

A Phenomenological Study of Church Leader's Experiences with Vicarious Trauma in Oviedo

Florida

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A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Abstract

The purpose of this transcendental phenomenological study was to understand and explore the need to help church leaders who are experiencing stress. Christian clergies are classified as priests, pastors, ministers, chaplains, and deacons who interact with the congregation by identifying the Bible Scriptures. Church leaders follow the teachings of the divine and are pulled from many angles. It is up to the congregation to help themselves and church leaders to relieve this stress to avoid vicarious trauma. This study digs deep to decipher if church leaders in Catholicism and Baptist teaching are aware of the stress they acquire from their various interactions with congregants. The theory that guided this study was founded on Martin Heidegger's hermeneutical circle framework which focuses on digging deep while viewing its parts. Assisting with the digging ideology, the attachment theory, by John Bowlby supported this research to understand the relationship that has been formed. This qualitative study consisted of ten interviews to identify and describe Church Leaders' experiences with vicarious trauma from two churches in Oviedo Florida. The data is transcribed and placed in themes and codes. The research questions of the study were: (a) how do church leaders in Oviedo, Florida describe their experience with vicarious trauma; (b) how do church leaders describe the connection between vicarious trauma and stress and burnout; (c) how do church leaders describe the way they cope with vicarious trauma; (d) how do church leaders describe the support they receive to deal with vicarious trauma? The primary source of data collection consisted of Semi-structured, open-ended questions with individual participants. Once the data analysis was completed themes were able to be discovered. The themes starting from the bottom are, (a) obedience (b) self-care (c) community first aid (d) handling vicarious trauma and, (e) first responder.

Keywords: Vicarious Trauma, Stress, Burnout, Church Leaders

Dedication

This manuscript is dedicated to my husband, Ismael Melendez, who has always instilled in me since our first acquaintance in 1976 to always be your best. He has always been my motivating rock to climb the ladder from a high school diploma, bachelor's, master's, and now doctorate. I would like to thank him for believing in and encouraging me in times of uncertainty. This is also dedicated to my beloved brother, Robert Rivera, Jr. who has always been a big brother to me and I am so sorry you are not on earth to witness this great accomplishment.

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I would like to acknowledge all the Angels in heaven, along with our Almighty God who has had a plan for me ever since my first existence in my mother's womb. Thank you, my God, for providing me with the strength and motivation to continue to be the first one in my family to achieve a doctorate. I would like to thank my husband, who is my rock, motivator, and the love of my life. We started this educational journey together and with the help of your military training, my schedule has been unique and effective. Thank you for pushing me to finish and instilling in me the motivation never to surrender. Also, I want to thank my son, Joshua, who would call me to tell me "Ma you got this" and would give me that extra push of encouragement when needed. I would also like to thank a very special woman in my life, my mother, for always sticking by my side no matter what life has brought us.

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List of Abbreviations

Church Leaders (CL)

Clergy Occupational Distress Index (CODI)

Eye Movement Desensitization and Reprocessing (EMDR)

Locus of Control (LOC)

Maslach Burnout Inventory (MBI)

Research Question (RQ)

Spiritual Health Locus of Control (SHLOC)

Vicarious Trauma (VT)

Chapter One: Introduction

Overview

This chapter serves as an introduction to this phenomenological study. The purpose of this phenomenological study was to understand and explore the need to help church leaders (CLs) who are experiencing stress. Chapter one includes a short background of this subject matter and draws attention to a gap in the research literature that this study has found. This phenomenon is supported by theoretical frameworks. The researcher's motivations to conduct this study along with any biases are presented. An explanation of the problem and purpose statement have been pronounced and the importance of the study is mentioned. Furthermore, research questions guiding the study have been listed, and key words and phrases are explained.

Background

The memories of natural and man-made disasters that have occurred are unforgettable for many individuals. Everyone has either perceived, witnessed, or experienced the loss of a loved one or is mentally and physically fixated on terrifying images of the twin towers' destruction on September 11, 2001. Or, more recently, the many who have lost loved ones due to the COVID-19 pandemic. Everyone has had their professional or personal life affected. Workers in the health service field such as doctors, nurses, medical staff, firefighters, counselors, psychiatrists, and CLs have been mentally or physically affected. Currently, due to an empathic relationship with trauma victims, workers in the medical field are receiving training to increase resilience while reducing vicarious trauma (VT) from spreading (Ventouris et al., 2020). Although our first responders are guarding themselves against trauma, what about our CLs who are in daily contact with congregants who express their experiences of trauma? Thus, these actions of listening to congregants talk about "extreme exposure to aversive details of the

traumatic event” affect church leaders (CLs) vicariously (American Psychiatric Association, 2013, p. 271). According to Muehlhausen (2021), VT alters a person’s emotions, thought processes, and neurological, and spiritual behaviors.

Historical Background

Beginning with God’s great flood (Genesis 7) throughout history, there have been numerous violent incidences that many congregants and religious leaders have experienced, such as the bombing of Hiroshima (1945), the Columbine High School shooting (1999), The World Trade Center terrorist attack (2001), the Pulse nightclub shooting (2017). Lives have been lost and many have been traumatized. The witnessing of such events has affected many as if they were directly involved causing “recurrent and intrusive distressing recollections of the event” (Wilson & Keane, 2004, p. 20). A traumatic event can also cause physical, psychological, and spiritual wounds (Levers, 2012) to anyone that provides an empathic response to a person who has been traumatized.

According to the Scriptures, the first Christian church commenced on the day of Pentecost (Acts 2:1-47). Historically, the Gospel began to be spread along with pain and sorrow, (Henry, 2017), but many held on to faith and hope. CLs have many roles, some of which are to provide sacraments, rituals, ministering, pastoral counseling, and administration which can develop into an overload of emotions and stress leading to burnout (Adams et al., 2016).

Social Background

Indeed, CLs like other helping professions such as first responders, teachers, and counselors experience “physiological arousal” (p. 151) as well. However, the connection has increased since many turned to religion to cope with their trauma (Weber & Pargament, 2014). CLs are known to confidentially maintain trauma stories (Currier et al., 2019) and self-sacrifices

to help others in need (Moss & Snodgrass, 2020) who are experiencing “psychological distress” (Upenieks & Schierman, 2020, p.184). But “There are no superhuman leaders who are exempt from experiencing secondary trauma...no matter how convinced you are that your heart is made of steel, you can still find yourself with symptoms of vicarious trauma” (Sim, 2019, p. 121).

Theoretical Background

In moments of trauma, one seeks comfort and meaning from their CLs to help with reinterpreting their stress through divine support while managing tragedy (Upenieks & Schierman, 2020). CLs have been known to be the “first source of help for many people” (Juczynski et al., 2022, p. 1227) in critical times of trouble seeking spiritual help. The problem, therefore, appears to be those congregants who view CLs as a path to releasing their personal and social difficulties. Unbeknown to congregants, and unrecognized by CLs, this attachment spreads VT (Benuto et al., 2018). According to Branson (2017), “Vicarious trauma is a negative dynamic that can occur in medical, psychological, and other aid-focused professionals (commonly referred to as helping professionals) as a result of being exposed to client disclosures of negative events and traumas” (p. 1752). Moreover, the helping professionals’ behavior will be altered displaying signs of cognitive changes to their identity (Branson, 2017) and leadership effectiveness (McGarity, 2016). Research has been limited to educating others on the topic of the effect of VT on CLs. According to the attachment theory, a bonding develops in a time of need which provides security and helps strengthen resilience (Cherniak et al., 2021). This model, as per Cherniak et al. (2021), becomes a foundation for religious behavior and represents the security of internalized attachments to their faith. Unfortunately, congregants continue to become attached to CLs while discussing their traumas respectively, and it affects the CL. It is for this reason that CLs must take care of themselves and develop resilience if need be.

Resilience

Resilience is defined as resistance to an environmental problem while applying a better solution (Ventouris et al., 2020). This ability to adjust and overcome traumatic experiences will result in better health outcomes when being exposed to another person's trauma. If there is a build-up of this, a "cumulative effect...may have a transforming and deleterious impact...resulting in a phenomenon known as vicarious traumatization." (p. 9) For this study, this emotional and cognitive disruption can occur with CLs. This is why this research is extremely important so we can help our Shepherds.

Taking it one step further, a study was conducted by Ventouris et al., (2020) to determine how medical professionals, during the COVID-19 pandemic, were able to cope and what helped them to be resilient to stress. Their participants were male and female in the UK with three to 25 years of work experience. The purpose was to discover if participants experienced the same comparable symptoms and feelings as their patients. Participants did not have any experience in dealing with patients during the pandemic. But what they did have was the ability to self-reflect and set boundaries to distinguish the roles of patient and professional. This helped participants to evaluate the problem to determine the solution while increasing their resilience to solve the problem. Additionally, the self-care duties outside of work such as exercise and meditation made them stronger to deal with the stress. The ability to be self-aware, maintain social support, and manage emotions helps with strengthening resilience (Ventouris et al., 2020). It is the symptoms that are transferred over to another person that can cause psychosomatic problems (Greinacher et al., 2019). For example, if a person's coping skills become overwhelmed with stress their body reacts unfavorably displaying emotional, physical, behavioral, and cognitive responses (Jacobs, 2016).

Traumatic Stress Reactions

As explained by Jacobs (2016) a person should be aware of the ordinary responses to stress and the responses that require a referral for psychological support. The most common reactions to stress are fear, anxiety, depression, irritability, lack of participation, or disconnect. Other reactions involve the autonomic nervous system displaying physical signs such as high blood pressure, gastrointestinal problems, sleep difficulties, and suppression of the immune system. The third is behavioral reactions in which the individual turns to alcohol or drugs. This behavior is known as “an attempt to self-medicate the symptoms of traumatic stress reactions” (p. 32). The fourth reaction is cognitive in which a person’s way of thinking is interrupted resulting in problems with making decisions, memory, nightmares, flashbacks, and questioning spiritual/religious beliefs. Jacobs (2016) goes on to mention that everyone should learn how to cope with stress by getting adequate sleep, eating healthy, and exercising.

Situation to Self

I am a 65-year-old woman who grew up in a single-parent home. My mother was my role model. I recall her waking up early in the morning, still dark and snow coming down, walking up to the corner barely able to walk to catch the 22 bus to get to work. I always said when I grow up, I will take care of her. Well, with the grace of God, my mother is 93 years old, and I am her caretaker. Her motivation to care for her five children was much appreciated. I am the only one in my entire family (immediate and extended) with a graduate degree. You could say, I have been blessed by God to make this change within this family.

Additionally, I believe having skills and education is important in any community. I can recall being influenced by my neighbors in The Bronx. As a child, I recall seeing my neighbor

(Mr. Murphy – African American Scholar) always on his back porch reading a book. That image has always motivated me to go to the library and take out books to read.

It was tough growing up as the youngest child, especially in a neighborhood near the projects in The Bronx, New York. Not only did I see traumatic things inside my home but outside in the neighborhood as well. As for the educational system at that time, if you had a Spanish surname, they would automatically enroll you in an English as a second language class. But the only thing wrong with that was, I only spoke English. In addition, I can recall one teacher telling me I would never make it in college. Thank God for my resilient characteristics. My only sense of safety was when my mother was home or when I attended church services. Thus, to give back the goal of my dissertation is to spread the news that CLs are first responders as well.

Growing up a Puerto Rican Catholic has provided me an opportunity to view unique rituals inside and outside of the church. The first church (established in 1961) this researcher ever attended was Saint John Vianney in The Bronx New York. It was established in 1961 and in 2015 it merged with Holy Family (Wikiwand, 2022). Most importantly, mental impressions always stood in this researcher's thoughts about why some priests were friendly and others too busy to talk or some would smile, and others turned away. Unfortunately, it was never explained.

Is this difference in personalities due to CLs being introverted and extroverts? Or is it a combination of being overworked and underappreciated? Thus, my motivation for conducting this study was to tell the story of the voices (Creswell, 2013) that still silently exist within and among CLs. As an introvert and the youngest of five children, internal trauma remains internally, secured with emotion just waiting to be released (Shapiro, 2012). The ontological philosophical assumption, therefore, embraces social constructivism to obtain an understanding of why

Christian CLs have different personalities. According to Creswell and Poth (2018), the “interaction with others” (p. 24) form, meaning and is a process to focus on how CLs deal with stress and what congregants do to assist them.

Problem Statement

The problem of this study was the absence of qualitative research describing the lived experience of CLs dealing with VT. Many congregants have overlooked the fact “that all human beings are uniquely valuable and entitled to [natural rights] because all people are made in God’s image” (Irving-Stonebraker, 2021, p. 657), including CLs. Christians, no matter what denomination is held, still maintain religious liberty to practice their faith. The problem exists when our CLs are overworked and unable to seek counseling or unable to identify any cognitive distortions because of VT. It has been known that “emotions tend to go in pairs... destruction and reparation” (Hamman, 2015, p. 451) leading CLs to a lack of self-care because they are more interested in helping others.

