

I would also like to thank the six pastors who graciously gave me the opportunity to interview them. Most of all, I thank God for allowing me to serve him and pray that with his grace, ministry will be fresh, renewed and fruitful, bringing great glory to him as he uses pastors to fulfill the role he has given them in the up-building of his Church and the spread of his Kingdom.

CHAPTER ONE

Introduction

The Stress Management Society states that, "We live in a stressful era, possibly the most stressful period humans have ever experienced."[1] It claims that stress is the biggest issue modern man has to deal with, as well as the most common cause of illnesses, some of which even lead to death. However the effects of stress are not limited to the purely human cost. Rather, "…it is [an] issue that costs companies and economies billions."[2] The United Kingdom Health and Safety Executive (HSE), in its latest estimates from the Labour Force Survey, states that, "The total number of cases of stress in 2011/12 was 428 000 (40%) out of a total of 1 073 000 for all work-related illnesses."[3] The HSE also reports that, "The occupations that reported the highest rates of total cases of work-related stress were health professionals (in particular nurses), teaching and educational professionals, and caring personal services."[4]

From this data, it is reasonable to conclude that pastors also experience significant stress nowadays. Their job involves ministering to congregants who suffer the effects of stress, and in their own personal lives, pastors themselves live in an environment of ever-increasing stress. Added to this, data about the high incidence of stress-related illness among those involved in the caring personal services puts pastors into a high risk

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[1] Stress Management Society http://www.stress.org.uk/About-stress.aspx
[2] Ibid.
[3] http://www.hse.gov.uk/statistics/causdis/stress/index.htm
[4] Ibid.

category, making them more likely to suffer from a stress-related illness, and as a result be absent from work.

Just as there has been an increased awareness of the prevalence of stress and its effects upon people generally, and those in caring professions particularly, so there has been increasing attention paid to how these effects can be mitigated and prevented. The professional bodies of the caring professions, in response to increasing numbers of their members being absent from work with stress-related illnesses, and the subsequent impact upon clients and professions, have sought to address this, with significant numbers of studies being conducted in this area. "Self-care" has been recognized as an essential component in the process of enabling those in the caring professions to cope with increasing stress.

The National Association of Social Workers (NASW) in the United Kingdom adopted the following definition of self-care: "The combination of three processes: self-awareness, self-regulation, and balancing connections between self, others, and the larger community."[5] The NASW is typical in its stance on self-care when it states that it "supports the practice of professional self-care for social workers as a means of maintaining their competence, strengthening the profession, and preserving the integrity of their work with clients."[6] Many involved in these areas now believe that the key to prevention and management of adverse conditions such as stress, burnout, compassion fatigue, and secondary traumatic stress or vicarious trauma is the practice of self-care.[7]

As the work of pastoring very clearly falls into this category, it is apparent that there must be a similar place for self-care in the lives of pastors if they are to maintain

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[5] http://www.socialworkers.org/nasw/memberlink/2009/supportfiles/ProfesionalSelf-Care.pdf
[6] Ibid.
[7] Ibid.

their competence, preserve the integrity of their work with congregants, and sustain their ministry over a period of time. Alan Taha, in his D.Min. dissertation on physical self-care says, "Good pastoral ministry must include a component of the pastor's care for self,"[8] rather than it being considered something which only lazy pastors have time for, or that selfish pastors undertake as part of their "pampering" of themselves.[9]

Problem Statement

In the course of the year 2012, thirty-five ministers of the Presbyterian Church in Ireland (PCI) have been absent from work due to sick leave. This represents approximately one-tenth of the total number of active ministers in the denomination. While not all of these absences were caused by stress-related illnesses, many of them were. This is a comparatively new situation in the denomination, however it is also an increasing problem, with five ministers out of a total of twenty-two being absent from work due to stress-related illness in the Presbytery of Coleraine and Limavady in recent years.

This situation has serious negative impacts upon ministers and their families, upon congregations, and upon the denomination as a whole. If so many ministers are absent from work with stress-related illnesses, it is reasonable to assume that many others are experiencing significant adverse levels of stress while still seeking to carry on their ministries, again with serious negative effects. As this is a comparatively recent situation, many in the denomination are wondering why this is occurring. Yet there appears to be little considered thought or research into how ministers within the denomination can cope

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[8] Allen R. Taha, "Physical Self-Care Practices for Sustainable Pastoral Leadership in Local Church Ministry" (D.Min. diss., Covenant Theological Seminary, 2010), 9.

[9] Brain, Peter, G*oing the Distance: How to Stay Fit for a Lifetime of Ministry,* (Kingsford, Australia: Matthias Media, 2004), 10.

with the stresses of twenty-first century ministry, and how they can sustain ministry in spite of these stresses.

In order to sustain ministry, ministers in the PCI must become more aware of strategies of self-care. There are now an increasing number of ministers who have had a period of absence from work due to stress-related illness, and have since returned to work. Due to their time absent from work, they are more likely to have thought deeply about issues of self-care than many other ministers. They have been forced to think about these issues and put into practice responsible self-care in a way that others, as yet, may not have done. As a result, their patterns of self-care before, during, and after illness are likely to have much to teach all ministers of the PCI regarding coping with stress and sustaining long-term effective ministry in which the pastors and their ministries are "fresh" and renewed.

The primary areas that emerge from the literature on clergy stress focus on the symptoms of stress that pastors experience and the causes of stress that can bring about these symptoms. It is important that pastors be mindful of the symptoms of stress, or "warning signs,"[10] so that they can be aware that stress is having an impact upon them. These symptoms have been listed by a number of writers, and they are often divided into the categories of physical symptoms and behavioural symptoms. Physical symptoms include increased heart-rate and blood pressure, while behavioural symptoms can include increased irritability, as well as withdrawal and detachment from others.

The causes of stress for pastors are also examined at length in the literature so that pastors may have increased awareness and knowledge of difficult areas in their life and

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[10] White, Peter, *The Effective Pastor: The Key Things a Minister Must Learn to Be,* (Ross-shire, U.K.: Christian Focus Publications, 1998), 223.

work, and so that they can seek to reduce and manage stress in these areas. Oswald,[11]

building on the work of Holmes and Rahe,[12] has produced an assessment tool for clergy

that combines causes of stress in life generally and ministry particularly, allowing clergy

to assess their own stress levels. Oswald states that the most significant cause of stress

particular to clergy is a serious decline in church attendance. The literature commonly

does not attempt to order the causes of clergy stress based on the severity of their impact

upon pastors. However, a number of stressors are repeatedly highlighted, including

conflict between the pastor and congregants, and the fact that pastors often feel that they

are too busy or too indispensable to take a day off each week or to take their full annual

allocation of holidays.

The need for self-care is underlined in literature concerning leaders and those in

the caring professionals particularly. While the literature seems to pay scant attention to

establishing a rigourous definition of the term itself,[13] there is recognition in the fields of

nursing, counseling, and medicine that self-care is essential for the improved well-being

of all involved, including practitioners, their families, the professions, and their clients.

This is also seen in literature regarding pastors, where authors are concerned for the

freshness and longevity of pastorates. This concern has arisen in part at least, because of

high rates of stress related illness, increasingly short tenures in post, and increasing

numbers of people leaving the ministry and other caring professions. There is also a

concern for clients, that practitioners who do not exercise adequate self-care and are

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[11]Oswald, Roy M. *Clergy Self-Care: Finding a Balance for Effective Ministry.* (Washington D.C.: The Alban Institute), 1991.

[12] Holmes, T.H., and R.H. Rahe, "The Social Readjustment Rating Scale," *Journal of Psychosomatic Research* 2 (1967): 213-218.

[13] Richards, Kelly C., C. Estelle Campenni, and Janet L. Muse-Burke, "Self-care and Well-being in Mental Health Professionals: The Mediating Effects of Self-awareness and Mindfulness," *Journal of Mental Health Counseling* 32:3 (2010): 247-264.

affected adversely by stress may not be providing a service to clients that is adequate or ethically robust – the ethical imperative for self-care.[14,15]

The literature on self-care for leaders and pastors agrees that there are four main components of self-care: physical, psychological, support/social, and spiritual. The physical element of self-care involves diet/nutrition, exercise, rest, time-off, and holidays.[16] Psychological self-care includes counseling, therapy,[17] and also an emphasis on the need for self-awareness. This is repeated in research into self-care in all forms of leadership, whether in caring professionals,[18] in business and commerce,[19] or in ministry.[20] The social or support component of self-care embraces peer groups, mentoring, coaching, and continuing professional education.[21] The spiritual component of self-care is emphasized more strongly in the literature on pastors. While self-care in other areas does deal with a spiritual element, it tends to be less precise or detailed, reflecting the different spiritual or faith backgrounds of writers. This attitude is well summarized by Richards, Campenni, and Muse-Burke when they say, "The spiritual component of self-care also must be defined loosely, given how broadly its meaning can be interpreted."[22] This constituent is much more precisely defined and includes much more detail in the

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[14] (American Counseling Association [ACA], 2005; American Mental Health Counselors Association, 2010).

[15] Coster, J. S., and M. Schwebel, "Well-functioning in Professional Psychologists," *Professional Psychology: Research and Practice* 28 (1997): 3-13.

[16] Demaray, Donald E., and Kenneth W. Pickerill, *A Robust Ministry: Keeping a Pure Heart, a Clear Head, and a Steady Hand,* (Nappanee, IN: Evangel, 2004), 61.

[17] Richards, Campenni and Muse-Burke, "Self-Care and Well-Being in Mental Health Professionals," 249.

[18] Coster and Schwebel, "Well-functioning in Professional Psychologists," 11.

[19] Goleman, Daniel, *Emotional Intelligence: Why It Can Matter More Than IQ,* (New York: Bantam, 1995), 51.

[20] Brown, Richard W., *Restoring the Vow of Stability: The Keys to Pastoral Longevity,* (Camp Hill, PA: Christian Publications), 1993.

[21] Richards, Campenni and Muse-Burke, "Self-Care and Well-Being in Mental Health Professionals," 251.

[22] Ibid., 249.

literature on pastors. Writers on this subject share a Christian background and do not have to accommodate a breadth of meaning or outlook, and in dealing with ministry, they have a subject which is intrinsically spiritual.[23] One further emphasis, particularly in the literature on pastors, is the holistic nature of self-care, which is a reflection of the Bible's stance on people being an "irreducible whole."[24]

Purpose Statement

The purpose of this study was to identify how ministers in Presbyterian Church in Ireland [PCI] congregations build better self-care practices following a stress related illness. Undergoing such an illness is considered to be a critical incident in their lives. The assumption of this study was that pastors who have had a considerable period of absence from work due to a stress-related illness are more likely to have thought deeply about issues of self-care and implemented strategies of self-care in a way that other ministers may not. Consequently, their practices of self-care before, during, and after illness are likely to have much to teach all ministers of the PCI regarding coping with stress and sustaining long-term effective ministries in which the pastors and their ministries are fresh and renewed. To examine these areas more closely, the following four research questions served as the intended focus for this study:

1. What self-care strategies do ministers practice before the period of sick leave?

2. What self-care strategies were attempted during the period of sick leave?

3. What self-care strategies have been employed after return to work?

4. What are the challenges in maintaining these strategies?

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[23] Petersen, Eugene H., *Working the Angles: The Shape of Pastoral Integrity,* (Grand Rapids, MI: Eerdmans, 1987), 16-17.

[24] Harbaugh, Gary L., *Pastor as Person: Maintaining Personal Integrity in the Choices and Challenges of Ministry*, (Minneapolis: Augsburg, 1984), 18.

Significance of the Study

This study has significance for established pastors as well as anyone who is entering the ministry. One Pulpit and Pew Study stated that, "Although data is limited, research indicates that some of the most critical issues facing clergy appear to be in the areas of weight, mental health, heart disease and stress."[25] Pastors are under increasing levels of stress, and as a result many are absent from work with stress-related illnesses, and others are leaving the ministry altogether. The action of stress upon those who have been absent from work, and those who as yet have not, has serious consequences for pastors' well-being. This affects pastors themselves, their families, and the congregations in which they minister. If pastors can reduce their levels of stress and cope with stress in more effective ways, then there will be more positive outcomes for them, their families, and congregations. Pastors will minister more effectively, with greater freshness and energy, families will no longer have to cope with a stressed spouse and parent, and congregations will be ministered to by pastors with a spring in their step, rather than tired individuals who are reluctantly dragging their feet.

This study is also significant at a denominational level. The PCI as a denomination has to cope with a significant number of its ministers being absent from work due to stress-related illnesses. Ministers who are absent in this way often work in solo pastorates. When they are absent on sick leave, others are required to lead services and provide pastoral care for congregational members. Often neighbouring ministers are required to do this, producing extra busyness and stress on them. Also, extra finance is

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[25] Bob Wells, "Which Way to Clergy Health?", Duke University
http://www.pulpitandpew.duke.edu/clergyhealth.html

needed to pay for others to carry-out these duties, meaning that there is a financial cost involved as well as the human one.

The training of pastors and their preparation for the potential stress of ministry are also impacted by this study. If seminary students and pastors in the early years of their ministries can realise the impact that stress may have upon them, and the importance of self-care in mitigating this, then hopefully it will be possible to avert some of the negative outcomes of stress, enabling pastors to cope better with it and remain fresh and vibrant in the ministry.

<center>**Definition of Terms**</center>

<u>Burnout</u> – This is "a state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward,"[26] characterized by a cycle of expending effort with less time for personal renewal. Burnout usually results in diminished results and a lack of fulfillment. Burnout can also be described as a prolonged state of overexertion accompanied by a prevailing feeling of dread regarding future activities.

<u>Minister</u> – A minister is an ordained and recognized leader in a church, vocationally employed by the church or denomination. Ministers in the PCI have been ordained as teaching elders and serve in leadership with ruling elders who act as peers. They have successfully accomplished a credentialing process and usually have attended seminary. The term "minister" is used inter-changeably with the term "pastor" in this study.

<u>Self-care</u> – Self-care describes activities and practices designed to take care of the self.

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[26] Freudenberger, Herben, *Burnout: The High Cost of High Achievement,* (New York: Doubleday, 1980), quoted in Roy M. Oswald, *Clergy Self-Care: Finding a Balance for Effective Ministry* (Herndon, VA: Alban Institute, 1991), 59.

These methods can be utilized to assist in many different areas of life: physical,

emotional, relational, and spiritual. Self-care supports sustainable leadership by

addressing concerns such as burnout and stress.[27]

Stress – Stress describes the tension and strain experienced in the psyche of an individual.

Stress comes in many different varieties, including emotional, spiritual, and relational.

Stress can also be the result of interacting with those who have been traumatized. This

type of stress is known as secondary traumatic stress.[28]

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[27] Taha, 15.
[28] Taha, 16.

CHAPTER TWO

LITERATURE REVIEW

The literature review of this study has been arranged under three general
headings: clergy stress, self-care in leaders, and self-care in clergy.

Clergy Stress

In 1992, the International Labour Office reported, "Stress is becoming an
increasing global phenomenon affecting all countries, all professions and all categories of
works, families and society in general."[29] Accepting the truth of this statement, it seems
unreasonable to think for a moment that Christians in general, and those involved in
ministry in particular, can be exempt from or immune to this universal trend. It also
seems reasonable to believe that in the twenty years since these words were written,
levels of stress have not decreased. Gaius Davies, a Consultant Psychiatrist at King's
College Hospital, London, confirms this when he states, "We are not, as Christian
believers, exempt from any of the stresses that affect everyone else. Our faith is not a
passport to freedom from pressures, either ancient or modern."[30] Indeed, he contends that,
"Christians often experience extra stresses which may add to their sufferings as human
beings."[31] He then quotes the Apostle Paul's statement in Acts 14:22 that, "We must go
through many hardships to enter the kingdom of God."[32] In accepting this, however, the

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[29] International Labour Office 1992.
[30] Davies, Gaius, *Stress: Sources and Solutions.* (Fearne, Ross-shire, Scotland: Christian Focus,
1988), 25.
[31] Ibid., 21.
[32] Ibid., 21.

first questions to be asked must be, "What is stress?" and "What do we mean when we talk about it?"

Definition of Stress

The Oxford Dictionary defines stress as, "A state of mental or emotional strain or tension resulting from adverse or demanding circumstances,"[33] whereas the United Kingdom Government's Health and Safety Executive states that stress is, "The adverse reaction people have to excessive pressures or other types of demand placed on them."[34] B.L. Seaward, director of the Paramount Wellness Institute in Boulder, Colorado, defines stress as "the inability to cope with a perceived or real threat to one's mental, physical, emotional, and spiritual wellbeing which results in a series of physiological responses and adaptations."[35]

Andrew R. Irvine is professor of church and ministry at McMaster University in Hamilton, Ontario, and much of his research in the area of stress was carried out in the Church of Scotland, where he was an ordained minister.[36] This gives added significance to his work in this current study, as the Church of Scotland and Presbyterian Church of Ireland (PCI) are sister churches that share many common traits and contexts. Irvine includes a number of helpful models of stress which help in understanding it.

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[33] Oxford Dictionary. http://oxforddictionaries.com/definition/english/stress?q=stress
[34] http://www.hse.gov.uk/stress/furtheradvice/whatisstress.htm
[35] Seaward, B.L., *Managing Stress. Principles and Strategies for Health and Wellbeing,* (Boston: Jones and Bartlett, 1997), 11.
[36] Irvine, Andrew R, *Between Two Worlds : Understanding and Managing Clergy Stress,* (London, U.K.: Mowbray, 1997).

The stimulus-based model is probably the most common understanding of stress - see Figure 1.
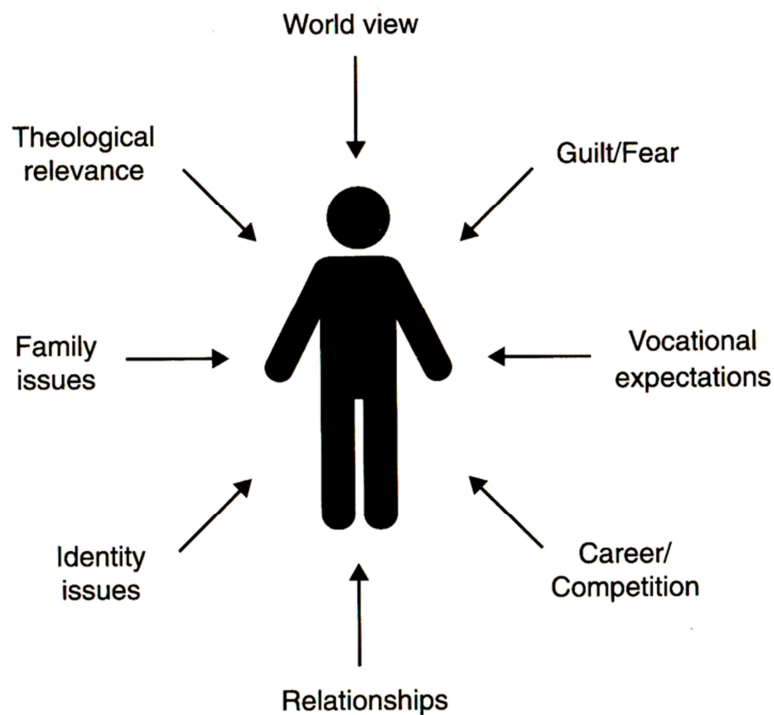
This model emphasizes the external factors which create strain and tension in the individual. This information is helpful in understanding these factors and in seeking to reduce them in the environment of the individual. However, it has limitations in that it takes little account of the person, other than as a receptor of those factors, and there is little place for the person's response to them.

The response-based model of stress (see Figure 2, below) is to some degree the opposite of the stimulus-based model.

ENVIRONMENT | INDIVIDUAL | RESPONSE

PHYSICAL — Rapid pulse / High adrenaline / Sweat

PSYCHOLOGICAL — Panic / Fear / Emotion

BEHAVIOUR — Fight / Flight / Faint
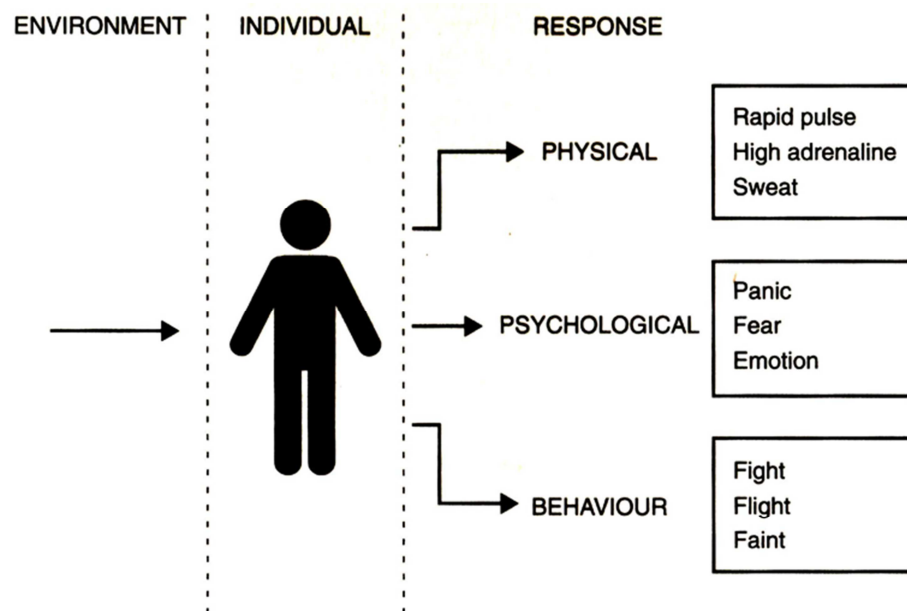
This model emphasizes the response of the individual to external stimuli. It takes into account the variety and levels of response, allowing examination and understanding of physical, psychological, and behavioural action caused by the stress stimulus. The problem with this model, as with the stimulus-based one, is that it does not provide a holistic perspective, or the whole picture of stress. In an attempt to provide this, an interactive model has been produced - see Figure 3, below.

ENVIRONMENT | INDIVIDUAL | RESPONSE

Family
Vocation
Identity
Theological
relevance

Relationships
World
Expectations
Shapers

PHYSICAL

PSYCHOLOGICAL

BEHAVIOUR

Adequate
coping
mechanism

Inability
to cope

- - ◄ - - = FEEDBACK
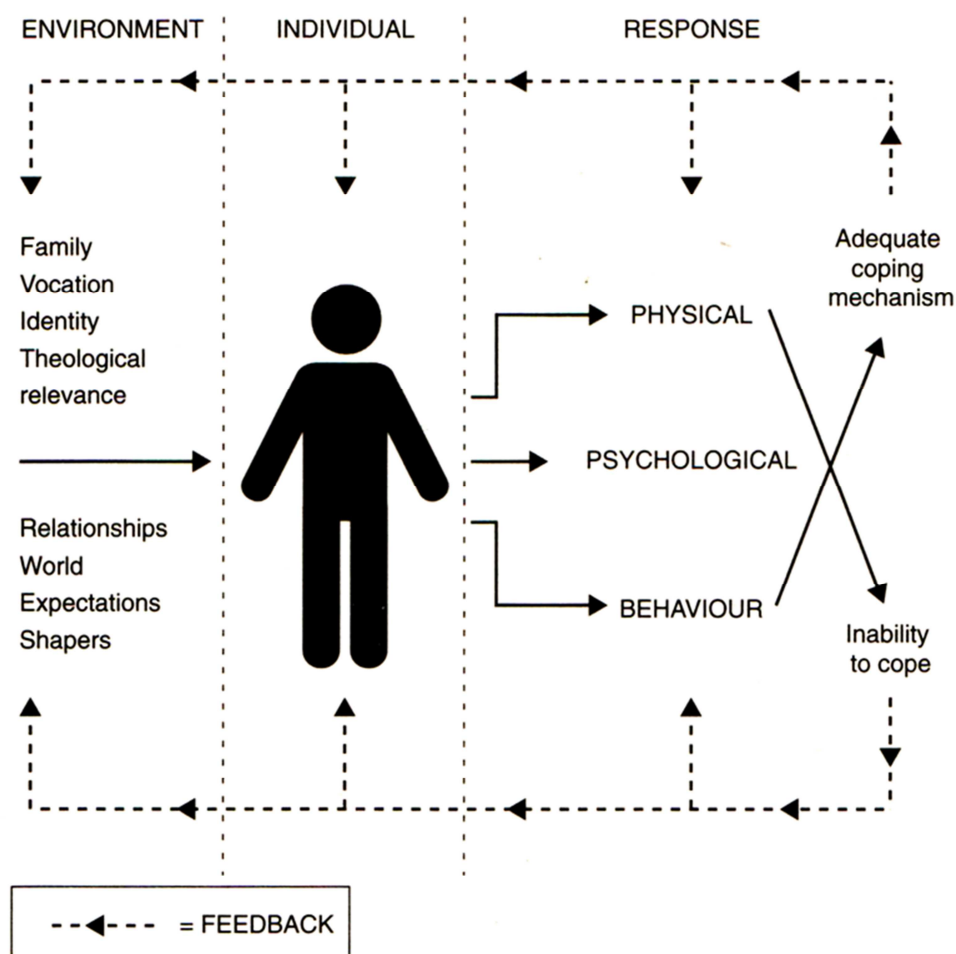
This is the most widely accepted model for research. It "takes into account the stimuli or 'stressors' which contribute to stress, the reaction of the individual, the unique temperament of the person, and the way in which these factors interact in specific and on-going situations"[37] Thus, it provides a more holistic concept of the phenomenon and clearly acknowledges that there is a reactive cyclic pattern of stimulus–response–revised stimulus–revised response, all affected by the unique intra-personal dynamics of the individual.

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[37] Ibid., 19.

Responses to/Effects of Stress

Just as stress is a multifaceted phenomenon that has been complex to define and model, so its effects upon people are similarly complicated. At the basic level, stressors produce physiological responses. The British Medical Association's study, "Stress and the Medical Profession"[38] indicates the following physiological responses or physical alarm responses: increased blood flow to the brain, decreased blood flow to the kidneys, increased sweating, increased blood pressure, increased heart rate, slowing of digestion, increased depth and rate of breathing, increased blood flow to the muscles, dilatation of pupils, increased muscle tension, haemoconcentration, diminution of immune response, release of glucose and fats into the blood, reduced blood flow to the gut, dry mouth, and increased acuteness of hearing.[39]

Kenneth W. Pickerill, Professor of Physical Education at Asbury College in Wilmore Kentucky, comments that when these changes take place over a prolonged time, it can lead to very damaging health outcomes for sufferers. He explains:

> The brain works to signal many glands and organs to commence secreting hormones and other by-products. This constant stimulation produces increased levels of fat, cholesterol, and sugar in the bloodstream. Arteries are more easily constricted, heart rate increases, and the immune system is depressed. These prolonged changes increase the risk of cardiorespiratory illnesses, cardiac arrest and vulnerability to serious infections.[40]

A further facet of response to stressors is the tendency towards particular behavioural and physical symptoms. Pickerill lists these as: change in sleeping and eating patterns, irritability with family, friends, and colleagues, temper outbursts, withdrawal and/or detachment, accident proneness, unexplained fatigue, muscular tension, especially in the

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[38] British Medical Association, *Stress and the Medical Profession*. (London:B.M.A.,1992).
[39] Ibid., 12.
[40] Demaray, Donald E., and Kenneth W. Pickerill, 57.

neck and head, numerous headaches, gastrointestinal problems, rashes, shortness of

breath, and weight changes (extreme gain or loss).[41]

On a more behavioural level, Peter White, the former principal of the Glasgow

Bible Institute in Scotland, lists the following "warning signs"[42] of stress: First,

something going wrong that would not previously have phased you. It feels like the last

straw and makes you lose your temper or come very close to it. Second, you become

susceptible to temptation, especially the besetting ones from your past. Third, you lose

your sense of proportion, and life isn't fun anymore. Fourth, sleeplessness, vague guilt,

deep misery that a good night's sleep does not resolve, obsession with difficulties, and

constant self-denigration begin to occur. Fifth, you lose your pleasant interest in people

and become introverted, self-critical and lethargic. You don't really care how other

people's lives are going. Sixth, just one more request for help makes you feel that you are

carrying the whole universe on your shoulders and cannot bear it any longer. Finally, you

have become indecisive and unable to bear responsibility.[43] White concludes that "stress

and exhaustion undoubtedly jeopardise our capacity to minister."[44]

Burnout

While burnout is not the topic of this literature review, to omit it from a review of

symptoms of, or responses to, stress would be an oversight. Burnout is a severe negative

response to prolonged and intense stress, or as Webster's dictionary puts it, "exhaustion

of physical or emotional strength or motivation usually as a result of prolonged stress or

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[41] Ibid., 56.
[42] White, 223.
[43] Ibid., 224.
[44] Ibid., 224.

frustration."[45] One of the most widely used definitions of burnout is that of Christina

Maslach, Professor of Psychology at University of California, Berkeley. She describes

the phenomenon as "a psychological syndrome of emotional exhaustion,

depersonalization, and reduced personal accomplishment that can occur among

individuals who work with other people in some capacity."[46]

Stanley Arumugam, in his doctoral thesis on clergy stress in South Africa,

expands on Maslach's definition. He states,

> Emotional exhaustion is seen as the core of the burnout syndrome which results in a pattern of emotional overload through becoming too emotionally involved. The helper overextends himself to a point of feeling overwhelmed by the emotional demands imposed by other people. This situation leads them to feel drained with no source of replenishment for their emotional needs.[47]

This leads caregivers to try to find ways to detach themselves from people, something

that may be perceived as indifference by those receiving care. The consequence of

detachment leads to Maslach's second aspect of the burnout syndrome, depersonalisation.

Maslach explains, "The manifestation of depersonalization is an active dislike for those

who seek help. Helpers expect the worst from their clients and develop a poor opinion of

them. This attitude on the part of the helper may be experienced by the client as a lack of

courtesy or a failure to provide the appropriate help."[48] This is accompanied by a constant

irritability and the wish that people would get out of the life of the helper and leave them

alone. The progressive negative feeling towards others gradually leads to a negative

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[45] Merriam-Webster Dictionary http://www.merriam-webster.com/dictionary/burnout

[46] Maslach, C., "Burnout: A Multidimensional Perspective," in *Professional Burnout: Recent Developments in Theory and Research*, ed. W. B. Schaufeli, C. Maslach, & T. Marek (Washington, DC: Taylor & Francis, 1993), 19-32.

[47] Stanley Arumugam, "Evaluation of a Clergy Stress Management Intervention" (Ph.D. diss., University of Zululand, South Africa, January 2003), 14.

[48] Ibid., 14.

feeling of self and a diminished sense of personal accomplishment, with the helper

feeling that they lack competency in working with people.[49]

Maslach, along with Schaufeli and Marek,[50] found five aspects that corresponded

to the definitions they had studied, summarised by Evers and Tomic of The Open

University in The Netherlands, in their research on burnout in Dutch Reformed pastors.

Evers and Tomic share:

> First, people suffering from burnout showed symptoms of restlessness and
> dissatisfaction, such as emotional exhaustion, fatigue, and depression. Second,
> both mental and behavioural problems stood out, although sometimes there were
> physical complaints as well. Third, burnout was connected with the jobs of the
> persons involved. Fourth, it also appeared that the symptoms of burnout showed
> up in people who had not previously had any psychical complaints. Last, people
> suffering from burnout appeared to be less effective in their daily work, and work
> performance suffered because of negative attitudes and behaviour.[51]

A.J. Bangs, associate professor at La Salle University in Philadelphia,

Pennsylvania, describes the symptoms of ministerial burnout under several categories,

including avoidance behaviour, blunting of affect/emotional detachment, poor or below

par work performance, intolerance/frustration/anger, sleep/eating disorders/stomach and

cardiovascular difficulties, and negative attitudes toward self/inferiority/incompetence.[52]

In connection with burnout in ministers, the literature generally agrees with the

view of burnout found among secular helping professionals, although there is the

inclusion of the spiritual dimension among ministers. Rediger, a minister of the

Presbyterian Church (U.S.A.) and consultant on spiritual leadership, suggests a holistic

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[49] Ibid., 15.

[50] Schaufeli, W.B., Maslach, C., & Marek, T., ed., *Professional Burnout: Recent Developments in Theory and Research*, (Washington, DC: Taylor & Francis, 1993), 19-32.

[51] Evers, Will, and Tomic, Welko, "Burnout Among Dutch Reformed Pastors," *Journal of Psychology & Theology* 31:4 (2003): 329.

[52] Bangs, A.J., "The Application of the Cognitive Therapy Model to the Treatment of Burnout Among Members of Active Religious Communities," *The Journal of Pastoral Counselling*, 21(1986), 9-21.

definition of clergy burnout which involves the body, mind, and spirit.[53] As well as identifying emotional and physical symptoms in ministers that are typical of burnout in other caring professionals, he also identifies other spiritual symptoms. These include changes in theological statements, development of moral judgementalism, loss of faith in God, the church, and self, loss of prayer and meditation disciplines, one-track preaching and teaching, listless and perfunctory performance of clergy role duties, loss of joy and celebration in spiritual endeavours, and an air of cynicism.

