

LIBERTY UNIVERSITY SCHOOL OF DIVINITY

Thesis: Traumatic Clergical Ministry Leads to Vicarious Trauma, PTSD, and Ministry Burnout

Submitted to Thesis Defense Panel,

In partial fulfillment of the requirements for the completion of

THES 689-A06

Research Methods

By

Teresa D. Hanson

June 24, 2020

Abstract

The exodus of clergy leaving their positions of ministry incites the need to identify the cause; to probe the question of “why?” Though the topic of burnout is proliferous within ministry circles, the writer’s thesis is that the cause of departure lies within three areas, not isolated to the topic of “burnout.” Diversification of causes exist, broken down into three primary causes: Vicarious Trauma, Post Traumatic Stress Disorder, and Burnout. Following diversification of cause, personality traits are identified in the section Contributing Factors. From this point, the writer first addresses external supports for those with these primary areas, followed by internal or self-focused initiatives to maintain resilience in ministry.

This study tracks the lives of pastors from childhood to clergy ministry, identifying at what stages impacts occurred, and whether they received help for symptomatic impacts, the types of trauma-impacted by clergy, and what hinders prevention of therapeutic supports. Additionally, personal and professional disciplines are separated and identified.

Table of Contents

Section 1 – Introduction	1
Statement of the Problem.....	1
Statement of the Purpose.....	1
Statement of the Importance of the Problem.....	2
Statement of the Position of the Problem.....	2
Limitation/Delimitation.....	4
Section 2 – Methods	4
Research Methods.....	4
Questionnaires.....	4
Data Collection.....	4
Data Analysis.....	5

Contents

Chapter 1- Diversification of Emotional Impacts	5
Vicarious Traumatization.....	5
Vicarious Traumatization Reflection.....	8
Post-Traumatic-Stress Disorder.....	8
Post-Traumatic Stress Disorder Reflection.....	12
Burnout.....	13
Chapter 2-Contributing Factors to Burnout	16
People Pleasing.....	16
People Pleasing Reflection.....	18
People Prone to Guilt.....	19

People Prone to Guilt Reflection.....	20
More than a Spiritual Leader: Inability to Separate Self from position.....	20
Inability to Separate Self from Position Reflection.....	22
Lack of Self-Efficacy and Self-Compassion	22
Lack of Self-Efficacy and Self-Compassion Reflection.....	23
Chapter 3-Identification and Support for Malady.....	24
The Role of Self.....	24
The Role of Mental Health Providers.....	28
Treatment of Vicarious Traumatization.....	28
Treatment of Post-Traumatic Stress Disorder.....	29
Treatment of Burnout	32
The Role of Ministry Supports.....	33
The Role of Family.....	35
Chapter 4-Spiritual Disciplines as Core Supports in Restoration.....	37
The Role of Prayer.....	37
The Role of Worship.....	39
The Role of Accountability	41
The Role of Silence.....	43
The Role of Fellowship.....	45
The Role of Self-Care.....	46
The Role of Rest.....	47
The Role of Forgiveness.....	49
The Role of Exercise.....	51

The Role of Spending Time in God’s Word.....	52
Chapter Five-Research Results Findings.....	53
Completion.....	53
Age	54
Gender.....	54
Childhood Trauma.....	54
Adult Personal Life.....	55
Personality.....	56
Clergy Counseling.....	58
Clergy.....	60
Self-Care.....	62
Chapter Six-Survey Results.....	63
Survey Strengths.....	63
Survey Weaknesses.....	64
Conclusion.....	64
Recommendations for Further Research.....	70
Chapter Seven Appendices.....	72
Appendices.....	72
Appendix A: IRB Approval Letter.....	72
Appendix B: IRB Consent Form.....	73
Appendix C: Online Survey Questions.....	75
Appendix D: Thesis Approval Sheet.....	81
Appendix E: List of Definitions.....	82

Appendix F: List of Abbreviations.....	84
Chapter Eight Bibliography.....	85

Section 1 – Introduction

Statement of the Problem

Ministerial positions both within churches and within Chaplaincy can exact a toll on the clergy. Failure to establish resilience to stress, and trauma, and to increase robust support systems, good work and rest habits impact not only church ministry, but the clergy's family, mental, emotional, physical and spiritual health. Additionally, much clerical impact could be avoided and restored by establishing the practice of spiritual disciplines for spiritual, mental, emotional, and physical refreshment and well-being.

Statement of the Purpose

The purpose of this thesis is to create discourse regarding the diversity of issues in ministerial dropouts: Vicarious Trauma, PTSD, and Burnout. A problematic issue within the discussion includes grouping, rather than heterogeneity; the separation of items. Differing fears of job and family impaction weigh on the clergy member impacting their freedom to share struggles. Because of this, psychological trauma is not treated adequately and resolved. Those in ministry fail to receive the support that is needed. They also often fail to take time to be replenished. This deficiency leads to failure in their mental, emotional, spiritual, and familial well-being, as these diverse struggles corrode from within.

The mass exodus of clergy leaving the ministry, also clergy members committing suicide prompts immediate action. Statistics indicate that “1,500 pastors leave the ministry each month due to moral failure, spiritual burnout, or contention in their churches. 80% of pastors and 84% of their spouses feel unqualified and discouraged in their role as pastors. 50% are so discouraged that they would leave the ministry if they could but have no other way of making a living.”¹

¹ Halloran, Kevin. “Christian Ministry Burnout: Prevention, Signs, Statistics, and Recovery.” *Leadership Resources*. October 22, 2013. <https://www.leadershipresources.org/blog/christian-ministry-burnout-prevention->

This writer seeks to identify the mental/emotional diversity of challenges embedded in the clergy's outflow. A person seeks to present the necessity of identification and support of the clergy impacted by these issues. Within the thesis, first, mental/emotional struggles, identifying the unique characteristics of Vicarious Trauma, Post Traumatic Stress, and Burnout. Second, this contributor will address behavioral challenges, which can preexist ministerial service; that of People Pleasing, People Prone to Guilt, Inability to Separate Self from Position, and Lack of Self-Efficacy. Third, the composer will identify pillars of support, such as family, supervisors, and mental health. Last, the originator will also include spiritual disciplines as core foundational elements in the path of stability and healing.

Statement of the Importance of the Problem

The clergy of diverse denominations are unprepared for the fractal, challenging, and stress-filled occupation. High church body expectations with little appreciation can await new persons entering the clergy ministry. This area is only one of the factors contributing to the church's inability to maintain and preserve its spiritual leaders.² Resiliency and life-skills training within the ministry, addressing not only mental, emotional, spiritual, and physical burnout but also regarding various trauma is necessary for spiritual leaders. Clergy, gaining these skill-sets, buttresses the covering of their ministry to maintain their mental, emotional, spiritual, social, and familial health. Clergy, who impact not only the spiritual growth in a church body, must/needs time to be replenished.

Statement of the Position of the Problem

[signs-statistics-recovery/](#).

² Laura K. Barnard and John F. Curry, "The Relationship of Clergy Burnout to Self-Compassion and Other Personality Dimensions," *Pastoral Psychology* 61, no. 2 (04/2012): 150, <https://search-proquest-com.ezproxy.liberty.edu/docview/926558042?pq-origsite=summon>.

Addressed in this thesis is the topic *Traumatic Clergical Ministry Leads to Vicarious Trauma, PTSD, and Ministry Burnout*. Within this thesis, the writer upholds the need for diversification of causes. Problematic exiting of clergy can result from long-term stress, an eating away at, or erosion of one's resources. Exiting can be caused by a stressor event, or multiple and repeated traumatic situations. They also may have been impacted by vicarious or a secondary response from clergy counseling. This thesis supports the need for identification of those experiencing diverse diagnoses of ministerial stress. First, the impact of stress on clergy is multi-dimensional, rather than conglomerative, necessitating evaluation. Second, events in clergy's formative years can bring fodder to adverse behavioral patterns detrimental to clerical health and well-being. Third, the role of self, mental health, superiors, collegiate institutions, and family, among others, are necessary as pillars of support to establish, maintain, and restore individual and clerical resilience and health. Fourth, spiritual disciplines aid in replenishing lost holistic resources used within the empathic and church-focused ministry.

Limitation/Delimitation

First, the limitations of this thesis are the elementary historical variants framed in youth, which impact those going into full-time ministry. Second, the author will not broach in-depth specific therapeutic actions or treatments in a one-size-fits-all fashion, as each person experiencing a stress-response or erosion of holistic supports is a participant to factors unique to them. Third, though there will be variances of depth regarding material, the writer will focus primarily on the diversity of stress-response found in Vicarious Trauma, PTSD, and Burnout. Enclosed with this is the need for clergy to understand behaviors they may bring into ministry, and the need for supports and replenishing self to ensure holistic foundations.

Delimitations will occur within the thesis. One example exists in the grouping of Secondary Trauma with Vicarious Trauma. The primary cause for grouping within this instance is the broad variance of stress responses on clergy mental/emotional well-being. Another example is the culmination of ministry titles, pastor, minister, reverend within the abbreviated “clergy.” Denominations often have separate terms for their clergy, such as pastor, reverend, chaplain, bishop, parson, priest, and preacher. Because of these separations, to prevent exclusion, and improve inclusion, all fall under the title of “clergy.”

Section 2 – Methods

Research Methods

This thesis aligns with a library thesis or descriptive study. The student uses interviews and questionnaires and library resources to broaden the field of information gathered. The writer hopes to expand understanding of dimensions and prevalence of stress, lack of resilience, and diversity of trauma-based in clergy members’ lives and those prevalent within the ministry.

Questionnaires

In this Thesis, the writer will use questionnaires. Having the approval of Mission Northwest, a branch of the American Baptist Church, the researcher has coordinated with this denomination to send out the survey created on SurveyMonkey.com. With Mission Northwest’s support, their clergy’s information has remained completely anonymous. This questionnaire focused on areas of stress, trauma, personality types, and dimensions of support.

Data Collection

Gathering data for the thesis will be done using three methods. First, this composer will use textbooks personally acquired at one’s disposal. Second, the writer will use Liberty

University's online book selection and library. Third, knowledgeable individuals with experience participate in this area of conversation.

On Friday, June 5, 2020, the Associate Executive Minister of Mission Northwest relayed the email link to one-hundred-fifty past and present clergy members within their region, including those who had burned out at some point within the ministry.

Data Analysis

Data is correlated and grouped by diverse topics matter. Upon conducting a questionnaire, one identifies percentages. This interchange accomplished, the scribe will disperse the findings through the Thesis, and as part of the analysis, as they are applicable.

Chapter 1-Diversification of Emotional Impacts

Vicarious Traumatization

Clergy, having a diversification of roles, often exchange one hat for another. Of the many hats, clergy often don that of the counselor. It is within this role; of being present in another person's retelling of trauma that vicarious trauma often finds foundation to lay down roots. Vicarious Trauma is a malady based on exposure to another's trauma. Reyes, Elhai, and Ford indicate that "persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and persist for months or years after work with traumatized persons."³

While vicarious trauma has a root cause of trauma, this is not seen or diagnosed as Post-Traumatic Stress Disorder, as this is not the first-hand experience. Devilly and Varker indicate, "The common factors that Pearlman and Saakvitne proposed to contribute to the etiology of VT (Vicarious Trauma) in therapist include; exposure to trauma patients; the chronicity of trauma

³ Gilbert Reyes, John D. Elhai, and Julian D. Ford, eds., *The Encyclopedia of Psychological Trauma* (Hoboken, NJ: John Wiley & Sons, Inc., 2008), s.v. "Vicarious Traumatization."

work; the individual's capacity for emotional empathy; and a history of personal trauma.”⁴

Though clergy members are not typically therapists or professional counselors, they often sit, stand, or work in locations where trauma exists. The writer thinks about the clergy that flocked to New York after the attacks on the twin towers in New York. Hendron, Irving and Taylor identify “The presence of clergy in the immediate and subsequent events which unfolded following the terrorist attacks on New York in September 2001 directed attention not only towards the work that faith leaders undertook alongside other disaster responders but also the toll that this work exacted upon these individuals.”⁵ Traumatic scenarios can identify that clergy do, indeed, intervene with traumatized persons. Hendron, Irving, and Taylor also indicate that public services access clergy more frequently to deliberate and minister in situations where violence, abuse, and trauma occur and that those with mental health issues may seek clergy support before seeking professionals in the mental health field.⁶

As impactful as it is to hear another's trauma, the symptoms of vicarious/secondary trauma can drift into the minister's life like a dark mist; unseen, until glitches in thoughts and behaviors cross typical boundaries. Reyes, Elhai, and Ford indicate that typical symptoms are:

traumatic nightmares and daytime fears or intrusive recollections of a clients trauma, . . . shutting down emotionally, isolation, mistrust of others, distancing from family, difficulty with intimacy and sexuality, irritability and feeling exhausted, emotionally numb, cynical, overwhelmed, and hopeless, . . . use of substances to numb memories and feelings, . . . and hypervigilance with regard to, and overprotection of, children due to knowledge of danger in the world.⁷

⁴ Grant J. Devilly and Tracey Varker, “Vicarious Trauma, Secondary Traumatic Stress or Simply Burnout? Effects of Trauma on Mental Health Professionals,” *Australian and New Zealand Journal of Psychiatry* 43, no. 4 (2009): 374, https://journals-sagepub-com.ezproxy.liberty.edu/doi/full/10.1080/00048670902721079?utm_source=summon&utm_medium=discovery-provider.

⁵ Jill A. Hendron, Pauline Irving, and Brian J. Taylor. “Clergy Stress Through Working with Trauma: A Qualitative Study of Second Impact,” *Journal of Pastoral Care and Counseling* 68, no. 4 (December 1, 2014): 2. <https://journals-sagepub-com.ezproxy.liberty.edu/doi/pdf/10.1177/154230501406800404>

⁶ Ibid.

⁷ Gilbert Reyes, John D. Elhai, and Julian D. Ford, eds., *The Encyclopedia of Psychological Trauma* (Hoboken, NJ: John Wiley & Sons, Inc., 2008), s.v. “Vicarious Traumatization.”

Clergy may wonder to themselves, “how could this have happened? I was just doing my job, remaining available and empathic to those the Lord put before me.” Van der Merwe and Hunt address how individuals experience exposure to trauma. They indicate that some of the ways that “professional performance is compromised by vicarious trauma is through poor therapeutic boundaries, anger towards patients, doubting one’s own skill and knowledge, and a failure to focus on client’s strengths and resources.”⁸

While Vicarious or Secondary Trauma can have profoundly unsettling symptoms that are problematic, there are methods of working through these issues. Van der Merwe and Hunt indicate that to minimize and oppose the impacts of vicarious or secondary trauma, persons need to be “(giving oneself permission to limit trauma exposure, continued education in traumatology, and setting limits with clients...and extrinsic mechanisms (reducing trauma workers’ caseloads, supervision, education, and training, as well as enhancing personal coping mechanisms.”⁹

A significant challenge those with vicarious or secondary trauma face are that of avoidance. While clergy may identify the need to work on these trauma issues, the memories and emotions attached to them may feel exacerbated when one comes close to them. Thus, the individual becomes triggered and veers away, rather than working through the problem areas. Each person who struggles with trauma must/needs make their individual choice to work in the direction of healing and restoration, regardless of the pace this occurs. By doing so, they can make progress with confidence, empowered to work towards health and healing. Though this

⁸ Amelia van der Merwe and Xanthe Hunt. “Secondary Trauma Among Trauma Researchers: Lessons from the Field.” *Psychological Trauma: Theory Research, Practice, and Policy* 11, no. 1 (Jan, 2019): 11. <https://psycnet-apa-org.ezproxy.liberty.edu/fulltext/2018-52775-001.pdf>.

⁹ Ibid.

mental/emotional trauma is impactful in one's life, with willingness, Vicarious Post-Traumatic Growth (VPTG) can occur.

Vicarious Trauma Reflection

Following up one's thesis in evaluation, though the writer believed this area to be highly impactful for those within clergy ministry, evaluation of the survey indicates only a small portion of clergy within this sampling, 5 (18.52%) of twenty-seven identified in Q16 that "Yes" that they had experienced trauma hearing another's experience. In 1(3.70%) of 27 clergy members, there was "repeated trauma." Of the twenty-seven-clergy participating in Q18, 3 (11.11%) necessitated mental health support. Q20 enlightens the reader that in 15 of 29 clergy members' response for not seeking counseling or therapeutic support was as follows. For 2 (13.33%) identified that not seeking mental/emotional support was caused by "Concerns about Confidentiality," 2 (13.33%) identified this was caused by "Financial cost of counseling/therapy," and 12 (80%) identified that there were "other" reasons not noted in the list. No clergy within Q21 identified as diagnosed with Secondary or Vicarious Trauma. Thus, the thesis regarding vicarious trauma's high impact is mostly disproved for this sampling of clergy members.

Post-Traumatic-Stress Disorder

Post-Traumatic Stress Disorder is a trauma-based mental/emotional disorder. Reyes, Elhai, and Ford, define trauma as being "exposure to catastrophic life events, such as combat, sexual assault, and natural disasters."¹⁰ Trauma can also take the form of witnessing a traumatic death, dismemberment, or vehicular accident. It can result from bullying, mental, emotional,

¹⁰ Gilbert Reyes, John D. Elhai, and Julian D. Ford, eds., *The Encyclopedia of Psychological Trauma* (Hoboken, NJ: John Wiley & Sons, Inc., 2008), s.v. "Trauma."

physical and sexual abuse, child abuse, surgeries, or living in a war zone, where no location is safe from artillery. This list is not exhaustive.

