# THE EFFECTS OF THE GLOBAL COVID-19 PANDEMIC ON PASTORS IN THE CHURCH OF THE NAZARENE

by

Beth Bleadingheiser Heath

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University

2022

# THE EFFECTS OF THE GLOBAL COVID-19 PANDEMIC ON PASTORS IN THE CHURCH OF THE NAZARENE

by Beth Bleadingheiser Heath

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences Liberty University, Lynchburg, VA 2022

APPROVED BY:

John A. King, Ph.D., Committee Chair

Seigel Bartley, Ph.D., Committee Member

3

ABSTRACT

The purpose of this phenomenological study was to describe the experience of living through and

ministering during the global COVID-19 pandemic for Nazarene pastors in Ohio. The theoretical

framework that guided the research was Hope Theory and Resilience. The Conceptual Mapping

Task was used to conduct interviews of eight ordained Nazarene pastors. Pastors described their

experience and then worked with a researcher to create a concept map to organize their story.

Pastors were asked to describe their story of living through and ministering during the global

COVID-19 pandemic. Pastors were also asked how the global COVID-19 pandemic affected

their church and their family. Interviews were transcribed and examined for common themes.

These themes included loss of momentum, polarization of topics and people, the weight of it

all/hopelessness/helplessness, personal and family dynamics and challenges, and finally support

of the district.

*Keywords*: global COVID-19 pandemic, Church of the Nazarene, pastors

# **Dedication**

I would like to dedicate this work to the pastors around the world and across denominations who faithfully and sacrificially pastored during the global COVID-19 pandemic. Thank you for sharing the hope of Christ and for leading with resilience. My hope and my prayer is that this research will help the global church understand the experience of pastors during the pandemic and better equip and train pastors for whatever crisis is to come.

#### **Acknowledgments**

To the eight pastors who were willing to share their story with me, thank you! I hope and pray that I did an adequate job of communicating your experience. My hope and my prayer is that this research will help the church respond to the next crisis, as well equip and care for pastors as they care for their congregations. To the leaders and mentors who encouraged me, pushed me, showed me Christ and how to be resilient and hopeful leaders, thank you. To those who trusted me to do research in their district, thank you. To the denomination that has shaped, formed, educated me, and given the opportunity to serve at home and abroad, thank you.

To my chair, Dr. King, thank you for your encouragement, advice, time, and expertise. The elephant is almost consumed, and it was done with your help and one bite at a time. I hope our paths continue to cross. To my reader, Dr. Bartley, thank you for your time, input, and attention to detail. It was a pleasure working with you.

To my friends, family, congregation, and former missionary colleagues, thanks for sharing me and for understanding when I was not as involved in things as I wanted to be.

Thanks for your encouragement, support, and prayers. To the Wilson family and the Tullahoma Church of the Nazarene, thank you for your love, support and for giving us a community and place while we were stuck in COVID limbo.

Last but certainly not least, to my husband, Joe and son, Peter, thank you for everything. Mommy has finally finished her book. Thanks for sharing me, helping me, encouraging me, being patient with me, and supporting me. I am looking forward to lots of game nights, movie nights, family hikes and other family adventures that we can now go on together. I am looking forward to Peanut joining our family. I love you both to the moon and back and I could not have done without you.

# **Table of Contents**

ABSTRACT	3
Dedication	4
Acknowledgments	5
List of Tables	10
List of Figures	11
List of Abbreviations	12
CHAPTER ONE: INTRODUCTION	13
A Snapshot of a Pastor's Reality	13
Background	15
Problem Statement	18
Purpose Statement.	18
Research Questions.	19
Significance of the Study	19
Situation to Self	19
Assumptions and Limitations.	21
Definitions	22
Summary	23
CHAPTER TWO: LITERATURE REVIEW	25
Overview of Study	25
Problem Statement	26
Collection of Articles	26
Related Literature	27

Global COVID-19 Pandemic	27
COVID-19 Spirituality and the Church	36
COVID-19 and Pastors	41
The Church of the Nazarene and COVID-19	44
Overview of gaps in the literature	47
Theoretical Framework	49
Hope Theory	49
Resilience	52
Summary	54
CHAPTER THREE: METHODS	56
Overview	56
Design	56
Conceptual Mapping Task	57
Research Questions.	58
Setting	59
Participants	59
Procedures	60
The Screening Procedure.	61
The Interview Procedure	62
Conceptual Mapping Task Procedure	63
The Researcher's Role	63
Data Collection	64
Phase One: Rapport Building and Information Gathering	64

Phase Two: Participant Storytelling	65
Phase Three: Creating the Conceptual Map	66
Phase Four: Reflecting on the Conceptual Map	67
Data Analysis	68
Trustworthiness and Reliability	69
Ethical Considerations	69
Summary	69
CHAPTER FOUR: FINDINGS	71
Overview	71
Participant Profile	71
John	73
Simon Peter	78
Andrew	83
James	90
Phillip	97
Matthew	104
Thomas	110
Mary	117
Results	124
Theme Development	124
Summary	150
CHAPTER FIVE: CONCLUSION	152
Overview	152

Research Questions Answered.	52
R1 - How do Nazarene pastors describe the COVID-19 pandemic	53
R2 - How do Nazarene pastors describe their church during the COVID-19	
pandemic?1	55
R3 - How do Nazarene pastors describe their personal experiences during the	
COVID-19 pandemic?	156
R4 - How do Nazarene pastors describe their mental health wellness during	
the COVID-19 pandemic?	158
Observations and Implications.	159
Theoretical1	159
Recommendations by the Researcher	169
Recommendations by the Researcher to Pastors	169
Recommendations by the Researcher to Churches and Church Boards1	171
Recommendations by the Researcher to Denominational Leaders	173
Limitations and Delimitations.	174
Recommendations for Further Research	175
Summary1	176
REFERENCES1	178
APPENDICES1	193

# **List of Tables**

1	Participant Profile	72
-	1 41 trespond 1 101116	′ -

# **List of Figures**

Figure 4.1 Themes of John's Conceptual Map7	78
Figure 4.2 Themes of Simon Peter's Conceptual Map.	83
Figure 4.3 Themes of Andrew's Conceptual Map.	90
Figure 4.4 Themes of James's Conceptual Map.	97
Figure 4.5 Themes of Phillip's Conceptual Map	04
Figure 4.6 Themes of Matthew's Conceptual Map	10
Figure 4.7 Themes of Thomas's Conceptual Map	16
Figure 4.8 Themes of Mary's Conceptual Map	124

# **List of Abbreviations**

Center for Disease Control (CDC)

Conceptual Mapping Task (CMT)

Non-Governmental Organization (NGO)

Severe Acute Respiratory Syndrome Coronavirus 2; SARS COVID 2 (COVID-19)

World Health Organization (WHO)

#### **CHAPTER 1: INTRODUCTION**

#### A snapshot of a pastor's reality

Pastor John Doe in Anywheresville, Ohio, walked out the church doors in mid-March 2020 with thoughts of the upcoming events and hopeful about the momentum that was building in his congregation. That week they had a positive board meeting, and there were big plans for various outreach events that were upcoming in the next few weeks surrounding Easter. There was also much excitement about the mission trip they were going on in June. However, COVID-19 was not something he was worried about or considering. He had heard reports about it, but like most people, Pastor John did not know it would drastically change his life and ministry. On March 9th, 2020, Governor DeWine of Ohio declared a state of emergency in the Buckeye state. On March 22nd, 2020, Governor DeWine placed a "Stay at Home Order" in effect statewide (DeWine, 2020).

Pastor John had no idea that when he locked the church doors on March 15th, they would not open back up for months for in-person services. He could not even fathom how COVID-19 would ravage his congregation's physical, mental, and spiritual health. Pastor John suddenly had to pivot from in-person outreach events to preaching to a camera in his living room. The outreach events were canceled. Easter services were changed to fit the online platform. Debate raged over if the church should obey the state mandates regarding being open. Members of his family contracted the virus. He tried visiting and calling as many of his congregation as possible; for some, this meant porch visits; others, he arranged drive-by celebrations of birthdays, births, and graduations. There were video calls for prayer and counseling. The hardest was his inability to access those most vulnerable in nursing homes and hospitals. Although his clergy card had

gotten him access to these places before now, no one was allowed, including spouses and children. The rug had been pulled out from under everyone, and hope seemed like a mirage.

Pastor John's heart broke as he participated in a Zoom call with a family from his church while their son, husband, father, brother, uncle, friend breathed his last breath. COVID-19 eliminated the ability to participate in the ministry of presence, except presence through technology. However, one cannot hold someone as they sob through Zoom. One cannot be physically present with someone as they breathe their last over Zoom. A pillar of faith of the church passed away due to COVID-19. Normally her funeral would have drawn the church together for a time of grieving and celebration of her life and ministry. Due to COVID-19 restrictions, only ten family members were allowed to attend. Everyone else was forced to grieve and celebrate through a livestream feed of the service. The church still has not been able to come together and to grieve her loss and the many other losses of fathers, sons, husbands, wives, mothers, grandmothers, daughters, friends, neighbors, co-workers, and heroes.

In February, Pastor John's worries were about budgets, finding more space for Sunday School classes, the upcoming mission's trip, possibly hiring an associate pastor, and enough volunteers for the upcoming outreach events. In March, COVID-19 changed his worries to the physical, mental, and spiritual health of the elderly in his congregation; as well as the health and safety of his family and the members of his church. Suddenly, he had to pivot and figure out how to be online for everything. His wife, Jane, was a nurse and now on the frontline of fighting the COVID-19 battle. She slept in a borrowed travel trailer to not bring the virus home to her family. Pastor John was now working from home and trying to help his two school-age children do online schooling while helping his preschooler stay out of the various video calls in progress. His family had planned to celebrate his wife's graduation from her Master's program in May of 2020

by going on a family vacation they had saved for years to go on. However, like so many others, the graduation celebration was canceled, the vacation was postponed and then canceled. These changes and losses, some big and some seemingly minor, together create a sea of loss that many were swept away in, and some were able to figure out a way to find hope and resilience.

### Background

This fictional story gives a glimpse into the life of a pastor leading up to and during the global COVID-19 pandemic. On March 11th, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic (Oberfeld et al., 2020; Rothan & Byrareddy, 2020; Williamson et al., 2020). On March 13th, US President Donald Trump declared a National Emergency due to the COVID-19 outbreak (AJMC Staff, 2021). In addition, lockdowns and stay-at-home orders were implemented in a growing number of states and countries. By May 28th, 2020, the death toll due to COVID-19 had reached 100,000 in the United States alone (AJMC Staff, 2021).

The COVID-19 is caused by the severe acute respiratory syndrome coronavirus 2 (SARS COVID 2) (Cossarizza et al., 2020; Oberfeld et al., 2020; Rothan & Byrareddy, 2020). The virus measures between 50 nanometers (nm) and 140 nm (*The Size of SARS-CoV-2 and its Implications*, 2020). To put that into context, a single sheet of paper is about 100,000nm thick. A particle smaller than the thickness of a piece of paper stopped the world, brought the world to its knees in a way that has not been seen. Initially thought to be transmitted only by spit, the virus is now understood to be transmitted through the air. There is no known cure for COVID-19, and the treatment of COVID-19 is not always effective (Cho, 2021). The best defense against COVID-19 is to not contract it by adhering to the COVID-19 protocols, including social distancing, wearing a mask, avoiding crowded spaces and communal spaces, avoiding face

touching, frequent hand washing, and use of hand sanitizer (Cossarizza et al., 2020; Oberfeld et al., 2020; Rothan & Byrareddy, 2020).

Mask wearing and mask mandates quickly became politicized and caused divisions. On one side, they were understood to prevent the spread, support the medical community, and love and care for fellow community members. On the other, as an infringement on personal rights. COVID-19 and its restrictions, recommendations, and aftermath have highlighted people's distrust in science and their governments (CDC, 2021; Eaton & Kalichman, 2020).

High risk people, those thought to be the most vulnerable for contracting and possibly dying from the disease, were immune compromised, pregnant, aged, obese, and those with high blood pressure, diabetes, hypertension, asthma, or caregivers for the immuno compromised. However, the virus continued to change, and different, more deadly variants emerged. At the time of this writing, a new variant has emerged, and the CDC is concerned about a fourth wave (CDC, 2021; Cossarizza et al., 2020; Oberfeld et al., 2020; Rothan & Byrareddy, 2020).

Worry, stress, anxiety, and anger increased caused by conflicting information regarding how the virus was spreading and what precautions should be taken (Horesh & Brown, 2020). Every area of life was affected by the COVID-19 pandemic and its ensuing restrictions (Dennerlein et al., 2020). In February of 2020, most would have never guessed that churches and schools would be closed a mere month later, that most events would be canceled, and activities would move online or not happen at all.

On a global scale, travel was suspended, and most countries closed their land, water, and air borders. The Olympics were postponed. Schools and universities closed. If not deemed essential, offices, factories, hotels, banks, restaurants, malls, and shops were closed or limited to only a certain number of essential workers depending on the COVID-19 restrictions of the city

and country requirements. In addition, sporting events, concerts, speaking events, plays, and the like, were postponed, canceled, or moved to an online platform (McGuine et al., 2020; Mukhtar, 2020; Torales et al., 2020; Torjesen, 2020).

On an individual level, weddings, graduations, vacations, cruises, reunions, recitals, playdates, proms, and games were postponed and/or canceled. It is easy to get caught up in the global or macro way COVID-19 affected the world. However, the micro-levels that were affected should also be highlighted. Individuals were deeply impacted, as the world changed seemingly overnight and with each change, each cancellation, each new restriction, each new mandate, each positive test, each COVID-19 hospitalization, and each death; individuals were deeply affected. The mental health of those affected by COVID-19 has yet to be determined. There is not a corner of the globe that the COVID-19 pandemic has not affected in some way. The world as it was known changed and, in many cases, stopped (McGuine et al., 2020; Mukhtar, 2020; Torales et al., 2020; Torjesen, 2020).

Medical care was the focus, but mental and spiritual health care were overlooked (Cho, 2021; Mukhtar, 2020; Roman et al., 2020). Pastors were not initially considered essential workers, and COVID-19 restrictions ceased almost all gatherings. Their parishioners still needed pastoral care, in fact, maybe even more so. However, they could not deliver that in the ways that they had historically offered care. Gathering in-person was no longer an option, home and hospital visits were banned, even funerals looked vastly different (Aten et al., 2020; Cho, 2021; Roberto et al., 2020). Greene et al. (2020) state that pastors were at an increased risk for moral injury during the COVID-19 pandemic. Further, this study points out that there has been much focus on the mental health of frontline and essential workers, but there has not been a focus on the mental health of pastors during the COVID-19 pandemic (Greene et al., 2020).

#### **Problem Statement**

The profound effect COVID-19 has had on the world includes many different kinds of loss. All areas of life have been affected due to the global COVID-19 pandemic (Walsh, 2020). The extent of the negative effect of COVID-19 on mental health is still unknown (Weingarten et al., 2020). The pandemic's effect on the church is profound and still being discovered (Evener, 2020). The way church happens is no longer the same (Cho, 2021; Norman & Reiss, 2020). The unprecedented nature of the pandemic meant there was no road map, no manual to know the recommended way to respond. Pastors were not seen as essential frontline workers. The COVID-19 pandemic profoundly affected their lives, ministries and mental health. How pastors' mental health was affected and still being affected has not been looked at in-depth, specifically not in the Church of the Nazarene (*Categories of essential workers: COVID-19 vaccination*, 2021; Greene et al., 2020). The researcher found a gap in the research literature in understanding how the COVID-19 pandemic has affected the pastor's psychological wellness/mental health (Greene et al., 2020).

#### **Purpose Statement**

The purpose of this hermeneutic phenomenological qualitative study is to understand the effect that the global COVID-19 pandemic had on church pastors' mental health, specifically on pastors within the Church of the Nazarene. The philosophical assumption that led to this research is ontological. COVID-19 causes multiple realities, and it is crucial to study and report on these realities (Creswell & Poth, 2018). The focus was pastors in Ohio. The research took place through one-on-one interviews using the Concept Mapping Task (CMT). Data was studied for themes that will assist the researcher in understanding the phenomenon of the COVID-19 pandemic and its effects on Nazarene pastors.

#### **Research Questions**

- R1 How do Nazarene pastors describe the COVID-19 pandemic?
- R2 How do Nazarene pastors describe their church during the COVID-19 pandemic?
- R3 How do Nazarene pastors describe their personal experience during the COVID-19 pandemic?
- R4 How do Nazarene pastors describe their mental health wellness during the COVID-19 pandemic?

### Significance of Study

This study is significant because the pandemic is still ongoing. Many people are over the pandemic and its restrictions. However, in February of 2022, Omicron continues to cause a rise in hospitalizations and infections. At the time of this writing, it has been nearly two years since COVID-19 was declared a pandemic. The initially imposed restrictions to slow the spread of COVID-19 were to be for two weeks to a month. Two years later, there are still mask requirements, social distancing requirements, various levels of lockdown, and hospitals worldwide are filled with COVID-19 patients (CDC, 2021). This study is significant because the global pandemic has and is still affecting the world. Pastors are still trying to shepherd their congregations during these unprecedented times.

#### Situation to Self

Everyone has a story of how COVID-19 affected their lives, work, and family. Our family is no different. At the end of February 2020, our family left our home in South Africa, where we served as missionaries with the Church of the Nazarene for six years. We left fully expecting to return to our lives and ministries on June 3rd, 2020. We had heard of the virus and were checking in with friends who lived in China but had no idea how it would change our lives or

affect the world in just a few short months. I continued my studies at Liberty University even while we were traveling and speaking during our time in the United States. I was planning on finishing my coursework and starting my dissertation work in May of 2021. My dissertation was going to be centered around the need for equipping pastors in South Africa to be mental health advocates.

In March of 2020, everything started to shut down. Our family found ourselves in limbo. We did not know how long the shutdown would last but assumed it would be lifted in a month or so. We traveled to where we were to be speaking in a month and began living in a friend's basement with this thinking in mind. What was supposed to be a two-week stay stretched into two months. Then God provided a house in another state that we could stay in "as long as we needed it." We again naively thought that would only be a few months. A year later, we left that temporary home and moved into our new ministry home. During that year, we waited, prayed, watched, discussed, cried, Zoomed, called, and tried to live life as best we could in limbo. In November of 2020, we began quietly applying for ministry roles in the United States. In December, we informed our sending organization that we would not be returning to the mission field whenever we were allowed to return. In February of 2021, we returned to South Africa for one month to pack up our belongings and say goodbye to our friends, colleagues, and ministry leaders. South Africa would allow us to come for one month but still were not granting the longterm visa our son needed in order for us to live there. So, in June of 2021, we moved from our "temporary home" into the church's parsonage, where I am the senior pastor.

I began my dissertation work in May of 2021. However, the topic I had planned on researching was no longer viable. COVID profoundly affected my life and ministry. All around me I heard how it was affecting various professions. I also saw and heard from ministry

colleagues how hard it is being a pastor during the global COVID-19 pandemic. So, I began to research and realized that pastors were not considered frontline workers, and COVID-19's effect on their profession was not being studied. For this reason, I shifted my dissertation topic to explore the effect of the COVID-19 pandemic on Nazarene Pastor's mental health.

# **Assumptions and Limitations**

This study is limited in scope as it only looks at the effects of the global COVID-19 pandemic on pastors, specifically Nazarene pastors. The Church of the Nazarene is a global denomination with 2,640,216 members worldwide. It is not the largest nor the smallest Christian evangelical denomination; it is one among many (*Annual Church Statistical Reports* 2020, 2020). This study also looks specifically at Senior Pastors who have been in their roles since January of 2020. Pastors eliminated are associate pastors and those who have transitioned into the role of Senior Pastor after January of 2020. The study was also limited by proximity to the researcher. The research required in-person interviews, so the pastors needed to be within reasonable driving distance of the researcher. The study was limited by sample size. Due to the nature of the research, phenomenological qualitative study, data saturation was reached after eight pastors were interviewed. Further s.tudy should be conducted on a larger evangelical group of pastors, in various countries, to present a clearer picture of how the pandemic has affected pastors worldwide (Creswell & Poth, 2018; van Manen, 2016).

# **Definitions**

*Church* - A body of believers in Christ that, before the COVID-19 pandemic, was centered around the act of gathering together.

Church of the Nazarene- is a global evangelical Christian denomination with over 2.6 members worldwide (Annual Church Statistical Reports 2020, 2020).

Conceptual Mapping Task (CMT)- Single interview four-phase research process with built-in member checking used in qualitative research (Impellizzeri et al., 2017; King, 2013).

COVID-19- A commonly used name for a virus that rocked the world in 2020-2021. The virus is caused by the SARS-COVID - 2 virus, also known as the Coronavirus (Cossarizza et al., 2020; Oberfeld et al., 2020; Rothan & Byrareddy, 2020).

COVID protocols- Social Distancing, wearing a mask and other personal protective equipment, avoiding crowded spaces, staying at home were all recommended ways to prevent getting and spreading COVID (Oberfeld et al., 2020).

Essential workers - another term that emerged during COVID-19 to describe workers who were allowed to or required to work during the COVID-19 pandemic (Categories of essential workers: COVID-19 vaccination, 2021).

Frontline workers - Workers serving on the frontlines of COVID-19, for example, nurses, doctors, grocery store workers, police officers, EMTs, firefighters, etc. (Categories of essential workers: COVID-19 vaccination, 2021).

*Global COVID-19 Pandemic* - Pandemic caused by the SARS-COVID-2 virus causing the death of over 4.2 million people (Oberfeld et al., 2020; Rothan & Byrareddy, 2020).

*Hope* - Having hope leads to resilience and better coping mechanisms in difficult times; it is also a central Christian theme (Cheavens et al., 2019; Snyder, 2000).

Mask Requirements - When out in public during the pandemic, people were encouraged or required to wear a mask to prevent contracting or spreading COVID-19 (Oberfeld et al., 2020).

Moral Injury- mental health injury resulting from one feeling as if they have to violate their own moral code (Greene et al., 2020).

*Pandemic* - A health crisis with an undetermined time of disruption and loss of life (Walsh, 2020).

Personal Protective Equipment (PPE)- The equipment recommended especially for medical personnel working with COVID-19 patients, including masks, gowns, and gloves.

Resilience - the ability to recover from and adapt to difficult circumstances (Aten & Boan, 2016; Boss, 2006; Park et al., 2021).

*SARS-COVID-2* - Virus is commonly known as COVID-19 (Cossarizza et al., 2020; Oberfeld et al., 2020; Rothan & Byrareddy, 2020).

Social distancing - staying 6 feet apart to prevent contracting or spreading COVID-19 (Oberfeld et al., 2020).

*Unprecedented* - an overused term during the pandemic referring to the unknown events that were without precedence.

Zoom Fatigue - a new term that emerged during the pandemic, referring to the fatigue stemming from multiple and continued video meetings (Fauville et al., 2021).

# **Summary**

In an unprecedented manner, the global COVID-19 pandemic brought the world to its knees. Its effects were felt in every corner of the globe and every facet of life. At the time of this writing, the United States and the world are still feeling the impact of COVID-19, as a new, more deadly variant has emerged. Over 900,000 individuals have died due to COVID in the United

States alone. The mental health effects are still unknown and have been understudied as the focus has been on the medical ramifications. Several groups have been studied in understanding how COVID-19 has affected their mental health including, but not limited to medical workers and teachers. Pastors have been overlooked and are at risk of moral injury because church as was previously practiced, was not allowed. The purpose of this phenomenological qualitative research is to look at the effects the global COVID-19 pandemic had on pastors, specifically in the Church of the Nazarene. The pages that follow will outline the literature and theoretical framework that informed the research.

#### **CHAPTER 2: LITERATURE REVIEW**

#### **Overview of study**

The purpose of this chapter is to conduct a literature review in order to explore the gap in the literature regarding how the global COVID-19 pandemic affected pastors' mental health. The purpose will be to inform this phenomenological study describing the experience of pastors in the Church of the Nazarene during the COVID-19 pandemic. Creswell and Poth (2018) state that the phenomenological approach allows for a lived experience to be described and themes to emerge. COVID-19 is a phenomenon that needs to be studied to understand it and the effects on pastors. Qualitative research was chosen over quantitative because qualitative research addresses problems and calls for change. COVID-19 and its effects are a new and developing problem that requires emerging responses, which qualitative research allows (Creswell & Poth, 2018).

To understand how pastors experienced COVID-19, one must take a step back and understand the phenomenon of COVID-19, its causes, and its effects. A pastor ministers in a church that is made up of people. Therefore, one must understand how COVID-19 affected the psychological wellness of people affected by the pandemic. Next, it is crucial to understand how COVID-19 affected the church as a whole before the final focus on how COVID-19 affected pastors specifically. The reviewed literature highlights that a gap does exist in understanding how pastors were affected during the COVID-19 pandemic (Greene et al., 2020). The theories of hope and resiliency are discussed from a biblical and historical understanding before shifting focus to those theories in light of the COVID-19 pandemic and psychological well-being of pastors.

#### **Problem Statement**

COVID-19 has profoundly affected the world, with numerous forms of loss (Walsh, 2020). COVID-19 has negatively affected mental health (Weingarten et al., 2020) and profoundly affects the church (Evener, 2020). COVID-19 has affected church ministry, its practices, and its mission (Norman & Reiss, 2020). The problem is that no road map or precedent exists to know how to best respond to the pandemic. Another problem is that pastors are unrecognized frontline workers and are an understudied group (*Categories of essential workers: COVID-19 vaccination*, 2021; Greene et al., 2020). The following literature review highlights the gap in the research in understanding how the COVID-19 pandemic has affected the pastor's psychological wellness/mental health (Greene et al., 2020).

#### **Collection of Articles**

The research for the literature review to inform the study was done via database searches on various platforms. Primary sources were also gathered from the references of articles within the scope of the researcher's topic. Search phrases used include *COVID-19*; *COVID-19 Pandemic, COVID-19/Pandemic, Pastors; COVID-19/Pandemic and Mental Health; COVID-19/Pandemic and Spirituality; COVID-19/Pandemic and Church.* Primary sources were also gathered from the references of articles within the scope of the researcher's topic.

Due to the recent nature of the phenomenon of COVID-19, the majority of sources are from 2020 and 2021. When the researcher first began researching the topic, there was not much research on the church and pastors related to the COVID-19 pandemic. Thankfully as time went on, the body of research grew and continues to grow. Now the focus will move to an overview, synthesis, and analysis of the related literature.

#### Related Literature

#### **Global COVID-19 Pandemic**

In December of 2019, in Wuhan, China, a new virus emerged. By March of 2020, WHO stated that COVID-19 was a pandemic. The COVID-19 virus is a global public health concern and has been declared by WHO as a public health emergency, then later declared a pandemic (Oberfeld et al., 2020; Rothan & Byrareddy, 2020). It is known as the novel coronavirus and is transmitted from human to human easily through droplets. COVID-19 has caused high morbidity and mortality. Not everyone who contracts COVID-19 has symptoms immediately; some will remain asymptomatic; still, others had mild cases. From the time of exposure to showing symptoms can be as long as 5-10 days. These factors make identifying who has the virus and whom they have come into contact with complex (Oberfeld et al., 2020).

Around the globe, nations responded to the crisis: some quickly, others much slower. The United States government issued a directive including social distancing to slow the spread of COVID-19. The directive was to last for fifteen days; seventeen days later, a new directive called for 30 days to slow the spread. Americans and citizens throughout the globe struggled to cope as the goalposts of the end of the pandemic moved from a specific time frame to something more indeterminable (Glynn, 2021).

By July 24th, 2021, at the time of this writing, 603,504 individuals had died due to COVID-19 in the United States alone (*COVID-19 Mortality Overview*, 2021). The worldwide death toll continues to rise and is unimaginable and overwhelming. However, these overwhelming numbers should not diminish the reality that each death is a tragic loss for the deceased's loved ones (Walsh, 2020).

Every part of life has been changed and transformed by the COVID-19 pandemic (Horesh & Brown, 2020). The global COVID-19 pandemic has caused disruptions in almost all facets of daily life, causing forced isolation, economic hardship, heightening fears of sickness, and causing feelings of hopelessness and helplessness (Polizzi et al., 2020). In addition, COVID-19 revealed a global weakness in health preparedness, ability to respond, and ability to stop transmission across borders (Chatterjee et al., 2020).

A pandemic is different from a major disaster in terms of length of disruption and loss of life (Walsh, 2020). The pandemic conditions may last for months and even span into years (Walsh, 2020). When restrictions were imposed, they were supposed to be a temporary modification of activities to slow the spread. Many of those restrictions have remained in place for over a year. The COVID-19 pandemic is unique from other crises because it is neither limited by time or space (Forester & McKibbon, 2020).

COVID-19 has been called the angel of death and the invisible enemy (Polizzi et al., 2020). The COVID-19 pandemic forces humanity to note the interdependent globalized world it is living in (Forester & McKibbon, 2020). The COVID-19 pandemic forces humanity to understand its vulnerable, influential, and interdependent nature (Forester & McKibbon, 2020). Unfortunately, "unprecedented" is often overused when describing the global COVID-19 pandemic (Dirani et al., 2020; Yoshikawa et al., 2020).

The world has faced pandemics before: AIDS, SARS, Ebola, Swine Flu. However, either they were not this pervasive or prolonged, or no one alive recalls it, i.e., the Spanish Flu of 1918. No manual or formula exists to help navigate this crisis (Polizzi et al., 2020). COVID-19 has affected individuals and humanity as a whole; it has affected every person in the world directly

or indirectly (Mukhtar, 2020). van Deusen Hunsinger (2021) points out that while the Global COVID pandemic has affected everyone, it has not affected everyone equally.

## Consequences of COVID-19 global pandemic

Imber-Black (2020) asserts that COVID-19 had unanticipated, unplanned, and unimagined effects. The COVID-19 pandemic has disrupted everyday life and will cause a new definition of normal (Drummond & Carey, 2020). The global COVID-19 pandemic has caused cascading negative consequences and has had economic and social consequences at varying levels (Masten & Motti-Stefanidi, 2020). The global crisis caused by the COVID-19 pandemic is unprecedented and is considered a turning point in history (Dirani et al., 2020).

COVID-19 fundamentally altered how we interact, live, and work (Dennerlein et al., 2020). Drummond and Carey (2020) highlighted a reality that people seemingly share in various places in their case study. The understanding that the COVID-19 pandemic was affecting people somewhere else and would not affect them suddenly became a reality in their towns, villages, lives, and work. Family and communities were profoundly affected by the COVID-19 global pandemic in every aspect of life (Walsh, 2020). The unpredictable nature of the virus and protective measures needed to prevent the spread erodes the primary coping mechanisms and forces society to adapt (Horesh & Brown, 2020).

COVID-19 has drastically changed everything from how individuals live to how they die (Nyatanga, 2020). Each sector of service had to pivot rapidly to respond to the COVID-19 pandemic. Businesses, schools, hospitals, doctors' offices, churches, restaurants, shops, even parks were suddenly closed, taped off, and inaccessible. All of this was done to slow the spread of the virus and protect people from contracting COVID-19. The effects of COVID-19 have been described as apocalyptic, unimaginable, cataclysmic, unthinkable, catastrophic, upending,

crushing, and underestimated effects, with some comparing it to a natural disaster and others a World War (Bel et al., 2021; Einhorn, 2020; Ridley & Devadoss, 2020; Santhanam, 2020; Weisbrot & Ryst, 2020).

In response to the global pandemic, schools around the world were closed, and some shifted to virtual learning. Some students went on spring break without knowing what COVID-19 was in the U.S. and never returned to the classroom for that school year due to COVID-19 (Kuhfeld et al., 2020). Research has shown that the majority of U.S. students in grades K-12 experienced interruptions in face-to-face learning and some instances these interruptions continue at the time of this writing. The direct impact of COVID-19 on the various factors of student achievement is difficult to measure and quantify (Kuhfeld et al., 2020). The impact of the school closing has been seen across the board but is even worse for low-income, lower education households and students with disabilities (Engzell et al., 2021; Kuhfeld et al., 2020). Engzell et al. (2021) found that during the time that students were at home, little to no progress was made in learning.

Families with multiple children who found themselves also working from home now faced a juggling act of responsibilities and balancing the various technology and device demands. Parents had to balance the demanding roles of parent, teacher, and employee, often requiring attention and time, while computers and the internet were needed by multiple people in the home simultaneously (Santhanam, 2020). In addition, the pandemic has proven the essential need for childcare and school systems for the normal functioning of a community (Masten & Motti-Stefanidi, 2020).

New terms emerged that were caused by the pandemic but not health-based. For example, Zoom fatigue, which describes the weariness felt regarding all the video calls (Fauville et al.,

2021). Zoom and other video calls are now required to do life, work, and ministry during COVID-19. Furthermore, it has been found that women experience Zoom fatigue at a greater level than males (Fauville et al., 2021).

Governments were forced to respond with incomplete and constantly changing information and recommendations. As a result, the vast majority of countries worldwide closed their borders. The trade and tourism sectors were dramatically affected as COVID-19 restrictions severely limited or completely shut down their activities (Bel et al., 2021). Some jobs were affected due to the inability to be performed in a socially distant manner or in an at-home environment (Hupkau & Petrongolo, 2020). Factories and farms deemed non-essential had to either comply with COVID-19 new standards or severely limit or cease operations. Which, in turn, had a dramatic effect on the economy as many were without work. In addition, the supply chain was affected as everything from fruit to auto parts and toilet paper to beef were hard to find. Farmers endured millions in crop and animal losses because the factory to process the food was not functioning (Ridley & Devadoss, 2020).

The relationship between the medical community and the religious one was simultaneously strained and strengthened due to COVID-19. Partnership with the community and religious leaders helps to provide better medical care. In addition, building trust and relationships with community and religious leaders would help disseminate information to the community (Galiatsatos et al., 2020). While this is what is desired it is not what always has happened. There were religious communities worldwide that followed the recommended COVID-19 guidelines. Some even helped with disseminating information and hosted vaccine clinics (Wildman et al., 2020). However, some religious communities defied COVID-19 recommendations, encouraged and even celebrated people gathering in large numbers without

masks and social distancing. In some instances, these gatherings accelerated the spread of COVID-19 in that geographic area, thus adding more strain on the medical community and causing tensions (Su et al., 2020; Wildman et al., 2020).