Peter Brain, Bishop of Armidale Diocese in the Australian Episcopal Church, writing from a pastoral point of view, is taken by the extent of burnout among pastors. In a survey he conducted among clergy in Perth, Australia in 1992, he found that "twenty-seven percent of all pastors had 'burnt out,' suffering a breakdown or serious illness whilst in full-time ministry. The figure went up to forty-four percent for those who had been ordained for more than fifteen years."[54] He is concerned because these statistics represent real people, and that not only pastors but their families and congregations suffer as a consequence of this burnout.[55]

Causes of Stress

While this literature review looks specifically at stress in pastors, it must be stated that many of the causes of stress in pastors are common to those not involved in pastoring. Roy Oswald,[56] Senior Consultant with the Alban Institute, shows this clearly in his adaptation of an assessment tool for stress developed by Dr. T.H. Holmes and Dr. R.H. Rahe[57] - see Figure 4.

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[53]Rediger, G.L., *Coping with Clergy Burnout.* (Valley Forge: PA, Judson Press, 1982).

[54] Brain, G*oing the Distance: How to Stay Fit for a Lifetime of Ministry,* 26.

[55] Ibid., 26.

[56] Oswald, *Clergy Self-Care: Finding a Balance for Effective Ministry.* 29.

[57]Holmes, T.H., and R.H. Rahe, "The Social Readjustment Rating Scale", 213-218.

Figure 4:

LIFE CHANGES FOR CLERGY

Event	Average Value	Your Score
Death of spouse	100	____
Divorce	73	____
Marital separation	65	____
Death of close family member	63	____
Personal injury or illness	53	____
Marriage	50	____
Serious decline in church attendance	49	____
Geographical relocation	49	____
Private meetings by segment of congregation to discuss your resignation	47	____
Beginning of heavy drinking by immediate family member	46	____
Marital reconciliation	45	____
Retirement	45	____
Change in health of a family member	44	____
Problem with children	42	____
Pregnancy	40	____
Sex difficulties	39	____
Alienation from one's Board/Council/Session/Vestry	39	____
Gain of new family member	39	____
New job in new line of work	38	____
Change of financial state	38	____
Death of close friend	37	____
Increased arguing with spouse	35	____
Merger of two or more congregations	35	____
Serious parish financial difficulty	32	____
Mortgage over $50,000 for home	31	____
Difficulty with member of church staff (associates, organist, choir director, secretary, janitor, etc.)	31	____
Foreclosure of mortgage or loan	30	____
Destruction of church by fire	30	____
New job in same line of work	30	____
Son or daughter leaving home	29	____
Trouble with in-laws	29	____
Anger of influential church member over pastor action	29	____
Slow steady decline in church attendance	29	____
Outstanding personal achievement	28	____
Introduction of new hymnal to worship service	28	____
Failure of church to make payroll	27	____
Remodeling or building program	27	____
Start or stop of spouse's employment	26	____
Holiday away	26	____
Start or finish of school	26	____
Death of peer	26	____
Offer of call to another parish	26	____
Change in living conditions	25	____
Revision of personal habits	24	____
Negative parish activity by former pastor	24	____
Difficulty with confirmation class	22	____
Change in residence	20	____
Change in schools	20	____
Change in recreation	19	____
Change in social activities	18	____
Death/moving away of good church leader	18	____
Mortgage or personal loan of less than $50,000	17	____
Change in sleeping habits	16	____
Developing of new friendships	16	____
Change in eating habits	15	____
Stressful continuing education experience	15	____
Major program change	15	____
Vacation at home	13	____
Christmas	12	____
Lent	12	____
Easter	12	____
Minor violation of the law	11	____
Your Total		____

Holmes and Rahe, both psychiatrists, developed a stress scale with the basic premise that the greater the number of social adjustments made by individuals, the greater their potential for physical illness. It can be seen from this that many of the factors or changes in life that lead to stress are not particular to pastors, including death of spouse, divorce, and marital separation. These general factors also tend to be the highest scoring in the scale, although it may be speculated that some of these have an exacerbated affect upon clergy because of the public nature of ministry.

There is much in the literature that describes factors that are particular to pastors. Arumugam states that, "it is generally acknowledged that the ministry as a vocation is

inherently stressful given the intensive people helping component of the work."[58] This, however, is not just a recent phenomenon. In the early nineteenth century, a noted clergyman, John Oberlin, said that for pastors, "a decent leisure which others can enjoy has long been unknown rather pastors must work long hours, often with the feeling that they only achieve one tenth of what needs to be done."[59]

The Nature of the Work

One major cause of stress in pastors is the large amount of work that is required. This "work overload,"[60] as Arumugam calls it, often has a negative effect on pastors, as "Ministers report being available twenty four hours/seven days a week, and never free of their work."[61] Peter White, a former principal of Glasgow Bible College, and now a pastor in the Church of Scotland, agrees with this. He states, "many pastors have too much to do,"[62] saying that it leaves pastors "with a gnawing sense that even the essentials, let alone the desirable tasks and the space for reflection and development, are not being covered."[63]

Irvine links this open-ended nature of the work with the inability of clergy to assess whether their work is successful. Irvine explains,

> Endless hours of prayer and personal preparation, research and sermon writing, counselling and spiritual guidance, and planning have little way, if any, of being assessed as successful or otherwise…Too often, the clergy….will resort to proving success by working long hours and extending themselves beyond what is reasonable. For many, the proof of success then becomes the crowded appointment book, the booking of engagements long into the future and the making of this known at every opportunity.[64]

[58] Arumugam, 1.
[59] Richmond, L.J., C. Rayburn, and L. Rogers, "Clergymen, Clergywomen, and their Spouses: Stress in Professional Religious Families," *Journal of Career Development* 12 (1985): 81-86.
[60] Arumugam, 25.
[61] Ibid., 124
[62] White, *The Effective Pastor*, 226.
[63] Ibid., 226.
[64] Irvine, *Between Two Worlds*, 30.

D.J.W. Strumpfer, Emeritus Professor of Industrial and Organisational Psychology at the

University of Capetown, Rondebosch, S. Africa, along with his colleague J. Bands of the

Department of Psychology, in their study on stress among South African Anglian Priests,

emphasize the extent of the pastor's work by stating that, "The priest, minister, pastor or

rabbi is often the first person called upon when persons feel in need of counseling or

when individuals and families are in a crisis or serious conflict, even when those

concerned have in the past not been particularly active church members or

congregants."[65] Strumpfer and Bands continue, "In addition to human service activities,

ministers have an administrative role in the church as an organization, related to

committees, budgets, [and] properties,"[66] adding that, "the emotional demands of some

tasks, having to work when others can relax (on the Sabbath and evenings), that there is

often no closure to the work, that it is repetitive and cyclical, that there is seldom a visible

end product, and that there are no feedback channels."[67]

 Will Evers and Welko Tomic, professors in the Department of Psychology in the

Open University, Heerlen, The Netherlands, in their study on burnout among Dutch

Reformed pastors, quote a study in Dutch by Brouwer,

> Brouwer found that pastors in the Dutch Reformed Church had an average work
> week of 55 to 60 hours. Assuming that pastors spend this amount of time engaged
> in their tasks, the question raised by Brouwer was whether the number of hours
> they work is related to their experience of work pressure. Brouwer established
> adequate proof that these two factors are related in his study. Pastors do
> experience severe work pressure because of the number of hours they spend
> working.[68]

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[65] Strumpfer, D.J.W., and J. Bands, "Stress Among Clergy: An Exploratory Study on South African Anglican Priests," *South African Journal of Psychology* 26:2 (1996): 67-76.
[66] Ibid., 70.
[67] Ibid., 71.
[68] Evers, and Tomic, "Burnout Among Dutch Reformed Pastors," 331.

Brain believes that one factor in this work overload is the open-ended nature of the work of ministry where, "The core activities of pastoring – prayer, preparation, pastoral visitation, discipling and counselling – are never ending."[69] Brain continues, "Every pastor would like to spend more time in each of these activities, and so the unfinished nature of our work is always on our minds."[70] Arumugam also identifies this dynamic saying, "Role ambiguity and role conflict appear to be characteristic of the boundary-less ness of the ministry role. Findings of other studies do suggest that role ambiguity together with role conflict is the major stressor in the ministry."[71] Brain states that ministers can easily be swamped by the "unfinishedness" of the task, leading to feelings of despair, anxiety, and failure, because no matter what they do in ministry, there is always more to be done.[72]

Evers and Tomic echo this when they talk about pastors who do not have a clear job description or timetable for their various duties. They believe that this is partly poor organisation on behalf of some pastors, but that it is also the inherent nature of ministry.[73] Brain adds that some pastors find that their work becomes addictive, partly because they enjoy the work itself, but also because they can come to enjoy the praise of parishioners too much and can attempt to justify they over-work by spiritualising it as zeal for the Lord. All of this can have serious adverse effects for pastors, their families, and their churches.[74]

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[69] Brain, *Going the Distance,* 13.
[70] Ibid., 13.
[71] Arumugam, 122.
[72] Brain, *Going the Distance,* 223.
[73] Evers, and Tomic, "Burnout Among Dutch Reformed Pastors," 331.
[74] Brain, *Going the Distance,* 55.

Finally, many writers point out that the role of a pastor can be a lonely one, involving much isolation. Irvine sums it up when he says, "For many clergy, the opportunity for healthy and meaningful relationship which fulfils them as beings is lacking. They suffer the stress of being alone and isolated."[75] Strumpfer adds, "The minister's stress is often intensified because there is no one in whom to confide. Ministers are often left to cope with their stress alone."[76]

This problem is exacerbated in the P.C.I., as most pastors are sole pastors, and therefore do not have fellow clergy on the ministry team with whom they can relate and share. William Hulme of Luther Northwestern Theological Seminary in St. Paul, Minnesota, states that "the more a stressful event is shared, the less each person appears to be stressed."[77] Brain also states, "Many pastors are lonely, many of us have few friends, and some have been actively taught that they should not have friends in the congregation they serve."[78]

The Mind-set of Ministers Towards the Work

While much of this work overload is a result of the nature of pastoral ministry, some of it is also due to the nature and mind-set of pastors themselves. Arumugam states, "Another reason for this quantitative overload appears to be related to the minister's sense of omnicompetance. As a result of this he tends not to delegate adequately or effectively to congregants who may be capable and willing to participate in the work of

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[75] Irvine, *Between Two Worlds,* 90.
[76] Strumpfer, and Bands, "Stress Among Clergy," 72.
[77] Hulme William E., *Managing Stress in Ministry*, (San Francisco: Harper and Row, 1985).
[78] Brain, *Going the Distance,* 145.

ministry."[79] This feeling among some clergy, that they are vital to the functioning and

well-being of the congregation, is a theme that is highlighted in much of the literature.

Wayne Fehr and Don Hands, Episcopal Priests who founded the St. Barnabus treatment

programme, state that, "The hero is almost a given role, near axiomatic, even archetypal

for clergy. The hero fixes others… This culminates in the 'Messiah complex,' the hero's

delusion that his or her efforts are both supremely ordained and indispensable for others'

health and salvation."[80] Brain comments on the Messiah complex saying, "Along with

this driveness is the Messiah Complex that is alive amongst us pastors. This desire, which

manifests itself in the need to be seen and approved by people, makes it very hard for us

even to say 'no', and drives us to attempt everything."[81]

Arumugam believes that the inability to say no has a detrimental effect upon

ministers, explaining, "The lack of assertiveness amongst ministers puts them into a

negative spiral of uncontrolled pressure. Not saying 'no' sets them up for taking on

multiple demands, which by their silence communicates willingness to congregants of

their ability to carry out the task."[82] He also believes that many ministers are guilty of

poor management practices which in turn lead to greater stress on them. He shares, "Very

few ministers proactively plan their work schedules, claiming that ministry life does not

allow them to do this. As a result they operate in the mode of a typical emergency service

worker waiting for the next callout. This mind-set is obviously not conducive to an

effective management of time."[83]

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[79] Arumugam, 125.
[80] Hands, Donald R., and Wayne L. Fehr, *Spiritual Wholeness for Clergy: A New Psychological Intimacy with God, Self and Others,* (Herndon, VA: Alban Institute, 1993), 9.
[81] Brain, *Going the Distance,* 17.
[82] Arumugam, 126.
[83] Ibid., 125.

In their book *The Leader's Journey* : *Accepting the Call to Personal and Congregational Transformation,* Jim Herrington, Robert Creech, and Trisha Taylor, a group of Baptist pastors and counsellors, explain this tendency to work overload in terms of "underfunctioning and overfunctioning"[84] They comment that,

> Sometimes a system responds to anxiety by engaging in a scenario in which members unwittingly conspire to focus on one person (or part) who seems not to be doing so well (the underfunctioning one). To compensate for this underfunctioning, another member (or part) of the system works very hard (overfunctioning), sometimes complaining the whole time.[85]

They believe that pastors often overfunction by feeling that they are responsible for the well-being of the congregation – a feeling that is often shared by many congregants. As a result, congregants expect the pastor to overfunction, while they in turn underfunction. They continue:

> It [underfunctioning and overfunctioning] shows up when a pastor overfunctions, taking full responsibility for the success of a church's ministry, reinforcing the underfunctioning of congregational leaders…. [It] is manifest when congregational members insist on the pastor's thinking for them, or when the pastor insists on telling the congregation what to think.[86]

Strumpfer and Bands agree, adding, "The more members of the church and the church council become uninvolved, the more the minister is compelled to be engaged, so that the success of congregational activity is often determined by the inputs and enthusiasm of the minister."[87]

Richard Winter, psychiatrist and professor of practical theology at Covenant Seminary in St. Louis, Missouri, highlights the perils of perfectionism and shows how the

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[84] Herrington, Jim, Robert Creech, and Trisha Taylor, *The Leader's Journey*: *Accepting the Call to Personal and Congregational Transformation,* (San Francisco: Jossey-Bass, 2003), 60.

[85] Ibid., 60.
[86] Ibid., 61.
[87] Strumpfer, and Bands, "Stress Among Clergy", 71.

drive towards this has caused many problems in the general population. However, perfectionism has a number of particular impacts upon pastors. First, pastors themselves are not immune to the dangers of perfectionism. Added to this are the extra stresses they face, as many congregants expect their pastors and their churches to be perfect. These expectations, and the pressure that many pastors feel to fulfil them, can add markedly to the levels of stress that pastors experience today. Winter notes, "It is this perceived discrepancy between 'who I think I should be' and 'who I think I really am' that is at the heart of the pain of perfectionism. The driven perfectionist works harder to close the gap; the defeated perfectionist gives up the fight; the healthy perfectionist is able to live in the tension."[88]

More and more pastors either realise themselves, or are told by others, that there is such a discrepancy between who they think they should be and who they really are. However, while they might become aware of the discrepancy, not all of them are "healthy perfectionists" who manage to live with such tension. Irvine, in looking at perfectionism, states, "The very holiness nature of faith creates an idealism which makes anything less than perfection hard to accept, especially within oneself. Once again, where standards are undefined and success is difficult to determine there is a tendency for ministers to seek a level of perfection which is unrealistic."[89] He goes on to be more specific about the nature of the present-day church when he continues,

> Clergy have been seduced by a world that has slipped into the church demanding measures of success that are quantitatively obvious and descriptively visible...we have accepted that success and even survival is based on competition. It follows in our thinking that this competition implies developing a better product than the

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[88] Winter, Richard, *Perfecting Ourselves to Death: The Pursuit of Excellence and the Perils of Perfectionism,* (Downers Grove, IL: Intervarsity Press, 2005), 35-36.
[89] Irvine, *Between Two Worlds,* 33.

church next door. Driven by activism we have forgotten who we are as whole beings. We have killed the self of wholeness to reward the self of success.[90]

G. Lloyd Rediger agrees with this in his book, *Coping with Clergy Burnout*, when he notes that the single most energy-draining pressure point that he finds among clergy is the gap between expectations and reality.[91]

In their book about regaining joy in the work situation even when under pressure, Welch, Medeiros, and Tate also note that a contributing factor to clergy burnout is the expectation that they ought to act like members of the clergy at all times.[92] The enormous demands placed on the minister to be "all things to all people" contribute to the development of distorted ideas of the nature of the ministry. As a result of attempting to meet this multitude of demands, the minister often functions a great deal on his persona. Strumpfer and Bands echo this when they say, "Ministers frequently entertain unrealistic self-expectations and conditional self-esteem, and as a consequence may over-engage themselves"[93]

Brain believes that these unrealistic expectations may, in part, arise from the common practice of inviting ministers from large American churches to speak at pastors' conferences. This, he says, can foster unrealistic expectations in ministers, and it also leads to a "sense of despair and unhelpful self-deprecation."[94] He concludes that the value of inviting pastors of major American churches must be questioned when the

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[90] Ibid., 107.
[91] Rediger, *Coping with Clergy Burnout,*

[92] Welch, L.O., Medeiros, D.C., & Tate, G.A., *Beyond Burnout: How to Enjoy Your Job Again When You've Just About Had Enough,* (New Jersey: Prentice Hall, (1982).
[93] Strumpfer, and Bands, "Stress Among Clergy", 69.
[94] Brain, *Going the Distance,* 15.

overwhelming majority of churches in that country have fewer than seventy-five members.[95]

Fred Lehr, an Evangelical Lutheran pastor and founder of Renewal Ministries, in his book, *Clergy Burnout*, discusses the expectations of pastors of smaller churches, as well as those of the congregations, when he talks about, "the Pastor-centered church,"[96] which has average attendance of 50-150. He shares,

> …everything centres around the pastor; the pastor relates to everyone; expectations are high for the pastor to manage and control everything; growth depends on the popularity of the pastor; communication centres on the pastor; the pastor recruits and shepherds new members and volunteers; the pastor is on an intimate level with all the members even at the expense of attention to the pastor's spouse and family.[97]

He concludes this point by saying that, "This is addictive fodder,"[98] implying that pastors in such congregations find it very difficult not to have these expectations for themselves, which reinforces the congregation's attitude towards them.

One final cause of stress with regard to the pastor is what White refers to as "anticipatory stress."[99] He describes this as, "the stress that comes as a result of anticipating future tasks in ministry, put simply, nervousness and stress that many pastors experience before preaching and other tasks of ministry, and the worry that they will in some way 'fail' in these or underperform and meet with embarrassment and rejection of their ministry."[100]

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[95] Ibid., 15.
[96] Lehr, Fred, *Clergy Burnout: Recovering from the 70-Hour Work Week and Other Self-Defeating Practices* (Minneapolis: Fortress, 2006), 29.
[97] Ibid., 29.
[98] Ibid., 29.
[99] White, *The Effective Pastor,* 226.
[100] Ibid., 226.

The People Element of the Work

Pastors also face stress because, while they are very clearly servants of the Lord, they are also servants or "ministers" of the church, and much of what they do in working out their calling is people-based. Arumugam highlights this as a major cause of stress for pastors, stating that responsibility for people constitutes a frequent stress in all organisations.[101] French and Caplan found in their Goddard Space Centre study that responsibility for people could hardly be considered conducive to good health or a low risk of coronary heart disease.[102]

In their article entitled "Burn-out and the pastorate: a critical review with implications for pastors," Daniel and Rogers list the responsibility for another's well-being as a primary source of strain leading to burnout.[103] Arumugam concludes that if bearing the responsibility for another's well-being is a primary cause of strain, then it is logical to assume that this is multiplied when a pastor feels responsible for an entire church.[104]

Conflict or Relationship Breakdown

A further cause of stress for pastors is conflict or relational breakdown with other people within the congregation, and between other people within the congregation. Arumugam puts this in context, stating that,

> Whenever people work together there are bound to be intense interactions, misunderstandings, miscommunications, ulterior motives and the like. But nowhere in the human services is this more likely to occur and be as damaging as

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[101] Arumugam.

[102] French, J.R.P., & Caplan, R.D., "Organisational Stress and Individual Strain," In *The Failure of Success*, ed. A. Marrow (New York: Amacon, 1972), 30-66.

[103] Daniel, S. and M.L. Rogers, "Burn-out and the Pastorate: a CriticalRreview with Implications for Pastors," *Journal of Psychology and Theology* 9:3 (1981): 232-249.

[104] Arumugam, 26.

in the ministry….The cool exterior that many ministers present hides the pain of internal conflict[105]

Philip Dewe's findings in the New Zealand context, published in his article "New Zealand ministers of religion: identifying sources of stress and coping strategies," agree with those of Arumugam. Dewe states that the major factor in causing stress is conflict between the minister and parishioners.[106] White describes this as "encounter stress,"[107] stating that, "Encounter stresses generally arise from conflicts either about people's respective roles, or where disagreements exists, over how to solve a problem; or where individuals just fail to get along well."[108]

Arch Hart, senior professor of psychology at Fuller Theological Seminary, observes that "one of the major causes of burnout among ministers is the lack of training in handling intra and interpersonal conflict." He continues to explain that a much higher priority must be given to ministers learning how to express their emotions in a healthy way in order to deal more effectively with such conflict.[109]

The Expectations of Others

Another stressor for pastors is the expectation that people have for them, both inside their congregation and in the wider society. The perfectionism that was noted earlier is also something that members of a congregation can expect from their pastors and can be a further cause of stress to the latter. Lehr states,

> …perhaps the most problematic symptom of co-dependence in the church is *perfectionism*. Many parishioners look upon the clergy, God's emissaries, as

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[105] Ibid., 21, 22.

[106] Dewe, R.J., "New Zealand Ministers of Religion: Identifying Sources of Stress and Coping Strategies," in *Psychological Perspectives on Christian Ministry,* ed. J.L. Francis, and S.H. Jones, (Leominster, U.K: Fowler Wright, 1996), 136.

[107] White, *The Effective Pastor,* 227.

[108] Ibid., 227.

[109] Hart, A.D., *Coping with Depression in the Ministry and other Helping Professions,* (Texas: World Books, 1984).

being holy themselves. And since they are so 'pure and perfect', they will not disappoint the parishioners or say 'no' to them. God would never let them down. God's emissaries ought to be the same – dedicated beyond reason, on duty 24/7, and always available for any and all requests.[110]

Strumpfer and Bands believe this is also true in the South African context. They share,

> A minister is also often expected to provide a highly visible model of unimpeachable behaviour, even to unrelated collectivities. She or he (and their family) are sometimes seen as the symbol of perfection who has to compensate for the shortcomings of parishioners. In a religious context, the expectation is often that the minister should be "a Christian par excellence," or a "superbeliever" who can or may not do anything wrong.[111]

Pastors who feel that they have to live up to this can be expected to face considerable stress as a result. Dewe finds that significant stress arises from the parishioners having different expectations of the ministers than they have of themselves, and not accepting their minsters for who they are.[112]

Lehr states that co-dependence is a key factor in causing stress for clergy, and "in his experience is the key precipitating factor"[113] leading to burnout. Pastors in co-dependent relationships with congregations do not take adequate care of themselves because they place an unhealthily high priority on the needs of the congregation.[114] He believes that as a result of a co-dependent relationship with their congregation, clergy can "be addicted to approval, being good, being loved, being nice, competence, performance, popularity, work, worthiness."[115]

Irvine considers that ministers are often caught between two worlds. He shares, "often behind the 'masks' of office hides a person caught in two worlds between the

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[110] Lehr, *Clergy Burnout,*18, 19.
[111] Strumpfer, and Bands, "Stress Among Clergy", 69.
[112] Dewe, "New Zealand Ministers of religion", 136.
[113] Lehr, *Clergy Burnout,* 10.
[114] Ibid., 11.
[115] Ibid., 11.

authenticity of personhood and the role and expectation of office."[116] He believes that this

is a significant cause of stress in clergy, stating that,

> The identity of the individual can become to some degree synonymous with the role of office, from which many cannot escape…The identity is assumed both from within and without…Not only is the stress of personal identity great in itself but it disallows opportunity to alleviate pressure through expression of inner need, desires, doubts and fears.[117]

Congregations can have many and varied expectations of clergy, says Irvine. Indeed, he

asserts that they are numerous and diverse, and that that the task of fulfilling them would

be nearly impossible. Yet many clergy face stress as a result of trying to fulfill some or

all of these expectations.

Peter Scazzero, founder and pastor of New Life Fellowship in New York, talks

about this using the term of "the great temptation toward a false self."[118] He outlines false

identities that people can assume, drawing these from the temptation of the Lord Jesus.

These include a temptation to take our identity from what we do (performance),[119] and

from what others think of us (popularity),[120] both of which are very real temptations for

pastors.

Irvine also states that there are another set of expectations upon clergy which he

calls "imaginary expectations - the assumed expectations that the clergy thinks the church

expects of them. These are often the factors which drive the clergy hardest."[121] In such

cases, pastors may assume that their congregations expect them to perform certain tasks

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[116] Irvine, *Bewtween Two Worlds,* xiii.
[117] Ibid., 29.
[118] Scazzero, Peter, *Emotionally Healthy Spirituality: Unleash a Revolution in Your Life in Christ.* (Nashville, TN: Nelson, 2006), 74.
[119] Ibid., 75.
[120] Ibid., 76.
[121] Irvine, *Between Two Worlds,* 35.

or behave in certain ways. However, while driven on by this, the pastors' assumptions

may be erroneous, and the congregations may not in fact have these expectations at all.

A further cause of stress to clergy as a result of the expectations of others is due to

the attitude of the wider society to the church and clergy in the twenty-first century. The

church is perceived very differently in society today compared to even twenty years ago,

and this is particularly true in the context of Great Britain. Irvine, who conducted his

research in the British context, states, "The identity of the minister is affected by

society's increasing view of the church and, therefore, those who serve it, as an

unnecessary institution and profession. This is confirmed by decreasing church

attendance and membership rolls."[122] Yet while it may be true that the church and its

minsters are viewed as of increasingly marginal importance, he also states,

> There can be no doubt that there is a certain expectation in society in general as to
> the manner in which a minister should talk, walk and function as a minister. Some
> of the recent scandal around clergy would have been passing coffee chatter in
> other professions had it not been for the higher standards that society expects of
> ministers.[123]

In this way, society may seem to marginalize clergy, all the while maintaining

expectations as to how they should behave. This undoubtedly is a stress factor for clergy.

As Irvine says, "Society has its expectations of the clergy and they, directly or indirectly,

affect the way in which we fulfil ministry and contribute to the pressure of the task at

hand."[124] Brain also recognizes this in the Australian context, saying that society in that

country generally has a low view of church and Christianity. A pastor's sense of self-

worth is undermined by the portrayal of pastors in the media as weak or foolish.[125]

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[122] Ibid., xiii.
[123] Ibid., 8.
[124] Ibid., 9.
[125] Brain, *Going the Distance,* 15.

A Minster's Sense of Loss

Brain also believes that pastors suffer extra stress from the sense of loss that they experience as a result of their work. Pastors minister to many who are terminally ill, and who have become good friends. They also experience the loss of people leaving the congregation due to re-location, and also those who leave to join another church in the locality – something which is becoming more and more common in today's society.[126] The changing nature of many congregations is mentioned by Evers and Tomic as having a negative impact upon pastors who want to delegate. They remark on the aging of many congregations, which means that even pastors who realise the necessity of delegation find it hard to do so, as there are few congregants who are able to perform the required tasks adequately.[127]

Causes of Stress Related to a Minister's Family

Much of the literature on this subject cites that there is significant stress caused to clergy in the area of family and relationships as a result of the particularities of ministry. Arumugam states that, "Clergy families are also vulnerable to the effects of ministry stress by virtue of their intimate involvement in ministry life."[128] Irvine sums up the typical situation in the P.C.I. when he says,

> Traditionally the parsonage (vicarage or manse) was built adjacent to the church, often in a prominent location near the centre of the community. Here the minister was close to his work and he could service the needs of the community from a central location. The prestigious location provided both high visibility and support for the image of the clergy as shaper of his community and, to some degree, resident authority. This high visibility, for many clergy families, presented a problem relating to privacy and "ownership" of their place of residence. It, for

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[126] Ibid., 14.
[127] Evers, and Tomic, "Burnout Among Dutch Reformed Pastors," 332.
[128] Arumugam, 113.

many, ceased to be the private domain of their family…. For the household of the clergy this becomes a source of tension and frustration.[129]

Prime also comments at length on this situation, again from the Scottish context where the minister seldom has an office in the church premises, but instead has a study/office in the manse. Prime says,

> We work from home, we interview people in our home, and our home is the place to which people come in times of distress. If we are not about and our wife is present, then she has to step in to help where she can. This does not happen in the same way for doctors and lawyers, and other professional men. Rather than business lunches being the focus of hospitality, our home is.[130]

He believes that this can become a source of stress to both the minister and his/her family. He explains,

> The danger inherent in our home being the working base is that we feel we never get away from our work – it is too easy to feel that we must slip away from our family into the study to complete a pressing assignment. … To this is added the constant ringing of the telephone, so that in the middle of a family meal we may be called upon to discuss church business. As a consequence there is the temptation always to be talking church matters.[131]

Added to this, Prime believes that ministers should give the same care and attention to their own families that is expected from other parents, seeing themselves as examples of what a husband and father should be like. There is a contradiction, he believes, between a pastor caring for others, but neglecting the well-being of his own family.[132]

Hands and Fehr focus on the relationship between male clergy and the female clergy-spouse. They comment, "The female clergy-spouse has been too much involved in her husband's work in the church, and the male clergy too much invested in bringing the authority of his role home, for wife to help in a one-to-one out of role relationship where

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[129] Irvine, *Between Two Worlds,* 131, 132.
[130] Prime, Derek, *Pastors and Teachers: The Calling and Works of Christ's Ministers,* (East Sussex, U.K.: Highland Books, 1989), 226.
[131] Ibid., 227.
[132] Ibid., 225

he can talk to someone who has objectivity."[133] They believe that often this leads to too much primacy of the male ministerial role being carried over into the marriage relationship, with a consequent loss of "equality and mutuality."[134] Arumugam echoes this when he expresses, "Often the family and more specifically the spouse are expected to be the source of highest social support to the minister. This places an enormous demand on the clergy spouse who often feels that their personal needs are not being met in the relationship."[135] This is something that he believes puts the marriage under increased stress.

Hands and Fehr believe that some female clergy-spouses are changing this more traditional role and expectation, a development which they consider to be positive. They encourage female clergy-spouses to become attached to other churches where their husband is not the pastor. While this might feel threatening to some male pastors, they believe that it is beneficial for the marriage relationship between the pastor and his wife, because the clergy-spouse's relationship to the other church will be more based on them as individual persons and less centred on their spouses' role and profession.[136]

Arumugam comments on the stress that is placed on the children of clergy using the term "fishbowl syndrome" to describe how they can live their lives under the constant watch of congregants and parents. Children sometimes react to this type of scrutiny by passive aggressive behaviour or outright rebellion and rejection of the faith and all that their parents expect it to stand for.[137]

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[133] Hands, and Fehr, *Spiritual Wholeness for Clergy*, 68, 69.
[134] Ibid., 69.
[135] Arumugam, 113.
[136] Hands, and Fehr, *Spiritual Wholeness for Clergy*, 68, 69.
[137] Arumugam, 113.

The Spiritual Nature of Ministry

Because ministry is a spiritual work, there must by necessity be a spiritual element to stress and its causes. For every Christian, including Christian pastors, the work of Satan must be considered closely, as he wishes to damage Christians, pastors, and the church, in the hope that by doing so, he will damage the Lord, his kingdom and his glory. As White explains, "Our spiritual life has the enmity of Satan and his forces."[138]

Hands and Fehr highlight the importance of a strong spiritual walk with the Lord and the danger of this becoming weak and leading to consequent problems. They relate,

> Nearly all clergy who have come to us [Barnabus Centre] for treatment of emotional disorders and/or addictions have also been suffering from a spiritual malaise. Many of them are at a point of estrangement from God, with scarcely any genuine personal relationship to the Mystery that they proclaim to others.[139]

White speaks about another facet of pressure that pastors experience because of the spiritual nature of their work and the fact that they are serving God through their ministry. He believes that this desire felt by pastors increases the pressure they are under to "be a good minister," a pressure that he believes cannot be felt to the same extent by those employed elsewhere. Pastors are involved in what is more exclusively God's work and driven by a fear of letting him down.[140]

Theological and Church Issues

Ministers face a variety of stressors from what can be summarised as theological and church issues. The stress that ministers can experience as a result of the decreasing respect and authority that they have in society generally is something that can also be carried over into the church itself. In this regard, Irvine states, "No longer is the position

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[138] White, *The Effective Pastor,* 226.
[139] Hands, and Fehr, *Spiritual Wholeness for Clergy,* 13.
[140] White, *The Effective Pastor,* 227.

of minister viewed as one of authority."[141] Irvine believes that the role of the clergy within today's church is one of "transition and change."[142] The commitment of church members is changing, "in ways that place increasing pressure on the clergy of the church."[143] He believes that, "the clergy is caught in the crossfire of the church in transition…they are pressured to provide the leadership which meets the needs of the individuals of a diversifying church."[144] Clergy are often caught in the middle of two opposing sets of people who believe that their opinions are equally valid, yet conflicting.[145]

The increasing individualism within members of churches adds to stress for clergy. Irvine explains, "The rise of individualism…makes the pressure on the clergy to run the full, all-service church a source of stress."[146] This increasing individualism has led to a greatly increased tendency for church members to change churches, often repeatedly, to increased competition among churches, and an increased desire for "success" or "growth" within the leadership of congregations or churches. This generates stress for clergy, as there is often an assumption made by congregations that a decreased attendance at church can be reversed by simply finding a better minister.[147]

A further consequence for pastors is that ministry tenures are on average much shorter, with greatly reduced stability and security for clergy and their families. This can be because "successful" ministers move on to more prestigious positions, and "unsuccessful" ministers are relieved of their duties by the congregational leadership. The

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[141] Irvine, *Between Two Worlds,* 67.
[142] Ibid., 66.
[143] Ibid., 66.
[144] Ibid., 67.
[145] Ibid., 70.
[146] Ibid., 71.
[147] Ibid., 75.

literature addresses this frequently in a number of geographical and denominational

contexts. In the Australian Episcopalian context, Brain states that pastors can succumb to

"the unhealthy 'numbers game.'"[148] Meanwhile, Charles Chandler, executive director of

the Ministering to Ministers Foundation, speaking about the Southern Baptist Convention

in the United States, says that increasing numbers of pastors are being forced out of their

charges. He states that "the Southern Baptist Convention reported in 1989 that during an

eighteen month period, 2100 ministers were fired. This represents a thirty-one percent

increase over the preceding five years."[149] Oswald also comments on this phenomenon,

noting that religious communities do not always show the mercy one might expect them.