The history of diagnosing PTSD is long and vast. Parekh expounds on the history of PTSD, saying that “PTSD has been known by many names in the past, such as “shell shock” during the years of World War I and “combat fatigue” after World War II.”¹¹ Post-Traumatic Stress Disorder is not only a battlefield related trauma. Nor is this a micro-cosmic anomaly, as people of all ages, races, and beliefs experience impact. Parekh states that “PTSD affects approximately 3.5 percent of U.S. adults, and an estimated one in 11 people will be diagnosed with PTSD in their lifetime. Women are twice as likely as men to have PTSD,”¹² and, while many people of all ages go through traumatic experiences, not all individuals will have posttraumatic symptoms develop. However, as Matsumato indicates, with each traumatic experience, the likelihood of developing this disorder increases.¹³ For example, much like a cup having water poured into it, as each trauma occurs, water is poured into the cup, and as these trauma events continue to increase, the water in the cup can breach its threshold and result in PTSD.

Diagnosing Post-Traumatic Stress Disorder can be challenging, as many comorbid symptoms can exist under the same diagnosis. Parekh states, “For a person to be diagnosed with PTSD; however, symptoms last for more than a month and often persist for months and sometimes years.”¹⁴

¹¹ Ranna Parekh, "What Is Posttraumatic Stress Disorder," *Psychiatry.Org*, Last modified 2017, <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.

¹²Ibid.

¹³ David Matsumato, ed., *Cambridge Dictionary of Psychology* (New York, NY: Cambridge University Press, 2009), s.v. “Post Traumatic Stress Disorder,” <https://ebookcentral-proquest-com.ezproxy.liberty.edu/lib/liberty/reader.action?docID=461152&query=Cambridge+dictionary+of+psychology>.

¹⁴ Ranna Parekh, "What Is Posttraumatic Stress Disorder," *Psychiatry.Org*, Last modified 2017, <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>

Clergy can find themselves amid trauma regularly, depending on their location, world circumstance, and congregation. Though news agencies report clergy when they have strayed, this same news media is silent when church congregations turn on their spiritual leaders as a mob to maintain control, avoid a change of customs, hindering the Lord's work to reach the multitude for him. This opposition often means that the congregation fights the changes and growth and spiritual leadership, based on inward fears.

The writer, having seen the impact of a soul-sick congregation, angry at their denominational leaders, tear first one new pastor, then two, three, four, and five apart, because denominational leaders took away their favorite pastor, and his wife who regularly made cookies. One can say with confidence that even a body of believers can maintain a pack-mentality. Within this modus operandi of clerical traumatization, the terms “bullying,” “mobbing,” and “social undermining” exist

Duffy and Yamada identify bullying as “the systematic mistreatment of a subordinate, a colleague, or a superior, which, if continued and long-lasting, may cause severe social, psychological, and psychosomatic problems on the target.”¹⁵ Within a church setting, this may look like a group of individuals coming against the minister in various ways in efforts to control them, and thus, the direction of the church body. Bullying may or may not take the form of emotional, physical, familial, positional, or financial threats. This hostility may threaten the clergy members' familial, or financial health, their benefits, their reputations. The act of bullying can be persistent, coming from various quarters to the point where clergy are fearful of stepping into the pulpit, and there is a desire to escape the body of believers.

¹⁵ Maureen Duffy and David C. Yamada, *Workplace Bullying and Mobbing in the United States* (Santa Barbara, CA: ABC-CLIO, LLC, 2018), 6, <https://ebookcentral-proquest-com.ezproxy.liberty.edu/lib/liberty/reader.action?docID=5208435&query=>.

Mobbing can have a method to its madness. Duffy and Yamada identify that:

Lehman (1990,1996) fleshed out the above definition ‘Psychical terror or mobbing in working life means hostile and unethical communication which is directed in a systematic way by one or a number of persons mainly toward one person,’ through his development of a multiphase model of workplace mobbing: namely, Phase 1: the precipitating conflict; Phase 2: the escalation of abusive behaviors against a target; Phase 3: the involvement of management or administration into the conflict; Phase 4: the acceleration of negative acts and labeling of the target; and Phase 5: the elimination of the target from the workplace or unit within it.¹⁶

Even baby chicks, seeking to establish a pecking order, will minimize and beat down those they feel are inferior. Several differences exist within humanity. First, within a workplace, there is typically no need to have a physical battle of the fittest to get something to eat. Second, there is a difference in intelligence. Those who take part in mobbing choose to join this activity; having moral and ethical implications Third, the mobbing looks different. A batch of chicks may peck at the other chick’s body, taking feathers or fluff, causing them to bleed and be injured, resulting in death. Those within a congregation often avoid pecking at the body but strike at the heart and the mind instead. Thus, the injuries are internal and more challenging to see. Because of this, those not familiar with church mobbing can be oblivious to its existence. Looking into the impact of mobbing, Duffy and Yamada identify that “Leymann and Gustafsson (1996) extensively interviewed 64 patients who had been subjected to workplace mobbing and were being treated for PTSD at a rehabilitation clinic. The results showed that almost all of the interviewed clinic patients had severe PTSD. They also had secondary diagnoses of anxiety, psychosomatic symptoms, and depression.”¹⁷

¹⁶ Maureen Duffy and David C. Yamada, *Workplace Bullying and Mobbing in the United States* (Santa Barbara, CA: ABC-CLIO, LLC, 2018), 7, <https://ebookcentral-proquest-com.ezproxy.liberty.edu/lib/liberty/reader.action?docID=5208435&query=>.

¹⁷ Ibid., 106.

Social undermining is a method of subterfuge. Crossley indicates that “Social undermining refers to intentional offenses aimed at destroying another’s favorable reputation; their ability to accomplish their work, or their ability to build and maintain positive relationships.”¹⁸ Social undermining within a church body may take the form of gossip, which may be overt; speaking loud enough that the clergy member experiencing undermining hears their statements, or covert; said out of earshot, to cover their actions, yet still smear and defame the clergy member.

Post-Traumatic Stress Disorder Reflection

Looking back on this section, the researcher finds her thesis was accurate regarding levels and causes of trauma within the ministry. More-so, as tracking occurs through youth, into adulthood and clergy ministry. First, regarding trauma experienced by these clergy, several areas are addressed. Q3 identifies that 19 (70.37%) of 27 clergy members answering this question experienced trauma when they were between 0 and 18 years old. In Q4, one identified that 7 (25.93%), or one-quarter of the 27 clergy participants answering this question experienced “repeated” trauma between 0 and 18 years of age. Though clergy did not identify diagnosis in the survey during this period, the researcher can identify that high traumatic foundations exist in these clergy members’ lives, to which coping mechanisms and personality traits (some detrimental) can develop.

Second, in adulthood, clergy identified in Q8 that in 19 (70.37%) of 27 clergy members responded that they had experienced trauma. In 5 (18.25%) of 27 clergy participants responding to Q9, this was “repeated personal trauma.” This survey identifies that trauma not only has occurred in the youth of clergy members, but that high numbers also experienced trauma in their

¹⁸ C.D. Crossley, “Emotional and Behavioral Reactions to Social Undermining: A Closer Look at Perceived Offender Motives,” *Management Department Faculty Publications* (2008): 1, <https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1000&context=managementfacpub>

personal lives. Last, within Q22, 22 (81.48%) of clergy identified that within ministry they had been traumatized. Questions regarding adult trauma outside of the clergy ministry resulted in the identification of a diagnosis. In Q11, with 6 of 13 clergy members responding, 2 (33.33%) identified diagnosis of “Anxiety Disorders,” 3 (50%) identified diagnosis of “Depression Disorders” and 2 (33.33%) of clergy responding identified diagnosis of “Post-Traumatic Stress Disorder.” Thus, the history of trauma extends from childhood through personal life and into the clergy ministry. The diagnosis then provides evidence that mental/emotional challenges necessitated diagnosis in approximately one-fifth of the clergy taking the survey.

Trauma identification exposes situations faced by clergy. In the 23 of 29 clergy participants completing Q23, three clergy members identified an “Accident” caused their trauma,” three identified the trauma was caused by “Robbery.” In five, the cause was “Surgery, and in nine, the cause was “Congregational Bullying.” For ten clergy members, the cause was “Death,” eleven identified that there was an “Other” cause, and thirteen identified their trauma contributor was caused by “Congregational Undermining.”

Threats identified by clergy were as follows. Within the 24 of 29 clergy responding to Q24, two experienced threats to “One’s Life,” five experienced threats to “One’s Family,” fourteen experienced threats to “One’s Finances,” sixteen experienced threats to “One’s Ministry Position, and twenty experienced threats to “One’s reputation.” These threats fall into the categories of bullying and mobbing, which can result in Post-Traumatic Stress Disorder. Within Q24, in three areas, more than half of clergy are threatened: that of finances, position, and reputation. Fear of impact can intensify one’s protect-mechanism, preventing the release of private information.

Burnout

Burnout is caused by an erosion of mental, emotional, physical, and spiritual resources, instead of traumatic experience. Reyes, Elhai, and Ford also indicate burnout is a “psychological syndrome of exhaustion, cynicism, and inefficacy in the workplace.”¹⁹ In burnout, the clergy member becomes drained of energy, losing the ability to connect on an emotive or empathic level. Because of this, as others tap into clergy resources, one becomes irritable, pessimistic,²⁰ and begin lacking a desire to remain in their job. Clergy can begin to question God’s goodness and faithfulness and may even gain resentments towards God; that He led them to this place of reaching people for Christ but had not sustained them during the work. After resources are spent then, what do these clergy members feel they can offer when these persons experience emptying of the passion and energy, they once felt so persistently in their lives seemingly evaporate? If someone comes into the office to speak to them about issues of a personal nature, their thought could be, “I do not know why you are here. I do not have the answers. What can I give you when I cannot drink from a dry well?” This lacking enthusiasm can significantly decrease the clergy members’ confidence in their abilities, and their work slacks off. The researcher interviewing with Reverend Gentzler asked, “In ministry, have you ever experienced burnout.” Reverend Gentzler’s response was, “Yes, I felt largely so tied into doing my job that I didn’t think it was appropriate to take a break and vacations, days off. I just flat overloaded.”²¹

Though “burnout” is a general term, just as a tree, this malady has branches. Halloran writes, “Physical burnout...Relational burnout...Emotional burnout (and) Spiritual burnout,”²²

¹⁹ Gilbert Reyes, John D. Elhai, and Julian D. Ford, eds., *The Encyclopedia of Psychological Trauma* (Hoboken, NJ: John Wiley & Sons, Inc., 2008), s.v. “Burnout.”

²⁰ Ibid.

²¹ Joe Gentzler, phone conversation with author, Port Angeles, WA, United States, June 15, 2020.

²² Kevin Halloran. “Christian Ministry Burnout: Prevention, Signs, Statistics, and Recovery.” *Leadership Resources*. October 22, 2013. <https://www.leadershipresources.org/blog/christian-ministry-burnout-prevention-signs-statistics-recovery/>.

with symptoms being, but not limited to “Stress, Depression, Insufficient sleep and rest, Spiritual dryness, Loss of motivation for ministry, Feelings of isolation, Susceptibility to temptation, Disengaged and a lack of love with those you serve.”²³

When comparing clergy burnout with other occupations, Adams, Hough, et al. identified, “Compared to the norms, clergy exhibited moderate rates of burnout. Across the three kinds of burnout, clergy scores were relatively better than those of police and emergency personnel, similar to those of social workers and teachers, and worse than those of counselors.”²⁴ Adams and associates evaluated norms for burnout, covering a broad range of occupations. They indicated that those looking at these studies could be surprised that burnout is more prevalent within clergy ministry than counselors, yet, counselors are unilateral in their jobs of working through diverse issues with persons, couples, or groups. Clergy, on the other hand, in addition to counseling, have a multiplicity of other ministry positions, called for outside of a counseling session. Because of this, clergy are spread thin across the gamut. Not only do they hold a pastoral role of giving sermons on Sundays or Saturdays as the denomination may call for, but also that of teacher, the leader in sacraments, administrator, ministering, and walking alongside individuals who are at the end of life. Adams and Associates indicate that even though clergy still fall in the mid-range, indicating that they, for the most part, do well coping with these stressors,²⁵ they are still greatly impacted. Devilly states, “Research has also found that burnout tends to be more prevalent in younger ‘helping professionals than in those aged 30-40 and over-a

²³ Ibid.

²⁴ Christopher J. Adams et al., “Clergy Burnout: A Comparison Study with Other Helping Professions,” *Pastoral Psychology* 66, no. 2 (April 2017): 147-148, <https://link-springer-com.ezproxy.liberty.edu/article/10.1007%2Fs11089-016-0722-4>.

²⁵ Ibid.

finding that is confounded by work experience and survival bias. Perceived social support has also been found to be a significant predictor of burnout.”²⁶

Chapter 2-Contributing Factors to Burnout

People Pleasing

The issue of pleasing and serving others is something many contend with every day. In many respects, this topic of interest is a positive thing. Skewing that slips into this otherwise healthy action is going to excess. Behind these actions are desires to be accepted, approved of, and loved. Kelly indicates that long-held wounds from one’s youth can injure one’s ability to connect both intimately and in a counseling capacity for one’s flock. The insecurities from the past propel the minister to push themselves past their limits, keeping themselves in others good graces, which leads to compassion fatigue and limited emotional growth.²⁷ By the time this is discovered, the habit of people-pleasing is deep-seated. Because of this, the individual will need counseling and therapeutic professionals, addressing cognitive distortions of the past to engage and set boundaries in the present fully. When a person fears rejection, they are acting out of insecurity.

Paul, himself addressed this issue of people-pleasing. He had suffered a great deal at the hands of the church in Philippi, yet he writes to the church at Thessalonica, “but with the help of our God we dared to tell you his gospel in the face of strong opposition. For the appeal we make does not spring from error or impure motives, nor are we trying to trick you. On the contrary, we

²⁶ Grant J. Devilly and Tracey Varker, “Vicarious Trauma, Secondary Traumatic Stress or Simply Burnout? Effects of Trauma on Mental Health Professionals,” *Australian and New Zealand Journal of Psychiatry*, 43, no. 4 (2009): 374, https://journals-sagepub-com.ezproxy.liberty.edu/doi/full/10.1080/00048670902721079?utm_source=summon&utm_medium=discovery-provider

²⁷ Ewan Kelly, *Personhood and Presence: Self as a Resource for Spiritual and Pastoral Care* (New York, NY: Bloomsbury T&T Clark, 2009), 103-104, ProQuest.

speak as those approved by God to be entrusted with the gospel. We are not trying to please people but God, who tests our hearts” (HCSB, 1 Thessalonians 2:4). Putting faith in God, trusting that His validation is more important than winning approval from others. Believers are to stand in His love speaking the truth, as Christ did, as Stephen did, and as Paul did. This fact is true, regardless of whether others like what is being said or not.

Research validates the impact ability of people-pleasing on the clergy. Lifeway’s study, identified by Stone and Stetzer, makes it clear that people-pleasing substantially impacts those in ministry. They identified that “that 79 percent of the 1002 pastors in one study and 91 percent of pastors in the other admitted to people-pleasing at some level. Sixty-six percent of pastors in the initial survey and 78 percent in the second survey admitted that people-pleasing hindered ministry effectiveness.”²⁸

Many stories came out of Stone and Stetzer’s research. Some of the many statements made by clergy fall into six areas, the first being clergy confidence: “I started to back off...I started thinking more of survival than advance...It shook my confidence and made me angry.”²⁹ The second area challenged is warping of church vision, “I was so committed to pleasing everyone that in my mind the promises were incompatible. The result was a ton of agenda disharmony and vision confusion in the group and a lot of emotional turmoil for me.”³⁰ Emotional turmoil then is difficult to put down between work and home, and this can impact one’s family life.

A third area impacted is a division within the body, “I gave in to some leaders who wanted to put a particular layman on the board, whom I had previously blocked. He caused

²⁸ Charles Stone and Ed Stetzer, *People-Pleasing Pastors: Avoiding the Pitfalls of Approval-Motivated Leadership* (Downers Grove, IL: IVP, 2014), 35, ProQuest.

²⁹ *Ibid.*, 36.

³⁰ *Ibid.*

nothing but trouble for the next few years, nearly leading us into a church split.”³¹ The fourth area is clergy desire to leave ministry positions, “In a church I pastored, there was a major power struggle with several members who remained very close friends with the previous pastor...I often felt unable to measure up...after two years I left the church and left the ministry”³² The fifth area is delayed ministry opportunities, “I once tried to appease my core leaders when I sensed a need to start a second Sunday service. I delayed the decision for months, trying to work through people’s issues...In the end, the ones I tried to appease (or find consensus with) left the church. We started the second service, but a lot of momentum had been lost.”³³ Sixth, and finally, clergy stated that pleasing people could lead to procrastinated actions, “I had allowed an individual to continue giving leadership to a ministry despite the past fallout of this person’s leadership style. My appeasement resulted in having to be involved “once again” with those who were hurt by this person’s callous control of others.”³⁴ All these issues remain the result of historic insecurity and fear.

People Pleasing Reflection

Looking at Q12, which asks, “Do you tend to be a “People Pleaser?” Within this question, 27 of 29 clergy members responded. Of these, 16 (59.26%) “Agree” that they “tend to be a ‘People Pleaser,” 2 (7.41%) “Strongly Agree,” 6 (22.22%) “Disagree,” and 3 (11.11%) “Strongly Disagree.” This analysis indicates that within the clergy taking the survey, high numbers, 18, or two-thirds of clergy responding “Agree” or “Strongly Agree” that they are people pleasers. As seen above, this personality can profoundly impact one’s ministry. With this prevalence, denominational and ministry leaders should be proactive in addressing clergy issues

³¹ Ibid.

³² Ibid.

³³ Ibid., 37.