Considering a lack of pastoral care, CLs are confronted with congregants who attend church for God’s guidance and seek a religious intervention to deal with their stress (Hatefi et al., 2019). Thus, a spiritual attachment is made to God helping the congregant deal with their problem (Leman et al., 2018). More specifically, according to Hatefi et al., (2019), “the greater the degree of attachment to God, it can lead to pain relief and increase the acceptability of chronic pain” (p. 473). Overall, this is great for the congregation, but what about our CLs who constantly hear the trauma stories of the congregation?

Chaplains who perform service in hospitals show higher signs of burnout than in a hospice environment (Hotchkiss & Leshner, 2018). The lack of help creates more stress. According to Stanford and Timms (2021), individuals affected by VT are exposed to stress and a

lack of self-care. More specifically, those who “work directly with people needing emotional support, are inevitably vulnerable to personal emotional fall-out” (p. 285).

Within the last year, there is an increase in CLs that want to leave the ministry (two in five) (Barna, 2022a). More specifically, 42 percent since March 2022 have reported wanting to resign due to loneliness, stress, and political reasons. Of course, the above reasons may explain why CLs want to resign, but VT may also be to blame. Also, CLs do not have the training required to help a congregant that is experiencing the trauma (Barna, 2020a). Their training is restricted and open to VT and burnout (Robinson, 2012). However, minimal research exists on VT and the troubles of CLs.

Per Terry and Cunningham (2021), CLs are “a high-risk population” since they are too busy taking care of the congregation’s spiritual needs and overlooking their health. This in turn results in CLs’ increase in stress, and burnout and “may have secondary effects on their families and congregations” (p. 1231). Postell (2022) stated that of all the mental challenges CLs face, stress is the number one. In a Lifeway Research study, 1,200 CLs were surveyed and the categories that had been found most troublesome were self-care, ministry difficulties, mental challenges, personal life, and people skills. Additionally, two out of three CLs are confronted with stress (Postell, 2022) and this was the focus area to explore in this study.

Purpose Statement

The purpose of this phenomenological study was to describe the experiences of Floridian CLs in Oviedo, Florida with VT. VT was defined as a transformation that occurs due to an empathic connection with another person’s traumatic experience (Sim, 2019). Counselors that listen to their patients during stressful and traumatic events are more susceptible to VT due to their empathy and caring behaviors (Stebnicki, 2017). It is CLs that become emotionally, and

physically exhausted and unable to perform their duties due to the overwhelming position that they maintain. Just as it has been suggested that counselors bring out their patient's internal fears, the same must happen to our CLs. CLs are spiritual counselors and are considered first responders for congregants to express their traumas. Therefore, who takes care of counseling CLs who are experiencing VT? After all, CLs are the first to hear a congregant's sad story, attend a funeral, visit the hospital, or just hold a depressed person's hand.

The theory guiding this study is founded on Martin Heidegger's (1889-1976) hermeneutical circle framework which focuses on digging deep to decipher what the whole consists of within while viewing its parts (Counted, 2015). The relationship between the theory and the focus is that trauma has no boundaries. Assisting with the digging ideology, is the attachment theory, by John Bowlby. This theory supports this research because of the relationship that has been formed (Choate & Tortorelli, 2022) since most people turn to God after they experience a traumatic situation (Counted & Zock, 2019). It is through praying and an emotional attachment that brings a person closer to the divine entity with the help of a surrogate (p. 13). For example, in a church setting (Baptist or Catholic) the CLs create a devotion to Christianity forming a religious attachment. CLs become this surrogate creating this perceived attachment to God through a spiritual connection (Counted & Zock, 2019). Moreover, what develops is "a relationship with a divine entity...[that] can be explained as an attachment process due to the bond of affection between the believer and their religious figure" (p. 14). When a person is experiencing trauma, a CL can become a surrogate and serve as an attachment figure representing security while helping the person deal with their problem (Scannell & Gifford, 2017). This attachment is possible by praying and reading scriptures creating a bond. In addition to attachment theory, a person's personality can make a difference.

According to Carl Jung's personality theory, some individuals can be quiet while others are sociable and friendly presenting a certain persona (Seligman & Reichenberg, 2014). This behavior represents a false social mask pretending to be someone you are not. Carl Jung's analytical psychology tries to understand the individual by finding out who they are. Many perceive themselves as inferior, guilty, shameful, and become overwhelmed, creating a toxic feeling of self-pity and of being traumatized (Alleyne, 2022). To overcome this low-self-esteem is to find an environment that "facilitates movement toward the integration of the disrupted selves by creating an encouraging and proactive environment for effective restoration, leading to hope" (p. 11). It is hope and faith that "bridges psychoanalysis with religion and spirituality" (Chatlos, 2023, p. 19). Congregants who bring their past and present traumatic experiences to church require processing with the help of external power. According to Chatlos (2023) "this process may be performed in a therapeutic or a religious Christian setting...that guides one to create [a] successful solution" (p. 20).

Significance of the Study

The participants of this study were delighted to explain the origins of their religious beliefs. They explained how their parents had installed their Christian foundation. The findings of this study are significant because the CLs who were interviewed are determined to make a difference and help release any internal traumas through self-care practices whether it calls for helping themselves, other CLs, or congregants' control or manage burnout due to VT.

Practical Significance

Costello et al., (2021) noted that "9.8 million adults experience a serious mental health problem. Yet many of them (35%) will not seek help from a professional mental health service provider. Instead, they are likely to seek out... church communities for support." (p. 381) CL

support is the preferred way due to the trusted source in the community. Unfortunately, CLs are not trained to work with congregants who have mental and emotional health problems.

Empirical Significance

According to Adams et al., (2016) stress among helping professionals, including CLs, is the result of work overload. More importantly, the significance of this study is to present how CL's personality types (introverts and extroverts) control how a person perceives and judges others (Francis & Smith, 2016). In Genesis 1:27 we see that “both male and female are created in the image of God, implying that the divine image embraces such individual differences... [and] has profound implications... for psychological differences” (pp. 76-77). Introverts can develop their internal energy of ideas, whereas extroverts retrieve their energy from the outer world. More specifically, as discussed by Francis and Smith (2016), introverts prefer the following: peacefulness, quietness, solitude, reading, inner thoughts, own stimulation, resent interruptions, and distractions. Whereas extroverts are the opposite and prefer working with others, interruptions, talking on the phone, being active, and enjoying environmental stimulation. Francis and Smith (2016) performed a study to determine the difference between introverts' and extroverts' CLs. It was concluded that they both perform ministry differently. The introverted CLs expressed that communicating with others was overwhelming, resulting in exhaustion, draining, and overbearing, and enjoying quiet time to re-energize is important. Many of the parish life activities were geared toward extroverts and a pretense begins to develop where introverts pretend to be extroverts to do ministry work. Moreover, Francis and Smith (2016) concluded that extroverts prefer social interactions and introverts enjoy quiet time.

Theoretical Significance

Each theory directing this study is geared toward its intended audience. Jung's theories in his last twenty-plus years of life became more spiritual and as of today his analytical psychology is used for the training of Jungian analysts (Seligman & Reichenberg, 2014). Jung's understanding of the psyche consists of the conscious and unconscious mind. For this study, it is important to comprehend if CLs have repressed matters that interfere with functioning affecting their attitudes (extraversion and introversion) and harming their communicating abilities with the congregation.

Lefevor et al., (2022) have pointed out that religious individuals are less likely to visit a therapist for psychotherapy due to the stigma of being crazy or having adverse experiences. Religiousness is linked to helping congregants that may have mental health problems or traumatic stressors that affect their personality. Therefore, the attitudes of the CLs “have been found to uniquely influence religious individuals as well, with congregants looking to clergy for guidance on...health-related issues.” (p. 90) Congregants respond more willingly if their CL's attitude is a combination of extraverts and introverts resulting in ambiverts. Thus, CL's personality is important for this study because they act as a gatekeeper in “bridging the gap between the religious community and secular resources and providing congregants with the necessary tools and language to combat mental health issues.” (Lefevor et al., 2022, p. 104) It has been determined that churches that had “access to mental health programming evidenced less depression than congregants who worshipped in a congregation without as many resources.” (pp. 104-105) Additionally, both the congregation and CLs attitudes impact depression levels thus both require training on mental health issues, creating a community-based environment to overcome the effects of trauma. Williams et al., 2014 have also confirmed that CLs play a large

role in directing congregants for medical treatments. Thus, it has been stated that a “Health Ministry” committee consisting of CLs and congregants should be created to provide health education and services (p. 417). A great example of an organization that was created is Promoting Emotional Wellness and Spirituality (PEWS). Their goal is important to this study because it focuses on educating the CLs about the “signs and symptoms” of depression (p. 418).

Moreover, in addition to the personality theory being of importance, the attachment theory helps in determining how a person’s foundation of obedience was developed. Everyone is born with an innate need to develop an emotional bond (Seligman & Reichenberg, 2014). Children who had experienced secure attachment, as adults are more resilient, show empathy, are sociable, and have children who portray the same qualities. The four categories of attachment are “security, anxious/avoidant, anxious/resistant, and disorganized/disoriented” (p. 110). Concerning this current study, the focus is on the adult attachment of either CLs or congregants. Bowlby believed that a therapist or in this case, CLs can be an attachment figure. However, congregants who perceive CLs as gatekeepers often bring their positive and negative emotions and traumas for spiritual guidance (Levers, 2012). In fact, according to Levers (2012), trauma survivors are known to have the following problems of physical, cognitive, emotional, behavioral, and spiritual (Table 1 - Problems).

Table 1

Physical	Rapid heartbeat, fatigue, tension, insomnia, nausea, gastrointestinal distress, hypervigilance, increased startle response and body aches, appetite changes, worsening of chronic illness, sensory limitations
Cognitive	Indecisiveness, worry, memory loss, difficulty concentrating, self-blame, disorientation, confusion, preoccupation, intrusive thoughts, intrusive memories, increased attention deficit, recurring dreams/nightmares
Emotional	Anger, guilt, fear, shock, feeling numb, hopelessness, diminished capacity to feel pleasure or love, anxiety, despair
Behavioral	Interpersonal relationship problems may develop caused by distrust, irritability, social isolation, or withdrawal. Other behavioral symptoms include school problems, work problems overcontrolling others, substance abuse, resisting authority, excessive expectations of self and others
Spiritual	Survivors begin to question good and evil and are unable to develop an existential understanding of why bad things happen to good people or to make sense out of the senselessness of the traumatic event. This inability to understand often can cause anger toward God or anything representing God ...such as clergy or places of worship.

(Levers, 2013, p. 324)

Therefore, these negative experiences, at some points are carried over to the church environment hoping to counteract their trauma and find meaning of why it occurred (Vazquez et al., 2022). The congregant searches for “meaning and a felt sense of connection with some ultimate or transcendent reality... that spirituality can help heal this shattering of trust” (pp. 224-225). This eventually allows the congregant to overpower their negative thoughts forming an attachment to the CLs that maintain qualities of characteristics of a secure base Dunaetz, et al., (2020). Furthermore, a quantitative study conducted by Dunaetz, et al., (2020) revealed that “a

person's emotional attachment... occurs in religious organizations" (p. 627). Congregants seek attachment to the divine and "spirituality and religion play an important role in the reevaluation and restructuring" of a problem (Vazquez et al., 2022).

The attachment to God delivers "a sense of feeling lovable and believing that God is available and loving, whereas insecure attachment to God is characterized by either a person's avoidance of intimacy with God or anxiety regarding abandonment by God" (p. 759). This attachment allows a psychological and spiritual growth to occur, such as the behaviors of reading scripture, praying, and attending church "because they view God as a source of security" (p. 760).

Overall, the attachment theory assists in understanding the connection to God. The Bowlby attachment theory states the bonding of infants, and their parents or caregivers occurs in their first year of life and continues throughout their entire life (Seligman & Reichenberg, 2014, p. 109). This relationship forms their future spiritual connections replacing caregivers with God as their new attachment figure (Granqvist & Kirkpatrick, 2013) displaying a secure (closer to God) and an insecure attachment (further away from God) (Augustyn et al., 2016). Therefore, the attachment theory presents important information for this current study showing that congregants who attend church can facilitate spiritual well-being and the ability to handle their stress, trauma "or purpose in life" (p. 200).

Consequently, the significance of this study was to determine if CLs are affected by listening and showing empathy for congregants' trauma. This study will help CLs understand the effect of VT on their personalities and how to deal with the issue. Additionally, this study will provide knowledge to show no matter the domination of the CLs, they must be encouraged, supported, and have a balanced life (Williams & Thompson, 2022). Verbal encouragement is

necessary to create an effective and focused atmosphere of ministry. Verbal encouragement was confirmed in a study conducted by Williams and Thompson (2022), in which they concluded that “Christian pastors experience encouragement as a protective factor” (p. 468). Hence, CLs (no matter what denomination) who acknowledge the importance of their personality and a congregation’s attachments will become educated on how to overcome VT. For example, both factors are important in dealing with traumatic stress that may be activated by witnessing the trauma others experience (Hunginger, 2021). Negative feelings and thoughts can affect the person and not be aware of them. Moreover, the symptoms of trauma “are not a sign that you are sick or crazy; they are your body’s way of speaking about its distress so that you can pay attention to it and heal it” (p. 364).