They can be too quick to dismiss and replace pastors.[150]

Internal politics within church organisations is also a stress factor, according to

Strumpfer and Bands. They share, "Organizational politics are present in denominations

and churches, as in all other organizations. National and local politics impact on

denominations, parishes and pastors, of which the politicized climate in some South

African churches has provided enough examples, and continues to do so."[151]

In addition, there can be financial worries that relate to the well-being and

continued future existence of the parish. As Irvine underlines, "Decreasing rolls of

mainline churches and the increasing rise of independent church fellowship churches

have forced the mainline churches to follow the lead of business and industry in

restructuring and realigning the institution if it is to survive in the twenty-first

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[148] Brain, *Going the Distance,*15.
[149] Chandler, Charles H., "When Churches Beat their Plowshares into Swords: People at War with the Pastor," *Review and Expositor* 98:4 (2001): 557-575.
[150] Oswald, *Clergy Self-Care,* 74.
[151] Strumpfer, and Bands, "Stress Among Clergy," 72.

century."[152] Finally, Strumpfer and Bands describe the South African context, where financial problems and the large size of congregations can play a part in increasing the minister's burden.[153]

SELF-CARE IN LEADERS

The Need for Self-Care

There is a considerable body of literature dealing with the need for self-care in leaders and in those who are involved in the caring professions. There is a large concentration on the well-being of those who might generally be described as mental health professionals, including psychologists, therapists, and counsellors. Psychologists Jeffrey Barnett and Natalie Cooper of Loyola College in Baltimore, Maryland, in their work "Creating a Culture of Self-Care," cite the need for self-care in order for such professionals to be protected from damage that would put them "at risk of not being able to carry out our professional duties."[154]

Charles R. Fidgely of the Traumatology Institute at Florida State University, in his work on psychotherapists' lack of self-care, sums up the reason for this. He says that when caring professionals attempt to view the world from the perspective of the suffering, they in turn suffer themselves. This results in such professionals enduring a personal cost in the performance of their work.[155] Kyle D. Killian of the Centre for Refugee Studies at York University in Toronto, Ontario, Canada, in a study of clinicians working with trauma survivors, states that "the stress generated from conduction trauma

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[152] Irvine, *Between Two Worlds,* xiii.
[153] Strumpfer, and Bands, "Stress Among Clergy," 72.
[154] Barnett, Jeffrey E., and Natalie Cooper, "Creating a Culture of Self-Care," *Clinical Psychology Science and Practice* 16:1 (2009): 16-20.
[155] Figley, Charles R, "Compassion Fatigue: Psychotherapists' Chronic Lack of Self-Care," *Psychotherapy in Practice* 58:11 (2002): 1433-1441.

therapy can accumulate over time, penetrating every aspect of the therapist's life."[156]

Killian found that professionals who work with severely traumatised clients exhibit

symptoms of work stress, including sleep disturbances, becoming easily distracted,

difficulty concentrating, and changes in mood.[157]

     Coster and Schwebel of Rutgers University in New Jersey, in an article on well-

functioning in professional psychologists, found that "Mental health professionals are

susceptible to impairment in their professional lives that can undermine their therapeutic

efficacy."[158] They also found that the "problem of impairment is not primarily a

deficiency in professional skills but rather of adequate coping resources to deal with

stressors that overwhelm the individual,"[159] further suggesting that, "well-functioning can

be safeguarded by strengthening coping resources through learning opportunities for that

purpose."[160] They define the terms "impairment" and "well-functioning" in the following

way;

> The term *impairment* is used to refer to a decline in quality of an individual's
> professional functioning that results in consistently substandard performance.
> Although all professionals experience a degree of variability in effectiveness,
> some - as a result of intolerable stress - develop a consistent pattern of clinical
> skill and judgment that falls below what is customary for them. *Well-functioning,*
> on the other hand, refers to the enduring quality in one's professional functioning
> over time and in the face of professional and personal stressors.[161]

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[156] Killian, Kyle D, "Helping Til it Hurts? A Multimethod Study of Compassion Fatigue, Burnout, and Self-Care in Clinicians Working with Trauma Survivors," *Traumatology* 14:2 (2008): 32-44.
[157] Ibid., 37.
[158] Coster, J. S., and M. Schwebel, "Well-functioning in Professional Psychologists," 9.
[159] Ibid., 9.
[160] Ibid., 9.
[161] Ibid., 5.

Barnett et al echo this without using the term impairment, saying that psychologists who fail to take adequate care of themselves run the risk of not being able to carry out their professional duties.[162]

Bober, Regehr, and Zhou, from the University of Toronto, Canada, in their study on coping strategies for trauma counsellors, believe that mental health professionals need self-care because they suffer from what they describe as "vicarious trauma." They define this as "the effects on counsellors and others who are exposed to tragic stories presented by traumatized clients."[163] The symptoms of this can include immediate reactions such as, "intrusive imagery, nightmares, increased fears for the safety of oneself and loved ones, avoidance of violent stimuli in the media, difficulty listening to clients' accounts of events, irritability, and emotional numbing."[164] In the longer term, they believe that other symptoms can affect professionals, including emotional and physical depletion, a sense of hopelessness, and a changed world view in which others are viewed with suspicion and cynicism.[165]

Fidgely believes that caring professionals can suffer from "secondary traumatic stress," which is "the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person."[166] This can cause therapists to suffer from "compassion fatigue," which can impair their ability to carry out their role successfully. He states, "Compassion fatigue is defined as a state of

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[162] Barnett, and Cooper, "Creating a Culture of Self-Care," 16.
[163] Bober, Ted, Cheryl Regehr, and Yanqiu Rachel Zhou, "Development of the Coping Strategies Inventory for Trauma Counsellors," *Journal of Loss and Trauma* 11:1 (2006): 71-83.
[164] Ibid., 72.
[165] Ibid., 72.
[166] Figley, Charles,R., "Compassion Stress and the Family Therapist," *Family Therapy News* (February 1993): 1-8.

tension and preoccupation with the traumatized patients by re-experiencing the traumatic

events, avoidance/numbing of reminders persistent arousal (e.g., anxiety) associated with

the patient. It is a function of bearing witness to the suffering of others."[167] He elaborates

that compassion fatigue is, "the specific exposure to the trauma and suffering of a

specific client"[168] This negatively impacts sufferers, as the compassion fatigue of carers

reduces their capacity to be interested in and care for those under their care.[169] Self-care,

Fidgely believes, can help to combat compassion fatigue and improve the practice of

professionals, because it will reduce compassion fatigue, mistakes and misjudgements,

and improve the level of care that is offered to clients.[170]

The Ethical Imperative for Self-Care

Richards, Campenni and Muse-Burke of Marywood University in Scranton,

Pennsylvania, in their study on mental health professionals, go further than simply stating

that self-care is necessary in order for professionals to be protected from potential

damage. According to the core ethical principles of counselling, counsellors have a

responsibility to do no harm, to benefit others, and to pursue excellence in their

profession.[171] Richards et al believe that self-care is ethically imperative so that

counsellors may not be impaired in their work. This is affirmed by Coster and Schwebel,

who they say that,

> …mental health professionals are vulnerable to, e.g., vicarious trauma, substance
> abuse, relational difficulties, and depression. Therefore, to adhere to their ethical
> principles, it is important that counsellors engage in self-care (e.g. exercise) to
> decrease the possibility of impairment and enhance their well-being.[172]

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[167] Fidgely, "Compassion Fatigue," 1435.
[168] Ibid., 1436.
[169] Ibid., 1434.
[170] Ibid., 1440.
[171] (American Counseling Association [ACA], 2005; American Mental Health Counselors Association, 2010).
[172] Coster, J. S., and M. Schwebel, "Well-functioning in professional psychologists," 11.

Barnett and Cooper also introduce another factor that may affect the well-functioning of psychologists in particular when they comment on how psychologists may feel invulnerable to emotional and mental health difficulties as a result of the education they have in this area. This could create a "blind spot" in this area, causing them to be unaware of any distress or impairment from which they might be suffering.[173] Many professionals in this area of work suffer from isolation, which has already been noted as a stressor in clergy. Barnett points out that these professionals can have limited contact with colleagues and may be unable to share at a meaningful level with others due to confidentiality obligations.[174]

The On-Going Need for Self-Care

The need for self-care to be an on-going part of practice and life for mental health professionals is also highlighted. According to Barnett and Cooper, "In light of the vulnerabilities and risk factors common to psychologists and the challenging and stressful nature of our work, it is recommended that on-going self-care be seen as a core competency for psychologists."[175] Coster and Schwebel also state that "Well-functioning can be safeguarded by strengthening coping resources through learning opportunities for that purpose both during graduate study and over the span of a career."[176] Barnett and Cooper recommend that a culture of self-care be created within the profession of psychology that emphasizes efforts to maintain psychological wellness at every phase of each psychologist's career."[177]

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[173] Barnett, and Cooper, "Creating a Culture of Self-Care," 16.
[174] Ibid., 16.
[175] Ibid., 17.
[176] Coster, and Schwebel, "Well-functioning in Professional Psychologists," 10.
[177] Barnett, and Cooper, "Creating a Culture of Self-Care,"17.

Noteworthy studies which have highlighted the need for self-care have also been carried out regarding other health-care professionals. Mustafa N. Ilhan et al of Gazi University Medical Faculty in Ankara, Turkey, in their study on burnout among nursing staff, remark that burnout is a major concern in the field of occupational health, with nurses being considered at particular risk of work-related stress.[178] Constance M. Savage, associate professor of management at Ashland University in Ohio, in her study on professional self-care for nursing leaders, echoes, "Because self-sufficiency is rewarded by our society and organizational cultures, recognizing it becomes problematic. In the name of getting the job done, self-care is sacrificed to preserve self-sufficiency."[179] She believes that nursing leaders must be proactive in attending to their own professional development if they are to provide the sort of leadership that others will be inspired to follow.[180]

David M. Mirvis et al, of the University of Tennessee Health Science Center in Memphis, Tennessee, in their study of stress and burnout among deans of medical colleges, found that levels of burnout in such professionals are worryingly high and significantly impair their practice. They believe that self-care would reduce levels of burnout, citing studies that have shown how interventions, if timely, can inhibit the progression of burnout to more intense levels. Where intervention is absent, burnout tends to persist and may intensify over time.[181]

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[178] Ilhan, M.N. et al., "Burnout and its Correlates among Nursing Staff: Questionnaire Survey," *Journal of Advanced Nursing* 61:1 (2008): 100–106.

[179] Savage, Constance M., "Executive Coaching: Professional Self-Care for Nursing Leaders," *Nursing Economics* 19:4 (2001): 178-183.

[180] Ibid., 182.

[181] Mirvis, David M., Marshall J. Graney, Leslie Ingram, and Jun Tang, "Burnout and Psychological Stress among Deans of Colleges of Medicine: A National Study," *Journal of Health and Human Services Administration* (2006): 4-25.

Ronald A. Heiftez and Marty Linsky of the John F. Kennedy School of Government at Harvard University in Cambridge, Massachusetts, in their book *Leadership on the Line*, contend that there are challenges to be faced in this area by those who are involved in business and corporate leadership. Even the subtitle of their book, "Staying Alive through the Dangers of Leading," argues the point. They conclude that there is a need for self-care if leaders are to function efficiently, and that "sometimes we bring ourselves down by forgetting to pay attention to ourselves."[182] They believe that self-awareness, self-knowledge and self-discipline are foundational in business life.[183]

Barnett et al sum up effectively what the literature says in this area, explaining that "Self-care is not an indulgence. It is an essential component of prevention of distress, burnout, and impairment. It should not be considered as something 'extra' or 'nice to do if you have the time' but as an essential part of our professional identities."[184] Elsewhere, Barnett and Cooper state that self-care, "…is an essential professional activity for promoting ethical practice."[185] Kelly C. Richards, C. Estelle Campenni and Janet L. Muse-Burke, of Marywood University in Pennsylvania, in their study on self-care in mental health professionals, found that, "the significant, positive correlation between self-care frequency and well-being indicates that increased participation in self-care activities is associated with increased general well-being."[186]

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[182] Heifetz, Ronald A., and Marty Linsky, *Leadership on the Line.* (Boston: Harvard Business School Press, 2002), 163.

[183] Ibid., 163.

[184] Barnett, J. E., Johnston, L. C., & Hillard, D., "Psychotherapist Wellness as an Ethical Imperative," in *Innovations in Clinical Practice: Focus on Health and Wellness,* ed. L. VandeCreek & J. B. Allen, (Sarasota, FL: Professional Resources Press,2006), 257–271.

[185] Barnett, and Cooper, "Creating a Culture of Self-Care," 17.

[186] Richards, Campenni, and Muse-Burke "Self-Care and Well-Being in Mental Health Professionals," 259.

Definition and Features of Self-Care in Leaders

There have been few attempts at an operational definition of self-care, and little

agreement among definitions.[187] Barnett states that "Self-care is described as the

application of a range of activities with the goal being "well-functioning."[188] "Well-

functioning" is described by Coster and Schwebel as the ability to continue functioning

over time in the face of personal and professional stressors.[189] Beyond this, most

researchers define self-care by describing the activities believed to constitute it. There are

four general themes that emerge from the literature as to what self-care is or what

activities are involved in it.

The Physical Component of Self-care

The literature often broadly defines the physical component of self-care. Coster

and Schwebel believe that some facets of it are "Rest, relaxation, physical exercise,

avocations, vacations."[190] K.A. Henderson and B.E. Ainsworth of North and South

Carolina Universities respectively, in their study on leisure and physical activity in

women of colour, state simply that it can be characterised by bodily movement that

results in using energy. This can occur through exercise, sports, household activities, and

other modes of daily functioning.[191]

There is also little agreement on the duration and intensity of the activity. The

United States Department of Health and Human Services and the United States

Department of Agriculture (2005) suggest, "at least 30 minutes of physical activity for

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[187] Ibid., 249.
[188] Barnett, and Cooper, "Creating a Culture of Self-Care," 17.
[189] Coster, and Schwebel, "Well-Functioning in Professional Psychologists," 5.
[190] Ibid., 11.
[191] Henderson, K. A., & B. E. Ainsworth, "Researching Leisure and Physical Activity with Women of Color: Issues and Emerging Questions," *Leisure Sciences* 23 (2001): 21-34.

most days throughout the week is necessary to receive benefits."[192] Physical activity

clearly has many benefits that are purely physical. However, it also appears to have a

general wellness benefit. P. Callaghan, head of the Department of Mental Health and

Learning Disability at City University in London believes that physical activity has been

shown to decrease symptoms of anxiety and depression as well.[193] Lustyk et al of the

School of Psychology at Seattle Pacific University in West Seattle, Washington found

that an increase in the volume and frequency of exercise increased the health component

of quality of life.[194] R.T Anderson et al of Wake Forest University in Winston-Salem,

North Carolina believe that physical activity has been shown to increase women's

satisfaction with their body functioning and their ability to cope with daily stress.[195]

Richards, Campenni, and Muse-Burke conclude that there is little doubt that physical

activity promotes a general sense of well-being.[196]

One further physical factor highlighted by Killian is that of over-work. He found

that "higher hours of clinical contact for therapists were associated with lower

compassion satisfaction,"[197] and that there should be a reduced caseload when there are

particular signs of stress such as, "inability to concentrate or remember things."[198] He

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[192] U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2005). Physical activity. In Dietary guidelines for Americans 2005 (chap. 4). Retrieved April 7, 2007, from http://www.health.gov/dietaryguidelines/dga2005/document/

[193] Callaghan, P., "Exercise: A Neglected Intervention in Mental Health Care?" *Journal of Psychiatric and Mental Health Nursing* 11 (2004): 476-483.

[194] Lustyk, M. K. B., L. Widman, A. A. E. Paschane, & K. C. Olson, "Physical Activity and Quality of Life: Assessing the Influence of Activity Frequency, Intensity, Volume, and Motive," *Behavioral Medicine* 30 (2004), 124-131.

[195] Anderson, R. T., A. King, A.L. Stewart, F. Camacho, & W.J. Rejeski, "Physical Activity Counseling in Primary Care and Patient Well-Being: Do Patients Benefit?" *Annals of Behavioral Medicine* 30 (2005): 146-154.

[196] Richards, Campenni, and Muse-Burke, "Self-Care and Well-Being in Mental Health Professionals," 249.

[197] Killian, "Helping Til it Hurts?" 41.

[198] Ibid., 41.

believes that because working with trauma survivors is such hard work, it may be

necessary to do less of it each week in order to be able to continue doing it in the longer

term.[199]

     Loehr and Schwartz, as might be expected with their background in training

athletes, are very specific in what they see as optimum physical energy management.

They deal with this at a level of specificity and practicality that is generally absent in

much of the other literature. The most basic elements in physical energy management,

they believe, are breathing and eating. They highlight the importance of how people

breathe when they explain, "One of the simplest antidotes to anger and anxiety is to take

deep abdominal breaths."[200] With regard to eating, they believe that "eating five to six

low calorie, highly nutritious 'meals' a day insures a steady supply of energy."[201] Using

the Glycemic Index, they also underline the positive impact of eating food which releases

energy slowly into the system, and the opposite negative impact of consuming foods

which release energy quickly into the system, especially caffeine and sugar-rich drinks

such as strong coffee and soda. In addition, they point out the importance of drinking

sixty-four ounces of water per day,[202] stating that it is "perhaps the most undervalued

source of physical energy renewal."[203]

    The third factor in physical energy that they underline is the amount of sleep an

individual regularly gets. They state that, "even small amounts of sleep debt…have a

significant impact on strength, cardiovascular capacity, mood and overall energy

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[199] Ibid., 41.

[200] Loehr, Jim, and Tony Schwartz, *The Power of Full Engagemnet: Managing Energy, Not Time, is the Key to High Performance and Personal Renewal,* (New York: Free Press, 2013), 49.
[201] Ibid., 50.
[202] Ibid., 71.
[203] Ibid., 52.

levels."[204] Sleep debt also has a negative effect on mental performance. They contend that many people sleep less than they should, stating, "The broad scientific consensus is that the average human being needs seven to eight hours a night to function optimally."[205] Linked to this, they stress the inefficiency of working late at night[206] and the benefit of going to sleep early and waking up early at the same time every day.

Finally, they emphasise the importance of exercise in building strength and endurance, particularly employing interval training as opposed to steady-state training. This is of greater benefit, they believe, not just physically, but also (illustrating their holistic view), "for its practical applicability in navigating the challenges that we face in everyday life."[207] Physical exercise was also seen by Loehr and Schwartz to stimulate one's cognitive capacity.[208]

The Psychological Element of Self-Care

One theme that runs through the literature in this area is the need for personal development, self- awareness, and mindfulness. Richards, Campenni and Muse-Burke define self-awareness as being aware of "one's thoughts, emotions, and behaviours," while mindfulness is defined as "maintaining awareness of and attention to oneself and one's surroundings."[209] Developing an awareness of one's boundaries and limitations is important because it allows professionals to understand how to care for themselves.[210] Knowledge of oneself and awareness of the impact of stress upon oneself appear to be major advantages in implementing self-care. In highlighting this, Coster and Schwebel

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[204] Ibid., 55.
[205] Ibid., 55.
[206] Ibid., 56.
[207] Ibid., 65.
[208] Ibid., 109.
[209] Richards, Campenni and Muse-Burke, "Self-Care and Well-Being in Mental Health Professionals," 258.
[210] Ibid., 250.

state that the expressions, "'know thyself' and 'the unexamined life is not worth living'
are almost clichés, yet they persist because the process of self-awareness and self-
monitoring serves the essential purpose of maintaining our bearings and avoiding self-
deception."[211] They add, "We age and pass through different seasons of life and
developmental crises, and so do all those around us. Awareness is a prelude to regulating
our way of life, modifying behaviour as needed."[212] On the practical level, they say that
self-awareness can help practitioners be aware of early signs of stress and their impact in
causing impairment.[213] The advantage of self-awareness in this is that it can enable the
practitioner to intervene more quickly than would otherwise have been the case. Early
intervention is vital, as it is the key to reducing the extent and duration of impairment and
restoring the practitioner to a well-functioning state.[214]

In the field of mental health professionals, much of the literature suggests that in
order for a practitioner to implement this successfully, it is essential that he or she engage
in personal therapy. Coster and Schwebel believe that, "The role of personal therapy in
promoting self-awareness and self-monitoring should be stressed during graduate and
continuing education."[215] In this regard, Richards, Campenni, and Muse-Burke go as far
as to define psychological self-care as "seeking one's own personal counselling."[216] They
add, "Because counsellors spend a significant amount of time providing services to

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[211] Coster, and Schwebel, "Well-Functioning in Professional Psychologists," 11.
[212] Ibid., 12.
[213] Ibid., 12.
[214] Ibid., 12.
[215] Ibid., 11.
[216] Richards, Campenni and Muse-Burke, "Self-Care and Well-Being in Mental Health
Professionals," 249.

others, it is suggested that they themselves seek the benefits of counselling,"[217] as self-awareness is a significant benefit of personal counselling.[218]

Literature from the business arena also highlights the importance of self-awareness for well-being. Daniel Goleman, former senior editor at Psychology Today, in his book *Emotional Intelligence,* devotes a chapter to the theme "Know Thyself." He defines self-awareness as, "an on-going attention to one's internal states,"[219] adding that it means being "aware of both our mood and our thoughts about that mood."[220] He believes that functioning properly depends on individuals knowing and understanding their moods and feelings. This self-awareness can then lead them to implement strategies of behaviour that can compensate for these moods and feelings, or even overcome them. If people are not able to do this, their well-functioning can be greatly inhibited, with a consequent negative impact upon their business.

Loehr and Schwartz echo other writers in what they say about self-awareness and the emotional side of self-care. They see emotional intelligence as the ability to "manage emotions skilfully in the service of high positive energy and full engagement."[221] Heifetz and Linsky underline this, stating that, "Self-knowledge and self-discipline form the foundation for staying alive."[222] They speak about this in terms of "hungers" or needs that individuals have. These "hungers" may be the expression of our own human needs, but they can sometimes disrupt a person's capacity to act wisely or purposefully. One

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[217] Ibid., 249.
[218] Ibid., 250.
[219] Goleman, *Emotional Intelligence*, 51.

[220] Ibid., 51.
[221] Loehr, and Schwartz, *The Power of Full Engagement,* 73.
[222] Heifetz, and Linsky, *Leadership on the Line,* 164.

goal must be to recognise and manage these "hungers" in order to act more wisely and purposefully.[223]

Killian highlights a related factor in psychological self-care when he states the need for therapists to be able to "process traumatic aspects of the work."[224] This can be done with the help of a therapist, he says, although the general principle does not seem to demand this as long as suitable time and opportunity are available for the individual to work through the stress and secondary trauma from which they are suffering.

The Support Component of Self-Care

Support from peers and support networks are considered an important factor in self-care in the literature. Richards, Campenni and Muse-Burke differentiate between professional and personal support systems. "Professional support is defined as consultation and supervision from peers, colleagues, and supervisors and the continuation of professional education,"[225] while personal support is considered to be, "relationships with spouse, companion, friends, and other family members."[226] Coster and Schwebel state that,

> Peer support was of highest priority for five of the six well-functioning psychologists and useful to the sixth. A partner, associates in a group practice, former graduate school classmates, or psychologist friends helped them cope with professional problems (e.g., reactions to a suicidal client) or with personal problems (e.g., the professional consequences of a personal divorce).[227]

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[223] Ibid., 164.
[224] Killian, "Helping Til it Hurts?" 34.
[225] Richards, Campenni and Muse-Burke, "Self-Care and Well-Being in Mental Health Professionals," 251.
[226] Ibid., 251.
[227] Coster, and Schwebel, "Well-Functioning in Professional Psychologists," 6.

Killian's study also found that "social support was the most significant factor associated with higher scores on compassion satisfaction,"[228] adding that "taking care of one's own mental health seems to be key, reaching out to other professionals, sharing concerns, and providing one another encouragement, possibly in a regular, structured group format."[229] Richards, Campenni and Muse-Burke say that one reason for the benefit of professional support is the positive effect it can have on self-awareness and professional development.[230]

Heifetz and Linsky apply the same principle in the context of business. On the human level, they believe that, "Human beings need intimacy. We need to be touched and held, emotionally and physically."[231] On a business level, they counsel that leaders should avail themselves of "allies and confidants,"[232] because they believe that, "the lone warrior strategy of leadership may be heroic suicide,"[233] and that "no one can be sufficiently anchored from within themselves for very long without allies and confidants."[234] Goleman also emphasises the need for support, saying that close emotional ties are a protective factor in health, and that "The sense that you have nobody with whom you can share your private feelings or have close contact – doubles the chances of sickness or death."[235] Loehr and Schwartz also quote a Gallup poll which

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[228] Killian, "Helping Til it Hurts?" 40.
[229] Ibid. 40.
[230] Richards, Campenni and Muse-Burke, "Self-Care and Well-Being in Mental Health Professionals," 251.
[231] Heifetz, and Linsky, *Leadership on the Line,* 177.
[232] Ibid., 199.
[233] Ibid., 199.
[234] Ibid., 199.
[235] Goleman, *Emotional Intelligence,* 205.

found that one of the key factors in sustained performance is having at least one good friend at work.[236]

Some experts draw a very clear demarcation between how professional and personal support should be utilised. Stevanovic and Rupert of Loyola University in Chicago, Illinois, in their survey of licenced psychologists, found that it was important not to use personal support for professional stressors because personal support provides different benefits. Specifically, personal support "satisfies the common need to belong because it establishes relationships outside the professional world."[237] Coster and Schwebel reinforce this when they say that the personal support from spouses, families and others provides "a bulwark against the overall stressors of life. It is a great relief to know that at the end of the day we come home to the place where we can 'let our hair down.' Here we can get emotional security and unconditional support."[238] This support also has the benefit of bringing "balance"[239] to the life of a professional, and can "help prevent or alleviate symptoms of burnout and mental exhaustion, or becoming a workaholic."[240]

The Spiritual Element of Self-Care

References to spiritual factors in self-care are more inconsistent. Some writers fail to mention this aspect at all, while others acknowledge that there is a spiritual side to life, but are reluctant to be specific or in any way proscriptive. This attitude is well summarised by Richards, Campenni, and Muse-Burke when they say "The spiritual

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[236] Loehr, and Schwartz, *The Power of Full Engagement,* 81.

[237] Stevanovic, Pedja, & P. A. Rupert, "Career-Sustaining Behaviors, Satisfactions, and Stresses of Professional Psychologists," *Psychology: Theory, Research, Practice, Training* 41:3 (2004): 301-309.

[238] Coster, and Schwebel, "Well-functioning in Professional Psychologists," 9.

[239] Richards, Campenni, and Muse-Burke, "Self-Care and Well-Being in Mental Health Professionals," 251.

[240] Ibid., 251.

component of self-care also must be defined loosely, given how broadly its meaning can be interpreted."[241] They describe spirituality as "a sense of the purpose and meaning of life and the connection one makes with this understanding."[242] These and some other writers prefer to define spirituality in such a "vague"[243] way that "all beliefs of spirituality, including religion, are addressed."[244]

Regardless of its definition, writers agree that there are positive benefits to well-being through spiritual self-care. Hamilton and Jackson, who conducted a qualitative study of the conceptions of spirituality among women in the helping professions, suggest that self-awareness is central to developing and maintaining spirituality, therefore, it might be supposed that, "spirituality is important for the development and continued progression of self-awareness."[245] Loehr and Schwartz believe that optimum performance is strongly related to spiritual self-care with "renewing our spirit" being the thing that determines our capacity to live by our deepest values, to rest, rejuvenate and reconnect with what an individual finds inspirational and meaningful.[246]

Heifetz and Linsky address the issue in their chapter entitled, "Sacred Heart."[247] They describe this sacred heart as "the capacity to encompass the entire range of your human experience without hardening or closing yourself."[248] They elaborate that, "you remain connected to people and to the sources of your most profound purposes."[249]

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[241] Ibid., 249.
[242] Ibid., 249.
[243] Ibid., 249.
[244] Ibid., 249.
[245] Hamilton, D. M., & M. H. Jackson, "Spiritual Development: Paths and Processes," *Journal of Instructional Psychology* 25 (1998): 262-270.
[246] Loehr, and Schwartz, *The Power of Full Engagement*, 111.
[247] Heifetz, and Linsky, *Leadership on the Line,* 225-236.
[248] Ibid., 230.
[249] Ibid., 230.

Tellingly, they state that "leading with an open heart helps you stay alive in your soul,"[250] and that it "enables you to feel faithful to whatever is true."[251] They also believe that leaders should "seek sanctuary,"[252] defining sanctuary as "a place of reflection and renewal….Where you can reaffirm your deeper sense of self and purpose."[253] They underline the need for such a sanctuary, especially when individuals in question are under stress, by saying, "Too often, under stress and pressed for time, our sources of sanctuary are the first places we give up. We consider them a luxury."[254] Instead, they assert that when someone is doing their most difficult work, they most need to maintain the structures of life that keeps them healthy and stable.[255]

The Holistic Nature of Self-Care

It is significant that in their analysis of self-care, and specifically managing and using energy, Loehr and Schwartz remark pointedly on the fact that people should be regarded as holistic, and that the different components or factors of energy management are all very much related. Their first principle of "full engagement" is that it "requires drawing on four separate but related sources of energy: physical, emotional, mental and spiritual."[256] They continue, "All four dynamics are critical, none is sufficient by itself and each profoundly influences the other,"[257] adding later that, "physical, emotional and mental energy capacity all feed upon one another."[258] This holistic element is not present in much of the literature. It may be surmised that this is because separating different

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[250] Ibid., 230.
[251] Ibid., 230.
[252] Ibid., 204.
[253] Ibid., 204.
[254] Ibid., 204.
[255] Ibid., 204.
[256] Loehr, and Schwartz, *The Power of Full Engagement*, 9.
[257] Ibid., 9.
[258] Ibid., 94.

elements makes them easier to identify and study, however, there was little

acknowledgement that the elements were inter-related.

SELF-CARE IN CLERGY
The Need for Self-Care

As authors recognise the increasing levels of stress upon pastors, there is also a

consequent interest in how pastors can cope with this stress and implement positive self-

care to combat it. Many writers are aware that the nature of the work itself, and its

importance, is an imperative for self-care. Arumugam notes that one of the dominant

themes highlighted in his research was the need to take care of self."[259] Charles L.

Rassieur, a retired pastoral counsellor, states that "pastors who consciously and without

apology take good care of themselves have by far the best chance to be servants of Christ

for all the years of their calling,"[260] while Lehr states that, "practicing good self-care is

the most important and effective means of regaining balance or regaining self-control

over one's ministry."[261] Brain believes that because pastoral work in building up the

people of God is important, it follows that those who perform it must practice self-care,

so that they perform this work as effectively as possible.[262]

The Theological Imperative for Self-Care

The second part of Brain's statement illustrates that there is a significant

additional element in the need for self-care among pastors – what might be described as

the theological imperative. Pastors believe that they have not just chosen a career, but are

"called by God" into this role, and are primarily his servants. Kathryn Meek et al, of

Wheaton College, in their study on maintaining personal resiliency in evangelical

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[259] Arumugam, 147.
[260] Rassieur, C.L., "Ministry without Shame," *The Christian Ministry* 15:1 (1984): 7-10.
[261] Lehr, *Clergy Burnout,* 83.
[262] Brain, *Going the Distance,*10.

protestant pastors, spell this out as follows, "Choosing to be a pastor in the Protestant tradition often involves a sense of spiritual 'call,' which makes the pathway to a life of ministry somewhat distinct from other careers that people choose based on income potential, prestige, work conditions, and so on."[263]

As a result of this, the need to perform one's duties as efficiently as possible has a very clear God-ward element. If pastors need to practice deliberate self-care in order to do this, then their obedience and desire to please God is also a motivation for them to carry out such practices. That is, there is not only a spiritual element to self-care which is recognised in secular literature, but also a spiritual motivation for it, which is generally absent in self-care literature that does not relate to pastors. Adele A. Calhoun, co-pastor of Redeemer Community Church in Wellesley, Massachusetts, in her comprehensive book on spiritual disciplines, sums this up when she says, "self-care can be a spiritual act of worship."[264]

Oswald highlights this when he says that, "a sound theology of self-care begins with a re-evaluation of the call to ministry."[265] Brain picks up on this, saying, "Since good self-care is going to honour God, enhance ministry in home and church, and bring many benefits to each person whose life is touched by the pastor, it makes good sense to have a maintenance contract in place."[266] Arumugam believes that this theology of a call

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[263]Meek, K. R., M. R. McMinn, C. M. Brower, T. D. Burnett, B. W. McRay, M. L. Ramey, D.W. Swanson, and D.D. Villa, "Maintaining Personal Resiliency: Lessons Learned from Evangelical Protestant Clergy," *Journal of Psychology and Theology* 31 (2003): 339–47.