Medical frontline workers shouldered a lot of the load of responding to the global COVID-19 pandemic. As a result, these essential frontline workers are at a higher risk of vicarious traumatization and moral injury (Williamson et al., 2020). During the height of the pandemic, there was a shortage of masks, face shields, gloves, and protective gowns, which were needed to protect those in close contact with those infected with COVID-19 (Torres, 2020). Nurses, doctors, and other frontline medical workers fearful of bringing COVID-19 home to their families found ways to quarantine themselves from their loved ones. They borrowed R.V.s, slept in their garages, their cars, booked hotel rooms, or rented apartments to fight COVID-19 and keep their families safe (Torres, 2020; White, 2020).

# Preventing/Treating/Stopping COVID-19

Slowing the spread, lockdown, shelter in place, and flattening the curve became a part of everyday language. Everyone was encouraged to wear a mask, social distance (stay 6 feet apart from others), wash their hands or use hand sanitizer frequently, and avoid crowds and indoor spaces. If one became infected or came into contact with someone infected, then the recommendation was quarantining for 7-14 days depending on symptoms, availability, and results of a COVID-19 test. Once vaccines became available, everyone eligible was recommended to receive a COVID-19 vaccine to protect themselves and others from COVID-19 (CDC, 2021).

Eaton and Kalichman (2020) highlighted that slowing the spread of the COVID-19 virus relies heavily on social and behavioral changes when no vaccine or cure was available at the

beginning of the pandemic. That needed social and behavioral change is difficult to achieve, especially on an individual basis. Eaton and Kalichman (2020) argue that conspiracy beliefs and medical mistrust undermine public health interventions.

# COVID-19 and Psychological Wellness

Efforts around the globe have been focused on flattening the curve, slowing the spread, and finding a vaccine/treatment for the COVID-19 virus. In so doing, the mental health challenges that the virus has caused have been overlooked (Mukhtar, 2020). Little attention has been paid to the mental health effects of the COVID-19 pandemic and resulting restrictions (Mukhtar, 2020). Mental health should be central in the COVID-19 pandemic response (Torales et al., 2020; Torjesen, 2020).

The very thing, i.e., social isolation/social distancing, that protects one from COVID-19 causes critical mental health issues such as loneliness, depression, and suicidal ideation (Killgore et al., 2020). Lack of clarity surrounding the COVID-19 pandemic causes ambiguity (Walsh, 2020). Fear, isolation, and mistrust caused by the pandemic make maintaining a resilient posture challenging (Polizzi et al., 2020). COVID-19 causes anticipatory anxiety at high levels; people are scared about the future (Horesh & Brown, 2020). Masten and Motti-Stefanidi (2020) argue that the COVID-19 pandemic is of concern for those already at risk due to more isolation, possible lack of resources, and more significant stress. Aten et al. (2020) also highlighted that while the restrictions protect people from the virus, they can have adverse psychological effects.

The global COVID-19 pandemic is a threat to psychological well-being (Mukhtar, 2020). The damaging mental, physical, developmental, societal, and economic effects of the COVID-19 global pandemic are both immediate and far-reaching into the months, years, and even

generations to come (Yoshikawa et al., 2020). Like an ongoing earthquake, the COVID-19 pandemic continues to shatter the assumptions of one's worldview regarding beliefs and expectations (Walsh, 2020).

The COVID-19 global pandemic caused a widespread sense of loss of normalcy (Walsh, 2020). The loss felt by families in the COVID-19 pandemic is ongoing and pervasive (Walsh, 2020). A reorientation of hope is needed to help families navigate the losses associated with the COVID-19 pandemic. Families and therapists must work through creating realistic hopes and goals (Walsh, 2020).

Inadequate planning and lack of attention to the practical aspect of implementing mental health interventions in times of crisis, like the COVID-19 pandemic, cripple efforts to respond (Duan & Zhu, 2020). Psychiatrists reported an increase in urgent and emergency cases while reporting a fall in normal/routine appointments. Experts believe this is due to those who need mental health help not getting it due to fear of being infected with COVID-19 (Torjesen, 2020). In addition, COVID-19 restrictions have limited access to mental health services even as the need for them has been on the rise (Su et al., 2021). Also complicating matters, mental health professionals are not considered essential and thus not allowed in many cases to be in isolation wards for COVID-19 patients (Duan & Zhu, 2020).

The global pandemic will likely heighten existing mental health disorders and cause new stress disorders (Horesh & Brown, 2020). It is unclear how an event like COVID-19, the disease and global pandemic, fits into diagnostic measures like those in the DSM-5 (Horesh & Brown, 2020). The overall impact on global psychological health has not yet been recorded and studied. However, research from previous outbreaks can shed some light on the way forward. Proactive

psychological interventions are needed to lessen the psychological effects on individuals and the general population (Mukhtar, 2020).

COVID-19 is a new problem needing specific interventions, but humankind has faced other mass tragedies and traumas before. Humankind must respond by learning from how coping has occurred in the past, including making meaning, increasing social support, taking goal-directed and value-driven actions, and embracing a deep human interconnectedness view of humankind (Polizzi et al., 2020). Williamson et al. (2020) correctly argues that frontline and essential workers, from healthcare providers to social workers to supermarket workers, are at higher risk of moral injuries due to the COVID-19 pandemic. Williamson et al. (2020) offers recommendations but no clear path forward. This may be partly because the COVID-19 pandemic effects and restrictions are not a point in history but an ongoing and continually changing reality depending on various factors. Dennerlein et al. (2020) highlighted the stress of the constant presence of the risk of infection for essential and frontline workers.

Missing but crucial pieces are clear guidelines and talking points used by the media and government officials. The public is anxious and possibly already traumatized and unclear, and at times contradictory information does not help (Horesh & Brown, 2020). During a crisis like the COVID-19 pandemic, communication that is honest, clear, transparent is needed (Dirani et al., 2020). The internet helps disseminate information quickly; however, sensationalized stories and misinformation abound, quickly going from local to global (Wang et al., 2019). Crisis communication is vital in lowering uncertainty, calming fears, and bringing people together in global pandemics like the COVID-19 pandemic (Su et al., 2021). If the communication during a crisis is inadequate, there can be significant consequences on an individual and economic level

(Su et al., 2021). The risk of mental health problems increases as a steady diet of information about COVID-19 infection and death rates is consumed (Su et al., 2021).

Wang et al. (2019) found in their review of the existing research that misinformation on the internet is available in copious amounts and often has more popularity than accurate information. Wang et al. (2019) raises the question of credibility and how a source is deemed trustworthy by readers of the information. Repeated and prolonged media exposure to the COVID-19 pandemic causes psychological distress; however, the media was the medium relied upon to communicate critical up-to-date information on health-protective behaviors (Garfin et al., 2020).

The COVID-19 pandemic has had a number of effects. Walsh (2020) proposes that the COVID-19 pandemic can serve as a time out, allowing us to evaluate the aspects of life normalized before the COVID-19 disruptions. This time out also allows for a time of reflection. People have been able to or forced to reflect on life, quality of life, well-being, health, and end of life. Spirituality and beliefs on life after death have been reflected on. Spiritual care should be a part of holistic care. Spiritual care is necessary to help families and the populations at large to cope (Roman et al., 2020). Coping strategies, promotion of recovery, increased resilience, prevention of burnout are all promoted when spirituality is integrated into healthcare, as Roman et al. (2020) argues.

# **COVID-19 Spirituality and the Church**

From the beginning of time, spirituality has been a foundation of society (Roman et al., 2020). Roberto et al. (2020) state that religion and spirituality are aspects of every day that are important. Religion and spirituality can have a positive impact on coping (Aten et al., 2020). Roberto et al. (2020) found statistically significant correlations between spirituality and

resilience in women. Roberto et al. (2020) mixed-method study supported the study done by Roman et al. (2020) specifically on women. Both studies propose that spirituality should be considered in the ongoing COVID-19 pandemic. Roberto et al. (2020) highlighted an inability to find studies that looked at spirituality, traumatic life events, and the COVID-19 social/physical distancing practice. How does the church respond to the overwhelming need presented by COVID-19 and its restrictions?

Responding to pandemics is not new to the Christian faith (Pearson, 2020). From the plagues in the Old Testament to more recent pandemics like AIDS, Ebola, or SARS, the church and the people of God have been affected and a part of the response. In John 16:33, we are reminded that we will have trouble in this world. For example, in the third century, a priest was so influential that the plague actually bears his name, the Plague of Cyprian in Carthage (Williams, 2021). During the Spanish Flu in 1918, when churches were closed for services, some church buildings were used as clinics. During the EBOLA crisis in Liberia, a missionary compound was ground zero for medical treatment for the country (Whiting, 2020).

Milstein (2019) stated that religious communities are an untapped resource, mainly in times of disaster. Clergy members have had the opportunity to interact with people of the community not just in times of disasters but throughout their lives and have a deeper insight into culture (Milstein, 2019). Governments, Non-Government Organizations (NGOs,) communities, and churches need an unprecedented coordinated response in light of the COVID-19 pandemic (Yoshikawa et al., 2020). Collective trauma must be dealt with collectively through awareness, mourning, and action together (van Deusen Hunsinger, 2021). A place for society to collectively mourn and act is the church community (van Deusen Hunsinger, 2021).

COVID-19 forced the Body of Christ to examine and evaluate the church as a community (Pillay, 2020). Everyday life and the church were altered by COVID-19 (Cho, 2021). The pressure on the church was immediately felt as Easter and Lenten practices were now against COVID-19 restrictions, mandates, and recommendations (Pearson, 2020). Pillay (2020) asserts that COVID-19 called into question the ability of the church to be the church without physically going to the church building or place of worship. The COVID-19 pandemic forced reimagining of how the church celebrates the sacraments like Holy Communion (Pillay, 2020). Rituals changed in light of the COVID-19 restrictions. Rituals were not broken but bent and adapted, or new rituals emerged. Use of technology allowed for old rituals to be adapted or new ones created (Imber-Black, 2020).

COVID-19 proved that the church's resilience and the church are not dependent solely on the pastor or priest but on the church members' understanding. The pandemic offers a unique opportunity to reimagine how the members of the church can be the transforming presence of God in the world (Pillay, 2020). The COVID-19 pandemic and restrictions forced previously resisted ways of being and doing church (Pillay, 2020). COVID-19 pushed churches to embrace the online community through platforms like Zoom, Google Hangouts, Facebook Live, YouTube, Microsoft Teams, and other media avenues (Pillay, 2020). According to Singh (2020), Christians around the world used technology to remain connected instead of in-person services. However, this was not true across the board. Singh (2020) then highlights many cases in the U.S. where Christians went against recommended and mandated COVID-19 restrictions in the name of religious liberties and freedoms.

The question of importance for Cho (2021) is not whether we should have in-person church or not. Instead, the critical question is about maintaining the church community (Cho,

2021). This very community is at risk due to the COVID-19 pandemic and its restrictions and mandates. If there is no church community, then there is no church. Using speech act theory, Cho (2021) looks at online and family worship. Proclaiming the Word of God is a speech act. Speech act theory asserts that to say and to do are the same. In speaking, action is performed. The language used forms a new reality. With this understanding, online and family worship still allow for the presence and working of God. Cho (2021) then tackles the question of how the church creates and maintains community. Again, using the framework and understanding of the speech act theory to show that the church community can be created and maintained in a virtual environment. He goes on to say that the church must engage in the online community in order to survive (Cho, 2021). The move to an online community does raise some theological and ecclesiological issues that churches will need to also attend to (Pillay, 2020).

The research broadly calls for the mental health community or the church community to respond but does not specify what the response should look like or tools that can be used. Aten et al. (2020) developed Spiritual First Aid for COVID-19 to begin filling the gap of tools that can be used in response to the COVID-19 pandemic. Its availability in four languages means that it is the first resource intervention developed for COVID-19 in several languages. Spiritual First Aid for COVID-19 was adapted from the evidence-informed and biblically-based Spiritual First Aid. Aten et al. (2020) highlighted that efficacy research is lacking on Spiritual Frist Aid; however, Spiritual First Aid is grounded in scientific evidence and has been used in various disasters. During the pandemic, Spiritual First Aid had to be retooled. They revamped Spiritual First Aid with the COVID-19 restrictions in mind with specific information about providing care remotely, including using Zoom. Aten et al. (2020) realized that responding to the COVID-19 pandemic was more like responding to a chronic disaster and made adjustments for that. Aten et al. (2020)

found that responding to unmet needs helps those affected feel more connected, increases resilience, and empowers them to the vital work of meaning-making.

Often religious and spiritual leaders do not feel and are not equipped to give crisis spiritual or emotional support (Aten et al., 2020). However, they found in their research of Spiritual First Aid for COVID-19 that it gives an evidence-informed approach, gives confidence and resources to spiritual care providers, and helps remove mental health stigma. Thus, the research and recommendation by Aten et al. (2020) helps to turn our focus from the church as a whole to the church's leaders.

Church before March 2020 was considered mainly something that one went to or attended. Church services were held inside in various settings from sanctuaries, school classrooms, gyms, movie theaters, to community halls. The vital part of the church was gathering together, the fellowship of believers. The global COVID-19 pandemic completely changed what going to church looked like (Cho, 2021). Social distancing can quickly lead to social isolation, and churches around the globe struggled with how to respond (Cho, 2021). Churches and church leaders quickly had to pivot to online worship services, Sunday school gatherings, and board meetings. If there was no way to move to the online platform, churches canceled activities and services. Hospital visitation, home visits, and nursing home services, previously a large part of pastoral care, were no longer allowed. Funeral services were either not allowed or limited to a certain number of masked and socially distant people (Cho, 2021).

Amid the sudden shift to online services, there were also those in the U.S. and worldwide who considered COVID-19 a hoax. Likewise, masks, social distancing, avoiding large gatherings of people, and other measures to prevent the spread of COVID-19 were efforts by the government to restrict and prevent religious rights (Baker et al., 2020). Pastors as leaders of the

church were caught in an impossible place where their decisions regarding angered some or alienated others.

#### **COVID-19 and Pastors**

A pastor's role is not always clearly defined; however, using the pastoral duties listed found in the governing document for the Church of the Nazarene, the researcher highlighted the duties directly affected by the COVID-19 restrictions. The core duties of a pastor that the global COVID-19 pandemic's restrictions directly affected are; "Preach the Word, Equip saints for the work of the ministry, Administer the sacraments, Care for the people by pastoral visitation, particularly the sick and needy, Comfort those who mourn (Church of the Nazarene, 2010, p. 515)." Each of these responsibilities looked drastically differently due to the restrictions required and/or recommended, due to the COVID-19 pandemic.

Pastors are seen as the leaders of the church. Henning (2020) explored the intersection of theology and psychology, noticing the common interest of personal change and transformation, both of which are important in understanding leadership behavior. Henning (2020) seeks to have a deeper understanding of servant leadership as a leadership framework. According to Henning (2020), servant leadership allows for choice in those being led; it realizes that one can be committed and have doubts, creating room for humility and tolerance. No one has ever led people through a pandemic in the 21st century. There were no manuals or best practices for pastors. The COVID-19 pandemic is serving the ultimate test for leadership in the view of Dirani et al. (2020). Kaslow et al. (2020) also highlights the leadership is key in responding to the pandemic.

Pillay (2020) asserts that COVID-19 has challenged the traditional views of church leadership, as pastors and priests could not be in every home. COVID-19 restrictions took away

the opportunity for spiritual leaders to do ministry "on the way," as called for in Mark's Gospel (Peacock, 2020). Greene et al. (2020) explains that COVID-19 restrictions prohibited the normal in-person ways of providing support and comfort for religious leaders. This, Greene et al. (2020) argues, has the potential of causing moral injury, burnout, and secondary trauma. The Barna Group reports that a majority of pastors felt overwhelmed in 2020 (Barna Group, n.d.).

A cause of burnout and feeling overwhelmed was a complete shift in how they provided pastoral care. Several articles raised the question of how one offers the ministry of presence when due to restrictions, one is unable to be physically present (Drummond & Carey, 2020; Peacock, 2020). In addition, COVID-19 restrictions forced pastors to discover new ways to provide pastoral care previously centered around gathering together in-person (Bryson et al., 2020).

According to Bryson et al. (2020), homes were transformed into 'intersacred' places where homes were joined together in worship. Bryson et al. (2020) investigated social media and internet searches, including various denominations, congregations of various sizes, and churches in rural and urban environments. As lockdown orders were in place, the homes of pastors and priests became temporary churches (Bryson et al., 2020). Bryson et al. (2020) acknowledges the rapid nature of pastors and priests being forced to move online for services. Some pastors lacked the technological skills to do online services. Bryson et al. (2020) highlights the development in which the church building became less critical as clergy and church members learned new ways to support each other even in light of the COVID-19 restrictions. Bryson et al. (2020) also highlighted how personal boundaries were blurred as clergy member's homes were now the place from which they lead services.

Rothrock et al. (2021) highlighted that in America, the respect of the First Amendment meant that churches and other houses of worship were allowed to implement their own guidelines of when and how to re-open. Pastors were left to decide whether to open or not, and no matter what they decided, they were at risk of offending someone in their congregation. Perry et al. (2020), in their three-wave survey of 2,519 Americans, using the responses from 1,255, found that Christian nationalism was a leading predictor of incautious behavior dealing with the COVID-19 pandemic. Perry et al. (2020) found that the recommended precautionary COVID-19 behaviors increased as religious commitment increased. Dennerlein et al. (2020) recommended an integrated approach, Total Worker Health (TWH), to help organize and protect during the COVID-19 pandemic leaders, managers, essential workers, and the public. Rothrock et al. (2021) called for the use of tools to help leaders at churches and other places of worship navigate decisions of when and how to re-open.

Knowing when and how to re-open was one of the many difficult decisions pastors faced. Once it was determined to return to in-person services, decisions included how many people could attend, how it is determined who attends, whether the children's ministry will be open, how people will maintain social distancing, whether congregational singing will take place, and the list continues. Greene et al. (2020) highlight that there has been much media and scholarly attention regarding the mental health impact COVID-19 has on frontline workers. Greene et al. (2020) point out that pastors and religious leaders have largely been excluded from that group. Pastors went from being shepherds of an in-person community to preaching to a camera, doing pastoral visits over a video call, and navigating murky waters of protecting their members and providing spiritual care and community. No research has been found that looks explicitly at how pastors' psychological wellness has been affected by the COVID-19 pandemic and its

restrictions, especially in the Church of the Nazarene. The research that follows hopes to be a part of filling that gap.

#### The Church of the Nazarene and COVID-19

The Church of the Nazarene is a global evangelical denomination established in 1908. It finds its roots in the Wesleyan revival (Ingersol, 2004). Its structure centers around the local church, with local churches combining to make districts, districts combining to make fields, and fields to make regions. There are 489 districts globally and 43 fields. There are six regions, USA/Canada, Mesoamerica, South America, Eurasia, Africa, and Asia-Pacific. Together, these regions form the Church of the Nazarene, which six elected General Superintendents lead. The Nazarene Church is a global denomination with 2,640,216 members in 31,049 churches across the globe, being led by 18,641 ordained elders, 828 deacons, and 10,715 district licensed ministers (*Annual Church Statistical Reports 2020*, 2020). The pastors who will be interviewed for this research will be a part of several districts on a field in the north-central portion of the USA/Canada Region.

As a global denomination, the Church of the Nazarene has experienced cancellations, unknown postponements, and a shift from in-person gatherings to online. Cancellations range from weekly church service on the local level to yearly district assemblies. Postponements included the General Assembly, which was to happen in 2021 and that happens every four years, being postponed an additional two years to allow for more of the global church to gather in 2023. In light of these unprecedented changes and cancellations, Research Services, a department of the Church of the Nazarene, conducted a brief online survey with eight total questions, six questions regarding the local church and two specifically for the pastor, in addition to two

demographic questions to identify the region and local church worship attendance (Houseal, 2020).

The survey was translated into 11 languages and distributed through the six regions. Two thousand one hundred ninety-one surveys were completed and usable. A Likert-scale survey gave respondents six choices ranging from strongly disagree to strongly agree. A majority of pastors slightly agreed, agreed, or strongly agreed that the financial viability of their local church had been put at risk as a result of the pandemic. Likewise, a majority thought their church struggled to adapt to the restrictions of the pandemic. The results were evenly divided when asked if the ministries of their church faced an uncertain future due to the pandemic. A slight majority agreed that their church's ministries continued without major disruption. When asked about identifying and embracing new opportunities for ministry in their church, pastors largely agreed. Finally, a large majority of pastors agreed when asked if their church had emerged from the pandemic stronger than before (Houseal, 2020).

Questions seven and eight moved to focus specifically on the local pastors. Pastors were asked if "the pandemic is making it difficult for me to continue in ministry," and 69.5% disagreed with that statement. Pastors were then asked if their ministry had new significance from the pandemic. Of those who responded, 84.5% agreed with that statement. Respondents were then allowed to respond to the open-ended question, "Is there anything else you would like to tell us about your ministry, or your church's ministry, in response to the pandemic (Houseal, 2020)?" The researcher was granted access to these open-ended questions answers of relevance to this research are:

"The fact that older populations tend to shy away from learning technology, all the new ministries have fallen on the pastor, who has learned to adapt."

"The pandemic has put a great deal of stress on many of my peers in the ministry. There are many I know of who will be leaving because of lack of support on the personal care side. As a trained counselor, I have fielded many calls regarding this and feel for those who are ready to call it quits and for their congregations. We were fortunate to have numerous counselors in our congregation and were able to react quickly to address the stressors, but there are many who were not ready for the full impact of the shutdown. Something to consider for the future."

"As a pastor, I have struggled the most with helping people to recognize that protecting themselves from the virus is a way of loving their neighbor. It feels like people are tired of the pandemic, so they are losing motivation and simply have stopped caring about protecting people. The toxic narrative that says this virus is political manipulation has been harder to deal with than the precautions needed and adjustments that had to be made to protect each other. I think I would appreciate more communication from the Generals on this so that it is not just me as a lone pastor trying to convince my congregation that it poses an actual threat."

"My greatest emotional challenge is the ability to speak the truth without it sounding political or being interpreted or being received by one side or the other as polarizing. Even as I "stand in the middle", it's "heard" by people on each side as supporting the opposite side. I've never experienced anything like this before."

"We have added an online presence because of Covid-19. Unfortunately, I (the pastor) am the only one who has the technological skills to post the services online, which adds yet another layer of responsibility during this time (Housel, 2020)."

The answers above show a small picture of the spectrum of responses. Some respondents were angry that the church had shut down at all, and others were frustrated that churches were being pushed to re-open. Some handled the new situations with prayer, adaptability, and grace, and others waited for things to return to normal. Some pastors displayed resilience, and others were very discouraged and pleaded for help in their responses.

The researcher believes that studying Nazarene pastors will help to better understand their experience of ministering during the global COVID-19 pandemic. While the survey above gives a glimpse of how pastors experienced the pandemic, more in-depth research is needed to provide data to understand the needs and the way forward.

# Overview of gaps in the literature

The global COVID-19 pandemic is less than two years old. So, the gaps in the literature are numerous. This section will focus on the gaps related to psychological wellness, spirituality, mental health, the church, and pastors. Holmes et al. (2020) accurately argues that the international response to the COVID-19 pandemic must involve multidisciplinary mental health research. Mukhtar (2020) looked at previous and current articles on the psychological impact of past outbreaks and the current COVID-19 pandemic. The research shows that a laundry list of risk factors in implementing the needed measures to prevent and control the spread of viruses causes further problems that need attention.

There is an urgent need for comprehensive research on the community's mental and psychological well-being and health in light of the COVID-19 pandemic (Mukhtar, 2020). The entirety of the psychological effect of the COVID-19 pandemic has not been acknowledged or researched (Mukhtar, 2020). Academic and practical experts in trauma have a knowledge base that could provide critical care and support now and in the future; they should play a significant

role in responding to the COVID-19 pandemic crisis (Horesh & Brown, 2020). Holmes et al. (2020) observed an immediate need for research on health messaging to close the gap between knowledge and implementation. Further, Holmes et al. (2020) argues that researchers should prioritize creating an evidence base of lessons learned in the current pandemic to help in planning for future pandemics.

Greene et al. (2020) argues that an area that needs to be studied by the academic community is a moral injury in religious leaders, especially in light of the COVID-19 pandemic. The psychological distress caused by actions or lack thereof that violates a person's moral code can cause depression, anxiety, post-traumatic stress disorder, or suicidality (Greene et al., 2020). As pastors try to continue to provide pastoral care, Peacock (2020) calls for a continued look at the use of technology as a means to be present even after we have found the new normal following the end of the current COVID-19 pandemic. Drummond and Carey (2020) argue that long-term analysis will be needed to know if spiritual care needs were met during the COVID-19 pandemic. Finally, Singh (2020) investigated if religious factors were involved in the spread of COVID-19 and what views there were across religions. In his study, he calls for more investigation and research of the spread of COVID-19 and religion.

The themes and the literature gap brought ideas of hope and resiliency to the researcher's mind. These are the ideas of hope and resiliency. COVID-19, as already discussed, was unprecedented in the myriad of ways it affected all sectors of life and society. There was no existing framework for understanding COVID-19 because it was a new problem. For this reason, the researcher will now move to a discussion of two theories that will provide a theoretical framework for the proposed research.

#### **Theoretical Framework**

The newness of the global COVID-19 pandemic means that there are numerous gaps in the literature and a lack of research from which to draw. It also means that a specific theoretical framework is not yet developed in studying the pandemic and its effects. However, after reading through the existing research, two theories seemed to emerge that would be useful in this research study being proposed. These themes are hope and resilience, and from these themes, theoretical frameworks were discussed.

The theoretical framework that informs this study included Snyder's hope theory and resilience theory. These theories combined to provide the framework and structure for this research study. This study focuses on the pastors and their ministries, which are based out of the Christian church. The Holy Scriptures of the Bible are the basis for the Christian faith. For this reason, each theory is first grounded in scripture before moving to explore the theory deeper.

# **Hope Theory**

A well-known hymn says, "My hope is built on nothing less than Jesus' blood and righteousness; I dare not trust the sweetest frame, But wholly lean on Jesus' name" (Mote, 1834). Christians believe that Christ is our hope, and the Bible is filled with texts calling Christians to place their hope in Christ (1 Peter 1:3-6, 13; 2 Corinthians 4:16-18; Romans 5:3-5; 1 Timothy 6:17; Ephesians 1:8; Jeremiah 29:11; Isaiah 40:13). Not only are Christians placing their hope in Christ, but they are also called to proclaim that hope to others (Hebrews 10:23). 1 Thessalonians 1:3 reminds Christians that hope in Christ can result in endurance. Psalms 9:18 states that hope will not perish and that God does not forget those in need. Hope is central to the Christian faith and, therefore, central to the church and the work of pastors. Therefore, it makes sense that a central theoretical framework for a study of pastors would be the theory of hope.

Hope is not only central to the Christian faith; it is also essential to mental health and psychological well-being. C. R. Snyder (2000), unsatisfied with the lack of focus of the definition of hope, spent time attempting to understand individuals' thought processes. He found a link between hope and goal pursuits. Snyder (2000) focused on developing ways to measure his new theory of hope (Snyder, 2000). His work led to creating a theory of hope that is goal-centered and cognitive (Cheavens et al., 2019). Goals are crucial to Snyder's hope theory. Snyder believed that "hope theory predicts that the increased agentic and pathway thinking should relate to other beneficial life processes and outcome" (Snyder, 2000 p. 16). Snyder (2000) theorizes that hope theory is a framework that allows for a better understanding how shared processes allow psychotherapy to have a positive influence. He asserts that for implementing change, hope theory can be used as a direct model (Snyder, 2000). His theory is an essential framework for theorizing reaching goals successfully (Cheavens et al., 2019).

Germann et al. (2015) studied how hope mediated adjustment in pediatric cancer patients. They discovered that hope theory provides a helpful framework for selecting interventions that allow children to adjust and maintain well-being after a cancer diagnosis. Snyder's hope theory has been proven as an effective framework to guide interventions in mental health settings (Germann et al., 2015). The presence of hope seems to influence how stressors are understood and coped with (Germann et al., 2015). Hope theory may be helpful in overcoming ongoing struggles (Germann et al., 2015). Feldman et al. (2009) highlight that hope is not a reality but reflects a perception. Feldman et al. (2009) attempted to fill a gap in the research regarding hope theory by testing if hope predicted the attainment of goals. They found that there is a relationship between hope and achieving goals. Further, they found that hopes are adjusted based on their experiences of failure and successes in obtaining their goals (Feldman et al., 2009). Rafferty et

al. (2020) asserted that many parents managing complex chronic conditions of their children regard hope as essential.

Chang and Banks (2007), using Snyder's imagery of a rainbow to talk about hope, talks about the different colors of the rainbow to discuss hope in a multicultural context. Hope is not understood or experienced in the same way across different cultures. Therefore, Chang and Banks (2007) focus their research on studying the predictors of hope to reach an understanding of ways to instill hope in various racial/ethnic groups.

Counted et al. (2020), in their study of hope, well-being, COVID-19, and religious coping in Columbia and South Africa, found that COVID-19 had psychological costs and stressors and that hopeful thinking may enable people to recover their well-being, or at least sustain it.

Counted et al. (2020) and Snyder (2000) understood hope in a cognitive, motivational way. With this understanding, hope is the ability of someone to recognize various pathways to goals and gather agency to reach those goals.

COVID-19 created many situations, circumstances, and obstacles that may seem hopeless, but hope can also be the motivating factor to help people find ways to effectively meet the goals that they set, especially concerning well-being (Counted et al., 2020). Negative religious coping strategies may increase the burden of coping with the pandemic and may call into question one's sense of security in their relationship with God. On the other hand, positive religious coping strategies along with hope may allow people to turn over what is happening to God and, in so doing, be able to believe and maintain hope that they will overcome what they are facing (Counted et al., 2020). Hope has also been shown to have reduced protective functions in the face of disaster-related stress. Therefore, hope on its own may not be enough to deal with the

stress of the global COVID-19 pandemic (Chen et al., 2020; Counted et al., 2020; Hamouche, 2020).

#### Resilience

Boss (2006) argues that realistic hope leads to resilience. The focus will now shift from hope theory to the theory of resiliency. Abby Betnos (2016) wrote a hymn/chant called *resilience*. The lyrics are simple but summarize the concept of resilience (Bentos, 2018, 0:23-0:50):

"Resilience, we are strong,

shoulder to shoulder keep movin' on.

Resilience, make a new plan,

stand up again and say yes we can."

The concept of resilience is found throughout the Bible. As mentioned previously, pandemics and hardships are not a new concept to Christianity. The Old Testament character of Job is a prime example of resilience and keeping his faith amid adversity. Job 1:22-21 says,

"Naked I came from my mother's womb, and naked I will depart. The Lord gave, and the Lord has taken away; may the name of the Lord be praised.' In all of this, Job did not sin by charging God with wrongdoing." Joseph proved to be resilient after being mistreated, enslaved, wrongly accused, and punished, yet he remained faithful and became a trusted advisor to Pharaoh (Genesis 41). Joshua 1:9 reminds believers to be strong because God is with them.

The New Testament reminds Christians that through Christ, all things are possible (Philippians 4:13); if one is strong in the Lord and puts on the full armor of God, they will be able to stand firm (Ephesians 6:10-14). Likewise, James 1:2-4 tells believers that the testing of our faith leads to endurance. Throughout the Bible, there are examples of the resilience of God

through Christ and the Holy Spirit providing believers with the ability to endure the hardships faced in life.

Resilience is understood as the ability to go through difficulties and hard times and recover from them. It is also understood as the ability to process and adapt to difficult circumstances; others define it as the ability to access hope during troubles (Aten & Boan, 2016; Boss, 2006; Park et al., 2021). However, resilience does not have a widely accepted and agreed-upon definition, with different fields emphasizing different aspects of resilience (Park et al., 2021). To create a standardized way to measure and conceptualize resilience, Park et al. (2021) created their theory of resilience, a treatment model, and developed an assessment measure, the Current Experience Model. They define *resilience* as the "ability to maintain adaptive functioning in response to the ongoing, chronic stress of daily living (Park et al., 2021, p. 1)."

Studies have shown that individuals undergoing crisis or difficulties with strong resilience have a positive mental health outcome (Rutter, 2006).

Resilience theory has been developed with multiple fields of study involved, from educators to social workers, to mental health professionals. The theory deals with the qualities that systems and people exhibit, allowing them to overcome hardships and adversity (Van Breda, 2001). Van Breda highlights that resiliency theory operates on multiple levels, and he works to give a broad overview of the theory. He focuses on individual resilience, family resilience, community resilience, and resilience-based policy before focusing on resilience theory in the specific field of social work. Resiliency theory started at the individual level in the study of children who had overcome adverse childhood experiences. Community resilience is considered an emerging field that needs more research (Van Breda, 2001).

Research has shown that religious disaster survivors find it helpful to rely on their relationship with God to cope, find support, and resilience (Davis et al., 2019). COVID-19 is a pandemic that has affected the entire globe and needs interventions that encourage well-being and health on an individual, family, and community level, even in the midst of stressful and unknown times (Park et al., 2021). Lindinger-Sternart et al. (2021) highlighted the need for resilience studies in various nations to understand how resilience affects diverse clients to allow for better mental health responses. It will be essential to understand and conduct resilience studies in diverse settings and countries to understand how resiliency affected the COVID-19 response. Further, pastors' resiliency needs to be specifically studied (Greene et al., 2020).

### **Summary**

The emerging, ongoing, and unprecedented nature of the phenomenon of the global COVID-19 pandemic in the researcher's mind leads to the need for a qualitative study of its effects on Nazarene pastors and their psychological wellness (Creswell & Poth, 2018; Impellizzeri et al., 2017). The chapters to follow describe the methods of the proposed research. These methods are informed by the research found and highlights the existing gaps found in the literature review. The theoretical framework of hope and resilience provide the lens through which the research is understood.