It can also involve an unresolved personal trauma that took place a while ago and listening to other trauma stories triggers the pain and a need to fix the person’s problem. If the CL witness’s trauma and can remain in the present while listening to the congregant, they will ultimately be able to process it and move on. Thus, according to Hunginger (2021), “Anyone who loves Scripture will be uplifted by the stories that have sustained people of faith throughout the ages: stories of a trustworthy God who has delivered generations from every kind of devastation” (p. 369). Provided that a person has faith and a relationship with God, their trauma can be overcome. This is why this study is important to determine if the CLs in Oviedo, Florida know how to overcome their congregant’s trauma stories.

Research Questions

Qualitative research is a way to dig deep and discover all there is to know about a particular phenomenon (Young & Babchuk, 2019). Research is conducted in a natural setting, and it is placed on themes by conducting observations, interviews, and collecting documents

while taking a comprehensive approach (Creswell & Poth, 2018). This researcher chose a qualitative study, as opposed to a quantitative study, to investigate if CLs are being overworked, underappreciated, and not taking care of themselves. This would leave them open to burnout. Therefore, a detailed understanding of what is taking place, and sharing their information is imperative. The following research questions were established because CLs must acknowledge any VT taking place and eliminate it before any downfall of their religious beliefs or any health problems can develop. These research questions are open-ended and start with how or what rather than why to determine a different way to ask about the purpose of the study (Creswell & Poth, 2018).

1. RQ1: How do church leaders in Oviedo, Florida describe their experience with vicarious trauma?

This first question investigates if CLs are experiencing stress or burnout and if the CL's behavior is influenced by congregants seeking guidance for their problems. It has been determined that many CLs are affected by traumas, long term health problems, and their ministry is being affected (Horsman et al., 2021). Thus, this study will determine if the behavior of CLs in Oviedo, Florida churches (B1 and C1) is being affected.

2. RQ2: How do church leaders describe the connection between vicarious trauma and stress and burnout?

The second question is asked to determine if CLs understand the origins of VT and if they are experiencing any problems that can lead to stress or burnout. For example, it has been indicated that people that help others deal with a traumatic situation "becomes deeply emotionally affected by the client's traumatic stories." (Stebnicki, 2017, p. 296)

3. RQ3: How do church leaders describe the way they cope with vicarious trauma?

The third question is presented to determine if CLs practice self-care and what self-care techniques are being used to rectify or prevent becoming affected. The facts are required, so if a medical problem or negative experience does exist, they need to discover the origins. Unresolved issues can leave a residue of unwanted emotions that can dominate their life (Shapiro & Forrest, 2016). Are they using coping strategies of prayer and mindfulness practices of meditation because “people who meditate strengthen their emotional stability and the ability to stay mindful in daily life.” (Shapiro, 2012, p. 294)

4. RQ4: How do church leaders describe the support they receive to deal with vicarious trauma?

The final question is presented to participants to determine if they are appreciated by their congregants and how they react when they hear about a tragic occurrence. Are they affected by a congregant’s trauma story? Do they experience nightmares or flashbacks, or is the emotion locked in their nervous system and the root of the problem is unreachable (Shapiro & Forrest, 2016)? The unprocessed memories of pain or grief can affect a person psychosomatically and result in a medical condition (Shapiro, 2012)

Definitions

Within this research, there are numerous terms used that are of interest to this novice researcher, which are defined below.

1. *Adaptive Information Processing* – A process in which the brain sorts out a solution to a problem. It involves “taking a disturbing experience and allowing learning to take place” (Shapiro, 2012, p. 22).
2. *Attachment Theory* – Infants require a nurturing relationship with caregivers. If this setting is not created adult connections will be missing and there are cracks in the

foundation concerning the child's feelings of security (van Rosmale et al., 2016).

According to John Bowlby, children need an attachment to their caregivers to function and know how the world works (Choate & Tortorelli, 2022).

3. *Burnout* – This is a state in which a person is exhausted due to emotional, physical, and mental stress resulting in a decline in interest and performance (Han, 2018).
4. *Church leaders* – Denominations use different terms for their Christian church leaders such as priests, pastors, and ministers (Ayton et al., 2017).
5. *Depression* – Is a mental disorder that results in a dissatisfied life (Sjöberg et al., 2017).
6. *Empathic Listening* – This is a way to understand what a person is saying by listening while showing body language that you are interested in and feeling what the person is saying by paraphrasing their words (Jonsdottir & Kristinsson, 2020).
7. *Epistemology* – Is the study and theory of knowledge (Elgin, 2018).
8. *Extroverts* – These are individuals who are talkative, assertive, sociable, and happy personality type (Smillie, 2013).
9. *First Responders* – These are the individuals who are first to arrive at an incident of trauma, “constantly exposed to emotional challenging and unpredictable situation...[and] prone to secondary traumatization” (Greinacher et al., 2019, p. 1).
10. *Hermeneutic Circle Theory* – This theory refers to the parts, making the whole and taking place here and now in the present (Jian, 2019).
11. *Hope* – It is a belief that things will change, an expectation, a wish (Williams, 2020).
12. *Introverts* – Shy Individuals, who keep information within and prefer one on one conversations (Zigan et al., 2019).

13. Locus of Control – “Is an abstraction derived from many expectancy-behavior outcome cycles in which people viewed the causes of the failures and successes as being under internal (internal LOC) or external (external LOC) control” (Clark et al., 2018, p. 2259).

14. Qualitative Research –

Qualitative research begins with assumptions and the use of interpretive/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes. The final written report or presentation includes the voices of the participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change (Creswell, 2013, p. 44).

15. Resilience – This is a result of an effective way to deal with difficulties (Greinacher et al., 2019).

16. Self-Care – “The ability to notice and be aware of your triggers, identify your needs, and proactively develop coping mechanisms to trauma and crisis” (Sim, 2019, p. 130).

17. Self-efficacy – “a persistent, global personal trait defined as the belief about one’s ability to achieve goals and overcome obstacles in daily living...closely related to personality traits...locus of control” (Young, 2020).

18. *Spiritual health locus of control (SHLOC)* – Deals with “individual’s views about God’s role in health-related behaviors and outcomes...consists of active and passive factors that are distinct from the external and internal dimensions of other locus of control measures” (Clark, et al., 2018, pp. 2259-2260).

19. *Trauma* -

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: (1) Directly experiencing the traumatic event(s); (2) witnessing, in person, the event(s) as it occurred to others; (3) learning that the traumatic event(s) occurred to a close family member or close friend – in cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; (4) experiencing repeated or extreme exposure to aversive details of the traumatic event(s).

(American Psychiatric Association [APA], 2013, p. 271)

20. *Vicarious trauma* –

This is trauma that a person experiences due to another person’s trauma. It is exposed to another person’s traumatic experience and is at a higher risk for posttraumatic stress disorder which can result in negativity. More importantly, it is exposure through a caring and empathic association (Hallinan et al., 2019). “Vicarious trauma symptoms can manifest in one’s professional and personal life.” (Ravi et al., 2021). “Vicarious Trauma (also called secondary trauma or compassion fatigue) is when you get so wrapped up in the traumatic experience of another that you exhibit physiological, psychological, and spiritual responses as if you were the one who experienced the

primary trauma. Vicarious trauma shifts how you perceive and engage with the world”
(Sim, 2019, p. 121).

Summary

Chapter One began with an introduction to the topic concerning current disasters. Not only do professional first responders experience VT, but everyone can develop it. Many, including first responders, overlooked that CLs are experiencing the same VT as they are, and some must be trained to be resilient. The purpose of this phenomenological study is to describe, understand and explore ways in which the congregants and CLs can help each other overcome trauma. The scope is to provide an understanding of the importance and dedication of CL's role as a first responder. As first responders, they suffer from the traumas that their congregants are experiencing. With intense conversations and empathic reactions, CLs put themselves at risk of developing VT and begin to show symptoms (Pack, 2014; McNeillie & Rose, 2021). Some may not be aware of the origins of their stress and keep these intense emotions internal and become an introvert instead of an extravert while maintaining unhealthy conditions. Priests and pastors in the past, and present, continue to speak to God for assistance through homiletic to release any stress they may have.

Chapter Two: Literature Review

Overview

This chapter begins with the theoretical framework that has guided this study. Since the purpose of the study was to understand and explore the need to help CLs, John Bowlby's Attachment Theory and Carl Jung's Personality Theory were selected as the framework. The framework is followed by a focused review of the literature concerning stress, trauma, burnout, CL's mental health, and what must be adhered to so that congregants can give back to our CLs. It will be explained that trauma has been occurring ever since God created the living. Additionally, the literature will present the foundation of why CLs should be recognized as first responders to avoid VT. Themes are formed from the literature to provide an appropriate background. The emerging five themes were (a) obedience (b) self-care (c) community first aid (d) spiritual identity and (e) first responders.

An exploration of the literature provided a theoretical framework along with categories relating to the problem and purpose of the study. Terms used to refer to Bowlby's Attachment theory were emotional bonds, touching, soothing, security, emotional regulation, affectionate bonds, attachment, perception, expectation, anxious, avoidant, resistant, disorganized, disoriented, secure, and insecure attachment (Seligman & Reichenberg, 2014).

The date range for the literature review was within a ten-year date range to narrow the findings of information. The scholarly peer-reviewed and primary resources, such as books used for counseling and traumatology, were either retrieved from the Liberty University Online Library or the researcher's personal library collection. Additional materials that were not peer-reviewed were used because of the foundational importance of the topic as it related to this research.

This literature has provided exceptional data to reflect the fact that CLs are first responders and shepherds who are honored to assist others. However, many churches are suffering and must close their doors due to many reasons such as a decrease in the congregation, expensive repairs, and not enough income (Kennerly, 2020). Whatever the reason for closure God does have a plan for them.

Theoretical Framework

The two guiding theories used for this study are John Bowlby's Attachment Theory (1907-1990) and Carl Jung's Personality Theory (1875-1961). In brief, John Bowlby's attachment theory claims that bonds with others form naturally throughout a person's life and may need adjustments if the attachment causes a need for a change (Seligman & Reichenberg, 2014). The attachment theory will support this research to understand the relationship that has been formed between congregants and CLs while taking a hermeneutical approach to bring forward the Scriptures. Attachment bonds can occur throughout a person's life, starting in childhood, adolescents, and adulthood when under stress. This bond of secure attachment allows one to view others in a trusting manner and become committed to being in their presence and brings out a "useful memory tool that I am OK, and you are OK too" (Bowman et al., 2009, p. 2). Secure attachment patterns can be observed in the Catholic church as you perceive congregants walking up to receive the sacraments or waiting online for confession demonstrate their "worthy of trust...[and] attribute positive character traits to attachment figures" (p. 2).

The other theory which helps comprehend why CLs can function differently is Carl Jung's Analytical Psychology Theory. This theory deals with the conscious, unconscious, collective, and personal unconscious mind. For this study, the section of his theory that will shed some light is the two attitudes "extraversion and introversion" (Seligman & Reichenberg, 2014,

p. 89). This process will allow the digging deep while helping to bring out the origins of the problem (Hunsinger, 2021). It focuses on “part-to-whole and whole-to-part analysis...called the hermeneutic circle” (Anton et al., 2010, p. 1).

John Bowlby’s Attachment Theory

John Bowlby a well-known legendary psychoanalyst, and psychiatrist, founded attachment theory in 1969 (van Rosmalen et al., 2016). Studies have been conducted on his theory showing children can either develop a healthy consistent nurturing relationship with parents (caregivers) or develop different behaviors. The connection to a parental figure can “affect one’s sense of connection with God” (Massengale et al., 2017, p. 491). Attachment theory along with affection exchange theory helps “humans form and maintain their social bonds...through the provision and receipt of affection.” (Hesse et al., 2021, p. 194) Thus, this bonding helps in comprehending the relationship one has with one CL.

Additionally, legendary Mary Ainsworth completed her dissertation to measure a natural parental relationship with their children focusing on bonding, protection, comfort, and dependability with a parent or caretaker (van Rosmalen et al., 2016). As mentioned by van Rosmalen et al. (2016) Ainsworth developed the “Strange Situation Procedure” (SSP) which measures a child’s attachment to their parents or caregivers since the relational security connection varies (p. 33). SSP was later categorized into “secure and insecure attachment” like “dependent and independent security” (p. 34). Consequently, attachment theory is further extended to understand the bonding relationship with God to receive a feeling of “love and comfort...safe haven and secure base...view of God as an attachment figure” (Cherniak et al., 2021, p. 126).

Thus, Christians are known to form an attachment bond. More specifically, God is perceived as “a relational dialogical partner when engaging in personal prayer” (p. 126). For example, when praying and raising your arms represent a need for security and a haven according to Cherniak et al., (2021). Attachment theory opens the door for the congregations’ religious beliefs and relationships with God in times of trauma and an ability to manage stress resulting in resilience and security (West, 2015; Vetbuje et al., 2022).

This attachment to God and the community helps congregants develop an internal spiritual power to cope with stress and problems (Augustyn et al., 2017). Moreover, “spirituality has the following broad definitional components: the process of becoming fully human by transcending [oneself] in the context of a relationship with God and Christian community” (p. 198). A study conducted by Augustyn et al. (2017) concluded that “attachment predicted both spiritual and psychological outcomes and that spiritual outcomes predicted psychological outcomes” (p. 207).