[264] Calhoun, Adele Ahlberg, *Spiritual Disciplines Handbook: Practices That Transform Us,* (Downers Grove, IL: Intervarsity Press, 2005), 71.

[265] Oswald, *Clergy Self-Care*, 14.

[266] Brain, *Going the Distance,* 183.

to ministry is in itself a help in coping with the stress involved in ministry, as it gives greater meaning to what clergy do and the stress that is inherent in it.[267]

Self-Care in promoting efficiency and longevity

The literature in the first section of this review has shown that stress is causing increasing numbers of pastors to perform their ministerial tasks at far below optimum levels. There is also general agreement that self-care has a vital part to play in enabling pastors to perform at their optimum level over a long period of time. As Brain states, "Self-care is a way of enabling us to remain fresh and enthusiastic for the work of the pastoring for as long as possible,"[268] and "intentional self-care is a means by which we keep ourselves refreshed for the work of ministry."[269]

Studies also show that the duration of pastorates is decreasing, leading to negative outcomes for pastors, families, and churches. Richard W. Brown, senior pastor of Westwood Alliance Chapel in Orlando, Florida, in his book which encourages American pastors to remain in their churches for long periods of time, states, "In denomination after denomination, there is little variation from the national norm of four years for the length of time a pastor stays where he is."[270] Improved self-care which helps pastors to be refreshed and renewed can be an important factor in pastors remaining in their charges for longer periods of time, with subsequent benefits for themselves, their families, and churches.

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[267] Arumugam, 116.
[268] Brain, *Going the Distance,* 20.
[269] Ibid., 160.
[270] Brown, *Restoring the Vow of Stability,* 28.

Self-care as prevention for burnout

The experts are aware of increasing levels of burnout among pastors and the harmful effects of this upon pastors, their families, and their congregations. Self-care is widely seen as one thing that can reduce and limit the effects of burnout. Brain believes that burnout is, to a large extent, the result of a lack of self-care. When pastors establish self-care strategies that are built into their daily lifestyles and ministries, this can make an enormous difference in minimising the harmful effects of burnout.[271]

Pastors must realise the necessity of self-care

As with some healthcare professionals, some pastors believe that the normal human limitations do not apply to them. Just as the literature remarked on this phenomenon among psychologists, it also mentions it with respect to pastors, stating that the tendency of some to adopt unrealistic and unhealthy attitudes to their own limitations is a further reason for them to implement deliberate self-care. Brain sums this up when he says, "As pastors we feel sometimes that since we are involved in God's work, we can ignore this creation ordinance of rest, and the physical aspects of life like sleep, exercise and a balanced diet."[272] Oswald quotes one respondent at a seminar justifying his lack of self-care in this way, "If God wants to take me, I'm ready. Who needs this vale of tears anyway?"[273] He believes it is very unhelpful when pastors use this sort of fatalism to justify their lack of self-care.[274]

The fact that many pastors fail to realise their need for self-care is emphasised by Hands and Fehr when they comment on the fact that many clergy play what they describe

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[271] Ibid., 26.
[272] Ibid., 20.
[273] Oswald, *Clergy Self-Care*, 11.
[274] Ibid., 11.

as the "hero" or "messiah" role, "The hero is almost a given role, near axiomatic, even archetypal, for clergy,"[275] adding that, "the hero works long hours, skips vacations, or if on vacation is bored or restless."[276] When pastors believe that they have this calling or ability, they can also assume, quite wrongly, that they do not need to follow guidance on self-care, as they assume they are immune to the normal limitations that afflict "mere mortals," or those who are involved in less spiritual work. Brain counters this false thinking when he says, "Far from being a reason for self-indulgent laziness or an incentive for pastoral hypochondriacs, self-care is really a way of ensuring that we will remain effective in the great work God has given us to do."[277]

Definition and Features of Self-Care in Pastors

The literature dealing with self-care for pastors has many similarities to that dealing with self-care for other leaders. Writers largely follow the division of self-care into physical, psychological, support, and spiritual. However, there tends to be less attention given to the first of these, and more given to the last, when dealing with pastors. Also, there is a significant emphasis in Christian literature on the holistic nature of a person, and therefore seeing the four elements of self-care as being much more inter-linked. As Oswald says, "Anything you or I do to increase our health in one area, automatically increases our health in the remaining three areas."[278]

Oswald also believes that this is something that goes against the cultural norm today. He believes that dividing the four elements of self-care and health is the accepted model today, with those who might be described as secular professionals in each area

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[275] Hands, and Fehr, *Spiritual Wholeness for Clergy,* 9.
[276] Ibid., 9.
[277] Brain, *Going the Distance,* 20-21.
[278] Oswald, *Clergy Self-Care,* 11.

concentrating almost exclusively on their own area and no other. He believes that this is unhelpful for our well-being, arguing, "none of them ever gets the whole picture of our wellness or our illness."[279]

Gary L. Harbaugh, who teaches pastoral care and counselling at Trinity Lutheran Seminary in Columbus, Ohio, in his book *Pastor as Person*, deals with this in depth in his first chapter entitled, "The Pastor as a Person: a (W)holistic Model."[280] It is perhaps unsurprising that literature specific to pastors deals much more holistically, because, as Harbaugh points out, this is how the Bible describes personhood. He says, "The Bible is the basis of our understanding of a person as a whole person, an irreducible whole."[281]

While the analysis of literature below is divided into the four widely accepted sections for ease of study, it will be seen repeatedly how these areas overlap and inter-relate.

The Physical Component of Self-Care

As stated earlier, some of the Christian literature says less about physical self-care than literature that deals with other leaders. In his Doctor of Ministry dissertation at Covenant Theological Seminary in St. Louis, Missouri, written on physical self-care in pastors, Alan Taha underlines this point. He explains that "The problem is an over-emphasis on the spiritual side of life, to the neglect of the minister's physical body."[282] He adds, "Many pastors are well-equipped in the spiritual realm by their seminary training, yet lack motivation to engage in more mundane physical self-care practices."[283]

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[279] Ibid., 11.
[280] Harbaugh, Gary L. *Pastor as Person*, 13.

[281] Ibid., 18.
[282] Taha, 9.
[283] Ibid., 9.

Pickerill states that in his own research, "58% of clergy surveyed state that they 'did not have enough time' to exercise,"[284] although Pickerill himself believes that this is more due to a lack of personal motivation.

Marva J. Dawn, a teaching fellow at Regent College in Vancouver, Canada, in her book *The Sense of Call*, says pithily, "It strikes me as rather silly that pastors often seem to be the worst at caring for their own bodies, often with the excuse that they are too busy with their spiritual duties,"[285] while Lehr declares that, "It is as much a sin to abandon our physical health as it is to abandon our spiritual health."[286] Eugene Petersen, Professor Emeritus at Regent College, Vancouver, Canada, in his book *Working the Angles*, states that, "If those entrusted with the care of the body cannot be trusted to look after their own bodies, far less can those entrusted with the care of souls look after their own souls, which are even more complex than bodies and have a corresponding greater capacity for self-deceit."[287]

Taha's analysis leads him to conclude that physical self-care is made up of four elements, including "stress management, nutrition, rest, and exercise."[288] Much of the literature also highlights these elements, sometimes in an attempt to undo the lack of emphasis placed upon this by many pastors. However, the rest element is often included under spiritual self-care, as it relates strongly to Sabbath – illustrating clearly the holistic nature of personhood and self-care in Christian thought. For this reason rest and Sabbath will be dealt with as a separate section in this study.

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[284] Demarray, and Pickerill, *Robust Ministry,* 48.

[285] Dawn, Marva J., *The Sense of Call: A Sabbath Way of Life for Those Who Serve God, the Church, and the World,* (Grand Rapids, MI: Eerdmans, 2006), 180.

[286] Lehr, *Clergy Burnout,* 93.

[287] Petersen, *Working the Angles,* 204.

[288] Taha, 11.

<u>Exercise</u>

The literature is united in advocating the use of exercise as an important aspect of physical self-care, with differences mainly being in the intensity or amount exercise recommended. Most writers believe that aerobic activity is foundational to this, while others, who deal with it in more depth, speak about the importance of other aspects as well, such as training in order to strengthen muscles and joints. White states that, "We are physical as well as spiritual beings. The evidence is overwhelming that those in good physical condition cope with stress better than others. We shall therefore ensure a healthy mixed diet, and regular demanding exercise [not less than 30 minutes 3 times a week] and a day off."[289]

Pickerill outlines three elements in physical self-care – exercise, diet and nutrition, and stress management. Having articulated the benefits of each of these, he then gives a detailed programme of how pastors might implement deliberate self-care in each area by establishing a fitness programme.[290] He suggests that exercise should be, "exercising vigorously a minimum of five times per week for a least 30 minutes per session,"[291] stating that this will help to protect against heart disease, high cholesterol, diabetes and blood pressure, and will help to lower weight. He also believes that exercise has psychological benefits, reducing depression and anxiety, and also increases bone density, thus lowering the risk of fractures in older adults. He sums up,

> Long and irregular hours place heavy physical demands on persons in ministry. Giving careful attention to moderate regular exercise reduces the risk of disease, enhances psychological well-being, improves bone-mass density, increases life expectancy, and maintains higher levels of energy for work later in life. The

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[289] White, *The Effective Pastor,* 231.
[290] Demarray, and Pickerill, *Robust Ministry,* 61.
[291] Ibid., 62.

physically fit individual meets daily demands more readily and has greater opportunity for productivity throughout all years of ministry.[292]

Oswald adds that, "According to aerobic specialists, we need at least twenty minutes of exercise three times a week to keep our cardiovascular systems healthy…during which the heart rate is within the individual's target zone, which is seventy to eighty-five per cent of the maximum rate your heart can achieve."[293] He believes that this cardiovascular exertion is the absolute basic of necessities. He also states that, "we may need additional exercise to keep our weight in check or develop muscle tone, but those sessions of heavy breathing are the minimum for cardiovascular fitness."[294]

Rediger covers a wide variety of exercise possibilities, but concludes by saying that for himself, "Power walks are now my activity of choice…I highly recommend walking because it is readily available, requires no exotic equipment, can be done on your own schedule, and is inexpensive. Walk as vigorously as possible, for at least half an hour, five days per week."[295] This echoes some advice given by John Wesley many years earlier, when he advised, "A due degree of exercise is indispensably necessary to health and long life. Walking is the best exercise for those who are able to bear it…. The studious ought to have stated times for exercise, at least two to three hours per day."[296]

Diet and nutrition

A second aspect of physical self-care is that of diet and nutrition. Oswald, referring to North America, says that, "For the most part, we North Americans are over-fed and malnourished. Unhealthy eating patterns afflict our population across socio-

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[292] Ibid., 51.
[293] Oswald, *Clergy Self-Care,* 149.
[294] Ibid., 141.
[295] Rediger, *Fit to be a Pastor,* 92.
[296] Wesley, John, *Primitive Remedies,* (Chicago, IL: Chicago Stereotype Works, 1880), 20.

economic boundaries."[297] In relation to self-care, he adds, " We could alleviate much of the stress and burnout in our lives simply by eating regular, balanced meals at appropriate times during the day."[298] Specifically, Oswald puts it succinctly, "We would do ourselves a great favour if we cut down our consumption of four basic foods: sugar, salt, white flour and saturated fat,"[299] and he goes on to outline how this can be done in detail.[300]

Pickerill introduces diet and nutrition by saying that, "Smart dietary choices provide proper nutrition for promoting growth and repair of body tissue, necessary energy to meet the body's daily needs, and decreased risk of disease and obesity."[301] He goes on to give six detailed dietary guidelines: include plenty of wholegrain products, fruits and vegetables; learn what foods are especially beneficial and include them often in menus; eat a variety of foods; drink water [about 60 ounces per day]; include appropriate amounts of fat, saturated fat, cholesterol, sugars and salt; balance food intake with physical activity.[302] Rediger has some basic guidelines for "changing from feeding our unfitness to feeding our fitness,[303]" which include, "eat less; eat one-half of what you would ordinarily eat at one sitting; eat more often; eat slowly."[304] He also believes that at least 60 ounces of water should be taken in daily,[305] and that there is a need to cut down on the 'three deadly white powders,' as some nutritionists call them: sugar, salt, and processed white flour."[306]

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[297] Oswald, *Clergy Self-Care*, 151.
[298] Ibid., 152.
[299] Ibid., 152.
[300] Ibid., 152 – 156.
[301] Demarray, and Pickerill, *Robust Ministry,* 51.
[302] Ibid., 64.
[303] Rediger, *Fit to be a Pastor,* 72.
[304] Ibid., 73-74.
[305] Ibid., 78.
[306] Ibid., 78.

There is broad agreement in the literature on the subject of physical self-care, with the differences between writers being only in emphasises and also the depth to which they deal with the subject.

The Psychological Component of Self-Care

White, in looking at the psychological aspect of self-care, states plainly that, "We are also psychological beings."[307] Demarray believes that psychological self-care and well-being is vital for pastors, introducing the topic by saying, "Now we come to grips with perhaps the chief challenge of ministry: the use of our emotions, with their good and bad histories, in the service of God and His people."[308]

Self-awareness is the area on which the literature on pastors' psychological self-care concentrates, with many experts in broad agreement, differing simply on the particularities of language used and emphases stressed. Brown, whose main concern is that pastors develop long and stable ministries, believes that self-awareness for pastors is a key component in this. He states, "The better a pastor knows his strengths, his weaknesses, his style, his tendencies in conflict and his approach to adversity, the more prepared he will be to deal with the obstacles and challenges of staying longer."[309] Herrington exhorts that "Simply being aware of your anxious tendencies is a great starting place [in self-awareness],"[310] and goes on to illustrate the link between psychological self-care and support by emphasising the importance of finding a few safe

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[307] White, *The Effective Pastor,* 231.
[308] Demarray, and Pickerill, *Robust Ministry,* 35.
[309] Brown, *Restoring the Vow of Stability,* 178.
[310] Herrington, Creech, and Taylor, *The Leader's Journey,* 71.

relationships where pastors can obtain honest feedback about their behaviour in order to increase their self-awareness.[311]

The title of Scazzero's book, *Emotionally Healthy Spirituality*, speaks of the blurring of boundaries of self-care and articulates that spiritual well-being cannot be divorced from emotional or psychological well-being. This can be seen when he states that, "The journey of genuine transformation to emotionally healthy spirituality begins with a commitment to allow yourself to feel."[312] How this relates to self-awareness can be seen when he explains that, "awareness of yourself and your relationship with God are intricately related."[313] Much of what Scazzero says is so interlinked that it is hard to categorize. However, it seems more appropriate to scrutinize it as part of the section on spiritual self-care. Petersen echoes this in *The Unnecessary Pastor* when he says, "The constant danger for those of us who enter the ranks of the ordained is that we take on a role, a professional religious role, that gradually obliterates the life of the soul."[314]

Hands and Fehr, using their terminology, state that, "The first phase of healing may be called 'uncovery,' that is, the stripping away of the façade or public persona behind which the patient has been hiding the real disorder and pain of his life."[315] This is something that he believes is particularly difficult for clergy to do, "because of their idealised self-image and their very high wall of defences."[316] They reinforce the need for self-awareness by saying that, "the appropriate care for self requires the experience of

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[311] Ibid., 71.
[312] Scazzero, *Emotionally Healthy Spirituality,* 70.
[313] Ibid., 65.
[314] Dawn, Marva J., and Eugene H. Petersen, *The Unnecessary Pastor*, (Grand Rapids, MI: Eerdmans, 2000), 14.
[315] Hands, and Fehr, *Spiritual Wholeness for Clergy,* 15.
[316] Ibid., 15.

self-intimacy."[317] This self-intimacy is achieved through "appreciation of self,"[318] through understanding one's identity, and through knowledge and appreciation of who one is, vocationally, sexually, ideologically, and emotionally.[319]

Lehr covers self-awareness as part of the framework and factors involved in co-dependence. He believes that it is important for pastors to understand their personality type so that they are aware of whether they are more or less susceptible to what he calls the "disease" of co-dependence.[320] He suggests that pastors should use the Myers-Briggs Indicator of personality type so as to discover what their own personality type is, challenging, "I invite you to compare yourself to the various options and discern your personality type and thus its part in shaping your own co-dependence."[321] This will increase pastors' self-awareness and also help them to see how their personality type is influencing how they are relating to the church in which they minister.

Brain emphasises the need for self-awareness in various different specific contexts. In dealing with anger, for example, he states that, "To be able to identify and then think carefully about the reason for anger is essential."[322] Again, when talking about sexual temptation, he states, "We do well to be realistic about our own vulnerability."[323] Winter also shows the link between self-awareness and spiritual self-care when he says, "If God exists, then an accurate understanding of what he thinks of me is vital to my health and sanity."[324] In this, Winter is suggesting that pastors' understanding of who they are should be based on who and what they are in God's sight, what he thinks of them

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[317] Ibid., 28.
[318] Ibid., 29.
[319] Ibid., 30.
[320] Lehr, *Clergy Burnout,* 20.
[321] Ibid., 20.
[322] Brain, *Going the Distance,* 91.
[323] Ibid., 126.
[324] Winter, *Perfecting Ourselves to Death,* 153.

and has made them to be. This will help them to build a foundation of self-awareness and worth that will not be changed by the stresses that they might face in ministry.

Arumugam points out that in terms of emotional health, the greatest need is for ministers to simply be themselves. He believes that ministers should recognise that they are limited humans, with emotions that need to be expressed like everyone else. It is detrimental to ministers if they try to deny this, or feel that because of their calling that these truths do not apply to them. He shares, "Ministers need to recognize and accept the limitations of their humanity….they are not expected to be perfect (because sanctification is a continual process of growth) and they have the right to express their God given emotions in a healthy and non-abusive way."[325]

Brown also believes that the use of personality and leadership style tests can be helpful, as these tests often help a person's self-understanding and can give a healthy understanding of leadership style which is an important component of ministry."[326] His conclusion on this is a helpful reminder of the purpose of self-care in general. He shares, "We must remember that the purpose for self-understanding is not to excuse our tendencies and weaknesses, but to discover what skills and strengths we need to develop to increase our chances of being able to maintain the vow of stability."[327] Davies echoes all of this when he notes that pastors' temperaments can make a very large contribution to the stresses they face. He believes that this is why learning to know oneself better is so vital if pastors are to cope with life more effectively.[328]

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[325] Arumugam, 150.
[326] Brown, *Restoring the Vow of Stability,* 178.
[327] Ibid., 178.
[328] Davies, *Stress: Sources and Solutions,* 117.

While much of the literature on leadership outside the pastorate highlights secondary stress as a problem, Dawn is one of the few writers who names this a problem in ministry. In *The Sense of Call*, she writes, "Those who serve God, the Church, and the world need to understand that our souls are repeatedly battered by the sufferings of those we serve, by our own losses, by battles that seem insurmountable."[329] She offers "A Sabbath way of life" as a solution since it, "is essential to allow us enough time to retreat from these cares and griefs to attend to our needs for soul healing and body tending."[330] She further connects the necessity of bodily rest with spiritual rest, showing that good physical self-care will "prepare us for other forms of placidity."[331]

The Support Component of Self-Care

As seen earlier in the literature regarding clergy stress, many writers realise that the role of a pastor can be lonely and isolated. It is hardly surprising therefore that many writers cover the area of support as an element of self-care in pastors. Dawn warns against ignoring this aspect of self-care when she says, "We disconnect ourselves from other people with our excess exertions. We allow our relationships to remain superficial if we do not enjoy extra time to nurture them."[332]

White comments that we are social beings, and thus in need of a social support network. He recommends that pastors take on a mentor relationship from a senior person they respect and build task teams so that they and others are working together.[333] Scazzero counsels pastors to find "trusted companions,"[334] including "mentors, spiritual

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[329] Dawn, *The Sense of Call*, 164.
[330] Ibid., 165.
[331] Ibid., 166.
[332] Ibid., 68.
[333] White, *The Effective Pastor,* 231.
[334] Scazzero, *Emotionally Healthy Spirituality,* 86.

directors, counsellors, mature friends and members of small group and church leadership,"[335] as well as one's spouse. Hands and Fehr, subsequent to their counsel on self-intimacy, also encourage intimacy with others, or "interpersonal intimacy,"[336] which can be defined as, "emotionally honest and candid interchanges,"[337] or "sharing of one's insides with another."[338] They clarify this by pointing out that this "intimacy" is not to be misunderstood as having anything to do with a physical or sexual relationship.[339]

Brain helpfully relates the need for support to the Christian view of the nature of people, stating that, "Since we are made in the image of the triune God, it is little wonder that we long for and thrive on committed friendships…Whether we are married or single, we grow through our friendships. As we give and receive through friendships, we find growth." [340] He also refers to the nature of ministry itself and the call of God to the pastor when he says, "Once we can allow ourselves to minister *under* God, not *as* God, we will be able to open the door to those who want to build friendships with us, recognising our need for the support friends can bring to us."[341] He adds that, "intentional friendships will be an essential aspect of the pastor's self-care."[342]

Arumugam highlights the role that social support plays in coping with stress when he states that, "Social support…helps to modify the relationship between stress and burnout so as to help people with high stress to cope more effectively with situation."[343] He defines social support as, "a set of exchanges which provide the individual with

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[335] Ibid., 87.
[336] Hands, and Fehr, *Spiritual Wholeness for Clergy,* 37.
[337] Ibid., 37.
[338] Ibid., 37.
[339] Ibid., 37.
[340] Brain, *Going the Distance,* 144.
[341] Ibid., 145.
[342] Ibid., 154.
[343] Arumugam, 147.

material and physical assistance, social contact and emotional sharing, as well as the

sense that one is the continuing object of concern by others."[344] On a practical level, he

believes that peer support groups could play an essential role in creating a supportive

mutual ministry system. He believes that many ministers recognise the need for

mentoring relationships outside of their immediate church structures. However in order to

implement this strategy, pastors need to have a greater appreciation of the shared nature

of ministry. This would free them from competing with each other and denying

themselves opportunities for mutual support."[345]

Demarray highlights the need for support by encouraging pastors to, "confide in a

good spiritual director who will keep one honest and inspire their growth in the faith."[346]

Herrington and Creech refer to something similar in terms of a coach by pointing out how

every leader could benefit from a relationship with a coach who is outside the

congregational system.[347] Oswald believes that a support group or system is vital for

pastors. He says, "The higher the quality of our support network, the longer we will live

and the more effectively we will confront change, trauma, or tragedy in our lives."[348]

Herrington and Creech also acknowledge the helpfulness of personal support groups, but

caution that, "The leader must be careful that support does not foster the togetherness

force in a manner that discourages differentiation."[349]

Lehr believes that there should be "a variety of aspects in the support component

of pastors' self-care: a spiritual director, a clergy support group, therapy, friendships with

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[344] Pilsuk, M., & S. H. Parks, "Social Support and Family Stress," *Marriage and Family Review* (1983): 137-156.

[345] Arumugam, 151.
[346] Demarray, and Pickerill, *Robust Ministry,* 28.
[347] Herrington,Creech, and Taylor, *The Leader's Journey,* 151.
[348] Oswald, *Clergy Self-Care,* 130.
[349] Herrington, Creech, and Taylor, *The Leader's Journey,* 152.

people who are outside the congregation."[350] This last element is one that he insists is important to maintenance of healthy boundaries. He believes that pastors can only serve in one role with each person. They can either be a friend or a pastor, but not both. Therefore pastors must find those friendships, which are necessary for healthy emotional care, outside the congregation, and perhaps even outside of ministry.[351]

However, this is something upon which authors do not universally agree. Brain states that, "my own view is that it is almost impossible to exercise a New Testament ministry without friendships emerging,"[352] and, "we fail in our role as fellow Christians, and in our ministry of leadership, if we do not model this friendship [i.e. friendship with Jesus] with one another."[353] Brain does acknowledge that there may be good reasons why some such as Lehr urge caution in this area, agreeing, "Yes there are dangers. Favouritism, manipulation and cronyism are all possibilities."[354] However, he concludes that such relationships need not be a problem where friendships are built for the good of each other."[355]

The Role of Family in the Support Component of Self-Care

One part of the support component of self-care that is spoken of in relation to pastors but is often absent in similar literature on leaders, is the role of a pastor's spouse and family. This is due to the particular nature of ministry, where families are generally involved in the church, which could also be described as "the workplace." Prime says, "They [pastors' wives] not only marry us, but they marry our job as well, since they live

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[350] Lehr, *Clergy Burnout,* 83-88.
[351] Ibid., 87.
[352] Brain, *Going the Distance,* 146.
[353] Ibid., 146.
[354] Ibid., 146.
[355] Ibid., 146.

in the middle of it."[356] Prime also states that, "family and leisure go naturally together, if

these two priorities are neglected disaster quickly follows."[357] However, having stated

that briefly, he goes on to deal with a pastor's relationship with spouse and family from

the point of view of a pastor's responsibilities rather than that of purely self-care, stating

that pastors must give their families the care and attention they would expect other

husbands and fathers to give to theirs. In this area, pastors are to be examples of what a

husband and father should be like, seeing a spouse and family not just in terms of their

support to pastors, but also in terms of a pastor's responsibility to them as their spouse

and parent.[358]

Brain alludes to this as well when he says, "Marriage and family life are the vital

microcosm out of which ministry can grow. Both are vital for the married pastor. To

neglect this foundation would make ministry well-nigh impossible. On the other hand,

support from spouse and family provide a marvellous basis for ministry to blossom."[359]

He adds that, "Pastors, however, do have to be intentional about giving good time and

energy to both families [i.e. church and human family].…we need to be faithful to both

spouse and church."[360] Dean Merrill, formerly of Focus on the Family and the

International Bible Society, believes that any idea that ministry and marriage are opposed

to each other is a false one. Rather, it is out of service to one's spouse that a pastor

establishes a foundation from which to minister to a congregation[361]

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[356] Prime, *Pastors and Teachers,* 232.
[357] Ibid., 225.
[358] Ibid., 225.
[359] Brain, *Going the Distance,* 100.
[360] Ibid., 101, 103.
[361] Merrill, Dean, *Clergy Couples in Crisis: The Impact of Stress on Pastoral Marriages*, (Carol Stream, IL: Word, 1985), 56.

Arumugam, in his study of ministers in South Africa, found that, "Ministers in this sample reported receiving the greatest source of social support from their wives."[362] In that context, he states that, "Most often the wives of ministers perceive themselves as partners in the ministry, thus sharing many of the stresses and strains experienced by the minister. It is not common to find the wife of a minister pursuing her personal career."[363] While all of the literature holds that there is a strong role for spouse and family to play in the self-care of a pastor, there is not unanimity in the relationship between the spouse and family and the ministry or congregation itself.

On one hand, there is the view that the spouse should be intimately connected with the ministry and congregation. This has been addressed previously in the South African context by Arumugam. One also sees it when Prime says that, "more is required of our wives than wives of men in other callings and professions. They cannot be separated from our work as other wives can be from their husband's employment."[364]

The other side of this debate is articulated by Hands and Fehr, who say that, "the typical female clergy-spouse has been too much involved with his work in the church, and the male clergy too much invested in bringing the authority of his role home, for this to work out."[365] They believe that a positive step forward is for female clergy-spouses to be less involved in the pastor's ministry and congregation, because over-involvement can adversely affect the health of their marriage relationship. They explain, "In such a relationship there is a loss of equality and mutuality. Moreover, this spousal role too often results in enmeshment wherein the female clergy-spouse becomes engulfed in the

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[362] Arumugam, 133.
[363] Ibid., 134.
[364] Prime, *Pastors and Teachers,* 232.
[365] Hands and Fehr, *Spiritual Wholeness for Clergy,* 69.

husband's ministerial career."[366] They see a beneficial solution to this being the female clergy-spouse attending a different congregation and having a different pastor from her husband. They believe that while such an arrangement might be considered threatening by some male pastors and congregations, nevertheless it is a step in the right direction because it keeps the marital relationship open to being more personal and less stuck in the pastor's role and profession.[367]

One final aspect of the support element of self-care in relation to families is that of awareness of patterns of thinking and behaviour that may arise as a result of the pastor's family of origin. Herrington and Creech state that, "understanding self in our own family of origin makes it possible to understand where we are in our own nuclear family as well as our church family."[368] They believe that pastors should make a family diagram to help in their understanding of this. Scazzero also sees this as an important area of a pastor's self-care. When he and his wife completed genograms, one of the lessons they learned was that, "even though we had been Christians for almost twenty years, our ways of relating mirrored much more our family of origin than the way God intended for his new family in Christ."[369] It is important to note that in this short statement of Scazzero's, there is a clear inter-relatedness among three of the four elements of self-care: support [how he and his wife relate], psychological [self-awareness], and spiritual [the desire to live in obedience to God's plan for his people].

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[366] Ibid., 69.
[367] Ibid., 69.
[368] Herrington, Creech, and Taylor, *The Leader's Journey,* 88.
[369] Scazzero, *Emotionally Healthy Spirituality,* 29.

The Spiritual Component of Self-Care

Oswald speaks of the importance of a more general spiritual component in life when he says, "It's a well-recognised fact that a deep spiritual life can counter the effects of stress…people of faith tend to be better anchored than others in times of stress and transition."[370] Other writers move the discussion further from the generally spiritual, to the specifically Christian. Brain believes,

> The uniqueness of the pastor's work is its essential Godward focus. It is a ministry of prayer and word. Whilst its daily functions share much in common with other "people professionals," its uniqueness derives from the relationship the pastor has with God as His under-shepherd, someone who is responsible to prayerfully minister God's word to people.[371]

Petersen agrees with the essentially spiritual nature of the pastor's work in ministering God's word to people when he says,

> When a person is ordained, the church is saying something like this: "We need help in keeping our beliefs sharp and accurate and intact. We don't trust ourselves; our emotions seduce us into infidelities. We know that we are launched on a difficult and dangerous act of faith, and that there are strong influences intent on diluting or destroying it. We want you to help us: be our pastor, a minister of Word and sacrament, in the middle of this world's life. This isn't the only task in the life of faith, but it is your task."[372]

This recognition that the role of the pastor is uniquely spiritual shapes the majority of the literature on spiritual self-care for pastors and gives it its contrast to that which deals with self-care in leaders. While the latter is generally sparse and sometimes vague when describing spiritual self-care, with regard to pastors, it is principally much more wide-ranging and detailed. Many writers refer to this extensively, emphasising this aspect, partly because they write from a Christian point of view, which has an emphasis on the spiritual aspect of all of life, but also because of the particular nature of ministry,

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[370] Oswald, *Clergy Self-Care,* 91.
[371] Brain, *Going the Distance,* 12.
[372] Petersen, *Working the Angles*, 16-17.

which they believe should have by definition a predominantly spiritual focus. Indeed,

some of the literature cautions pastors not to neglect this element of their self-care in

order to spend more time on what they might consider public and organisational aspects

of their work. Herrington and Creech encapsulate this,

> The "soul neglect" is a way of life for many in ministry. We grow busier and busier to please more and more people. We spend more time in meetings than we do in prayer. We scarcely have time to read the newspaper, much less spiritual classics or devotional readings. We study Scripture, but we do it for other people to convey God's word to them. Our own hearts are often thirsty for a word from God, but who has time? We faithfully minister to the spiritual needs of others and teach ourselves to be content with the leftovers.[373]

Prime states that, "One of the hazards of pastoral ministry is to be so caught up with the

legitimate spiritual needs of others that we neglect our own. Such a situation is counter-

productive, since we effectively help others only as we ourselves are spiritually

healthy."[374] He goes on to elaborate on what he describes as the "devotional life"[375] of the

pastor, using this term because, "it lays stress upon our devotion to God and to His Son

Jesus Christ."[376] Much of what he says relates to the attitude of the pastor as well as the

actual practice of spiritual self-care. Linking spiritual self-care to the psychological

aspect of being aware of who we are, he states that, "Before ever we are pastors and

teachers, we are first and foremost sons of God, whose spiritual life demands to be

nurtured."[377] He continues, "To give heed to our devotional life is to recognise that our

relationship to God is more important than our service. God wants us and our fellowship

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[373] Herrington, Creech, and Taylor, *The Leader's Journey,* 131.
[374] Prime, *Pastors and Teachers,* 67.
[375] Ibid., 67.
[376] Ibid., 68.
[377] Ibid., 67.

with Him, more than He wants even our pastoral and teaching ministry, important as it is."[378] In summary he maintains that, "The priority of our lives must be to love God."[379]

Before outlining how pastors can develop their devotional lives, Prime gives three aims or goals for it. First, he speaks about how a pastor must walk with God by sharing with him every aspect of life as someone does with their closest friend.[380] Secondly, he says that pastors must sustain their spiritual life and recognize that their "union with the Lord Jesus Christ is [their] most valuable possession."[381] Pastors must recognize that when they meet with him through "prayer and meditation of His word, He renews [their] spiritual life."[382] Finally, Prime says that pastors must "have in view the development of [their] own Christian character."[383] As a consequence of this, Prime believes that a key aspect of a pastor's devotional life is meditating upon the person of the Lord Jesus Christ, and deliberately examining oneself to ensure that it is one's aim to be like him.[384] White believes that this devotion, or walk with God, is what transforms what can be mere activities into ministry itself, stating that "It is possible to go through the motions of our work without walking with Christ which transforms the activities into ministry."[385]

Having emphasised the devotional nature and the primacy of love for God in this, authors generally proceed to document practices or disciplines that can be employed to express and deepen this devotion, to enable pastors to walk more closely with God, and as a consequence, practice spiritual self-care.