³⁴ Ibid., 38.

regarding acceptance and rejection, need for affirmation and importance of establishing boundaries in this area; that the clergy member will not go to the nth degree to placate others at the expense of their mental, emotional physical and spiritual self.

People Prone to Guilt

The issue of guilt can be fractious, in that there may or may not be an actual or imagined cause for this. McBride identifies that “Some of the most troubled people are disturbed by guilt. Many are living with self-condemnation from past acts. Others suffer from an oversensitive conscience that emotionally beats them up over imagined imperfection.”³⁵ In many ways, the burden of guilt is like a lead blanket, neither providing warmth nor comfort. The person feeling these emotions may be driven to rid themselves of this, often turning to reparation. Gerard identifies that “the term ‘reparation compulsion’...is defined as the incessant drive to atone for guilt.”³⁶ They may think, “If I do enough or give enough, I can cancel out what I did.” Thus, they turn to works to wipe out their guilt or sin instead of coming before the Lord with a repentant heart to seek and accept forgiveness. Paul writes, “For it is by grace you have been saved, through faith-and this is not from yourselves, it is the gift of God-not by works so that no one can boast” (HCSB, Ephesians 2:8-9). Following the gift of grace, some may still hold onto this guilt. It is then that they need to learn to forgive themselves. Those struggling with the issue of guilt may yet need therapeutic help to work through this maze.

³⁵ Lebron J. McBride, *Living Faithfully with Disappointment in the Church* (New York, NY: Routledge, 2005), 79, ProQuest.

³⁶ Nathan Gerard, “Reparation Compulsion: Theorizing the pitfalls of guilt-driven labor.” *Organizational Studies* (January 12, 2019), 1. <https://journals-sagepub-com.ezproxy.liberty.edu/doi/full/10.1177/0170840618814572>

There may be actions that give away that an individual may struggle with guilt. Eckert writes,

When feeling guilty, you may continually replay situations in your mind without any resolution. You might avoid the other people involved. You may pretend that nothing happened. You might attempt an apology but still be left with lingering feelings that you've done something wrong. You might carry this guilt for days, months, years, even decades. All these options leave you stuck, judging yourself, living in the past, and disconnected from authenticity, relationships, and presence.³⁷

Working past these issues of guilt is necessary to break the chains and burdens of one's past. Paul writes the believers in Philippi, "Don't worry about anything, but in everything, through prayer and petition with thanksgiving, let your requests be made known to God. And the peace of God, which surpasses every thought, will guard your hearts and minds in Christ Jesus" (HCSB, Philippians 4:6-7).

Prone to having feelings of guilt reflection

Guilt can be precipitous to heavily burdened clergy members by real or imagined wrongs carried. Q13 asks, "Are you prone to having feelings of guilt?" 27 of 29 clergy participants responded, indicating that 15 (55.56%) "Agree" that they do, 11 (40.74%) "Disagree," and 1 (3.70%) "Disagree." One can notice over half of the clergy answering this question struggle in this area. Thus, this should be an area that is addressed by denominational and ministry leaders to unburden those caught captive in guilt.

More than a Spiritual Leader: Inability to Separate Self from position

As those in ministry struggle to separate themselves from their position, there is a shift from being an everyday person to an elevated position of "clergy." This transfer of personhood

³⁷ Holly M. Eckert, *Graduating from Guilt: Six Steps to Overcome Guilt and Reclaim Your Life* (Encinitas, CA: Puddle Dancer Press, 2019), 1, ProQuest.

is a shifting of beliefs; that the ministers believe they need to have all the answers, always to be prepared, proactive in ministry, veering from those areas that are seen negatively within one's beliefs. This person's value is identified through one's work then, and what they can do for Christ, rather than having an immeasurable value in one's existence. This person becomes depersonalized, losing their unique identity. Barnard and Curry indicate "One of the particular difficulties of those in ministry is to maintain a healthy differentiation between self and role, especially when those they encounter always see them as "the pastor," resulting in the clergy member being more likely to merge their self-concept with their role concept"³⁸ This role misconception can carry on, even into home life.

Chandler, whose writings focus on renewal and restoration support, states "Feeling rested and renewed emerged as a primary predictor of depersonalization. Ministry involvement, which prevents rest ranked as the second predictor for emotional exhaustion and depersonalization."³⁹ Rest is an essential aspect of depersonalization occurring. Spiegel, digging deeper into the issue of depersonalization, states "Temporary feelings of depersonalization and/or derealization are common. About one-half of people have felt detached from themselves (depersonalization) or from their surroundings) at one time or another."⁴⁰ He also states, "This feeling often occurs after people: Experience life-threatening danger, Take certain drugs,...Become very tired, Are deprived of sleep or sensory stimulation."⁴¹ As one can see then, physical exhaustion is not

³⁸ Laura K. Barnard and John F. Curry, "The Relationship of Clergy Burnout to Self-Compassion and Other Personality Dimensions," *Pastoral Psychology* 61, no. 2 (04/2012): 152, <https://search-proquest-com.ezproxy.liberty.edu/docview/926558042?pq-origsite=summon>.

³⁹ Diane J. Chandler, "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-Taking, and Support System Practices," *Pastoral Psychology* 58, no. 3 (June 2009): 285.

⁴⁰ David Spiegel, "Depersonalization/Derealization Disorder," *Merck Manuals*, accessed April 29, 2020, <https://www.merckmanuals.com/home/mental-health-disorders/dissociative-disorders/depersonalization-derealization-disorder>.

⁴¹ Ibid.

always the cause of this malady. Trauma can also bring on and exacerbate one's emotional responses to include depersonalization. Simple methods may initially start the return to self. Within this is the need for rest taking to be refreshed, setting schedules that maintain healthy relationships with self, spouses, and family is needful to maintain balance. Evaluation of trauma-induced responses should occur if the cause exists.

Inability to Separate Self from position reflection

In the survey analysis, Q14 asks, "Do you struggle to separate self from position?" 27 of 29 clergy members responded to this question. In this, 13 (48.15%) "Agree" that they struggle to separate self from position," 2(7.41%) "Strongly Agree," 10 (37.04%) "Disagree," and 2 (7.41%) "Strongly Disagree." Within this, 15 of 27 or more than one half struggle to separate themselves from their position. An interview held with Reverend Gentzler exhibits these challenges. Asking Him if he struggled in this area, he states, "I have found that when I'm doing other forms of employment, I will tell others I'm a pastor at heart, but that I'm just doing this job so I can earn a living. I've had people ask, "Why are you telling me this?" I just feel like I'm preacher Joe. But it's not who I am. It's what I do. I associate self with position."⁴² This personification of position can be highly impactful. There is a necessity to separate the person from the position.

Lack of Self-Efficacy and Self-Compassion

Self-Efficacy and Self-Compassion, though similar, hold two different meanings. Leary and Tangney state, "Self-efficacy beliefs are beliefs regarding one's ability to exercise one's competencies in certain domains and situations⁴³...how well one can mobilize one's resources to

⁴² Joe Gentzler, phone conversation with author, Port Angeles, WA, United States, June 15, 2020.

⁴³ Mark R. Leary and June P Tagney. *Handbook of Self and Identity*, 2nd ed. (New York, NY: The Guilford Press, 2012), 199, ProQuest.

perform behaviors to accomplish goals⁴⁴...can influence explanations of success or failure.”⁴⁵

Self-compassion is different, however. Barnard indicates that self-compassion “entails offering kindness, patience, and understanding to oneself during times of failure or disappointment.”⁴⁶

He indicates that those who have substantial self-compassion utilize relationships to process their challenging situations, eliminating the individual from suffering aloneness and that these individuals do not rack their brains over what they could have done differently.⁴⁷

Within a clergy position, both self-efficacy and self-compassion are necessary tools for one to have in their toolbox. Nevertheless, those who struggle in these areas, lacking confidence in their abilities, lacking the ability to show grace, may have difficulty casting vision for the body of believers. They can struggle to begin large projects; as they are concerned, they will not be able to accomplish the tasks or get others to work towards the goals, experience considerable negative self-talk, among other symptoms. Rather than having a fear of failure, those who struggle with self-efficacy know it exists and that it should occur, because they are the one who is leading. These individuals can be their own worst critics, micromanaging and dissecting their every action, minimizing if it was good, and if it was awful, how bad was it? Barnard and Curry indicate that “data suggests that clergy who have low self-compassion and are at risk for burnout are also likely to feel ashamed of themselves and likely to lose themselves in their role, dismissing their worth inside the role.”⁴⁸

Self-Efficacy and Self Compassion Reflection

⁴⁴ Ibid., 200.

⁴⁵ Ibid.

⁴⁶ Laura K. Barnard and John F. Curry, “The Relationship of Clergy Burnout to Self-Compassion and Other Personality Dimensions,” *Pastoral Psychology* 61, no. 2 (04/2012): 152, <https://search-proquest-com.ezproxy.liberty.edu/docview/926558042?pq-origsite=summon>.

⁴⁷ Ibid.

⁴⁸ Ibid., 160.

In the sample of clergy surveyed, Q15 asks, “Do you struggle to have adequate Self-Efficacy and Self-Compassion?” 27 of 29 clergy contributors responded to this question, to which the responses were 10(37.04%) “Agree” that they have adequate Self-Efficacy and Self-Compassion,” 1 (3.70%) “Strongly Agree,” 12 (44.44%) “Disagree,” and 4 (14.81%) “Strongly Disagree.” This sampling indicates that eleven clergy have confidence in their abilities and can be compassionate to themselves when they struggle. However, there are sixteen of twenty-seven; over half of clergy who do not have this confidence, and who struggle to show compassion to themselves when things do not go as they had hoped. This area should be addressed by denominational and ministry leaders to help clergy and to build them up in their abilities and their compassion towards themselves.

Chapter3-Identification and Support for Malady

The Role of Self

In the beginning, the Lord gifted Adam and Eve the power of choice in their lives with free will. He also made each person responsible for their actions. Adam and Eve’s actions had not only had physical consequences but also eternal consequences for humanity, as sin entered their lives. Both experienced the ramifications of their actions. Adam was not responsible for Eve’s choice. Eve was not responsible for Adam’s choice. Before God, they were individuals. Paul later writes, “But each person should examine his own work, and then he will have a reason for boasting in himself alone, and not with respect to someone else. For it is written, “For each person will have to carry his own load” (HCSB, Galatians 6:5).

One of the most significant challenges in embracing change to step into new modes of operation, out of the old actions and into the new is stepping out by faith. Just as the Lord gave man free will, so also does each person have the freedom to discern the next step. McKay,

Eifert, and Forsyth quote Dr. Seuss as saying, “You have brains in your head. You have feet in your shoes. You can steer yourself in any direction you choose.”⁴⁹

The Lord God often refers to his people like sheep. In this, He was not necessarily complimenting His created work. This writer, having raised sheep, knows they will almost climb over a person to get to the grain before it is poured into the feeders. This impulsivity and commotion that is created by the sheep may cause some or all the grain to be lost. Next, if they have gotten their head stuck in a hedge or a fence, rendering them stuck, they cannot physically back up. They have no reverse. They need to be physically maneuvered back out of their situation, and the whole time they will fight the “helper” that is moving them. Sheep, when left to their own devices, will continue to press forward, even if it means putting themselves in a worse situation. As humans, with the Lord as our shepherd, he leads and guides and sometimes puts obstacles in our path, to prevent His sheep from going head-long into unhealthy situations. However, with free will, human beings can often get into severe challenges by their choices. There is good news, though: human men and women can turn their heads from side to side and look up and down when they are stuck; to gain a new perspective of where they are and to change their situation with the Lord’s leading.

One of the significant inhibitors of growth and restoration is fear of change, fear of emotions, fear of failure, fear of the unknown. The clergy member also experiences the same challenges parishioners often experience at the smell of change. Often, when high stress or

⁴⁹ Matthew McKay, Georg H. Eifert and John P. Forsyth. *Your Life on Purpose: How to Find What Matters and Create the Life You Want* (Oakland, CA: New Harbinger Publications In., 2010), 16, ProQuest.

trauma impacts an individual, what may look like a short walk from point A to point B to an outside observer may look like a distance between one side of the Grand Canyon and another to the person facing the crossing. Stepping out on the journey takes an intentional effort, even when the steps move the member in a positive direction.

Deciding to do self-care is a choice. Significant difference between caring for the parishioner and those outside the church building and caring for oneself exist. Burns writes, “Self-care is a holistic concept that explores how five aspects of one’s life are interwoven: emotional, spiritual, social, intellectual and physical.”⁵⁰ Each area plays a foundational part of restoring balance within a person’s life. If a person is emotionally dry, how can they connect with those they talk with and counsel; maintaining empathic concern? Will they be able to relate their trust in the Lord if they experience spiritual depletion when they question God’s faithfulness in their own life? The same goes for one’s social life or having conversations that light up one’s intellectual territory and maintain one’s physical health; the balance being the key. Pendulums swing to both sides, exposing the danger of extremes.

There are sometimes barriers to forward growth, but there are also areas of each person that can be shining beacons, leading one forward. McKay, Eifert, and Forsyth focus on the issue of values within life and can be just as diverse as each individual. Many types of values exist and can often be seen by what is most important to each person.

“Values may be the care of family, teaching others, honesty, social reform, one’s faith, being a hard worker, caring for animals.”⁵¹

⁵⁰ Burns, Bob, Tasha Chapman, and Donald C. Guthrie. *Resilient Ministry: What Pastors Told Us About Surviving and Thriving* (Downers Grove, IL: InterVarsity Press, 2013), 63. ProQuest.

⁵¹ Matthew McKay, Georg H. Eifert and John P. Forsyth. *Your Life on Purpose: How to Find What Matters and Create the Life You Want* (Oakland, CA: New Harbinger Publications In., 2010), 18, ProQuest.

One of the most significant steps regarding values is learning what values are significant for one's self. For example, the subject "A" values honesty. In a situation, subject "A" needs to disclose challenging news to subject "B." Instead of giving the subject "B" the news, subject "A" lies. Later, the subject "A"'s conscience is weighing heavy. This burden of conviction exists as a result of not maintaining their values. As a negative bonus they have also sinned before the Lord. Finally, the subject "A" talked to subject "B," disclosing the news, unburdening themselves. They resolve to tell the truth the next time.

McKay, Eifert, and Forsyth identify barriers to living one's values. They indicate,

Given the power of cognitive, emotional, and behavioral blocks, it isn't surprising that we often abandon our values and cast our lives adrift...we run toward the shelter of brief pleasures and numbing routines, toward the safe harbor of each ordinary day. However much these moments may ease or soothe us, we're left without meaning, miles from doing the things that matter most.⁵²

When individuals do not live based on values, and by what one believes, there can be self-condemnation, guilt, shame, embarrassment that shadow visions of self. When a person lives, maintains cohesion with their values, and is willing to pursue this in the face of challenges, a person may face the challenges they have been pushing away. By maintaining willingness, a person can press on regardless of the internal noise.⁵³ Though a values-based living can help, there are times when conflicting values exist. For example, if a person has a value to "work hard" and also value "life," then these will conflict if a person works to excess, as overworking can become a crutch and method of avoidance to work through internal challenges. If one

⁵² Ibid., 23.

⁵³ Ibid., 24.

overworks, they may not get the rest they need, the food they need to eat, and their life impaction occurs on several levels. If a person values “life,” then that person also must/needs account for their own lives, not only the lives of others.

The role of self within restoration is making decisions that are going to be healthy, balanced, and in line with one’s values and relationship with God Almighty. The Lord does not desire that His servants wear themselves out, as if they are a mule attached to a grindstone. The Lord evaporated the law into two things, which are suitable for all men and women alike. He said, “Love the Lord your God with all your heart, with all your soul, and with all your mind. This is the greatest and most important command. The second is like it: Love your neighbor as yourself” (HCSB, Matthew 22:37-39). In the case of giving individuals, such as clergy members, sometimes there needs to be a reversal to Matthew 22:39; indicating a person should love themselves in the way they have shown love to others.

The Role of Mental Health Providers

Treatment of Vicarious Traumatization

The role of mental health care providers treating Vicarious Traumatization involves identifying maladies and intervening in the challenges faced within clergy lives. Figley identifies that “Interventions can be grouped into three categories: personal, professional and organizational.”⁵⁴ Further discussion held by Figley identifies that personal methods involve, “Identify Disrupted Schemas...Maintain a Personal Life...Use Personal Psychotherapy... Identify Healing Activities...Tend to Your Spiritual Needs.”⁵⁵ Professional strategies involve “Arrange Supervision...Develop Professional Connection...Develop a Balanced Work-Life...

⁵⁴ Charles R. Figley, *Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. London, UK: Brunner-Routledge, 1995.

⁵⁵ *Ibid.*, 165-167.

Remain Aware of Your Goals.”⁵⁶ Lastly, organizational strategies are “Attend to Physical Setting...Arrange for Adequate Resources...Create an Atmosphere of Respect...Develop Adjunctive Services.”⁵⁷ Each of these areas addressed will go far, creating procedures to meet needs in both one’s personal and professional life.

Addressing personal history or behaviors that opened the door to vicarious or secondary trauma will need to be addressed. These methods, as listed by Figley, are simplistic and straightforward, yet they are not fundamentally easy. Restoration is not a cut and dry process, as there may be resistance and avoidance in relating and working through the trauma. Recovery can take from several months to even years to recover. Much depends on the person’s history, repetition of vicarious trauma experiences, and willingness to work through the memories, emotions, and symptoms produced by the event (s). Reyes, Elhai, and Ford indicate, “If left unaddressed, VT (Vicarious Trauma) can result in serious mental health consequences to the therapist/helper, including the development of persistent secondary traumatic stress reactions and ultimately symptoms and psychosocial problems similar to PTSD.”⁵⁸ As one can see, then, when trauma occurs, time is of the essence to address it.