Hence, it is wise to say, attachment creates a spiritual relational foundation that promotes a connection to release a feeling of their trauma in the here and now since “God is an attachment Figure” (Freeze & DiTommaso, 2015, p. 61). Freeze and DiTommaso concluded that “the relationship between attachment to God and well-being...were associated with lower levels of anxiety” (p. 61). Furthermore, faithful congregants have a “secure attachment to God and church family predict greater well-being and that insecure attachment to God and church family predict less well-being” (p. 69). Thus, churches must recognize the importance of attachment in the community and according to Freeze and DiTommaso (2015), for this to occur, there must be a connection between CLs and clinicians. Substitute attachments will help the community grow in faith and “improve both their spiritual and psychological well-being” (p. 70).

Similarly, this perspective is discussed by Cassibba et al., (2014) attachment to God helps with coping and adjustments to trauma. More specifically, attachment also works through VT. It not only affects the victim, but the helper as well, exposing themselves to the experience of the person (Howlett & Collins, 2014). It is known as an “occupational hazard” and requires workers to be trained to identify, manage, and prevent the spread of this attachment (p. 181).

Carl Jung’s Personality Theory

Psychological type theory was introduced into vicar knowledge by Carl Jung (1875-1961) a Switzerland minister’s son (Seligman & Reichenberg, 2014). Although Jung’s contributions to analytical psychology were many, it was during the remaining years of his life he became “increasingly spiritual” (p. 88). For this research, the two attitudes of energy that can make sense for our CLs today are extraversion and introversion. According to Francis and Smith (2016), Jung’s theories have been used in clergy studies (Francis Psychological Type Scales) to determine the preferred venue for functioning and whether the inner and outer world of CLs are introverts or extroverts (Francis & Crea, 2015; Payne et al. 2021; Garland & Village, 2021).

Extroverts derive their energy from others, need to be stimulated, and are sociable. Whereas introverts’ energy is internal and non-sociable, experience higher burnout scores than extroverts, and seek help internally as opposed to requesting help from others (Francis & Crea, 2015; Payne et al. 2021). The duties of CLs include socializing with others daily, which can become difficult for introverts who prefer solitude when performing pastoral work (Garland and Village, 2021). Whereas extroverts thrive on talking to others daily “and therefore energized by external activity” (p. 2). However, regardless of the type one thing for sure is CLs are faced with “significant stress” (Moss & Snodgrass, 2020) and are at risk for burnout (Samushonga, 2021). As indicated by Bloom, (2019) pastoral work holds plenty of responsibilities, is exhausting, and

fast-paced, and many experience either physical collapse or mental breakdowns. Trauma can affect anyone and everyone that is overworked or underappreciated. In his book, *Flourishing in Ministry: How to cultivate clergy wellbeing*, (Bloom, 2019) it is mentioned supportive congregants will help in their CL's well-being.

The above theories have shed light on this study since both refer to the attachment and personalities of CLs and congregants. It does not matter what denomination a Christian belongs to and Jesuses' under-shepherds, are no exception. It has been mentioned everyone must be honest with God so that true feelings can be released (Hill, 2021). Trauma can be “real, imagined, or witnessed, and can shatter a person’s sense of safety, connection, and meaning, rendering the victim helpless” (Cobb, 2021, p. 212). People experience trauma, and it can become disguised throughout their life. Traumatization has been in existence since the beginning of time. It can be the result of a childhood event that has never been resolved or a current negative effect resulting in losing peace of mind (Shapiro & Forrest, 2016).

Related Literature

With the advancement of the attachment theory, this researcher has applied the hermeneutic circle theory of comprehending the parts to reach an understanding of how and if VT affects CLs. The hermeneutical process according to Counted (2015), can involve the CL (reader) and the congregant (read) both of which maintain similar roles and are “agents of a hermeneutical task” (p. 8). This occurrence allows the CLs to care for and perform a connection while experiencing the congregant’s trauma through an empathic relationship “allowing the self to experience the crisis of the other” (p. 8). However, the congregant must trust and share their experience with CLs so that a hermeneutical process can occur.

Clarifications

The National Institute of Mental Health (2019) has indicated one in five U.S. adults live with a mental illness. Due to the COVID-19 pandemic and natural disasters such as Hurricane Ian, the media have indicated there is an increase in people suffering from mental health issues who are bringing their traumas, anxiety, pain, and sorrows to CLs (Crites, 2020; Aten, 2019) for spiritual guidance (Figley, 2012). More specifically, the loss of a loved one or financial problems bringing them to church (Barna, 2020c). One in four practicing Christians attend church for guidance with their trauma (Barna, 2020b). It is a normal action, according to Izzo and Miller (2010) when an emergency, illness, or death occurs we seek help from others, specifically a CL to receive absolution (forgiveness of sins) and it is this person who is now at risk for VT (Devassia & Gubi, 2022). CLs are the “first respondents to crises” (p. 2) since they are looked upon for spiritual and emotional relief along with hope. CLs are the second, if not first, to be called when dealing with death and other traumas. They care for the congregation while maintaining the power of belief, faith, and spirituality to find and provide purpose in life (Penman, 2021). Regardless of the church location or denomination, CLs can confront external factors and become overloaded resulting in burnout (Bussing et al., 2013; Proeschold-Bell et al., 2015; Terry & Cunningham, 2021). However, it has been acknowledged that CLs have difficulties discussing their traumas, are placing others before themselves, and have a “lack of training in crises” (Burke, 2015, p. 226).

Church Leaders

Pastoral theology focuses on the issues that CLs experience while caring for others in the community (Samushonga, 2021). Thus, “pastoral care...comes from the Latin Pastorem, meaning shep-herd, and includes in its deep etymology the notion of tending to the needs of the vulnerable”

(p. 5). The demands on CLs “can drain ministers’ emotional, cognitive, spiritual, and physical energy reserve, which may affect their overall effectiveness.” (p. 6) Additionally, Samushonga (2021) goes on to say that introverts experience more burnout than extroverts. However, whatever their personality is, a CL’s position is to help “the traumatized person’s stream of emotions and allow room for [the] free-flowing expression” (Figley, 2012, p. 3).

Trauma

According to the Hellenic language (Greek), trauma means wound (Parnes et al., 2020). It can be seen in all stages of life leading to internal dents. There are countless individuals suffering from mental health issues. Knabb et al., (2019) conducted a survey and concluded that “90% of adult respondents in the United States reported being exposed to some sort of traumatic event...at some point in their lifetime” (p. 384). Trauma is the result of being exposed to an uncomfortable threatening situation, which brings about helplessness, fear, and or horror (Sanderson, 2013).

These traumatized individuals seek guidance from the house of God. Christians try to refocus their traumas, mentally by attending church and asking for God’s help (Matise et al., 2018). They participate in church prayers, share fellowship with others, and create an atmosphere of hope (Matise et al., 2018). Christian counseling experts have indicated religion is a sign of hope in times of trouble while promoting a person’s health (Modell & Kardia, 2020).

Vicarious Trauma

VT is an alteration due to an empathic situation that occurs when a person helps another who experienced trauma (Lane, 2021). VT is considered a reaction to the stressful and traumatizing exposure to another person’s trauma stories. Lane (2021) argues that “there is a need to recognize that the transformative effect of vicarious traumatization is not only cognitive

but also somatically expressed” (p. 11). Thus, CLs must be aware of the risk factors, create a self-care plan, and be aware of “sensations, emotions, and thoughts [as] a strong protective factor for all” (p. 11). They need to realize their health must be taken care of first so they can better assist congregants (Barna, 2020c).

It is the ripple effect in which CLs listen to congregants’ problems, and overlook their health, resulting in stress (Terry & Cunningham, 2021). Like the danger of secondhand smoke, CL’s empathic devotion to congregants’ traumas brings about side effects. For example, exposure to secondhand smoke has been known to hurt non-smokers by causing cancer, and coronary heart disease (Tsai et al., 2018). When a traumatized person is sharing their experience, the person listening to the story can become impacted and not even realize it. Another example is a person who experienced a car accident can be adversely affected and experience physical or mental problems while unaware of the origins. This is considered an epidemic of secondhand complications (Izzo & Miller, 2010) and symptoms are misdiagnosed and treated for other illnesses (obesity, digestive dilemmas, depression).

It is this empathy-based stress, “a process of traumatic stressor exposure, empathic experience, and adverse reactions among particular empathy-related professions, captured in the literature on compassion fatigue, secondary traumatic stress, and vicarious traumatization in trauma-related lines of work” (Rauvola et al., 2019, p. 297). Although there is an overlap in empathy-based stress (Izzo & Miller, 2010), for this study, VT will be focused on how it can harm CLs.

CLs use compassion and spiritual support when helping congregants decrease their level of fatigue (Snelgar et al., 2017). However, this empathic listening to the congregant’s trauma stories can cause emotional traumatization for the CL resulting in VT like what healthcare

workers experience (Geoffrion et al., 2016; Snelgar et al., 2017). Some view this as an occupational hazard because after a continuous intake of hearing stressful stories posttraumatic stress disorder results showing behaviors of “intrusion, avoidance, arousal, and emotional numbing” (Molnar et al., 2017, p. 130) and signs of VT such as “anxiety, role ambiguity, or even abandoning the profession” (DeTosta et al., 2019, p. 300).

Unfortunately, a “group of frontline workers at high risk of psychological distress, but who have largely been overlooked are CLs of faith-based communities” (Greene et al., 2020, p. S143). Their position is to spiritually support the community, families, and individuals in times of crisis through the power of praying (Greenway, 2020). In a 2008 survey, it was reported that CLs are stressed out showing “13% reported themselves as burned out, 23% as depressed, and 45% rated themselves as high or moderate in emotional exhaustion” (Burke, 2015, p. 220).

They prefer speaking to another CL as opposed to a mental health professional. As a result, CLs “are important community assets that can be utilized in mental health promotion, care, and referral. In times of need, people turn to clergy for counsel and guidance” (Burke, 2015, p. 304). VT takes time to develop due to gradual exposure, the person may show gradual signs at first but eventually will decrease in keeping up with their life skills (Benuto et al., 2018). To decrease VT, additional time off is recommended along with providing training, appreciation, advancement, and balancing workloads (Branson, 2019). The trauma lingers in a person’s possession without realizing it and turns into VT, and CLs are not exempt (Dass-Brailsford, 2007). Furthermore, according to the DSM-IV, a reaction to trauma can happen either directly or indirectly (American Psychiatric Association, 2013) it has a flowing effect.

Religiosity

To Russano et al., (2017) “Religiosity...refers to the belief in a higher power

accompanies by external and internal practices that strengthen faith.” For example, external practices are considered extrinsic religiosity and display the actions of church attendance. Whereas intrinsic religious practices are the actual behaviors performed such as “prayer, meditation, and other forms of inward reflection” (p. 239). Thus, receptive prayer is performed because it brings feelings of connection to God to release stress when sharing a traumatic experience (Monroe & Jankowski, 2016).

Prayer is known as a universal response from individuals who may be experiencing trauma due to depression, low self-esteem, or anxiety (McCulloch & Parks-Stamm, 2020). There are several types of prayer (Parks-Stamm et al., 2020). The first is an inward prayer where a congregant asks God to help them cope with whatever trauma they are going through. The second is an outward prayer in which a congregant asks God to help others with their problems. And upward prayer where the congregant is requesting God’s help through sacraments and petitions. Thereupon, “prayer leads to greater emotional acceptance and understanding of negative personal experiences” (p. 473). Thus, prayer helps cope with personal problems releasing the tension and transferring it onto the CL who is the Shepherd (Parks-Stamm et al., 2020).

Awareness of Vicarious Trauma

When working with the public regardless of duties, one must acknowledge the risk of VT. Howlett and Collins (2014) recommend training in the following areas of “self-care, social support, resilience, coping...creating a safe space [and] showing appreciation” (p. 189). To provide a clearer sense of the theoretical approach to the phenomena in this study, Howlett and Collins (2014) also argue VT can be acquired without recognizing the symptoms of “anger, pain, and distress, to physiological effects, such as diminished energy levels or sleep disturbances, to

emotional responses, including intrusive thoughts and increased vigilance regarding safety” (p. 181). Like other scholars, Howlett and Collins (2014), believe the severity of VT symptoms is based on the individual’s knowledge of the problem and their own experience of past traumatization. Moreover, CLs do not even know they have a cognitive or behavioral problem and may misinterpret the problem to arise from other avenues (Howlett & Collins, 2014).

Risk of Vicarious Trauma

According to the YouTube video on VT by Enns (2017) people exposed to another person’s traumatic experience will suffer from VT. Their sense of purpose and meaning in life will be distorted. The person will have daily difficulties involving anxiety, guilt, and a desire to save the world. Van der Kolk (n.d.) [video] explained that when stress is over it becomes history. However, according to Van der Kolk (n.d) that does not occur with trauma since your body continues to relive it. He goes on to state, the trauma is not the event that occurred, but how the person reacted to the trauma and who were there supporting you at that moment. If there was no one present at the time of trauma, an imprint has been placed in your brain. Every time you are in a comparable situation this trauma will reappear. The brain continues to send dangerous messages that you are not safe.