The existing research on the global COVID-19 pandemic highlights a need for more comprehensive research on how the pandemic and its restrictions have affected the mental health of those who have persevered through it. Research has shown that while all have been affected, not everyone has been affected in the same way. One group that is understudied is pastors and how the COVID-19 pandemic has affected their mental health. The theories of hope, resiliency and servant leadership provide the necessary framework to study this group. The research uses a

hermeneutical phenomenological, to study the experience of pastors in the Church of the Nazarene during the COVID-19 pandemic. The researcher using the themes found after examining the data from interviews answers the question of how the global COVID-19 pandemic affected pastors.

#### **CHAPTER 3: METHODS**

#### Overview

Since the gap in the literature has been discovered and discussed, the process to fill that gap must be described. The gap discovered in the preceding literature review was in understanding how the COVID-19 pandemic affected pastors, specifically pastors in the Church of the Nazarene. The methods that were used to fill that gap are outlined. In addition, the study is described in such a way that someone reading this paper could replicate this study (Creswell & Poth, 2018; van Manen, 2016). Additional items included in this section are the research questions, a description of who, why, and how the participants were recruited, procedures, the interview strategy, and questions. Finally, a discussion of how the information gathered was interpreted, analyzed, and secured.

## Design

This qualitative hermeneutic phenomenological study described the experience of pastors in the Church of the Nazarene during the COVID-19 pandemic. Qualitative research, according to Creswell and Poth (2018), addresses problems and calls for change. COVID-19 is a new and developing problem that requires emerging responses. A phenomenological approach allows for a lived experience to be described and themes to emerge from the descriptions (Creswell & Poth, 2018; Neubauer et al., 2019; Teherani et al., 2015; van Manen, 2016). Studying pastors' experiences using this approach allowed for a detailed study which created a better understanding for describing the essence of the COVID-19 pandemic as it was experienced (Neubauer et al., 2019; Teherani et al., 2015; van Manen, 2016).

The study used the work and understanding of Martin Heidegger, hermeneutic or interpretive phenomenology. The pastor's experience of COVID-19 was collected in narrative form and used to describe their experience in their everyday life or their lifeworld. Hermeneutic phenomenology moves beyond the description of the phenomenon and allows interpretation of the experience (Creswell & Poth, 2018; Neubauer et al., 2019; van Manen, 2016).

In hermeneutic phenomenology, the role of the researcher is crucial. Hermeneutic phenomenology understands that the researchers' knowledge and past experiences are guides and motivations to the research. As an ordained elder and senior pastor in the Church of the Nazarene, who was deeply affected by the global COVID-19 pandemic, the researcher's experiences influenced her motivation to research this particular topic. The researcher reflected on the pastor's described experience and reflected on her own experience during the COVID-19 pandemic (Neubauer et al., 2019; van Manen, 2016). The research was centered around research questions to focus the data collected about the lived experience of the studied phenomenon.

### **Conceptual Mapping Task**

The Conceptual Mapping Task (CMT) allowed for data collection and verification in the same interview. The CMT is conducted so that the member checking is a part of the data collection process and does not require a follow-up or secondary interview. The researcher is a novice qualitative researcher, so the built-in interview structure provided by CMT is helpful in collecting rich data (Impellizzeri et al., 2017). The CMT is particularly relevant to the researcher's task as it allowed pastors to process their experience with COVID-19 during the interview, was helpful for the research and the pastor (Impellizzeri et al., 2017). A part of the CMT process allows for the pastor to help organize their responses in a map that groups the different themes found in the responses given. This part of the process is an invaluable data

verification procedure and therapeutic for the participant (Berry, 2020; Impellizzeri et al., 2017).

Novak created concept mapping in 1972 as a quantitative, not qualitative, tool. It was initially designed to assess science students' learning levels. The CMT was developed by Martin in 1987 and adapted by Leitch-Alford in 2006 (Impellizzeri et al., 2017). CMT is related to while being distinct from concept mapping. In its adapted form, CMT has been used in several studies (Berry, 2020; Impellizzeri, 2017; King, 2013).

The CMT interview works through a four-phase process in a single 90-120 minute session. These stages are: (1) rapport building and information gatherings, (2) participant storytelling, (3) creating the conceptual map, and finally (4) reflecting on the conceptual map. These phases allow for rapport to build, information to be gathered, verified, and checked in a single session (Berry, 2020; Impellizzeri et al., 2017; King, 2013). The researcher elaborated further on the stages and how these stages were implemented later in this chapter.

## **Research Questions**

R1-How do Nazarene pastors describe the COVID-19 pandemic?

R2- How do Nazarene pastors describe their church and ministry during the COVID-19 pandemic?

R3 - How do Nazarene pastors describe their personal experience during the COVID-19 pandemic?

R4 - How do Nazarene pastors describe their mental health wellness during the COVID-19 pandemic?

### **Setting**

Participating pastors were interviewed at their church or in an appropriate setting of their choosing where the interview could be comfortably conducted with no distractions or interruptions. It was essential for the interview process that the participant felt comfortable in the setting where the interview happened (Creswell & Poth, 2018; Neubauer et al., 2019; van Manen, 2016). These interviews were face-to-face.

## **Participants**

The number of participants was eight pastors. Selection was based on voluntary involvement and responding to an email introducing the study (Appendix A). Participants were Senior, Lead, or Solo Pastors at the church they were currently pastoring. In addition, they must have been in their current church since January of 2020. It is crucial that the interviewed pastors lived and ministered through the COVID-19 pandemic at the church where they were currently serving.

The participants spent 90 to 120 minutes for the entire CMT interview process. Interviews were critical as they allow the participant to describe their experience, which is essential and meaningful. It also allowed the researcher to ask questions, seek clarification, or give more information as needed (Berry, 2020; Impellizzeri et al., 2017; King, 2013).

Participating pastors were aware from the beginning that taking part in the study is voluntary and that was no payment or gift for participating. Pastors were provided and completed informed consent documents (Appendix B). They were also made aware that sessions were recorded but that their specific identities were kept confidential (Berry, 2020).

#### **Procedures**

This phenomenological qualitative study of pastors was conducted in a manner consistent with this method of research. Institutional Review Board (IRB) approval was required and received to ensure the safety and ethics of the research on human participants (Creswell & Poth, 2018). Once IRB approval was obtained (Appendix H), the researcher began recruiting and scheduling interviews with eligible participants. The data was collected through semi-structured interviews using the Conceptual Mapping Task (CMT). The interviews were audio recorded using the researcher's iPad. There will also be a separate audio recording using voice memos on the researcher's computer. The participants were informed ahead of time that the interview would be recorded, and they gave consent to be interviewed (Appendix B). Participants were also informed that identifying information would be changed (Creswell & Poth, 2018).

The CMT was how the data was gathered and allowed the pastors to find meaning in their experience of COVID-19. Pastors grouped their experiences into concept maps and then were allowed the opportunity to discuss their concept maps. Concept mapping allowed the participant to glean insight from their experience and allowed them to find relationships between the various elements of their experience. Further, because the pastors used their own words to create the concept map, there is a built-in member checking (Impellizzeri et al., 2017).

The singular in-depth interview had questions to help pastors describe the essence of their experience of the COVID-19 global pandemic. In addition, the researcher worked to build rapport with the participant (Creswell & Poth, 2018). This is reflected in the opening paragraph of the interview prompt.

The interview questions sought to help the participants describe the experience of pastoring and living during the COVID-19 pandemic. This method is preferred for

phenomenological research data collection (Creswell & Poth, 2018). The CMT four-phase process was followed. Several procedures were important for data collection and analysis, namely the screening process and the CMT, reflecting on the CMT process (Berry, 2020; Impellizzeri et al., 2017; King, 2013).

# **The Screening Procedure**

This study used a combination of snowball and criterion sampling. The criteria for inclusion into the study was that the person is a Senior or Lead Pastor, who is an ordained elder in the Church of the Nazarene. Qualifying pastors must have been in their current churches since January of 2020. In addition, they must have lived through the COVID-19 pandemic (Creswell & Poth, 2018). District licensed, lay pastors, supply pastors, and associate pastors were not included in this study. Additionally, pastors who had moved to their current assignment after January of 2020 were excluded from the study.

Pastors were recruited via email. Upon receiving IRB approval (Appendix H), the researcher met with the area district superintendent of the Church of the Nazarene to explain the study and gain permission to email all the pastors in the district who meet the inclusion requirements. The researcher had informed the regional District Superintendent of the proposed research, and he had given the researcher his blessing to continue the process. These pastors were sent an email (Appendix A) introducing the researcher and an explanation of the study and requirements. Interested participants were asked to complete an initial questionnaire (Appendix B) to gain preliminary information (name, education, length of time in ministry, length of time at current church, size and location of the current church.) When the questionnaire was returned, the researcher emailed the qualifying participants to set up a time to interview them at their church (Appendix C) (Creswell & Poth, 2018). A follow-up email was sent two to three days

before the scheduled interview, reminding them of the interview and time commitment (Appendix D).

Participants were limited by proximity to the researcher. The research only included pastors who are within a four-hour driving distance of the researcher's location. Depending on how many pastors responded, snowballing sampling was used, asking each participant to identify another participant who would meet the criterion. Participants were informed in the introductory email that participation was voluntary, confidential, and without compensation (Creswell & Poth, 2018). Informed consent was obtained prior to the start of the interview (Appendix B). In order to guarantee confidentiality, participants were given biblical pseudonym: John, Simon Peter, Mary, etc. (Creswell & Poth, 2018; van Manen, 2016)

The researcher desired equal representation between genders, urban and rural areas, and solo pastors and pastors with staff. This was not obtained but almost half were pastors with other staff. There was only one female pastor interview. The various participants helped to understand the various experiences of pastors during the COVID-19 pandemic. Eight participants were interviewed when data saturation was reached (Creswell & Poth, 2018).

### **The Interview Procedure**

The interview was crucial to the study and was the main method of collecting the needed data. The full interview protocol can be found in Appendix F. The researcher used multiple methods to record the interviews. Recordings were made on the researcher's iPad as well as her computer using the app Voice notes. These audio files were used so that the researcher could review the information from the interviews during the data analysis process. In addition, during the interview, the researcher recorded notes on Post-it notes® of specific relevant details given by the pastor. The pastor reviewed these notes and placed them on butcher block paper at the

pastor's discretion Post-it notes® were grouped, corrected, and additional information was added (Berry, 2020; King, 2013).

# **Conceptual Mapping Task Procedure**

After the pastor has finished describing their experience living through the COVID-19 global pandemic and reviewed the notes taken by the researcher, the pastor was asked to arrange the notes on an easel pad. The notes were studied for themes and similar concepts. The pastor was asked to group their notes and draw geometric shapes and lines to indicate a grouping. Then, they labeled the themes. Pastors were asked further reflection questions based on their map and their experience doing the CMT. The answers to these questions were recorded as well. The pastors' conceptual maps were secured using tape, and a picture was taken for further review, and so the maps could be included as a part of the research (Berry, 2020; Impellizzeri, 2017; King, 2013).

#### The Researchers Role

The global COVID-19 pandemic affected everyone; the researcher included. It is an experience that is still being lived and needs to be described to understand the implications. The purpose of phenomenological research is to describe a lived experience, and this is primarily achieved through one-on-one interviews (Creswell & Poth, 2018; Hays & Singh, 2011; King, 2013). This study uses hermeneutic phenomenology, meaning that the researcher's experiences are understood to be a part of being able to understand our experiences (Nigar, 2019). The researchers' experience living through the global COVID-19 pandemic and being in ministry in the Church of the Nazarene helped build rapport with pastors being interviewed for this study. Building rapport with participants was key to hearing and interpreting the pastor's experience (Creswell & Poth, 2018; King, 2013). In-person interviews are the primary means of data

collection for a hermeneutic phenomenological qualitative study, as it was for this study. In these in-person interviews, the researcher was a crucial instrument in the study as the one who is eliciting, receiving, recording, interpreting, and reporting the study's findings (Creswell & Poth, 2018; King, 2013).

#### **Data Collection**

Data collection took place primarily through in-depth interviews using the four-phase CMT process. This process has built-in member checking and produces rich data (Impellizzeri et al., 2017). The four-phase method is outlined below. A complete script of the entire interview process can be found in Appendix F; so that the study could be replicated. The trustworthiness, credibility, and transferability of this method are also discussed.

# Phase One: Rapport Building and Information Gathering

The pastor and the participant have already begun a relationship through email communication. Demographic information has been gathered (Appendix C). Time was taken to build rapport with the pastor, get to know them better and ask some general questions about themselves and their family or church. The consent form and release forms were reviewed. The pastor was allowed to ask any questions about the study and the process. The informed consent form (Appendix B) was reviewed and the pastor signed and dated it, thus consenting to participate in the study and to be recorded. The pastor's demographic information (Appendix C) was reviewed, and appropriate changes and updates were made. Once the pastor's consent was given, demographic information reviewed, and questions about the process answered, the CMT process continued, and phase two started (Berry, 2020; Impellizzeri et al., 2017; King, 2013).

# **Phase Two: Participant Storytelling**

In phase two of the CMT process, the pastor had the opportunity to share their story of living through the global COVID-19 pandemic. As the pastor shared their story, the researcher wrote concepts on Post-it notes®. These notes were the feelings and reactions of the pastor based on the words of the pastor. One note was made per concept. Once the pastor finished telling their story, each participant reviewed the notes for accuracy and reflection. The pastor was allowed time to add to the notes, make changes or give more detail to their story as they saw fit (Berry, 2020; Impellizzeri et al., 2017; King, 2013).

The pastor was guided through this phase of storytelling in this way. The exact words of the script will be found in Appendix F.

- 1. The interview process was described, and the time frame was given (60-90 minutes approximately).
- 2. The pastor was encouraged to tell their story while the researcher was making notes. These notes were made on Post-it notes®. These notes were then reviewed in case changes were needed and for accuracy.
- 3. The pastors were asked to share their story with this directive, "Let us take 15-20 minutes, and in that time, I would like you to share your story of living through and pastoring during the global COVID-19 pandemic." "How did you feel during the pandemic?"
- 4. After these questions were answered, the researcher asked the pastor about their ministry during the pandemic, using the question, "How did COVID-19 affect your ministry; then church; then family?"

5. The researcher then asked the pastor to review the written statements on the Post-it notes® for accuracy. Finally, the pastor was asked to add, delete, or change the statements as needed to ensure that their story was accurate (Berry, 2020; Impellizzeri et al., 2017; King, 2013).

# **Phase Three: Creating the Conceptual Map**

The pastor arranged the notes on the poster board or easel pad, this happened on a table in an area of the room that was easy to move around in. The notes were arranged based on certain criteria. The researcher gave the pastor these directions:

- 1. "Thank you for sharing the story of your experience. Now that we have gone over the details and verified the story, we will work to map out your experience. I am going to give you an easel pad which you can put on the table or in your lap. However, it is more comfortable. What I would like you to do is take some time and arrange each of these Post-it notes® on the easel pad in a manner that represents your experience of living through and ministering during the global COVID-19 pandemic. You can group them in a manner that shows how you think the notes relate to each other. There is no right or wrong way to do this. Continue to move the notes around, grouping them and organizing them according to your experience so that a clear picture of your story emerges."
- 2. "Wonderful! Thanks for doing that. I am now going to give you some colored pencils. I would like you to draw a shape around each of the clusters of concepts; it can be a circle, triangle, square, star, etc. Please feel free to make any comments you like about the process or the concepts as you are working."
- 3. "Thanks for doing that. Please take some time and label each of those concept clusters.

  Please take your time and make any comments that you would like as you are working."

4. "Now, I would like you to draw lines where these concepts connect with one another. If there is directional flow in the concepts, please feel free to use arrows."

# Phase Four: Reflecting on the Conceptual Map

In phase four, the participant was asked to reflect on the map that they had just finished.

They were asked to discuss what things stood out to them as relevant or important. These questions were used in this phase:

- 1. "Now that you have created your conceptual map of your experience living through and ministering during the global COVID-19 pandemic, please take a few minutes and reflect on it? (Pause and allow them to reflect.) What stands out to you as you are studying your map?"
- 2. "What do you think is important for people to know and understand about how COVID-19 affected churches, pastors, and their families?" Or "What do you see as the most important things to know or understand about the experience of living through and ministering during the global COVID-19 pandemic?
- 3. "Is there anything else that you feel compelled to say from this whole experience?" The interview concluded with this statement:
- "Pastor, thank you so much for taking the time to share your experience. Your investment of time and your shared experience in this research is very important, and I am grateful for your time and openness. As we talked about the interview, it was audio recorded.

  However, I will describe the interview and your concept map in such a way as to protect your anonymity. If there ever comes a time that you have concerns about confidentiality, please feel free to contact me, and we can discuss your concerns and take further steps as

necessary to ensure your confidentiality. Thank you again for participating and sharing your experiences."

At the conclusion of the interview, the researcher secured the Post-it notes® using tape. A picture was taken of the concept map. The picture was used in the researcher's dissertation, and it also allowed for more and deeper reflection and study. A "thank you" follow-up was sent to thank the pastor again and see if there were any questions, concerns, or care that was needed (Appendix G) (Berry, 2020; Impellizzeri et al., 2017; King, 2013).

## **Data Analysis**

The interviews were recorded on two separate devices, using the researcher's iPad and backup audio on a personal computer. The researcher transcribed each interview verbatim into password-protected documents. Thus, each interview had its own password-protected audio file and a single large document with all the transcripts compiled together. Identifying markers were removed and to ensure anonymity, and pseudonyms were used (Berry, 2020; Impellizzeri et al., 2017; King, 2013; Nigar, 2019).

The transcripts from the interviews were compiled, read, and memos were taken on every reading of the text (Creswell & Poth, 2018). The transcripts from the interviews were read in their entirety multiple times. Data was assessed for statements about how the pastor experienced COVID-19. Memos were made using a system for memo organization. The memos were grouped and organized into a list of significant statements. Memoing helped to track the development of ideas and themes. These statements were grouped into themes that create clusters that are foundational for interpretation (Creswell & Poth, 2018). This combined data was used to describe the participants' experience to understand better the effect COVID-19 had on Nazarene pastors.

Different colors were used to identify themes that emerged and to connect themes between the various interview transcripts and concept maps. These themes were compiled into an Excel spreadsheet. Themes were recorded in summary format. Each pastor's conceptual map was included in the Appendix section of the research (Berry, 2020; Impellizzeri et al., 2017; King, 2013).

# **Trustworthiness and Reliability**

The data was validated and assessed for trustworthiness and reliability in a number of ways. The first method was through member checking. The CMT has a built-in member checking feature as a part of its process. This allowed the pastors to review and give feedback on their responses during the interview and the chance to create a concept map from their story (Impellizzeri et al., 2017). This process increases the study's validity because it allowed the participant to verify data that represented their experience and provided a guiding role in the research (Creswell & Poth, 2018).

#### **Ethical Considerations**

Finally, the researcher attended to ethical considerations. Data was password protected. Names and were coded, so participants' identity was not revealed (Creswell & Poth, 2018). Disclosing information that could be harmful to the pastors/leader was addressed by creating aliases and pseudonyms for the person (Creswell & Poth, 2018). Not disclosing comprehensive findings was dealt with by embedded member-checking strategies (Creswell & Poth, 2018).

### **Summary**

This chapter described the procedures and methodologies that were used to conduct this qualitative phenomenological research. First, the research design was stated, explaining the reasons why the particular design was chosen. Next, the recruitment and inclusion criteria were

outlined. Third, the CMT process was described and discussed, including the four phases of the interview. The script that was used was described (Appendix F). Fourth, the procedures for the study were listed in detail, and the method of data analysis was described. Finally, the actions employed for trustworthiness and the ethical considerations were discussed.

#### **CHAPTER 4: FINDINGS**

#### Overview

This qualitative phenomenological study explored the experiences of Nazarene pastors living through and ministering during the global COVID-19 pandemic. Interviews were conducted with eight participants. The Conceptual Mapping Task was used to help pastors tell their stories in both an auditory and visual/kinesthetic way. The maps created by the participants helped to highlight common themes across the interviews as they told and organized their stories. This chapter allows the participants to tell their stories. Next, a detailed profile of the participant is given, followed by a brief description of the church where the pastor is serving. Then, a short description of where the interview took place and the participant's emotional state is given. Textural and structural descriptions of the interview are then presented, followed by a summary of their concept map. This chapter aims to allow the participants to describe their experience; verbatim quotes are used. Following the interview descriptions, there is a discussion of the common themes and subthemes that emerged.

### **Participants Profile**

The eight pastoral participants were ordained elders in the Church of the Nazarene who had been pastoring in their current positions since January of 2020. All the participants live and minister in the state of Ohio. The youngest participant was in his 20's. Three of the participants were in their 60s. The remaining four participants were in their 40's. All participants were Caucasian. Seven of the participants were male, and one was female. One participant had done a conceptual map before; for the other seven pastors, it was a new experience. Several expressed that the Concept Mapping Task was helpful in processing their experience of living through and ministering during the global COVID 19 pandemic. Digital pictures of each participant's

concept map are included in the Appendix I. In addition, figures are included with a digital drawing of the map with each interview description.

The descriptions of the interviews are given in the order that the interviews took place.

Interviews took place in the months of October, November, and December 2021. Biblical pseudonyms were given to each participant in order for their responses to remain anonymous.

John, Simon Peter, Andrew, James, Phillip, Matthew, Thomas, and Mary shared their experience of living and ministering through the global COVID 19 pandemic.

**Table 1:**Participant Profile

Name	Age	Years in Ministry	Time at current church	Church Size	City size of church location	Other staff / pastors
John	40-50	10-20	Less than 5	250-500	15,000- 20,000	Yes
Simon Peter	40-50	10-20	Less than 5	250-500	20,000- 25,000	Yes
Andrew	40-50	20-25	Less than 5	Less than 50	Under 5,000	No
James	40-50	20-30	5-10	50-100	20,000- 25,000	No
Phillip	20-30	5-10	Less than 5	50-150	10,000- 15,000	No
Mathew	50-60	25-30	Less than 5	500- 1,000	35,000- 40,000	Yes
Thomas	60-70	25-30	Less than 20	50-150	Under 5,000	Yes
Mary	60-70	35-45	Less than 5	50-150	15,000- 20,000	No

#### John

John is a 40–50-year-old male senior pastor. He has a master's degree and has been in ministry for 10-20 years. John is an ordained elder and his ordination was between 10 and 20 years ago. He has been the senior pastor for less than five years at his current church. John's church has between 250 and 500 attendees. His church is located in a city in Ohio with between 15,000-20,000 residents. John is the senior/lead pastor with multiple other pastors and other employees on staff.

The interview took place in John's office in his church. John was relaxed and engaged during the entire interview. He was not distracted and remained focused during our time together. There were times of laughter during the interview and times of reflection and contemplation. He did not get overly emotional during the interview; however, it was clear at several moments that in his reflection, he was experiencing some of the emotions felt during the pandemic.

#### Textural Description.

In response to the initial prompt to "share your story of living through and pastoring during the global COVID-19 pandemic." John began at the beginning of the pandemic and talked about the current situation. He then reflected more on the emotions and themes that were present as prompted. The themes that emerged from the interview were Pivot, Decisions, Emotions/Questions, and Loss of Momentum.

**Pivot.** John's church was able to take quick action at the beginning of the pandemic. From the national announcement on Friday that everything needed to be shut down to Sunday, they were able to "pivot" and move everything online. They remained online for the next three Sundays and then transitioned to parking lot services using an FM radio transmitter. He

mentioned three main pivots in the church's response to the pandemic 1) Online, 2) Parking lot, 3) partial in-person with COVID protocols followed, including social distancing, a limited number of people, masks, wiping down surfaces, and use of hand sanitizers. All ministries, except Sunday morning, were "wiped out for the better part of the year."

**Decisions.** John's church-based its' decisions on in-person or online meetings on the recommendation of the local health department, state guidelines, and Nazarene district leadership. Initially, John described making decisions: "Much like everybody else did, we were also overwhelmed and taken back.... So, the first decision-making process was mostly just knee jerk...we were doing like everyone else we felt was our duty."

As the pandemic continued and restrictions lifted and were re-implemented, they continued to follow the local health department guidelines. The church community did well and followed the recommendations without much pushback for the most part. The board shifted from meeting monthly to meeting bimonthly. This shift was primarily due to the number of decisions that needed to be made as a church and church board. This was also done to keep everyone on the same page regarding what was going on, what they were doing as a church, and how they were moving forward. Later in the interview, he reflected that decisions were made for them in many ways at the beginning of the pandemic because that is what they felt they had to do. Then the creativity phase began but was complicated by the added pressure of still upholding changing local and health guidelines.

**Emotions/Questions.** John described feeling the whole range of emotions living through and pastoring during the global COVID 19 pandemic. There were both personal emotions and leadership emotions. One of the elements discussed was that there was no escape from the pandemic; everyone was experiencing it everywhere. There was no opportunity to step away

because he and his family were experiencing the pandemic simultaneously as he was trying to lead his congregation through it.

Helplessness was the first emotion mentioned. The initial pandemic information and response lead to the questions:

What do we do? How do we repeat it? What is this going to look like for the future? I think everyone was trying to predict what would come out of it? What will we do? What wouldn't we do?

Then the questions became focused on how do we continue to lead and be effective in sharing the gospel. From this question, there was some excitement in figuring this out. There was the understanding that John and the church leaders had the opportunity to create something new because nothing that had been done before worked in this situation. Also, the chance to examine the question of what opportunities COVID presented to the church.

From there, the emotions moved to John's description of feeling overwhelmed and exhausted. John described feelings of

exhaustion of every decision cost, every move costs, everything you did had ramifications. Every decision that we made, we knew that some people would fully support whichever direction we went and some would not, and that could cost. You know, and then, of course, the middle for COVID, throw in some, you know, just things that were happening through us nationally between racial injustice and turmoil to just unsettlement through the election to all the other things that are happening in our culture, our community is just it, everything now seemed to be more weighted than it ever had. Thus, as you made those decisions, it was you had to think through not just the immediate, but also the long-term effects of how things would work.

**Loss of Momentum.** Pastor John had been at his church less than a year when the pandemic struck. He mentioned that they had built a tremendous amount of momentum that the pandemic completely halted. Church ministry as the church knew it was stopped, moved online, or canceled altogether. Ministry, as was known, was no longer.

The church was beginning to get to know Pastor John, and he was beginning to get to know them, and then all in-person gatherings stopped, making it harder to develop relationships.

As a result, ministries could not be started or developed, but Pastor John focused on reaching out through online devotionals and meetings.

# Structural Description.

Pastor John's ability to lead in an unprecedented and constantly changing time was evident in the interview. His church was able to pivot multiple times in response to the changing needs. He was willing to ask questions and evaluate what was happening in the church and the community. He also was able to look for opportunities amid adversity. Even amidst the overwhelming and unknown, he could still find the positive, which included additional time together as a family. Through the interview, there was mention of hope, adaptation, and opportunity.

Some elements were outside of his control that made the experience of living through and ministering during the global COVID 19 pandemic more complex. One such element that emerged during his interview was that the changing cultural and political climate made everything more difficult, costly, and complex. The political and social unrest added additional elements that complicated decisions, interactions, feelings, and ministry. This added to the feeling that every decision cost something, and every decision offended someone or caused someone to be angry. These complexities, mixed with the inability to get together and connect

in-person, made the situation worse. As a result, there were elements of hopelessness, struggle, and exhaustion.

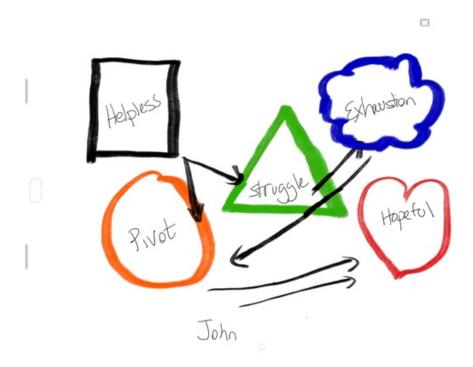
# Conceptual Mapping Task.

John's conceptual map was thematic in its organization, as shown in figure 4.1. The map was divided into five categories 1) helpless, 2) pivot, 3) struggle, 4) exhaustion, 5)hopeful. The helpless category was enclosed with a black box and included "the canceled services," "the kneejerk reactions," "the overwhelmed and helpless feelings," "the tough period with no church life." Pivot had a red circle drawn around it and included the "complete loss of momentum," "the radio/parking lot services," "the mandates on the district and national level," "the guidelines by the health department," and "the fact that the church changed and pivoted based on the local health department guidelines." A green triangle was drawn around the struggle category. It included the word "pivot," "transition to creative," "twice a month board meetings," "not a lot of push back on masks," and "the question of how to still lead and be effective." The category of exhaustion had a dark blue cloud drawn around it and included the "other national events," "everything being more weighted," "inability to connect and get to know the church," "wiped out ministry for a year," "exhaustion," and "that everything cost negatively." The category of hopeful was signified by a red heart and included "looking for opportunities moving forward," "his family learned a lot about each other," "his family they loved the additional family time and hiked, biked and kayaked together," and "they enjoyed being able to attend the prerecorded online services together."

A downward directional arrow from the helpless category connected it to both pivot and struggle. Pivot was connected to hopeful and exhaustion with a directional arrow to each.

Exhaustion had an arrow going to pivot and one coming from struggle. Hopeful was the only category with no arrows coming from it, only feeding into it.

Figure 4.1



# **Simon Peter**

Simon Peter is a 40-50-year-old male. He is married with children at home. He has been in ministry for 10-20 years. His ordination was 5-15 years ago. He has been the senior pastor for less than five years at his current church. The size of the church Simon Peter pastors is between 250 and 500 attendees. His church is located in a city in Ohio with between 20,000-25,000 residents. Simon Peter is the senior/lead pastor with multiple other pastors and others employees on staff.

# Textural Description.

In response to the initial prompt, Simon Peter pointed out that he struggled with the word through because "I think we are still right there. And I don't know what the other side is going to

look like." His reflection on the pandemic was more thematic or experiential than in a timeline.

The themes that emerged from the interview were opinions, shepherding, and building something new.

Opinions. Simon Peter reflected from the very beginning that leading during the pandemic was a "no-win situation." Everyone has opinions, and each believes that their opinions are correct. He reflected that this was very ugly. There were families in his church who were upset and left angry messages/emails and eventually left the church because COVID protocols were followed or recommended. Families leaving in some aspects were perceived as unfavorable. However, those families that remained were more unified, and the move to two services, which was needed, happened without much push back. The church is now more unified, and the leadership team is stronger. When people only commit to their opinions, it is difficult to find unity. Simon Peter reflected that

I pastor and I lead. I'm pretty well down the middle. It's kind of the Wesleyan way, right? And nobody with, with COVID-19, with masks, with vaccines, with mandates is really down the middle. Everybody has a polar opposite end and they are strong with their opinion.

Shepherding. The pandemic and its restrictions forced church services entirely online for a time, and some in his congregation remain only online. Simon Peter felt that there was an absence of personal discipleship and pastoral care. There is no physical touch or physical presence when one is pastoring online or over the phone. He felt the lack of personal touch (not just physical touch) is felt "by the gathering and the community." Those who left or have not returned are not going anywhere. Simon Peter said:

my heart breaks for them. And, you know, we can use we can use the pandemic as an excuse. Well, I'll catch it online. And they don't. And just my fear for them. Is they've just lost their place in the community.

Later in the interview, when talking about statistics, he reflected that "It's the, you know, the name the family, the experience, not the statistic, right?" Simon Peter reported that others call him "the hugging pastor" and that he is "a physical touch kind of pastor." Further, he reported that he "loves being around people." So, the isolation and lack of gathering during parts of the pandemic were difficult for him.

**Building Something New.** One of the questions that Simon Peter had while living through and ministering during the global COVID-19 pandemic was: "Does God want us to get back to where we were what if there's something more and then this, what if there is something new?"

#### His answer to that was:

I don't know that we're getting back to where we were. One of the things I think is important too is I don't know that God necessarily wants us to get back to where we were. What if He wants something more, you know? Yeah, I think about the Israelites as they were coming out of Egypt, and they said, if we could just go back, go back to normal. And God's No, no, I've got something more for you. I think about the disciples post resurrection. And they're like, Okay, well, let's just go fish. And let's go back to normal. And Jesus comes before and he's like, no, no, I got something more. And so maybe God's not okay with us going back to whatever normal was. He wants to build something new.

This question came up at the end of the interview. However, it seemed to shape how Simon Peter viewed the entire pandemic. This perspective is essential when living and ministering during the global COVID-19 pandemic.

# Structural Description.

Simon Peter was able to see through the pandemic and continue to lead well even through the difficulties of the firmly held opinions by members of his congregation. He described living through and ministering during the COVID-19 pandemic as "horrible." Further, he described leadership at any level during the pandemic as a "no-win situation" due to opinions on both sides on the various issues that presented themselves during the pandemic. Despite this, according to him, his church has come through this time in a healthier place than before. They are now more unified. He reflected that last year at the same time, "that would have been hard to have said that." During the pandemic, they were able to move to a second service, which they needed to do pre-pandemic, without much push back.

It was clear that the names and faces of those who were no longer connected to the congregation were very present in his mind as he looked at his map and reflected on his experience. Each person who left affected and grieved him but did not change his call to pastor in the middle. Even with the opinions at polar opposites he held to his call to find unity.