Treatment of Post-Traumatic Stress Disorder

The role of mental health care providers treating Post-Traumatic Stress Disorder, an anxiety disorder, is to evaluate and identify the malady, but also any other comorbidity that has developed, such as other anxiety disorders or varieties of depressive disorders. As evaluations continue, not only the mental health professional but also physicians may be involved in this process, as symptoms necessitate. Cash and Weiner indicate that the core focus of mental health

⁵⁶ Ibid., 167-169.

⁵⁷ Ibid., 169-170.

⁵⁸ Gilbert Reyes, John D. Elhai, and Julian D. Ford, eds., *The Encyclopedia of Psychological Trauma* (Hoboken, NJ: John Wiley & Sons, Inc., 2008), s.v. “Vicarious Traumatization.”

practice is “systematic and scientific measurement, and psychological assessment is the means by which this is achieved. What is being measured? Human psychological phenomenon within a biopsychosocial model are being measured (thoughts, feelings, personality characteristics, physiological reactivity, etc.”⁵⁹ At this time, mental health care providers conduct the first or second interview. In this, the counselor or therapist will learn by observing the client and asking questions regarding their history. They may use psychological testing or other measurements, all of which facilitate diagnosis, identify client maladies, create a treatment plan, and make recommendations or referrals.⁶⁰ The treatment plans can be as diverse as the individuals walking through the doors. No two people are identical in what they have experienced or how they have responded to these situations. While there may be a variety of treatments available, clients have treatment plans tailored to their needs.

When traumatized clergy seek professional support, they are stepping out in faith, as Those who have been traumatized and are seeking professional support are truly stepping out in faith, as one of the prime symptoms of PTSD diagnosis is avoidance. Then, the client is going against internal avoidance (a prime symptom of PTSD) to seek help. Being willing to create change within their situation is a groundbreaking choice. Avoidance of past trauma can prevent a person from seeking professional help in some cases indefinitely. Mental/emotional or psychosomatic pain is a dominant motivator for seeking help.

Mental health care professionals, diagnosing PTSD, will have a broad number of therapeutic devices available for them. Cash and Weiner identify many of them: “Biofeedback, Cognitive-Behavioral therapy CBT), Constructivist-narrative therapy, Creative therapies, Crisis

⁵⁹ Adam Cash and Irving B. Weiner. *Wiley Concise Guides to Mental Health: Post Traumatic Stress Disorder* (Hoboken, NJ: John Wiley & Sons, Inc., 2006), 162.

⁶⁰ Ibid.

Intervention, Exposure therapy, Eye movement desensitization and reprocessing (EMDR), Family therapy, Feminist Therapy, Group Therapy, Hypnosis, Inpatient treatment,..., Relaxation training, Stress-inoculation training, (and) Systematic desensitization,”⁶¹ and many others. They also indicate that there are three continuities between all of these treatments; “Phase 1: establishing safety, building the alliance, establishing trust, and relaxation training, Phase 2: disclosure, trauma narrative, trauma script, and imaginal exposures, Phase 3: reconnection, self-continuity and meaning, integration, and synthesis.”⁶²

There is no set time frame by which a person completely rids themselves of PTSD. An individual may go through counseling and therapy over a long period. They may have Post-Traumatic Growth (PTG), yet residual impacts can stay with a person for a lifetime. An excellent example of why this occurs is as follows. A person is involved in an automobile accident. There are many internal injuries, and the person’s leg has deep lacerations and tears. Though the physicians and surgeons are highly reputable and skilled, there can still be internal and external scarring to the areas impacted. With PTSD, though the mental health care providers may be skilled in working with traumatized persons, a person still may have residual scars from the emotional and mental impact. SPECT “(Single Photo Emission Computed Tomography)”⁶³ scans observing the differences between an average untraumatized brain and an individual having PTSD show stark differences in blood activity within the brain. Friedman, Keane, and Resick indicate within their writings identified “abnormalities in the amygdala (location of emotion identification, and also contains one’s photobook: a plethora of visual images accumulated since birth) and PFC (Prefrontal Cortex) (which in a nutshell manages a person’s

⁶¹ Ibid., Posttraumatic Stress Disorder.

⁶² Ibid.

⁶³ *MerriamWebster.com*, s.v. “SPECT,” accessed May 4, 2020, <https://www.merriam-webster.com/medical/SPECT>.

cognitive functioning) in patients with PTSD”⁶⁴ during SPECT scans. Thus, there are changes within the brain of those who identified with PTSD.

Many clients entering the care of mental healthcare providers will not understand fully that not all counselors or therapists are identical. Each has unique personalities, training, and qualifications to work with clients. Healthcare professionals, when taking clients through specific therapeutic practices, require training. Some, trying to help, without the proper training, can further injure the client by their lack of knowledge and skill. In these situations, the provider should be referring the client to a trained, reputable mental healthcare professional. Often, new clients going into mental health care to seek help lack the knowledge to seek referrals when the client feels the provider is not competent in this area, they do not see progress is occurring, or identify that personality differences exist that would hinder their ability to work with the provider.

The process of recovery from PTSD varies from person to person. Early intervention can minimize symptoms and long-term impacts on those who are traumatized. That said, the longer a person waits to begin treatment and processing of these events, the longer lasting they will be, and, often, the more significant foothold these symptoms will have on the person’s life.

Treatment of Burnout

The role of mental health care providers in treating burnout is diversified, as this is a matter of internal erosion of a person’s mental, emotional, physical, and spiritual health. Vacc and Loesch identify that as a person seeks professional support, “The counseling process consists of establishing a cooperative interaction and using that relationship to help clients explore

⁶⁴ Matthew J. Friedman, Terence M. Keane, and Patricia A. Resick, *Handbook of PTSD, Second Edition: Science and Practice*, 2nd ed. (New York, NY: The Guilford Press, 2014), 257, <https://ebookcentral-proquest-com.ezproxy.liberty.edu/lib/liberty/reader.action?docID=1691133&query=>.

themselves and their situations, gain a clearer understanding of both, and then try out appropriate actions.”⁶⁵ Following this, there would be many appointments in which the professional will seek to address cognitive distortions (lies one tells themselves to make them feel secure in unhealthy situations) and move the client towards changes in behavior and self-awareness.⁶⁶ For many, the issue of burnout is not something that happened overnight, so the work to move the person back to health-related management and restoration in their lives will not be immediate. Just as a wall, torn down will take work to put back up, so will the restoration of a person’s fractal life. Much will depend on the person’s willingness to implement changes to their self-management skills and ability to relate to others in ways that shows respect for self and establishes boundaries for self and others.

The Role of Ministry Supports

The impact of ministry supports is essential to establish. London and Wiseman relate a conversation between London and James Dobson, and in this an understanding regarding ministry supports. The authors state, “As we talked, we began to realize the need for someone to become a pastor to pastors to help ministry professionals cope with these unique stresses they live under.”⁶⁷ Apart from other clergy involvement, often ministers can be left to fend for their emotional support if the governing authorities have not established this. Having a competent spiritual counselor can improve one’s ability to process situations and resolve challenges. Orto and Power write, “giving permission and allowing the survivor to ventilate feelings concerning a recent past extraordinary stressful experience. Verbalizing thoughts and emotions has

⁶⁵ Nicholas Vacc and Larry C. Loesch, *Professional Orientation to Counseling* (New York, NY: Routledge, Taylor & Francis, 2000), 3, ProQuest.

⁶⁶ Ibid.

⁶⁷ H.B. London, Jr. and Neil B. Wiseman, *Pastors at Greater Risk: Real Help for Pastors from Pastors Who’ve Been There* (Grand Rapids, MI: Baker Books, 2003), 21.

therapeutic benefits.”⁶⁸ Additionally, as Orto and Power indicate, one can provide information on community resources, and remember to emphasize positive attributes, regarding how the individual is functioning now.⁶⁹

Building resiliency is a growing area of focus regarding high stress or trauma issues. A forerunner in this area is the United States Military, addressing the psychological impacts of trauma situations on military personnel. The high impact of trauma on personnel precipitated a need to identify methods to strengthen those within the ranks. Various high-stress jobs exist both in and out of the military, within military chaplain circles, and those who are clergy in the civilian sector. Mcewan, focusing on resiliency within a job setting, identifies, “On a personal level, characteristics such as optimism, flexibility, adaptability, independence and effective problem-solving skills assist us to build resilience. Social skills and a strong sense of trust in others are also beneficial...self-control...sense of humor and some creativity...good levels of self-esteem and self-efficacy.”⁷⁰ All of these, including one’s spiritual faith, help a person to bounce back and remain stable in stressful situations.

Though clergy outside the military do not typically encounter a typical war-like atmosphere, many ministers experience this atmosphere in a differing variety, as churches can often be at odds within their ranks, and against clergy who seek to implement change. Those in ministry can find themselves fighting for survival. Thus, the need for building resiliency is essential for ministers to bounce back from problematic church situations, vicarious trauma, burnout, and PTSD.

⁶⁸ Arthur E. Dell Orto and Paul W. Powers, *The Psychological and Social Impact of Illness and Disability*, 5th ed. (New York, NY: Springer Publishing Company, LLC., 2007), 450, <https://ebookcentral-proquest-com.ezproxy.liberty.edu/lib/liberty/reader.action?docID=294976&query=T>.

⁶⁹ Ibid.

⁷⁰ Kathryn Mcewan, *Building Resilience at Work* (Bowen Hills, Australia: Australian Academic Press, 2011), 3, ProQuest.

The Role of Family

The family unit, provides a position as a buoy for the clergy member, going through troubled waters. Schwartzhoffer states that individuals can “derive support from sources beyond the organizational domain, such as their family life. The survey given to clergy within the ranks of Mission Northwest validates this impactful role of “Spending Time with Family,” as 25 (92.59%) of 27 clergy use this “Self-care” measure. For example, affection and advice from family members contribute to the employee’s well-being and decrease feelings of burnout.”⁷¹ She also identifies that “Instrumental support by the family, such as help with household tasks, has been reported to reduce family-to-work interference.”⁷² While these things may not be flamboyant, they help to provide grounding and stability in the home to the clergy member who may be tossed by the stress they are experiencing in ministry, also the expectations placed on them by self. Quiet homes during these times, allows the member to decompress, to reflect on the day, and to redirect their focus. In doing so, they transition from a clergy member to husband or wife, father or mother, or necessarily a valuable person created in God’s image. The one issue that often crosses boundaries between the two is if there is a mental/emotional illness, or they are struggling with symptoms of burnout. Powers and Orto tag onto this that “the family is frequently a potent influence in shaping the way a person adjusts to an illness or disability...A family-focused approach (regarding therapy) is likely to maximize intervention effectiveness, whether or not other family members are directly involved in the health-related behaviors”⁷³ the clergy member experiences.

⁷¹ Rachel V. Schwartzhoffer, *Psychology of Burnout: Predictors and Coping Mechanisms* (New York, NY: Nova Science Publishers, 2009), 64, ProQuest.

⁷² Ibid.

⁷³ Paul W. Powers and Arthur E. Dell Orto, *Families Living with Chronic Illness and Disability: Interventions, Challenges, and Opportunities* (New York, NY: Springer Publishing Company, 2004), 1, ProQuest.

The role of the family can be significantly more complicated than providing a quiet and cared for home, and, if the clergy member has just started experiencing mental/emotional challenges, they may not know how to support their loved one. If the time has gone on, with the stress increases in the family relationships, these may be strained or even at the breaking point. Depending on the diagnosis, the clergy member may have experienced a significant mental shift, which could bring upheaval to the marriage and their relationships with their children. At times there may be a need to seek intervention for marital support. Orto and Powers indicate that “Family members of the afflicted also need spiritual resources while caring for the sick person and dealing with the disability and illness,”⁷⁴ and that church support via respite services, meals, and congregational support.⁷⁵ This need for care is necessary, regardless of whether the challenges exist by vicarious trauma, PTSD, or burnout, or any culmination of these three. A problematic issue is that, because of the nature of the illness is mental or emotional instead of physical, some may seek to hide it. In an interview held with Reverend Gantzler, this researcher asked him, “What type of fears prevent clergy from seeking counseling or therapy while in ministry?” He responded, “I think the base fear that anyone has about seeking counseling has to do with how your peers are going to interpret that. Does that mean you’re not strong enough to handle your own problems? I think that’s one of the biggest things in terms of social reactions to any kind of mental issue. If people think that I am crazy, they won’t respect me.”⁷⁶ Thus, if the person does not reveal the mental/emotional ailment, the other areas of their life won’t be threatened.

⁷⁴ Arthur E. Dell Orto and Paul W. Powers, *The Psychological and Social Impact of Illness and Disability*, 5th ed. (New York, NY: Springer Publishing Company, LLC., 2007), 412, <https://ebookcentral-proquest-com.ezproxy.liberty.edu/lib/liberty/reader.action?docID=294976&query=T>.

⁷⁵ Ibid.

⁷⁶ Joe Gantzler, phone conversation with author, Port Angeles, WA, United States, June 15, 2020.

Chapter 4-Spiritual Disciplines as Core Supports in Restoration

The Role of Prayer

The role of prayer within a believer's life is much like a lifeline, as is reading God's written word. It is written, "I am the vine; you are the branches. The one who remains in Me and I in him produces much fruit because you can do nothing without Me. If anyone does not remain in Me, he is thrown aside like a branch, and he withers" (HCSB, John 15:5-6). The Lord desires not only to maintain a persons' life but to cause it to flourish and produce bountifully. The keywords found within this verse are "remains in Me" (HCSB, John 15:5) verses "does not remain in Me" (HCSB, John 15:6). A great deal depends upon whether an individual remains committed and connected to Him. This scenario found within John 15 does not indicate that the Lord left. He remained committed to the relationship He had with those connected to Him. The believer, who has moved away from the Lord to re-establish this connection, must return to the Lord, for it is in Him that he or she has a connection to life. It is in Him that we are changed and renewed. In Him are our hope and our salvation. In prayer, believers come closer to knowing ourselves and knowing Him and His will for our lives.

Prayer can bring a balm to the hearts of those who seek the Lord. Calhoun indicates that "Inner-healing prayer focuses attention on emotional wounds, needs, lies, vows, and disfunction. Issues like self-hatred, fear, addiction, depression, the ability to give or receive forgiveness, bitterness, the need to perform, defensiveness, and obsessive-compulsive traits commonly surface in prayer for inner healing."⁷⁷ Through prayer, the challenges that our wounding, our transgressions, and mental/emotional poisons have brought into our lives are brought to Him and

⁷⁷ Adele A. Calhoun, *Spiritual Disciplines Handbook: Practices That Transform Us*. (Downers Grove, IL: IVP Books, 2005) 228, ProQuest

laid before Him. In coming to Him, He works to restore our lives. Peter wrote, “Humble yourselves, therefore, under the mighty hand of God, so that He may exalt you at the proper time, casting all your care on Him, because He cares about you” (HCSB, 1 Peter 5:6-7). The Lord never intended man to hold tightly to the burdens of our lives, our sins, or our past experiences. When men or women do, they are like boulders thrown into a backpack, constantly weighing persons down, wearing them out, evaporating their mental, emotional, physical, and spiritual strengths. He desires for His people to lay those down before Him, to unburden oneself, so that we can walk free before Him, and to walk in the way He has called.

The role of prayer is not only impactful for one’s life in restoration. Prayer embraces connection with God, branching into intercessory prayers, and prayers of reconciliation, as the Lord leads. Paul writes, “In the same way the Spirit also joins to help in our weakness, because we do not know what to pray for as we should, but the Spirit Himself intercedes for us with unspoken groanings. Additionally, he who searches the hearts knows the Spirit’s mind-set because He intercedes for the saints according to God’s will” (HCSB, Romans 8:26-27). Believers will not always get what they pray for, despite repetition and zeal, as in the widow’s case in Luke 18:1-8. God’s word is trustworthy, as Paul states, “We know that all things work together for the good of those who love God: those who are called according to His purpose” (HCSB, Romans 8:28). Those called then to Christ, knowing that God is working for their good, can understand that if the Lord God withholds an answer, or this is not what one desires to happen, then God is still working for the believer’s favor. After all, Isaiah writes the Lord’s declaration, “For as heaven is higher than earth, so My ways are higher than your ways, and My thoughts than your thoughts. (HCSB, Isaiah 55:9). Isaiah continues to pen God’s declaration, as he writes, “For just as rain and snow fall from heaven and do not return there without saturating

the earth and making it germinate and sprout, and providing seed to sow and food to eat, so My word that comes from My mouth will not return to Me empty, but it will accomplish what I please and will prosper in what I send it to do” (HCSB, Isaiah 55:10-11). Just as the Lord prospers the land, He also seeks to prosper the believer; creating good in their lives, and if the prayer is not in line with His will, working for one’s good, then one can say with confidence, “No, and Amen,” praising God for his discernment and watch-care over one’s life.

The Lord’s desire is not only to restore broken and battered clergy. He also desires to restore those lost in sin unto Himself. Ezekiel writes, “The Lord God says: See, I Myself will search for My flock and look for them. As a shepherd looks for his sheep on the day, he is among his scattered flock, so I will look for My flock. I will rescue them from all the places where they have been scattered on a cloudy and dark day” (HCSB, Ezekiel 34:11-12). The Lord is in the business of restoration. Though this verse may seem to clergy only to be speaking of unbelievers and the zeal to retrieve them, saving them from the snare of Satan, too often, even in the world of ministry, the clergy can be the ones feeling, seeming or appearing lost. Through prayer, the sheep reconnect with the shepherd, as they hear His voice calling to them to come home, into a restored relationship with Him.