Thus, the effects of indirect exposure to trauma are not only a problem for healthcare workers but everyone, including CLs, since it can lead to unknown symptoms (Muehlhausen, 2021). As previously indicated through empathic listening, a connection occurs between the CL and traumatized individual (Branson, 2019). These new inherited feelings may unconsciously result in countertransference behavior towards the traumatized individual (Muehlhausen, 2021). This stored trauma is released through a connection with parishioners, resulting in aggravation, emotional concerns, stress, and a “variety of spiritual struggles that diminish their sense of

efficacy and satisfaction in their ministry” (Currier et al., 2019, p. 149). Therefore, CLs must be trained to notice the symptoms of VT, such as changes in behavior, cognition, avoidance, intrusive imagery (nightmares), and negative coping skills (Branson, 2019).

Church Leader's Risk Factors

To further explain, when a person repetitively cares for another the result is exhaustion, resulting in less empathy, while showing signs of burnout and compassion fatigue (Figley, 1955). These results are due to working long hours resulting in exhaustion and being involved in and overwhelmed with another person’s trauma while allowing it to become their problem (Louw, 2015). Congregants who are stressed and traumatized, for whatever reason, attend church for guidance. It is this caring provided by the CL that eventually turns into experiencing the trauma themselves and making it their problem. In viewing it differently according to Louw (2015), compassion fatigue is therefore due to caring which is known as VT.

It is not only workers in the medical field, who experience VT but all individuals in the helping field, including CLs (Bussing et al., 2013). Vaidyanathan et al., (2021) noted that parishioners attend church to release anxiety and experience spiritual mental health counseling without using secular help. Although CLs are not qualified to treat parishioners with mental health problems, their presence alone is considered a resourceful help for mental healing (Hendron et al., 2014).

On the other hand, a division does exist towards the secular perspective. Explanations of this separation have been argued by Vaidyanathan et al. (2021), illustrating CLs do not have any experience or training in the mental health field, and they do not trust secular mental health professionals due to the possibility that mental health counselors can confuse the congregation’s faith. CLs perceive counselors as representing “secular psychotherapeutic approaches as contrary

to Christian values” (Bledsoe et al., 2013). Accordingly, the norm has been to recommend congregants to mental health providers within the circle of the same belief structure. As further mentioned by Bledsoe et al. (2013) since CLs lack the skills and ability to identify the problems of congregations, they become stressed out. Moreover, “Pastors acknowledged that intervening in situations involving suicide, crisis intervention, homeless assistance, and abuse caused them the most personal stress” (p. 38).

Furthermore, psychological strains on CLs due to being overworked with an assortment of demands result in high burnout rates (Ruffing et al., 2021; Taylor, 2021). Some of the signs of CL burnout according to Taylor (2021) are overreacting, procrastinating, pretending to care, becoming alienated, and insomnia. Hence it has been determined that CLs who are trained in crisis intervention have a “lower burnout” (p. 35). According to Massengale et al., (2017), a person’s view of the world is altered by their stress levels and relieved with the help of a spiritual connection which plays an important part in mental health outcomes to avoid suffering in silence.

Manage

For this literature review, the dedication that will be recognized is the CL’s unique internal strength to help everyone in need. All those who encounter the CL will hopefully experience a “sacred domain...[and] sacred ring” (Deal & Magyar-Russell, 2018, p. 248). In other words, the sacred atmosphere becomes contagious and rubs off on others in the circle. It has been known that a person’s spirituality is re-examined and appears stronger when a crisis presents itself (Penman, 2021). Although just this experience is sacred, it can be detrimental as Rev. Ellis explains his strategy for the problem.

Testimony

In a YouTube video, Rev. James Ellis interviewed Dr. Frank A. Thomas to determine how he keeps his sanity, and faith and remains close to God when the burnout rate is high (DeGroat, 2017). Dr. Thomas explained how today everyone wants instant gratification due to technology. This demand is brought to the church, and it is the CL that must deal with these demands of instant results in life. When a CL just works to please the expectations of others, they begin to lose their identity, passion, and motivation, and are no longer happy. Dr. Frank concludes that CLs are human, and priorities must be made since they cannot please everyone.

A second YouTube video created by Father John Hollowell (Hollowell, 2017) through his homily provides an alternate explanation of how to deal with burnout. Father Hollowell discusses how the congregants approached the Apostles complaining that the widows were not being cared for. As a result, seven deacons were ordained to care for the widows who could not visit the church. In today's world, ministries have been formed to visit the sick and those who are unable to visit the church. Furthermore, the CLs are being overworked even though the "Canon Law" (only three masses on Sunday allowed) (9:07-0:10/23:11) exists they are holding masses on weekdays, working two churches, and visiting schools. Father Hollowell goes on to say, "here is the problem we have things that are not being done...seeing in the eyes of the people like we really need" (5:38-6:10/23:11). It is a disappointment that everyone cannot be helped or seen, and the congregations do not like any changes, so they leave the church. He goes on to say that we all need to work as a team and help each other build the church.

The Chosen One

CLs have three self-images according to Counted (2015) the shepherd, the wounded healer, and the wise fool. Shepherding refers to a compassionate, sympathetic supporter and

sensitive caring for others. The wounded healer refers to the vicarious suffering of others while identifying with human suffering and sharing the pain. Whereas the wise fool perceives the world as positive and will overcome the anxiety by taking part to resolve the problem (Counted, 2015). Thus, taking a “self-integrative approach to God’s images that works with the conflicted to recover self from conflicting jaws of anxiety and fear in a relationship experience with God” is the approach to take (p. 12). For example, the Scriptures have told us about Moses. He was overwhelmed with the weight that was placed on his shoulders of leading the people out of Egypt through the desert (Exodus 18:13-27). In the Book of Psalms, there appear to be examples of emotions such as anger (Psalm 4:4) broken heartedness (Psalm 34:18), fear (Psalm 2:11), grief (Psalm 6:7), pain (Psalm 69:29), shame (Psalm 44:15). Hence, by taking a holistic approach, the process of digging deep and breaking through any formations of exposure to trauma will allow the telling of their lived experiences and therefore alterations can take place for the congregation and CLs by collecting extensive details (Creswell & Poth, 2018).

Burnout

Burnout can be experienced in any profession due to working long hours resulting in physical and emotional exhaustion (Howlett & Collins, 2014). These conditions result in burnout due to the tasks involved and working long hours with little relaxation time. CLs provide over 50 hours a week of pastoral counseling to parishioners (Hedman, 2014).

According to Cunningham (2022), [video] compassion fatigue has symptoms like post-traumatic stress disorder (PTSD) that is vicariously acquired due to being in a helping profession. The difference between burnout and compassion fatigue is that burnout has to do with being worn out, tired, and not enjoying their job anymore. Whereas compassion fatigue alters personality, and the person begins to make excuses for their behavior by stating they are

okay but really, they are stressed out. Stress and trauma are now affecting their brain and body by displaying signs and symptoms. A notable example of this behavior has been observed in the Catholic and Baptist churches in which the CL's appearance shows signs of being overworked, but they keep on preaching to the congregants. Thus, according to Barna (2020b), CLs must be prepared to help their congregants heal but also to remember their limits in skills and health. CLs must delegate and make necessary referrals to help their congregants heal.

The relationship throughout the years between secular counselors and CLs has been precarious (Hendron et al., 2014). Although there is a scarce amount of research on CLs stressed or even burned out due to VT, pastoral counselors show higher levels of stress than "mental health professionals" (p. 3) since they "undertake noble work in seeking to help others face a wide range of trauma" (p. 10). Additionally, according to Miles and Proeschold-Bell, (2013), research reveals pastoral duties place demands on CLs due to their numerous daily roles resulting in emotional exhaustion, stress, and burnout. To understand how CLs deal with stress and VT, one must comprehend their internal and external parts and be aware of who they are without any alienating feelings (Grondin, 2015).

Explanation for Burnout

Burnout is the result of stress derived from employment, in particular the service profession (Ayala & Carnero, 2013; Randall, 2013; Visker et al. 2016). It is known to cause "emotional exhaustion, depersonalization ... and psychosomatic symptoms" (p. 1). Signs of burnout according to Branson (2019) are a decrease in production, emotional exhaustion, and dissociation (different identities). Burnout is a mental health dilemma that is known (Heinemann & Heinemann, 2017) and has been increasing due to personal reasons (epidemic, health, financial) and work-related "stress, fatigue and exhaustion" (p. 1). Halloran (2020) specifically

mentions the signs of ministry burnout, “stress, depression, insufficient sleep and rest, spiritual dryness, loss of motivation for ministry, feelings of isolation, susceptibility to temptation, disengaged and a lack of love with those you serve” (p. 1). Thus, it is considered a widespread problem that churches experience (Rossetti et al., 2013).

In 1974, Herbert Freudenberger observed his (dedicated) co-workers having different physical and behavioral symptoms (frequent headaches, fatigue, exhaustion, tiredness, depression, frustration, and anger). They were becoming exhausted due to the demands placed on them (Freudenberger, 1974). It was concluded that burnout results from “a significant amount of emotional work and empathy, personal involvement, and intrinsic motivation” (Heinemann & Heinemann, 2017, p. 1).

Christina Maslach was interested in measuring burnout and originated the well-known questionnaire, Maslach Burnout Inventory (MBI) which provides information on whether a person is experiencing burnout. The MBI measures “exhaustion, feelings of cynicism, and detachment from the job” (Maslach & Leiter, 2016, p. 3). According to Randall (2013), people believe that CL burnout is a myth. However, the duties of CLs are never-ending. They perform functions of life transitions for families involving marriages, bereavement, illnesses, and natural and man-made disasters while maintaining their mental health (Abernethy et al., 2016). It is this connection to others that brings about symptoms of VT (Halevi et al., 2018; DelTosta et al., 2019).

Possible Enrichments

Nevertheless, CLs are unable to console parishioners that require more care other than what can be provided since they do not have a medical background (Baldwin & Poje, 2020). A solution is a connection between CLs and clinicians to create a referral system for wellness and

prevention called “Clergy Outreach & Professional Engagement (COPE)” (Milstein & Ferrari, 2020, p. 173). This program educates mental health providers on how the power of faith and hope help congregants in the here and now with their problems. In addition, mental health providers also meet with the CLs to offer support and medical assistance (Baldwin & Poje, 2020; McCarroll, 2022). This program allows an open-door policy in which “communication and cooperation...goes beyond educational programs” intending to help congregants and CLs (p. 17).

A second solution would be to have counselors employed on church grounds who are trained and licensed to administer self-help techniques derived from the Adaptive Information Processing Theory, Eye Movement Desensitization, and Reprocessing (EMDR) therapy to treat an unprocessed memory that has been stored in the brain due to an earlier traumatic event or an unresolved attached emotion (Everhart, 2019).

Adaptive Information Processing Theory

Dr. Francine Shapiro (1948-2019) was the founder of EMDR. She was known as an introverted genius who passed away in 2019 from breast cancer at age 71 (Solomon, 2019). Dr. Shapiro was a licensed California psychologist and a researcher who was born (in 1948) in Brooklyn, New York. The EMDR Institute was founded in 1990 along with the now-known trauma recovery, Humanitarian Assistance Program in 1995. She conducted workshops and wrote nine books and many articles.

Furthermore, Dr. Shapiro believed trauma is known to originate from different causes and is unhealthy if it becomes hidden in a person’s memory bank creating different domineering emotions (Shapiro & Forrest, 2016). Trauma is any experience that has a negative enduring effect resulting in losing “peace of mind... if they are long-lasting” (p. 1). Dr. Shapiro believed

“trauma causes an overexcitation to the nervous system, and perhaps the eye movements cause an inhibitory (or relaxation) effect that counterbalances it” (p. 39).

Her mission focused on bringing out the needless suffering arising from unresolved traumatic memories (Solomon, 2019). Exterior triggers of trauma can have negative effects on all of God’s children. For example, for survivors of the Holocaust, the trauma will never be forgotten throughout the generations (Oostdijk, 2018). Thus, “the chipping away at the trauma by a variety of techniques, ranging from traditional talk therapy to experimental methods of Eye Movement Desensitization and Reprocessing” will help with releasing the feelings that have been coded with trauma (p. 86).

When considering the existing literature on CLs and VT, the results are in bits and pieces. In other words, there are a limited number of studies. Fortunately, the studies that were located will help this study explore the impact VT has on CLs. A thorough search of this topic was made by viewing the following databases, Google Scholar, Sage, ProQuest, Psych INFO, and Credo.