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[378] Ibid., 68.
[379] Ibid., 68.
[380] Ibid., 69.
[381] Ibid., 69.
[382] Ibid., 69.
[383] Ibid., 69.
[384] Ibid., 70.
[385] White, *The Effective Pastor,* 34.

Worship

        Worship is seen as fundamental for those who would relate to God, and leading

worship is seen as fundamental for pastors. Consequently, Prime states that pastors must

not simply feel that they are obliged to lead others in praise and worship; they must also

have heart-felt praise and worship of their own that they also offer to him in their daily

lives.[386]

Bible Reading and Prayer

        The importance of Bible reading and prayer is highlighted by Brain when says

that, "reading Scripture, meditating upon it, applying it and praying it, personally keeps

the joy and sheer privilege of belonging to the Lord alive.…Planning and guarding our

time for these essentials are simply our expressions of our love for God."[387] Prime speaks

specifically of prayer when he says that it is "the principal expression of our relationship

to God through our Lord Jesus Christ."[388] He believes that it is important for a pastor to

pray in his or her personal relationship with God, rather than simply seeing it as a tool to

be used in ministry to others.[389] He emphasises this by saying, "It is by prayer that we

share our life and innermost desires with God…the spiritual food which His Word

provides nourishes our spiritual life."[390] White holds that, "there is no substitute for

deliberate, daily, diligent study of the biblical text,"[391] while Hands and Lehr say that

anyone who is serious about living a spiritual life will devote time to personal prayer,

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[386] Prime, *Pastors and Teachers,* 72-73.
[387] Brain, *Going the Distance,* 166-167.
[388] Prime, *Pastors and Teachers,* 49.
[389] Ibid., 49.
[390] Ibid., 74, 76.
[391] White, *The Effective Pastor,* 36.

time to relate to God in one's own name, not as official worship leader or minister to others.[392]

Fasting

Oswald sees fasting it as something that Christians of former generations knew helped them to become more pure in their living and deeper in prayer to God.[393] He believes that fasting gives clarity to the mind, and hence gives one the ability to be much more focused in prayer.[394] Calhoun adds that, "Fasting clears us out and opens us up to intentionally seeking God's will and grace in a way that goes beyond the normal habits of worship and prayer."[395]

Instructive reading

Writers also speak about the benefit of instructive reading, which is the term used to describe reading books on the Christian faith. This is often recommended as a beneficial exercise, and it can be practiced along with prayer and Bible reading. Prime states, "Christian classics and books which stimulate devotion to Christ and personal holiness have an invaluable place in our devotional life."[396]

Journaling

The practice of journaling is something that a number of writers recommend. Oswald believes that the process of writing down one's thoughts and feelings in this way can lead to enhanced personal and spiritual awareness.[397] Calhoun claims that journaling is a way "to be with God and your thoughts,"[398] while for Herrington and Creech the

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[392] Hands, and Lehr, *Spiritual Wholeness for Clergy,* 61.
[393] Oswald, *Clergy Self-Care,* 108.
[394] Ibid., 108.
[395] Calhoun, *Spiritual Disciplines Handbook,* 219.
[396] Prime, *Pastors and Teachers,* 78.
[397] Oswald, *Clergy Self-Care,* 100, 101.
[398] Calhoun, *Spiritual Disciplines Handbook,* 57.

process of journaling provides one with illumination into ones feelings and motives, and it offers a way to explore beliefs and values so that people can determine whether they are living consistently with them.[399]

The Practice of God's Presence/Meditation/Silence and Solitude

Writers also comment on the need to practice God's presence, to meditate, and to have times of silence and solitude. Hands and Lehr say that, "What seems to be crucial for spiritual deepening and growth is a discipline of silence. One needs to become outwardly and inwardly quiet, without agenda, in reverent openness to the blessed Mystery."[400] Oswald commends mediation on a number of levels. He sees it as a promoter of health that allows people to "quiet our minds and relax our bodies so that the fight-or-flight stress response is not triggered."[401] On a more spiritual level, he also states that meditation is not simply a relaxation technique. The early Christian mystics recognised its spiritual nature when they "called meditation 'contemplative prayer' and practiced it often."[402] For Calhoun, "contemplation…asks us to seek God and the meanings threaded through our days and years, so that our experience of being embedded in the triune life of God deepens and grows."[403] She goes on to state that, "Practicing the presence is a way of living into a deeper awareness of God's activity in our lives."[404] This aspect of spiritual self-care is often attached to the seventeenth century monk Brother Lawrence. In his book, *The Practice of the Presence of God*, he says,

> I make it my business to rest in His [Christ's] holy presence which I keep myself in by habitual silent, and secret conversation with God. This often causes in me

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[399] Herrington, Creech, and Taylor, *The Leader's Journey,* 138.
[400] Hands, and Lehr, *Spiritual Wholeness for Clergy,* 61.
[401] Oswald, *Clergy Self-Care*, 97.
[402] Ibid., 98.
[403] Calhoun, *Spiritual Disciplines Handbook,* 49.
[404] Ibid., 60.

joys and raptures inwardly, and sometimes also outwardly, so great that I am forced to use means to moderate them, and prevent their appearance to others.[405]

Calhoun believes that, "The discipline of silence invites us to leave behind the competing demands of our outer world for time alone with Jesus."[406] She adds that, "Solitude opens a space where we can bring our empty and compulsive selves to God,"[407] adding that, "Meditation is an invitation to apprehend God."[408]

Contemplative Spirituality/Slowing Down/The Unhurried Life

There are three elements which are often linked by writers: living in an unhurried way, the Daily Office, and the Sabbath. The Christian holistic view of humanity is seen most clearly in these, as they are practices in which there is physical rest and renewal, time for social self-care through development of deeper relationships, an awareness of self as less important than God, his work, and order in life that brings benefits to psychological self-care, and a strong spiritual element in focusing upon God in contemplation as well as obedience to live in his way with regard to the fourth commandment.

Hands and Lehr describe the benefits of "contemplative awareness" when they say that, "To live out of a contemplative awareness is to have a leisurely approach to the experience of things (instead of always running anxiously to the next commitment.) It is also to be attentive to one's own feelings, experiences, desires, needs – honouring the self."[409] For Calhoun, "slowing … is a way we honour our limits and the fact that God is

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[405] Brother Lawrence, *The Practice of the Presence of God : the Best Rule of a Holy Life: Being Conversations and Letters of Brother Lawrence,* (Grand Rapids, Michigan: Christian Classics Ethereal Library, 1995).

[406] Calhoun, *Spiritual Disciplines Handbook,* 108.

[407] Ibid., 113.

[408] Ibid., 173.

[409] Hands and Lehr, *Spiritual Wholeness for Clergy,* 63.

found in the present moment. Through slowing we intentionally develop margins in our

lives that leave us open to the present moment."[410]

Scazzero has much to say about this. He exhorts, "We are too active for the kind

of reflection needed to sustain a life of love with God and others.…We know we have

found our balance when we are so deeply rooted in God that our activity is marked by the

peaceful, joyful, rich quality of our contemplation."[411] White adds, "We need rest: to

submit ourselves to God in order that the divine life may be poured progressively into

every part of our being."[412] Petersen, in his book *Five Smooth Stones*, speaks strongly

against pastors being "busy." He believes that a sense of hurry opposes the work of

conversation and prayer that develops relationships through which personal needs are

met. He believes that such busyness shows a lack of confidence in the primacy of God's

grace.[413]

The Daily Office/Rule of Life

The Daily Office is the term used for building into one's daily routine set times of

stopping activity to pray, read scripture, and contemplate God. Oswald says that "even

when they [clergy] don't feel like observing this discipline, the routine of it keeps them at

it,"[414] while Hands and Lehr agree that, "the ordained minister who wishes to live a

spiritual life must have a personal spiritual discipline of some kind, a 'rule of life' to

follow. This must include a period of quiet time each day for being present to God in

silent openness."[415] Calhoun links the rule of life to presenting our bodies to God as our

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[410] Calhoun, *Spiritual Disciplines Handbook,* 80.
[411] Scazzero, *Emotionally Healthy Spirituality,* 48, 50.
[412] White, *The Effective Pastor,* 230.
[413] Petersen, Eugene H., *Five Smooth Stones for Pastoral Work*, (Grand Rapids, Michigan: Eerdmans, 1996), 61.
[414] Oswald, *Clergy Self-Care,* 112.
[415] Hands, and Lehr, *Spiritual Wholeness for Clergy,* 64.

"spiritual act of worship."[416] She believes that the rule of life is a statement of the regular

rhythms we employ in order to accomplish this more effectively.[417]

<u>The Sabbath/Rest</u>

Some writers believe that while pastors see themselves as people who are set

aside to be servants of God, some pastors nonetheless feel that they are exempt from

obedience to the fourth commandment regarding the Sabbath. As Dawn states,

"Tragically, though God commanded that we work six days and rest on one, ministers

often seem to be the worst examples of overworking."[418] She goes on to say that, "If we

ignore the rhythm of life God set into our blood and bones we do so at our peril. We are

the ones who kill ourselves with tension, anxiety, over-work, ceaseless efforts,

insufficient rest, our constant need to accomplish."[419]

The concept of Sabbath seems to bring the ultimate interlinking of the various

aspects of self-care. Brain states that, "The main purpose of Sabbath rest seems to be for

physical refreshment,"[420] yet he almost immediately adds a spiritual element by stating

that "Physically rested people are better able to remember God, reflect upon his goodness

and purposes and then serve others through their work."[421] Added to this, he states that,

"Pastors who keep the command are demonstrating faith that God will enable us to

complete our work, and indeed to be happy with what has been accomplished, in the six

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[416] Romans 12:1

[417] Calhoun, *Spiritual Disciplines Handbook,* 36.

[418] Dawn, *The Sense of Call*, 34.

[419] Ibid., 68.

[420] Brain, *Going the Distance,* 160.

[421] Ibid., 161.

days."[422] Oswald also remarks on the positive benefits of the Sabbath, and the fact that

God built it into the order of creation.[423]

Dawn highlights the social or support element of self-care in the Sabbath when

she says, "We disconnect ourselves from other people with our excess exertions. We

allow our relationships to remain superficial if we do not enjoy extra time to nurture

them."[424] Scazzero agrees, "On Sabbaths, God also invites us to slow down to pay

attention and delight in people."[425] Observing the Sabbath also plays a part in a pastor's

self-awareness. Dawn states that the Sabbath reminds pastors that they have a place in

serving God, and that they are not the Messiah or hero figure, but rather one who needs to

totally rely on God. She elaborates, "We do only our part of the whole, rather than taking

the responsibility of the world on our individual shoulders."[426] In this regard, Calhoun

states that the "Sabbath is God's way of saying, 'Stop. Notice your limits. Don't burn

out.' It is a day he gives us to remember who and what work is for as well as what

matters most…. God's Sabbath reality calls us to trust that the Creator can manage all

that concerns us in this world as we settle into his rest."[427] She then highlights one of the

spiritual elements of Sabbath by saying that, "God created us in his image. He is a God

who works and then rests. When we rest we honour the way he made us. Rest can be a

spiritual act – a truly human act of submission to and dependence on God who watched

over all things as we rest."[428]

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[422] Ibid., 161.
[423] Oswald, *Clergy Self-Care,* 124.
[424] Dawn, *The Sense of Call*, 68.
[425] Scazzero, *Emotionally Healthy Spirituality,* 169.
[426] Dawn, *The Sense of Call*, 123.
[427] Calhoun, 42.
[428] Ibid., 64.

Scazzero perceives strong links between the Daily Office and Sabbath.

According to him,

> Stopping for the Daily Office and Sabbath is not meant to add another to-do to our already busy schedules. It is the resetting of our entire lives toward a new destination – God. It is an entirely new way of being in the world…At the heart of the Daily Office and Sabbath is stopping to surrender to God in trust.[429]

He sees the Daily Office as turning to God to be with him,[430] and a blending of every aspect of life with the pastor's faith and reliance on God. He explains, "The Daily Office, practiced consistently, actually eliminates any division of the sacred and the secular in our lives."[431]

Perhaps the main link among these three elements of self-care is that of "Stopping." Scazzero says of the Daily Office, "We stop our activity and pause to be with the living God…to trust that God is on the throne."[432] In regards to the Sabbath, it is here where "we imitate God by stopping our work and resting."[433] The benefit to the pastor in observing the Sabbath, as Scazzero suggests, is that on that day, one is to do "whatever delights and replenishes you."[434] Oswald summarises the importance of Sabbath for pastors' self-care and brings the discussion back to the point that it is not about pampering or self-indulgence. Rather, it is about the ability to continue working with freshness and vitality over the long-term. He says that clergy are mistaken if they assume that they can stay vital and fresh in the ministry, and yet ignore the Sabbath. He believes Sabbath-keeping is a spiritual discipline that is essential for vital ministries and lives.[435]

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[429] Scazzero, 155, 156.
[430] Ibid., 157.
[431] Ibid., 159.
[432] Ibid., 160.
[433] Ibid., 163.
[434] Ibid., 168
[435] Oswald, *Clergy Self-Care,* 123, 124.

Summary of Literature Review

This chapter has reviewed literature under the three areas of clergy stress, self-care in leaders, and self-care in clergy. The literature confirms that leaders in many areas of life face work-related stress, and this appears to be exacerbated when working in caring professions. The effects of stress upon individuals, their families, their clients and their professions are recognised as significant, and increasing attention is being given to how these effects can be minimised.

Self-care is one way that individuals can cope with stress in order to function optimally at work and enhance their health or well-being. The literature dealing with leaders in different professions generally agrees with the literature specific to the clergy when it says that self-care is best categorised under the following four areas: physical, psychological, social, and spiritual self-care. Some of the literature also acknowledges that the holistic nature of people causes much inter-connection among the four areas. Authors concerned with non-church leadership, while acknowledging the spiritual aspect of self-care, tend to deal with it in a more general and less detailed way than those who are concerned with pastors' self-care. However, there is agreement that self-care cannot be considered a luxury or an exercise in selfishness or pampering. Rather it is, as Gwen Haalas states, "an essential to being healthy."[436]

Much has been written on stress and self-care in pastors and self-care in leaders, however there has been little if any literature devoted to this in the specific context of pastors in the PCI. Therefore, this study will examine this context in the hope that particular lessons can be learnt.

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[436] Halaas, Gwen Wagstrom, *Clergy, Retirement, and Wholeness: Looking Forward to the Third Age,* (Herndon, VA: Alban Institute, 2005), 5.

CHAPTER THREE

PROJECT METHODOLOGY

The purpose of this study was to identify how ministers in Presbyterian Church in Ireland (PCI) congregations build better self-care practices following a stress related illness. Undergoing such an illness is considered to be a critical incident in their lives. The assumption of this study is that pastors who have had a considerable period of absence from work due to a stress-related illness are more likely to have thought deeply about issues of self-care and implemented strategies of self-care in a way that other ministers may not have done. Consequently, their practices of self-care before, during, and after illness are likely to have much to teach all ministers of the PCI regarding coping with stress and sustaining long-term effective ministries in which the pastors and their ministries are fresh and renewed. To examine these areas more closely, four research questions served as the intended focus for this study.

Primary Research Questions

1. What self-care strategies do ministers practice before the period of sick leave?

2. What self-care strategies were attempted during the period of sick leave?

3. What self-care strategies have been employed after return to work?

4. What are the challenges in maintaining these strategies?

Design of the Study

Qualitative Research

The qualitative research method was used in conducting this study. Sharan B. Merriam, in her book *Qualitative Research: A Guide to Design and Implementation*, describes qualitative researchers as being, "interested in understanding the meaning people have constructed, that is, how people make sense of their world and the experiences they have in the world."[437] Redman et al. stated that, "In qualitative approaches the researcher's main objective is to obtain a deep detailed understanding about a given phenomenon by a specific group."[438]

Qualitative research fits the goal of this study, since the researcher's aim was to investigate the self-care practices of pastors, how those pastors have sought to make sense of their experiences in ministry, and how they relate these practices and experiences to past and present self-care.[439] Merriam identifies four key characteristics to understanding the nature of qualitative research: "the focus is on process, understanding, and meaning; the researcher is the primary instrument of data collection and analysis; the process is inductive; and the product is richly descriptive."[440] All of these characteristics were essential in this study.

Critical Incident

In this study, the critical incident technique (C.I.T.) was utilized in a qualitative manner. Since the development of this technique by Flanagan in 1954, it "has been used

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[437] Merriam, Sharan B., *Qualitative Research and Case Study Applications in Education.* (San Francisco: Jossey-Bass, 1998), 13.

[438] Redman, Donna H., Judith J. Lambrecht,, and Wanda L. Stitt-Gohdes, "The Critical Incident Technique: A Tool for Qualitative Research," Delta Pi Epsilon Journal 42:3 (2000):136.

[439] Merriam, *Qualitative Research and Case Study Applications in Education,* 6.

[440] Ibid., 14.

to study people's activities in a variety of professions."[441] The American Institutes for

Research identified C.I.T. as a tool for identifying behaviors that contribute to the success

or failure of individuals and organisations in specific situations.[442] C.I.T. is one example

of a qualitative research approach, and it is often used when personal interpretations of

work settings are involved, as in this study.[443]

Flanagan originally defined "an incident" as, "any observable human activity that

is sufficiently complete in itself to permit inferences and predictions to be made about the

person performing the act."[444] The term "critical incident" is used to refer to, "a defined

event where upon the person involved is able to make a judgement of the positive or

negative impact the incident has on the outcome of the situation."[445] By focusing on

critical incidents, this technique commonly elicits very effective or very ineffective

practices, and aims to provide findings that are "highly focused on solutions to practical

problems."[446] For purposes of this study, the critical incident in question was when a

minister in the PCI was forced to take a leave of absence from work due to a stress-

related illness.

Proposed Design Tools

This study will utilize semi-structured interviews for primary data gathering. The

open-ended nature of this type of interview question facilitates the ability to build upon

participant responses to complex issues in order to explore them more thoroughly.

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[441] Schulter, Jessica P., P. Seaton, and W. Chaboyer, "Critical Incident Technique: a User's Guide for Nurse Researchers," *Journal of Advanced Nursing* 61:1 (2008): 107.

[442] American Institutes for Research (A.I.R), "The Critical Incident Technique," A.I.R. Web page. Available www. air.org/about/critical.html. 1.

[443] Redman et al., "The Critical Incident Technique, 134.

[444] Flanagan John C., "The Critical Incident Technique" *Psychological Bulletin* 51 (1954): 327.

[445] Schulter, et al, "Critical Incident Technique," 108.

[446] Kemppainen J.K., "The Critical Incident Technique and Nursing Care Quality Research," *Journal of Advanced Nursing* 32:5 (2000): 1265.

Ultimately, this method enabled the researcher in this study to look for common themes, patterns, concerns, and contrasting views across the variation of participants.

A pilot test of the interview protocol was performed to help evaluate the questions for clarity and usefulness in eliciting relevant data. Initial interview protocol categories were derived from the literature, but then evolved around the explanations and descriptions emerging from doing constant comparison work during the interviewing process. Analysing data with the constant comparison method allowed comparison of one segment of data with another to determine similarities and differences.[447] Coding and categorizing the data while continuing the process of interviewing also allowed for the emergence of new sources of data.

Interview Design

Prior to each interview, the pastor was contacted initially by telephone, and then received a letter explaining the purpose of the research, the consent form, and the protocol questions to be asked. A sample of six PCI ministers was selected using the following criteria:

First, the minister had been working full-time in the denomination for at least six years before spending time away from work due to a stress related illness. This criterion was selected so that the minister interviewed had a good knowledge of the stresses of ministering in the PCI, and had not left work after a year or two without really having settled into the job after the initial few years.

Second, the minister had been off work for a period of not less than three months with the stress related illness. This criterion was selected because an illness requiring this

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[447] Ibid., 30.

amount of time off work is likely to have been more serious and to have caused the minister to reflect more thoroughly.

Third, at the time of the interview, the minister had been back at work following the time off for at least one year. This criterion was selected to ensure that the minister had settled back into work properly after illness and had the opportunity to attempt to put into practice self-care strategies and experience the challenges of doing so.

Selecting interviewees in this way is what Merriam calls "purposeful sampling." This is based on the assumption that the investigator wants to discover, understand, and gain insight, and therefore must select a sample from which the most can be learned.[448]

Research Subjects

Six pastors were selected to participate in this study. All of these pastors were men. There are relatively few female ministers in PCI, and the researcher was unaware of any who met the sampling criteria. In the following section, each participant will briefly be introduced. All names and identifiable information of participants have been changed to protect their anonymity.

Pastor A is in his forties, married, and has worked full-time as a minister in the PCI for more than ten years. He became the solo pastor of two small rural congregations of less than one hundred families each. He took leave from work due to a stress related illness, and was off work for twelve months. He has since returned to work in those congregations.

Pastor B is in his seventies married, and retired, having been a minister in PCI since the 1970's. In the mid-1990's, having been minister of a congregation of five hundred families for more than ten, he took three months' sick leave due to a stress

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[448] Ibid., 61.

related illness. He returned to work in that congregation, but resigned from it less than a year later to minister elsewhere within the PCI.

Pastor C is in his fifties, married, and has worked as a full-time minister in the PCI since for more than twenty years. He first ministered in a congregation of 170 families in a small rural town, before moving to be solo pastor of a congregation of about three hundred families, which has since grown to around four hundred families. He became ill with a stress related illness which caused him to be absent from work for six months. He returned to work in the same congregation, where he has continued to minister. He was again absent from work due to stress for a short period of time a few years after his initial illness.

Pastor D is in his sixties, married, and became a full-time minister in the PCI more than twenty years ago. His ministry began in a small congregation before moving to become solo pastor in a congregation of three hundred families. After a number of years as pastor in that congregation he took six months' sick leave due to a stress related illness. At the end of that period, he resigned from his position, though he remained a minister of PCI and continues to work in ministry.

Pastor E is in his fifties and married. He became a full-time minister in the PCI in the 1980's, becoming solo pastor of a rural congregation. He began a period of six months' sick leave after four years of ministry there, and less than a year after returning to work in that congregation, he submitted his resignation as minister. He later became minister in another PCI congregation and continues to minister there.

Pastor F is also in his fifties, married, and has been a minister in the PCI since the 1990's. He began as solo pastor of a congregation of two hundred families before moving

to serve as the solo pastor in a congregation of over 400 families. He became ill with a stress related illness six years later, spending four months absent from work. He then returned to the congregation, where he continues to pastor, now with the support of an Assistant Pastor.

Interview Procedure

The following questions were given to the interviewees and formed the basis of the interviews. In the course of the interview, these themes were explored further.

1. Tell me the story of what happened in the lead up to you going on sick leave?

   a. Prior to going on sick leave did you consciously take steps try to cope with the stress of work?

   b. Prior to going on sick leave how mindful were you of the dangers of stress in pastors?

2. What was your condition during the period that you were off work?

   a. What types of things did you do to help yourself recover from your time of illness so that you were able to go back to work?

   b. Can you evaluate these things that you did, sharing what you found beneficial and helpful in leading to your recovery?

3. Since you have been back at work, what types of things have you been doing to keep well and practice self-care?

   a. What specific practices have you attempted to follow?

   b. What specific practices have you been able to continue since you have been back at work?

    c.   What challenges have you faced in continuing these practices since you

have been back at work?

In the interview protocol, areas such as physical, emotional, spiritual, and relational self-care and well-being were covered using probing questions in order to gain data from a broad range of self-care areas. Interviewees were asked about their exercise patterns, diets, and sleep routines. Questions were asked about their practice of spiritual disciplines such as Bible reading, prayer, and practice of the Sabbath. Interviewees were also questioned about whether they had a support network, friends who they met with regularly and shared with at a deep level, and whether they had counselling or therapy.

Analysis Procedures

Within a week of each interview, the researcher personally transcribed the data by playing back the digital recording and typing out each transcript on a computer. This study utilized the constant comparison method of routinely analyzing the data throughout the interview process. This method provided for the ongoing revision, clarification, and evaluation of the resultant data categories. The analysis focused on discovering and identifying common themes and patterns in self-care across the variation of participants and any significant changes in self-care following their period of absence from work. Note was made of what participants had learned about themselves and the demands of ministry through their critical incidents and what self-care practices they had adopted as a result.

Researcher Stance

The assumption of this study was that ministers could benefit from deliberate and managed self-care in all of its aspects described above, and that its practice could help

them to alleviate and cope with the impact of stress. The researcher has been a minister in the PCI for twenty-two years. He has served as the solo pastor of a rural congregation of 170 families since 2001, and he previously served as a solo pastor of four small rural congregations, totalling seventy families, from 1992 to 2001. He endeavours personally to practice deliberate self-care – physical, emotional, intellectual, and spiritual. He is sympathetic to the situation of pastors and has experienced the stress, disappointment, and joys of ministry. While the researcher has experienced stress, he has not, as yet, been absent from work with a stress-related illness. He is biased towards wanting ministers to have positive and beneficial experiences of ministry, and to sustain ministries that are fresh and vital.

Limitations of the Study

There are a number of limitations to the study. First, due to limited resources and time, only six ministers were interviewed. The use of this small sample means that the interview group analysis may not be universally applicable to all times and situations. In order to get a fuller picture of how PCI ministers might deal more effectively with this issue, it would be necessary to undertake a more detailed study into the causes of stress as well as how to cope with these through self-care. This would help to prevent some of the damaging stress in ministers rather than leaving them simply to cope with it.

It would also be beneficial to look in more detail at issues such as burnout, self-awareness, personality type, emotional intelligence, leadership style, and well-being. These have been mentioned in this study, but more detail would be helpful. In addition, a quantitative analysis of ministerial practices in the PCI would be helpful. A detailed look at the specifically physical aspects of self-care, something that is very largely ignored by

many in the PCI, would be of great benefit. Finally, as there are very few female

ministers in the PCI, and fewer, if any, who meet the sampling criteria, the female

perspective is missing.

Summary of the Project Methodology

      This chapter describes the Critical Incident Technique used as a qualitative

research model to study how ministers in the PCI respond in their practice of self-care

following time-off work due to a stress-related illness. The transcripts were studied using

the constant comparative method. Commonalities were noted, as well as trends in self-

care practices and their application as a resource for coping with stress in ministry. These

trends became part of the description for the helpful self-care practices, which were used

to sustain pastoral leadership.

CHAPTER FOUR: FINDINGS

The purpose of this study was to identify how ministers in Presbyterian Church of Ireland (PCI) congregations build better self-care practices following a stress related illness. To that end, this chapter utilizes the findings of the six pastoral interviews and reports on common themes and relevant insights pertaining to the following research questions for this study.

1. What self-care strategies do ministers practice before the period of sick leave?

2. What self-care strategies were attempted during the period of sick leave?

3. What self-care strategies have been employed after return to work?

4. What are the challenges in maintaining these strategies?

Self-Care Strategies Practiced by Ministers Before a Period of Sick Leave

The first research question addresses self-care strategies employed by ministers before they were absent from work due to a stress related illness.

Awareness of Stress in Ministry and Need for Self-Care in Pastors

Pastor A was the youngest of the six interview subjects. He was also the most inexperienced in the ministry. He was absent from work within the past five years. He stated that he was aware of the dangers of stress in the ministry. After he left the PCI's seminary in Belfast, he was required by the denomination to attend a monthly seminar for assistant pastors on various issues. One of these was on how to cope with stress in the ministry. He also was made aware of this during his time at seminary. However, he felt at

this time that as an individual he was "laid-back about things," and believed that he was not really susceptible to stress or its adverse effects.

Pastor B was the oldest of the interviewees and had retired from active ministry. He was absent from work after serving in a congregation of five hundred familes for more than ten years. He stated that he was aware of the dangers of stress and the importance of self-care for pastors. He knew that a report about stress in pastors had been presented to the General Assembly of the PCI in the mid-1980s, but he had not taken time to "think how it applied to me." He stated that at the time when the seeds of his illness were taking root, he and other ministers generally in PCI were not aware that it was a problem they needed to address, nor did he know where to go for help dealing with stress. Pastor B said, "We didn't know how to cope with what was happening. There was ignorance in me and generally in the PCI."

Pastor C was ill after more than five years in the congregation in which he still ministers. He was aware of the dangers of stress in the ministry, and he was also aware that he needed to exercise and have a strong spiritual devotional life in order to cope with these stresses. However, despite his awareness of this, and of others who had been off work due to stress, he believed that, "…it wouldn't happen to me."

Pastor D was in his sixties and was absent from work after more than five years of ministry as sole pastor in a growing congregation of three hundred families. He was mindful of the stress that pastors could face, but his attitude was that, "Real ministers don't go off on the sick. Real pastoral ministers keep it together; you don't lie down under it."

Pastor E was in his fifties and was absent from work after less than four years ministry in a congregation of two hundred families. He recalled that he was relatively ignorant of the dangers of stress in pastors. He thought that no one else was going through what he was experiencing, and he felt that his preparation for ministry at the PCI's seminary in Belfast did not prepare him adequately for what he subsequently faced as a pastor.

Pastor F was also in his fifties, and was absent from work after more than five years in the congregation where he still serves. While he was aware of some of the dangers of stress, he too "thought it couldn't happen to me." He said that even in the run-up to his own time off work, he would have noticed other pastors who appeared to be showing the effects of stress, and he felt they needed to address the issue, but did not see it in himself or feel that he had something to address in his own situation.

None of the pastors interviewed were aware before their time of illness of any theological imperative for ministers to practice self-care. None of them linked self-care to their belief that they were called into the ministry by God, nor was there a connection made between intentional self-care and longevity in the ministry or efficiency in the performance of its duties. None of them saw self-care as part of their obedience to God or as "a spiritual act of worship."[449]

Causes of Stress

In understanding and comparing ministers' practices in self-care and responses to stress, it is also important to be aware of the causes of stress that each one experienced.

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[449] Calhoun, *Spiritual Disciplines Handbook,* 71.

<u>The Amount of Work</u>

In four of the six pastors, one of the major causes of stress was the amount of work that they had to do each week. Pastor A, ministering in two medium-sized rural congregations, stated that there were a number of additional work responsibilities in the time before he took stress-related leave from work. There was an anniversary in one of the congregations which was celebrated with a series of special events throughout that year. The planning and implementation of these added a considerable amount to his workload, particularly as in such a small congregation there was an expectation that the minister must be the one to drive things forward. One of the congregations sent a mission team to an area in Africa at the end of this busy period, and Pastor A was part of that team. He also undertook further study at this point, and had taken the two weeks' study leave that he was entitled to take from the PCI. However, he felt that because he had taken these two weeks away from the congregations, he should forego two weeks of his allotted four weeks of annual vacation. This, he concluded, all added to the stress and tiredness of his situation. When he contracted an illness in Africa, his condition deteriorated further.

Pastor B spent more than years as minister to a large congregation. While he felt able to work hard each week, he realized too, that he worked too hard, "trying to fix everyone's problems, trying to achieve too much." It was after the Christmas period, which is traditionally a very busy one for most ministers in PCI, involving extra pastoral visits and services, that he became ill. He believed that there was a build-up of stress as a result of the constant and long-term busyness of the congregational work that eventually caught up with him and forced him to take time off.

Pastor C moved from a medium-sized rural congregation to a large congregation in an area of housing development and potential for growth. In his first few years, the congregation grew even more. He was still the sole pastor, and he sought to maintain the same pattern of ministry as he had when he was minister of the medium-sized congregation. He explained that the congregation was a busy one. He attended at least one meeting almost every night, and there were nights when he had to attend two or even three meetings, often not getting home until very late. He was conscientious in his pastoral work. He preached at two services on a Sunday that required two different sermons to be prepared, conducted a mid-week Bible study, and offered services in local retirement homes as well as undertaking other responsibilities in the community.