Within the survey given, the researcher identifies the strong need for clergy to connect to the Lord through prayer. Results show that 24 (88.89%) of 27 clergy members participating utilize this discipline and “Self-care” measure. Thus, time in prayer is seen as essential by those in ministry within this region.

The Role of Worship

Worshipping the Lord, the reader is reminded of the interconnected place we have, as the Holy Spirit works both in believer’s lives and as part of the bridge that ties us to the Father

above. Harland and Moser remind the reader, “Just as God was present with Abraham on that day so that God will be present when we worship—whether we’re alone or gathered with other believers to express our worship.”⁷⁸ Just as the Holy Spirit was present with the Lord, as He prayed to His Father in heaven, also, as believers, so He is with us. Schmit writes, “Pastors and worship planning teams prepare services of worship that are filled with the potential for a rich encounter with God; when we succeed in being inspired, fed, and restored, it is by the Holy Spirit working through our worship activities.”⁷⁹ The word “worship” is used two hundred and fifty-eight times within God’s written word.

Worship is a spiritual conduit of refilling one’s tank by connecting with the Lord God. The word “worship” in this sense is not to sing, to stand, to raise one’s hands, for even the heathen can do such things. John states, “But an hour is coming, and is now here when the true worshippers will worship the Father in spirit and truth” (HCSB, John 4:23). In this, the believer puts away self, puts away vain ambition, puts away political correctness, puts away the desire for praise or affirmation of others. Anders and Gangel indicate that this verse refers to “an attitude of heart which acknowledges God and His sovereignty over our lives. Furthermore, worship must be done in truth—honestly, biblically, centered on Christ.”⁸⁰ It is in the intimacy of truthful worship, bearing one’s soul to the Lord, communing with the Father through the Holy Spirit that believers experience refreshing. Just as a glass of cold, sweet water refreshes a person walking in a dry and dusty desert, worship refreshes the believer who has been walking in a spiritual desert. Within the survey given to Mission Northwest clergy answering Q30, 20 (74.07%) of 27

⁷⁸ Mike Harland and Stan Moser, “Seven Words of Worship: The Key to a Lifetime of Experiencing God” (Nashville, TN: B &H Publishing, 2008), 37, ProQuest.

⁷⁹ Clayton J. Schmit, *Sent and Gathered: A Worship Manual for the Missional Church* (Grand Rapids, MI: Baker Academic, 2009), 50, ProQuest.

⁸⁰ Max Anders and Kenneth Gangel, *Holman New Testament Commentary: John* (Nashville, TN: B & H Publishing Group, 2000), 87, ProQuest.

clergy members use the spiritual discipline of “Worship,” regularly in their lives, and as a method of “Self-Care.”

The Role of Accountability

Just as a compass indicates the direction, a person should go, or corrects the direction a person is going, having accountability within the ministry can help clergy maintain their ministry focus and personal life. Calhoun indicates, “Accountability partners help us face into the truth of who we are in Christ. They help us face down the lies that shape us, and they orient us in the direction of God’s patient love. Together, accountability partners walk into the temptations and difficulties of life.”⁸¹ She also states that within the relationship of accountability that “they share the last 10 percent of themselves with each other. They let their secrets out. And together they focus on living holy and responsible lives, fueled by desire for God.”⁸² While having another to be accountable, as these clergy members bond and build trust, secrets, and sins can be exposed and dealt with in a discreet way, in which both members maintain anonymity. Each minister’s personal lives are, then kept safe, confidential, maintaining anonymity.

These intimate relationships have not always been accessible, encouraged or embraced, McClanahan states, “In a recent survey among over 700 Presbyterian clergy, only 53% belong to a peer support group, and only 26 have a mentor they can go to for counsel. The study found that those who had meaningful relationship with a mentor, experienced higher levels of satisfaction and less stress.”⁸³ So, it can presume that clergy in these mentor relationships, because they expressed their inner thoughts and struggles, reduced their life struggles. What can be said then,

⁸¹ Adele A. Calhoun, *Spiritual Disciplines Handbook: Practices That Transform Us*. (Downers Grove, IL: IVP Books, 2005) 123, ProQuest

⁸² Ibid.

⁸³ Jamie McClanahan, “Pastoral Self-care: Developing a Burnout-Resistant Approach to Life and Ministry.” Diss. (Dissertation: Liberty University School of Divinity, 2018), 5, ProQuest.

for those who bottle their emotions; not having a spiritual compatriot to unburden one's heart? Like a bottle of champagne, ready to pop, these internal stressors impact the member within. Burnard, looking at the prospect of co-counseling, informs that personal experiences, including life, death, relationships, spiritual qualms and stressors can produce many diverse emotions. However, repressed emotions can inhibit the individual from living and functioning at the desired level.⁸⁴

As these co-counselors talk and express these emotions, at times through laughter, at times through tears or various expressions; releasing them, feel-good chemicals in the brain, chemicals such as oxytocin and endorphins (feel-good hormones) are then released and produce a state of calm and focus. Release from these mental/emotional/spiritual chains frees captive clergy from the past. Additionally, Burnard states the impact of this released person is that they “become less stressed, more autonomous, and more able to take charge of her (or his) life. She (or he) feels less ‘acted upon’ and more able to exercise choice. She (or he) can be spontaneously positive and life asserting.”⁸⁵ In many ways, this union of co-counseling helps the person to be unclogged-like a gutter, allowing them to function productively, without the emotional blockage. Something each clergy member needs to wrestle with is the question of whether, when not clearing out the mental, emotional, spiritual baggage, whether this is hindering the work of the Holy Spirit.

The researcher, asking clergy to “check all self-care measures you on a regular basis.” Of 27 clergy answering this request, 11(40.74%) regularly spend time with an “Accountability Partner.” In this, while some find supported in this measure, six-tenths, or 16 of 27 clergy members do not have one-on-one interaction at this intimate level.

⁸⁴ Philip Burnard, *Practical Counseling and Helping* (New York, NY: Routledge, 1999), 199, ProQuest.

⁸⁵ *Ibid.*, 199-200.

Though dual accountability can be highly impactful, another type of accountability exists in the form of a somewhat larger group. Harewood et al. focus not solely on individual accountability, but also benefits within a group. They identify what this looks like; that “Pastoral Peers (1) gather around their calling; (2) intentional covenant for spiritual support, theological challenge, and mutual accountability; (3) spend time... in prayer, at meals, and through travel; and (4) take what (and how) they’ve learned into their ministries.”⁸⁶ In doing this, they work to present a model that exemplifies that of the first believers, as they communed one with another.⁸⁷ Within the survey taken, it was identified that 17 (62.96%) of clergy out of 27 answering this request identified regular usage of a “Clergy support group.”

A group may or may not be as intimate as a co-counseling relationship, yet groups broach topics that impact all involved, and areas that need ventilation may open. Not that dirty laundry experiences exposure to the world, but that those areas hidden in the dark may come into the light, free from the captivity of the darkness, and the relationship held between the flesh and sin in the clergy’s lives break; the prisoner set free.

Prisons come in many forms; exterior prisons, and internal prisons. Jesus said, “The Spirit of the Lord is on Me because he has anointed Me to preach good news to the poor. He has sent Me to proclaim freedom to the captives and recovery of sight to the blind and set free the oppressed, to proclaim the year of the Lord’s favor” (HCSB, Luke 4:18-19). This good news is as necessary for clergy, as it is for the unbeliever, living in a sin-filled world.

The Role of Silence

⁸⁶ Brenda K. Harewood, et al., *So Much Better: How Thousands of Pastors Help Each Other Thrive* (St. Louis, MO: Chalice Press, 2013), 1-5, ProQuest.

⁸⁷ Ibid.

An underestimated spiritual discipline is that of silence. In a world filled with noise: horns, sirens, engines, helicopters, planes, and radios, alarms, and trains assault the world around us, not to exclude babies crying, children grumbling, or arguing. Silence can be a rare but highly necessary thing. It is no surprise that the Lord often went to quiet places, where he was alone. His first location of stillness being the desert. Perrin discusses the desert experience by which the people of God learn to listen for God's voice. In this, he says, "The stillness of the desert provides times of long uninterrupted silence, allowing the individual to contemplate the mystery of life, the presence of God in that life, and the ways God is mysteriously present in the world."⁸⁸

Often, because the desert seems like an unfriendly, lonely, desolate place, many will not want to be there. After all, what does a person "do" when there? Jan Johnson expounds on this; that "Solitude and silence are disciplines of abstinence. We abstain from accomplishing the things that make us feel worthwhile (especially completing that to-do list), and we rest in the fact that we are of great worth to God, even when we do nothing."⁸⁹ There is a difference between the "do" and the "be." In solitude and silence, one stops doing. Johnson adds, "We surrender the need to talk, to fill the empty air with clever thoughts. In the absence of all this puzzling and planning, wheeling and dealing, we meet our true selves."⁹⁰ In discontinuing all these things, one starts "be-ing;" being able not to hear the ramblings of oneself, the created, but earnestly listening for and to the creator. In doing so, the person truly believes that God desires to commune and build a relationship, not only with unbelievers, and those one ministers to, but with the clergy member sitting still at that moment listening for His voice. This discipline calls for intentionality, not to get this time of silence completed, but to be willing to sit and practice

⁸⁸ David B. Perrin, *Studying Christian Spirituality* (New York, NY: Routledge, 2007), 65, ProQuest.

⁸⁹ Jan Johnson, *Solitude Silence* (Downers Grove, IL: InterVarsity Press, 2003), 8, ProQuest.

⁹⁰ Ibid.

being quiet before the Lord. Within the survey, of 27 clergy members responding to “Self-Care” measures, 16 (59.26%) of 27 clergy identified that they regularly implement “A time of silence.”

The Role of Fellowship

The role of fellowship within the brother and sisterhood of believers was essential. Luke writes, “So those who accepted his message were baptized, and that day about 3,000 people were added to them. And they devoted themselves to the apostles’ teaching, to the fellowship, to breaking of bread, and to the prayers” (HCSB, Acts 2:41-42). The closest definition to this historical reference found in Merriam Webster is “4: the quality or state of being comradely //meaningful communication for building trust and fellowship”⁹¹ The Blue Letter Bible’s Greek Lexicon indicates that “Strong’s Number G2842 matches the Greek κοινωνία (*koinōnia*).”⁹² Koinonia can often be attached biblically to taking of communion, to verbal intercourse (intimate conversation), or to the spending of time and funds for the support and care of those in the body of believers. This assignment of koinonia was oft attributed to the church’s support of Paul, when they raised funds for him for his missionary journeys, or when he was in prison. Within the body of believers in the current day, as they visit, either between or after the church service, drinking coffee or having snacks, this is considered fellowship. Is this what the Lord desired to occur between the members of His church, or could there be deeper meaning than topical dialogue?

Viola expounds on this unity of fellowship. Viola quotes Peterson as saying, “Trinity is the most comprehensive and integrative framework that we have for understanding and

⁹¹ *MerriamWebster.com*, s.v. “Fellowship,” accessed May 26, 2020, <https://www.merriam-webster.com/dictionary/fellowship>.

⁹² *Blue Letter Bible*, s.v. “G2842,” accessed May 26, 2020, <https://www.blueletterbible.org/lang/lexicon/lexicon.cfm?Strongs=G2842&t=NKJV>.

participating in the Christian life.”⁹³ As he continues, he identifies how Genesis 1:26 divulges a common theme of community and fellowship, in the usage of plurality, “Let *us* make man in *our* image, in *our* likeness.”⁹⁴ The unification of the trinity expounds on the need for connection, not only in physical proximity but in being family in Christ. Viola continues to say, “the first-century church gathering was a reflection of the self-emptying exchange of life, love, and fellowship that has been going on in the triune God from before time. Employing the Holy Spirit, the Father eternally pours Himself into His Son, and the Son eternally pours Himself into the Father. The mutual fellowship and sharing of life that marked the early church meeting was an earthly expression of this divine interchange.”⁹⁵ The role of unification of the body presented by the early believers indicate how believers should also interact in the current day. The role of fellowship remains a highly impactful practice of maintaining the relationship believers have with God and with each other. The survey taken by Mission Northwest indicates that 27 of 27 individuals answer Q30, regarding “Self-care,” 19 (70.37%) make “Fellowship” a regular part of their “Self-care.” This exclusion of “Fellowship” by 8 of 27 clergy concerns the researcher. The clergy, who do not make “Fellowship” a regular part of “Self-Care,” omit opportunities to connect and be involve in the unity of believers. They are intentionally setting themselves outside of the body.

The Role of Self-Care

Overemphasis cannot exist regarding the need for intentional efforts, caring for oneself, and personal needs within the clergy ministry. Clergy members, being jacks-of-all-trades, can be spread thin, called for spiritual care at all hours of the day and night, as members are injured or

⁹³ Frank Viola, *Reimagining Church: Pursuing the Dream of Organic Christianity* (Colorado Springs, CO: David C. Cook, 2008), 32, ProQuest.

⁹⁴ *Ibid.*, 33.

⁹⁵ *Ibid.*, 57-58.

near death. Time is a precious economy. Dorman speaks on self-care that “time is a reality but is not a barrier to self-care. It is possible to practice self-care briefly and effectively.”⁹⁶

One may consider this term self-care and question what this truly means. Dorman gives examples such as “deep breaths are cleansing and relaxing...use self-talk to calm or encourage yourself...For twenty seconds you are alone standing at the lavatory. Rather than silently singing “Happy Birthday,” hum a few bars of a favorite song or use the twenty seconds for self-coaching, calling to mind a helpful phrase.”⁹⁷ Self-care involves setting strategic boundaries to protect one’s time, taking care of one’s life, including eating healthy and care of one’s mental, emotional, physical, and spiritual hygiene and health-related items. In this, the clergy member needs to be proactive and intentional, breaking one’s life in clergy apart from one’s personal life. Clergy’s personal lives have impactful needs, that are encompassing the clergy member themselves, family, and friends. The inability to diversify oneself from a position can culminate in the oft-stated term, “taking your work home with you.” This shortcoming, in turn, impacts oneself, one’s family stability, and one’s ability to do self-care, as even when one is at home, they are still at work. Paul reminds believers of the importance of taking care of themselves. He states, “Don’t you know that your body is a sanctuary of the Holy Spirit who is in you, whom you have from God? You are not your own, for you were bought at a price. Therefore, glorify God in your body” (HCSB, 1 Corinthians 6:19-20)

The Role of Rest

Rest plays a pivotal part in a clergy member’s mental, emotional, physical, and spiritual health. It was so essential that the Lord God set an example for humanity to follow. It is written,

⁹⁶ William Dorman, *Restoring the Healer: Spiritual Self-Care for Health Care Professionals* (West Conshohocken, Pa: Templeton Press, 2016), 77, ProQuest.

⁹⁷ *Ibid.*, 78-79.

“By the seventh day God had finished the work he had been doing; so on the seventh day, he rested from all his work. And God blessed the seventh day and made it holy because on it he rested from all the work of creating that He had done” (NIV, Genesis 2:2-3). God set the example, showing the necessity of rest, but He also blessed this time. Thus, this is to be an essential place in human necessity. If the Lord God, who did not need to rest, found it necessary to do so, then how much more should his creation take the need for rest seriously? For those 27 clergy members responding to Q30, 17 (62.96%) believe taking regular “Rest Times” to be an essential part of their lives.

The lack of rest can have serious consequences. Colten, Altevogt, et al., state that consequences of sleep deprivation can “take a toll on nearly every key indicator of public health: mortality, morbidity, performance, accidents, and injuries, functioning and quality of life, family well-being, and health care utilization...obesity and hypertension-develop more insidiously.”⁹⁸ Too often, sleep can impact an individual’s decision-making abilities, and they may react instead of responding to situations that come up. In a position that calls for Christocentric actions, these uncontrolled, impulsive moments can impact the clergy relationships with staff, parishioners, visitors, and those in one’s community. The guilt from these times can also become an internal issue where negative self-talk based on guilt or shame can dwell and erode one’s confidence in their efficacy of job position.

Though clergy ministry has much to do with being busy, Harewood et al., having much experience working with multitudes of clergy indicate that crossing that line into workaholism can impact the clergy member spiritually.⁹⁹ Additionally, they state that “Busyness is one of the

⁹⁸ Harvey R. Colten and Bruce M. Altevogt, *Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem* (Washington, DC: The National Academies Press, 2006), 56, ProQuest.

⁹⁹ Brenda K. Harewood, et al., “So Much Better: How Thousands of Pastors Help Each Other Thrive (St. Louis, MO: Chalice Press, 2013), 133, ProQuest

seductions that can lead us far from God, although it is often unintentional...It is a constant challenge for ministers to create their own Sabbath times.”¹⁰⁰ In these moments, when a person cannot make time, they need to take time instead. A tiny dab of butter on a piece of bread can go only so far, and a short piece of thread cannot mend a large tear. It is better to tend to one’s life, then, with the excess tendered to use that to fulfill the present needs.

The Role of Forgiveness

While those in the world may view holding back forgiveness as a plausible method of moving forward after being wronged, forgiveness is a Christocentric trait of believers. The final role in the Lord’s life on this earth was to provide redemption and forgiveness to those who believed in Him. As Christ hung on the cross, the Lord advocated for the washing of sins from their life. Jesus spoke: “Father, forgive them because they do not know what they are doing” (HCSB, Luke 23:34). Believers should forgive others, as the Lord did for their sins, rather than to judge them. After all, it is the Lord who sits on the throne of judgment. David wrote, “But the Lord sits enthroned forever; He has established His throne for judgment. He judges the world with righteousness; He executes judgment on the nation with fairness” (HCSB, Psalm 9:7-8). It is written, “Therefore, any one of you who judges is without excuse. For when you judge another, you condemn yourself, since you, the judge, do the same thing” (HCSB, Romans 2:1).