# Conceptual Mapping Task.

Simon Peter's concept map was thematic in organizing his thoughts and feelings, as seen in Figure 4.2. His map was divided into six categories that he labeled 1) It is what it is, 2) sad, 3) moving, 4) hope, 5) we are us, and 6) current pain (?). At the top of the map, enclosed by a black box, was the "we are us" section. This included the notes: "pastors down the middle," "family affected by mental health issues," "some family members enjoyed the shutdown," and

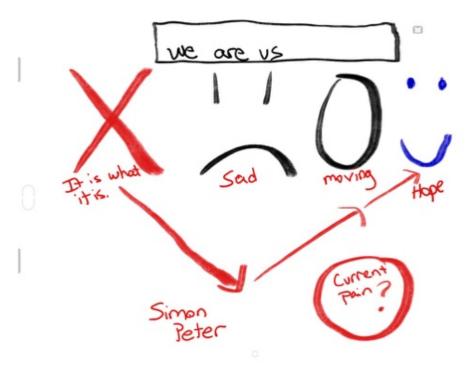
"the family trudges (through) together." The "it is what it is" section was covered by a red x and included the notes "not done," "difficult but also good," "no win," and "not through." A sad face was drawn over the "sad" section and included the notes "opinions," "social media/political climate," "taking precautions made some angry," "negative/angry people left but this was also good," "it was hard to lead those who held strongly to their opinions," and "lack of personal touch and community." Simon Peter did note that "it was hard for me not to make (this section) an angry face." The "moving" group had a circle drawn around it. The notes were "pastoral care looks different," "lack of physical contact/not being in-person was hard," "majority support," "unity was hard but getting better," "online has absence of personal discipleship," and "getting used to a new normal." Located in the center of this group was a central note and question: "does God want us to get back where we were/what if there is something new." The following section "hope" had a smiley face drawn over it and included the notes: "build something new," "healthier than it was," "leadership stronger and church more unified." The final section "current pain" was circled with a question mark and included one note: "hardest part was people lost that were connected and are now not going anywhere." At the top of the map and central to the map was the section "we are us." "It is what it is" was connected to "sad" "moving" and "current pain" by a directional arrow that led to the smiley face of "hope." Reflecting on his map and the experience, Simon Peter said that:

there we have come a long ways. Sometimes it still feels like we're here (indicating the "sad" section.) And I know I'm here (indicating "the current pain"). But we have been moving. Yeah, but you're also here (indicating the "hope" section). Yeah. And that feels good. And it's easy to go backwards or to kind of look behind us kind of at some of these places, but we are moving., I'm just as a human being I want to live here sometimes

(indicating "sad" group). Because it's easy to hold the grudge. To be upset. When in all reality we've moved. Yeah. And we're in a much healthier place (indicating the hope section). Even though this is all this is all still relevant (indicating the rest of the map.)

Even amid the grief as he reflected on his experience of living through and ministering during the global COVID-19 pandemic Simon Peter kept returning to hope.

Figure 4.2



# **Andrew**

Andrew is a 40-50 year male. He is married, and his wife also works full-time, often more than full-time. He has school-aged children at home. He is the senior pastor at his church and has been in ministry for 20-25 years. He has been at his current pastorate for less than 1-5 years. The size of his church is less than 50. There is no other staff at his church. His church is located in a village in Ohio with close to 5,000 residents.

The interview took place in a multipurpose room at his church used as a board room and the room for children's ministry. Andrew was engaged and reflective during the interview. He admitted several times that he overthought things and struggled on several occasions, especially during the concept mapping task. Andrew was unsure how much detail to give. The first portion of the interview was 40 minutes, and he added quite a few more details during the portion of the interview where the notes were reviewed. Being the first solo senior pastor interviewed, it was clear he had not had someone to process through everything that he had gone through, living through and ministering during the global COVID-19 pandemic.

# Textural Description.

Family Responsibilities. Andrew shared right away that whenever he was making decisions, he was thinking about his family, specifically his wife's job responsibilities and the church. He is a stay-at-home dad as well as the senior pastor. During the shutdown portion of the pandemic, everyone in his family was working or doing school online. His wife has a very demanding and stressful job, and during the pandemic, she was working 60 to 80 hours a week at times. He was also responsible for helping with the online schooling of his children during this time.

Church Responsibilities/Loss of Momentum. Andrew shared that prior to the pandemic, momentum had begun building and that they were looking at starting new ministries and had made needed changes in the congregation. He said, "Our church was growing really well. There's (was) a lot of momentum, a lot of great things happening." However, at the beginning they thought it was a temporary thing.

So we thought I know we can get through this, it's not a big deal. We can weather the storm now. But it's obviously as more things came out we learned more things. And the shutdown obviously more long term.

Several of the key leaders who were integral to the children and youth ministries have yet to return. Andrew reflected: "even when we did come back I know that was a huge. That was a huge momentum killer because that took away basically our children's and any kind of influence we have with any kind of youth ministry stuff."

Prior to the pandemic, the church did not have an online presence. So Andrew had to figure that out and accomplish that amid the other responsibilities. During the shutdown, they streamed the services from their basement. His daughter helped with the music. When the church did open back up, the children and youth leaders did not return. His wife has stepped into the children's ministry, which has added another responsibility to her already full plate. One of the struggles he is feeling currently in the church is:

trying to find willing people to step up to stuff in the church. I know when I have people that say they will, they don't follow through. So just the frustration of small church, Pastor life when you think you've got people that can help you not have to do everything. And then when they don't do everything to help you, you know, to delegate. Yeah, you want to delegate and then when you find the people to delegate to that, they want to do it, then they, they show that they don't want to do it, right, like a follow through, right. So that's, that's the frustrating part of this is because the most part of that momentum and when things are going good, right, I can delegate, I can have some more people doing some stuff we can start to really move, and then all everything fell back on me. So now

we're kind of in many ways it feels like we're back to square one. So it's been a rough part of us as well.

**Weight.** The weight of all the decisions and responsibilities was and still is hard to deal handle. Andrew reflected that:

going through all of that seeing all of it there was obviously it was difficult and just to feel the weight of everything was obviously I remember was definitely challenging. And again, it wasn't just if it was just me being the pastor of the church it would have been it probably wouldn't have been as bad because again being a smaller church I don't feel like we had as many concerns but because...(of his wife work responsibilities) I mean it was just it was insane so I'm obviously wearing the weight of everything she's going through and it just it just the stress in the house that was just was more.

Later in the interview, he reflected: "it's just the weight of everything, trying to do things the right way because you want everybody to be protected and you want to protect your people."

There was the weight of the church and family responsibilities. On top of that, during the pandemic, a pastor friend of Andrew's had a near-death experience. This motivated him to make some changes. During this time, he realized he also needed to lose weight. As a result, he has lost 75 pounds and continues to work to lose more weight and continue to be healthier.

Effect on Relationships. Andrew brought up the effect of the pandemic and the other factors at play in the US that affected relationships. He reflected on the political climate, the Black Lives Matter movement, the differing views on the pandemic, mandates, and vaccines, and the effects these events had on relationships both inside the church and the church's relationship with the community. Through the conversations that ensued and the experience of leading in this climate:

but ever since that I've almost felt more of a kingdom focus, that's where I don't want to get so focused on conservative liberal, right, left, all of that stuff. I have become really almost anti labeling, because I don't want us to get caught up in those. Because if we're caught up in those, then obviously, we're I know we're pigeonholing people. I want to get to where the kingdom mindset is because Kingdom is neither right nor left. I want to get us focus on Kingdom mindset. So that's been something that's coming on. I know in my preaching, then as I become more lectionary focused my preaching. A pastor, friend of mine, who I've gotten to meet has been, it's been somewhat influential on that. Getting us to get us reading the lectionary passages each week as a church and obviously looking at what those shared thoughts these are sounds passages each week to try to get us to see that there's neither right or left; conservative or liberal all that stuff, but to get us Kingdom focus. So that's been kind of one area where it's how this pandemic has kind of shaped me a little bit too but the way it's really affected our relationship has just been it's been eye opening Yeah. And obviously don't want that but you just you get you it's really helped you understand some people's where people's hearts or their intentions are.

# Structural Description.

The weight of the living through and ministering during the global COVID pandemic clearly still weighed on Andrew. He was and still is struggling with the weight of all the responsibility of his ministry at the church and the additional weight of the responsibilities added to his family, specifically his wife. His church is a small church in a village in Ohio, so there are not many people to share the burden of the responsibilities of leading the church with. He has tried to delegate some of the responsibilities he and his family were carrying but has not succeeded.

He mentioned during the interview that he wished he would have journaled through the experience but found the interview and CMT as a journal of sorts. At times, he struggled with answering the questions or "overthinking" the response due to his personality and partly due to all that was experienced and felt. Andrew is still processing everything that happened, which is more complex because the pandemic is not over.

# Conceptual Mapping Task.

Andrew struggled a bit with the concept mapping task. Again, his tendency to overthink things sometimes was a stumbling block. However, he wanted to make sure he thought through everything and accurately represented the events or his thoughts. He also mentioned that he had prayed prior to the interview that God would speak to Him and work through him through the interview, and it was evident Andrew was trying to make space for that. Andrew's map was divided into five sections, 1) positives, 2)effects on family, 3) professional, 4) church, and 5) weight, as seen in Figure 4.3. The weight and church group had the most notes in them. Only a few of the notes will be highlighted in the write-up as each section had more than five notes; some had close to 20 notes.

Positives had a large plus sign drawn around it. Notes included in it were "more lectionary focused in preaching," "kingdom focused mindset," "weekly Zoom meetings with the district were encouraging," "God is working and moving." Effects on the family had a heart drawn around it with a jagged line drawn in the heart's center. Notes included in this section were "stay at home dad and pastor," "children and family did music and streamed from home," "several members including himself had COVID," "even when things began to return to normal, it was stressful and overwhelming for his family." Professional did not have a shape as he struggled to find a shape that worked for that group. Notes included "COVID and political

climate have affected relationships," "revealed a lot about people's hearts and the church," "love over fear NOT faith over fear," and "bothered by faith communities response." The section labeled church had a cross drawn beside it and included the notes "followed the school's decisions for church," "momentum and big plans for the future and this was stopped," "merged with another church," "end of June 2020 came back to in-person," "several in the congregation have had it and some hospitalized." The notes in this section far outnumbered the other sections, with the section of weight being next. The final section weight had shackles drawn around it and included "part of the pressure to keep online going," "church response what is it," "what do we do," "the situation was very fluid," "trying to be proactive and not careless," and "not sure what the expectations were."

Weight was located at the bottom of the map and was connected by directional arrows to and from it. All of the other sections were connected to weight by a one-way directional arrow. Positives was located on the far left and connected to effects on family and weight. Effects on family connected to professional, positives, church and weight; Professional was connected to effects on family and weight. Church was connected to weight and effects on family and professional. Many directional arrows showed the complexity of Andrew's experience of living through and ministering during the global COVID 19 pandemic.

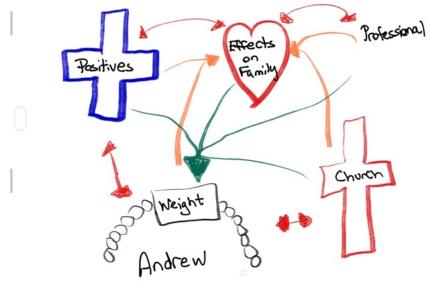


Figure 4.3

#### James

James is a 40-50-year-old male. He is married with children in college, one who started college during the time of the pandemic. He has been in ministry for 20-30 years, has a Master's degree, and was ordained over 20 years ago. He has been at his current church for five to ten years. His church has between 50 to 100 people attending. The church is located in a city of 20,000 to 25,000 people. James is the senior pastor and currently the only staff at his church.

The interview took place in the church office. James was engaged and focused during the interview. He was unsure at first but did settle in as the interview went on. His first question was how much detail was wanted in answering the various prompts. The interviewer explained that it was his story and that he should go into as much detail as he thought was important to tell his story.

# Textural Description.

**Family Loss.** The first thing that James shared is that one of his parents passed away during the pandemic. It was not due to COVID, but he believes the level of care was affected by COVID. COVID restrictions also meant that they could not see them in the hospital and the

rehabilitation center. He thought he was doing okay with everything, but he realized how much he was struggling when his family member passed.

It was really I didn't realize how much it was affecting me at the time. But when my (family member) passed away right, in the midst of that it was just kind of a heavy blow and it's taken a long time to just recover from all that.

Additionally, his other parent has Alzheimer's and had taken a turn for the worse shortly before the pandemic. They had found a care facility that would take them both and were on the verge of moving them in when everything was shut down, and they were not allowed to move in. During the pandemic, they could not see his parents except through technology. When the family member who passed went into the hospital, they were not allowed to see them until they were on their deathbed. Then after the passing, the other family member, due to Alzheimer's, started the grieving process over each day.

I feel I feel like I lost both during the pandemic. And so there's a lot of regret, that I wasn't able to be there. As much as I should have been, when I could have you know, so part of that I know, I don't, I don't blame the church. But, you know, it's all my own decisions have. There was a short window of time where during the pandemic, where things were opening up, where were my parents were open to us visiting at the house if we wanted to. But then it was like, maybe a week or two, and I didn't get there in time before (the family member) went in the hospital. So I was always regretting that I didn't take that window of opportunity. You know, I was too busy here or whatever, but sort of some of those kind of regrets that were part of that. But I think my thing with (the one family member) with Alzheimer's affected me almost as much as (the other parent's passing.) Just all the dynamics of that.

Loss of Momentum/Can't stop the bleeding/Snowball. Prior to the pandemic, James shared that the church was growing and had been studying specifically on growing and bringing in families.

And so we had a plan in place, and we were starting to get some momentum right before the pandemic happened. And then it all came to a screeching halt. So then we lost a lot of people for various reasons. We just, we were barely getting some momentum, we had a very small core group that was trying to get us moving in the right direction.

Later in the interview, he reflected that:

was just a weird thing to throw in the mix that, you know, we, we thought we had some momentum going, and then everybody started disappearing again. So it's been a rough journey for me personally. And it's been hard to navigate what will work trying to move us forward? You know, because a lot of people who are coming are very discouraged. And just, you know, why don't we get more people here? And, you know, you get a lot of the negative attitudes of how they feel about people who are coming. And, you know, yeah, doesn't help matters. But so it's just filled, we get some, it's just been up and down to the whole pandemic, and we, we got some, a few wins here and there, you get a lot of new people coming, but getting them to stay as a challenge, we get some stay. But then while we get some to stay, and then we have a few more that disappear, and just can't seem to stop the bleeding.

Several times in the interview, James referred to a snowball effect, that there was a splintering in the church that he did not know how to stop and shared that he felt like he could not stop bleeding when it came to people leaving the church or people not returning. It was evident during the interview that this is still in the process of processing and understanding.

I was relying a lot on our Sunday school teachers and leaders to stay connected with each of our classes and trying to organize that way. And I was reaching out as much as I could to stay in contact with everybody, but relying on the fact that, you know, we were staying connected with some of our leaders. And so, looking back on it, I think I didn't stay as connected with certain people as I should have. And those are the ones you know, some of the people who left the church or just never came back. Were people that I thought I could depend on, you know, so that it's almost like they slipped through the cracks when I was thinking, you know, these other people need a lot of attention. But these ones, you know, I'm pretty sure they're good to go, you know, but those were some of the ones that just decided to, to just cut. And I still don't know why some of them decided to leave and not come back, they won't answer calls. And so it was really difficult time just one by one, the splintering that took place during that by the time we got back, because you know, all the politics involved, it was pretty heavy here, you know, people who didn't like the fact that I closed all the churches that our district closed, you know, at least for four weeks. So we were following the guidelines, and you know, doing all we needed to do to be on the safe side. And there's a lot of people who didn't like that. And then when we reopened a lot of people didn't like that we opened so soon, you know, opened in early June. And so we lost some people on both sides of that issue. So it's just very frustrating. And I think just gradually through that. This, it's more of a splintering, that's just the church was already small. But once you start losing that many families, and some of those were our younger families, that we just couldn't afford to lose any right and, and really start making some progress for growing young. And we had a few families that left because they had to move out of the area. Ok. And those were

some of our leaders, which really hurt but, you know, they had to leave for work issues and didn't have anything to do with the church, but it just really was bad timing. And, again, that was part of our core team really growing young as well. So it was just a snowball effect. So, again, I think it's just the splintering of relationship with people who've left. And some people were kind of on the edge for a while and didn't realize, you know, they were just here because of certain people... I got a little jaded. But I got extremely frustrated with people who were leaving the church for stupid reasons.

At one point, James agreed with the reflection that he felt underwater, and the various ministry responsibilities felt like they were pulling him further underwater.

Additional Responsibilities. Prior to the pandemic, James shared that he was planning on stepping away from a radio ministry that he was involved in. However, instead of stepping away from it due to the pandemic, he ended up spending more time on that aspect of his ministry. In addition, while his church did have a radio presence prior to the pandemic, they did not have an online presence. Therefore, James and his family had to take on the responsibility of learning how to and then producing pre-recorded services and posting those.

In addition to those things, the office administrator resigned during the pandemic and he took on those responsibilities. He reflected that he feels it has hurt his ministry. James leads worship for his church, as well. He shared that:

So long story short, that was between that program and doing all the office kind of stuff. I'm just not administration-minded. I'm not very organized. And so that's been the biggest thing that's been dragging down my ministry, ok maybe not the biggest thing. But that's, that's a big part of it. I've been doing way too much stuff that I shouldn't be. Part of it, I feel it felt like there's a lot of things I couldn't do. Like visiting. Right. So I

might as well, myself useful and do some of these other things that are not really good at but somebody's got to.

# Structural Description.

Throughout James' interview, it was clear that he was still struggling to come to grips with everything that happened during the pandemic. The personal losses and the loss of many in his congregation for known and unknown reasons, coupled with the additional responsibilities of the administrative role and maintaining the radio program and online services, weighed heavily on him. During the interview, he seemed to bounce around on topics, but it was clear it was related in his mind.

It was also clear that he was still feeling the weight of all the responsibilities and loss of various church members and attendees. In some ways, it seemed as if he blamed himself even though it seemed he knew he should not. He did highlight a couple of positive aspects that came out of the pandemic, but most of his reflections were negative and dealt with heavy and complicated issues.

# Conceptual Mapping Task.

James struggled with understanding and completing the Concept Mapping Task. In order to give him a better picture of what was being asked, the interviewer explained the whole process to allow him to see the end goal. In this way, he could better understand what was being asked and began organizing his thoughts. There were many notes, so he was unsure where things fit together. He would stop and reflect and then continue grouping.

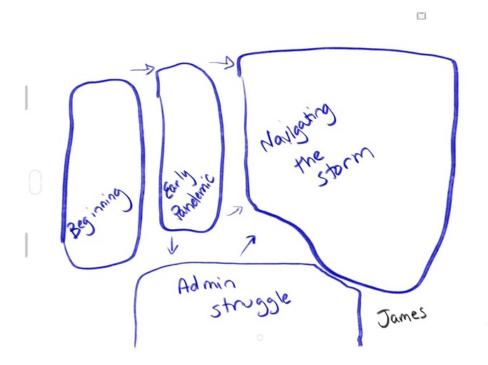
His map is primarily organized in a chronological manner, as seen in Figure 4.4.

Starting at the "beginning" to "early pandemic" and finally "navigating the storm." Underneath these three elements, a separate group labeled "admin struggles." Most of the notes were in the

"navigating the storm" group, and "early pandemic" had the least. The "beginning" section included "momentum building and stopped b/c of the pandemic," "new people coming but don't always stay," "beginning of pandemic for the first several months his city didn't have many cases," "worked from home and enjoyed that." "Early pandemic" included notes "hard on the congregation as well," "hardest was when closest friends moved away," "lost some younger families and others because of work," and "snowball effect." "Navigating the storm" included notes "regrets not taking a week to be with parents b/c he felt he was too busy at church," "couldn't be with his family member while in the hospital which was hard," "really hard on him personally to know how to move forward." "Admin struggles" included the notes "haven't been able to find someone who fit the criteria," "he leads worship and prepares the worship folders and ppt slides," "not admin minded and having that role on top of everything else has dragged down his ministry."

"Beginning" is connected to "early pandemic" and "navigating the storm" with directional arrows. "Admin struggles" was below these and was connected to "early pandemic" by a "down arrow" and "navigating the storm" with an up arrow. Each section was enclosed by a rectangle/circle enclosing all the notes together.

Figure 4.4



# **Philip**

Phillip is a 20-30-year-old male pastor. He is married with young children at home. His current position is his first senior pastorate. He was ordained within the last five years and has been in ministry for more than five years. He has a master's degree and has been at his current church for two years. His church is between 50-150 people. The city where his church is located has between 10,000-15,000 residents.

The interview took place at a coffee shop in his city. He and his family intentionally support the shop and have had various outreach events there. The interview took place at a large table in the coffee shop. A few people were coming in and out, but we could conduct the interview without distraction. Phillip was engaged and focused during the interview.

# Textural Description.

First Senior Pastor Position. Phillip started his current and first senior pastor position in November of 2019. He had Thanksgiving, Advent, Christmas, and then a few months of the honeymoon period before COVID shut everything down. Throughout the interview, Phillip brought up his lack of knowledge about being a senior pastor and about what the church wanted, needed, and what would be appreciated. Phillip also spoke of the many firsts with his congregation, including the first funeral for a lady in his church who passed away due to COVID. Phillip highlighted his lack of confidence in making decisions and knowing what to do. Due to this, he feels like the church just continued to do what they were doing because no one knew what was best. He reflected that the congregation allowed him to do what he thought was best.

Yeah, but they were just as lost, you know, more lost than I was right. They're very supportive very much, we're in this whatever you choose, we're doing that but that I'm still the leader. So they still were looking to me what do we do? Just choose something with it, but what do we do?

In talking about how the global COVID-19 pandemic affected his ministry, he said: "It just halted and then just not knowing not knowing what the congregation needed and what they would appreciate."

Later in the interview, he said:

Because personal engagement with any individual was impossible. Being in-person sitting down across from them had coffee, whatever, that was impossible. Or I guess it wasn't impossible. It was impractical. And nobody, nobody did that. And everybody was concerned. There was also a concern because I don't know your opinion on it. And I

don't know that I want to share my opinion. Right? Like, yes, it's a serious thing. But like it's politicized, like crazy. The political polarization of everything that happened during that time was just so unreal. Yeah. So there was such unrest.

Personal Life Concerns. During the interview, Phillip mentioned on several occasions that he and his wife felt like they were struggling to stay above water. They had just moved here and did not know anyone. They had a new baby during all of this. They were also renovating the house they had moved into. They had substantial personal financial struggles during this time. "There wasn't any self-care is hard when everything is shut down." His wife was also diagnosed with an autoimmune disorder during all of this. The condition is still not under control, and she is still in much pain.

In addition, his wife was also trying to get established in her practice. They depended on her salary to get out of the debt they incurred in moving and taking his pastoral position. The salary was delayed six weeks from seeing patients to receiving payment due to insurance. So there was the added stress of trying to establish her practice and get clients to have a full schedule. All of this is amid the shutdown. In addition, they had to buy two cars due to a car wreck and the other vehicle not working for their growing family.

What do we do? A question that came up often in the interview was, "what do we do?" Phillip remembers feeling raw feelings of insecurity and vulnerability "So I don't know it's been, it's been tricky. It's been a learning curve, a learning process. For all of it. I don't even know what else I would say about it." He also struggled with the mandates and fear-mongering that he saw happening in the media and society. He reflected in regards to leadership:

It has added an element of fear and leading. Yeah, people are looking to you in the church back to the church, they're looking to you for guidance. I don't know how to

guide them. Yes, I don't want to. I don't want to include my political views. Those are opinions. They're not facts. I have no idea what is going on and what the goal is. How do we lead as a pastor, I mean I am certainly am not going to get up on a Sunday morning, right and publicize, that I am going to vote for so and so right? We don't do that. Because the church stands in the gap between the political left and right, we don't believe in a candidate, we believe in God. So in the same way, I don't want to get up there on Sunday morning and ever publicize something that is so politically charged one way or the other. Where it then marginalizes a group of people who are fearing this vaccine or feeling good about this vaccine or whatever. So how do you lead in the midst of that I have not figured that out.

He remembered that his church never missed a Sunday. They figured out how to go online from the shutdown to the following Sunday. Prior to the pandemic, they were not streaming online. So a positive that has come out of the pandemic is that they have an online presence.

**Purpose of the church.** Phillip shared that he regrets that they ever shut down at all. He feels that shutting down the church just confirmed what the community outside of the church already believed about them, that the church is just a country club.

I have since apologized to our board and our church that we ever shut down. I just feel like it was very, very wrong. Okay. I understand the balance between keeping others safe, and, and doing our part of the community, which I think is where I fell in the beginning. But then when I read texts or scripture or think through what are we? Because if we're, if we're shutting down, because everybody else is shutting down, we're stating that we're just a group of believers that are getting together to fellowship. And

that's all it is that we are just here to be together. Yeah, that's a country club. And so I think that we kind of surmised our own understanding, and we believe and showed the communities around us, that by us shutting down, we are exactly what they thought we were, which is just a country club. But we're not, we're there to worship God, we need to be there together to worship God, we need the time together to, to worship and to be in for the infilling of the Spirit to be empowered and equipped. Like we need that. If we don't recognize we need that. We're not really a church. We don't understand good theology of what the church the importance of the church. So I think that we really kind of the community around us, the non-church folk kind of what they say about us, we accepted that and closed our doors. And I hate that because we're more than just coming in fellowshipping.

# Structural Description.

During Phillip's interview, his mental health and the struggles of providing for his family were still weighing heavy on him. When asked what stood out the most of him about his map, he said:

I came last, and (my wife) came dead last. So (my wife), I need to just apologize to her, she came last. It was like I was trying to fill my bucket as much as I possibly could. But had my own emotions and feelings going on. And then, for me, hers would look different. She'd have more about her, talking through her, but for me, like I did not, I didn't put I couldn't put precedents I couldn't put time and effort into (my wife). It was kind of just I don't know, seems like it was more of a survival of the fittest. All for all. I mean, much of my attention went to finances. In the midst of my finances were politically charged feelings and emotions, right concerns, which took attention and

probably played into my finances. And then raw feelings just are always sitting there that would probably overarch everything right? And then the church demanding attention and demanding like what do we do and I mean the Most sticky notes are in the church pile. So that took most of my attention. And then the next to the least number of sticky notes is (my wife).

During the interview, he also confided in me that he was struggling with mild to moderate depression and that he did have some family history of depression. The weight of living through and ministering during the global COVID-19 pandemic still weighed very heavily on Phillip. It seemed as if the political climate and the polarization of the issues surrounding COVID were frustrating to Phillip but also made it hard to lead. His lack of knowledge of the congregation's wants and needs and lack of relationship within the congregation due to being both new to the church and his senior pastor role seemed further complicated, knowing what to do or say for Phillip.

# Conceptual Mapping Task.

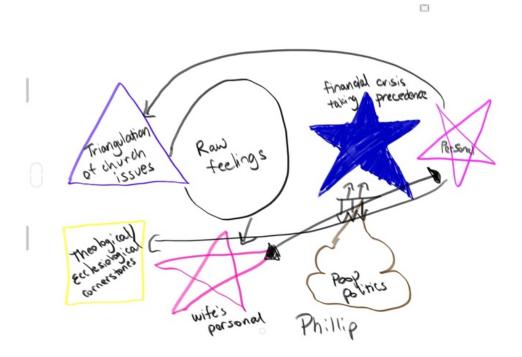
Phillip's conceptual map was divided into seven sections; 1)triangulation of church issues, 2) raw feelings, 3) financial crisis taking precedent, 4) pastor's personal, 4)theological/ecclesiological cornerstones, 5) wives personal, and 6) Poop politics, as seen in Figure 4.5. There were many arrows drawn connecting all of the various groups, with the most arrows going between the financial crisis taking precedent and poop politics. In addition, several directional lines connected raw feelings and the pastor and his wife's personal groups.

Phillip drew a triangle around the "triangulation of church issues." This group included the notes "ministry was affected because personal engagement was impossible," "support from the congregation but they were just as lost and didn't know what to do," "lack of funds and lack

of knowledge led to stagnation and not knowing what to do." "Raw feeling" was circled and included the notes "feelings and question of what do I do," "stress was more personal," "raw/vulnerable," and "tricky." The section "financial crisis taking precedence" had a blue filled in a star around it. The notes included here were "bought two new vehicles in a four-month span," "how do we do outreach with no money," and "struggled to stay above water financially, relationally, emotionally and mentally." The section "(Phillip) personal had a pink star drawn around it and included the notes; "first funeral performed was a COVID death," "she (the lady who passed from COVID) meant a lot to him; she was encouraging, spunky and reminded him of his grandmother," "had a brand new baby, and remodeling a house," and "alone and isolated." "Theological/Ecclesiological cornerstones" had a rectangle drawn around it to signify a cornerstone. The notes in this section were "added an element of fear in leading & we don't learn from history," "church is not just a country club," and "church is about more than just being together." "His wives personal" group was a pink star. Notes included in this section were "wives job had just started and had to work to build up clients," "physically she has been in pain for last two years which takes a toll emotionally," and "three to four weeks to build up to needed full-time client base."

"Theological/Ecclesiological cornerstones" had a rectangle drawn around it to signify a cornerstone. The notes in this section were "added an element of fear in leading & we don't learn from history," "church is not just a country club," and "church is about more than just being together." "His wives personal" group was a pink star. Notes included in this section were "wives job had just started and had to work to build up clients," "physically she has been in pain for last two years which takes a toll emotionally," and "three to four weeks to build up to needed full-time client base."

Figure 4.5



# Matthew

Matthew is a 50-60-year-old male senior pastor. He is married with adult children who do not live at home. He has been in ministry for 25-30 years and was ordained between 20 and 25 years ago. He has been at his current church for less than five years. He has a doctorate. He is the senior pastor of a church that runs between 500 and 1,000 people. There are multiple other pastors and leaders on staff with him at his church. The city his church is located in has a population of between 35,000-40,000 people.

The interview started in a restaurant. Unfortunately, due to COVID, the restaurant closes an hour earlier than their hours on the website on the weekdays. So the interview then moved to a church where we would both attend a meeting later that day. Matthew was engaged and focused during the meeting, even with the change in locations partway through.

# Textural Description.

What is happening? What do we do? Matthew, in his initial response, said: So I think on the very front edge, we were just like everybody else, like, what is happening? Yeah. Because there was no, there was no point of reference. And so you try to do your best to get as much information, the best decisions are made with the best information, right? But there wasn't any Yeah, that was necessarily reliable. So in those early days, we were pretty dependent on the district and on our local health department, the news, and our peers. So one thing that wasn't an advantage, and I felt, I mean, my heart went out to the solo pastors. Yeah. Cuz I was, I'm working through this with staff, You know, many hands make light work kind of idea was like, alright, well, we were confident we will be able to come to something that everybody was contributing to, which was very, very helpful. So we made the decision early on, like most everybody else to, to comply with the mandate to not meet in-person. Right. So that sent us really quickly into how are we going to take care of people? So the what? I actually just took our database and had everybody's names in it, yeah, and divided up their families, and had people calling like, 15 to 20. apiece, so that we could at least keep track of our people. Right. And, of course, it's the same as anything else. Some people did a great job of that others, like, they did it once. And oh, yeah, I was supposed to make those phone calls. So we did two months, without meeting in-person.

Matthew's church already had an online presence, so that did not have to start that.

However, they did have to shift to being entirely online, which was new. Matthew also highlighted that in his February board meeting prior to COVID, they had been looking at all they were doing. He recalls saying: "I don't know that all of it's (the activities, ministries, meetings,

etc) really mission-critical or moving the needle here. And literally said, Wouldn't it be something if we could just, like stop everything?"

He, his staff, and his board had already started evaluating what they were doing and why. They were considering what pieces could be done away with. So from the shut down through the summer, they focused only on the Sunday morning service. Finally, they started Life Groups back up in the fall but allowed each group to decide what they looked like, whether in-person or Zoom.

Worship style changes. There were some staff changes at play prior to the pandemic. A pastoral staff member was asked to shift in his role and ultimately decided not to make the switch and step away from the role. This change allowed for the church to focus on one type of service and do the one service well; this was also true when they came back to in-person worship. They no longer had a traditional and contemporary service; they just had one service at two different times. There was some fallout from that. Matthew said;

We came back with the new schedule, which was whichever hour you come, it's gonna be the same thing. And a lot of people did not like that. Yeah. So we had probably 80 or 90 folks that left to go find the church that did hymns. But it wasn't like they're all here, this week and then gone next, because they'd all been gone for a couple of months, right? We were not having service at all, in-person. So that took a little bit of the sting out. So what it did do was enabled us to get much better aligned as a whole. So that when we came back, there was much a greater sense that there is one congregation here. Not two that just happen to meet in the same building, we're headed in the same direction. So that was, that was a benefit, I guess.

Another thing that came of COVID for Matthew and his staff was the realization that technology can do many things, but it does not replace being in-person. Technology cannot replace being present with someone. He sincerely believes in the incarnation, which cannot happen except online, at least not on a long-term basis.

**Family.** Matthew and his wife are empty-nesters. Their youngest son got married in the summer of 2020. They had to shift their plans several due to COVID restrictions but were eventually able to have a ceremony. He and his wife both work in the community and have seen the effects COVID has had on families. He shared that:

So we both see some of the downside of families spending all their time together. Yeah, you know, the rate of domestic stuff and kids, you know, the abuse that was now unreported, because your teachers are frontline, typically for seeing that kind of stuff. So none of that affected me personally. It just was an observation of the families that were not healthy. It really exacerbated that right? In the families that were unhealthy, I put ours in that category. It just strengthened. Yeah. We enjoyed being together.

**Heightened Tensions.** Matthew shared that one of the things that happened during the pandemic was heightened tensions in his congregation.

There was every extreme, we had people that quit coming, because anybody was wearing a mask. We had people who would not come in because not everybody was wearing masks. And so one of the kind of mantras was, we didn't police it. We will be hospitable to those who don't wear masks, and we will be gracious to those who do. Yeah, or we would switch that. Moreover, because we're not here to talk about that, we're here to talk about Jesus...Because you know, you have elections, you have COVID, all of these polarizing events that are bigger than your address, but that impact your

address, right. So that that became very much an intentional, we're not going to change that we're not going to control that. But what we are here to do is fulfill the mission with people.

In addition to the heightened tensions on politics, there were also heightened tensions in interactions with others, affecting mental health.