Pastor D was in a similar situation, ministering as the sole pastor, with a young, vibrant congregation, many of whom needed to be visited at night, along with a list of elderly members who took up much of his time during the day. He worked seventy to eighty hours per week, and believed that his need to take sick leave was the culmination of a process that had developed over the previous years of working at that level.

Expectations of Congregations

Linked with the amount of work that these pastors sought to perform, are the expectations of the congregations in which they ministered. Pastor A stated that in one of his congregations, "there is always a sense that I'm not doing enough visiting," and that even when a retired minster was employed as a pastoral assistant, many in the congregation expressed the feeling that a visit from the pastoral assistant was very much second best compared to a visit from "the minister himself."

Pastors B and C cite similar attitudes in the congregations where they ministered. Pastor C explained that he was expected to chair almost every meeting in the congregation. There were some in the congregation who would have made very good suggestions at meetings as to how the life and witness of the congregation might be enhanced. However, when it came to the implementation of these, more often than not, much of the work was left to him, as members of the congregation thought that was his role.

Ministers' Expectations

Several of the pastors admitted that it was not only the expectations of the congregations that led to stress, but also their own expectations of themselves. Pastor B confessed that he was "trying to fix everyone's problems" and was "trying to achieve too much" in his ministry. Pastor C realized that he had very high expectations of himself, that he "…always gave everything in life one hundred percent, which in a way is good, and in another way not so good." Pastor F shared that when things were not going well in the congregation, his reaction was to work harder, feeling that by this he would be able to improve the situation.

Conflict Between Pastors and Members of Congregations

Another factor that some of the pastors considered significant was conflict between themselves and the members and leaders of the congregation, which had adverse effects on relationships. Pastor E cites this as the major factor that caused him to need to leave work. He felt that there were signs of potential conflict with the Kirk Session of the congregation even when he was interviewed for the post. This was confirmed after only two weeks as minister of the congregation when a number of issues surfaced. Over the

course of the next few months, the number of matters concerning the session about his ministry grew to include the choice of Bible version he preached from in public worship, why he used notes when preaching, and the congregation's practice on infant baptism. The situation quickly became very unpleasant, with session meetings often lasting four hours, with much criticism of him. After six months in this post, one elder told Pastor E that he believed it was time for the minister to move to another congregation. The elders also made the decision to suspend a communion service because, Pastor E believes, they did not want to have to share fellowship with him around the Lord's Table.

On a lesser scale, Pastors B and D experienced similar conflict and strain on relationships in the congregations where they ministered. Pastor B had sought to lead the congregation into change with regard to the style of praise and also the pattern of ministry. He found that there were groupings in the congregation who saw things differently – some thought the change was too quick, others too slow. This led to a situation of conflict with which he did not cope well. Looking back on his situation, he thought this was the thing that troubled him most and had the most significant impact upon his levels of stress.

Pastor D also experienced conflict and strained relationships. While he recalled that it was, "a lovely congregation, in which we had huge numbers of friends, all it takes is two or three vocal families to sour it." These two or three families, he added, were affluent and influential. The main issue of friction was what he describes as, "praise wars." However, he believed that the conflict went much deeper than that, with most of the people involved desiring not simply a change in style of praise, but more influence and greater prominence within the congregation itself and at worship services.

<u>The "People" Element of Ministry</u>

The "people" element of ministry caused stress for Pastor F. While he had no major causes of conflict, he highlighted what he called, "lots of small niggly things." These involved members of the congregation not getting on well, personality clashes, differences within the congregation about music and praise, and small comments made about visiting. In his opinion, none of these developed into a major issue, but the number and nature of them ground down his well-being and resulted in stress.

<u>Family-Related Issues</u>

One further issue that some of the pastors reported to be significant was stress that originated from issues within their own families, which was not related to ministry. Pastor A began his current ministry in April 2003. In November 2003, his father was found dead outside his home without warning. Shortly after this, his wife was diagnosed with a serious illness that necessitated her travelling to London for treatment for the next two years. Just when she got the all clear, her father died. Looking back, he believed that all of this threw him off his stride from the very beginning in ministry. Having to deal with these family matters meant that he never felt on top of the work in the congregations. He felt that he was running at a high base level of stress as a result, before any stresses of ministry were added to his situation.

Pastor D's fourth and youngest child was born with profound disabilities. His daughter had brain damage in the womb, and he and his wife were told that she would never walk or talk, and would be at best partially sighted. She also suffered frequent epileptic fits. He and his wife were the primary caregivers for their daughter, with most nights being interrupted, and numerous hospital appointments. Pastor D believed that

this, along with rearing their three other children, had a considerable impact on his stress level. When combined with the other factors stated previously, this resulted in him taking a leave of absence from work.

<u>Guilt</u>

One final theme that appeared more than once in the interviews was the fact that some of the pastors suffered from feelings of guilt in the period prior to them being absent from work due to illness. During this period, when they were to some degree aware that they were not functioning to the level they desired, they felt guilty about this, which in turn added to their stress, creating what Pastor F describes as a "down-ward spiral." Pastor D felt there was a "shame" at a minister having to be absent from work due to stress, and Pastor E stated that for him it became, "a vicious circle," feeling guilty for not being able to do as much as he should have been doing, yet the very guilt itself causing him to be able to do even less.

Physical Self-Care Practices

<u>Exercise and Diet</u>

Pastor A recognized that before his time off work, his physical self-care was extremely poor. When he began seminary, he weighed 12 ½ stone [175lbs]. At the time of his interview, however, he weighed over 23 stone [325lbs]. He believed that he gained about ten pounds per year for ten years. Prior to this, he had taken exercise in the form of swimming and playing squash. However, when he began seminary, he stopped this, relaxed any controls over his diet, and subsequently gained what he knows to be an unhealthy amount of weight.

Pastor C also confessed that when he moved to his current congregation and became much busier, he allowed his physical self-care to slip. Until that point, he had always taken regular exercise in the form of running and playing soccer. This, along with the fact that he was younger with a faster metabolism, meant that he did not need to be especially mindful of his diet and still did not gain weight. However, when pastoring a large, very busy congregation, all of this was dropped, resulting in him becoming much less physically fit and gaining about twenty pounds. Pastor F also neglected exercise and diet prior to his leave of absence. He did not have issues with weight increase, but he paid scant attention to diet or exercise. Pastor E stated that he was neither mindful nor intentional about exercise or diet prior to his absence from work.

By contrast, Pastor B was very mindful of exercise and diet before his time of illness. He walked, played tennis and squash, swam, and ran, as well as being careful with his diet. He realized that these were de-stressors in the midst of ministry, that they were good for him and his self-care and helped him to be fresh and vital in his life and ministry. He believes that the effects of stress would have impacted him earlier and more severely if he had not paid so much attention to these aspects of self-care. Pastor D also took regular exercise and was mindful of diet, although to a lesser extent. He had no issues with weight prior to his time of illness.

Day Off/Holidays

It has already been noted that Pastor A did not always take his full allotment of holidays – which is currently four weeks per year in PCI, rising to six weeks in the year 2013. Pastor F also neglected to take all his holiday allowance. This was not because he felt he could not be done without, but rather that he just was not intentional enough to

arrange to take them. Neither did he take a day off each week. Pastor C did not take a day off each week, either. He explained that after a busy Sunday, he was up early on Monday morning and straight into things again. Pastor E took a Monday off, but often there was a leaders' meeting in the evening that he chaired, often involving friction and sometimes conflict. Pastor B also took Mondays off, but usually chaired a meeting in the evening.

Sleep

Several of the pastors were also aware of the need to have adequate sleep in order to be refreshed. They sought to practice regular routines of going to bed and rising. However, one of the effects of stress was that sleep patterns were disrupted in all six of the pastors. Pastor C was often home late from meetings or visiting congregants. On arriving home he felt the need to spend time relaxing before going to bed, which resulted in him going to bed after midnight. Pastor A found trouble getting to sleep when he went to bed. He would often lie awake until 4am, then fall asleep, but still be very tired in the morning when he was due to get up. Consequently he rose from bed much later than he wanted to, and was unable to function effectively due to tiredness. Pastors C and F found that they fell asleep quickly when they went to bed, but wakened after a few hours, thinking about work, and unable to get back to sleep. All pastors reported disturbed sleep patterns before and after meetings with elders.

Psychological Self-Care Practices

The pastors had varying degrees of self-awareness or knowledge of their own emotional state, including how stress was impacting them. As stated above, Pastor B displayed a measure of self-awareness, realizing that exercise and diet had positive benefits for him and his ministry. Pastor A was aware that just prior to his time of

absence from work, he felt "emotionally overwhelmed, with no joy." He responded by trying to take more time to rest and recover but was unable to reverse the progress of stress in his life. Pastor F reported that he found himself being irritable and angry for no reason with his wife and children, and also being much more short-tempered than usual with members of the congregation. He also became much more withdrawn and solitary, both with his family and members of the congregation. While he was aware of these psychological changes happening, he was unaware of the fact that they were indicators of stress, so he did not seek to implement self-care at the time. Pastor E also withdrew as far as possible from contact with the congregation, although it should be noted that by far the biggest factor producing stress in him was conflict with the congregation.

None of the pastors were involved in counseling or therapy of any kind prior to their absence from work. None would have considered it necessary for them. Generally, the pastors were ignorant of the importance of self-awareness and the role it has in coping with stress or prompting early intervention to stave off its effects.

Support Component of Self-Care

Only Pastor B was involved in any formal or deliberate support group for his own self-care. His year group of ministers had met four times each year since they left college to share and pray with each other. This took place prior to his time of illness, and was also supplemented by informal calls and conversations with individuals in that group. None of the other pastors had any such formal support element in place. Pastors C, D, E, and F had occasional contact with friends both inside and outside the ministry. However, as there was no set pattern to these interactions, the frequency of contact varied. Since one symptom of stress that some of the pastors experienced was a reduced desire for

interaction with others, these contacts were to an extent neglected. Pastor A, who was the most isolated, had little meaningful contact with other pastors in the period before his time of illness.

Spiritual Self-Care

Bible Study and Prayer

The pastors' awareness of the need for spiritual self-care was limited almost entirely to the recognition that they needed to have what several of them described as "a daily quiet time." This is the term commonly used to describe a time of Bible reading and prayer which many churches encourage Christians to have each day. While the pastors did view a quiet time as important, in practice it was something that was neglected in the stress and busyness of ministering. Pastor A reflected that prior to being ill, he had not had a regular quiet time for many months. Pastor C believed that his own personal spiritual time with Christ was deprived, as he was taken up with busyness and the perceived need to be active. Pastor E shared that he was reduced to surviving spiritually on the Bible study that he carried out for sermon preparation. Pastor F confirmed that even in this Bible study, he reached the point of doing the absolute minimum and shudders to think what his sermons were like prior to his time of leave.

Sabbath

There was little thought given to the nature or practice of Sabbath. Pastor F explained that when he was growing up, the main idea of Sabbath was that you sat in one place and did very little of anything, so it was a concept that for him fell into a degree of disrepute. While the pastors were aware that they should have a day off each week, even

if many of them neglected to do so, their thinking on this was limited to the concept of time off work, rather than any concept of Sabbath.

<u>Retreats, Quiet Days, Daily Office</u>

Things such as retreats, quiet days and the daily office were also absent from the mind of the pastors at this point. Pastor B remarked that Presbyterians in Northern Ireland especially would view such things as being of the Roman Catholic tradition. They would therefore be inclined to reject them for that very reason, without considering whether there might be any positive side to them. The same would be true of fasting, meditation, and contemplative spirituality.

Self-Care Strategies Practiced by Ministers During Their Period of Sick Leave

Symptoms of Stress

To a large extent, the strategies of self-care practiced by ministers during their period of sick leave were dependent on and limited by the symptoms they experienced or the condition they were in when they reached the point of going on sick leave. In all six cases, the pastors reported that there was a process over a period of time where their well-being declined as the stress impacted them. This process was active for months and even years before it came to a head and resulted in their absence from work.

Pastor A had been running at fairly high levels of stress almost since the start of his ministry. His family situation played a large part in this. The fact that he entered his first charge as a solo pastor working in two small rural congregations, which were minister-centered and had high expectations for their pastor, also contributed to the difficulty. During the period of an anniversary in one of the congregations he faced extra work burdens and his sleep pattern became disturbed. He reported that he would often lay

awake at night until 4:30 a.m., and only then fell asleep. As a result, he was unable to get up at a suitable time in the morning, and his ability to function effectively during the day was impaired. Shortly after this Pastor A contracted the swine flu, and the following year this was compounded when he caught a severe bug while on a mission trip to Africa. It was this last incident that brought matters to a head for him. Immediately following the trip, he had to go on sick leave for three weeks to try to recover from this illness, a period which merged into his summer vacation. He hoped that this period of five weeks in total would restore him to health. However, towards the end of this period, while storing some things in the attic of his house, he suffered severe chest pain and uncontrollable weeping, and was admitted to hospital. Tests showed that he had not suffered a heart attack, but over the next week, he completely lost his ability to concentrate, to the extent that he could not read at all. His doctor diagnosed him as suffering from depression, and at this point he went onto long-term sick leave.

Pastor B believed that while he was not aware of it at the time, stress had been affecting him for a period of time before he was absent from work. His sleep pattern was intermittently disturbed, especially after chairing leaders' meetings, which were often long, and divided over the direction and pace of change in the congregation. He stated, "It seems there was a build-up of stress before I took ill, which at the time I hadn't discerned, but some others did, which was the culmination of probably years of stresses of ministry." He became ill on Boxing Day[450], following the busy Christmas period. His hospital consultant was a church leader in a local non-denominational church. He recognized that while Pastor B was suffering from a number of physical ailments that

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[450] Boxing Day is celebrated on 26th December in the UK and some other countries.

could be treated as such, the underlying problem in them all was prolonged stress. It was at this point that Pastor B went on long-term sick leave.

Pastor C reported that in the six years he ministered in his growing congregation, he was extremely busy, with no day off and little time off. While there were no major issues or conflicts in the congregation, his sleep pattern was disturbed. He described how he would get to sleep straight away when going to bed, but would awaken in the middle of the night and not be able to get back to sleep. While he lay awake, he would go over in his mind something that he had not done or needed to do. This added more and more to his tiredness, leaving him feeling that he was, "on a treadmill, just keeping going." His situation came to a head one morning following a long Kirk Session meeting. He had slept little that night, and collapsed as he came down the stairs. "My legs went from under me," he explained. His wife called the family doctor immediately, and from that point he said, "It was taken out of my hands."

Pastor D reflected that, "it wasn't an event, but a process that took two or three years, starting about half-way into my seven years in the congregation." He reported significant health issues during this time, including Irritable Bowel Syndrome, heart issues, and digestive problems. He was sleeping for only two hours per night. He had been visiting the doctor for some time about these problems. While the doctor treated Pastor D's physical ailments, he also warned Pastor D that he was under serious stress. Finally, in year six of his ministry in that congregation, the doctor said, "Either you do something, or I do something. I'm going to have to put you off work. You'll have to take time out to get this together, or get another congregation or change your job, soon." It was at this point that Pastor D began six months of sick leave.

Pastor E had experienced stress due to conflict between himself and the church elders within two weeks of his installation to the congregation. Almost immediately, his sleep pattern became disturbed, and he was noticeably tense for up to two weeks before each meeting of the Kirk Session. He consciously withdrew from contact with members of the congregation. He admitted, "I got to the stage that I didn't want to go out or visit people. I did the hospitals but nothing more." He visited the doctor, and was prescribed medication to help him sleep, which had some benefit. He recalled that he had gastroenteritis just before Christmas, which left him physically exhausted. He consulted the doctor about this early in the New Year, and the doctor told him that his real problem was the stress that he had been experiencing for almost four years at that point. It was then that he began prolonged sick leave.

Pastor F said that in retrospect he could see signs of the effects of stress six or seven months before he went on sick leave. The symptoms he experienced were cumulative over this period. He slept for only three or four hours each night, falling asleep immediately after he went to bed, then wakening in the middle of the night and being awake for the rest of the night. He began to withdraw from all company, both in the congregation and also at home, stating that he would sit in the living room alone while the other members of the family were in the kitchen. He preferred to sit where he was in silence, not really doing anything. He became more and more tired, irritable with family and congregation members, and he refused to address issues in his own life and in the lives of his congregants. He felt that he could not even make a phone call to arrange an appointment with the dentist, preferring instead to avoid the issue and the contact with people that the phone call and appointment would involve. He experienced a reduced

ability to concentrate. He also suffered from headaches, chest pain, breathlessness, and frequent bouts of diarrhea. His situation was brought to a head by his wife, who made an appointment with the doctor and insisted that he keep it, following which he began long-term sick leave.

Physical Self-Care

One of the initial physical aspects of their time off work reported by some of the pastors was the fact that they slept for long periods and have little recollection of that time. Pastor A realized, "I don't remember a lot of it and have difficulty thinking back. It seems that I missed that period in my memory." Pastor B said that there was a period of two weeks that he does not remember anything about. "I must have slept most of that period," he concluded, adding that in the first months of his illness, he slept much more than normal. Pastor F reports that he did not sleep better initially.

Some of the pastors also reported extreme tiredness to the point of exhaustion and the inability to do almost anything physical or to concentrate mentally. Pastor A could not read anything at all, not even a newspaper, for about one full year from his point of being absent from work. He was unable to do anything physical apart from very short walks. Even later on during his twelve-month absence, exercise was still an issue for him, and he shared that he never really walked as doctors encouraged him to, although he did do some swimming. At the time the researcher interviewed him, eighteen months after he had returned to work, he still found that his ability to read was limited to forty-five minutes, after which he had to rest.

Pastor B was not affected as severely as this. He was able to go for walks, and he maintained the exercise program that he already practiced. Pastor C initially had very

little energy. He did not have the energy to walk up the small hill outside his house, and he found that reading one page of a book tired him so much that he needed to sleep for thirty minutes afterwards. His recovery in this area was very slow. Following the initial period of intensive sleeping and resting, he consciously tried to build up his strength and energy through walking further, and eventually going to the gym.

Pastor D, in spite of a range of physical symptoms and health issues related to stress, did not experience such exhaustion. He was able to walk, and with the help of medication, his sleep pattern returned to normal, allowing for the fact that he was often up during the night caring for a family member. Pastor E described the extent of his physical exhaustion by sharing how on his worst days, he was not able to hold his six-year-old son on his knee; he just was not physically able to do it. He had to spend much time resting. Pastor F also spent a lot of time resting during his initial weeks off work, but he was able to go for walks. As he got stronger, he was able to exercise more intensely, and eventually he was able to build into his program gym sessions three times a week for aerobic exercise.

During the period of illness, only Pastor B reported being mindful of his diet, something that he had paid attention to previously. Pastor A was aware that diet, exercise, and weight were important issues for him, but he felt that he had enough to deal with in other ways, so he felt unable to deal with these issues at the time. This continued to be true in his case throughout his yearlong absence from work.

Both Pastors B and F reported that during their period of illness, one of the things they had to do was to get used to spending time at home again, not working, but relaxing and resting.

Psychological Self-Care

Both Pastors A and C report that during the initial weeks of their time off, they were emotionally unstable. Pastor A comments that, "I could be reduced to tears for no reason and not able to stop crying. Sometimes there was a real sense of darkness…like there was something physically wrong with my mind and the way I was thinking – it was very distressing." Pastor C states that he was, "…weepy for the first month or two; after that it wasn't so bad."

All six pastors were under the care of their family doctors. All of them were prescribed medication to help them sleep. Pastors A, C and F were also prescribed anti-depressants. Only Pastor A was referred to a psychiatrist by his family doctor. From that point, the consultant was responsible for medication, although he still paid frequent visits to his own doctor. Pastor A was also the only one who was referred to a therapist. This involved cognitive behavioral therapy (CBT). Pastor A believed that the medication was not particularly helpful, as he found that even over the course of time, it did not significantly improve his mood. At his own suggestion, he gradually decreased and ceased taking this medication completely, again with no effect upon him. He felt that the CBT was helpful, enabling him to address deep-seated issues of which he was not aware and to plan more carefully how to respond to his illness and practice self-care for the future. However, while he appreciated the help these professionals gave, he thought that the major progress he made during his leave came from advances he made spiritually.

None of the other pastors were involved with psychiatrists or therapists during their time of leave. For Pastors B, C, D, and E, it was not something that crossed their minds; they never considered it as an option. Pastor F did consider it as an option,

although he did not act on it. He wondered during his interview whether it would have been a benefit to him.

Pastor F followed a couple of courses of action that in some ways addressed both physical and psychological self-care. He said that one of the things he found frustrating about ministry was the fact that it was an open-ended occupation, where he felt it was never possible to say that everything was completed, and he never truly finished work for the day or week. He compares it to his brother's occupation as a motor mechanic, where the latter would "repair a car, close the bonnet, and stand back and have the satisfaction of knowing that the job was done." In ministry, according to Pastor F, there is always more to do, so there is never this sense of completion, even when one goes on holiday. To address this, while he was off work, he undertook some projects where there was an element of completion. He baked cakes - something he never did before - and carried out small wood-work projects. These were "projects that weren't going to tax me, but gave a sense of satisfaction at the end of it," he explained.

Support Element of Self-Care

While all six pastors were absent from work, the support element of self-care was not planned or intentional. Pastor A had a few occasional visits from colleagues. He also was visited occasionally by the Clerk of Session of one congregation. However, initially he discouraged visits, as he felt that having to talk about his situation made it worse. Pastor B was the only pastor already situated in a group that had meetings for prayer and support. This group met quarterly and continued to do so during his time of leave. These meetings were also supplemented by visits and contact by individual members of the group. Pastor D has a relative who is also a PCI minister. Pastor D drew support from this

relationship, and also, as he progressed, he made contact with colleagues whom he knew had also been absent due to stress related illness and gained support from them. Pastor D met informally with certain colleagues, as did Pastor E. Pastor F drew upon his friendships with a small number of people outside the ministry, and arranged to walk with them. He found this physically beneficial as well as a source of relational support.

None of the pastors gained support from any initiative from Presbytery or the PCI as a denomination. They were visited by the Moderator of Presbytery occasionally, and sometimes the Clerk, but none of the presbyteries in which they worked, nor the PCI as a denomination, had any system of care or support in place for ministers while they were ill in this way.

Some of the pastors reported that they were offered help and advice from well-meaning colleagues that turned out to be unhelpful and detrimental. Pastor A had a visit which lasted one and a quarter hours, when he felt ten minutes would have been adequate. Pastor D was visited by a more senior colleague who told him "You need to get yourself together and work through these things." Pastor D believed this attitude was typical of many older pastors in PCI, especially in the more Evangelical and Reformed wing of the denomination, of which he himself is a member. Pastor B was advised by a well-meaning colleague to spend a week at a theological library in England reading theology. He took this advice, but found that it was not what he needed. He was also encouraged to "get away from it all on his own for a while," which he did by booking into a guesthouse in a coastal town in Northern Ireland. However, he went in February, when the weather was inclement and there were very few other visitors. This made him feel depressed and isolated, so he returned home immediately. These experiences and

others led him to the conclusion that there were very few people in the PCI who understood how to support ministers who were suffering from stress-related illness. He believed it was therefore inevitable that mistakes were made and unhelpful advice was given.

Spiritual Self-Care

<u>Bible Reading and Prayer</u>

As has already been noted, a number of the pastors were unable to read for various periods of time immediately after their illness. This had a detrimental impact on their ability to read the Bible, something they all believe was important for their spiritual well-being. At this stage, they also reported being unable to pray as they would have liked.

As his condition improved during his time of leave, Pastor A re-established the practice of having a daily quiet time, where he read the scriptures and prayed. He reached a point in his treatment by the psychiatrist and therapist when he felt further progress would only come through God working in his life as he practiced spiritual disciplines. He believed his turning point came when he decided to read a Psalm every day, forcing himself to do that, and finding real, if slow progress from that point on. He believed from Psalm 34 that only the Lord could restore a crushed spirit. He got to the stage where he was spending up to two hours each day reading, praying and memorizing scripture. He believed that it was as a result of this that he was able to regain strength to get back on his feet properly.

Pastor C was also initially unable to read or pray. He said that his first steps towards re-establishing his daily quiet time came through a very short devotional book

which he started by reading a page at a time. He was determined that he should build

upon this and disciplined himself to read and pray each day. Pastor F was unable to

concentrate at first to read anything, but through time, he used the "Word for Today"

Bible notes, which highlight just one verse and give a short thought on it. This was all he

was able to cope with at that time, but he was able to increase this later.

<u>Time Away/Retreats</u>

Several of the pastors took time away from their homes or made longer term visits

that had spiritual benefits for them during their time of leave. Pastor B was advised to go

on a short course at a Church of England center in England. He found this most helpful

and a major turning point. He believed it was not what was taught that helped him so

much spiritually, but what he experienced through the individual prayer ministry there.

He believed that God worked in his heart through this to heal much of the hurt that he had

suffered through the difficult period of ministry. The experience brought to him a lot of

inner healing and gave him the assurance that, "I was a beloved son of God before I was

anything else." He said, "This helped me to move on," and return to work.

Pastor C also spent time away from home towards the end of his time off work at

a residential and study center affiliated with the Church of Scotland. He went there for a

week to read and pursue spiritual refreshment. He felt that this was very profitable,

reading, walking, resting, and reflecting. "I remember it as if it was yesterday," he

recalled.

Pastor D also spent time away. He went to the Theological College where he had

previously studied theology, and spoke on a number of occasions to a counselor there.

Through Bible reading, prayer, and conversations with the counselor about what had

happened in his ministry, Pastor D reached a turning point. He had felt himself to be a failure in having to take time off work and withdraw from the congregation. Now, however, he came to see that he had been faithful in his ministry, and he no longer felt like a failure. He realized that faithfulness to God does not always result in what people consider to be success in ministry, but that sometimes it can lead to tears and rejection. In light of his own health issues, his home situation, and the conflict that was present between himself and some families in the congregation, he came to believe that God was telling him that his time in that congregation was over, that he should resign from it and move on to another phase of ministry. The biblical principle that was relevant, he believed, was from Matthew 10:14, where the Lord Jesus says that in certain circumstances, his people should "shake the dust from their feet" and move on to another place. This was a watershed moment. When he came home, he acted on this and resigned from the congregation without ever going back to work.

Theological Encouragements and Realizations

Pastor A found spiritual encouragement from his "sense of call" and from the fact that no matter how difficult things became for him, he never doubted that the Lord was working in him. He never felt he had made a mistake becoming a minister or that he should leave the ministry or change congregations. Pastor B found that coming to a fresh realization that he was a beloved son of God, independently of anything that he did, was a major spiritual encouragement for him. Pastor D was encouraged by the knowledge that he was not in his situation because of his own failure. Rather, he came to understand that faithfulness to God can sometimes result in pain and rejection rather than what other people might regard as success. Pastor E came to the awareness that God accepted him as

he was, with all his faults and foibles. Pastor F never lost sight of the fact that God was with him and was on his side. He considered it a blessing that he never questioned why he was going through his time of illness, and he was encouraged by knowing that when he was not able to pray for himself, he knew that others were praying for him.

Beyond what is stated above, during their illness, none of the pastors considered the meaning or practice of Sabbath. None of the pastors practiced the daily office, which is the term used to describe the practice of having a number of set times throughout the day for prayer, Bible reading and meditation. None of the pastors practiced fasting during this period.

Self-Care Strategies Practiced by Ministers Following Their Period of Sick Leave

The Terms of Return to Ministry

One significant factor in ministers returning to work was the terms under which they returned, such as whether they had a phased return, had significant changes to their work schedule agreed upon by the congregation, had additional staff, or even whether they returned to their post at all. Matters such as these had a significant impact upon the stress levels of ministers on their return to work and their ability to implement and maintain self-care.

<u>Resignations</u>

As previously mentioned, Pastor D resigned from his post at the end of his period of sick leave. This took immediate effect, and he never returned to the congregation. He remained within the PCI, but worked in a non-church-based ministry. This has a very different pattern of employment, while still allowing him to be involved in ministry as an ordained minister of the church.

Pastor B returned to work, but after a period of a few months, he recognized that the problems with which he had struggled were still there. He felt that God was going to work in the congregation and that part of that involved a different minister. He moved posts shortly after this and continued to minister in a PCI congregation.

Pastor E returned to work hoping that the conflict between the congregation and himself would improve. He realized within a week that there was no change in the situation and resigned from his charge. He was later called as minister to another PCI congregation where he still worked at the time of the interview.

Additional Staff

While Pastor A was absent from work, with his knowledge and agreement, the congregations employed a retired minister as a pastoral assistant on a part-time basis to carry out pastoral visitation and funerals. When Pastor A returned to work, the pastoral assistant's services were retained on a part-time basis. The retired minister was flexible in his working pattern, being willing to do more work when Pastor A is unable to, and he agreed to preach occasionally as well.

When Pastor C returned to work, the Kirk Session felt that additional staff was needed to cope with the demands of the congregation. The first decision made was to employ an assistant minister. In the PCI, this is done initially by employing a student part-time while they continue to study. Then, when their studies are completed, that person works full-time in the congregation for a period of two years, after which they become eligible to be called to a church as minister. Under this system, the congregation is generally allocated an assistant by the denomination, often being expected to accept someone whom they do not know. This is what happened in the congregation where

Pastor C was minister. He and the session believed that the assistant allocated to them turned out to be unsuitable for their needs. The assistant in question completed his period with them and was called to another congregation as minister. The experience persuaded Pastor C and the session that this was not a road they should go down again. Instead, they directly employed a part-time pastoral assistant of their own choosing. This person works officially twenty-five hours a week, although often more in practice.

Pastor F has had two assistant ministers in the congregation where he ministers since he returned to work. Both were appointed following the process described above, but he believes they have been a significant positive benefit to him and to the practice of ministry in the congregation.

Phased Return/Special Arrangements

Pastor A believes that he benefitted greatly from a phased return to work under special arrangements at denominational and congregational levels. The PCI has a return-to-work scheme for pastors who are in charges with more than one congregation. This allows ministers to preach in just one of the congregations for a specified number of Sundays, which can be taken at the minister's discretion. Pastor A was entitled to fifteen of these. He used this for two consecutive Sundays per month, which meant that he had one less sermon to prepare each month. Also, when one congregation had a special service at which he was not preaching, he used one of these so that he did not preach in the other congregation that Sunday, giving him the whole Sunday free from preaching. He found this most useful. At a congregational level, it was agreed with the Kirk Sessions that he would not do any visiting or funeral services for the first four months; the pastoral assistant was to be responsible for these. Then, over time, he would slowly build up the

number of visits he did each week, with the pastoral assistant responsible for other visits and available to do any that were missed if Pastor A felt unable to complete them all.

When Pastor C returned to work, for the first couple of months, the session insisted that he divide his day into three periods, and that he should only work for two of those three. He found this very beneficial when he returned to work, but as he got stronger, he found there were days that he wanted to work for all three periods.

Pastor F, however, had no arrangements in place for a phased return to work.

Changes to Permanent Work Schedule

Pastor C experienced significant changes to his permanent work schedule, all of which were initiated by the Kirk Session. He was granted two weeks' study leave annually, in addition to his allocation of holiday. This is to be taken at the start of September and at the start of January, when he is able to go away for a week and spend the time planning sermons and Bible studies until Christmas and Easter respectively. The congregation pays him an extra £1000 per year to cover his costs in this. Pastor C believes that this is of tremendous benefit to him. During these weeks, he reads and plans the forthcoming sermons. This means that this part of the work is already done when it comes to writing a sermon each week, reducing his level of stress surrounding preparation, as he knows exactly what he is doing and that he will have adequate time to complete his preparation.

The frequency of his preaching has also been greatly reduced. When he was on sick leave, the weekly evening services were conducted by members of the congregation, while the morning services were taken by other ministers. When he returned to work, he started taking the morning services again, but the practice of congregational members

taking the evening services was retained. This means that he prepares and conducts only one morning service each Sunday, something that he says has made a significant difference to his work schedule and stress level. This was done at the session's insistence.

The session also insisted that a second telephone line be installed in the manse. This was for the personal use of the minister himself, and the number has not been made available to the congregation. The practice was introduced that on Mondays and Saturdays, the congregational line into the manse would be transferred to one of the elders on a rotating basis. On these days, when someone phones looking for the minister, the phone is answered by the elder who is on duty. If the call is of a routine nature, the elder takes a message or asks the caller to phone back the next day, when the minister will be available. If the call is of an urgent nature, the elder contacts the minister on his mobile phone or private line in the manse, informing Pastor C of the situation so that he can deal with it. Also, the session have insisted that Pastor C should attend only one meeting per night, and that it should finish no later than 10pm, allowing him to be home and in bed in good time. Pastor C believed that there were two reasons why the Kirk Session initiated so much to help his work pattern. First, they felt responsible to a large extent for allowing him to work so hard and become ill. Also, the fact that there are only six elders on the session (an extremely low number for a church of 400 families) has enabled very close relationships to be forged between the minister and the elders, meaning that there is a deep level of fellowship and mutual support.

Pastor A is still on phased return, not yet having returned to full health. Pastor F has never formally discussed with the session what his working patterns should be since

he returned to work, but there have been significant changes as a result of assistant ministers being employed.