When one in their human lives judge another, holding unforgiveness in their hearts, the bearer of these burdens is weighted. Internally, they are condemned and haunted by the sins of the past, holding to anger and resentments, lacking a willingness to surrender. This confinement is a prison of one’s own making. In many ways, this burden is the Lord’s discipline for man’s unwillingness to relinquish control. Believers, stating they trust in God, must/needs submit and

¹⁰⁰ Ibid.

relinquish their hold. The Lord God is the righteous judge who will separate the wheat from the chaff and to right wrongs. Paul wrote of how believers are to live in his letter to the church in Colossae. He states, “God’s chosen ones, holy and loved, put on heartfelt compassion, kindness, humility, gentleness, and patience, accepting one another and forgiving one another if anyone has a complaint against another. Just as the Lord has forgiven you, so you must also forgive” (HCSB, Colossians 3:12-13).

The work of forgiveness is multi-dimensional, impacting many beneficial areas within a clergy member’s life. Orto and Power state that “levels of forgiveness have been shown to be positively associated with physical health status, mental health status, self-esteem, life satisfaction, sleep quality, and adjustment to spinal cord injury.”¹⁰¹ Beyond these, there are further benefits of extending forgiveness to those who have offended, such as “aiding recovery from clinical depression, coronary heart disease, and cancer...relieve anger and resentment...relieve feelings of rage, resentment, fear, and distrust...resolve emotional, physical, and sexual abuse...turn failure into power and possibility...enable harmony with life.”¹⁰²

Often, when speaking of forgiveness, the focus is externally motivated, yet forgiveness experiences restriction, when the offender is self. Forgiving oneself for wrongs can be challenging. When addressing this issue, words that come up can be related to unforgiveness, based on one’s actions are guilt, shame, and self-condemnation. Paul was not a foreigner in this. He wrote, “For I do not do the good that I want to do, but I practice the evil that I do not want to do. Now if I do what I do not want, I am no longer the one doing it, but it is the sin that lives in me” (HCSB, Romans 7:19-20). Since sin finds its presentation before the Lord, then the initial

¹⁰¹ Arthur E. Dell Orto and Paul W. Powers, *The Psychological and Social Impact of Illness and Disability*, 5th ed. (New York, NY: Springer Publishing Company, LLC., 2007), 426, ProQuest.

¹⁰² Ibid.

need is repentance, seeking forgiveness of the Lord God, and of those who have been offended. It can be hard to do when another has wronged the clergy member, yet each person is responsible for their actions. They are not responsible before the Lord for the other person's wrongs, only their own. It is written, "No creature is hidden from Him, but all things are naked and exposed to the eyes of Him to whom we must give an account, Therefore, since we have a great high priest who has passed through the heavens-Jesus the Son of God-let us hold fast to the confession" (HCSB, Hebrews 4:13-14).

The Role of Exercise

The role of exercise often finds shelf life in the seemingly pressing needs of clergy members. Lacking priority, this is put off for when one can get around to it. However, Wilson and Hoffman indicate that with over seventy-five percent of clergy members experiencing obesity, this discipline rarely occurs.¹⁰³ These writers also state that "Compounding the problem for ministers is the sedentary nature of their work. Our days are filled with study, prayer, writing, visitation, e-mails, paperwork, and meetings-things requiring very little (if any) physical exertion."¹⁰⁴ There can be a significant difference between mental and physical exercise, yet being active, exerting oneself, can have profound impacts on one's mental work and productivity. Within the survey given, of 27 clergy members participating in Q30, 20 (74.07%) identify that "Exercise" is a self-care measure, implemented regularly. Regarding growth plates in Q31, "Exercise" is also listed as an area that needs growth for 12 (44.44%) of 27 clergy participants.

¹⁰³ Michael T. Wilson and Brad Hoffman, *Preventing Ministry Failure: A Shepherdcare Guide for Pastors, Ministers and Other Caregivers* (Downers Grove, IL: InterVarsity Press, 2007), 134, ProQuest.

¹⁰⁴ Ibid.

Mindsets often have a high impact on one's desire to become physically active. Anshel extrapolates on these as being: "Convenience/Availability...Environmental Factors...Physical Limitations...Lack of Time...Boredom or Lack of Enjoyment, Excessive or Unachieved...Lack Goals...Lack of Confidence...Lack of Instruction and Coaching...Perceived Lack of Improvement...Absence of Social Support."¹⁰⁵ In the scheme of things, though, any exercise is better than no exercise. Reasons exist for movement toward exercise. Anshel also indicates many of these motivators are: "Physique Self-Esteem... Weight Control...Affiliation/Social Benefits...Improved Health...Ill Health Avoidance... Improved Fitness... Stress Management...Competitiveness."¹⁰⁶ If clergy were to look only at the areas of managing stress, they would find that "Exercise also changes our biochemistry (e.g., endorphins), improves mood state, and provides a general feeling of well-being."¹⁰⁷

To be a good steward of the bodies the Lord has given us requires that we also take care of this temple. It is written, "Don't you know that your body is a sanctuary of the Holy Spirit who is in you, whom you have from God? You are not your own, for you were bought at a price. Therefore, glorify God in your body" (HCSB, 1 Corinthians 19-20). This devotion to God means putting the "I don't want to" mentality aside, to open the door to possible outlooks. Change need not come fast. Often, even when growth is slow in mental, emotional, physical, and spiritual discipline, they prevent and reverse the erosion of stability of self, regardless of whether this is due to burnout, PTSD, or Vicarious Trauma.

The Role of Spending Time in God's Word

¹⁰⁵ Mark H. Anshel, *Applied Exercise Psychology: A Practitioner's Guide to Improving Client Health and Fitness* (New York, NY: Springer Publishing Company, 2009), 14-17, ProQuest.

¹⁰⁶ *Ibid.*, 18-20.

¹⁰⁷ *Ibid.*, 20.

John's writing is impactful, in looking at the role of God's Word. He writes, "In the beginning was the Word, and the Word was with God, and the Word was God. He was with God in the beginning. All things were created through Him, and apart from Him, not one thing was created that was created" (HCSB, John 1:1-3). This intertwined unity was a relationship of connection and intimacy. Before the fall, humanity relied on God, for God created them. They needed nothing. Adam and Eve received their needs by God's hand, so, also believers today are provided for and sustained by God. This action occurs not only through his creation but also through His word. The Lord Jesus, tempted in the desert, stated, "It is written: Man must not live on bread alone but on every word that comes from the mouth of God" (HCSB, Matthew 4:4). More so, God's word becomes even more critical, as the Lord states, "Heaven and earth will pass away, but My words will never pass away" (Matthew 24:35).

Spending time in God's word is not meant to be a laborious activity, which steals time, but one in which those who read receive enrichment and building-up in Christ and their relationship with the father, God. Intentionally investing in this time, enables those who partake in it to be restored, refreshed and enabled to do the work God has for them to do. Paul states, "For we are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do" (HCSB, Ephesians 2:10). The way to do that, then, is not to only rely on one's resources, gifts, abilities, and strengths, but to trust and devote oneself to God, to his word, to facilitate one's work to be accomplished as the Lord God intends.

Chapter Five-Research Results Findings

Completion

On Friday, June 5 and on June 9, Mission Northwest, a branch of the American Baptist Church sent out the survey for IRB-FY19-20-12 to one-hundred-fifty clergy members who are currently serving, were retired or became burned-out leaving the ministry. Since this date, twenty-nine clergy members have participated. Within the survey, twenty-nine clergy completed Q1 and Q2, with twenty-seven completing the entirety of the survey through Q31. At times the twenty-seven skip questions yet continue the survey through Q31. No new survey results occurred since June 11, 2020.

Age

Q1 worked to identify the age ranges of clergy personnel. Of 29 clergy, 29 answered this question. Results are as follows: 6 (20.69%) of clergy answering the survey identified as being between 35-44 years old. 6 (20.69% identified as being between 45-54 years old. 10 (34.48%) identified as being between 55-64 years old, and 7 (24.14%) identified as being in the age range of 65.

Gender

Q2 focused on gender identification. Data collected indicated that in 29 of 29 clergy members, completing this question, 27 (93.10%) were male, and 2 (6.90%) of participants were female. Thus, this sampling is primarily male.

Childhood Trauma

Q3, looking at childhood trauma, between birth and eighteen years of age, 27 of 29 clergy members participated in this question. The survey identified that 19 (70.37%) of 27 clergy members responding identified that “Yes,” they had experienced trauma between the time that they were 0-18 years of age. There were 8 (29.63%) who indicated “No,” that they did not

experience trauma during this time. Clergy, being traumatized in their youth, could have severe impacts on their response to situations in adulthood.

Q4 participation involves 27 of 29 clergy members. This question identified that 7 (36.8%) of 27 clergy participants responding experienced repeated trauma during this time. These seven within Q4, identifying “yes” to experiencing repeated trauma, relate to 25.92% or one-quarter of those completing the survey. Those answering “No,” that they did not experience repeated trauma were 20 (74.07%).

Q5 involves 16 of 29 clergy participants. This question seeks to identify whether ventilation of trauma with an adult occurred for clergy in their youth. Those answering “Yes” in Q3: 19 (70.37%) and “Yes” in Q4 7 (25.93%) required this follow-up question. Within Q5: 13 (81.25%) identify that they had been able to confide in an adult or friend about the trauma. Those answering “No” regarding ventilation was 3 (18.75%), almost one-fifth of clergy responding to this question.

Q6 accesses 27 of 29 clergy participants. Of these twenty-seven, only 2 (7.41%) identified that they went to receive “professional or therapeutic help.” The other 25 (92.59%) identified “No” to receiving counseling or therapeutic services during this time. Provided that the two identifying as “Yes” had received counseling are the same two identified as experiencing trauma, in Q3, this leaves seventeen others in Q3 not having mental health support during youth.

Within Q7, 0 of 29 clergy members completed this question. All clergy skipped Q7, which focused on the diagnosis of Anxiety Disorders, Depressive Disorders, or Post-Traumatic Stress Disorder during this period.

Adult Personal Life

Moving into adult trauma history within, beginning at Q8, 27 of 29 responded. In response to the question, 19 (70.37%) of the twenty-seven clergy, identified as “Yes,” that they had experienced personal trauma in their adulthood, with 8 (29.63%) responding “No,” that they had not experienced trauma.

Q9 had 27 of 29 clergy participants respond. Findings of this question are that 5 (26.31%) identified in Q9 that they had been “repeatedly” traumatized. In comparison, 22 (81.48%) identified “No,” that they had not experienced “repeated” trauma. Comparing the numbers of individuals traumatized, answering “Yes” in Q8 to Q9, 5 of the 19, or 26.31% were repeatedly traumatized in their adulthood. In comparing those who answered “Yes,” in Q9 to being “repeatedly” traumatized in adulthood to the total answering this question, 18.52% were.

Within Q10, 27 of 29 clergy members responded. Of those clergy, 13 (48.15%) have sought counseling or therapeutic support for their trauma in adulthood. Those answering that “No” they had not sought counseling or therapy in adulthood were 14 (51.85%). In comparing Q10 with Q8, where 19 (70.37%) experienced trauma, and Q10, where 13 (48.15%) received counseling, six less, or, (31.85%) less received counseling than experienced trauma.

Q11 had 6 of 29 clergy participants respond. Q11 alludes to those answering “Yes;” in Q10, to experiencing trauma, and who identified as “Yes” that they had sought counseling or therapeutic support for personal trauma in adulthood. Of the thirteen in Q10, who sought counseling or therapeutic support 6 (46.1%) in Q11 identified diagnosis: 2 (33.33%) having an anxiety disorder, 3 (50%) as having Depression Disorders, and 2 (33%) having Post-Traumatic Stress Disorder.

Personality

Personality traits took various forms in this section of the survey. Within questions twelve through fifteen, the survey questioned whether clergy “Agree, Strongly Agree, Disagree,” (or) “Strongly Disagree,” as to whether they tend to be an identified personality. These four personalities find connection with burnout.

Of those 27 of 29 clergy who answered Q12’s identified personality; that of a “People Pleaser. Of the twenty-seven answering, 16 (59.26%) “Agree,” 2 (7.41%) “Strongly Agree,” 6 (22.22%) “Disagree,” and 3 (11.11%) Strongly Disagree.” Culminating these answers to forms of “Agree” and Strongly Agree” vs. “Disagree” and “Strongly Disagree,” those who identify forming agreement are to be 18 (66.67%), with those identifying in disagreement are 9 (33.33%). Thus, a high number of clergy members struggle to differing degrees of “People Pleasing.”

Within Q13, 27 of 29 responded. Q13 focuses on is “being prone to having feelings of guilt.” Within the survey, Q13 identifies that 15 (55.56%) of clergy identified as “Agreeing, no clergy “Strongly Agreed,” 11(40.74%) “Disagree,” and 1 (3.70%) identified as “Strongly Disagreeing. Culminating these answers to forms of Agree” and Strongly Agree” vs. “Disagree” and Strongly Disagree,” those who identify forming agreement is to be 15(55.56%), with those identifying in disagreement are 12 (44.44%). Within this, roughly half of those answering this question on the survey are “prone to having feelings of guilt.”

In Q14, 27 of 29 clergy members responded. Q14 identifies whether clergy participants struggled to “separate self from position.” In their response, 13 (48.15%) identified as “Agree” to struggling to separate self from position, 2 (7.41%) identified as “Strongly Agreeing” to this challenge. On the other side, 10 (37.04%) of clergy identified as “Disagreeing” to struggling to separate themselves from their position. Those who identified as “Strongly Disagree,” were 2 (7.41%). Culminating these answers to forms of “Agree” and Strongly Agree” vs. “Disagree”

and “Strongly Disagree,” those who identify forming agreement are to be 15 (55.56%), and those who identify in disagreement are 12 (44.45%). These percentages indicate that over half of clergy answering this question struggle to “Separate self from position.

Within Q15, 27 of 29 clergy members responded. Q15 combined two areas regarding personality. Clergy in Q15 identify if they “struggle to have adequate Self-Efficacy and Self-Compassion.” Of the twenty-seven who answered this question 10(37.04%) of clergy identified as “Agree” to struggling to have adequate Self-Efficacy and Self-Compassion, 1 (3.70%) identified as “Strongly Agree.” Those who identified as “Disagree” were 12 (44.44%), with those in “Strongly Disagree” is 4 (14.81%). Culminating these answers to forms of “Agree” and “Strongly Agree” vs. “Disagree” and “Strongly Disagree,” those who identify forming agreement are to be 11 (40.74%), with those identifying in disagreement are 16 (59.25%). In this, clergy indicate that this issue of self-confidence within ministry position and self-compassion is not as significant as the other personality areas listed. One should not overlook this analysis of Q15, as there continue to be four-tenths or roughly eleven out of twenty-seven clergy members who do struggle with confidence in their ministry position and ability to have self-compassion.

Clergy Counseling

With 27 of 29 clergy members answering Q16: 5 (18.52%) identified that “Yes,” they experienced trauma by another’s experience was 5 (18.52%). Those who identified “No,” that they had not been traumatized by another’s experience while doing clergy counseling was 22 (81.48%).

Looking at Q17, 27 of 29 clergy members completed this question. Clergy members in Q17, identifying “Yes” that they had been “repeatedly” traumatized by another’s experience, was 1 (3.70%). Those indicating that they had not been repeatedly traumatized was 26 (96.30%).

Within Q18, 27 of 29 clergy completed this question. Looking to discover the severity of trauma and clergy response, this survey’s Q18 identified the number of clergy participants experiencing symptoms stemming from another’s experience, which necessitated mental health support. Clergy, who identified as “Yes,” needing professional support was 3 (11.11%). Those who indicated “No,” that they did not have symptoms which required support was 25 (88.89%).

Q19 connects with Q18, with 8 of 29 clergy completing. Where in Q18, 3 (11.11%) of the clergy members, identifying as “yes” that they had experienced symptoms that necessitated counseling or therapeutic intervention also indicated, Q19 identifies that 3 (37.50) did seek mental health support, with 5 (62.50%) indicating “No,” that they did not. One can note that in the correlation between Q18 and Q19, five more clergy members responded to Q19 than was indicated. This analysis identifies that five of the twenty-four that said “No” to having symptoms necessitating counseling or therapeutic intervention in Q18, were experiencing symptoms. They did not, however, seek therapeutic help for their symptoms.

Q20, also referring to Q18, has 15 of 29 clergy participants responding. These clergy, identifying in Q18, as “No,” did not seek support, these clergy responded in the following ways. This question identified reasons for not seeking support. In Q20, 2 (13.33%) identified that not seeking mental/emotional support was caused by “Concerns about Confidentiality,” 2 (13.33%) identified this was caused by “Financial cost of counseling/therapy,” and 12 (80%) identified that there were “other” reasons not noted in the list. There is a difference in the numbers identifying “No” 24 (88.89%) between Q18 and numbers that completed in Q20; fifteen. This analysis

indicates that nine, or one-third of those who indicated “No” that they did not experience symptoms necessitating counseling or therapy skipped this question.

Within Q21: 10 of 29 clergy members responded. Within this question, 0 (0.00%) of clergy members identified as having Secondary Trauma or Vicarious Trauma, and 10 (100%) stated “No” that they had not received diagnosis of Secondary Trauma or Vicarious Trauma.

Clergy

Within clergy ministry, in Q22: 27 of 29 clergy members responded. In this, clergy participants identified that 22 (81.48%) of those taking the survey indicated, “Yes” that they had experienced trauma. Those clergy members identifying “No,” that they had not experienced trauma in clergy ministry was 5 (18.52%).