I guess some reflections that you don't, you don't see as much while you're in it, but it's a little bit now more afterward. There is like the mental health toll that it took on so many people. Folks who, who went from one week, hugging and hold and shaking hands to the next week, you're a threat to me. Yeah. That in some cases people have kind of gotten over that. But in a lot they haven't. Yeah, it just is created angst and like seeing each other as a threat instead of a brother or sister. Yeah, that, who knows how long that's gonna last, right. So on the one hand, and I think people were trying to be aware of how their interactions affect like, is this person Okay, with me shaking their hands are there so there was at least at least for a while this, like, I don't want to do anything that's going to be harmful or hurtful to my brother or sister. But at the same time that yeah, the suspicion, the fear the I'm going to tolerate you, but I could be just as fine without you being in the same room, right? I don't want you to make me sick. Right. And that wasn't everybody. But it was enough to. Again, none of that's peculiar to my city. It's just culturally what some of the impact has been.

# **Structural Description.**

During the interview, Matthew was relaxed and reflective. There were times of laughter where it was clear he remembered the events of the time or event in question. Matthew stated;

So a lot of my conversations were would move very quickly from mandates and policies and politics to that doesn't change our mission one bit. And, and that was like, I've always been relatively missional. But I think it amped up during that time.

It was evident during the interview that his desire to be missional and to make sure that his church and the ministries of the church were guiding his decisions, conversations, and thought processes. That mission, according to Matthew, is not changed by COVID or any other thing going on. Yet, in the midst of all that was going on, if he stayed focused on the mission, he was focused on what was important and lasting.

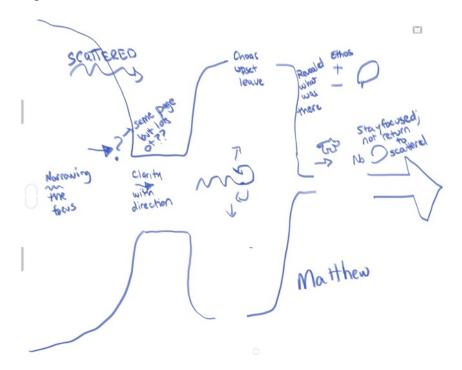
# Conceptual Mapping Task.

Matthew's map was organized chronologically, with the groupings were based on being scattered and pulled away from the mission/direction and then narrowing in the times when the church was focused and had clarity of direction. The map moved from left to right with the beginning of the pandemic included through clusters "scattered," "same page but lots of questions," and "narrowing the focus." These three groups were in a larger group that narrowed into a cluster "clarity with direction." This led into a larger section in the middle labeled "chaos, upset." Which flowed into a smaller section "revealed what there" a magnifying glass was the symbol for this as well as the note "either positive or negative." Which lead into an arrow going forward into the future entitled "Stay focus, not return to scattered, no turning back." This had a guard dog drawn over it.

The "scattered" group included the notes "Feb 2020 board meeting, maybe doing too much, what if we stopped everything," "what are we doing and why." Underneath that, in the "narrowing the focus," included the notes "had to rethink church," "comply with mandate," "no point of reference," and "what is happening." The group "same page but lots of questions"

included the notes "already online," "questions of how to take care of people," "2 months not inperson." "Clarity with direction" had the notes "caused them to be more aligned, everyone headed in the same direction," "now both services were the same." "Chaos/upset" included the notes "people trying to be aware of physical interactions with others but there was a presence of fear, tolerance, and suspicion," "went from hugging and shaking hands to the next being a threat," and "technology can't replace presence." The "revealed what there" section included the notes "incarnation," "deeply felt that the incarnation can't happen except in-person for the long haul," and "enjoyed being together." The final note and section was "intentional mission, careful not to get in the same place again.

Figure 4.6



# **Thomas**

Thomas is a 60 to 70-year-old male pastor. He is a bi-vocational pastor and has always been bi-vocational. Thomas has his Master's degree. He has been in ministry for between 25-30

years. He has been at his current pastorate for less than 20 years. The size of his current church is between 50-150 attendees. There are multiple other pastors and leaders on staff with him at his church. The village his church is located in has a population of under 5,000 people.

After we finished breakfast at a Bob Evans restaurant in a neighboring town, the interview took place. Thomas was engaged during the interview. He jumped around a bit at times as he reflected on the last 18 months, but that had more to do with all he had experienced. During the review of the notes, he added more information and notes.

# Textural Description.

Going online. Pastor Thomas was on vacation and several states away from his church and home when the pandemic started. While he was on vacation, the staff in conversation with him pre-recorded the service and posted it online to be viewed at the regular church service time. Once he returned from vacation had a meeting with the district and was in conversation with the local health department and insurance company to determine if they could have in-person services. It was decided that they could not. So for three months, they did not have any face-to-face services.

I took the congregation and divided into four equal pieces. And I called Group A, the first week. Pastor (A) called Group B passed when to call Group C. Pastor (B) called be the next week. I did B and Pastor (A) did C, Pastor B did D. And then we just kept working through that. The first week, virtually everybody we call talked to us, about us to have prayer with them, or, you know, mentioned that they'd been watching the service. Yeah, that kind of thing in life. And that was pretty much true the first month; we had probably 90% contact with the congregation after the first month, where they were responding to us, and etc. However, it began to quickly dwindle. It was no longer a novel

thing to have the pastors call you on a weekly basis. Some people just let it go to voicemail and we never got a return call. Yeah. Those that did call oftentimes said, well, nothing has changed same prayers before see a right-click wasn't a lot of interaction. And so after two months of it, we just quit doing it all together, because it seemed like we were hassling them more than we're helping them.

When they did open back up, they made adjustments to follow COVID recommendations and protocols; this included a sticker system to communicate levels of contact that people are comfortable with. Thomas said there are people in the congregation each week who wear each color.

Health and Death. During the pandemic, one of Thomas's in-laws tested positive for COVID and was hospitalized. He developed further complications after recovering from COVID and later passed away after he aspirated when he pulled his NG tube out. When he was hospitalized, they were not allowed to see him in the hospital until he was moved to hospice. Even then, there were strict protocols, and only three people were allowed to see him. He and his wife had moved into his in-laws house because it had become too much for them to manage. His in-law also spent the winters in Florida. Together as a family, they decided that it would be best if his wife and mom went to Florida for the winter.

Thomas also had some health issues of his own in September of 2021. "I had a tennis sized ball of clot in my right atrium. I also had four clots, blood clots in my lungs." Thomas had medical training and knowledge and so could understand what the doctors, nurses, and techs were saying and what it meant. He knew that the prognosis was not good. However in conversation with his doctor Thomas recalled this;

The cardiologist said we have this new technique. It's called Ultra thrombolytic extraction. ... The procedure was not without risk. You could bleed to death, the clot could break lose, You might have already said you understand what would happen if that did... I said, but knowing what I know Dr. If we don't do anything, it's a foregone conclusion. Right? He goes, Yeah. I said, Let's do the new procedure. Please. Yeah. And so we did the new procedure. That was done on a Monday afternoon. And Wednesday, at noon, I left the hospital. Wow. Out of ICU to home.

**Agents of Grace.** One of the things that has bothered Thomas during the pandemic is those who claim to have strong faith but are not showing grace to others who disagree with them.

People that declare that they have such a solid faith, who have not been agents of grace with people who are of a different opinion than theirs. And that has grieved my heart as a pastor, to see that firsthand. We have a gal in our congregation who was on that side where she thought we were not that we weren't being trusting that the Holy Spirit would protect us. Yeah. And thought it was ridiculous that we were going to wear masks, you know, that we would cancel service. First of all, but then that we would wear masks, even part of the time. Yeah. It just shows total lack of faith. And, you know, the amazing part to that is that she's a school teacher at a school that required vast, you know, what she wore all day long. So she could wear it all day long as a teacher, but she couldn't wear it as a believer. And, you know, choosing to do what's best for the most Yeah, you know, that concept is been the void. In people of divergent. Yeah. Now the ones in the middle, that are accepting, I see that same grace in place. That's always been there. The willingness to let them choose what they need to do without any look down my nose. But the ones that are so divergent that think that we have that totally isolate, right, and those

that think that we shouldn't be isolated at all. There is no meeting of the minds there. There is no grace, there is no acceptance of a different point of view. Yeah. on that issue, right. And I think if we interviewed them, it would probably be on other issues too. But early on why we were still not having services. I read a George Barna study and, and he published something that said that they believed, because of COVID, there was now three groups of individuals. There are those individuals who would return to church and be faithful to the church that they were attending before COVID 1/3. There would be 1/3 That would be somewhat loyal to the church that they'd been attending, but that they would also either be open to or practicing watching other services online as well. And then there was going to be 1/3 That would never come back.

**New Ministries.** Thomas also shared about several new ministries his church has started, joined, or revamped due to the pandemic and its restrictions and effects.

Because of COVID, we now have a thing in our county called grassroots county. Okay. It is a collection and assemblage of 15 Christian churches. We invited all of them, but 15 have decided to be part of it where we talk about what ministries we have and what ministries are working. Partly because we don't want to duplicate what is already happening and working.

Thomas talked about a campground clean-up ministry that they are helping and a very successful flag football ministry that their church has started. Even though Thomas said that the time of ministering during COVID has been the hardest in his 29 years of ministry, there was still good that came from it and lives have been changed.

# Structural Description.

Thomas' strong faith and years of ministry were evident in our time together. He is a storyteller and helping the interviewer understand the background of what he was saying was important. The death of one of his in-laws, along with the restrictions that did not allow others to be present for others who were dying and alone, weighed heavy on his heart and mind. Even amid the memories of pain and uncertainty, there was still hope and a vision for the future. There was laughter and joking mixed in with reflection and memories of the difficult times.

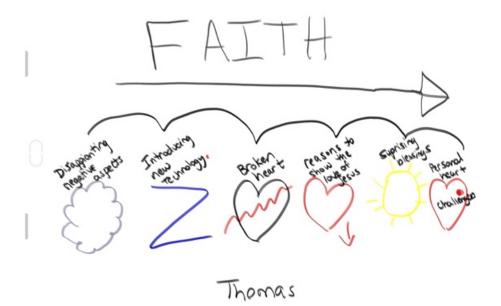
# **Conceptual Mapping Task.**

Thomas' concept map was divided into six sections, as shown in Figure 4.7. FAITH in big letters was written over top of the sections. There is an arrow pointing from left to right below that. The six sections are "disappointing negative aspects," "introduction of new technology," "broken heart," "reasons to show the love of Jesus," "surprising blessings," and "personal heart challenge."

One grouping only had seven notes; the other groupings had ten to eleven notes. The grouping entitled "disappointing negative aspects" had a grey cloud drawn above it. This section included the notes "3 ppl passed away during shutdown and couldn't be with them due to COVID and have had closure issues because of it," "isolation and non-visitation another hard part of COVID," and "never been an issue that is more divisive than COVID in the church." The "introduction of new technology," had a large Z drawn over it. This group included the notes "3 months no face-to-face meeting," "for the most part people have been gracious," "when started having services followed COVID protocols (masks, temps, social distancing)." The "broken heart" group had a heart with a jagged line drawn through it. This group included the notes "ready to be done with COVID," "his wife and MIL went to FL for the winter following FIL

death and will do that again this winter," and "FIL death listed as a COVID death, but it was not he died of double phn and aspiration from the NG tube." The group "reasons to show the love of Jesus" had a heart with a down arrow. This group included the notes "God loves you and so do I, in response to the question Why are you here," "because of COVID couldn't bring in so how do we go outside to them," and "community has started joining with the churches in the clean up of the campground." "Surprising blessings" had yellow sunshine drawn above it. It included the notes "started having new people come when they started back," "may have had an impact we didn't know about online," and "new ministry b/c of COVID flag football like UPWARD, Sundays after church and some have accepted Christ." The final group, "personal heart challenges," had had the least number of notes is in. Those notes included "surgery on Monday left ICU and went home on Wednesday," "new technique that was used to save him," and "can't play tennis which he loves and nothing involving running."

Figure 4.7



### Mary

Mary is a 60-70-year-old female with a doctorate. She has been in ministry for over 40 years and was ordained over 25 years ago. She has been in her current pastorate for a little over two years. The church she pastors runs between 50 - 150 people in attendance, with two-thirds in-person and the remaining one-third online. Mary is a senior pastor, and there is no other paid pastoral staff. The city Mary's church is located in has between 15,000 and 20,000 residents.

The interview took place in her office at the church. The interview did start about an hour and a half later than planned because she had an emergency with someone in the congregation that she needed to counsel him through. Mary was apologetic, but the reality is that these types of interruptions and schedule changes are a part of pastoral ministry. Mary was engaged and focused throughout the interview, even with several interruptions in helping to deal with the community members' emergency.

## Textural Description.

**Before COVID.** Mary only started in her pastorate a few months before the COVID shutdown. She shared:

And I think there were probably four people in the congregation who had COVID prior to COVID being a thing. Yeah. Because they were very ill. Some of them for even a month. Wow. So, they had the same symptoms that were described in COVID. Right as being COVID related right later.

She was beginning to get to know her congregation and doing nursing home visits. She stated that:

I was just kind of getting acclimated to the area to the people in the church to the people in nursing homes and visiting them and, you know, building a rapport with them and relationships with people in the congregation.

Caring for people during COVID. When things were shut down, they did their Sunday Morning service online but continued to have their Wednesday night prayer in a socially distant and safe manner. She shared that

I was I felt really kind of responsible to care for the people who are in the nursing homes and having access to no one, right. So I even pastors weren't allowed to go in there and visit. So I took communion to them with written liturgies for them to be able to do communion by themselves, which was a kind of an odd thing. I feel like there was no meaning of communion, right, right. Like togetherness and the unity of the body together, but it was a way for them to feel a part. And then I took elements to each family, home in the church so that on Maundy Thursday, we could together take communion. And then I had people post on Facebook there our church page, yeah, their way that they took communion, just as a family or whatever. Yeah. So it was kind of a, a unique way to do it. To still feel that togetherness with each other. Yeah. But yet, being what we thought was safe.

When they did start meeting again in-person on Sunday mornings, they did not restart the children's ministry:

We did not bring our children back. But we took Sunday school to them to do at home. We did an online VBS. So there were things that we put in place for the kids to keep them connected. And unfortunately, we've we have lost the younger children from that, but the teens are still coming good. We've been able to maintain the connection with the

good. And hopefully at some point we'll be able to get the families and have young children again.

Church Conflict and Leadership. The church weathered several conflicts during the COVID pandemics. Some were over COVID and the restrictions, and others were not.

I recommended that we do drive-thru only for Thanksgiving dinner for the committee. And on a Sunday morning service met with severe resistance to that I had a man stand up and verbally assault me for making the change. And I just said back to him. But you know, I felt like it was worth having a conversation after the service that this wasn't the time and place to have that conversation. So I invited anyone who was in attendance that morning. Whether or not they were members didn't matter, because they all were going to be involved in serving that day. And so I invited them to attend a meeting after church. And what we decided was three different options, one that we would do, after a lot of discussion about it, which got same man got extremely irate. And, again, just he didn't feel like we should allow the insurance company to dictate what we do. And I said, you know, why do we need insurance anyway, and I said, because we have a mortgage on the building, right, and you have to have insurance. And even if we didn't have a mortgage, we still would be liable for anything that happened. And we really need to follow guidelines that are given to us for safety reasons. And so he calmed down a little bit, and then we had a discussion about it. And so I summed it up with the three options that we really had on the table, one was to dine-in with precautions, and the other was to do dine-in and carry out or drive-thru. And then the third option is drive-t hru only. And I said that if we did dine in and the or the option of dining with carry out, we had to have enough people staffed here to be able to sanitize the tables and chairs and

bathrooms in between each dine-in-person, family, or people group. And so that was the option that we ended up going with was dining in and drive-thru. We had one person dine-in. We had 100 to 102 meals served.

Mary's leadership style was influential in navigating the COVID and non-COVID conflicts in the church. She shared that she: "gave people the option to choose. And feels like that's important in a church. Yeah, is to give people the space to make decisions and to live with those decisions that I make."

# Hopelessness.

We had a COVID-related death, but it what he had, he was already in hospice, okay. And a visitor he had while in hospice had COVID with didn't know it and transmitted it to him. And so he passed away. Let's see, I visited him Sunday and Wednesday. I wasn't allowed to visit him because he was in quarantine and then he died the Friday morning or so. It was that was a difficult time, funerals that I had for other you know, illness-related. Things were held at graveside only, it was difficult. One was bitter cold December and 45 minutes while they went through Mason's rates and the military rites, and then the pastor is able to speak. So it was difficult that was a difficult one. But, you know, just I think the overall feeling that people had and hopelessness was very prevalent.

The church itself was also dealing with hopelessness before she came. There was a financial situation with misuse of funds and there were people that had to be removed from office in the process. However, Mary dealt with in such a way that allowed for forgiveness, restitution, and dignity for those involved. The church also has not had a pastor that lived in the community in over 15 years. The church had also withstood several relocations. Whenever

Mary starts at a new church assignment, she spends time looking over past church board minutes and looking for patterns in decision making and how they dealt with difficulties and how they function as a body of Christ. Looking through the windshield. Mary shared that she was trying to get momentum for something new in December of 2019.

So in December, the last Sunday of December in 2019, I, you know, entering the New Year, I preached a message, call, I titled it, the rearview, no. How, what was it? Rear View versus windshield. And so, I taught, I went through the history of the church, how the church was founded, where it was, you know, all the buildings, I took pictures of the places where it was around the community. But I took a picture of where we are presently. And so after that, you know, so I showed them the past? And then the present. I was in sharing with them where they came from, and where we are today, and talk and I ended it with, that. We were leaving the past in the past, and moving forward. And I said, so if you start to talk about past things in a negative way, yeah. I will say to you look through the windshield. Yeah. Because we need to refocus our, our vision, and we need to focus on what's going to happen in the future. And there was, there was a real positive reception of that message. And then after that, we had a dinner and I had planned it that way because I wanted to have communion. Our mission is we connect with others, so they will belong and or to find a place to belong, and we together impact the world of the love of Christ. So we walked through what those meant over the next few weeks, and then we had a time where we got together and we put on post it notes everybody got post it notes to put down their ideas of what they felt like, you know. So I feel like from that, we, we got started on a new journey. And we were on this new journey for PR, probably four to eight weeks. And then it was everything blew up with

COVID. And so I was like, Oh, lovely. Yeah, you're just starting to gain momentum and build and you know, now what, but I preached a few messages after that, you know, when COVID and its height, on hope and, you know, looking to the future, that kind of thing.

**Family Changes.** During COVID, Mary had several changing events happen in her personal life. She got married during the COVID-19 pandemic. COVID infections in some of the planned guests and family changed their wedding and who could attend. Several grandchildren were born and/or adopted during the pandemic. She missed the birth of one grandchild and the adoption of another due to COVID restrictions. She also had aging parents who contracted COVID. She reported that all of it was just very heavy.

## **Structural Description.**

Throughout the interview, Mary was calm and focused despite several interruptions.

There were times of joking and laughter and sharing about difficult situations. Mary's faith and leadership ability were evident in our time together. Clearly, she had walked several hard roads in her personal life and in the ministries she is and was a part of. Yet, COVID and the other crises that happened did not affect her faith or her ability to lead. While sharing about the hopelessness of everything that has happened over the last two years, it was evident that she still had hope in Christ and a vision for the future for the church.

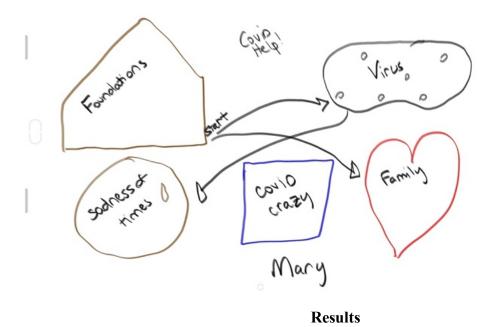
## Conceptual Mapping Task.

Mary's map was divided into six sections; "foundation," "COVID help," "virus," "sadness of times," "COVID crazy," and "family," as seen in Figure 4.8. "Foundations" had a brown house shape drawn around it. Notes included in this section were "just started to build momentum," "got started on a new journey 4-8 wks and then everything blew up with COVID," and "leaving

past in the past move forward; look through windshield." "COVID help" included one note only "district had regular zoom mtg which was helpful." The "virus" group had a circle with smaller circles drawn inside. This way, it was drawn to signify the graphic of the magnified virus that was so widely circulated. Notes included in this section included "COVID shutdown happened March 2020, insurance had to have precautions in place," "felt responsible to care for those in nursing homes (took communion with liturgy & to each family home in church." The group "sadness of times" was encircled in brown. Notes included "funeral for others reasons (not COVID) were only at graveside only which was difficult," "4 ppl had COVID before it was known," and "ppl have gotten COVID but no COVID related deaths in congregation, except for one who was already in hospice care and contracted COVID." The "COVID crazy" section had a blue box drawn around it and included the notes "important to give ppl space to make decisions and live with those results," and "changed the community thanksgiving service to drive-in and met severe resistance to that change, had mtg after church: 3 options – dine in with precautions, dine-in and drive through, or drive through only. The church decided on to do both. 102 served only 1 dine in." Red heart enclosed the "family" section of Mary's map. The notes included in this section were "sad time b/c of all we missed," "both she and her husband got COVID, she was okay, but her husband was very sore," and "thankful for technology."

A series of lines and arrows connected the map. "Foundation" had start written at the bottom and indicated the beginning of the map. From the start there were arrows drawn to "COVID help" and "Virus" as well as a separate arrow to "family". From "virus" an arrow was drawn to "sadness of times." "Covid crazy" stood alone with no arrows going to it or coming from it.

Figure 4.8



Each interview was transcribed from the audio-recorded files using the methods described in Chapter Three. The conceptual maps were also reviewed in detail. The interviews and the conceptual were studied, analyzed, and organized for recurring themes and patterns.

Transcripts were read numerous times, first looking for recurring themes, and after themes were identified, read again to pull out specific quotes related to the themes.

The recurring themes that emerged will be highlighted using quotes from the participants to allow their voices to be heard. The themes that emerged are 1) loss of momentum; 2) polarization of people and topics; 3) the weight of it all/feelings of hopelessness/helplessness; 4) personal and family dynamics/challenges; and 5) support of the district. Subthemes that emerged are detailed as well.

## **Theme Development**

In their various contexts, eight different Nazarene pastors described their experience of living through and ministering during the global COVID 19 pandemic. The researcher identified

common themes by hearing, reading, studying, and analyzing their stories. Each pastor's situation was different in family make-up, other employment, varied responsibilities, county restrictions, views and opinions on the pandemic, vaccines, politics, and societal events. When describing their experience, many of the pastors did so chronologically, starting with what was happening prior to the pandemic. Some pastors described what was happening in their personal lives at the same time as what was happening at their church. Other pastors described what was happening at the church and then described how the pandemic affected their personal lives and families. The reoccurring themes that emerged were found in at least six of the eight interviews, or it was not selected as a reoccurring theme.

It is worth mentioning at the beginning that the experience of solo pastors or pastors with no other staff was described as more complex, trickier, and heavier. The researcher believes that they carried the weight of all the decisions and responsibilities in this unprecedented time. Solo pastors also did not have other trusted pastors or staff to process everything happening in their congregations, communities, and personal lives. This theme is not a reoccurring theme because the pastors interviewed were solo pastors and senior pastors with other pastoral staff; however, they felt it was important to highlight.

### Theme 1: Loss of Momentum

In March of 2020, the "world" stopped in a way that was unheard of before the global COVID 19 pandemic. Schools, restaurants, businesses, factories, doctor's offices, libraries, etc., all closed their doors or pivoted to virtual. Churches also made this unprecedented shift. Churches prior to the pandemic centered on gathering together, on at least a weekly basis. Suddenly gathering together in-person was not allowed. As would be expected, each of the eight pastors mentioned this shift. All eight churches stopped gathering in-person for a time. The

amount of time that the churches were closed to in-person gatherings was varied; however, they stopped for each church they knew of for a time.

The decision to open or close and when to re-open, what to re-open, and how weighed heavily on each of the eight pastors; a couple of the pastors expressed regret for closing down at all. On the other hand, one pastor expressed regret on how the evangelical church responded to the pandemic and the need to gather in-person and which he felt placed vulnerable people at risk. All of the pastors were forced to change how they did ministry and church. Half of the churches were already streaming in some capacity prior to the pandemic. The other half had to quickly pivot to streaming online, most often via Facebook and YouTube. In two cases, this responsibility fell on the shoulders of the pastor and his or her family. Re-opening and restarting ministries were further complicated because several pastors shared that key leaders did not return to in-person services or church at all.

Changing recommendations and restrictions, second, third, and fourth waves, new variants, and months turning into years made momentum hard to create and, once created, hard to maintain. What started as a two-week sprint to stop the spread has turned into a two-year marathon with no finish line in sight. Quotes from the pastors themselves regarding the loss of momentum are listed below:

John recalled that: "they had built a tremendous amount of momentum that the pandemic completely halted. Church ministry as the church knew it was stopped and moved online or canceled completely. Ministry, as was known, was no longer." Andrew shared that:

Our church was growing really well. We'd actually, there's a lot of momentum, a lot of great things happening. And we were starting to start to look to incorporate other ministries in the church outside of just like the Sunday morning setting.

So even when we did come back, I know that that was a huge that was a huge momentum killer because that took away basically our children's and any kind of influence we have with any kind of youth ministry stuff. It just killed momentum and it just got many out of the routine of being here.

#### James recounted that:

And so we had a plan in place, and we were starting to get some momentum right before the pandemic happened. And then it all came to a screeching halt. So then we lost a lot of people for various reasons. We just, we were barely getting some momentum, we had a very small core group that was trying to get us moving in the right direction.

# Mary stated:

So I feel like from that, we, we got started on a new journey. And we were on this new journey for probably four to eight weeks. And then it was everything blew up with COVID. And so I was like, Oh, lovely. Yeah, you're just starting to gain momentum and build and you know, now what, but I preached a few messages after that, you know, when COVID and its height, on hope and, you know, looking to the future, that kind of thing. And then I got tired of talking about COVID Yeah, really, like, just like, Okay, I'm too COVID weary.

Matthew's take on the world stopping for COVID had a different spin on it.

So, interestingly enough, in our February board meeting, pre-COVID, we had just been doing evaluation of, we're doing a lot of stuff. And I don't know that all of it's really mission-critical or moving the needle here. And literally said, Wouldn't it be something if we could just, like stop everything?

It really gave us some opportunity then to do some more like a deeper dive evaluation.

What are we doing and why? What can we do without?

Matthew's church board was in some sense prepared for ministry as they knew to stop and able to critically look at what should be re-started and how.

One pastor questioned the interviewer's use of the word "through" because the pandemic is far from over, and pastors are still trying to lead through the pandemic, and they are still trying to live it. There was no consensus with the pastors on if momentum had or could be rebuilt. At the writing of this chapter, Omicron is currently forcing a new wave of restrictions and shutdowns.

# Theme 2: Polarization of topics and people

From March of 2020 until the time of the interviews, the United States experienced political, social, medical, and economic upheaval. Polarizing events included the 2020 Presidential election, the Black Lives Matter movement, rallies, protests, and the events surrounding January 6th. Applications for unemployment skyrocketed during this time. Families, friends, and churches were divided over the validity of COVID restrictions, including whether one needs to wear a mask or not, how many masks should be worn, and what type. Other COVID questions that divided families, friends, and church members were: Is COVID more serious than the flu?; Should we gather indoors in-person? If so, how, when, and for how long? Is the vaccine safe?; Should the vaccine be required?

With every decision and sermon, pastors ran the risk of causing anger or the alienation of a segment of their congregation and family. Pastors were in no-win situations on several fronts, and in many cases, the middle ground was minuscule or non-existent.

John shared that were many landmines during COVID. He further shared:

And so and that's what's very interesting is, is a culture that there's, again, COVID is just looking at a lot of leadership pieces, and then not just COVID, but then how people have responded. There's such a strong political flavor, salt that's been put on all of it that, you know, if you're if you shut down your services, you're clearly a godless liberal and leftist Marxist. And that's why you shut under services. But if you kept your services going, right, and people got coded data, your service whether you love Jesus in your right-wing, conservative Republican, and so, you know, it's like, it really just like sounds outlandish. But yeah, that's what I'm hearing, you know, and if you dealt with anything to deal with racism, then you're liberal and left, if you avoided racism and all points, then you're conservative and right, if you're, you know, and so there, yeah, there's just also all these landmines that now even with leadership, it's all being put into a political framework. You know, we're being challenged now. If you're white, evangelical, male, middle aged, then you're the enemy of where we are as a culture. So there's just some very interesting dynamics that are, you know, that that's emerging from all this that will I think it's going to shape churches in the future because of all those things.

### Simon Peter said:

One thing that I've found myself saying multiple times is anyone in any kind of key leadership during the pandemic, whether it be a governor or mayor or school superintendent, or a pastor is really in a no-win situation. With social media, and how brave people have been with their opinions, along with the political climate that we found ourselves in. I don't know that that the pandemic could have come at a worse time, right.

So one of the things that keep on saying is, everyone has their opinion. And their opinion is right, right. And unfortunately, it's been ugly. And so this is the negative side of it. I think that people are so quick to their opinions that it was hard to find unity. Because when so the way I pastor and I lead, I'm pretty well down the middle. It's kind of the Wesleyan way, right? And nobody with COVID-19, with masks, with vaccines, with mandates is really down the middle. Everybody has a polar opposite end, and they are strong with their opinion. So unity would be probably what has affected us most. I think we're again, we're at a good healthy place now.

### Andrew shared his struggles in this way:

The political conversations, the wrestling, spiritual, you know, spiritual conversations, the merging of the political and spiritual conversations. And, you know, what is the church's response to it? And how do we go about being the church in the midst of it? What should we do?

Andrew also shared how this reality changed the way he leads and looks at ministry:

But I know leading up to it, I began feeling some of that pressure, but ever since that I've almost felt more of a kingdom focus once that's where I don't want to get so focused on conservative-liberal, right, left all of that stuff. And that's where I become really almost anti-labeling, because I don't want us to get caught up in those because I want is if we're caught up in those, then obviously, where I know we're pigeonholing people and I want to get to the kingdom mindset. The kingdom is neither right nor left, I want to see aspects of, of what people would label as right, or people labels left or right server, or liberal or what have you. But I want to get us focus on Kingdom mindset. So that's been something that's coming on. I know in my preaching, I become more lectionary focused.

Getting us to get us reading the lectionary passages each week as a church and obviously looking at what those shared thoughts these are sounds passages each week to try to get us to see that there's neither right or left; conservative-liberal; all that stuff, but to get us Kingdom focus.

James spoke about his frustration of the polarization of so many topics and how it caused some to leave the church.

And I still don't know why some of them decided to, to leave and not come back, they won't answer calls. And so it was really difficult time just one by one, the splintering that took place during that by the time we got back, because you know, all the politics involved, it was pretty heavy here, you know, people who didn't like the fact that I closed or that all the churches that our district closed, you know, at least for four weeks. So we were following the guidelines, and you know, doing all we needed to do to be on the safe side. And there's a lot of people who didn't like that. And then when we reopened a lot of people didn't like that we opened so soon, you know, opened in early June. And so we lost some people on both sides of that issue. So it's just very frustrating. It's more of a splintering, that's just the church was already small. But once you start losing that many families, and some of those were our younger families, that we just couldn't afford to lose any right and, and really start making some progress for growing young. And we had a few families that left because they had to move out of the area. And those were some of our leaders, which really hurt but, you know, they had to leave for work issues and didn't have anything to do with the church, but it just really was bad timing. And, again, that was part of our core team really growing young as well. So it was just a snowball effect.

Phillip struggled with the polarization of so many topics and issues in this way:

personal engagement with any individual was impossible. Being in-person sitting down across from them had coffee, whatever, that was impossible. Or I guess it wasn't impossible. It was impractical. And nobody, nobody did that. And everybody was concerned. There was also a concern because I don't know your opinion on it. And I don't know that I want to share my opinion. Right? Like, yes, it's a serious thing. But like it's politicized, like crazy. The political polarization of everything that happened during that time was just so unreal. Yeah. So there was such unrest. I don't want to answer politically, which is hard to almost because it's been so politically driven, right. It's hard to divorce the political side of it at this point. I think everybody saw the first time. The fear mongering worked very well. Everybody was concerned.

### Matthew shared this about his congregation:

as a congregation there was every extreme. We had people that quit coming, because anybody was wearing a mask. We had people who would not come in because not everybody was wearing a mask. And so, one of the kind of mantras was, we didn't police it. We will be hospitable to those who don't wear masks, and we will be gracious to those who do. Yeah, or we would switch that. Right. Right. And because we're not here to talk about that, we're here to talk about Jesus. So a lot of my conversations would move very quickly from mandates and policies and politics to that doesn't change our mission. one bit. Yeah. And, and that was like, I've always been relatively missional. But I think it amped up during that time. Because you know, you have elections, you have COVID, all of these polarizing events that are you no bigger than your address, but that impact your address, right. So that that became very much a intentional, we're not going to change

that we're not going to control that. But what we are here to do is fulfill the mission with people.

I guess some reflections that you don't, you don't see as much while you're in it, but it's a little bit now more afterwards. There is like the mental health toll that it took on so many people. Folks who, who went from one week, hugging and hold and shaking hands to the next week, you're a threat to me. Yeah. That in some cases people have kind of gotten over that. But in a lot they haven't. Yeah, it just is created angst and like seeing each other as a threat instead of a brother or sister. So on the one hand, and I think people were trying to be aware of how their interactions affect people. I don't want to do anything that's going to be harmful or hurtful to my brother or sister. But at the same time the suspicion, the fear the I'm going to tolerate you, but I could be just as fine without you being in the same room, right? I don't want you to make me sick. Right. And that wasn't everybody. But it was enough to. Again, none of that's peculiar to us. It's just culturally what some of the impact has been.