Study One

Hendron et al., (2014) conducted a qualitative study to determine if clergy in Ireland suffer from VT. The main search concepts were CLs, stress, trauma, religion, and counseling. Before starting the study, a pilot interview was first adhered to so that the format, structure, and length of the interview could be determined before the actual one-on-one interviews took place (Hendron et al., 2014). Participants were selected based on their free will and their experience with secondary traumatic stress (aka VT). The interview took place either on church grounds or in their residence. The study consisted of sixteen clergy members. An Interpretative Phenomenological Analysis (IPA) approach was taken to get a detailed explanation of their painful experiences. This allowed the subject to express themselves without any pretense of any

pre-existing conditions and manage each question while the researcher is trying to gather all the information (Smith & Osborn, 2015). The IPA approach is known to contain researchers that are experienced, and spiritual, and bring their firsthand experiences and interpretations due to their scholarly backgrounds. NVivo 8 was also used. NVivo 8 is a data analysis program that “store, code, and analyze the data” (Bergin, 2011).

The interviews were recorded, and their body language was observed. Notes were taken immediately after the interview and transcribed. The questions asked had themes of emotions, trauma, impacting others, and spirituality. Most of the responses dealt with being emotionally overwhelmed, guilty, sad, avoidance. One particular response was “I can be a right pain in the neck to live with because I find it hard sometimes to leave it all at the door...four years ago I went through a pretty low patch...I didn’t want to go anywhere or do anything. I realized that I was having all the symptoms of the people I was ministering to” (Hendron et al., 2014, p. 6). This study “is the first to evidence that merely being involved in crisis-related situations within the pastoral ministry can evoke a negative impact... It is a vicarious exposure to trauma” (p. 8).

The main theme of the study was to determine if they were impacted by VT. As a result, the conclusion confirmed that CLs do not take care of themselves and leave themselves wide open for VT and require training on the topic along with support to help congregants.

Nevertheless, CLs must remember the story of Moses.

Based on Scripture, Moses demonstrated an example of how CLs can prevent burnout by increasing self-caring techniques and delegating responsibilities (Samushonga, 2021). Moses, a prophet, was overwhelmed by the demands of leading Israel out of Egypt. He delegated work and shared the burden (Exodus 18:13-27). More specifically, in Moses’s encounter with God at the burning bush, although he was frightened and stressed, he listened as God informed saying

he was aware of the suffering that was taking place and how he would help deliver them from Egypt. Due to disbelief, God, therefore, presented three signs “When he cast his shepherd’s rod to the ground, it became a serpent. When he put his hand to his bosom, it becomes leprous. He was also told that when he would pour water from the Nile on the ground, it would become blood” (Ex 4:1-9; Comfort & Elwell, 2014, p. 414).

Moreover, according to Comfort and Elwell (2014), Moses still stressed out and informed God he was not verbally able to abide by his wishes. Thus, God took care of this objection through delegation. God would only speak through Moses in return Moses would delegate the work of his brother Aaron. When they encountered the Pharaoh, a request was made “Let my people go so they may hold a festival in my honor in the wilderness” (p. 415). Pharaoh’s rejection further added stress for Moses releasing the plague of “All the firstborn sons will die in every family in Egypt” (p. 416). Additionally, Comfort and Elwell, (2014) go on to say, the Pharaoh then demanded Moses and the people leave the land.

Although the Pharaoh finally allowed the Hebrews to leave Egypt, he rescinded his word and sent his army after them. As the people were facing the sea with nowhere to go and the army getting closer, they turned to Moses, once again, with resentment, and “The Lord parted the water of the Sea of Reeds by a strong east wind and allowed the Israelites to pass through the sea on dry ground to the other side” (p. 417). As in the past, with the journey of faith CLs function as shepherds with guidance. As Scriptures reveal in Genesis 1:26-27 God made humans in His image.

Study Two

A second study by Adams et al. (2016) entails a comparison study with other professions in the helping field to measure burnout. A search was performed for literature about first

responder burnout on the following websites of ProQuest Dissertations, PsycINFO, Cochrane Library. A search for the following keywords in the manuscripts was performed as well, such as MBI, Maslach, clergy, counselors, and EMT. It was found that clergy had a higher stress level in work overload, boundary restrictions, role conflicts, emotional triangulation, exposure to crises of congregants, criticisms, low support, on call 24 hours a day. Clergy has higher levels of emotional exhaustion, depersonalization, secondary trauma exposure, personal accomplishment, interpersonal stress, and no psychological training in trauma (Adams et al., 2016).

A computerized study was conducted using websites (ProQuest Dissertations, PsycINFO, and NCBI PubMed) to locate and compare burnout articles of similar professions (Adams et al., 2016). The interest of that study was to review the CL's behavior in comparison with other helping professions. It was discovered that CLs showed the same emotional exhaustion and higher depersonalization as counselors, emergency, and social workers and "higher burnout in personal accomplishment than counselors" (p. 167).

As regretfully noted, the demand on CLs involves emotional extremes but, as mentioned by Adams et al. (2016) protective factors such as joy and meaningfulness of ministry exist reducing burnout levels. Also, it was concluded that CLs applied spiritual resources when exposed to a parishioner who is traumatized. However, they lack psychological teaching in handling and resolving the trauma. Furthermore, Adams et al. (2016) believed CL's feelings of accomplishment are like teachers' and social workers in that seeing immediate success is not practical and may be a contributing variable to burnout.

Study Three

A third qualitative study was conducted and concluded, that if a person is not trained to collaborate with traumatized individuals one will inherit the person's somatic responses, anxiety,

and grief (Muehlhausen, 2021). Muehlhausen's (2021) study revealed when fieldworkers (untrained in trauma) listened to the overworked therapist they would mimic the symptoms of the therapist. It was concluded that listeners of trauma can be affected by the stories they hear and see.

Image of God

Imago Dei (image of God) is a combination of body and spirit representing God's image (Mitchell, 2013). As discussed in the Scriptures,

Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth. So, God created humankind in his image, in the image of God (The New Oxford Annotated Bible, 2001/1991, 1 Genesis 26-27).

People continue to function in the image of God and help each other in times of need due to an innate feature (Mitchell, 2013). It has been the plan to rid trauma while supporting and reconnecting while restoring hope in our relationships with God through attachment (Schreiber & Edward, 2015). Maintaining the image of God provides a framework for CLs and congregants to become resilient and help restore a sense of motivation for self-care (Edelkott et al., 2016) and use this biblical truth to help prevent stress, burnout, and VT.

Emotions, as revealed in the Scriptures, whether it is the result of anxiety, stress, or VT can cause problems, and CLs are not immune. Humanity has been created in the image of God (Body, Soul, and Spirit) and CLs need to take care of their entire self like other helping first responders. According to Groves and Smith (2019), "God expresses emotions, and he designed us to express emotions too. In the bible we see and hear God's anger, joy, sadness" (p. 17). Thus,

God's love for the universe made him vulnerable, and "if you care about others and the kingdom and mission of God in this world, you will be...full of sorrow when you or those you love are injured, suffer loss, or die" (p. 23). For instance, in Genesis, God shows grief because of 1) Adam and Eve and 2) because of Lazarus's death. Emotions provide "physical energy and motivation" to do things (p. 33).

As such, the word dialogue is a Greek word meaning "dialogos, where logos means the word, and dia means through" (Resane, 2022, p. 1). For dialogue to occur there must be communication. Resane (2022), goes on to say, communication has the power to have people sit and listen without judgment, disagreements, and prejudices. In brief, the house of God "speaks through dialogue, and theology's voice is heard mostly from and through the church" (p. 1). A CL uses biblical text to relate messages to their congregation and becomes the venue to express God's dialogue. This connection can calm a person and free them from tensions while listening to "a flow of meaning" (p. 1) and a dialogue is created, where God speaks to the congregants. A study conducted by Bryant-Davis and Wong (2013) concluded that the power of interpersonal connection to God influenced how a person dealt with the trauma. A positive image of God resulted in faith, and coping ability. Whereas a negative image decreased coping resilience.

Thus, taking a holistic perspective, the purpose of this literature review was to understand and explore the need to help our CLs as they have helped us in times of need. Most importantly, to determine whether CLs (Catholic and Baptist) in the small rural town of Oviedo, Florida are overworked, burned out, and affected by VT. Therefore, a noticeable gap revealed no studies have been conducted in this area. Thus, conducting qualitative research provided a trustworthy manner while delivering precise information for "credibility, transferability, dependability, and confirmability to parallel the conventional quantitative assessment criteria of validity and

reliability” (Nowell et al., 2017, p. 3). Consequently, future researchers must be able to follow the data and determine the origins to confirm findings and produce the same results (Nowell et al., 2017; Creswell & Poth, 2018).

Hence, a qualitative study has been conducted using a total sample size of ten CLs from a Catholic and Baptist church to identify and describe their perspectives on the following questions: 1) How do church leaders in Oviedo, Florida describe their experience with vicarious trauma? 2) How do church leaders describe the connection between vicarious trauma and stress and burnout? 3) How do church leaders describe the way they cope with vicarious trauma? 4) How do church leaders describe the support they receive to deal with vicarious trauma? These questions relate to the design of this study which included open-ended questions, one-on-one interviews, and observations. The study started once written consent and approval from the IRB were provided (Creswell & Poth, 2018).

Hendron et al. (2014) study is educational for CLs to comprehend the necessity to seek counseling services if required. The purpose of counseling is to help a person function in their environment while receiving spiritual guidance and making a connection to the higher power of God (Milstein & Ferrari, 2020). Occupational distress and mental illness in Florida CLs (depression, anxiety, and burnout) are increasing and can be measured with the help of instruments and studies (Shaw et al., 2021).

This study provided an epistemology (knowing) and ontology (difference) perspective as a way of learning how CLs deal with daily stress. A phenomenological qualitative study was conducted to deeply investigate the experiences of the quiet internal traumas that overpower CLs consciously or unconsciously (Creely, 2018). According to Creely (2018), Edmund Husserl was the originator of the phenomenological approach who interpreted the problem affecting the body

and mind by looking deeply into their lived experiences. Thus, taking a comprehensive approach and determining what congregation members can do to better support CLs is beneficial since CLs take the time to prepare sermons, and homilies, pray for their flocks, be on call for those in need, and work long hours (Yasar, 2022). Research has provided ways that congregations can support their CL by thanking them and showing appreciation for the preparation of their sermons, avoiding gossip, encouraging support, prayers, and attending mass weekly (Teixeira, 2017).

Measurements of Trauma and Personality

The purpose of assessments is to measure the symptom so that a conclusion can be made about the person's behavior (Levers, 2012). The Attachment Belief Scale (TABS) was created to measure VT and has eighty-four items (Aparicio et al., 2013). It measures trust, self-esteem, and feeling of safety and control (Pearlman, 2003). The Maslach Burnout Inventory (MBI) is known to measure “emotional exhaustion, depersonalization, and personal accomplishment” (Adams et al., 2016, p. 152; Francis & Crea, 2015). The Clergy Occupational Distress Index (CODI) measures how often CLs experience a stressful moment with their congregants within one year. The higher the score (5-20) the more occupational distress is experienced (Webb & Chase, 2019).

The stress that CLs experience, due to their pastoral duties and daily demands, is known to increase their levels of burnout (de Lima Dias, 2019). A study conducted by Ruiz-Prada et al., (2021) reviewed the stress and burnout of Catholic priests. The risk factors found were that younger priests felt overwhelmed with the workload, and were “introverted, perfectionist and narcissistic personality...living alone, not having sufficient support, excessive demands” (p. 3807). CLs have been known to neglect their health so they could focus on their congregation's

well-being resorting to burnout due to being overworked (Terry & Cunningham, 2021).

According to Terry and Cunningham (2021), CLs “are a high-risk population.” Thus, CLs have been called to a “sacred” ministry by God (Proeschold-Bell et al., 2015) and must take time off.

Currently, two local spiritual convention centers offer on the grounds to conduct retreats and offer relaxation. The first is the Canterbury Conference Center (2022). It is a tranquil escape located in Oviedo, Florida consisting of forty-eight acres with Lake Gem in the middle. The center provides a tranquil escape where one can meditate, relax, and conduct a spiritual retreat. Forty-five guest rooms will accommodate CLs and congregations without any television or telephone distractions while enjoying three meals a day prepared by an executive chef. The Canterbury is known to be the venue for restoration and relaxation of peace of mind. As the Scriptures say, “Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest” (Matthew 11.28 The New Oxford Annotated Bible 2001/1991). A second choice is San Pedro Spiritual Development Retreat and conference center, (2022) located in Winter Park, Florida. It is located on two hundred acres and has forty-eight guest rooms, five conference rooms, a chapel, a weekly mass, and a nature trail to reconnect with tranquility and rejuvenate your internal self with a group or private retreat.

Divine Control

Rendering to Pickett et al., (2017) CLs are experiencing health problems due to their devotion to their divine calling. Thus, the belief that God is in control of a person’s life helps with traumatic events that are stress related (DeAngelis & Ellison, 2017). According to DeAngelis and Ellison (2017), the three types of stress are daily life problems, financial strains, and acute stressors of life events. Fortunately, developing positive resilience helps with overcoming the effects of stress. For example, church attendance is helping trauma survivors

cope with stress and reinterpret their pain and sorrows resorting to “God for help and guidance” (p. 3). Congregation members with chronic diseases seek support through religious coping and religious interventions (Hatefi et al., 2019) to reduce their problems and therefore develop an attachment to God through prayers (Farzaneh et al., 2020).