Physical Self-Care

<u>Diet and Exercise</u>

Since returning to work, Pastor A has been mindful of the need to implement strategies of physical self-care in these areas, but he has failed to do so. He still does not take the walks that doctors have recommended to him, and he has not addressed his issues with weight. He recognizes that he needs to lose a significant amount of weight, but has felt unable to implement eating patterns that would achieve this. He does swim some weeks on his day off. Pastor B has maintained his pattern of exercise, even into retirement. This was something that he did throughout his ministry, as well as being mindful of what he ate. He has no weight issues and continues to walk at the age of seventy.

Pastor C has built into his schedule visits to the gym three times a week on Monday, Wednesday, and Friday during lunchtime. He does one hour of cardio-vascular exercise at each of these visits, realizing the importance of this for his well-being. Also, when he is visiting in hospitals, he parks the car some distance away and walks, so as to take further exercise. He is also aware of what he eats and tries to keep his weight in check. Pastor D's daily routine involves walking considerable distances, and he uses public transport, which results in him having to walk more than would be the case if he travelled by car. Pastor E plays soccer once a week and has an occasional game of golf. He is not particularly mindful of diet, but is not overweight. Pastor F has also built three weekly visits to the gym into his schedule on Monday, Wednesday, and Friday mornings

before work, also doing one hour of cardio-vascular exercise each time. He also canoes with his wife on a local river and walks. He has become much more intentional about exercise and diet, reducing his calorie intake and gradually losing twenty pounds in the past eighteen months. He drinks more water than he previously did, and he only drinks decaf coffee in the evening. He eats lots of salads.

Day Off Work

Pastor A now takes every Thursday off work. He begins this by going out to have a cooked breakfast and reading a newspaper, followed sometimes by a swim. In the afternoon, he spends time with his daughter. Pastor B changed his weekly day off from Monday to Friday. This has two reported benefits. First, it means that he has the whole day free, without leaders' meetings to chair in the evening. Second, it means he has to have his sermon preparation finished by Thursday evening, which allows him to have a more relaxed approach to Sunday. Pastor C now takes both Monday and Saturday almost entirely off work. He might read over his prepared notes on Monday afternoon, but usually both days are free. He also completes his sermon preparation no later than Thursday evening, experiencing the same benefits as Pastor B. Pastor D, in his non-church-based role, has Saturday and Sunday off every week. Pastor E still does not take a set day off. He is less busy on Mondays, but he teaches English classes to immigrants on Monday nights and has to attend that every week. He often spends Saturday afternoons with his wife shopping. If he feels tired during the week, he takes time off, and may spend an afternoon resting or having a nap at home. Pastor F now takes a day off each week, and he also relaxes on Sundays after church, when he and his wife often go for a drive in their campervan and spend the day walking and reading.

<u>Sleep Patterns</u>

While all of the pastors did suffer from disturbed sleep at one time, this has improved for all of them. Pastors A, C, and F reported that they can lose sleep the night after a Kirk Session meeting, but this is usually a one-off and not a pattern. Pastor A now sleeps much earlier at night, which enables him to get up earlier in the morning. Pastor C goes to bed earlier since he is always home no later than ten o'clock at night. This gives him time to relax before going to bed no later than eleven o'clock, and it allows him to get up at seven fifteen each morning. He said that he often awakens around five thirty, but he lies comfortable and relaxed until his time to get up. Pastor D still provides care at night for a family member, but he has no issues with sleep. Pastor E reported that his sleep pattern has never returned to where it was before he was ill. He goes to bed between twelve-thirty and one in the morning most of the time, getting up at seven forty-five in the morning. Pastor F has become much more intentional about his sleep patterns. He goes to bed between ten and ten-thirty at night and rises between six and six-thirty each morning. He finds that this is a very positive pattern for his well-being.

<u>Holidays</u>

All pastors now take all of their allotted holidays. They find that this practice is beneficial, giving them time completely away from the environment of their work, allowing them opportunity for refreshment and relaxation, and also providing quality, uninterrupted time with their families.

Psychological Self-Care

Pastors A, C, E and F still have family doctors actively involved in their care. As Pastor C said, "He still keeps an eye on me." None of them currently receive any

prescribed drugs for stress-related illness, but Pastor A is still under care of a psychologist and a therapist. He understands that he has not fully recovered from his illness, and that he is not back to full strength nor working as hard as he would hope to in the future.

<u>Self-Awareness</u>

Since returning to work, some of the pastors report a considerable change in their self-awareness and their perception of themselves and their role as ministers. Pastor B became much more aware of his need to view himself holistically. This involved spending more time at home with his wife. He began to plan to do less, in the hope of actually achieving more. He became much more aware of his spiritual needs and well-being as will be described below.

Pastor C is aware of the indicators that show stress is becoming a factor in his life. For him, the first sign of stress is when his sleep becomes disturbed. When this happens, he knows to ease off and take some time out from work. Within the past few years, he became aware of this, and he realized that he had become much busier again. He went to the doctor and was able to intervene before his condition became protracted. He felt that if he could take a couple of weeks off, his situation would return to normal. He spoke to the session, and they agreed with that course of action.

Pastor E stated that he was now much more aware of things that cause him stress. The attitudes in the congregation where he now ministers are very different from the one he served when he had to take a leave of absence from work. He noted that he is now, "accepted and loved for who he is." He now gets tired occasionally because of the amount of work that he does, but he contrasts this starkly with the stress that he faced in

his former congregation resulting from conflict. He is able to recognize when he is working too hard, and is encouraged by the fact that congregational members are concerned for him now.

Pastor F has become much more intentional in his self-care and aware of himself and his well-being. He is uncertain about whether he will ever be able to call his depression a thing of the past, so he is always watchful for signs of it, having found it a terrifying experience. His main indicators are the tendency to withdraw from people and situations, and a broken sleep pattern. He is determined not to be defined by his depression/stress/burnout, saying that, "I'm more than that. I'm not defined by these experiences that I've been through. If these things do come to define me and my ministry, then there are deeper questions to be asked."

Perception of Self and Role as Minister

Pastor A changed his approach and beliefs about ministry following his illness. He can no longer support the belief of a "one-man ministry," which was traditionally widely practiced in the PCI. He now sees this as "inherently destructive," both from the church's point of view in that so many gifts are unused, and also from the angle of the minister's well-being. He believes that the two small congregations in which he works generally still believe in this, and they are still minister-centered. This is causing tension between what he believes he should be doing as a pastor and what he has to do in practice.

Pastor C has tried to change attitudes and practices in the congregation he serves. He noted that the congregation has started to move away from being so minister-centered. This is seen in the changes implemented by the Kirk Session since his return. He is now

much more conscious that "It's not all down to me." He believes that the Lord calls him to be faithful, not to "hammer myself into the ground." He cited the example of someone being admitted to hospital with a condition that was not serious. He said that before he took his leave of absence, he would have felt compelled to visit that person as soon as he heard about it. Now, if it's not serious, he waits until he is next due to be in the hospital, usually no more than a couple of days. He sees his role as more "managerial" now, where he oversees the ministry that is carried out by others. He does not like this change and would prefer to be much closer to the people, but realizes that in a congregation of that size, there is no long-term alternative.

Pastor F is much more careful of himself in pastoral situations than he was previously. He hopes that this has not made him "cold, detached, clinical, or professional," but he is aware that his former involvement in the heartache of congregational members (numbering over 400 families) took its toll on him. He is trying to learn to take a step back, "how to get off the dance-floor and onto the balcony," as he puts it, quoting Heifetz and Linsky.[451] He also states that he is learning to say "no." He believes that he is less driven now, and he is prepared to ask other people to carry things forward, whereas in the past both he and they would have assumed that it was his place to do so. He also has come to realize that he cannot fix things. He is learning to depend on God's grace, and sees his ministry as helping other people to experience that grace also, rather than Pastor F trying to fix the situation for them. He has also had to learn to let go of things and accept his own limitations. He gives the example of general congregational visitation – something that was traditionally cherished by many PCI congregations and ministers. He has had to accept that in such a large congregation, he simply is not going

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[451] Heifetz and Linsky, *Leadership on the Line,* 52.

to be able to do this, and so he has let go of this aspiration and recognizes his own limitations.

Support

The six pastors have built-in various levels of support in their on-going self-care. Only Pastor B has a formal support network. He continues to meet with his year group four times a year for fellowship and prayer. He also formed a group for pastors for support and prayer in the Presbytery where he ministered before his retirement. He and his wife now meet with other ministers who have suffered stress-related illness to pray with them and act as spiritual directors.

Pastor A has contact and support from the retired minister who acts as pastoral assistant in the congregations where he works. Apart from this, he has little contact with colleagues and no formal support network. He has not attended a Presbytery meeting since returning to work. Pastor C says that he receives significant support from his pastoral assistant. He believes her medical background gives her understanding of his condition, and along with her knowledge of the congregation, this allows her to offer him appropriate support. He also gains support from his relative who is a PCI minister, and he maintains friendships with people from the congregations he formerly served as minister and assistant minister. Pastor E says that he has a number of close friends he can call if needed, although he seldom sees the need for this. Pastor F continues to meet with his friends who are outside the ministry. He is intentional about keeping contact with them on a regular basis, usually arranging to walk together so that they can talk and share.

Spiritual

Bible Reading and Prayer

Pastor A has sought to maintain the pattern of quiet times and devotions that he re-established while on sick leave. He realizes that this plays an important part in his well-being and ability to cope with stress. However, he acknowledges that the regularity of this time has been slipping, with it now only happening about three times a week rather than daily. Pastor C regards this part of his self-care as essential, and he seeks to be very disciplined in this area. He believes that spending time alone with God each day puts the rest of his life and ministry into the correct context. Pastor E finds it hard to read the Bible without thinking about what he reads in terms of sermon preparation and teaching others from it. He does not have a set time each day when he reads the Bible devotionally or prays. Pastors B and F also practice a daily devotional time, seeing it as central to their spiritual discipline and well-being.

Sabbath, Retreats, and Spiritual Disciplines

Only Pastors B and F have given any serious consideration to the meaning and practice of Sabbath. While Pastor B, before his illness, would have viewed a day off simply as that, he now sees Sabbath as an essential part of the rhythms of the spiritual life, of work and rest. He believes it is important to periodically take time to be away from work and the normal routines of life so as to be in communion with the Father, in the way that the Lord Jesus did when he walked on earth. The Lord, Pastor B believes, following his time of communion with the Father, then did the work the Father had given him to do. Pastor B quoted how Jesus healed the man at the pool at Bethesda in John 5,

noting that while Jesus healed one man, he also left others unhealed. Pastor B commented, "If it was me, I would have tried to heal the lot!"

Along with this, Pastor B has been involved in retreats and quiet days. He has gone on these himself, seeing them in the same light as Sabbath, the pattern of work and rest. He also arranges for these at a Presbytery level and sometimes is involved in them as a facilitator. These days away were not to give himself or others more knowledge of scripture, but rather "to learn together to be in solitude and listen to God in silence, to slow down and simply be with him." He became more and more proactive in this towards the end of his ministry, and he continues to be so in his retirement. He believes that the disciplines of the spiritual life go beyond the concept of the quiet time. He now spends extended periods of the morning in prayer, reflection, Bible reading, and intercession.

Pastor F reported that since his illness, he has started to discover what Sabbath is all about, and is continuing to do so. When he was growing up, it was about sitting in the corner and doing nothing. He now feels that was a very inadequate way to enjoy God. For him now, it is not just about time off, but he compares it to a "time-out" in a sports game, an opportunity to re-think and re-group, as well as a time to catch one's breath before going back into the realm of work. Presently, he and his wife often go out in their camper van to read, walk, rest, and relax. He has made this a very intentional thing, focusing his mind on the Lord. He believes that he has just started to explore this element of spirituality, but that it is important to find out more.

One further benefit that Pastor C reported is the fact that he now goes to a service of worship every Sunday evening that he plays no part in leading. This time as

worshipper in the congregation each week has benefitted him greatly and fed him spiritually.

Challenges Faced in Maintaining Self-Care Strategies

Pastor A reported considerable challenges in maintaining his self-care strategies. This is in part due to the fact that he considers himself to be far from fully recovered from his illness. As stated above, the regularity of his quiet times has slipped to about three times per week, while during his illness these were every day, the pattern that he knows he needs to maintain. He acknowledged that he has never really established satisfactory practices in physical self-care. His diet and exercise regime are inadequate for his needs, and he believes that he needs to lose in the region of one hundred pounds for the sake of his own health. He has little in the form of a support network, and he feels that in all of these things, he is not yet strong enough to face these issues with the effectiveness needed. It is his belief that it is all he can do at present to carry out what ministry he currently performs, and when he does that, he does not have the resources to face these other issues, mindful as he is of their importance.

Pastor B believes that he was fortunate with regard to maintaining his self-care practices in that he was called to minister in a different congregation a very short time after he returned to work from his time of sick-leave. This change benefitted him greatly, reducing the causes of stress that he experienced, and allowing him much more time to consider and implement self-care, especially in the areas of the spiritual disciplines and establishing support and prayer groups among ministers. This move alone had a significant effect in lessening the challenges he faced.

Pastor C still faces the challenges of pastoring in a busy and growing congregation. While he is very thankful for the changes the Kirk Session introduced in the terms and pattern of his work, he still faces the danger of allowing himself to become too busy, and encountering the stress that results from this. He notices this occasionally through the indicator of disturbed sleep, and seeks to counteract it by taking some time out to restore his well-being. He experiences stress most around the time of a Kirk Session meeting. He seeks to live a disciplined life, especially in the areas of spiritual devotions and exercise and diet.

Pastor D's major response to his time of illness was to resign from his pastorate. This removed the main work-related causes of his stress. The change has been enormously beneficial for his well-being.

Pastor E also resigned from his charge almost immediately after returning to work from sick-leave. In his current congregation, where he has been ministering for more than ten years, he faces few of the issues that caused him stress previously. Consequently, he feels that there are few challenges to his practice of self-care, apart from the temptation to become too busy. His main indicator for this is tiredness, which he seeks to respond to by taking time out and resting.

Pastor F's most frequently quoted response to his time of illness is that he has become much more "intentional" in what he does. This is in contrast to his self-care before he was ill. The challenge for him now is to continue practicing the patterns of self-care that he has put in place, in the hope that they will prevent him from slipping back into depression. His two main indicators are the tendency to become detached or isolated,

and a disturbed sleep pattern. He experiences stress most around the time of a Kirk Session meeting.

Summary of Findings

This chapter examined the self-care practices of pastors before, during, and after a prolonged absence from work due to a stress-related illness. The components of self-care were physical, psychological, support, and spiritual. The aim was to reveal what changes in practice of self-care pastors had implemented as the result of experiencing such an absence from work. The time of leave and its causes were considered a critical incident in the life of the pastors.

The extent of changes made in self-care varied among the pastors, with some being more intentional than others. It is generally true that the interview subjects tended to concentrate more on the physical and spiritual aspects of self-care, while paying less attention to the psychological and support components. Reasons for variations in changes in self-care practices among pastors, why the physical and spiritual components were favored, and implications that may be drawn for pastors generally, are the subject of the next chapter.

CHAPTER FIVE

Discussion and Recommendations

The purpose of this study is to identify how ministers in congregations of the Presbyterian Church in Ireland who have been affected by a stress-related illness have established improved self-care practices following their time of illness. The assumption of this study is that undergoing such an illness can be considered a critical incident in the lives of pastors. Furthermore, pastors who have had a considerable period of absence from work due to a stress-related illness are more likely to have thought deeply about issues of self-care and implemented strategies of self-care in a way that other ministers may not. Consequently, their practices of self-care before, during, and after their illness are likely to have much to teach all ministers in the PCI regarding coping with stress and sustaining long-term effective ministries in which the pastors and their ministries are fresh and renewed. To examine these areas more closely, the following research questions served as the intended focus for this study:

1. What self-care strategies do ministers practice before the period of sick leave?

2. What self-care strategies were attempted during the period of sick leave?

3. What self-care strategies have been employed after the return to work?

4. What are the challenges in maintaining these strategies?

A literature review was conducted in chapter two focusing on three major areas of study: causes of stress in pastors, self-care in leaders, self-care in pastors. In chapter three, research methodology was identified to describe how participants were selected,

how the data was gathered, how the interviews were conducted, and how the data was analysed.

Chapter four presented the findings from the interviews, while the present chapter brings the data from the literature review together with the findings of the last chapter in order to draw conclusions and make recommendations. Several helpful changes in self-care practices among ministers following the critical incident of their stress-related illnesses will be identified. Suggestions will also be made as to why there are variations in the changes made by different pastors. Several implications of this study will be drawn in this chapter for pastors, congregations, and the PCI as a denomination.

Stress in Ministers of the PCI

It is apparent that all the pastors interviewed suffered considerable levels of stress that led to their having levels of well-being that were so low as to require them to take a prolonged period of time off from work.

Causes of Stress

The causes of stress they experienced were largely in line with those that are cited in the literature and are itemized below.

Conflict

For Pastors B, D and E, the most significant factor by far was conflict between themselves and the leadership of the congregation in which they ministered. This fact is well documented in the literature and appears to be a significant factor irrespective of geography, with it being cited by Arumugam, Dewe, Hart, and White in South Africa, New Zealand, U.S.A., and U.K. respectively. In the case of Pastor E, while he almost certainly was affected by other causes of stress, in his interview he reports being aware of

no others. For him, the source of the conflict was differences between his style, emphases in ministry, and the expectations of the congregation. For Pastor B it involved the nature and pace of change in the congregation, specifically regarding style of praise. Pastor D also experienced conflict regarding the style of praise, along with what might be described as purely relational or personality clashes. Pastor A also cites conflict between himself and some of the leadership, but in his case it was less significant. For Pastor A it may have been "friction" rather than "conflict," where one of the Sessions expected him to visit more.

The literature sometimes deals with relational difficulties between the minister and the congregation under the same heading as relational difficulties involving different members or groups within the congregation. However, the experience of these pastors suggests that conflict between pastors and their congregations is much more significant in causing stress and reducing well-being. Two of the pastors did report experiencing conflict between different members or groups within the congregation. Pastor F reports more of a "tension" than "conflict" within the congregation, which was partly what he was referring to when he spoke about "a lot of niggly things." Pastor B also states that there was conflict within his congregation with sides being taken, but in his case he was also involved in this and took a position himself on the issue, which happened to be style of praise.

The Nature of the Work

For Pastors A, B, C, D and F a further factor was in Arumugam's phrase, "work overload,"[452] or the fact that there was just so much to do and they spent so much time doing it. Pastor C cites this as the key factor in his situation, while Pastors B, D, and F

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[452] Arumugam, 25.

considered it to be important. The amount of work that they felt they had to do created

stress and resulted in them neglecting important aspects of self-care such as: no longer

taking a day off, spending little time not working, neglecting the spiritual discipline of a

daily quiet time. Pastor F also experienced stress because of the open-ended nature of the

work and never having the satisfaction or closure of seeing that a job was finished, or as

Brain said, "the core activities of pastoring … are never ending."[453]

The Mindset of Ministers Towards the Work

Brain's comment, "Along with this drivenness is the Messiah Complex that is

alive amongst us pastors,"[454] is true for Pastors B, C, and F. They all reported a

drivenness and a desire to "fix everyone's problems," as Pastor F states. This mindset

should not be ignored as a factor in their working so hard and long.

Expectations of Others

The expectations of others, in the pastors' cases within the congregation, was a

cause of stress for Pastors A, C, and F. They all spoke explicitly about this, most notably

Pastor C, who noticed a significant increase in these expectations when he moved from a

previous congregation. The pastors reported that the congregations expected their

minister to fulfill too many roles and to carry out more work than they found possible.

These expectations appeared to be linked to the traditional PCI approach of "one-man-

ministry," where the paid minister carried out almost all of the functions of ministry and

the congregation was, for the most part, passive. This attitude still exists in some of the

PCI, even where congregations have grown, such as in the cases of Pastors C, D and F, as

well as in the case of Pastor A, where two small rural congregations formerly had a

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[453] Brain, *Going the Distance,* 13.
[454] Ibid., 17.

minister each, but are now united and share a minister. The stress arising from this is exacerbated among these pastors as none of them believes in the validity of this model of ministry, believing it to be unbiblical and unhelpful, yet they feel to some extent required to attempt to practice it. The fact that they feel this way, or did prior to their illness, highlights the issues that Scazzero raises about feeling the need to comply with such expectations or models of ministry. This attitude may be seen as an example of the danger he highlights of pastors basing their behavior and identity on what others expect from them, so that they might gain popularity.[455]

Family Issues and Stress

While none of the pastors reported issues of family-related stress specifically connected to their position as pastors, it is important to notice that Pastors A and D both had noteworthy causes of stress originating from their families, the former due to bereavement and serious illness, the latter due to long-term caring responsibilities. While these concerns are common to many, these factors must not be disregarded and pastors must realize that they are susceptible to such matters along with everyone else. It is important that pastors do not view everything through a spiritual lens and believe that they are only susceptible to sources of stress that arise from the fact that they hold the position of pastor. Rather, they also need to be aware that, like everyone else, they are susceptible to factors that afflict all without favor. Regarding this issue, the work of Holmes and Rahe[456] is vital for pastors, as is Oswald's[457] adaptation of their work. The former is important because it increases awareness of causes of stress that affect people

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[455] Scazzero, *Emotionally Healthy Spirituality,* 76.
[456] Holmes, and Rahe, "The Social Readjustment Rating Scale," 213-218.
[457] Oswald, *Clergy Self-Care.*

generally, the latter is important because it takes these general causes and applies them to pastors while also including additional causes that affect pastors specifically.

Chairing Kirk Session Meetings

One cause of stress reported by Pastors C, E and F that was not highlighted in the literature was in regards to chairing meetings of the Kirk Session. Prior to their time of absence, this caused stress with disturbed sleep before and after. For Pastors C and F, while this is now reduced, it is still a factor for them. This fact is noteworthy especially as neither of these pastors is in a situation where there is conflict between them and the Kirk Session.

Spiritual Warfare

The reality of pastors being involved in spiritual warfare between God and Satan is highlighted in some of the literature.[458] This is undoubtedly an important cause of stress for pastors, as by the nature of their work they are at the forefront of this battle. It is significant, therefore, that this issue was not highlighted in interviews by the pastors. It may well be that they believe that this spiritual battle is real and that they are part of it. However, it appears that in practice they may not be paying adequate attention to it in the conduct of their ministry and their understanding of stress.

The Impact of Stress Over Time

All of the pastors interviewed reported that stress acted upon them "as a process." While they may not have been aware of it at the time, in retrospect they now see how it was causing symptoms that, through time, reduced their well-being so much that they required time off from work. Pastor F estimates that this process was active in him over a period of six or seven months prior to his sick-leave. The other pastors trace the process

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[458] White, *The Effective Pastor,* 226.

over a number of years. This feature of stress must have significant implications for all pastors in how they cope with stress and practice self-care as well as for denominations in how they prepare pastors for ministry and seek to minister to them during their ministry.

The Cumulative Nature of Stress

In considering the causes of stress, it is convenient and helpful to categorize these into the areas of life that they originate from, e.g., family, work, finances, and health. However, while this is convenient and helpful for the study and understanding of the causes of stress, stress itself is cumulative in nature, and the magnitude of its impact upon the well-being of individuals is a result of this facet of its nature. In practice, stress originating at work cannot be isolated from stress originating from family or health issues. Therefore, pastors and others, in order to be aware of their stress levels, symptoms and the need for self-care must take account of this cumulative effect. In terms of the work of Holmes and Rahe, as well as Oswald, the scores for stress in each area of life are added together as they cannot be viewed in isolation. The need to do this, and the danger of not doing it, is illustrated well in the cases of Pastors A and D. It is only in retrospect that Pastor A realized that bereavements and illness in close family members had raised his base level of stress. When causes of stress due to his position as a minister were also experienced (i.e., increased busyness), the resultant stress acted upon him in addition to the pre-existing stress rather than separate from it. The effect of this accumulation of stress was to increase his stress level and reduce his well-being level to the extent that he had to take sick-leave. A similar pattern is seen in Pastor D, and was pointed out to him by his doctor when he advised Pastor D to take time out.

The Holistic Effect of Stress

The literature on self-care in clergy underscores the holistic nature of mankind, or as Harbaugh states, "the Bible is the basis of our understanding of a person as a whole person, an *irreducible* whole."[459] The pastors in this study illustrate one consequence of people being holistic – that stress has the effect of reducing levels of well-being holistically, or in every aspect of life. During the time that the pastors were suffering levels of stress that impacted adversely upon their well-being, prior to and during their time of sick-leave, they report a variety of detrimental symptoms that are physical, psychological, spiritual, and social. The pastors suffered the following physical symptoms: collapse, chest pain, bowel and digestion problems, headaches, and sleep disturbance. Psychological symptoms included weeping, inability to concentrate, and irritability. Spiritually, pastors reported that they could not pray or read the scriptures, and felt that their value towards God was measured in their work rather than their standing as a child of God by God's grace. Socially, they reported a tendency to withdraw from all company and a desire not to talk about their own situation. People are holistic creatures, which means that stress affects them holistically, or in every aspect of their being.

Summary

For the pastors in this study, the two causes of stress that impacted their well-being most were conflict between themselves and congregations and the amount of work that they undertook. The outcomes, or responses, of different pastors to these two key causes of stress are markedly different. The three pastors who reported conflict as a key factor left the congregations either without returning to work, or soon afterwards. The

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[459] Harbaugh, *Pastor as Person,* 18.

pastors where conflict was absent returned to work, although with changes to their terms of work and self-care practices.

Self-Care Practices

This section will summarize the self-care practices of ministers before, during, and after their time of absence.

Self-Care Practices Before Illness

The awareness and intentionality of the majority of the ministers, before their time of absence, to self-care in general could be described as limited. While there was an element of knowledge that certain practices were beneficial and would militate against the effects of stress, the overriding attitude appeared to be that it was not necessary to practice these because, as Pastor C said, "it's never going to happen to me." While the pastors did have some knowledge of self-care, to a large extent they lacked incentives or motivations to practice self-care in the beginning.

Physical Self-Care

In the approach to their illness only Pastor B, and to a lesser extent Pastor D, practiced any meaningful physical self-care. Pastor B played squash, tennis, golf, and jogged. He was also mindful of his diet. Pastor D took walks. Pastor A was 140 pounds overweight. Pastor C had abandoned the habit of exercise that he had in his previous, smaller charge. Pastors E and F took no exercise and none of the four had any intentionality in their diet. Pastor A and F had not taken their full allocation of holidays and none of the pastors took a full day off each week.

In comparison with the knowledge and the motivation in the literature on the subject, the physical self-care of the pastors was inadequate. It may be significant that the

physical symptoms of illness were less severe in the cases of Pastors B and D. They did not become as physically debilitated as the other pastors because they already had physical self-care patterns in place which appear to have protected their physical well-being from the damaging effects of stress.

Psychological Self-Care

The psychological component of self-care appears to be missing almost entirely from all of the pastors before their time of illness. They all now recognize they were undergoing a process, lasting several years in most cases, during which they suffered from growing symptoms due to stress. However, at the time, because their self-awareness was inadequate, they did not recognize what was happening, nor did they seek intervention to reverse the decline in their well-being. While realizing, for example, that they had become more irritable, they were unaware that this could be an indicator of unhealthy levels of stress. While realizing that their sleep pattern was disturbed, they drove themselves harder, not realizing that this could be an indicator that they needed time off work through a weekly day off and/or holiday.

None of the pastors, at this stage, were receiving any counseling or therapy. It is suggested by this researcher that this lack is, at least in part, due to there being a much lower emphasis on and availability of counseling and therapy in the United Kingdom as a whole compared to the United States. This suggestion might be given support by the fact that counseling and therapy are emphasized more strongly in the American literature, versus literature in the United Kingdom literature.

Support

Only Pastor B was involved with a formal support network – the quarterly
meeting of his seminary year group. These meetings and additional informal contact with
members was of benefit to him. Pastors C, D, E and F had informal and infrequent
contact with friends. Pastor A appears to have had little of this relational support. The
counsel of the literature to have "trusted companions,"[460] "build a support network,"[461]
and "have intentional friendships as part of a pastor's self-care,"[462] was to a large extent
unfamiliar or ignored.

Spiritual Self-Care

The ambition of the pastors with regard to spiritual self-care does not appear to
extend beyond having a daily quiet time where they read the Bible and prayed. However,
one of the effects of stress and busyness was to reduce the time that pastors felt they
could devote to this practice, so that for Pastors A and C it had ceased completely. None
of the pastors practiced the spiritual disciplines of fasting, the practice of God's presence,
silence/solitude, contemplative spirituality/slowing down, the Daily Office, or Sabbath.

The contrast with the literature is stark, if not shocking, and this researcher would
suggest that it exemplifies the paucity throughout pastors of the PCI in the practice of
these disciplines. A further suggestion is that the reason for this neglect lies in the
political history of Ireland, and the traditional attitude of the majority of ministers and
members of the PCI toward the Roman Catholic Church in Ireland. Traditionally there
would be great suspicion among Presbyterians of anything that was deemed to be
"Catholic," the inference being that if it was "Catholic" then it was almost certainly

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[460] Scazzero, *Emotionally Healthy Spirituality,* 86.
[461] White, *The Effective Pastor,* 231.
[462] Brain, *Going the Distance,* 154.

unbiblical and wrong. Spiritual disciplines such as fasting, meditation, the Daily Office, solitude and contemplative spirituality would have been perceived in this way. As a result, they were ignored and shunned by Presbyterians. Perhaps this attitude among Irish Presbyterians can be changed through the Reformed origin of some of the literature, as well as a greater willingness to receive light from any quarter.

Self-Care Practices During Time of Illness

There was a variety of self-care practices for the ministers during their time of illness. The nature and severity of their symptoms was one variable in this, along with improvements in symptoms over time.

Physical

At the time of going on sick-leave, some of the pastors were suffering from acute physical debility. Pastor C had collapsed, Pastor E and Pastor A were unable to carryout simple tasks with their children such as having them sit on their knee. These pastors reported slow progress in regaining strength. Pastor B continued his pattern of exercise and diet, while through time Pastors C and F set in place an exercise regime of going to the gym three times a week for at least one hour of cardiovascular exercise. Both pastors also walked. Pastor A, while conscious of being overweight and his need to exercise and diet, felt unable to address these issues. Pastor E also does not appear to have altered his self-care in this area, while Pastor D had fewer issues with physical debility and maintained his practice of walking. All of the pastors were prescribed medication to restore their sleeping pattern.

Psychological

Only Pastor A became involved with a psychiatrist and a therapist. None of the other pastors were referred by their General Practitioner (GP), or felt that they should seek such intervention. It has already been suggested by the researcher that there is a different approach to this in the United Kingdom than in the United States. However, even allowing for this difference, it seems surprising that when six pastors visit their GPs displaying such clear symptoms of stress-related illness, and are advised by their doctors to take prolonged absences from work, that between the doctor and themselves only one of them is referred to a psychiatrist and a therapist. This situation may not just be surprising but concerning, because there can be little doubt that all of the pastors would have benefitted from such intervention considering the underlying causes of the symptoms they displayed. It may be assumed from this that there is a lack of regard for this area not just in the United Kingdom society in general, but also within the Health Service of the United Kingdom. While it is outside the remit of this study, it may be speculated that there is a scarcity of professionals in these fields, as a result of the long-term neglect of these areas and the failure to recognize their importance.

As a result of the pastors' visits to their doctors and the opportunity, while off work, to withdraw from their work situations and reflect on what had happened to their well-being, the pastors gained self-awareness during this period. They were able to look back over the preceding months and years and see the process through which stress had reduced their well-being. They were also able to recognize the indicators of stress in their lives and so gain knowledge about themselves that would be useful in the future. During this period they also reflected on their work situations and the terms of their ministry.

This reflection enabled them to realize that if their well-being was to be improved and maintained at an acceptable level there would have to be changes in the terms of their ministry as well as their own self-care and the ability it afforded them to cope with stress.

Support

Support was an area that only Pastor B had been strongly intentional about prior to his sick-leave. He maintained the support from his year group, both formally and informally, and benefitted from it. Pastor F became more intentional in this component, arranging to meet, walk, and share with a small group of friends. Other pastors saw little change in their approach to this part of their lives.

Spiritual

Pastors A, C and F experienced, as time away from work progressed, an increased intentionality in the spiritual part of their lives. They restored the daily practice of prayer and Bible reading. This discipline was something that they had believed was important, but had come to neglect through the pressures of busyness in ministry. Pastors B and F began to consider spiritual practices in addition to Bible reading and prayer for the first time. Pastor F began to consider and practice Sabbath, while Pastor B also became mindful of this and the need for retreat, solitude, unhurriedness, and practicing the presence of God. Pastors D and E appear to have altered their existing practice little, and along with Pastors A and C, appear not to have developed their thinking and practice in this area beyond the need for daily Bible study and prayer.

Pastors B, C and D found enormous benefit in time away for retreat, reflection, and spiritual counsel/direction. It was during these times that they believed they reached

the turning point in their condition and were on the way to recovering acceptable levels of well-being.