## Thomas struggling with it in this way:

People that declare that they have such a solid faith, who have not been agents of grace with people who are of a different opinion than theirs. And that has grieved my heart as a pastor, to see that firsthand. We have a gal in our congregation who was on that side where she thought we were not that we weren't trusting that the Holy Spirit would protect us. Yeah. And thought it was ridiculous that we were going to wear masks, you know, that we would cancel service. First of all, but then that we would wear masks, even part of the time. Yeah. It just shows total lack of faith. And, you know, the amazing part to that is that she's a schoolteacher at a school that required masks, you know, what she

wore all day long. So, she could wear it all day long as a teacher, but she couldn't wear it as a believer. And, you know, choosing to do what's best for the most Yeah, you know, that concept is been the void. In people of divergent. Now the ones in the middle, that are accepting, I see that same grace in place. That's always been there. The willingness to let them choose what they need to do without any look down my nose. But the ones that are so divergent that think that we have that totally isolate, right, and those that think that we shouldn't be isolated at all. There is no meeting of the minds there. There is no grace, there is no acceptance of a different point of view. Yeah. on that issue, right. And I think if we interviewed them, it would probably be on other issues too. But early on why we were still not having services. I read a, I study a lot, George BARDA and, and he published something that said that they believed, because of COVID, there were now three groups of individuals. There are those individuals who would return to church and be faithful to the church that they were attending before COVID 1/3. There would be 1/3 That would be somewhat loyal to the church that they'd been attending, but that they would also either be open to or practicing watching other services online as well. And then there was going to be 1/3 That would never come back. And I'm not so sure, that isn't, yeah, pretty accurate. Because if you think where we are right now, probably third more people if they were coming, and have us pretty close to the numbers that we had before COVID.

Only Mary did not specifically mention the political and social climate in the US during COVID. However she did recall a story of a man who shouted at her during a public meeting regarding her recommendation to have a drive thru Thanksgiving Dinner instead of having

people coming into the church building. At this same event there were one or two people who were helping serving who were resistant and at times refused to wear masks.

**Decision Making and Leading.** Knowing how to lead during this difficult polarized climate was a challenge each of the eight pastors had to face. Thomas shared leading during the global COVID 19 pandemic "was the hardest in his 29 years of ministry." Further saying it was the "hardest season of pastoral ministry, by far."

John reflected that at first it felt like decisions were made for them and that decisions were knee jerk. As the pandemic continued creativity moved in but had the added pressure of upholding the ever changing local and state guidelines and recommendations.

Andrew shared his struggle with leading and decision making in this way:

We didn't know what to expect. It just there was a lot of information coming out. You almost felt like you had to make decisions on a whim a lot of times. Because the information was constantly changing. Because obviously, it wasn't just us trying to make decisions based on what lack of information we have. But I know our, our governmental leaders were doing the same. And it was like kind of it was all fluid, right? And so be a little more challenging.

James said this:

everything changed dramatically. And so, everything about the church, and the way we do things changed instantly, and probably will never be the same. And so, pastors are grieving over many things, not just the loss of people, but the loss of ministry as they know it. And it's their understanding of okay, what, what does it mean to be the church in the midst of all this, and, and so you can't depend on anything that you knew beforehand. You lose all sense of stability and a sense of just how things are gonna work. Then there

is all the relational challenges that go along with that, of being disconnected from people and, and trying to stay connected in the midst of not having space to do that. And then, you know, when those when you lose those people that just has a profound effect on a pastor. And again, I didn't realize how much it was affecting me at the time. But, you know, you just keep trying to keep going and, and deal with it the best you can don't realize the cumulative effect it has on you until you look back on it, and how you processed everything.

Phillip shared his struggle in this way:

'It has added an element of fear to leading. Yeah, people are looking to you in the church, they're looking to you for guidance. I don't know how to guide them. I don't want to include my political views. Those are opinions. They're not facts. I have no idea what is going on and what the goal is. How do we lead as a pastor without, I certainly am not going to get up on a Sunday morning, right and publicize, that I am going to vote for so and so right? We don't do that. Because the church stands in the gap between the political left and right, we don't believe in a candidate, we believe in God. So in the same way, I don't want to get up there on Sunday morning and ever publicize something that is so politically charged one way or the other? Where it then marginalizes a group of people who are fearing this vaccine or feeling good about this vaccine or whatever. So how do you lead in the midst of that I have not figured that out.

Matthew shared this about his leadership and church:

I just was like, internally out of sorts. Because it didn't matter. You had to make a plan and a plan B and a Plan C, Plan D and it took forever. Yeah, that you may not even use. And that's all just to deal with the right now. And I think I think this is true leadership,

like all the time. But the relentless need to focused on the things that matter. Yeah, we are distracted people. And it is, I mean, you walk away for five minutes, and they're going the wrong direction. We got to get back and stay focused.

Later in the interview he expanded on another change in his church.

So when we came back in-person we came back with the new schedule, which was whichever hour you come, it's gonna be the same thing. And a lot of people did not like that. Yeah. So we had probably 80 or 90 folks that left to go find the church that did hymns. But it wasn't like they're all here, this week and then gone next, because they'd all been gone for a couple months, right? We were not having service at all, in-person. So that took a little bit of the sting out. But it's still.

So what it did do was enabled us to get much better aligned as a whole. So that when we came back, there was much a greater sense of there's one congregation here Not two that just happen to meet in the same building, we're all headed in the same direction. So that was, that was a benefit, I guess. I think also we, everybody had to rethink church. Right? In the conclusion that we the staff board leadership arrived at , is there are some things that that technology can assist with? Yeah, but it can never replace the person, the person in-person, being present. That really came kind of one of my deepest seated core conviction about the nature of what it means to be the church and the people of God. And that it's something that cannot happen permanently online.

## Theme 3: Weight of it all/feelings of hopelessness/helplessness

The weight of all that was going on was another theme that emerged in all the interviews.

The effects of the pandemic were felt not just in one area of life but in every area of life and by everyone in the nation and globe. There was no escape from it. This weighed heavy on each of

the pastors. This weight was felt differently and dealt with differently by the eight pastors but it was experienced by each of them.

John mentioned helplessness to describe the initial response to the pandemic. From there the emotions moved to overwhelmed and exhaustion. John described feelings of:

exhaustion that every decision cost, every move cost, everything you did have ramifications. Every decision that we made, we knew that people would fully support whichever direction we went and others would not and that could cost. Then in the middle of COVID, throw in some, just things that were happening through us nationally between racial injustice and turmoil to just unsettlement through the election to all the other things that are happening in our culture, our community and it is just it, everything now seemed to be more weighted than it ever had. And so, as you made those decisions, it was you had to think through not just the immediate, but also the long-term effects of how things would work.

### Simon Peter shared that:

I'm a Physical Touch kind of person. They call me the hugging pastor. That was so hard for a while the lack of physical contact and the lack of physical touch and I love being around people. I'm a people person. So that was hard on me. But probably the thing that's been hardest on me, is when I think about the folks that we lost, that we're angry, they've gone somewhere else, and they're fine. Yeah, there'll be good. The thing that's affected me most is the folks that we lost that weren't connected, super strong. And they're going nowhere. Yeah, and my heart breaks for them. And, you know, we can use we can use the pandemic as an excuse. Well, I'll catch it online. And they don't. And just my fear for them. Is they've just lost their place in the community

Andrew shared about the weight of it all in this way:

And then when we are doing things online and having to manage all that I mean (my wife) was working like 80 hours a week I mean it was just it was insane so I'm obviously wearing the weight of everything she's going through and it just it just the stress in the house was just was more. All throughout the summer we were just obviously having to weigh everything going on trying to keep up on where the situation and it is always changing. And just trying to keep up with all the changes.

He shared further: "it's just the weight of everything is just trying to do things the right way because you want to you want everybody to be protected and you want to protect your people."

James opened up that;

I've been doing way too much stuff that I shouldn't be. Part of it is, I feel it felt like there's a lot of things I couldn't do. Like visiting. Right. So I might as well, make myself useful and do some of these other things that are not really good at but somebody's got to do it, you know?

Later in the interview, in regards to the people who left the church John said:

I couldn't emotionally do what I needed to do to try to win them back. You know. I could have but I don't know if anything I could have done with words would have worked.

But still, I wonder if there are people in the church who are wondering, what are you doing to keep these people from leaving, you know, yeah, there's part of me that wonders if I didn't fight hard enough for some people, but I don't know if it would have made any difference.

Mary said "I think the overall feeling that people had was hopelessness and it was very prevalent."

**Hopefulness.** Four out of eight of the pastors also reflected on the theme of hope in the midst of hopelessness. Mary said that the leaned-on Christ the solid rock and Psalm 91.

Psalm 91, has been a verse that are a scripture that I have lived by for many, many years. No matter what the hardship difficulty, but it's my go to, you know, you are my rock are my refuge. You're my strong tower. I'm going to run to you and do it every time.

Thomas reflected that:

I see aspects of it as being an attack from the enemy. clearly demonstrates God's bigger no matter what anyone has tried to do to control the church. Yeah. They haven't been successful. And the message hasn't changed. We may have to frame it in different ways. God's always about doing something new anyhow, so. And I haven't always liked all the other phases of my life that I've gone through.

Simon Peter said something crucial:

One of the things I think is important too is I don't know that. I don't know that the God necessarily wants us to get back to where we were what if He wants something more, you know?

We've got to constantly find ways to adapt. And to change the way and change our mindsets on how we're going to do ministry, how we're going to reach people, how we're going to evangelize how we're going to disciple, that, that I think that where a lot of pastors and churches might be missing. They're trying to do things the same way they've

always done things, and we're in a new day and age. And so we've got to change how we reach people and present and disciple. Or else we're gonna miss an opportunity, right? Yeah, I think that's the most important thing that the gospel and the need to share the gospel has not changed. The need right disciple has not changed, but we've got to change how we're getting at it. Yeah. Or else we're gonna miss the boat.

John recounted as he worked on his concept map that:

Everything from local university levels, to even national, like, how are we going to stand? Who do we stand in? If we don't say anything? You know, what should we do? Should we make stances, should we deal with racial issues? So we had that growing in the middle of COVID. We were also realizing that that was months into everything that was coming in so that we had this inability to connect with people was starting to cost, though, wiping out ministry for a year, what we begin to sense is that many of the issues that we're facing as a culture probably could have been avoided if we could just band together and because we couldn't be together. There's a lot of optimism that came out of it, too. Then also the opportunity for church is we pivoted a bunch of ministries. And there's a lot of things that we've been able to develop, create, start new, we went to multiple services, various styles, we've created new ministries out of all the COVID stuff. By pivoting and becoming creative. We found new opportunities to do ministry. So there's been a lot of hopefulness.

Even amid the hurting, of the weight, during the unanswered questions they were able to see and articulate that God was doing something new, God was working, God was not defeated by COVID.

### Theme 4: Personal and Family Dynamics and Challenges

The make-up of the pastors' family was diverse. One pastor had a newborn and preschooler. Three had school aged children who had to do virtual school. One pastor had a child in college and the other child finished high school during the pandemic. Four had college aged and/or children who were grown some with families of their own. One pastor was married during the global COVID-19 pandemic, another had a son who was married during the pandemic.

Several of the pastors or someone in their family had COVID. Three experienced the death of a parent or sibling. Three of the pastors shared that their families now took on more responsibilities to help make the online service happen. Two of the pastors described positive outcomes for their families from the global COVID 19 pandemic.

John was one of the pastors who reported positive outcomes for his family due to the global COVID-19 pandemic.

I've heard a few people say it, so I'll say it too. We actually loved COVID we, you know, we know we had all this time together. We, we spent a lot of time bike riding, hiking in the woods, kayaking, canoeing and spending time together, my wife loved, loved Church Online. You know, we did a couple weeks where we prerecorded just because we had some difficulty with our stuff on the fly on Sunday morning. So it's prerecorded. So on Sunday morning, I didn't have to come to the church to do it. So we got up, we make a huge breakfast for family. We'd all sit around and PJ pants and eat a huge breakfast and watch the service together online sing together in our living room. We enjoyed it. We really did. And so, you know, there were the moments of just concern for you know, just what this could mean long term and of course, the safety of your family.

We enjoyed the time together. So it was good. I learned a lot about just, you know, life and each other, and all that. I don't know if I would want to go through that again. Yeah. But we, we actually, we did well.

Simon Peter brought up some mental health challenges and dynamics.

My wife and my daughter both suffer with mental health issues. My daughter is a big mental health advocate. My wife is as well. And so they were great with the shutdown. I don't know if it was the most healthy thing for them. But they loved it. You know, outside of that. Our family really just the absence of being able to be to do life as the norm.

Andrew's wife was working sometimes 80 or more hours a week. His children were learning virtually. The responsibility for his children's virtual learning fell to him. As well moving the service online. He stated that:

One of the things I know that I had to deal with right away is not only was that I was thinking about myself and pastoring the church but I had to think of my family, specifically my wife.

I was on we were obviously trying to balance the kids, schoolwork and all that, but of course, a big part of our life is this church.

My children and family did the music and we streamed from home. And so just all of the church responsibilities moving very much into the home.

James lost one of his parents during the pandemic.

the first thing that stands out to me that really shaped my experience was (parent) passed away in the middle of it. I was doing okay until that point. Yeah. And then it just kind of crashed and burned. It wasn't directly COVID but had an infection. I think they just

didn't get the care needed. They couldn't figure out what the infection was. Yeah, they were taken back and forth for rehab to the hospital so many times. And, of course, we couldn't see them the whole time. So in many ways, again, I feel I feel like I lost both during the pandemic. And so there's a lot of regret that I wasn't able to be there. As much as I should have been, when I could have you know, so part of that I know, I don't, I don't blame the church. But, you know, it's all my own decisions have. There was a short window of time where during the pandemic, where things were opening up in their city, where were my parents were open to us visiting at the house if we wanted to. But then it was like, maybe a week or two, and I didn't get there in time before they went in the hospital. So I was always regretting that I didn't take that window of opportunity. You know, I was too busy here or whatever, but sort of some of those kind of regrets that were part of that.

Phillip shared that the majority of his stress during the pandemic was personal not church related.

I think that during the pandemic, I think I was more concerned. I think the stress was not on the church, as much as it was my own personal life. You know, we're struggling with our own finances at the time. Having just moved and taken out of the house and our savings what we needed and then kind of put the rest into the house so we can't, you know, can't get to it, right. So finances were a concern, My wives job had just started so even personally speaking, this was that was a big deal to her but you had to build your own clientele.

I mean, we were just struggling to stay above the water.

To even remember it all, you really start to sit down and see financially, emotionally relationally we were struggling. And I would, I would say mentally I mean there wasn't any self-care is hard when everything is shut down.

Matthew also reported positive outcomes in his own family but he and his wife both worried about the effects on those families that were struggling or unhealthy prior to the pandemic.

So we both see some of the downside of families spending all their time together. Yeah, you know, the rate of domestic stuff and kids, you know, the abuse that was now unreported, because your teachers are frontline, typically for seeing that kind of stuff. So none of that affected me personally. It just was an observation of the families that were not healthy. It, it really exacerbated that right? In the families that were healthy, which I put ours in that category. It just strengthened. We enjoyed being together.

Thomas dealt with both a death of one father-in-law and a near death heart event in his own life. He reported that due to health concerns his in-laws have not been to in-person services since COVID began.

September of 2020. My in-laws both tested positive for COVID. Five days into it, my father-in-law developed a cough and congestion. And it got bad enough that he decided he needed to go to the emergency room. He did so and was admitted he had developed double pneumonia. At that particular time, my mother-in-law, nor anyone else was allowed to visit him during that era. Which to me was the coldest, has been the coldest hardest part of COVID. And as he got worse, he lost his appetite. When he lost his appetite. They asked if my mother-in-law wanted him to have a stomach tube so that can be fed through his stomach. Then he started getting confused because he had lost so much

weight and wasn't drinking enough and didn't have anybody there. I really recommend that he do the right things. They did arrange to have a daily Facebook or Zoom call right with my father-in-law. So he would be looking at us on a cell phone. Yeah, that was one of the nurses or the floor or whatever. And we would all be huddled around my iPad. And so we would be conversing with him that way. And then it would have been September the second of 2020 and the middle of the night. Even though he was restrained, he was able to lift his leg up high enough where he with his toes, he get a hold of the NG tube and he pulled it out. But it caused the food to aspirate into his lungs. They found him somewhat unresponsive. They figured out what had happened. And they called my mother-in-law early in the morning. They told us that he was too weak for us to do surgery on. We don't think he's gonna live. And so, then my sister and my wife said, well, can he be put on hospice and if he is, can we then see him? And I said yes, you can put him on hospice, because you can allow, we allow three up to three, well, that would be my mother, my wife but it can't change in once you come you have to stay for the duration can't leave and come back even. You had to be there. And they went in. And 36 hours later, he was gone. Now my wife will say that my father in law died of COVID. He didn't die of COVID, he died of double pneumonia and complications, because he pulled his NG Tube out.

This all happened in the Fall of 2020 then Thomas had his own medical complications. I had a tennis sized ball of clot in my right atrium. That's the catastrophic cardiac death. I also had four blood clots in my lungs, okay. Since I have a medical degree and taught physiology for three years when they came in to do the echocardiogram at the hospital, the gal had the screen pointed so that I could see it. She wasn't trying to let me see it. It's

just that I maneuvered myself so I could see it. Because I know something about it's kind of like an ultrasound for a baby. And she was moving the transponder around and I saw a couple of dark objects, you know, in my lung area, I know what those are. Then she got over my heart. And when she was over the right atrium, I saw this blob. And I, in my mind, I said, What is this? You know, that's not supposed to be there. Actually, it wasn't solid. It waved like a flag, okay, like this. And whenever the tricuspid valve would open between the atrium and the ventricle, it would flow down in, and then just before this closed, and come back up, when it came back up, it would ball up. And that's when the technician was able to take a picture, freeze it, because then I could tell her demeanor changed. Knowing what I knew, I thought, Uh, wow, they're gonna put me on hospice. And I'm going to go see Jesus. I wasn't anxious about it. I just had this incredible piece come over me. But she called cardiologist part of the cardiology group here. And she stayed online with a doctor and his doctor said okay, I am going to order a stat CAT scan of his heart and lungs. Your test is over. You know, stay tuned, right? So then they took me down the cath lab, and I had a CAT scan of my heart lungs, and that's where they found the exact locations of the clots in my lungs, and the clot in my heart. And you know, I'm still thinking, Well, you know, this is this is going to be my plan. They're going to come in the doctors are going to tell me well, we recommend that you go on hospice. You could do it at home, or you could do it here but you know, as soon as that breaks loose, because it was too large for them to dissolve. And the cardiologist came in and he said, Well, I don't know if you know this or not, but you have a very large clot. In your heart and you have four clots in your lungs and I said yes, I was aware of that. I saw it on the screen

I was aware that I had the one in my heart I wasn't aware that those four dark spots that I saw in my lungs were clots. Yeah, but now you've just confirmed that they were and I said the prognosis isn't very good isn't doc? And he said well no, not unless we do something and I said, Well what can be done? He said Well, we have this brand new technique. It's called Ultra thrombolytic extraction. And we can go in like a heart cath. And we can suck those clots out of your lungs and out of your heart. And he said, It's only been around a short while but three of our seven doctors are trained to do this procedure. And two of them are here today. They were both standing in my room. And he said the clots large enough in your heart, we want to tag team you were one of the doctors will be able to go in and grab a hold of it. To hold it in place. Why the other one works at sucking it out because they sucked it out in 20 some pieces and they couldn't let any of them go anywhere. It's not without risk. You could bleed to death, you know. The clot could break lose you already said you understand what would happen if that did. And even though we're here in the hospital, it would probably be massive enough that we wouldn't be able to get in there in time to save your life. So, you know, it's not without any risk. I said, but knowing what I know Dr. If we don't do anything, it's foregone conclusion. Right? He goes, Yeah. I said, Let's do the new procedure. Please. Yeah. And so we did the new procedure. That was done on a Monday afternoon. And Wednesday, at noon, I left the hospital. Wow. Wow. Out of ICU to home. Wow. So he signed the order. 30 minutes later I was. But I was on restriction. I was for two weeks on allowed to do anything."

Mary recounted struggling with knowing how to care for her aging parents and also the loss of her husband's sister during the pandemic. She recounted her struggles were with memories and events that were missed because of the global COVID-19 pandemic:

And then my youngest son had a baby then on January 21. Okay. And I'm not seen him yet. We FaceTime but I haven't seen him face to face and they won't allow me to come. Unless my husband would get the vaccine and he won't. Now my daughter has allowed us to see the kids with him doing so that that's much but I missed my grandsons adoption because of it because the courts wouldn't allow anyone in. And then the courts shut down everything it's a sad time, though, isn't it? I mean, like, they're, you stop and think about the all things that you did miss and you get down. But I'm thankful for technology that keeps us together.

# Theme 5: Support of District

Five out of eight pastors specifically referenced the support they received from their district leadership during the pandemic. In the beginning of the pandemic when there was so much unknown that having a weekly or monthly call with other pastors who were struggling with similar issues was very helpful. Several of the pastors mentioned the mandates and recommendations given by the district in the beginning of the pandemic. Simon Peter, who does have other pastors on staff with him, mentioned that he was grateful for the ZOOM calls especially for the solo pastors on his district.

Andrew reported that:

And in, in what I, what I appreciate about our district superintendent is he started meeting having this meet on a regular basis online. So we had our weekly zoom meetings. So that really helped me I was encouraging. But then as I started hearing their pastors talk and in hearing how they were processes and things and, and obviously, our conversations about

everything was going on was obviously filtering into our conversations pastors together.

A lot of conversations again, where do we, what are your guys' plans? Do you plan on coming back?

Phillip shared that:

So I don't know it's been it's been, it's been tricky. It's been a learning a learning curve, a learning process. For all of it. I don't even know what else I would say about it. We learned as we went, I relied heavily on (my District Superintendent), and just the churches around us, you know, the local minister's association. And so just hearing and questioning what they're doing. I didn't want to make my decisions based on what everybody else was doing.

Matthew said that:

So in those early days, we were pretty dependent on the district, on our local health department, the news, and our peers. So, one thing that wasn't an advantage, and I felt, I mean, my heart went out to the solo pastors. Yeah. Cuz I was, I'm working through this with a staff, You know, many hands make light work kind of idea was like, alright, well, we were confident we will be able to come to something that everybody was contributing to, which was very, very helpful. So we made the decision early on, like most everybody else to, to comply with the mandate to not meet in-person.

## **Summary**

This chapter has given a summary of the eight interviews that took place for the qualitative phenomenological study of Nazarene pastors and the effect of the global COVID-19 pandemic. The interview write ups were given allowing each of the pastors to describe their experience of living through and ministering during the global COVID-19 pandemic. Each

pastor was interviewed using the conceptual mapping task and their maps were described and pictures of each map were included. Reoccurring themes were then discussed and quotes from pastors were used liberally to continue to allow the pastors' voices to shine through.

#### **CHAPTER 5: CONCLUSION**

#### Overview

The previous chapter allowed eight Nazarene pastors to describe their experience of living through and ministering during the global COVID 19 pandemic. This chapter will focus on answering the research questions posed. Further, the researchers' voice will be heard by making observations, implications, and recommendations based on the research findings. Finally, limitations and delimitations of the present study will be discussed, along with recommendations for further research on the effect of the global COVID 19 pandemic on pastors.

## **Research Questions Answered**

Pastors were asked to take 15-20 minutes "to share your story of living through and pastoring during the global COVID-19 pandemic." Once they had completed that task, they were asked:, "How did the global COVID-19 pandemic affect your ministry, your church, your family?" After completing their map, the pastors were asked the following questions.

- What stands out to you as you are studying your map?"
- "What do you think is important for people to know and understand about how COVID-19 affected churches, pastors, and their families?"
- "What do you see as the most important things to know or understand about the experience of living through and ministering during the global COVID-19 pandemic?"
- "Is there anything else that you feel compelled to say from this whole experience?"

  The pastors' answers to these questions will be the information used to answer the research questions below. If a question was not clearly answered, further research recommendations will be made.

## R1 - How do Nazarene pastors describe the COVID-19 pandemic?

One pastor described the years of pastoring during COVID the hardest of his over 30 years in ministry. Several said they never wanted to go through that time again. Pastors described the no-win situation they often found themselves in. Pastors mentioned feeling as if every decision stood the chance of alienating or angering someone or several people. Navigating the constantly changing recommendations, waves, and requirements on the national, state, district, and local levels was exhausting and confusing. Knowing when and how to reopen churches was a confusing and stressful decision. In addition, no matter what was decided, each decision seemed to leave some offended.

Solo senior pastors, who are generally pastors of smaller churches, or pastors with no other paid staff, navigated the COVID pandemic mainly on their own. However, pastors in one district in Ohio had the support of the district through weekly and monthly Zoom calls with other pastors on the district. This was described as beneficial by several of the pastors interviewed. This segment of pastors also described the added stress of moving their services online and the pastoral family shouldering most of that responsibility. Two pastors talked about their children being involved in filming, editing, or they were involved in helping to provide music for the Sunday morning service. For several of the pastors interviewed, the COVID-19 Pandemic shutdown was the first time their services had been online. So, they had to learn how to stream online; some used Zoom, others Facebook Live, and YouTube. Pastors who were not comfortable with technology suddenly had to become experts. Some pastors streamed the services from their homes, while others tried to recreate the service to an empty sanctuary. The responsibility largely fell on the senior pastor in the case of the solo senior pastors to plan, perform, record, and upload the service each week. What were pastors to do when COVID

restrictions did not allow people to gather to do a worship service or even to practice and prepare? Some pastors also did weekly online devotionals, prayer meetings, board meetings, and Sunday School gatherings. One pastor voiced that there was so much that he could not do (visiting the sick, going to the hospitals, etc.) that he felt he needed to take on some of the other responsibilities to make up for what he was not doing in other areas.

However, several pastors highlighted that even once restrictions started lifting and gathering in-person was allowed, a large segment of the congregation did not return. In some cases, those that did not return were leaders of key ministries in their congregation, such as children, youth, or worship. Again, the pastor who had already been taking on extra responsibilities felt the pressure to take on more or for his/her family to take on more so that church could continue to meet in-person.

Pastors also had to navigate how to offer pastoral care when the traditional models of offering such care were restricted. Hospital visits, home visits, and nursing visits were not allowed for a time, and some are still not allowed at the time of this writing. Phone calls, video devotionals, Zoom calls, drive-by celebrations, and porch drop-offs became the new ways to offer pastoral care. This was difficult for pastors to navigate, especially those who gained energy from being with others and interacting in-person with other people.

These responses and findings support existing research highlighted in Chapter 2. Cho (2021), Pearson (2020), and Pillay (2020) both found in their research that COVID-19 forced the church to examine and evaluate how the church was understood and conducted. Pressure on pastors was high to respond to the demands of the church body and the ever-changing recommendations, restrictions, and mandates. Pastors and churches had to modify long-held traditions, rituals, and sacraments through technology, drive-by celebrations, and porch drop-offs

(Imber-Black, 2020). Further, interviewed pastors mentioned the blurred lines created when their homes became the place where services were streamed from, as highlighted by Bryson et al. (2020). Their research also touched on another issue that several pastors highlighted, namely learning, even becoming forced experts in technology previously unfamiliar to them or unused by them.

## R2 - How do Nazarene pastors describe their church during the COVID-19 pandemic?

Overall, pastors described their churches and church boards as supportive. Although in describing their experience of pastoring during the global COVID 19 pandemic, several pastors highlighted instances where individuals or groups of individuals left the church because they disagreed on how COVID restrictions were followed. One pastor described a situation where a parishioner left the church angry and disappeared for a year. Then he reappeared in the pastor's office demanding a religious exemption letter for the vaccine. The parishioner left angry once again without the requested letter.

Another pastor described feelings of frustration and anger because of the number of people leaving his church. He commented that it felt like a snowball effect and did not know how to stop bleeding. Another pastor shared that he lost 80 people when services styles were joined, and a segment of the church was not happy with the change. Still, another pastor told a story of a man loudly and publicly questioning her decision on how to serve the community thanksgiving dinner. The youngest pastor interviewed felt the overwhelming weight of the church looking to him to know how the pandemic as a church and he struggled with it.

These experiences and the pastors' statements lead the researcher to believe that there was a segment of the church that was unsupportive and even argumentative. Mix in all the other polarizing topics in the United States, and there was a recipe for conflict and drama. Overall, the

pastors interviewed said they tried not to give opinions from the pulpit or in their role as pastors during the pandemic. One spoke specifically of becoming more of a liturgical pastor during the global COVID-19 pandemic.

Even though there was a segment of the church that was negative, largely churches seemed to be supportive and thankful for the ministry of the pastor and church. This support and thankfulness did not always translate into parishioners' investment of time and talents to the church and its ministries. Pastors who pushed about becoming involved were sometimes met with reasons dealing with COVID, others received no response, and in some cases, the person disappeared from church altogether. This left pastors hesitant and unsure how to encourage involvement and unsure how to delegate the responsibilities required to do the ministries of the church.

Again, these responses by the eight Nazarene pastors interviewed highlight findings in the existing literature. A pastor's role is not set in stone; however, it was vastly changed by the global COVID-19 pandemic. Further, some saw leading through the COVID-19 pandemic as the ultimate test of leadership (Dirani et al., 2020; Kaslow et al., 2020).

# R3 - How do Nazarene pastors describe their personal experiences during the COVID-19 pandemic?

The pastors' descriptions support the findings of existing research; however, the beauty of the qualitative phenomenological research and CMT use is that the pastors were allowed to tell their stories, not merely complete a series of questions. The changes in how the pastoral role is understood and practiced could potentially cause moral injury, burnout, and secondary trauma (Greene et al., 2020). While the researcher is not a mental health professional, it is her opinion that at least the beginnings of burnout and moral injury were evident in at least three of the

pastors interviewed. Pastors interviewed supported the Barna research findings in their reports of feeling overwhelmed (Barna Group, n.d.), as well in their feelings of being overwhelmed in understanding how to be a pastor during the pandemic with its changing restrictions (Bryson et al., 2020; Drummond & Carey, 2020; Peacock, 2020).

Other pastors described feelings of being or reported being overwhelmed, stressed, anxious, depressed, and even disconnected. Pastor's stress levels prior to the pandemic were already high (Barna Group, n.d.). During the pandemic, where there was no playbook and no history to fall back on, recommendations and restrictions were changing. Opinions divided family, friends, and congregations; pastors were met with no-win situations, isolation, death, and having to do pastoral care with little to no in-person contact. Several pastors described this time as hard, another reported never wanting to go through again, and one said it was the hardest of his over 30 years in ministry.

Several pastors reported contracting COVID themselves, while others had family members, including aging parents who contracted the virus. In three cases, COVID started a chain of events in a pastor's parent, parent-in-law, or sibling-in-law that led to/caused their death. Several reported not being able to spend as much time with those dying because of COVID restrictions. Weddings, funerals, adoptions, graduations, vacations, and other once-in-a-lifetime celebrations had to be rescheduled, modified, or canceled due to the COVID pandemic and its restrictions. While pastors reported adapting to these changes, it seemed clear to the researcher that this came at an emotional cost. It seemed from interviews that happened in October, November, and December of 2021 that there was still grieving occurring or that needed to occur. It was not always clear if the pastor was aware of the weight of all that he or she had lived through and then needed to process and grieve what happened.

Three of the pastors reported their families enjoying the season of lockdown, meaning that the time together allowed them to have more family time than they would have if life had continued as it was prior to March of 2020. One pastor lost weight and focused on his physical and mental health in the months after the COVID-19 pandemic started. He attributed his recovery from COVID to his weight loss.

# R4 - How do Nazarene pastors describe their mental health wellness during the COVID-19 pandemic?

This question was not explicitly addressed in the answers given. The researcher should have asked a more pointed question about the pastors' health. In a couple of interviews, mental health was discussed. One pastor opened that he was struggling with depression even at the time of the interview. He mentioned that he was considering seeking counseling help. All pastors admitted in one way or another that pastoring during and living through the global COVID-19 pandemic was hard, heavy, difficult, a struggle, and at times hopeless. One pastor admitted that it was the hardest year of his ministry career. Another minister said he would never want to live through again. Two ministers were still struggling with the effects of COVID and everything that happened because of it, both in their church and in their personal life.

The lack of a clear answer to this question is not because it was not explicitly asked. As has already been highlighted, Greene et al. (2020) found that moral injury is an area that needs to be studied in pastors and religious leaders, even more so regarding the global COVID-19 pandemic. Drummond and Carey (2020) state that research needs to be conducted to know if spiritual care needs were met during the pandemic. The researcher believes this is true of spiritual care needs and mental health needs for both the parishioners and pastors. The researcher believes that spiritual and mental health assessments or check-ins would be a helpful

practice to implement not only in the Church of the Nazarene but also in other Christian denominations and organizations.

#### **Observations and Implications**

The researcher has an undergraduate degree and a graduate degree in ministry from two different Nazarene institutions. Theologically, the researcher feels well trained and equipped for preaching and teaching. Practically the researcher was trained about things like holding a church board meeting, planning for the church year, even managing conflict and pastoral counseling. However, there is little to no training, nor to the researcher's knowledge, does much training exist to equip pastors specifically on pastoring and living during a global pandemic. This is not a problem only in the Nazarene denomination but seems to be widespread in the Christian church and other occupations (Aten et al., 2020).

#### Theoretical

The global COVID-19 pandemic is still ongoing. At the time of this writing, three years have passed since COVID was first discovered. The ongoing nature of the pandemic has many lasting implications, including there has not yet emerged a theoretical framework to examine the pandemic's effects on pastors. The researcher used the lenses and understandings of hope theory and resilience theory to attempt to give a framework to understand and study eight Nazarene pastors' descriptions of living through and ministering during the global COVID-19 pandemic. A few of the interviews mentioned the presence and reality of hope and hopefulness. Resilience was not explicitly mentioned, but it was present in most pastors' descriptions.