However, CLs suffer and are overwhelmed due to their roles (Pickett et al., 2017). They encounter burnout consisting of a “decline in energy, motivation, and commitment and occurs when high expectations for achievements do not come to fruition despite devotion to a cause or way of life” (Barnard et al. 2012, p. 149). CLs develop a shield pretending everything is fine since they believe they are doing God’s work and cannot give up (Barnard et al., 2012). Thus, this must be addressed to keep our CLs safe and make them feel appreciated by the congregations. According to Doolittle (2010) “identifying protective behaviors that may prevent burnout is important for the long-term emotional health of individual clergy as well as the wider church” (p. 88).

Not only does the congregation experience barriers but so do CLs with concerns about narcissism and humility (Ruffing et al., 2018). There are two types of narcissism grandiose (overt) and vulnerable (covert). An overt person is manipulative, domineering, and enjoys power. Whereas a covert person also requires admiration but has low self-esteem, is depressed, shameful, and idealizes others, both of which will interfere with a “healthy humility” (p. 527). Narcissism in CLs has been shown by using narcissism scales from the Minnesota Multiphasic Personality Inventory-1 (MMPI-1). It was found in a study by Ball and Puls (2015) that CLs had higher levels of overt narcissism when they had a large congregation compared to smaller congregations showing covert narcissism. In any case, narcissistic CLs display the following characteristics: decision-makers, impatience, delegates, being threatened by others, and must be

the most intelligent. They can affect the relationship with their congregation and be connected to clergy burnout (Ruffing et al., 2018). The congregation can perceive CLs as parental figures and begin to idealize them. Thus, according to Ruffing et al. (2018), CLs must acknowledge their internal and external behaviors while navigating duties and managing anxiety “inside and outside of their congregations from a humble and differentiated posture” (p. 539). Just as the congregation requires guidance our CLs need spiritual direction to decrease stress and encourage growth (Bussing et al., 2016) while moving away from narcissistic behaviors toward humility (Ruffing et al., 2018).

Statistics

“In the United States, over two-thirds of persons are affiliated with a religious congregation (69%), and over a third (36%) attend services weekly” (Pew Research Center, 2015). A CL's mental health significantly affects the congregation and community (Salwen et al., 2017). CLs have a role to portray and are expected to be role models for the congregation. Every Christian has unique qualities, culture, values, and religious perspectives. CLs are human and like others in the helping profession can experience VT. Unfortunately, since it is difficult to detect, self-care is required (Izzo & Miller, 2010; Crites, 2020). Fortunately, with the identification of sanctification, there is divine character and a feeling of importance in everyday functions which can direct CLs to become consciously aware of the symptoms (Deal & Magyar-Russell, 2018).

Burnout and VT are the two main adverse effects of exposure to trauma and having altruism and compassion are considered unsafe characteristics that someone in the helping field can have (Dass-Brailsford, 2007). Burnout is derived from psychological stress that occurs gradually from working under pressure and a little help from others opens the door to additional

trauma. Secondary traumatic stress or VT is the result of a person's empathetic reaction to repeated exposure to a person's trauma or unknown trauma history. Thus, VT is a consequence of caring which opens the door to vulnerability. More specifically for this study Dass-Brailsford (2007) defines VT as "the change that occurs within the therapist as a result of empathetic engagement with a client's trauma experience" (p. 3). Trauma can even be seen in the Scriptures. Scripture tells us that Isaiah, a well-dressed prophet, was well-educated. He "became the political and religious counselor of the nation" and was ordered by God to wear only a loincloth and walk barefoot for three years while doing ministry work (Comfort & Elwell, 2014, p. 238).

Like CLs, people who work in the service industry are in contact with countless people and can experience trauma resulting in internal and external problems (Burke, 2015). It has also been known that trauma has caused people to rethink and doubt their faith (Barnes & Moodley, 2020). Whereas others believe the trauma experienced is making them stronger and God is evaluating them. For example, man-made and natural disasters have impacted the lives of people. Most recently COVID-19 has altered everyone's life bringing families and survivors closer to a religious attachment to comprehend this disaster (Davis et al., 2019). Attending church services helps people make sense of their lives and maintain feelings of sacredness. As indicated by Davis et al., (2019) "religious meaning...centers on their beliefs and experiences of a benevolent, powerful God with whom they have an ongoing perceived attachment relationship" (p. 660).

Summary

As mentioned in this literature review trauma, specifically VT can affect workers in the human services field. This study was conducted on the CLs in Oviedo, Florida to determine if VT is affecting two different Christian denominations and how they manage it. Furthermore, there is a need to determine if the personalities of CLs (introverts or extroverts), within this area,

can explain the possible connection of acquiring VT. Up until now, studies were never conducted in Oviedo, Florida to determine if CLs are facing burnout or what precautions are they taking to relieve or prevent VT. Nevertheless, this researcher believes the time is now to conduct this study in Oviedo, Florida. Our CLs spiritually unite parishioners with the almighty God while listening to their congregant's problems and traumas. It is this empathic connection that brings danger to our CLs. They become so consumed with supporting the flock they overlook their health. Not only does the CL need to learn to take care of themselves physically and mentally, but the congregants need to learn how to show their appreciation by giving back and supporting their CLs and each other. More specifically, as pointed out in a 5-year study a person's spiritual health and behaviors can be affected by either being actively or passively connected spiritually (Clark et al., 2018).

Chapter Three: Methods

Overview

The purpose of this phenomenological study was to describe the experiences of Floridian CLs in Oviedo, Florida with VT. In this chapter, this research study utilized a research design of transcendental phenomenology to examine the impact VT has on CLs. Since this study is qualitative and not quantitative, a Screening Assessment (Appendix F) was given to prospective participants to complete as opposed to a survey. This will confirm: (1) their position, and (2) their length of employment within the Christian church, (Sim, 2019). Moreover, this research methodology chapter will explain the design of the research setting, the participants, ethical considerations, the data collection methods, and the validity that was used in the study. The primary data collection is interviewing participants (Appendix H). This section will explain how these interviews will be collected, coded, and transcribed to discover the patterns along with describing the reliability and validity of the designs.

Design

A qualitative study was conducted while taking a comprehensive approach with the guidance of our Savior Jesus Christ. The research design is transcendental phenomenological and therefore, verbally retrieves all layers of information to determine and understand what and how CLs respond to a lived experience in their venue (Creswell & Poth, 2018; Kelly et al., 2020) such as burnout, VT, and avoidance of counseling.

The study is qualitative because the goal is to excavate and retrieve all pertinent information. The design is appropriate because the result of the study is in a written format instead of numerical like in a quantitative study. The specific type of phenomenological design was selected because the data will consist of a shared lived phenomenon experience (Creswell &

Poth, 2018). For example, what and how questions were asked to discover the common experience. The concerns that interest this research are VT, burnout, stress, and how the congregants support CLs.

Moreover, Creswell and Poth (2018) have mentioned that the researcher will bracket their concerns and experiences they may have with the phenomenon before focusing on the participants. The data is analyzed and placed into categories of what the experiences were “textural description” and how they experienced it “structural description”. Then all information is viewed for an integrated approach (p. 78).

Furthermore, this study is qualitative because it provides an ability to acknowledge and describe the stress CLs are experiencing vicariously and an opportunity to comprehend how they can provide pastoral care while performing their duties of the ministry. Qualitative research allows participants to be studied in their natural environment and to make sense of the phenomenon through their perspectives (Creswell & Poth, 2018). Hence, presenting Creswell and Poth’s (2018) ideology, this researcher heard from the participant’s perspective from a Catholic (C1) and Baptist (B1) point of view. They were asked questions to tell their stories with flavor on this phenomenon through bracketing while digging deep for textural (firsthand experiences) and structure (how they experienced it) descriptions.

Transcendental Phenomenology

By enhancing a phenomenological design, this researcher was able to explore the experiences of living with stress. The process involved identifying and studying a phenomenon while keeping your experiences out of it and collecting data from participants who have experienced the phenomenon. The researcher then analyzed the data by reducing it and placing them into themes (Creswell & Poth, 2018). According to Knight and Tetrault (2017), “The

philosophical writings of phenomenology indicated that people can only know what they live. This type of qualitative research looks at the essence of what is contained within the lived experience” (p. 62). Another type of phenomenology that will be expressed is hermeneutical in which the parts must be understood to comprehend the whole (Bohman, 2015).

Rationalization

The focus of this study hereby described an experience as opposed to an interpretation. Christians have always depended on CLs for support and guidance with whatever traumatic experience they are going through (Pargament & Rosmarin, 2010). Some go to their CLs for support due to sudden death in the family, a traumatic experience related to a natural or man-made disaster, and some seek help because of mental disorders rather than obtain counsel from secular professionals (i.e., psychologist, psychiatrist, or counselors). CLs have always been there to listen, console, guide, and offer solace to support those who need spiritual guidance. For example, according to Pargament and Rosmarin (2010), pastoral counseling is what is provided by ordained CLs to parishioners requiring spiritual guidance when experiencing any hardships or traumas creating a trusting environment. As illustrated, studies have shown that a CL’s empathy becomes an avenue for VT and mental health problems (Ruiz-Prada et al., 2021). VT occurs when the person doing the empathizing is indirectly affected by the victim’s traumatic experience which quite often leads to burnout (Levers, 2012).

Research Questions

The purpose of this transcendental phenomenological study was to explore the experiences of CLs with VT in Oviedo, Florida. The research questions in the study addressed CL’s experiences and connections with VT, how they handled these experiences, and what

support they received. These questions were framed using the theoretical foundations mirrored in the attachment and personality theory to comprehend how CLs are affected by VT.

This current study applied the attachment theory to address the phenomenon of how this innate emotion automatically permits a bond to occur and a framework for comprehending a relationship with God. It is described as an “innate psychobiological system [that] motivates proximity seeking to support others in times of need for the sake of protection and safety” (Cherniak et al., 2021, p.126). CLs are shepherds of God, and their presence, prayer, and blessings represent relief from trauma or stress while providing security and a haven. Thus, the CLs are human and vicariously can become stressed or burned out throughout time without understanding the origins of their problem. The following research questions are geared to educate CLs on the quiet storm that can occur if self-care actions are not fulfilled.

1. **RQ1.** How do church leaders in Oviedo, Florida describe their experience with vicarious trauma?
2. **RQ2.** How do church leaders describe the connection between vicarious trauma and stress and burnout?
3. **RQ3.** How do church leaders describe the way they cope with vicarious trauma?
4. **RQ4.** How do church leaders describe the support they receive to deal with vicarious trauma?

These research questions were answered by analyzing data from two primary sources: semi-structured interviews and observations. This data allowed the researcher to collect pertinent information on participants’ experiences with VT and what self-care techniques were adhered to.

Setting

The setting took place at two Christian church locations with their unique leaderships of Catholicism (C1) and Baptist (B1) in a small rural town in Seminole County, called Oviedo, Florida. The population in Oviedo as of April 2020 was 40,064 (Census Bureau, 2020). Oviedo

was incorporated in 1925. It is a total of sixteen miles with an average home value of \$297,868. It has two public high schools and two middle schools along with seven elementary schools. The closest airports are Orlando Sanford International Airport (8 miles) and Orlando International Airport (19 miles). The two closest cities are Sanford (population of approx. 50,000) and Orlando (population of approx. 200,000) (City of Oviedo, 2022). The distance between the two churches (B1 and C1) is about 2.6 miles. This venue was chosen for this study due to the close vicinity of the two Christian churches and the amounts of registered congregants.

The Baptist church (B1) noted in this dissertation has been around since 1875. History has indicated residents in the area realized a church was needed for worship. In 1942, the structure had major renovations due to 419 Street in Oviedo being widened and causing damage to the house of worship. With its gracious history and resilience of pastors and congregants in 1994, the Church was incorporated. In 1997 the current pastor became the leader of God's people. As of today, there are over twenty ministries, pastoral staff, employees, and many congregants who have welcomed non-members as well.

The Catholic church (C1) noted in this dissertation has been around since 2005 holding mass in rented space (Oviedocatholic, 2022). Bishop Thomas Wenski established the church to serve the community in Oviedo. In 2011 60 acres were purchased which now sits the Parish Life Center. Currently, there are two devoted priests in this church and one of them was titled a pastor on June 10, 2023.

Participants

Participants for this qualitative phenomenological research study consisted of a sample size of ten. The research included a total of ten Christian CLs from a Catholic (C1) and Baptist (B1) church in Oviedo, Florida. The sample size was originally going to be made up of 5 CLs

from each church. However, due to unforeseen circumstances of not being qualified for the study, the number was altered for each church. Such as, the sample size consisted of four from one church (C1) and six from the other church (B1). The pseudonym for the churches is, C1 (Catholic church) and B1 (Baptist church). According to their websites, the Catholic church has 2,200 families, and the Baptist church has over 2,000 families. All participation in this study was voluntary.

The two churches have been selected to understand the spirit of the phenomenon of VT. Both Christian denominations have commonalities such as preparation for service, working over 40 hours a week, attending weddings, and funerals, visiting hospitals, and assisting living facilities (Webb & Mama, 2019). Research reveals that many faiths of Christian leaders are having medical issues (high blood pressure, heart disease, and diabetes) due to psychosocial stress and “burnout” (p. 2111).