Q23 addresses areas of trauma, following up on Q22’s identifiers of “Yes.” In this, 23 of 29 clergy members responded. One notes that instead of the twenty-two persons who identified “Yes” in Q22, they experienced trauma in ministry, there are twenty-three clergy members participating in this question, thus one more clergy member. Of the twenty-three, 3 (13.04%) of clergy members were traumatized by issues related to “Accidents,” 3 (13.04%) of traumas were caused by “Robbery,” 5 (21.74%) identified the cause was “Surgery,” 9 (39.13%) stated trauma was a result of “Congregational bullying,” 10 (43.48%), informed that their trauma was related to “Death,” 11 (47.83) identified the cause as being “Other.” Last, 13 (56.52%) of trauma was “Congregational undermining.”

While clergy have been traumatized by multiple causes within the clergy ministry, there were times that clergy also felt threatened. In 24 of 29 clergy members answering this question identifying that they felt threatened, 2(8.33%) identified that “One’s life” had been threatened, 5 (20.83%) indicated that threats had been against “One’s family,” 14 (58.33%) indicated threats

had been to “One’s finances.” Additionally, 16 (66.67%) of clergy identify that “One’s ministry position” had been threatened, and 20 (83.33%) indicated that “One’s Reputation” had been threatened.

Q25 sought to identify whether clergy members felt confident to share challenges with denominational authorities. Within Q25, 25 of 27 clergy members participated. Of those, 18 (72%) identified as “Yes,” that they could, while 7 (28%) identified as “No.” The answer “No,” here notes that one-fourth of clergy members taking this survey struggle to connect on an intimate level regarding ministry challenges with those in authority. Two clergy members skipped this question.

Within Q26, Q22 is referenced, regarding whether clergy had identified “Yes;” that they had endured trauma. This question sees 22 of 29 clergy members respond. Q26 follows up on whether counseling or therapeutic support experienced utilization for their trauma. In this, 8 (36.36%) identified that they had. On the other side, the other 14 (63.64%) identified “No,” that they had not sought mental health support for their trauma. This comparison would equate to more than half of traumatized clergy not seeking mental health support for their traumas.

Q27 has 13 of 29 clergy responses. In Q27, 0 (0.00%) identify “Yes,” that they have Post-Traumatic Stress Disorder. Of those identifying as “No,” that they do not have Post Traumatic Stress Disorder, 13 (100%) identify. One notes that in comparing Q22 and Q27’s number of clergy members responding, of the twenty-two-clergy identifying as experiencing trauma in Q22, only thirteen clergy in Q27 responded to this question, with fourteen choosing to skip, or omit this question.

Q28, referencing Q26, sees 14 of 29 clergy members responding. Q26 had fourteen clergy members, who indicate “No” in question twenty-six that they did not seek help for their

trauma. Q28 identifies issues that stood in their way. Of these, 2 (14.29%) identified they were “Afraid seeking counseling/therapy could impact job stability,” 2 (14.29%) were hindered by “Financial cost of counseling/therapy,” 1 (7.14%) had “Concerns about being labeled by others,” 1 (7.14%) had “Concerns of how this will impact relationships with family and friends,” and 11 (78.57%) indicated that there were “Other” reasons, not noted on the survey.

There are various methods of seeking support for trauma. Within the survey, Q29 references Q22, with 20 of 29 responding. Of the 22 identifying as experiencing trauma in Q22, two clergy skipped or omitted this question. This question sought to identify methods of support clergy sought most commonly used after experiencing trauma. In this, 2 (10%) sought “Therapy,” 4 (20%) used “Regular meals and set bedtimes,” 7 (35%) sought “Counseling,” 7 (35%) sought “Denominational Support,” 8 (40%) took part in a “Clergy support group,” 11 (55%) consulted with an “Accountability partner,” and 16 (80%) answering this question relied on “Seeking knowledge.” While eighteen (72%) of twenty-five clergy answering Q25, answered that “Yes” they felt confident in sharing clergy challenges with denominational leaders, there is a dichotomy; a separation of items, identified between Q25 and Q29, as only seven (35%) of the twenty-two clergy who have experienced trauma, identified in Q22 use “Denominational Support” as methods of support. Thus, while denominational support is seen in mostly favorable terms, when clergy challenges occur, other methods present as more mentally and emotionally accessible.

Self-Care

Within Q30, 27 of 29 participate. Q30 seeks to identify self-care measures clergy “implement on a regular basis.” Percentages reflect the number of the clergy choosing this item. 7 (25.93%) implement “Sabbatical,” 11 (40.74%) spend time with an “Accountability partner,”

12 (44.44%) focus on “Regular Bedtimes,” 14 (51.85%) attend to “Healthy eating,” 16 (59.26%) implement “A time of silence.” Also, 17 (62.96%) take “Rest times,” 17 (62.96%) are part of a “Clergy support group,” 19 (70.37%) spend time in “Fellowship” with others, 20 (74.07%) “Exercise,” 20 (74.07%) spend time in “Worship. Additionally, 24 (88.89%) had “Prayer time,” and 25 (92.59%) implement “Spending time with family,” making this a regular part of their lives. The writer notes that there is a great deal of action; taking care of family connections and spiritual disciplines, but with exception to implementing exercise, caring for the physical temple is further down the line and not held as a significant priority.

Though many clergy members strive to secure self-care measures in their lives, there are growth plates identified within Q31, of which 27 of 29 clergy members participated. Within these 0 (0.00%) clergy identified a need for more significant growth in the area of participation in a “Clergy support group,” 1 (3.70%) indicated a greater need for an “Accountability partner,” 2 (7.41%) identified a need for “Spending time with family, 2 (7.41%) informed they need more time in “Fellowship,” 2 (7.41%) stated they need more time spent in “Worship.” Others identified their needs, as 4(14.81%) need work on “Regular bedtimes, 5 (18.52%) see a need to take “Sabbatical,” five (18.52%) desire “A time of silence,” seven (25.93%) desire “Rest-Times. Too, also, there are 8 (29.63%) who desire greater “Prayer time,” 10 (37.04%) indicate a need for “Healthy eating,” and 12 (44.44%) identify that they desire growth in the area of “Exercise.”

Chapter Six-Survey Results

Survey Strengths

This survey’s strengths are most informative first in identifying high numbers of clergy experiencing trauma within their youth, adulthood, and clergy work functions. The analysis identified numbers of clergy who have sought therapy for the trauma and percentages of those

who had not. Identification of trauma (stressor) events, as well as threats to clergy members, occurs. Information gleaned by personality questions informed on those areas that need growth within the clergy, as struggling in these areas, can lead to burnout. Additionally, this survey looked at clergy to leadership connections, and whether this experienced utilization in addressing clergy challenges. Last, this survey identified areas clergy regularly utilize and areas they desire to improve regarding self-care. All of these are highly impactful in helping clergy overcome challenges and restore and maintain mental, emotional, spiritual, and physical balance within their ministry and their lives.

Survey Weaknesses

One weakness within three questions impacts evaluation. In offering opportunities for choosing “Other,” the writer failed to leave a fill-in-the-blank, to identify the cause of trauma for these individuals. The areas experiencing high totals responding “Other” were in Q20 and Q28, which identified reasons clergy did not seek counseling or therapeutic support, and Q23, which sought to identify causes of trauma within the clergy ministry.

Conclusion

This survey finds primarily male members between thirty-five and sixty-four plus years old. In the analysis, several surprises arose. The first, being the emotional disconnect between clergy and denominational leadership. Though in Q25, with 25 of 29 clergy members responding, 18 (72%) of clergy members indicated they “feel confident sharing these challenges with your denominational leaders, in Q29, regarding “methods of support sought,” with 20 of 29 responding, only 7 (35%) of clergy members utilized these individuals. There is then a stark difference between having affable feelings towards those in leadership and trusting them with challenging personal issues.

Another surprise arose in a reduced number of clergy members identifying trauma by another's experience, within the "Clergy Counseling" section...This researcher believed higher numbers would exist. The total of participating clergy, however, is a small sampling, as one-hundred-fifty received invitations to take the survey, twenty-nine started the survey, and twenty-seven completed with some skipping around. One also considers the presence of avoidance in discussing trauma-based issues. No persons indicating trauma by another's experience indicated a diagnosis of either Vicarious Trauma or Secondary Trauma.

Regarding burnout, while high numbers of clergy did not identify significant analysis regarding Burnout, "Personality" questions identify a moderate to a strong presence of traits often connected with burnout within this sampling of clergy members. Additionally, looking at the area of "Self-Care," regarding areas needful of growth, identified in Q31, primarily areas needing the most growth fall within the area of physical health.

Analysis of this survey validates the writer's Thesis concerns of high numbers of clergy members traumatized within the clergy ministry. Though great multitudes of clergy members did not identify Post-Traumatic Stress Disorder, the researcher perceives factors involving avoidance, impacting this analysis. One action of avoidance is omitting or skipping questions. The researcher believes the following plausible causes to be present in skipping. The first is to greater substantiate their anonymity, thereby protecting their job security, pending a breach in confidentiality. Second, a desire to not intentionally lie, as that would be a sin. The law, in Leviticus 5:1, indicates though that omission is also a sin. Scripture states, "If he has seen, heard, or known about something he has witnessed, and did not respond to a public call to testify, he is responsible for his sin" (Leviticus 5:1). Though believers are not under the law but grace, the need for a sin offering, as needed for the Jews, is not required. However, the fact that omission

is a sin remains. A third cause of skipping or omitting questions is that these clergy members have not sought counseling or therapeutic support to receive a diagnosis. In this avoidance method, reasoning can be, “If I don’t go to counseling or therapy I won’t get diagnosed, and so I don’t have (fill in the blank).” Fourth, they have received a diagnosis but do not feel confident sharing this with others. Other causes can exist outside of this list, which is not exhaustive. Concerns for clergy evolved out of this research, as fears held within clergy ministry inhibit, rather than encourage clergy, mental/emotional stability. Clear expectations come from many quarters; those placed on them by God, expectations of denominational leaders, expectation of one’s church body, one’s family, and expectations placed on them by themselves.

This researcher sees a mental picture. Clergy are sitting in the middle of a room full of doors. Each door represents a people or location for which to ventilate and work through personal issues. First, within ministry circles, while having an affinity for and appreciation of the door of denominational leaders, revealing personal challenges risks appearing frail, mentally unstable or unable to do one’s job. So, this is often not seen as an available forum for many regarding ventilation. Second, though the clergy member has seen many others walk through the door of clergy support groups and make this self-care strategy a regular part of their lives, groups often address topics, rather than personal life challenges. Third, the door of one-on-one clergy accountability exists but not utilized effectively, and challenges do not experience ventilation in this form.

Outside of ministry circles, clergy could reach out to the door of Christian mental/emotional health providers, yet several factors may prevent this. First, searching for a Christian counselor, therapist, or psychologist can be challenging, and there may not be many to choose from in an area. One finds that those Christian mental/emotional professionals may not

have training in the areas the clergy finds affliction. If there are personality conflicts with these mental health professionals, resistance to ventilation and processing can inhibit healing and growth. There is a door outside of Christian mental health services, the clergy member would be more accessible to the community viewing or identifying them, and fallout of gossip can impact them in their ministry roles and family lives. The door of spending time with family is beneficial and life-giving, yet much depends on congruity within the family structure, and emotional availability to share struggles. The door leading to Sabbaticals can help take time apart to spend time with God, working on spiritual disciplines, emotional healing, and life enhancement. They can be family related. As one can see, only 7 (25.93%) of 29 clergy members, answered Q30, and identified that they make this impactful discipline a regular part of their self-care.

Clergy can find many, many reasons to avoid going through those doors in working to relieve the burdens of the past, including trauma and present issues they face. A fundamental knowledge that can motivate the clergy to go through the doors, is knowing one's value in knowing that they, their life, their mental, emotional, spiritual, and physical health is worth taking risks.

The researcher believes in the end that many problems clergy members face regarding seeking support for trauma-related challenges stems from worth/values-based struggles. Clergy members will go to the nth degree, helping others, encouraging them to address spiritual, mental, emotional, physical, and sexual challenges, yet when it comes to attending to personal challenges, there is an altering of their modus operandi. Looking at this survey, the skipped and answered question; the researcher views an intricate dance in the uncomfortable emotions triggered. Scripturally, God's word indicates that one should veer away from pride, yet

understanding the innate value held within their life is not pride. Pride is holding oneself above another. Self-worth declares, “My life has value too.”

Many clergy members live in fear of mental, emotional, physical, spiritual, economic instability, rather than entrusting their lives to God, regardless of whether they change congregations or even occupations. The ministry role can be seen more as a “job,” rather than a “calling.” Clergy members are servants of the Lord, though, and His desire conjoins with the desire of His children, to have them be where they will be most impactful for Him. Clergy members, generally live in the middle of the teeter-totter, trying to balance issues, and fears. When that delicate balance experiences rocking, this creates insecurity for the clergy member and likely triggers anxieties. Caught in an emotional tug-of-war, sitting in the room full of doors, this appears more like a pressure cooker. The fears concerning one’s job position may hold, yet, in the knowledge of God’s calling, the believer trusts Him to lead their lives; to guide where they are and for how long. The calling on clergy lives can change or diversify, and the need for diversification of skills is needed. Just as Paul was a missionary, he also worked in manual labor of tent-making. While he was in prison, he had no income, but fund raising occurred by the churches for the cause of Christ. In each instance God provided for his needs.

Several thoughts occur to change this dynamic for clergy. First, institutionally, colleges, preparing clergy to go into ministry should require classes that address resolution of trauma events, conflict resolution, church politics, boundaries, Self-Care training, the nature of trauma, and its impacts on personality traits. Second, in denominational leadership, one suggests that in the absence of past training on the areas mentioned above, these should experience implementation at regional and local levels. Additionally, lists of Christian counselors in diverse areas should have a compilation, and copies given either in paper or email form to the clergy. If

budgets allow for it, persons who can provide confidential care should receive an addition to the staff. This person may even be a tele-mental health Christian counselor or Chaplain, with whom information maintains confidentiality, restricted from denominational leaders. This addition is a clergy care measure.

Though clergy often come together for training, the researcher believes adding (physical) activity-oriented team-building events to training schedules, in which clergy can work together on teams will create stronger bonds with other members and improve morale. Just as in the military where high trauma occurs, low morale needs to be addressed, so also does low morale need to be addressed within denominations. As the survey identified, high trauma exists, and supports need to be implemented, and part of that is the bonding of clergy. Strong clergy bonds, like having “Battle Buddies” in the military provides others who have their back and keep them heading in a positive direction. Clergy, in many cases, are the only ones who understand the trauma and challenges another clergy member faces. Clergy in their isolated posts are like soldiers’ alone in foxholes with no-one to provide support when under attack. Alone, they are isolated and in need of support. Clergy members who form strong bonds with others can create opportunities for ventilation and processing and can provide accountability when members are struggling. One-on-one co-counseling relationships should be encouraged, meeting weekly if possible. Third, the most significant thing clergy could do is address the issues of self-worth, if they exist initially, and to identify those areas inhibiting them from seeking support for trauma, congregational, familial and personal issues. Trauma issues are often worked through in a person’s time, as one can step out in faith to work towards healing and health. This is not a quick fix, but a process. Willingness to baby-step in a positive direction regarding mental/emotional challenges should be applauded. Progress, regardless of how slow in a

direction is still progress. One other thought regarding clergy proactivity regarding trauma impacts is that of implementing coping methods to work through challenging times. Many free therapeutic activities can involve breathing techniques, reading, listening to music, beginning a hobby, stretching, spending time with one's pets, holding onto a hot cup of tea or coffee. Within clergy lives there need to be positive activities that are not "need to's" but "want to's." Seeing positive results in these coping skills can boost endorphins in the brain which produce an overall sense of well-being. These activities, when seeing positive progress can improve self-worth.

Recommendations for Further Research

This researcher recommends analysis outside of denominational connection, to allay fears of denominational leaders or other individuals within their circle of influence receiving confidential survey information. While the researcher and denomination have taken measures to protect identities, one perceives this is still an issue.

Future research should address the challenge of the word "Other." A researcher should provide a fill-in-the-blank section, to identify what "Other" trauma's these clergy members experienced, and why traumatized clergy did not seek counseling or therapeutic support. Identification of causes is essential in understanding the dynamics of clergy experience within their ministry and lives. Identifying areas inhibiting clergy from seeking professional support is necessary to create support bridges and move those impacted forward towards healing.

This thesis notes that high percentages of clergy members identify that they have experienced trauma. For those who have experienced trauma because of the nature of these events, avoidance is a prevalent issue. Avoidance, then, can be a contributing factor for omissions and skipping of questions within the surveys. Avoidance may also be a prevalent

issue in seeking professional help and avoiding diagnosis. Additionally, future surveys should address the issue of “self-worth.”

Chapter Seven Appendixes

Appendices

Appendix A: IRB Approval Letter

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

April 21, 2020

Teresa Hanson
Harold Bryant

Re: IRB Exemption - IRB-FY19-20-12 Traumatic Clerical Ministry Leads to Vicarious Trauma, PTSD, and Ministry Burnout

Dear Teresa Hanson, Harold Bryant:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46: 101(b):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix B: IRB Consent Form

Consent

Title of the Project: Traumatic Clergical Ministry Leads to Vicarious Trauma, PTSD and Ministry Burnout

Principal Investigator: Teresa D. Hanson

Co-investigator(s): Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be eighteen years old or older and occupied as a pastoral or clerical minister. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to create discourse regarding diversity of traumatic issues in ministerial dropouts: Vicarious Trauma, PTSD, and Burnout. A problematic issue within the discussion includes grouping, rather than heterogeneity; the separation of items. Because of this, psychological trauma is not treated adequately and resolved.