**Hope.** According to Germann et al. (2015), as discussed in the literature review, hope's presence influences how stressors are understood and coped with. Feldman et al. (2009) pointed out that hope is not a feeling or reality but a reflection of how something is perceived. Hope is

understood in a cognitive and motivational way by Counted et al. (2020) and Snyder (2000). Counted et al. (2020) highlighted the difficulties that arose during COVID-19 that may seem hopeless, however, hope can also be a motivating factor in persevering through those difficulties. The researcher observed this to be true in the stories of the pastors interviewed. Hope allowed the pastors to make the needed changes, navigate the tricky decisions and conversations, and lead during the global COVID-19 pandemic. One pastor shared, "We may have to frame it in different ways. God's always about doing something new anyhow, so. And I haven't always liked all the other phases of my life that I've gone through." Another pastor asked the question: "One of the things I think is important too is I don't know that. I don't know that God necessarily wants us to get back to where we were. What if you want something more, you know?"

The researcher believes this ability to see the past and future during the present is hard but essential to be hopeful. A third pastor alluded to this when he shared:

And there's a lot of things that we've been able to develop, create, start new, we went to multiple services, various styles, we've created new ministries out of all the COVID stuff, by pivoting and becoming creative. We found new opportunities to do ministry. So there's been a lot of hopefulness.

Christian hope has little to do with the current circumstances. It has everything to do with where hope is placed. Hope for Christians is placed in Christ and the reassurance that He has already overcome anything and everything that has or will happen (John 16:33).

**Resilience**. The global COVID-19 pandemic was an unknown crisis that pastors had to walk through in their personal lives and their ministries. Park et al. (2021) defines *resilience* as the "ability to maintain adaptive functioning in response to the ongoing, chronic stress of daily living" (p. 1). It is also understood as going through difficult times as were present during the

global COVID-19 pandemic and recovering them, adapting to them, and accessing hope during the difficult times (Aten & Boan, 2016; Boss, 2006; Park et al., 2021). Mental health wellness is connected to strong resilience (Rutter, 2006). The researcher also sees evidence of this in the interviewed pastors. Pastors who were willing and looking for ways to adapt, pivot, and change during the global COVID-19 pandemic had a more positive outlook and reported being less overwhelmed. On the other hand, pastors who were merely responding, trying to keep up, trying to stay above water shared feelings of being overwhelmed and stressed in their descriptions of living through and ministering during the global COVID-19 pandemic.

One pastor summed this up well when he said:

We've got to constantly find ways to adapt, yeah. And to change the way and change our mindsets on how we're going to do ministry, how we're going to reach people, how we're going to evangelize how we're going to disciple, that, that I think that is where a lot of pastors and churches might be missing it. If they're trying to do things the same way. They've always done things, and we're in a new day and age. And so we've got, we've got to change how we reach and present and disciple. Yeah. Or else we're gonna miss an opportunity, right?

CORE longings. Wardle (2015) proposes that each person has core longings or deep longings that affect one's decisions and define oneself. According to Wardle, the core longings are: to be loved, secure, significant, accepted, understood, and have a purpose. Pastors are not immune to these longings and desires. Pastors are humans who have needs, desires, insecurities, temptations, longings just like any other person.

Amid the global COVID-19 pandemic, one wonders if pastors struggled with several of Wardle's core longings directly resulting from the global COVID-19 pandemic. For pastors, like

everyone else, the world stopped, and everything changed because of COVID-19. The sense of normal disappeared, and with it, the sense of security. This was not just true of pastors but of everyone, including pastors' families, board members, other pastors on staff, members of the church, and the community. However, in this case, the pastor did not have any answers or advice on when things would return to normal. The pastoral ministry also changed drastically during the pandemic, and pastoral care and ministry were no longer provided in the same manner. It caused pastors to wonder if they were a part of something significant and had any purpose.

The pastors interviewed longed for people to understand that they are people too. Pastors wanted people to understand that they weighed every decision, knowing that each decision would anger some and offend others. Another person shared with a voice broken with emotion that he still grieved and prayed over each person who was no longer coming to his church. Pastors wanted people to understand that the global COVID-19 pandemic affected them too. To allow the interviewed pastors to be heard and understood, the researcher felt it was essential to allow the pastors to be heard regarding the question, "What is the most important for people to know and understand about how COVID affected churches, pastors, and their families?" The researcher invites the reader to hear the pastors' responses and understand what they experienced.

John answered it this way:

I think probably the most how it affected everybody is affected everything. I think that most people I think get it. But I think it's the part of the effect that every part of you. You've always led has always you in we seen this when you see it. But you know, everything was led in the local church into Sunday morning service that was taken away.

Well, if you didn't have a Sunday morning service, then it was in the community and the gathering that was taken away. So then you had all these pieces that were just taken away. So you had to, you had to change in and pivot and all that. And the same side was you couldn't escape it, because even in your own personal life, you were trying to lead your family and your family and now had vacations canceled and kids with sports canceled and activities canceled and everything that they wanted, that was all it was gone. And there were certainly through that. So there's just there's every aspect of life was affected in some way. So I think that's what led to the continual struggle and exhaustion of it over and over again. So I think the probably the important takeaway, the important thing to realize was, it affected everything. Everything was just this dark cloud that was, it was honest, and so many things. But if we If we can overcome this, we can overcome anything.

#### Simon Peter said this:

I think that the biggest thing for people to know is pastors and leadership are doing the best they can to lead and to keep people safe and to do the right things. And not that we always get it right. But you know, leadership in general. Whatever that leader is, whatever they're doing, I think that they're, they're trying. Right. And that's why this is sad. I want to, I want them to understand that, you know, just because I didn't agree with your heavy political stance, right. But I think it's also important to realize and recognize we're not done. That something needs to be built.

Also, we've got to constantly find ways to adapt, yeah. And to change the way and change our mindsets on how we're going to do ministry, how we're going to reach people, how we're going to evangelize how we're going to disciple, that, that I think that

where a lot of pastors and churches might be missing it is they're trying to do things the same way. They've always done things, and we're in a new day and age jump. And so we've got, we've got to change how we reach and present and disciple. Yeah. Or else we're gonna miss an opportunity, right? Great book I took my staff and some of my leadership through was *Canoeing the Mountains*. That's a great book for understanding how we're how we're going to adapt to what has been placed in front of us. Yeah, I think that's the most important thing that the gospel and the need to share the gospel has not changed. The need to disciple has not changed, but we've got to change how we're getting at it or else we're gonna miss the boat.

## Andrew responded in this way:

There's a lot of wrestling with how to do it, how to deal with it all and how to handle it all. That it's not as it's not as easy as it might appear, not like going on you know, a church puts out a statement or recognizes what we have to do it's not something we just came by on a whim that many pastors struggle and wrestle with the way in the personal side of it all and how it affects everybody obviously we have pastors it's not it's impossible come to this not getting hurt, right? Because just the culture dynamic right now everything has become so personal. Yeah, personal attacks. It's just pastors are trying to navigate the kingdom road and everybody makes everything it seems like things are always made personal, right? It's always this either-or. And that adds to the weight. Because obviously, we're trying to be peacemakers and there's a lot about what's going on is paying down It's not peaceful, right? And then trying to help others become peaceful.

## James had this to say:

Everything changed dramatically. And so everything about the church, and the way we do things changed instantly, and probably will never be the same. And so pastors are grieving over many things, not just the loss of people, but the loss of ministry as they know it. Yeah. And it's their understanding of okay, what, what does it mean to be the church in the midst of all this, and, and so you can't depend on anything that you knew beforehand. It's like, you're, you lose all sense of stability and a sense of just how things are gonna work. And all the relational challenges that go along with that, of being disconnected from people and, and trying to stay connected in the midst of not having evidence to do that. And then, you know, when those when you lose those people that just has a profound effect on a pastor. And again, I didn't realize how much it was affecting me at the time. But, you know, you just keep trying to keep going and, and deal with it the best you can don't realize the cumulative effect it has on you until you look back on it, and how you processed everything. Most important that's probably the emotional toll pastor just all the dynamics, the relational dynamics, and just processing that emotionally, and that I think that's the biggest, the biggest thing for me is no way to put that into words of what that experience did to me. Nothing prepares you for what it's kind of take to lead a church through that.

## Phillip shared:

I think we learn and are taught, take care of yourself, make sure that you're not going to burn out, COVID threw all of that out the window, right? It was like it was just a free for all you have to do this, and it has got to work, make it work. And so where I would normally know and recognize I'm burning out and do something about it, there wasn't any do something about it, right? There was all the time in the world. It wasn't a time I

had all the time in the world to do something about it, but I didn't have the resources. It just never worked out. It seemed like it for whatever reason, maybe some of it was my own fault. But it seemed like none of it worked out and finances were very tricky. And so there wasn't any take care of us. They're also obviously was no taking care of my wife. So I would say that spouses just even looking at this... spouses may be worse than the pastor because the pastor's attention all goes to the church and just trying to survive himself or herself. And then the spouse just you figure it out like yeah, get through it. I mean I'm definitely struggling with depression which you look across this is an outline of that shows like there's no there's no self-care on here at all. There's just Yeah, dog eat dog.

You know, I regret not going to other pastors who were literally in the same boat that I was treading the waters and having no idea if they're doing what is right so we got together for district meetings through zoom but there was like I we could have easily gotten together for an in-person. Yeah, you know, what, how are you feeling? What are you doing? And we didn't do that. I didn't do that. I'm sure others did. But so maybe just a support system. We could have out of out of everything that could that died in a support system, everything else that could have that that took a turn tanked whatever we could have at least had the pastors be together and be able to feel these emotions and all of this together because they would have been the pastors, other pastors would have been the first people to understand exactly what this looks like. Yeah. You know, going through the exact same things.

Matthew said that COVID

...affected churches, a lot like they had to deal with in the New Testament when they had to keep coming back to who are in, what are we about? So whether it's like, Paul in Ephesus, and they're like, Well, we're Jews, we're Gentile. No, you're missing it. So I think it gives the church a great opportunity to reiterate identity. That's not red, blue. Right? In the churches that they weren't aren't careful, can become all one or the other, and make what unites us political or medical or other things instead of the gospel. Yeah. So it would hurt my heart if we only had people that thought the same way about these issues. Yeah, that we're still here. Right. I think it's a healthy thing when people can disagree on some of the COVID stuff, and still be united on what it means to be a follower of Jesus. And I think what people know about that pastors did not get into what we do to lead people through a worldwide chaos. Yeah. We got into it to lead people to a relationship with Jesus. Now, that's always meant getting in the mess. Also, if we get our source of strength, or affirmation, or worth, from anyone or anything, but God will never make it. Amen.

## Thomas responded that:

I see aspects of it as being an attack from the enemy. Clearly demonstrates God's bigger no matter what anyone has tried to do to control the church. Yeah. They haven't been successful. And the message hasn't changed. We may have to frame it different ways. Yeah. You know, God's always about doing something new anyhow, so. And I haven't always liked all the other phases of my life that I've gone through. It's when you are confronted with a challenge, I can issue whatever to read to realize the truth of His Word. And James it says if you lack wisdom, you can seek it. And that he isn't ever going to leave us or forsake us. Right. So, if that's if those two premises are true, then let's find

his way out get in it, type of thing. Yeah. I've said all along it's fresh faith. My whole purpose is to get out of God's way. Yeah. He's got a reason to want a strong holiness presence more than I do. He loves my kids more than I, he loves my wife more than I do. And all those things. If I'm going to be true to who I believe He created me to be, I've got to constantly be seeking. What's next? Right? Obviously, we haven't reached everybody for Christ, or he would have returned all gifts. That we wouldn't have to do. Because there's gonna be a day when there's no heartache. There is no pain, no tears. Just the concept of being in his presence is almost overwhelming.

## Mary said:

I think it's important for people to, to know that pastors are real people. Yeah. And that we feel we have feelings like they do. And, you know, we're no different than people who are sitting in our pews. Yeah. We may view things differently, or we may have the strength to the foundation. Right, right to stand on. That is faith-based, more so than other people might. Yeah. But also, we just have I don't know wait, there's more. Coming together with Christ in the center is the key, I believe, to all that we do and all that we go through and every experience that we have, yeah, good or bad doesn't matter.

Pastors like everyone long to be loved, feel secure, be accepted, be a part of something significant, have a purpose, and be heard and understood. They walked a complex and unknown path as they navigated through the weeks that became months that turned into years of the global COVID-19 pandemic. During those times pastors experienced a loss of security, loss of purpose, loss of a sense of significance, felt misunderstood, and rejected. However, they were still expected to lead their church, to do pastoral care somehow, navigate decision making in charged

and polarizing times, preach meaningful sermons, and in some cases, lead worship from their home. The global COVID-19 pandemic was an overwhelming, stressful, heavy time for pastors.

#### **Recommendations by the Researcher**

The researcher would like to write directly to pastors at this time. This study allowed pastors to describe their experience living through and ministering during the global COVID-19 pandemic. So, it is appropriate to focus on making most of the recommendations based on the research to pastors. Some recommendations are also made to church boards and denominational leaders.

## **Recommendations by the Researcher to Pastors**

Pastors, it is worth considering taking some time to reflect on everything that has happened since the beginning of the global COVID-19 pandemic—consider making a list or even creating a "concept map" of the experience of living through and ministering during the global COVID-19 pandemic. Seeing the whole picture will help to understand and process all that happened, both good and bad, in both the personal and ministry realm.

Pastors, take some time away and list all the losses and changes in your church since March of 2020. List all the ministries that had to be stopped be changed, or revamped, list all the members, leaders, and attendees who have left because they did not agree on the church's stance or the pastor's stance on an issue and those who just never came back after the shutdown. Take some time and list all those who have not returned to the church or stepped away from leadership. Think about all the ways the global COVID-19 pandemic has changed your patterns, routines, and way of doing ministry. Think about the number of Zoom meetings you have had and the number of visits that have been replaced with phone calls. Reflect on how pastoral care was so vastly different during the time of social distancing and limited in-person contact.

Remember the weight and the difficulty of all the decisions that had to be made in closing the church. Remember the weight and controversy of the decision to reopen and the questions surrounding that decision (when, how, with what restrictions). Take some time to reflect on the members and attendees who passed away during the pandemic from COVID-19, from cancer, from accidents, and how COVID changed the way that person was celebrated and mourned. Do not forget to take some time to think about and reflect on the positive changes during this time. Maybe the pandemic forced the church to make some needed changes. Maybe it caused a reevaluation of ministries and activities that has strengthened the church. Did the pandemic cause you to move to an online platform? Before the pandemic, that move may have been considered, but the needed steps were not taken.

Now take some time and list all the losses and changes in your personal life and family. List the vacations that were postponed then canceled. The once-in-a-lifetime celebrations were altered, canceled, or postponed (some to be later canceled). Reflect on the traditions that had to be revamped, the holidays that had to be celebrated differently. Think about the stress of caring for your family and caring for your church, with rules and recommendations that kept changing. Think about the hours and the stress of trying to manage work Zoom meetings, remote learning, and the demands of your spouse's job. Think about the family members, friends, loved ones who passed away during this time. Think about the friendships and relationships that were once significant that have become distant and strained because of the lack of time spent together. Or because of differing views on the pandemic, politics, social justice, or issues in the church.

Again, in the personal realm, it is essential to remember and reflect on the positive changes and events that may have happened since March of 2020. Did the pandemic help family relationships and interactions? Did the sudden stop of all activities allow more family time and

new traditions to be developed? The change in routines may have allowed for better and more meaningful connection with the pastor's spouse and children. The pandemic may have forced mental, emotional, spiritual, and physical health to a new level of importance and allowed time and space to develop better routines and habits. Reflect on and list the positive events, changes, and outcomes that have developed since March of 2020.

Now that a list exists of all that transpired in the pastor's ministry and personal life since the beginning of the global COVID 19 pandemic take a step back and reflect on everything that happened. Pastor, consider some questions as the list of all that transpired is examined. What things still need to be processed, what has not been fully mourned or celebrated? Where was God present in the journey, in the hard and the ugly? What changes need to be made going forward? Is there someone that the pastor can reach out to, that would be able to help in processing all that happened? Is there a trusted colleague, mentor, or counselor that could listen and, if needed/wanted give insight? Does the pastor see elements of hope and resilience in the midst of the hard and difficult months living through and ministering during COVID?

In her experience in various levels of leadership in the Church of the Nazarene in numerous different districts and countries, the researcher believes that the person in ministry must be their own advocate. The church, in most cases, will allow the minister/pastor to take on whatever they are willing to take on. Only the minister/pastor knows their limits, the other things demanding their time, resources, and the emotional toll they are under. Just because something is not being done is not a good reason for the pastor to take it on. Just because the pastor took it on it during the pandemic does not mean that the pastor must continue to do it. Just because there is no one else to do it does not mean that the pastor must do it. Sometimes, if the pastor immediately steps in, it does not allow others in the congregation to step up. In other

cases, no one from the church may step forward, and at that point, an honest conversation with the church board or deciding body about expectations and demands may need to happen.

1 Corinthians 12:12-27 reminds us that we are all parts of one body. It does not say that the pastor needs to be functioning as multiple parts of the body. The pastor is ONE part of the body; others must also do their part for the body to function correctly. The pastor's responsibility is to care for their own mental, emotional, physical, spiritual, and relationship health. Just like preparing for Sunday morning is a priority, make it a priority. In the researcher's experience, making these aspects, a priority may take more time in a week but ultimately allow for a longer time in ministry as a whole.

Pastor, according to the fellow pastors interviewed, living through and ministering during the global COVID-19 pandemic was the most challenging season of ministry in over 25 years in ministry; it was an experience that is not desired to be repeated; it was compared to drowning, it was described as horrible and excruciating. Pastor, take time and allow space to stop and realize the weight of what has been experienced and reflect on the best path forward. Pastor, God has not forgotten. God is still walking with His children and leading them. Stop and listen to Him. Allow Him to heal, direct, and give hope and strength for tomorrow's challenges and victories. Consider the question of what new thing might God be doing; how can the church be a part of it? COVID-19 did not change the larger mission of the church. It just changed how it is carried out.

# Recommendations by the Researcher to Churches and Church Boards

Churches and church boards, the pastor leading the church is human. She or he has a family, personal feelings, and personal stressors outside of their ministry life. Please remember that a pastor was experiencing the pandemic as well. Their children were also doing online learning. Their spouses were also trying to work from home. During the last two years, some

pastors lost parents, friends, and loved ones to COVID-19, cancer, etc. Pastors had to grieve the loss of normalcy as well. Plans were changed, jobs lost, vacations, and once-in-a-lifetime events were canceled for those in ministry. Yet, pastors were still expected to lead the congregation spiritually, give pastoral care, make decisions, give vision and direction even in the midst of so the unknown and rapidly changing situations. Give them grace. Not everyone will agree with every decision, but grace can be given, and conversations can be respectful even in the midst of disagreement.

Please set realistic expectations for the pastor. Do not expect them to do everything for service, still attend to every pastoral care need, and deliver life-changing sermons every Sunday. Church boards should have written and discussed the expectations of the pastor. If this is not already set up, it needs to be done immediately; do not wait until a pastoral transition happens. This was true prior to the pandemic and is even more true now that the ministry has changed drastically. Ask the pastor how the board can be helpful, ask how the board can serve alongside him or her.

#### Recommendations by the Researcher to Denominational Leaders

Leaders of pastors, over and over again, the pastors interviewed highlighted how helpful it was to join together with other pastors through Zoom to discuss, compare, ask advice, and pray over everything that was going on in their churches during the pandemic. Make space for that. Not every pastor is going to participate but give that space to those who do participate and those who show up. District and denomination-wide mandates are tricky. Talk to those who are on the ground, those who are being those who are being affected in the trenches, and find out what is going on and what would be helpful.

Research also showed that solo senior pastors struggled the most during the pandemic. Check in on the solo pastors to see how they are doing spiritually, mentally, emotionally, physically, and in their ministries. If it does not already exist, consider developing avenues for pastors in the same area to connect together. Also, consider developing mentor programs for pastors who may be interested. Again, not everyone will participate, but it could go a long way for those that will. Provide opportunities for training and equipping for pastors at all levels of ministry. Also, if possible, provide opportunities for fellowship and fun together. Strongly encourage pastors and church boards to discuss pastoral expectations. Provide avenues to encourage pastors to rest, spend time with their families, and take care of their physical, mental, emotional, and spiritual health.

#### **Limitations and Delimitations**

The purpose of this qualitative phenomenological study was to allow pastors to describe their experience of living through and ministering during the global COVID-19 pandemic. Due to the nature of the research chosen for this study, there were several limitations. These include limited study size, limited to a specific type of pastor who had been employed a certain amount of time, limited by the distance from the researcher. The study size was limited because needed data saturation was reached by interviewing eight pastors. Further, the study was limited to ordained Nazarene pastors who were senior or lead pastors. The pastor had to be in their role since January of 2020 to describe their experience of living through and ministering during the global COVID-19 pandemic at one church (Berry, 2020; King, 2013).

The researcher used the Concept Mapping Task to conduct the interview. Interviews were done in-person because of the tasks that needed to happen in the interview. Therefore, the

study was further limited by distance from the researcher. All pastors were in the state of Ohio. All but one pastor was male, with four in the 40-50 age range.

#### **Recommendations for Further Research**

This phenomenological study was small, with only eight pastors interviewed. It was also restrictive in that it only looked at ordained Nazarene senior pastors who had been at their current church since January of 2020, residing in the state of Ohio within a reasonable driving distance of the researcher. The pastors interviewed were all Caucasian; seven of eight were male. There was no one interviewed in their 30's or over 70. Only one pastor was in his 20's. This is a minuscule segment of pastors who lived and ministered during the global COVID-19 pandemic. Pastors in the ordination process need to be interviewed. Pastors who quit pastoring during the pandemic need to be studied. Pastors who moved churches during the pandemic need to be studied.

Pastors of color were not interviewed, and only one female pastor was interviewed. In addition, associate pastors, children's, youth, worship, and other non-senior pastoral roles were not a part of the scope of this study. This minister segment needs to be allowed to tell their stories as they were also affected by the global COVID 19 pandemic.

Pastors interviewed were pastoring in rural or suburban settings. Studying pastors in urban settings is essential as there will likely be other elements that will come to light that were not at play for pastors in suburban and rural areas. Restrictions were longer and stricter in larger urban areas; opinions were likely more divided.

Pastors outside the Nazarene church need to be interviewed to have a complete picture of how pastors in the universal church would describe their experience of living through and

ministering during the global COVID-19 pandemic. Also, the key to a universal picture would include interviewing pastors outside of Ohio and outside of the United States of America.

Studies should be conducted explicitly asking about pastors' mental health during the pandemic. Also, studies to understand what tools, training, and or support was or would have helped live through and minister during the global COVID-19 pandemic. There is an indication that this is not the last global pandemic. Therefore, it will be essential to learn crucial lessons from this pandemic so that better training, resourcing, and support can happen in continuing this pandemic and those to come (Holmes et al., 2020).

Finally, the ongoing nature of the global COVID-19 pandemic means that it is not complete. Due to the ongoing nature of the pandemic, there is a lack of research on effects of the entire pandemic on all aspects of life and work, pastors and churches included. Once the pandemic is considered over, further research should be done to understood how the whole pandemic affected pastors and their families.

#### Summary

This phenomenological qualitative research sought to allow pastors to describe their experience of living through and ministering during the global COVID-19 pandemic. Eight Nazarene pastors were interviewed using CMT to organize their stories. Pastors described the experience as overwhelming, stressful, complicated, but there were also elements of hope and resilience. Pastors reiterated that COVID did not change the church's mission; the how may have changed but not the what. The question posed by one pastor is essential: what if God wants to do something new.

The global COVID-19 pandemic is not over yet, and scientists indicate that other pandemics are on the horizon. The lessons learned from this pandemic will shape how the

church handles the pandemics to come. The words of the pastors interviewed tell of the need to set realistic expectations, give space for rest, and care for the mental, physical, emotional, and spiritual health of pastors. Further support from other pastors and denominational leadership is critical in navigating the troubled waters of a pandemic.

#### References

- AJMC Staff. (2021, January 1). *A timeline of COVID-19 developments in 2020*. AJMC. <a href="https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020">https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020</a>
- Annual Church Statistical Reports 2020.pdf. (2020). Nazarene.Org. https://resources.nazarene.org/index.php/s/rYPMYe35ft9Nm9Z
- Aten, J. D., & Boan, D. M. (2016). *Disaster ministry handbook*. Inter-Varsity Press.
- Aten, J. D., Shannonhouse, L. R., Davis, D. E., Davis, E. B., Hook, J. N., Van Tongeren, D., R., Zhao, J. H., McElroy-Heltzel, S., Schruba, A., Annan, K., & Mize, M. C. B. (2020). Spiritual first aid for COVID-19. *Journal of Psychology and Christianity, 39*(4), 265-275. <a href="http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Fspiritual-first-aid-covid-19%2Fdocview%2F2509692330%2Fse-2%3Faccountid%3D12085">http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Fspiritual-first-aid-covid-19%2Fdocview%2F2509692330%2Fse-2%3Faccountid%3D12085</a>
- Baker, J. O., Martí, G., Braunstein, R., Whitehead, A. L., & Yukich, G. (2020). Religion in the age of social distancing: How COVID-19 presents new directions for research. *Sociology of Religion*, 81(4), 357–370. <a href="https://doi.org/10.1093/socrel/sraa039">https://doi.org/10.1093/socrel/sraa039</a>
- Bel, G., Gasulla, O., & Mazaira-Font, F. (2021). The effect of health and economic costs on governments' policy responses to COVID-19 crisis under incomplete information. *Public Administration Review*, 1–16. <a href="https://doi-org.ezproxy.liberty.edu/10.1111/puar.13394">https://doi-org.ezproxy.liberty.edu/10.1111/puar.13394</a>
- Bentos, A. (2018). *Resilience*. St. Paul: Creative Commons. <a href="https://www.youtube.com/watch?v=bonwlsLaoLw">https://www.youtube.com/watch?v=bonwlsLaoLw</a>
- Berry, C. (2020). A mother's trauma experience in the face of child removal. Doctoral Dissertations, Ed.D. Liberty University.
- Boss, P. (2006). Loss, trauma, and resilience: Therapeutic work with ambiguous loss. WW

Norton.

- Bryson, J. R., Andres, L., & Davies, A. (2020). COVID-19, virtual church services and a new temporary geography of home. *Tijdschrift Voor Economische En Sociale Geografie*[Journal of Economic and Social Geography], 111(3), 360–372.

  https://doi:10.1111/tesg.12436
- Categories of essential workers: COVID-19 vaccination. (2021, April 8). CDC.Gov. <a href="https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html">https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html</a>
- CDC. (2021, April 22). *How to protect yourself & others*. Cdc.Gov.

  <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html</a>
- Chang, E. C., & Banks, K. H. (2007). The color and texture of hope: Some preliminary findings and implications for hope theory and counseling among diverse racial/ethnic groups.

  \*Cultural Diversity & Ethnic Minority Psychology, 13(2), 94–103.

  https://doi.org/10.1037/1099-9809.13.2.94
- Chatterjee, P., Nagi, N., Agarwal, A., Das, B., Banerjee, S., Sarkar, S., Gupta, N., & Gangakhedkar, R. R. (2020). The 2019 novel coronavirus disease (COVID-19) pandemic: A review of the current evidence. *The Indian Journal of Medical Research* 151(2 & 3), 147–159. https://doi.org/10.4103/ijmr.IJMR 519 20
- Cheavens, J. S., Heiy, J. E., Feldman, D. B., Benitez, C., & Rand, K. L. (2019). Hope, goals, and pathways: Further validating the hope scale with observer ratings. *The Journal of Positive Psychology*, *14*(4), 452–462. https://doi.org/10.1080/17439760.2018.1484937
- Chen, S., Li, F., Lin, C., Han, Y., Nie, X., Portnoy, R. N., & Qiao, Z. (2020). Challenges and

- recommendations for mental health providers during the COVID-19 pandemic: The experience of China's first university-based mental health team. *Globalization and Health*, *16*(1), 59. <a href="https://doi.org/10.1186/s12992-020-00591-2">https://doi.org/10.1186/s12992-020-00591-2</a>
- Cho, A. (2021). For the church community after COVID-19. *Dialog*, *60*(1), 14–21. https://doi.org/10.1111/dial.12642
- Church of the Nazarene. (2010). *Church of the Nazarene manual 2009-2013* (D. G. Blevins, C. D. Crow, & D. E. Downs, Eds.). Nazarene Publishing House.
- Counted, V., Pargament, K. I., Bechara, A. O., Joynt, S., & Cowden, R. G. (2020). Hope and well-being in vulnerable contexts during the COVID-19 pandemic: Does religious coping matter? *The Journal of Positive Psychology*, 1–12. <a href="https://doi.org/10.1080/17439760.2020.1832247">https://doi.org/10.1080/17439760.2020.1832247</a>
- Cossarizza, A., De Biasi, S., Guaraldi, G., Girardis, M., Mussini, C., & Modena Covid-19

  Working Group (MoCo19)#. (2020). SARS-CoV-2, the virus that causes COVID-19:

  Cytometry and the new challenge for global health. *Cytometry. Part A: The Journal of the International Society for Analytical Cytology*, 97(4), 340–343.

  <a href="https://doi.org/10.1002/cyto.a.24002">https://doi.org/10.1002/cyto.a.24002</a>
- COVID-19 conversations: Many pastors are tired, overwhelmed and lonely Barna group.

  (n.d.). Barna.Com. Retrieved April 24, 2021, from <a href="https://www.barna.com/research/covid-19-pastor-emotions/">https://www.barna.com/research/covid-19-pastor-emotions/</a>
- COVID-19 Mortality Overview. (2021, July 24). CDC.Gov. <a href="https://www.cdc.gov/nchs/covid19/mortality-overview.htm">https://www.cdc.gov/nchs/covid19/mortality-overview.htm</a>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4<sup>th</sup> edition). SAGE.

- Davis, E. B., Kimball, C. N., Aten, J. D., Hamilton, C., Andrews, B., Lemke, A., Hook, J. R., Captari, L., Granqvist, P., Hook, J. N., Davis, D. E., Van Tongeren, D. R., Cattrell, E. L., Cuthbert, A. D., & Chung, J. (2019). Faith in the wake of disaster: A longitudinal qualitative study of religious attachment following a catastrophic flood. *Psychological Trauma: Theory, Research, Practice and Policy*, 11(6), 578–587.
  https://doi.org/10.1037/tra0000425
- Dennerlein, J. T., Burke, L., Sabbath, E. L., Williams, J. A. R., Peters, S. E., Wallace, L., Karapanos, M., & Sorensen, G. (2020). An integrative total worker health framework for keeping workers safe and healthy during the COVID-19 pandemic. *Human Factors*, 6 2(5), 689–696. <a href="https://doi.org/10.1177/0018720820932699">https://doi.org/10.1177/0018720820932699</a>
- DeWine, G. M. (2020). Ohio issues "Stay at Home" order: New restrictions placed on day cares for children.
  - https://content.govdelivery.com/attachments/OHOOD/2020/03/09/file\_attachments/1396 418/Executive%202020-01D.pdf
- Dirani, K. M., Abadi, M., Alizadeh, A., Barhate, B., Garza, R. C., Gunasekara, N., Ibrahim, G., & Majzun, Z. (2020). Leadership competencies and the essential role of human resource development in times of crisis: A response to Covid-19 pandemic. *Human Resource Development International*, 23(4), 380–394.
  - https://doi.org/10.1080/13678868.2020.1780078
- Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. The Lancet. *Psychiatry* 7(4), 300–302. <a href="https://doi.org/10.1016/S2215-0366(20)30073-0">https://doi.org/10.1016/S2215-0366(20)30073-0</a>
- Drummond, D. A., & Carey, L. B. (2020). Chaplaincy and spiritual care response to COVID-19:

- An Australian case study the McKellar centre. *Health and Social Care Chaplaincy 8* (2), 165–179. <a href="https://doi.org/10.1558/hscc.41243">https://doi.org/10.1558/hscc.41243</a>
- Eaton, L. A., & Kalichman, S. C. (2020). Social and behavioral health responses to COVID-19: lessons learned from four decades of an HIV pandemic. *Journal of Behavioral Medicine*, 43(3), 341–345. <a href="https://doi.org/10.1007/s10865-020-00157-y">https://doi.org/10.1007/s10865-020-00157-y</a>
- Einhorn, E. (Ed.). (2020). Covid is having a devastating impact on children and the vaccine won't fix everything. NBC News. <a href="https://www.nbcnews.com/news/education/covid-having-devastating-impact-children-vaccine-won-t-fix-everything-n1251172">https://www.nbcnews.com/news/education/covid-having-devastating-impact-children-vaccine-won-t-fix-everything-n1251172</a>
- Engzell, P., Frey, A., & Verhagen, M. D. (2021). Learning loss due to school closures during the COVID-19 pandemic. *Proceedings of the National Academy of Sciences of the United States of America*, 118(17), e2022376118. https://doi.org/10.1073/pnas.2022376118
- Evener, V. (2020). Spirit and truth: Reckoning with the crises of Covid-19 for the church.

  Dialog, 59(3), 233–241. <a href="https://doi.org/10.1111/dial.12594">https://doi.org/10.1111/dial.12594</a>
- Fauville, G., Luo, M., Queiroz, A. C. M., Bailenson, J. N., & Hancock, J. (2021). Nonverbal mechanisms predict zoom fatigue and explain why women experience higher levels than men. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3820035
- Feldman, D. B., Rand, K. L., & Kahle-Wrobleski, K. (2009). Hope and goal attainment: Testing a basic prediction of hope theory. *Journal of Social and Clinical Psychology*, *28*(4), 479–497. <a href="https://doi.org/10.1521/jscp.2009.28.4.479">https://doi.org/10.1521/jscp.2009.28.4.479</a>
- Forester, J., & McKibbon, G. (2020). Beyond blame: Leadership, collaboration and compassion in the time of COVID-19. *Socio-Ecological Practice Research*.