The Importance of Self-Care Over Time

Just as the pastors realized during their time of absence that stress had been working on them as a process over time, some of them also began to realize that their well-being would only be improved and maintained by self-care working as a process in them over time. Pastors A, C and F reported the very slow and gradual nature of improvement in their well-being during their prolonged sick-leave, as well as a realization that they had long-term and continuing issues in this area that would involve addressing both the causes of stress in their lives and how they coped with it.

Self-Care Practices After Returning to Work

The pastors who were intentional in self-care practices prior to their time of illness or who developed it during their time of absence from work (Pastors A, B, C, F) appeared to have maintained that discipline following their return to work. Those who did not exhibit this intentionality before or during their time of absence did not develop it when they returned to work.

Physical

Pastors C and F still go to the gym three times per week, are careful with their diet, and are conscious of their weight issues. Pastor B still walks and is mindful of fitness and diet. Pastor A has an on-going struggle in this area and acknowledges that he needs to address it but has not. He swims once some weeks, walks little, and is still overweight. Pastor D walks more in his non-church based role and Pastor E plays soccer

once a week, but acknowledges that this is because he enjoys it rather than any intentionality in physical self-care.

Psychological

Pastor A continues to see a psychiatrist and a therapist. None of the other pastors have felt this type of self-care was necessary. Pastors A, B, C and F continue to reflect on their experience before and during their time of sick-leave in regard to their well-being, stress, and self-care and are developing greater self-awareness as a result.

Support

Following their return to work, the pastors' support regarding self-care is unchanged from their time of illness, with the exception of Pastor C who has now gained considerable support from his pastoral assistant.

Spiritual

Pastor C reports the continuing practice of daily quiet times maintained through disciplined prioritization. Pastor A no longer has daily quiet times, but does so two or three times a week due to extra pressure following his return to work and the fact that he does not feel fully recovered. Pastor B continues to explore and practice the spiritual disciplines he did before, but has also become involved in facilitating retreats for pastors and acting as a spiritual director for pastors who have been absent from work due to a stress-related illness. Pastor F continues to practice Sabbath, seeing it as a journey to find further understanding of this element of his relationship with God.

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Summary

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In light of the fact that all of these pastors had a prolonged absence from work due to stress-related illness, it may be fair to speculate that this situation was at least partly

due to inadequate practices of self-care. Some of the pastors were comparatively stronger in physical and spiritual practices, but even these were weak in some, acknowledging themselves that they were not meeting the standards they wished to maintain. Support and psychological self-care were comparatively weaker, with pastors suffering from a lack of knowledge or awareness of the importance of these components as well as a lack of incentive or motivation to apply what little knowledge they had.

Overall, pastors did increase their self-care as a result of their illness. Physical and spiritual practices were strengthened, and self-awareness became a factor in a way that it was not previously. Pastors did become much more intentional and gained incentives to practice self-care in order to improve well-being that they did not have previously. However, other elements of psychological and support self-care are still largely neglected.

Challenges in Maintaining Self-Care

Pastors A, C and F who returned to their existing congregations, reported challenges due to the pressures of ministry they had experienced prior to their sick-leave. Pastor A faced these because he does not feel fully recovered after fifteen months back at work. This continued frailty showed itself in what he considered to be less than satisfactory physical and spiritual practices. Pastor C was made aware of the challenges when, having returned to work for a period, he had to take a further, although shorter, time off work due to stress. The busyness that he experienced formerly had returned, though his increased self-care had reduced its effects, and his increased self-awareness allowed him to seek earlier intervention meaning that only a short period of leave was needed. Pastor F believed the depression resulting from his stress is still an underlying

danger. This concern was a big incentive for him to maintain his self-care so that the depression would be kept at bay. He saw it as a constant challenge to sustain self-care practices in order to maintain acceptable levels of well-being.

One further challenge for the pastors who remained in their situations was to change the terms of ministry so that they would be able to maintain an adequate level of self-care. In practice, for Pastors A, C and F, this involved having a smaller amount of work to do. This change was achieved by additional staff, greater involvement by elders and members, and a reassessment of expectations of both congregations and pastors. Achieving such changes in terms, and doing so without friction, was a challenge. If such changes can be achieved successfully, as in the cases of Pastors C and F, it can enable pastors to practice an enhanced level of self-care. Such changes have a further benefit to pastors' well-being because they also reduced some of the causes of stress that the pastors experienced prior to their sick-leave.

The pastors who did not remain in their congregations must be viewed separately from those who decided to stay. By moving, they removed at one stroke their most acute stress issue. The temptation for them in doing so would be to set aside thoughts of self-care and self-awareness, assuming that by removing their major cause of stress they would be able to return to and maintain acceptable well-being without improved self-care. It could be said that by changing their ministry situation they removed the incentives to practice the improved self-care that Pastors A, C and F had when they returned to their congregations. This situation seemed to be the case for Pastor E and to a lesser extent Pastor D. The challenge for pastors in these cases is not to respond in this way, but to be mindful of the need for self-care and to implement it in spite of the fact

that they have moved. It could be said that they needed to realize that there are still incentives for self-care even though their greatest source of stress has been removed. Pastor B exemplifies this realization. He was already aware of the need for self-care, and although he moved, he maintained it. He also gained a further incentive by his desire to help other pastors practice self-care and by helping those who had suffered a stress-related absence from work as he had.

Conclusion of Study

The assumption of this study is that pastors who have had a considerable period of absence from work due to a stress-related illness are more likely to have thought deeply about issues of self-care and implemented strategies of self-care in a way that other ministers may not, and consequently may have much to teach other pastors. The conclusion drawn from the study is that this assumption is valid. The experience of being absent from work for a prolonged period due to a stress-related illness was a critical incident in these pastors' lives. Such pastors are more likely to have thought deeply about such issues and implemented improved self-care strategies. As a result, their experiences and reflection upon them are likely to be highly instructive to other pastors.

Moving Towards an Understanding of Stress, Self-Care and Well-Being

It appears from the literature and the evidence from the six pastors that in order to have a fresh and renewed long-term ministry, levels of well-being must be maintained. When well-being falls, pastors may be able to continue ministry for a time with less freshness and effectiveness, but after a prolonged period or if well-being falls further, they reach a point where they are no longer able to function in ministry and need to take time off work to recover. The amount of time needed can often be lengthy.

It seems apparent that well-being is diminished by stress – the greater the stress, the lower the well-being. It is also apparent that well-being can be increased by self-care as self-care in itself has positive benefits and can help mitigate the negative effects of stress.

This understanding of the relationship between well-being, stress, and self-care can be illustrated by the graph below where well-being is shown as a function of self-care and stress.
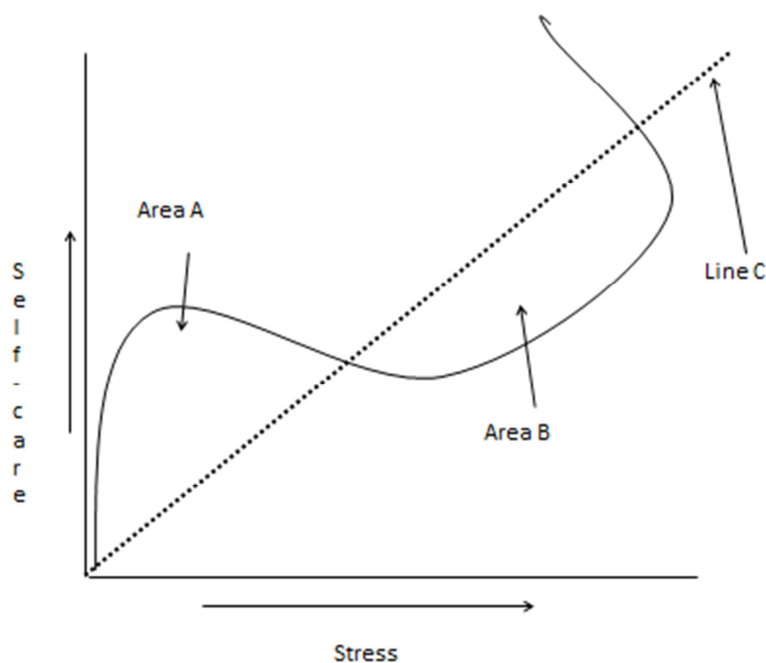
Area A – Self-care outweighs the effects of stress. Well-being is positive or in surplus. Ministry can function with freshness, renewal, longevity. This situation is the ideal for ministry. The greater the distance above the line of balance, the greater the well-being will be.

Area B – Stress and its effects outweigh self-care. Well-being is negative or in deficit. Ministry function is impaired and may need to be suspended. This situation is detrimental for ministry. The greater the distance below the line of balance, the lesser the well-being will be.

Line C – Self-care and stress are in balance, what could be described as "the line of balance." Well-being is neither in surplus nor deficit, rather it is in a position of "well-being neutral." Ministry can continue without freshness or renewal, nor damage to the pastor. While not actually detrimental, this situation is not ideal for ministry.

It should be noted that while this graph may be instructive in leading towards an understanding of well-being, self-care, and stress, account must also be taken of the fact that people differ in their ability to withstand stress, which may also be called their resilience. So, while the graph may help with understanding and awareness of where an individual's well-being may be, it cannot predict how reduced well-being will impact a person in practice, as it takes no account of their resilience.

This relationship between well-being, self-care, and stress can be plotted over time as shown in the graph below.
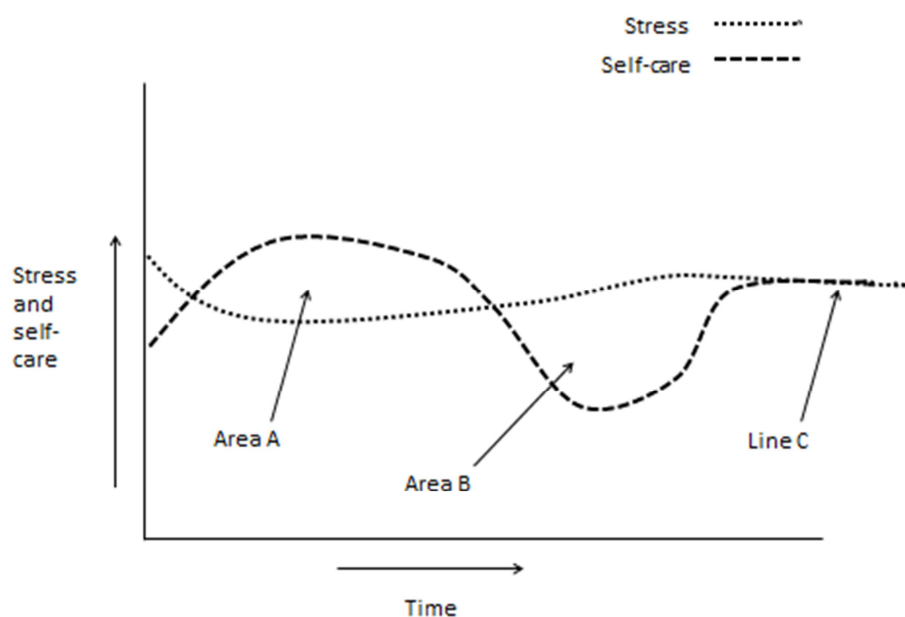
The above graph shows the variations over time in levels of self-care and stress and the consequent effect on well-being. This graph can be used to illustrate the extent of surplus and deficit well-being, as well as the duration of surplus and deficit well-being. Area A is an area of surplus WB, while Area B is an area of deficit WB; and Line C is the line of balance or neutral WB.

With reference to the current study, it seemed that all pastors experienced significant durations of deficit well-being before they reached the point at which they had to suspend ministry.

The aim for pastors is to have surplus well-being to as large an extent and duration as possible. This surplus can be achieved in two ways: the maximizing of self-care and the minimizing of stress. In order to achieve this balance, pastors need general knowledge of stress and self-care, and how these two relate to pastors individually; and awareness of incentives or motivations to maximize self-care and minimize stress. It is

important that pastors are encouraged to maximize and minimize these rather than simply increase and reduce them. Pastors may be tempted to settle for a level of well-being that is "acceptable" to them or that they find "comfortable." However, the incentives to go beyond this should be emphasized in the hope that they will continue in ministry with as much freshness, renewal, and longevity as possible. These incentives will be discussed later.
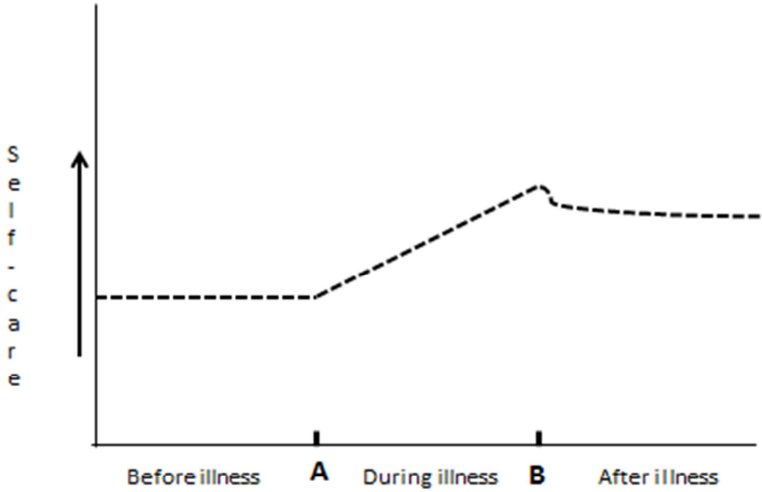
An understanding of the relationship between well-being, stress, and self-care illustrates clearly that well-being can be enhanced by an increase in self-care and a reduction in stress itself. Where self-care is lower it would seem that lower levels of stress can reduce well-being to a critical or damaging level for continuation of ministry. This connection is important in the experience of pastors in this study as some were neither aware nor intentional in some aspects of their self-care prior to their absence due to illness.

Following their critical incident of being absent from work, in order to reduce stress sufficiently, three of the pastors felt the only course of action was to leave their congregations. The other three have tried, and are still trying, to change their terms or practice of ministry in order to reduce stress to a level that they can cope with through their enhanced self-care. It is hoped that the graph above illustrates the dynamic and inter-relation of well-being, self-care and stress.
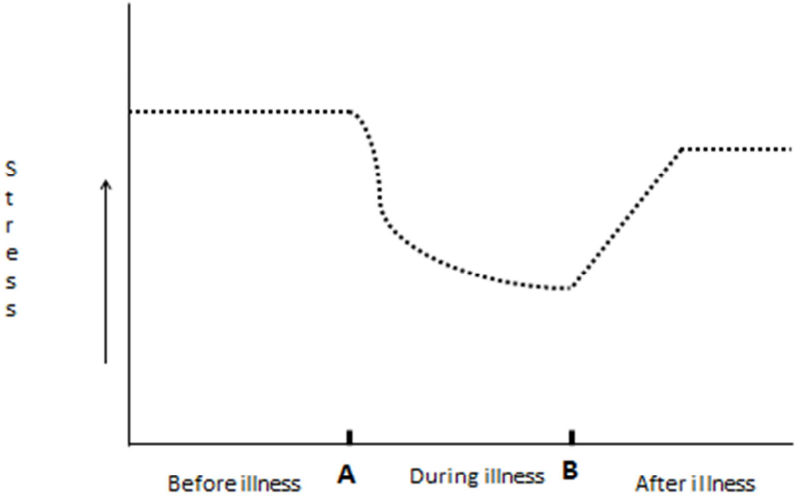
The following are a number of illustrations of this from the study referring specifically to Pastors A, C and E:
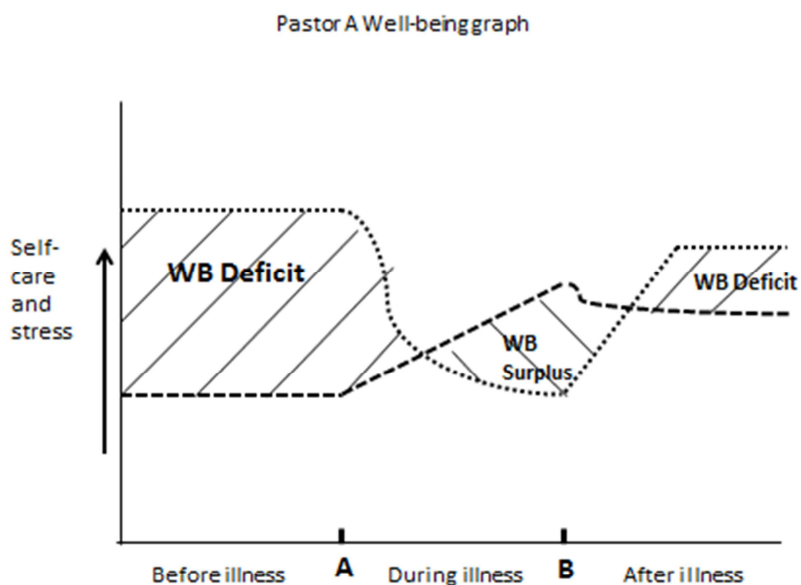
Pastor A-

Pastor A Self-care graph

Before illness   **A**   During illness   **B**   After illness

Pastor A Stress graph

Before illness   **A**   During illness   **B**   After illness
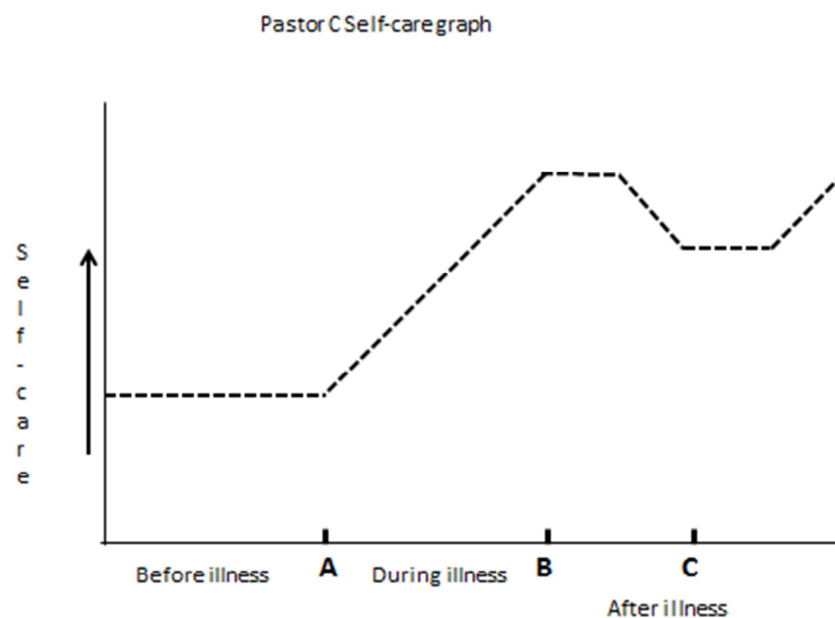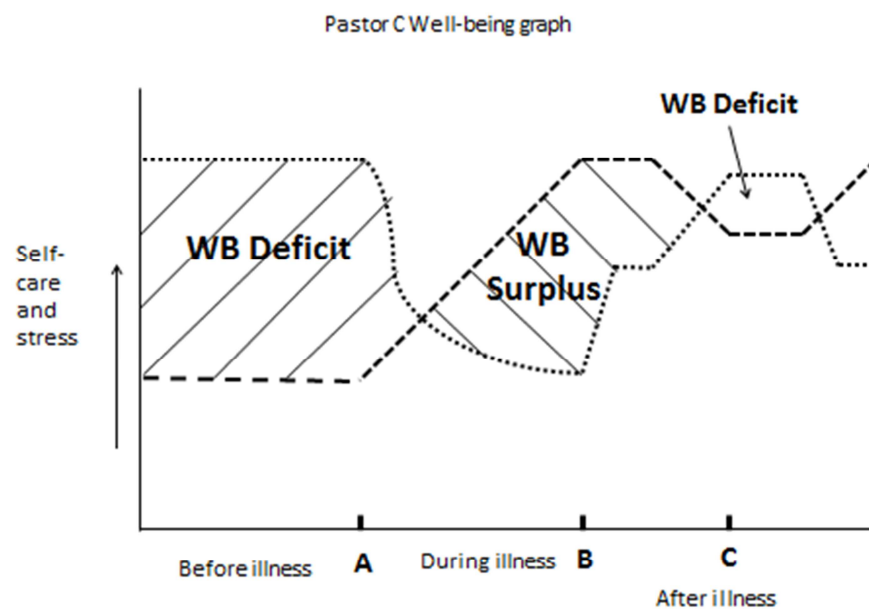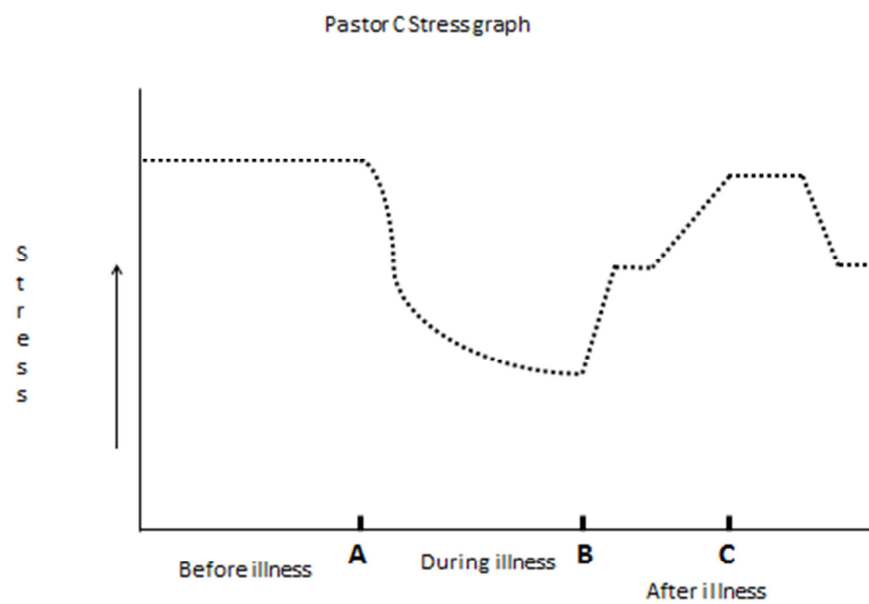
Pastor A Well-being graph

It can be seen that Pastor A's level of self-care before his illness was relatively low. Physically he was overweight and took little exercise; spiritually he had ceased his quiet time. Additionally, his stress levels at this time were high due to family issues and church busyness. When he went on sick-leave his stress levels fell with the removal of ministry stress, but his self-care levels rose slowly and never to a high level. While he improved spiritually and got psychological help, he improved little physically and still has little, if any, support. Consequently, his well-being surplus during his time off was not as large as it would have been had his self-care risen further.

On return to work, his stress level increased sharply. This increase was due to continuing expectations of him within the congregation, although the overall level was reduced because of extra staff and the PCI phased-back-to-work arrangement. Also, while back at work, the renewed stress caused a reduction in frequency of his quiet times and the continued delay in addressing his physical self-care. It may, therefore, be

speculated that he is currently operating at a slight well-being deficit, or, at best, the line

of well-being neutral. His ministry is not fresh or renewed, and his longevity in that

pastorate is questionable. It would seem that he needs a further reduction in stress by

improved terms or practices of ministry; an increased level of self-care, particularly in the

physical and support components; and the re-establishment of a daily quiet time for

spiritual health.

   Pastor C-

Pastor C Self-care graph

Pastor C Stress graph

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Before illness   **A**   During illness   **B**   **C**

After illness

Pastor C Well-being graph

WB Deficit

Self-
care
and
stress

WB Deficit

**WB
Surplus**

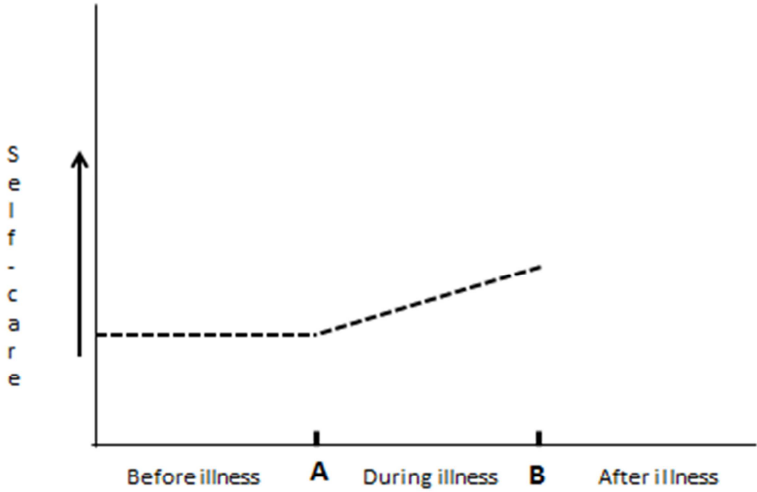Before illness   **A**   During illness   **B**   **C**

After illness

Before he was off work, Pastor C faced high levels of stress through busyness

and high expectations in a growing congregation, and had low self-care. His well-being

deficit was significant in its magnitude and duration, perhaps showing a high level of resilience because he was able to continue working for so long under such conditions. However, when Pastor C reached his breaking point, he was hit hard with severe debilitation. During his time of sick-leave he established enhanced self-care, especially physically and spiritually. Also, on his return to work, significant changes in his terms and practice of ministry were introduced (in his case almost entirely at the initiative of the Session.) These changes reduced his stress level and allowed him to operate in well-being surplus for a time, until point C.
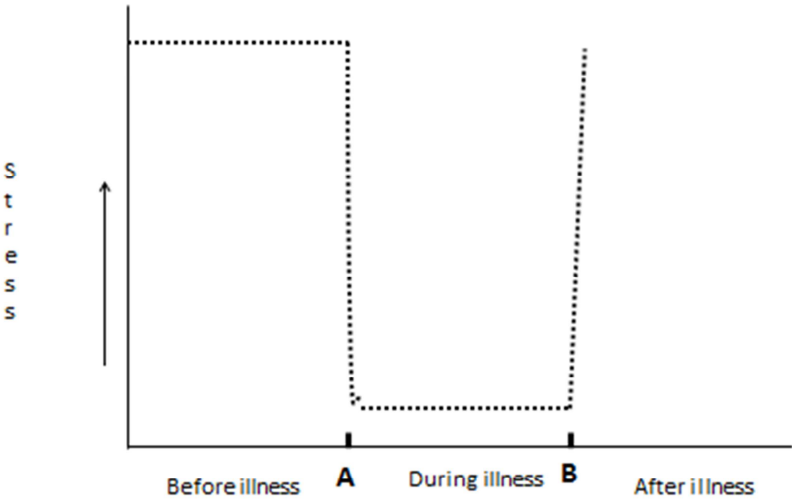
At point C, however, there was increased busyness and stress, with a consequent reduction in self-care, which pushed him back down into well-being deficit. This episode did result in time off, but a much shorter time than in his previous experience. The difference this time can be accounted for by Pastor C's higher level of self-care, and his greater self-awareness of the stress indicators that applied to him. As a result he was able to have intervention at a much earlier stage before the well-being deficit increased in extent and duration. He was therefore off work for a much shorter time and was able to return stress and self-care levels to those of the period B to C.
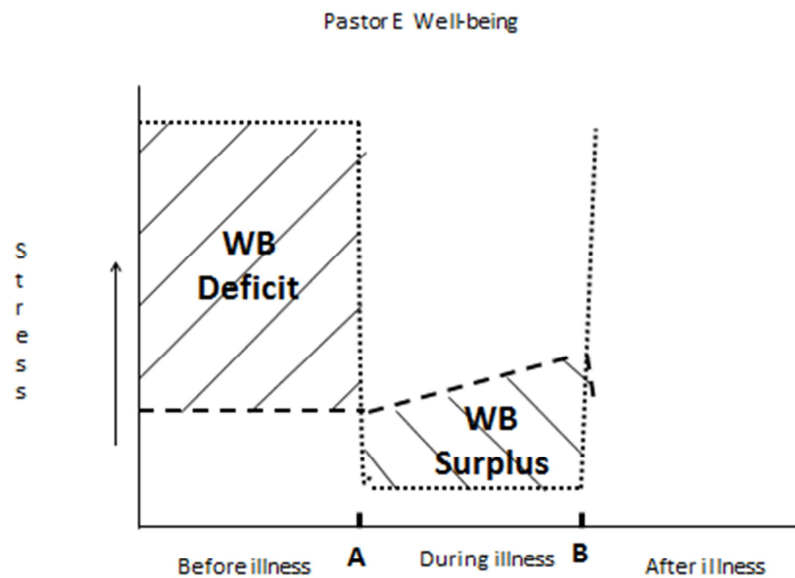
Pastor E-

Pastor E Self-care graph

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Before illness   **A**   During illness   **B**   After illness

Pastor E Stress graph

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Before illness   **A**   During illness   **B**   After illness

Pastor E Well-being

Pastor E, in the period before his illness, was quite unintentional about his self-care. He also faced high levels of ministry-related stress due to conflict between himself and the congregation. At point A when he took sick-leave there was a sharp fall in stress, and a more modest rise in self-care, as he still did not become overly intentional in this area. At point B, when he returned to work, he quickly realized that any hope of the conflict subsiding was not going to be realized. The stress level increased far beyond any hope that he could cope with it through self-care. He quickly decided to resign, shown at point C, which is where the graph ends as he moved into another phase in his life.

Pastor E illustrates well the significant difference when the key cause of stress is conflict between the pastor and congregation. The focus of Pastor E was never an improvement in his level of self-care, because he believed that the only way his well-being could reach an acceptable level was through the removal of the stress causing conflict. He, therefore, did not think deeply about self-care and his level barely increased

during his time of leave. He gained a little self-awareness but did not feel he had the incentives that were so important in the cases of Pastors A, C and F.

Implications and Lessons

Preparation and Care of Pastors

If pastors are to exercise ministries that have freshness, renewal, and longevity, they need to be better informed about how important stress, self-care, and well-being are, as well as how they are related. This basic knowledge should be given to pastors while they are at seminary preparing for ministry.

Once pastors are involved in the ministry, the denomination should set up a program as part of their care for pastors, whereby they are able to discuss their levels of stress, self-care, and well-being with a pastor or counselor on a regular basis, perhaps every two to three years. An assessment of where their "well-being level" is should be made, and a discussion of changes in self-care and terms of ministry should take place.

This process would not only raise awareness of the issue in pastors, congregations, Presbyteries, and denomination, but would allow for earlier intervention to take place before situations became acute, in the hope that prolonged time-off could be avoided and that any incidents would not become critical.

The Importance of Incentives

The initial teaching at seminary, and the on-going care when in ministry, should also emphasize the importance of incentives for pastors to work towards minimizing stress and maximizing self-care as far as possible. These incentives should include the personal and family benefits to pastors and their families; freshness, renewal and

longevity in ministry; and the ability to glorify God as much as possible through their lives and ministries.

Instruction for Congregations Regarding the Nature of Ministry

At the denominational level, a program should be put in place to help congregations better understand the nature of ministry and how they can help pastors reduce stress and increase well-being so they can lead renewed and vital ministries. Such a program would include teaching and discussion on how congregations can change the terms or practice of their pastor's ministry in practical ways, as was the case with Pastor C especially. Congregations should also be instructed in the biblical principle of all-member ministry, and be encouraged to consider the use of teams of staff for ministry where appropriate. Congregations should be made aware of incentives for them to adopt these practices, specifically that it is biblical and beneficial to them as a congregation, to their pastors, and to the kingdom of God.

Dealing with Conflict Constructively

Special consideration should be given by the denomination regarding teaching at seminary and post-ordination on how to deal with conflict between pastors and the congregations in which they minister. The denomination should also play a more active role when such issues arise in congregations, with earlier intervention of a pastoral or conciliatory nature as opposed to a judicial one. Consideration of this issue is important because in this study, in the three occasions where conflict of this nature existed, all three pastors left their charges. The PCI is different than some other denominations (for example, the Southern Baptist in the literature) because ministers are almost never

dismissed by congregations. However, while the mechanism is different, the most likely result of such conflict in this survey appears to be the same – the minister leaves.

Conclusion

While church life has its stresses and challenges, "stress reduction and replenishing oneself seems essential for ministers."[463] Pastors with increased well-being will undoubtedly be much better able to exercise fresh, vital, and sustained ministry within the congregations that they are called to minister to. It is in the best interests of all – pastors, their families, congregations, denominations, and the kingdom of God – that pastors' well-being is increased. This can only be achieved by pastors improving their practices of self-care and reducing their levels of stress. The responsibility for making these changes does not lie with pastors alone. While the pastor is an important agent in this process, and perhaps the most important agent, there are others. Congregations and denominations must also see the importance of their part and take ownership of a process that seeks to reduce pastors' stress and improve their self-care. Pastors, congregations, and denominations not only have a shared responsibility, but also a shared aim, that as a result of fresher, renewed, and sustained ministries, individuals would be blessed by God, churches would grow in numbers and maturity of faith, and glory would be brought to the Lord Jesus Christ, who is the king and head of the church.

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[463] Rowatt, G. Wade, "Stress and Satisfaction in Ministry Families," *Review and Expositor* 98:4 (2001): 523-543.

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