What will happen if you take part in this study?

If you agree to be in this study, I would ask you to do the following things:

1. Please complete and return the attached survey within a month in the provided envelope without any personal information. This should take approximately 5 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include knowledge of diversity of challenges faced within ministry and gain greater clarity on how to support these individuals.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous.
- Data will be stored in the researcher's home in a locked-box.
- Only the researcher will have access to data collected.
- All documents will be destroyed after three years' time.

Liberty University
IRB-FY19-20-12
Approved on 4-21-2020

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study do not return your survey and your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Teresa D. Hanson. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at (360)477-1747. You may also contact the researcher's faculty sponsor, Dr. Harold Brant, at hdbryant@liberty.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You are being given a copy of this document for your records. If you have any questions about the study later you can contact the researcher/study team using the information provided above.

Liberty University
IRB-FY19-20-12
Approved on 4-21-2020

Appendix C: Online Survey Questions

Generic Information

1. What is your age?
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65+

2. What gender are you?
 - Male
 - Female

Childhood

3. In your childhood from infancy-18 years of age did you ever experience any trauma?
 - Yes
 - No

4. In your childhood from infancy-18 years of age did you experience repeated trauma?
 - Yes
 - No

5. If you checked “Yes” in question 3 & 4, in your life, have you been able to confide in an adult or trusted friend about the trauma?
 - Yes
 - No

6. While under the age of eighteen years of age, did your parents send you to receive professional counseling or therapeutic help?
 - Yes
 - No

7. From infancy through eighteen years of age, were you ever diagnosed with these issues? Please check all that apply.
 - Anxiety Disorders
 - Depression Disorders
 - Post-Traumatic Stress Disorder

Personal Life/Adult

8. In your adulthood have you experienced any personal trauma?
- Yes
 - No
9. In your adulthood have you experienced “repeated” personal trauma?
- Yes
 - No
10. In your adulthood have you sought counseling or therapeutic help for your personal trauma?
- Yes
 - No
11. If you answered “yes” to question # 10, please check all areas that apply within your diagnosis:
- Anxiety Disorders
 - Depression Disorders
 - Post-Traumatic Stress Disorder

Personality

12. Do you tend to be a “People Pleaser”?
- Agree
 - Strongly Agree
 - Disagree
 - Strongly Disagree
13. Are you prone to having feelings of guilt?
- Agree
 - Strongly Agree
 - Disagree
 - Strongly Disagree
14. Do you struggle to separate self from position?
- Agree
 - Strongly Agree
 - Disagree
 - Strongly Disagree

15. Do you struggle to have adequate Self-Efficacy and Self Compassion?

- Agree
- Strongly Agree
- Disagree
- Strongly Disagree

Clergy Counseling

16. In counseling individuals as a clergy member, have you ever been traumatized by others' experience?

- Yes
- No

17. In counseling individuals as a clergy member, have you been "repeatedly" traumatized by others' experience?

- Yes
- No

18. In connection with counseling individuals as a clergy member do you experience symptoms that necessitated counseling or therapeutic intervention

- Yes
- No

19. In connection with question #18, if you answered "yes," have you sought counseling or therapeutic help for these symptoms.

- Yes
- No

20. In connection with question #18, if you answered "no" please check all reasons counseling and/or therapeutic help has Not been sought.

- Afraid seeking Counseling/Therapy could impact job stability
- Believe seeking Counseling/Therapy is a sign of weakness
- Concerns about confidentiality
- Financial cost of Counseling/Therapy
- Do not believe it will help
- Concern that opening doors to trauma will exacerbate symptoms
- Concerns about being labeled
- Concerns of how this will impact relationships with family and friends
- Fear of addressing "Entire" emotional history
- Other

21. In connection with counseling individuals as a clergy member, if you responded “Yes” to question #19, have you been diagnosed with Secondary Trauma or Vicarious Trauma?

- Yes
- No

Clergy

22. Within clergy ministry have you experienced trauma.

- Yes
- No

23. If you checked “Yes” to question #22, please check all areas this applies to.

- Congregational undermining
- Congregational bullying
- Death
- Sexual Abuse
- Accident
- Robbery
- Surgery
- Brain Injury
- Physical Abuse
- Other

24. In Clergy ministry, have you ever felt the following areas were threatened? Please check all that apply.

- One’s Life
- One’s Finances
- One’s Family
- One’s Ministry Position
- One’s reputation

25. Do you feel confident sharing these challenges with your denominational leaders?

- Yes
- No

26. If you answered “yes” to #22, have you sought Counseling or Therapeutic support for trauma’s you have experienced?

- Yes
- No

27. If you answered “yes” to #26, were you diagnosed with Post-Traumatic Stress Disorder?

- Yes
- No

28. If you checked “no” to #26, please identify all reasons Counseling/Therapeutic support was Not sought.

- Afraid seeking Counseling/Therapy could impact job stability.
- Believe seeking Counseling/Therapy is a sign of weakness
- Concerns about confidentiality
- Financial cost of Counseling/Therapy
- Do not believe these will help
- Concerned that opening doors to trauma will exacerbate symptoms
- Concerns about being labeled by others
- Concerns of how this will impact relationships with family and friends.

29. If you answered “yes” to question #22, please check all methods of support sought.

- Counseling
- Therapy
- Denominational Support
- Accountability Partner
- Clergy support group
- Regular meals and set bedtimes
- Seeking knowledge

Self-Care

30. Please check all the self-care measures you implement on a regular basis.

- Spending Time with Family
- Sabbatical
- Clergy Support Group
- Worship
- Accountability Partner
- Prayer Time
- A Time of Silence
- Fellowship
- Rest Times
- Healthy Eating
- Regular Bedtimes
- Exercise

31. Of the above self-care measures, which emphasize the most need for growth?

- Spending Time with Family
- Sabbatical
- Clergy Support Group
- Worship
- Accountability Partner
- Prayer Time
- A Time of Silence
- Fellowship
- Rest Times
- Healthy Eating
- Regular Bedtimes
- Exercise

Appendix D: Thesis approval Sheet

LIBERTY UNIVERSITY SCHOOL OF DIVINITY

THESIS APPROVAL SHEET

Dr. Harold D. Bryant

THESIS MENTOR

Dr. Donald Q. Hicks

READER

Appendix E: List of Definitions

Amygdala:	Section of the brain that impacts emotions and one's demeanor
Biopsychosocial:	Of, or related to Biological, Psychological and Social occurrences or impacts
Bullying:	Overt abuse of others in diverse situations
Burnout:	Overextension of oneself, depleting Mental, Emotional, Physical, Spiritual resources.
Buttress:	To provide added supports within a structure, as occurred with cathedrals in Europe, with specificity to "flying buttresses."
Clergical:	Of or related to clergy persons or their activities.
Cognitive Distortions:	Lies persons have believed, either adopted from others' statements or created by self amid challenges to normalize trauma and survive situations.
Comorbidity:	The coexistence of two separate diagnoses, such as PTSD, often has comorbidity with Anxiety and Depression.
Dichotomy:	A separation of items
Etiology:	A reason an event or action occurs.
Exacerbated:	To cause an excessive response, beyond the response that already exists.
Heterogeneity:	The separation of items
Hypervigilance:	Excessive alertness caused by mental or physical ailments

Ministry:	Diverse methods of care given by a clergy member to persons inside of a church or within a community.
Mobbing:	Actions by a group of persons that negatively impact a specific person.
Modus Operandi:	Mode of operation: how an individual consistently handles certain events or situations.
People-Pleasing:	Acting to placate others, which sacrifices one's time, energy, resources, and at times spiritual standards.
Personification:	Taking on the identity of something other than self, as one envisions it to be.
Psychosocial:	Psychological and Social occurrences or impacts
Psychosomatic:	Physical pains or ailments that connect with mental/emotional challenges. These often relate to trauma responses.
Resilience:	The ability to rebound from the challenges experienced.
Schemas:	Plans on how to carry out an action.
Self-Compassion:	Ability to care for oneself, giving grace when one does meet self-expectations.
Self-Efficacy:	Confidence in one's ability to handle situations that arise.
Trauma:	Events, in which one experiences intense mental, emotional, or physical distress.
Triggered:	A visceral response to stimuli.
Vicarious Trauma:	Trauma experienced by hearing another's trauma (stressor) event.
Secondary Trauma:	Trauma experienced by hearing another's trauma (stressor) event.

Appendix F: List of Abbreviations

CBT:	Cognitive-Behavioral therapy
EMDR:	Eye movement desensitization and reprocessing
PFC:	Prefrontal Cortex
PTG:	Post-Traumatic Growth
PTSD:	Post-Traumatic Stress Disorder
SPECT:	Single Photo Emission Computed Tomography
VT:	Vicarious Trauma
VPTG:	Vicarious Posttraumatic Growth

Bibliography

- Adams, Christopher J., Holly Hough, Rae Jean Proeschold-Bell, Jia Yao, and Melanie Kolkin. "Clergy Burnout: A Comparison Study with Other Helping Professions." *Pastoral Psychology* (April 2017): 147-75. [https://link.springer-com.ezproxy.liberty.edu/article/10.1007%2Fs11089-016-0722-4](https://link.springer.com.ezproxy.liberty.edu/article/10.1007%2Fs11089-016-0722-4).
- Anders, Max, and Kenneth Gangel. *Holman New Testament Commentary: John*. Nashville, TN: B & H Publishing Group, 2000. ProQuest.
- Anshel, Mark H. *Applied Exercise Psychology: A Practitioner's Guide to Improving Client Health and Fitness*. New York, NY: Springer Publishing Company, 2009. ProQuest.
- Barnard, Laura K, and John F Curry. "The Relationship of Clergy Burnout to Self-Compassion and Other Personality Dimensions." *Pastoral Psychology* 61, no. 2 (April 2012): 149-63. <https://link.springer.com/article/10.1007%2Fs11089-011-0377-0>.
- Burnard, Philip. *Practical Counseling and Helping*. New York, NY: Routledge, 1999. ProQuest.
- Burns, Bob, Tasha Chapman, and Donald C. Guthrie. *Resilient Ministry: What Pastors Told Us About Surviving and Thriving*. Downers Grove, IL: InterVarsity Press, 2013. ProQuest.
- Calhoun, Adele A. *Spiritual Disciplines Handbook: Practices That Transform Us*. Downers Grove, IL: IVP Books, 2005. ProQuest.
- Cash, Adam and Irving B. Weiner. *Wiley Concise Guides to Mental Health: Post Traumatic Stress Disorder*. Hoboken, NJ: John Wiley & Sons, Inc., 2006.
- Chandler, Diane J. "Pastoral Burnout and the Impact of Personal Spiritual Renewal, Rest-Taking, and Support System Practices." *Pastoral Psychology* 58, no. 3 (June 2009): 285.
- Colten, Harvey R., and Bruce M. Altevogt. *Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem*. Washington, DC: The National Academies Press, 2006. ProQuest.
- Crossley, C.D. "Emotional and Behavioral Reactions to Social Undermining: A Closer Look at Perceived Offender Motives." *Management Department Faculty Publications* (2008): 1-11. <https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1000&context=managementfacpub>.
- Devilly, Grant J., Renee Wright, and Tracey Varker. "Vicarious Trauma, Secondary Traumatic Stress or Simply Burnout? Effect of Trauma Therapy on Mental Health Professionals." *Australian and New Zealand Journal of Psychiatry* 43, no. 4 (2009). https://journals-sagepub-com.ezproxy.liberty.edu/doi/full/10.1080/00048670902721079?utm_source=summon&utm_medium=discovery-provider.
- Dorman, William. *Restoring the Healer: Spiritual Self-Care for Health Care Professionals*.

- West Conshohocken, PA: Templeton Press, 2016. ProQuest.
- Duffy, Maureen, and David C. Yamada. *Workplace Bullying and Mobbing in the United States*. Santa Barbara, CA: ABC-CLIO, LLC, 2018. ProQuest.
- Eckert, Holly M. *Graduating from Guilt: Six Steps to Overcome Guilt and Reclaim Your Life*. Encinitas, CA: Puddle Dancer Press, 2019. ProQuest.
- Figley, Charles R. *Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. London, UK: Brunner-Routledge, 1995.
- Figley, Charles R. *Treating Compassion Fatigue*. New York, NY: Brunner-Routledge, 2002. ProQuest.
- Friedman, Matthew J., Terence M. Keane, and Patricia A. Resick. *Handbook of Ptsd, Second Edition: Science and Practice*. 2nd ed. New York, NY: The Guilford Press, 2014. ProQuest.
- Halloran, Kevin. "Christian Ministry Burnout: Prevention, Signs, Statistics, and Recovery." *Leadership Resources*. October 22, 2013. <https://www.leadershipresources.org/blog/christian-ministry-burnout-prevention-signs-statistics-recovery/>.
- Harewood, Brenda K, Richard Hester, DB Roberts, James Bowers, Janet Maykus, Kelli Walker-Jones, Larry Dill, Lis Van Harten, Marianne Labarre, and Penny Long Marler. *So Much Better: How Thousands of Pastors Help Each Other Thrive*. St. Louis, MO: Chalice Press, 2013. ProQuest.
- Harlard, Mike and Stan Moser. *Seven Words of Worship: The Key to a Lifetime of Experiencing God*. Nashville, TN: B & H Publishing, 2008. ProQuest.
- Hendron, Jill A., Pauline Irving, and Brian J. Taylor. "Clergy Stress through Working with Trauma: A Qualitative Study of Secondary Impact." *Journal of Pastoral Care and Counseling* 68, no. 4 (December 1, 2014): 1-10. <https://journals-sagepub-com.ezproxy.liberty.edu/doi/pdf/10.1177/154230501406800404>.
- Johnson, Jan. *Solitude Silence*. Downers Grove, Il: InterVarsity Press, 2003. ProQuest.
- Kelly, Ewan. *Personhood and Presence: Self as a Resource for Spiritual and Pastoral Care*. New York, NY: Bloomsbury T &T Clark, 2012. ProQuest.
- Leary, Mark R. and June P Tagney. *Handbook of Self and Identity*, 2nd ed. New York, NY: The Guilford Press, 2012. ProQuest.
- London, H.B., Jr. and Neil B. Wiseman. *Pastors at Greater Risk: Real Help for Pastors from Pastors Who've Been There*. Grand Rapids, MI: Baker Books, 2003.
- Matsumato, David, ed. *Cambridge Dictionary of Psychology*. New York, NY: Cambridge

- University Press, 2009. ProQuest.
- McBride, J. Lebron. *Living Faithfully with Disappointment in the Church*. New York, NY: Routledge, 2005. ProQuest.
- McClanahan, Jamie. "Pastoral Self-care: Developing a Burnout-Resistant Approach to Life and Ministry." diss., *Liberty University School of Divinity*, 2018. In ProQuest.
- Mcewen, Kathryn. *Building Resilience at Work*. Bowen Hills, Australia: Australian Academic Press, 2011. ProQuest. McKay, Matthew, Georg H. Eifert and John P. Forsyth. *Your Life on Purpose: How to Find What Matters and Create the Life You Want*. Oakland, CA: New Harbinger Publications In., 2010. ProQuest.
- Orto, Arthur E. Dell, and Paul W. Powers. *The Psychological and Social Impact of Illness and Disability*. 5th ed. New York, NY: Springer Publishing Company, LLC., 2007. ProQuest.
- Parekh, Ranna. "What Is Posttraumatic Stress Disorder?" American Psychiatric Association. Last modified January, 2017. <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.
- Perrin, David B. *Studying Christian Spirituality*. New York, NY: Routledge, 2007. ProQuest.
- Powers, Paul W., and Arthur E. Dell Orto. *Families Living with Chronic Illness and Disability: Interventions, Challenges, and Opportunities*. New York, NY: Springer Publishing Company, 2004. ProQuest.
- Reyes, Gilbert, John D. Elhai, and Julian D. Ford, eds. *The Encyclopedia of Psychological Trauma*. Hoboken, NJ: John Wiley & Sons Inc., 2008.
- Schmit, Clayton J. *Sent and Gathered: A Worship Manual for the Missional Church*. Grand Rapids, MI: Baker Academic, 2009. ProQuest.
- Schwartzhoffer, Rachel V. *Psychology of Burnout: Predictors and Coping Mechanisms*. New York, NY: Nova Science Publishers, 2009. ProQuest.
- Spiegel, David. "Depersonalization/Derealization Disorder." Merck Manuals. Accessed April 29, 2020. <https://www.merckmanuals.com/home/mental-health-disorders/dissociative-disorders/depersonalization-derealization-disorder>.
- Stone, Charles and Ed Stetzer. *People-Pleasing Pastors: Avoiding the Pitfalls of Approval-Motivated Leadership*. Downers Grove, IL: IVP, 2014. ProQuest.
- Vacc, Nicholas and Larry C. Loesch. *Professional Orientation to Counseling*. New York, NY: Routledge, Taylor & Francis, 2000. ProQuest.
- van der Merwe, Amelia, and Xanthe Hunt. "Secondary Trauma Among Trauma Researchers: Lessons from the Field." *Psychological Trauma: Theory, Research, Practice, and Policy* 11, no. 1 (2019 (Jan)): 10-18. <https://psycnet-apa->

org.ezproxy.liberty.edu/fulltext/2018-52775-001.pdf.

Viola, Frank. *Reimagining Church: Pursuing the Dream of Organic Christianity*. Colorado Springs, CO: David C. Cook. 2008. ProQuest.

Wilson, Michael T., and Brad Hoffman. *Preventing Ministry Failure: A Shepherdcare Guide for Pastors, Ministers and Other Caregivers*. Downers Grove, IL: InterVarsity Press, 2007, ProQuest.