  <a href="https://doi.org/10.1007/s42532-020-00057-0">https://doi.org/10.1007/s42532-020-00057-0</a>
- Galiatsatos, P., Monson, K., Oluyinka, M., Negro, D., Hughes, N., Maydan, D., Golden, S. H.,

- Teague, P., & Hale, W. D. (2020). Community calls: Lessons and insights gained from a medical-religious community engagement during the COVID-19 pandemic. *Journal of Religion and Health*, *59*(5), 2256–2262. <a href="https://doi.org/10.1007/s10943-020-01057-w">https://doi.org/10.1007/s10943-020-01057-w</a>
- Garfin, D. R., Silver, R. C., & Holman, E. A. (2020). The novel coronavirus (COVID-2019) outbreak: Amplification of public health consequences by media exposure. *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*, 39(5), 355–357. https://doi.org/10.1037/hea0000875
- Germann, J. N., Leonard, D., Stuenzi, T. J., Pop, R. B., Stewart, S. M., & Leavey, P. J. (2015). Hoping is coping: A guiding theoretical framework for promoting coping and adjustment following pediatric cancer diagnosis. *Journal of Pediatric Psychology*, 40(9), 846–855. <a href="https://doi.org/10.1093/jpepsy/jsv027">https://doi.org/10.1093/jpepsy/jsv027</a>
- Glynn, M. A. (2021). '15 days to slow the spread': Covid-19 and collective resilience. *The Journal of Management Studies*, *58*(1), 265–269. https://doi.org/10.1111/joms.12644
- Greene, T., Bloomfield, M. A. P., & Billings, J. (2020). Psychological trauma and moral injury in religious leaders during COVID-19. *Psychological Trauma Theory, Research, Practice and Policy*, 12(S1), S143–S145. https://doi.org/10.1037/tra0000641
- Hamouche, S. (2020). COVID-19 and employees' mental health: Stressors, moderators and agenda for organizational actions. *Emerald Open Research*, *2*, 15. <a href="https://doi.org/10.35241/emeraldopenres.13550.1">https://doi.org/10.35241/emeraldopenres.13550.1</a>
- Hays, D. G., & Singh, A. A. (2011). *Qualitative inquiry in clinical and educational settings*. Guilford Publications.
- Henning, S. (2020). A systems theoretical servant-leadership framework with reference to

- Christianity and positive psychology. *Pharos Hourn of Theology*, *101*, 1–17. https://orcid.org/0000-0003-2150-0701
- Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., Ballard,
  C., Christensen, H., Cohen Silver, R., Everall, I., Ford, T., John, A., Kabir, T., King, K.,
  Madan, I., Michie, S., Przybylski, A. K., Shafran, R., Sweeney, A., ... Bullmore,
  E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet. Psychiatry*, 7(6), 547–560.
  <a href="https://doi.org/10.1016/S2215-0366(20)30168-1">https://doi.org/10.1016/S2215-0366(20)30168-1</a>
- Horesh, D., & Brown, A. D. (2020). Traumatic stress in the age of COVID-19: A call to close critical gaps and adapt to new realities. *Psychological Trauma: Theory, Research,*Practice and Policy, 12(4), 331–335. <a href="https://doi.org/10.1037/tra0000592">https://doi.org/10.1037/tra0000592</a>
- Houseal, R. (2020). *Impact of Pandemic on Nazarene Churches and Pastors*. https://www.whdl.org/impact-pandemic-nazarene-churches-and-pastors-2020
- Hupkau, C., & Petrongolo, B. (2020). Work, care and gender during the COVID-19 crisis. *Fiscal Studies*, 41(3), 623–651. https://doi.org/10.1111/1475-5890.12245
- Imber-Black, E. (2020). Rituals in the time of COVID-19: Imagination, responsiveness, and the human spirit. *Family Process*, *59*(3), 912–921. <a href="https://doi.org/10.1111/famp.12581">https://doi.org/10.1111/famp.12581</a>
- Impellizzeri, J., Savinsky, D. M., King, J. A., & Leitch-Alford, L. (2017). Conceptual mapping task: An effective verification tool for qualitative counseling research. *Counseling Outcome Research and Evaluation*, 8(1), 31–47.

  <a href="https://doi.org/10.1080/21501378.2017.1327745">https://doi.org/10.1080/21501378.2017.1327745</a>
- Ingersol, S. (2004). Methodism and the theological identity of the Church of the

- Nazarene. Methodist History, 43(1), 17–32.
- http://archives.gcah.org/pdfpreview/bitstream/handle/10516/6614/MH-2004-October-Ingersol.pdf?sequence=1
- International Bible Society (Ed.). (2004). *Bible: New International Version*. Hodder & Stoughton Religious.
- Kaslow, N. J., Friis-Healy, E. A., Cattie, J. E., Cook, S. C., Crowell, A. L., Cullum, K. A., Del Rio, C., Marshall-Lee, E. D., LoPilato, A. M., VanderBroek-Stice, L., Ward, M. C., White, D. T., & Farber, E. W. (2020). Flattening the emotional distress curve: A behavioral health pandemic response strategy for COVID-19. *The American Psychologist*, 75(7), 875–886. <a href="https://doi.org/10.1037/amp0000694">https://doi.org/10.1037/amp0000694</a>
- Killgore, W. D. S., Cloonan, S. A., Taylor, E. C., & Dailey, N. S. (2020). Loneliness: A signature mental health concern in the era of COVID-19. *Psychiatry Research*, 290(113117), 113117. https://doi.org/10.1016/j.psychres.2020.113117
- King, J. A. (2013). The essence of becoming men: Maturation of boys into adulthood (Order No. 3573588). Available from ProQuest Central; ProQuest Dissertations & Theses Global. (1490795942).
  - http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fdissertations-theses%2Fessence-becoming-men-maturation-boys-
  - into%2Fdocview%2F1490795942%2Fse-2%3Faccountid%3D12085
- Kuhfeld, M., Soland, J., Tarasawa, B., Johnson, A., Ruzek, E., & Liu, J. (2020). Projecting the potential impact of COVID-19 school closures on academic achievement. *Educational Researcher (Washington, D.C.: 1972)*, 49(8), 549–565.

  https://doi.org/10.3102/0013189x20965918

- Lindinger-Sternart, S., Kaur, V., Widyaningsih, Y., & Patel, A. K. (2021). COVID-19 phobia across the world: Impact of resilience on COVID-19 phobia in different nations.

  \*Counselling and Psychotherapy Research\*, 21(2), 290–302.

  https://doi.org/10.1002/capr.12387
- Masten, A. S., & Motti-Stefanidi, F. (2020). Multisystem resilience for children and youth in disaster: Reflections in the context of COVID-19. *Adversity and Resilience Science*, *I*(2), 1–12. <a href="https://doi.org/10.1007/s42844-020-00010-w">https://doi.org/10.1007/s42844-020-00010-w</a>
- McGuine, T. A., Biese, K. M., Petrovska, L., Hetzel, S. J., Reardon, C., Kliethermes, S., Bell, D. R., Brooks, A., & Watson, A. M. (2020). Mental health, physical activity, and quality of life of US adolescent athletes during COVID-19-related school closures and sport cancellations: A study of 13,000 athletes. *Journal of Athletic Training*, *56*(1), 11–19. <a href="https://doi.org/10.4085/1062-6050-0478.20">https://doi.org/10.4085/1062-6050-0478.20</a>
- Milstein, G. (2019). Disasters, psychological traumas, and religions: Resiliencies examined. *Psychological Trauma: Theory, Research Practice and Policy, 11*(6), 559–562. <a href="https://doi.org/10.1037/tra0000510">https://doi.org/10.1037/tra0000510</a>
- Mote, E. (1834). My hope is built on nothing less. West Sussex, UK.
- Mukhtar, S. (2020). Psychological health during the coronavirus disease 2019 pandemic outbreak. *The International Journal of Social Psychiatry*, 66(5), 512–516. https://doi.org/10.1177/0020764020925835
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2
- Nigar, N. (2019). Hermeneutic phenomenological narrative enquiry: A qualitative study

- design. *Theory and Practice in Language Studies*, 10(1), 10. https://doi.org/10.17507/tpls.1001.02
- Norman, Z., & Reiss, M. J. (2020). Risk And sacrament: Being human in a Covid-19 world. *Zygon*®, *55*(3), 577–590. <a href="https://doi.org/10.1111/zygo.12618">https://doi.org/10.1111/zygo.12618</a>
- Nyatanga, B. (2020). Impact of COVID-19 on loss and grief: A personal lens. *British Journal of Community Nursing*, 25(6), 306–307. https://doi.org/10.12968/bjcn.2020.25.6.306
- Oberfeld, B., Achanta, A., Carpenter, K., Chen, P., Gilette, N. M., Langat, P., Said, J. T., Schiff, A. E., Zhou, A. S., Barczak, A. K., & Pillai, S. (2020). SnapShot: COVID-19. *Cell*, *181*(4), 954-954.e1. <a href="https://doi.org/10.1016/j.cell.2020.04.013">https://doi.org/10.1016/j.cell.2020.04.013</a>
- Park, E. R., Luberto, C. M., Chad-Friedman, E., Traeger, L., Hall, D. L., Perez, G. K., Goshe, B., Vranceanu, A.-M., Baim, M., Gregory, F. M., Herbert, B. M., & Lechner, S. C. (2021). A comprehensive resiliency framework: Theoretical model, treatment, and evaluation.
  Global Advances in Health and Medicine, 10, 216495612110003.
  https://doi.org/10.1177/21649561211000306
- Peacock, G. (2020). Mental health chaplaincy in the UK during COVID-19: A personal reflection. *Health and Social Care Chaplaincy*, 8(2), 223–230. <a href="https://doi.org/10.1558/hscc.41803">https://doi.org/10.1558/hscc.41803</a>
- Pearson, C. (2020). Framing a theological response to COVID-19 in the presence of the religious other. *The Ecumenical Review*, 72(5), 849–860. <a href="https://doi.org/10.1111/erev.12577">https://doi.org/10.1111/erev.12577</a>
- Perry, S. L., Whitehead, A. L., & Grubbs, J. B. (2020). Culture wars and COVID-19 conduct: Christian nationalism, religiosity, and Americans' behavior during the Coronavirus pandemic. *Journal for the Scientific Study of Religion*, *59*(3), 405–416. <a href="https://doi.org/10.1111/jssr.12677">https://doi.org/10.1111/jssr.12677</a>

- Pillay, J. (2020). COVID-19 shows the need to make church more flexible. *Transformation; An International Journal of Holistic Mission Studies, 37*(4), 266–275. https://doi.org/10.1177/0265378820963156
- Polizzi, C., Lynn, S.J., Perry, A. (2020). Stress and Coping in the Time of COVID-19: Pathways to Resilience and Recovery. *Clinical Neuropsychiatry*, *17(2)*, 59-62. <a href="https://doi.org/10.36131/CN20200204">https://doi.org/10.36131/CN20200204</a>
- Rafferty, K. A., Beck, G., & McGuire, M. (2020). When facing hopeful and hopeless experiences: Using Snyder's hope theory to understand parents' caregiving experiences for their medically complex child. *Journal of Pediatric Health Care: Official Publication of National Association of Pediatric Nurse Associates & Practitioners*, 34(6), 542–549. <a href="https://doi.org/10.1016/j.pedhc.2020.06.003">https://doi.org/10.1016/j.pedhc.2020.06.003</a>
- Ridley, W., & Devadoss, S. (2020). The effects of COVID-19 on fruit and vegetable production.

  \*Applied Economic Perspectives and Policy, 43(1), 329–340.

  https://doi.org/10.1002/aepp.13107
- Roberto, A., Sellon, A., Cherry, S. T., Hunter-Jones, J., & Winslow, H. (2020). Impact of spirituality on resilience and coping during the COVID-19 crisis: A mixed-method approach investigating the impact on women. *Health Care for Women International*, 41(11–12), 1313–1334. https://doi.org/10.1080/07399332.2020.1832097
- Roman, N. V., Mthembu, T. G., & Hoosen, M. (2020). Spiritual care "A deeper immunity" A response to Covid-19 pandemic. *African Journal of Primary Health Care & Family Medicine*, 12(1), e1–e3. <a href="https://doi.org/10.4102/phcfm.v12i1.2456">https://doi.org/10.4102/phcfm.v12i1.2456</a>
- Rothan, H. A., & Byrareddy, S. N. (2020). The epidemiology and pathogenesis of coronavirus

- disease (COVID-19) outbreak. *Journal of Autoimmunity, 109*(102433), 102433. https://doi.org/10.1016/j.jaut.2020.102433
- Rothrock, L., Abraham, A., Graf, A., Rodopman, M., & Nold, D. (2021). Aiding decision makers to reopening of places of worship. *Human Factors and Ergonomics in Manufacturing*, *hfm.20891*. https://doi.org/10.1002/hfm.20891
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094(1), 1–12. https://doi.org/10.1196/annals.1376.002
- Santhanam, L. (2020, July 23). This is not working.' Parents juggling jobs and child care under COVID-19 see no good solutions. *PBS Newshour*.

  <a href="https://www.pbs.org/newshour/health/this-is-not-working-parents-juggling-jobs-and-child-care-under-covid-19-see-no-good-solutions">https://www.pbs.org/newshour/health/this-is-not-working-parents-juggling-jobs-and-child-care-under-covid-19-see-no-good-solutions</a>
- Singh, D. E. (2020). Role of religions in the spread of COVID-19. *Journal of Ecumenical Studies*, 55(2), 289–310. <a href="https://doi.org/10.1353/ecu.2020.0019">https://doi.org/10.1353/ecu.2020.0019</a>
- Su, Z., McDonnell, D., Wen, J., Kozak, M., Abbas, J., Šegalo, S., Li, X., Ahmad, J., Cheshmehzangi, A., Cai, Y., Yang, L., & Xiang, Y.-T. (2021). Mental health consequences of COVID-19 media coverage: The need for effective crisis communication practices. *Globalization and Health*, *17*(1), 4. <a href="https://doi.org/10.1186/s12992-020-00654-4">https://doi.org/10.1186/s12992-020-00654-4</a>
- Snyder, C. R. (2000). The past and possible futures of hope. *Journal of Social and Clinical Psychology*, *19*(1), 11–28. <a href="https://doi.org/10.1521/jscp.2000.19.1.11">https://doi.org/10.1521/jscp.2000.19.1.11</a>
- Teherani, A., Martimianakis, T., Stenfors-Hayes, T., Wadhwa, A., & Varpio, L. (2015).

  Choosing a qualitative research approach. *Journal of Graduate Medical Education*, 7(4), 669–670. <a href="https://doi.org/10.4300/JGME-D-15-00414.1">https://doi.org/10.4300/JGME-D-15-00414.1</a>

- The Size of SARS-CoV-2 and its Implications. (2020, July 16). News-Medical.Net.

  <a href="https://www.news-medical.net/health/The-Size-of-SARS-CoV-2-Compared-to-Other-Things.aspx">https://www.news-medical.net/health/The-Size-of-SARS-CoV-2-Compared-to-Other-Things.aspx</a>
- Torales, J., O'Higgins, M., Castaldelli-Maia, J. M., & Ventriglio, A. (2020). The outbreak of COVID-19 coronavirus and its impact on global mental health. *The International Journal of Social Psychiatry*, 66(4), 317–320. <a href="https://doi.org/10.1177/0020764020915212">https://doi.org/10.1177/0020764020915212</a>
- Torjesen, I. (2020). Covid-19: Mental health services must be boosted to deal with "tsunami" of cases after lockdown. BMJ (Clinical Research Ed.), 369, m1994.

  <a href="https://doi.org/10.1136/bmj.m1994">https://doi.org/10.1136/bmj.m1994</a>
- Torres, N. (2020, October 9). Medical workers are sacrificing themselves to protect us. Here's how we can help them. *The Guardian*.

  <a href="https://www.theguardian.com/commentisfree/2020/oct/09/frontline-medical-workers-coronavirus-support-congress">https://www.theguardian.com/commentisfree/2020/oct/09/frontline-medical-workers-coronavirus-support-congress</a>
- Van Breda, A. D. (2001). Resilience theory: A literature review. Pretoria, South Africa: South

  African Military Health Service.

  <a href="https://www.academia.edu/19596069/Van\_Breda\_A\_D\_2001\_Resilience\_theory\_A\_literature\_review\_Pretoria\_South\_Africa\_South\_National\_Nation
- van Deusen Hunsinger, D.. (2021). Trauma-informed spiritual care: Lifelines for a healing journey. *Theology Today (Princeton, N.J.)*, 77(4), 359–371. https://doi.org/10.1177/0040573620961145
- van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Routledge. <a href="https://doi.org/10.4324/9781315422657">https://doi.org/10.4324/9781315422657</a>

- Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family Process*, *59*(3), 898–911. <a href="https://doi.org/10.1111/famp.12588">https://doi.org/10.1111/famp.12588</a>
- Wang, Y., McKee, M., Torbica, A., & Stuckler, D. (2019). Systematic literature review on the spread of health-related misinformation on social media. *Social Science & Medicine* (1982), 240(112552), 112552. <a href="https://doi.org/10.1016/j.socscimed.2019.112552">https://doi.org/10.1016/j.socscimed.2019.112552</a>
- Wardle, T. (2015). Every breath we take: Living in the presence, love, and generosity of God. Leafwood Publishers.
- Weingarten, K., Galván-Durán, A. R., D'Urso, S., & Garcia, D. (2020). The witness to witness program: Helping the helpers in the context of the COVID-19 pandemic. *Family Process*, 59(3), 883–897. https://doi.org/10.1111/famp.12580
- Weisbrot, D. M., & Ryst, E. (2020). Debate: Student mental health matters the heightened need for school-based mental health in the era of COVID-19. *Child and Adolescent Mental Health*, 25(4), 258–259. https://doi.org/10.1111/camh.12427
- White, D. (2020, April 8). Hospital workers send kids away, live in campers to protect family during coronavirus. *The Kansas City Star*. https://www.kansascity.com/news/coronavirus/article241859741.html
- Whiting, M. (2020, March 30). Pandemics and the Church: What does History Teach us? *Campus News Dallas Baptist University* .

  <a href="https://www.dbu.edu/news/2020/03/pandemics-and-the-church-what-does-history-teach-us.html">https://www.dbu.edu/news/2020/03/pandemics-and-the-church-what-does-history-teach-us.html</a>
- Wildman, W. J., Bulbulia, J., Sosis, R., & Schjoedt, U. (2020). Religion and the COVID-19 pandemic. *Religion, Brain & Behavior*, *10*(2), 115–117. https://doi.org/10.1080/2153599x.2020.1749339

- Williams, N. (2021). Pastoring through a Pandemic: Cyprian and the Carthaginian Church in the Mid-Third Century. *Fides et Historia*, *53*(1), 1–14.
- Williamson, V., Murphy, D., & Greenberg, N. (2020). COVID-19 and experiences of moral injury in front-line key workers. *Occupational Medicine (Oxford, England)*, 70(5), 317-319. <a href="https://doi.org/10.1093/occmed/kqaa052">https://doi.org/10.1093/occmed/kqaa052</a>
- Yoshikawa, H., Wuermli, A. J., Britto, P. R., Dreyer, B., Leckman, J. F., Lye, S. J., Ponguta, L. A., Richter, L. M., & Stein, A. (2020). Effects of the global Coronavirus disease-2019 pandemic on early childhood development: Short- and long-term risks and mitigating program and policy actions. *The Journal of Pediatrics*, 223, 188–193. <a href="https://doi.org/10.1016/j.jpeds.2020.05.020">https://doi.org/10.1016/j.jpeds.2020.05.020</a>

#### **APPENDICES**

# Appendix A

# **Email Introduction to the Study**

Greetings! My name is Reverend Beth Heath. I am a pastor in this district and a Doctoral Candidate at Liberty University. I am currently in the research phase of my dissertation entitled THE EFFECT OF THE GLOBAL COVID-19 PANDEMIC ON NAZARENE PASTORS. The research and this email have also been approved and blessed by the district superintendent. You are receiving this email because you are an ordained senior pastor in the district who has been in your current role since January 2020. I am writing to enquire if you would be willing to participate in an interview that will last no more than two hours about your experience living through and pastoring during the global COVID-19 pandemic. Your participation is entirely voluntary, and your identity will be kept anonymous. The interview will occur at your church or a place near your home/church where you feel comfortable meeting. The interview will be audio recorded. If you are willing to participate, please complete the attached questionnaire and return it to me by email.

Thank you for your willingness and time in considering participating in this research. If you respond that you are willing to participate, I will respond to schedule a date and place for the interview.

Praying continued blessings on your ministry and family as we continue to work to minister in these difficult times. Thank you for your time. I look forward to continuing the conversation. If you have any questions, please do not hesitate to reach out by email.

Blessings,

Rev Beth Heath

# Appendix B

#### **Informed Consent Form**

#### Consent

**Title of the Project:** THE EFFECT OF THE GLOBAL COVID-19 PANDEMIC ON NAZARENE PASTORS.

**Principal Investigator:** Rev. Beth Heath, Ordained Minister in the Church of the Nazarene, Doctoral Student, Liberty University

#### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be an ordained elder and a senior, solo or lead pastor in the Church of the Nazarene within the state of Ohio. 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.

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

The purpose of the study is to describe the experience of pastors in the Church of the Nazarene during the COVID-19 pandemic. In addition, the purpose of this study is to describe the positive and negative effects of the COVID-19 pandemic on pastors and their churches.

#### 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:

- 1. Complete a SurveyMonkey questionnaire with basic demographic information. This should take about 10 minutes.
- Schedule and participate in an interview about your experience during the COVID-19
  pandemic. The interview will be audio-recorded, kept confidential, and should take an
  hour and a half to two hours.

## 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 may include helping to understand how pastors in the church of the Nazarene ministry have been affected by the COVID-19 pandemic.

#### 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. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

Liberty University IRB-FY21-22-269 Approved on 10-25-2021 Interviews will be recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.

#### 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 or the Church of the Nazarene. If you decide to participate, you are free not to 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, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

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

The researcher conducting this study is Rev. Beth Heath. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at You may also contact the researcher's faculty sponsor,

#### 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, or email at

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

#### **Your Consent**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the above information.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

j
S

Liberty University IRB-FY21-22-269 Approved on 10-25-2021

# Appendix C

# Initial Questionnaire/Demographic Information

Name:
Gender:
Age:
Ordination year:
Education:
Length of time in ministry:
Length of time at current pastorate:
Name and Location of current church:
Size of current church:

# Appendix D

# Email to set up an interview

Greetings Pastor,

Thanks for being willing to participate in my research, *The effects of the global COVID-19* pandemic on Nazarene pastors. This email is to set up a date, time, and place that would be most convenient for you sometime in the next week. It can be at your church or can be somewhere else. It does need to be a place that is reasonably quiet and free of distractions where we can sit at a table. Our time together will take no more than two hours. Please let me know what dates and times would work best for you and if you would like to meet at your church or specify another location.

Thank you again for your willingness to participate.

Please reach out if you have any questions or concerns.

Blessings,

Rev. Beth Heath

198

Appendix E

**Reminder Email** 

Greetings Pastor,

I hope you are doing well. This email is to remind you that we are scheduled to meet on (DATE)

at (TIME) at (LOCATION). Please let me know if anything has come up or if you need to

reschedule. Also, please do not hesitate to reach out if you have any questions. Thank you again

for your willingness to participate.

I am looking forward to our continued conversation.

Blessings,

Rev. Beth Heath

# Appendix F

# **Full Interview Script**

Thank you for your willingness to meet with me. As we start, I would like to go over the informed consent form. Then, as I talk through it, please speak up if you have any questions. (Go over Appendix B and answer any questions. Once it is signed, a copy will be emailed to the participant once the interview is completed Appendix G).

I am going to start the audio recording. I want to remind you that any identifying information will be removed to protect your anonymity. (*Turn on audio recording on iPad and computer. Verify both devices are recording.*) For the next 60 to 90 minutes, we will be conducting an interview and an exercise. I will be asking some initial questions and, at times, probe for more information from those questions. We will then walk through something called a conceptual mapping task, or CMT. the CMT is a visual exercise that will help to be able to organize your story and the notes I will be taking. There are no right or wrong answers; please take your time in responding to the questions. I want to hear your story and your experience living and pastoring during the global COVID-19 pandemic. Do you have any questions before we begin? Is it ok to start our interview?

I want to start by going over your demographic information (Appendix C) to verify that I have the correct information for you.

Ok, thanks! During this next phase of our time together, I will be using these Post-it notes® to record key ideas, concepts, and events that you bring up while sharing your story. I will first ask a question or read a statement; please reflect on it for a few minutes and begin answering whenever you are ready. As I mentioned, I will be recording the key ideas from what you share as you are responding.

"Let us take 15-20 minutes, and in that time, I would like you to share your story of living through and pastoring during the global COVID-19 pandemic." "How did you feel during the pandemic?"

The researcher will pause and allow the pastor to collect their thoughts. Then the researcher will encourage the pastor to begin sharing whenever they are ready. If the pastor becomes stuck or goes off-topic, the researcher will restate the above prompt. After these questions have been fully answered, the research will ask the pastor about their ministry during the pandemic.

- · "How did the global COVID-19 pandemic affect your ministry, your church, your family?"

  The researcher will then ask the pastor to review the items written on the Post-it notes®.
- "Please take a few moments and look at each of the notes and confirm that they are a good and accurate reflection of your experience. If there is anything else that you would like to add, feel free to do so.."

# **Conceptual Mapping Task**

Once the participant is done reviewing the notes and has no questions or further additions or revisions, the conceptual mapping task portion of the time will begin. The researcher will say this:

"Thank you for sharing the story of your experience. Now that we have gone over the details and verified the story, we are going to work to map out your experience. I am going to give you an easel pad which you can put on the table or in your lap. However, it is more comfortable. What I would like you to do is take some time and arrange each of these Post-it notes® on the easel pad in a manner that represents your experience of living through and ministering during the global COVID-19 pandemic. You can group them in a manner that shows how you think the notes relate to each other. There is no right or wrong way to do this. Continue to move the notes

around, grouping them and organizing them according to your experience so that a clear picture of your story emerges."

Pause and allow the pastor to do this. Encourage the participant to share out loud what ideas come to mind. Then once they are done, if there are no questions or comments, move into the next phase by saying this:

"Wonderful! Thanks for doing that. I am now going to give you some colored pencils. I would like you to draw a shape around each of the clusters of concepts; it can be a circle, triangle, square, star, etc. Please feel free to make any comments you like about the process or the concepts as you are working."

Pause and allow the pastor to do this. Then once they are done, if there are no questions or comments, move into the next phase by saying this:

- · "Thanks for doing that. Please take some time and label each of those concept clusters. Please take your time and make any comments that you would like as you are working."
- · "Now, I would like you to draw lines where these concepts connect with one another. If there is directional flow in the concepts, please feel free to use arrows."

Move into the next phase, after the CMT is created by asking these questions:

- "Now that you have created your conceptual map of your experience living through and ministering during the global COVID-19 pandemic, please take a few minutes and reflect on it? (Pause and allow them to reflect.) What stands out to you as you are studying your map?"
- · "What do you think is important for people to know and understand about how COVID-19 affected churches, pastors, and their families?"
- "What do you see as the most important things to know or understand about the experience of living through and ministering during the global COVID-19 pandemic?

- · "Is there anything else that you feel compelled to say from this whole experience?"

  Once the pastor has finished answering the questions and has no further comments or questions, the researcher will conclude the interview by saying:
- "Pastor, thank you so much for taking the time to share your experience. Your investment of time and your shared experience in this research is very important, and I am grateful for your time and openness. As we talked about, the interview was audio recorded. However, I will describe the interview and your concept map in such a way as to protect your anonymity. If there ever comes a time that you have concerns about confidentiality, please feel free to contact me, and we can discuss your concerns and take further steps as necessary to ensure your confidentiality. Thank you again for participating and sharing your experiences (King, 2013; Berry; 2020)

Appendix G

Thank you and Consent Form

Greetings Pastor,

Thank you so much for your time and willingness to be a part of my study, The effects of the

global COVID-19 pandemic on Nazarene pastors. Your story and the information you shared

with me is valuable to me, and I look forward to continuing to review the information you

provided along with the information provided by the other pastors. Thank you for taking the time

to talk through this difficult time and experience. If our conversation brought up feelings or

thoughts that you would like to discuss with a mental health professional, please do not hesitate

to speak up, and I can provide a list of mental professionals that is provided by the district.

As we talked about, I am attaching a copy of your signed consent form. I also wanted to take this

time to remind you that our time together was audio recorded. I will be describing your interview

and concept map in my dissertation in such a way that will protect your confidentiality.

However, if there comes a time that you are concerned about your confidentiality, please reach

out and let me know. This way, we can discuss your concerns and make a plan to ensure your

confidentiality.

Thank you again for your time and for sharing your story.

Blessings,

Rev. Beth Heath

# Appendix H

# **IRB Approval Letter**

# LIBERTY UNIVERSITY. INSTITUTIONAL REVIEW BOARD

October 25, 2021

Beth Heath John King

Re: IRB Exemption - IRB-FY21-22-269 The Effect of the Global COVID-19 Pandemic on Nazarene Pastors

Dear Beth Heath, John King,

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 46:104(d):

Category 2.(iii). 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) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) 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(s) 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

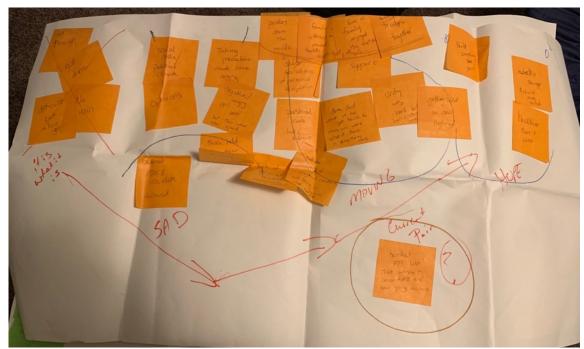
, , , , , , , , , , , , , , , , , , ,
If you have any questions about this exemption or ne your protocol would change your exemption status, p
Sincerely,

Appendix I

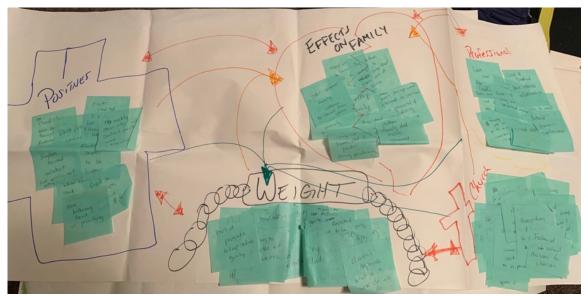
Pictures of Pastor's Conceptual Mapping Task



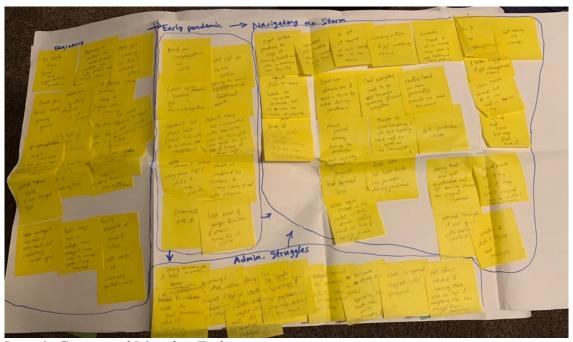
John's Conceptual Mapping Task



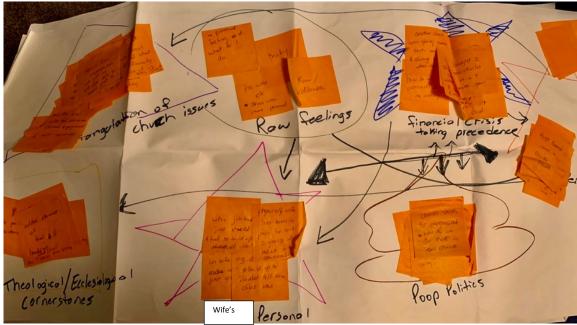
Simon Peter's Conceptual Mapping Task



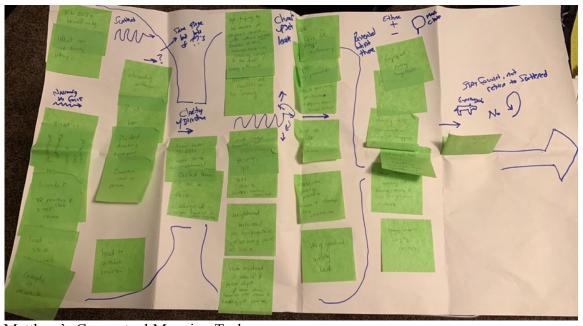
Andrew's Conceptual Mapping Task



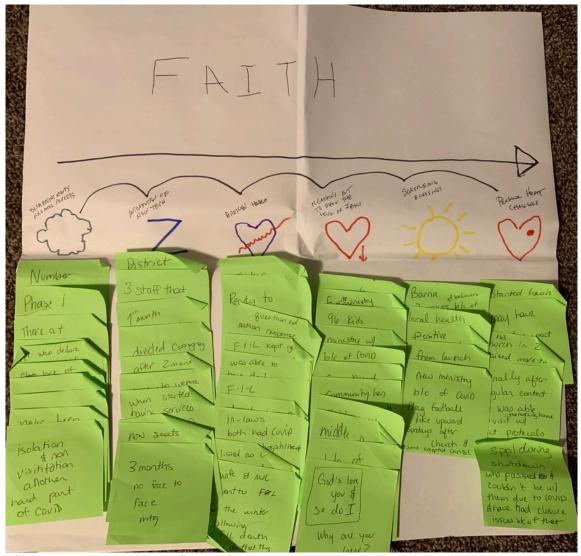
James's Conceptual Mapping Task



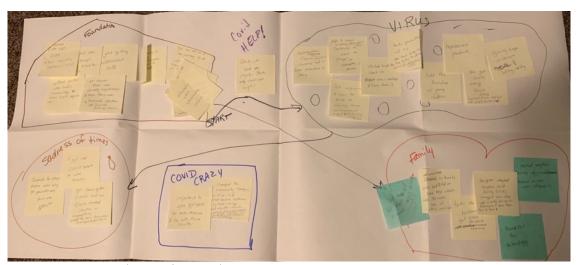
Phillip's Conceptual Mapping Task



Matthew's Conceptual Mapping Task



Thomas' Conceptual Mapping Task



Mary's Conceptual Mapping Task