To discover if CLs are stressed out or burned out, an interview took place in their natural setting so that they can feel comfortable. Once the two main CLs were interviewed, the convenience sampling method, based on their availability, is used to select additional leaders consisting of a total of ten (Creswell & Poth, 2018). A consent (Appendix G) was signed to participate in the research, along with the right to anonymity.

According to census.gov (2020), Oviedo has the following population: White (75.3%), African Americans (7.0%), Asian (7.2%), and Latino (20.6%). Observations have led this researcher to conclude that the CL's age is between 40 to 70 years old, and the congregants are 36 to 90 years old. The ethnicity in the Catholic church is American, Filipino, and Latino CLs. Whereas the ethnicity in the Baptist church is predominantly African American (Table 2). All participants completed high school, and most had received a four-year degree. There were no

limitations placed on the participants due to the age or time frame of a church leader. All participation was voluntary. Participants signed a consent.

Table 2

Participant Demographics

ID	Pseudonym	Age	Church	Position	Ethnicity	Gender	
P01	Robert	50	C1	Priest	Asian	Male	
P02	Timothy	41	C1	Priest	Caucasian	Male	
P03	James	52	C1	Deacon	Latino	Male	
P04	Anthony	53	B1	Deacon	African American	Male	
P05	Michael	62	B1	Pastor	African American	Male	
P06	Oscar	62	B1	Deacon	African American	Male	
P07	Bobby	55	C1	Deacon	Caucasian	Male	
P08	Charlie	49	B1	Deacon	African American	Male	
P09	Michelle	50	B1	Deaconess	African American	Female	
P10	Belinda	52	B1	Deaconess	African American	Female	

Procedures

Institutional Review Board (IRB) approval was provided from Liberty University to conduct the interview (Appendix A). Permission letters were sent to Catholic Diocese (Appendix C) and the Florida Baptist Convention (Appendix B). Once permission from IRB was provided (Appendix A), the screening assessment (Appendix F), recruitment letter (Appendix D), and consent (Appendix G) were delivered. Once this researcher received the screening assessment, and consent from the CLs (C1 and B1), the interview process began. The interview process

started with observations in their natural setting to observe their body language and behavior (Creswell & Poth, 2018). Observational field notes were written throughout chapter four describing what was witnessed during worship services. The interviews were scheduled (8 in person and 2 through MS Teams) based on their schedules in a location where others will not easily overhear the conversation. The signed consent (Appendix G) forms were received at the interview or before the scheduled time frame. All participants were reminded the conversation will be recorded to ensure accuracy along with their responses to the interview questions (Appendix H) and their identity will be kept confidential by replacing their names with pseudonyms. They were given an alias name. The conversations (interviews) were recorded to ensure accuracy when information was transcribed. Participants had an opportunity to review their transcripts of the interview. Archival records of the CLs were retrieved through their church website (Appendix O). These procedures followed the recommended steps to take as per Creswell and Poth, (2018).

The Researcher's Role

The researcher's role was to provide a reliable description and interpretation of a transcendental phenomenological matter that is concerned and attracts attention (Creswell & Poth, 2018). Upon approval from the IRB, participants were able to be solicited. This researcher took a bracketing approach and blocked out any prior interpretations or experiences of CLs' performance to illuminate any faulty results to start fresh on the topic. This researcher shared the religious faith of being a Christian Catholic and is currently a graduate online student at Liberty University. They will be informed of this researcher's purpose statement, data collection, analysis, and role in this study. The interview questions will be presented to collect data on CL's

viewpoints and experiences with VT due to listening to congregants through reconciliation and one on one meetings.

Many families have personal biases about CLs that have been passed on from generation to generation. One of which is due to the narcissist demands passed on to this researcher's family from generation to generation. The family believed a CL must drop everything and respond immediately. Like the researcher's family and others, a little narcissistic behavior exists within. Fortunately, negative family traditions have been discontinued by this researcher.

Data Collection

To determine if CLs are impacted by VT, the data collection involved implicit phases of three steps taken. The first phase involved attending two worshipping services at a Catholic and Baptist church on two different non-consecutive days to identify potential participants for the study. The second phase of the data collection consisted of interviews with the two adult CLs and participants from their leadership who met the criteria (Appendix F) for this study to take place. The data will then be assorted and analyzed into themes providing a “textural [congregation] and structural [researcher] description of their experiences” (Creswell & Poth, 2018, p. 78) to provide a summary of common experiences and report findings. The phenomenon that was explored in this study is CLs' awareness of stress and burnout, what they are doing to deal with VT, and how the congregation supports CLs.

Data collection involved the following: 1) Identifying potential participants for the study, 2) Seeking approval and permission to conduct the study, 3) Developing a rapport, 4) Determining what sampling method was used, 5) Collecting the necessary data for the study (interviews, observations, and documents), 6) Recording participants so that it can later be coded, transcribed, reviewed, and 7) Remain alert to any possible technical “field issues”

problems such as the loss of electricity or getting sick (Creswell & Poth, 2018). The data is stored in a secure file cabinet and password protected from damage or loss. The study consisted of open-ended questions, observations, and documents, to explore, hear and describe an inaudible voice of the CLs in two churches (Catholic and Baptist) in Oviedo, Florida.

A qualitative study allows a researcher to comprehend the complex lives of CLs. The history of qualitative originates from anthropology and sociology and tells the individual's story by asking research questions (Heppner et al., 2016). This qualitative study explored if CLs are experiencing mental health issues (burnout) and if they need to collaborate the connection with mental health professionals.

Instruments For Assessing

Following the signing of the informed consent (Appendix G) this researcher was originally going to present them with the Maslach Burnout Inventory – Human Services Survey (MBI-HSS) and the Traumatic stress institute Belief Scale and the Clergy Occupational Distress Index. However, the researchers' thoughts were altered since the purpose of this research was only to explore the possibility of a lack of pastoral care and the takeover of VT. Thus, the assessment questions in Appendix I will be applied instead.

Interviews

The data retrieval was completed with a layman's understanding instead of statistical collection. The CLs (Priests, and Pastors) were observed at three sittings of a church mass (Catholic - Monday, Wednesday, and Sunday) and (Baptist only on Sundays) or based on their schedule. A time and date were scheduled to sit down with the CL to ask them, (one-on-one) interview open-ended unstructured questions. The research questions identified and consisted of inquiries about how and what actions are taken to manage the process of handling stress and

burnout in their lives (Creswell & Poth, 2018). For example, an interview question would be: How do CLs make sense of their workload? An unstructured interview can apply questions that will be presented according to the respondent and can be probing for a clearer explanation (Heppner et al., 2016). They are encouraged to act naturally and freely to truly answer the questions without any hesitations “to explore the phenomenon” (p. 373).

The questions were standardized open-ended semi-structured as indicated by Creswell and Poth, (2018), and used what and how questions. This type of questioning provided a deeper description. With their permission and approval, a recorder was used to record everything that was said. The following open-ended interview questions were asked:

1. What motivated you to enter the world of CLs?
2. How long have you been a CL?
3. What is the best part of being a CL?
4. What relaxing activities do you do for yourself?
5. How do you manage the traumas of your congregations?
6. How do you describe your relationships with your congregation?
7. What are the rituals taken by CLs to prevent burnout?
8. How often do you visit your primary doctor?
9. How is your absence taken care of if necessary?
10. How many times a week do you take personal time off?

Questions one through three will focus on what motivated them to become CLs. These questions must be written to retrieve a thorough response about the participants’ reasons why they do what they do (Roberts, 2020). As per Williams and Thompson (2022), CLs must receive “external and internal resources of encouragement to assist during the early transitional year of

leading Christian congregations”. In a phenomenological study CLs described what encouraged them in their first year of leadership. It was found that words of encouragement delivered enrichment for CLs. Questions four through seven are directly exploring what is unknown and retrieve information since CLs’ challenges can become overwhelming. As further mentioned, the ministry is stressful and requires a balance between work and leisure time to continue to care for God’s family and decrease burnout. (Proeschold-Bell et al., 2013). Questions eight through ten are stated to retrieve a detailed research response of information inviting the participant to perceive things differently with a new perspective. These questions are carefully written to bring out exactly how and if CLs do take care of themselves. Questions one through ten are written to assist the participant in “talking and exploring” what is being researched (p. 3201).

Document Analysis

Along with one-on-one interviews, official documents (i.e., news articles), personal documents (field notes), and archival computer documents (Appendix O) “were collected to provide a richer understanding of the phenomena being examined” (Heppner et al., 2016, p. 375). For example, any documents that will provide an evaluation of the CL’s credentials, such as their ordained license, degrees acquired, training, and any continued education certificates, daily calendar itinerary, any town involvement activities, and congregational events (weddings, funerals, home, hospital, and prison visits) if any, will be made part of the appendix. The only information that was available on the churches' websites, (C1 and B1) has been inserted in Appendix O.

Observations

The observations were unscheduled, with the mass attendance in which the researcher sat with the congregation on two separate occasions for approximately 45 minutes each time. The body language and expression of the CLs were observed along with noting any noticeable errors in verbiage pronunciations or body exhaustion. Notations were taken on how they entered and left the church/worship center and converse with congregants. Body language was a key notation in this study to determine if the person is overworked with burnout behaviors.

P01 – P02:

Observations were conducted on two separate days, Monday, and Wednesday, while sitting in the third row. Both masses started at 9:15 A.M. The first one observed was P01 then P02. On both days, P02 on Monday and P01 on Wednesday entered the church greeting the congregation, good morning. Walked to the altar and commenced with service. Both P01 and P02 appeared well-rested and blessed. The words spoken were pronounced clearly and the homily was understandable and well written. At communion, both were attentive to the elderly who could not walk and brought them the host. Once mass was over, they waited at the door until all congregants left and greeted them with a smile and shared kind words.

On two occasions, this researcher was able to observe P05 in the B1 church. This researcher enjoyed being exposed to a different way of worshipping God. P05 is a great speaker, blessed by the holy spirit, and a fantastic Shepherd. The congregation was extremely friendly and greeted everyone like family. P05 appeared well rested, no mistakes were made, and his message was loud and clear. His objective was to preach the word of God, and that is just what he did. The deacons at B1 did not preach only the pastor (P05) did. However, this researcher was able to see the other deacons (P04, P06, P08, P09, and P10) interact with congregants showing the

kindness of brotherly love. The core values of B1 are to follow God and embrace His word through salvation, worship (prayer), fellowship (open and respectful environment), education (reading the bible and increasing spiritual growth), evangelism (spreading the word), and stewardship (being grateful and responsible). Both churches shared the same qualities (Appendix N).

Data Analysis

With the use of the hermeneutics' phenomenological interpretation, the data received allowed a transcription of information by sorting, and coding (Monaro et al., 2022). Step one of the document analyses consisted of a transcription of the recordings of all ten interviews. This transcribing was conducted by using the sound organizer 2 allowing the transcription of the word for word without any deletions or additions (Creswell & Poth, 2018). Once the transcript was completed, it was sent to the CLs for their approval. This researcher received their final approval either verbally or written and began sorting it into codes (Bahinting et al., 2022). The second stage consisted of placing this data into themes, meaning placing similar information together and giving it a name. As indicated by Creswell and Poth, (2018), in vivo codes are "names that are the exact words used by participants...[or] names the researcher composes that seem to best describe the information" (p. 193). Moreover, the codes must represent or describe the information gathered. Additionally, an analysis should be done to create themes or categories of information for the research "that consist of several codes aggregated to form a common idea" (p. 194). This pattern of coding was selected because this is a phenomenological design and digging deep and retrieving as much information as possible is a way to grasp the meaning of a lived experience. Therefore, this information was entered into a Microsoft Excel spreadsheet (Appendix M).

Epoche

The third stage consisted of further data analysis of identifying and categorizing any emotional states, behaviors, or patterns displayed by all CLs in the Catholic and Baptist churches. Clusters of statements were organized into themes eliminating any repetition (Creswell & Poth, 2018) along with bracketing to eliminate any preconceived bias that the researcher had so that the phenomenological study will be able to “describe the common meaning of experiences of a phenomenon” (Creswell & Poth, 2018, p. 314). Additionally, to decrease research bias, this researcher bracketed out any previous experiences and notions about the participants in the study. The researcher “set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon” (Creswell & Poth, 2018, p. 78).

Listing and Preliminary Grouping

After practicing Epoche this researcher was able to put aside any noticeable behaviors before receiving IRB approval of the CLs.

Reduction and Elimination

The researcher organized the information based on similarity by placing repetitive and parallel statements together (Guo et al., 2022).

Trustworthiness

Qualitative research uses the term trustworthiness to make sure that the findings can be trusted. The findings must be “credibility, transferability, dependability, and confirmability” (Korstjens & Moser, 2018). As presented by Korstjens and Moser (2018), trustworthiness used in the qualitative phenomenological study introduced by Egon Gotthold Guba (1924-2008) in 1981, presented the reliability of lived experience and research data. Therefore, for this study,

trustworthiness was defined as a phenomenological research inquiry depicting results that are significant and acceptable to other researchers (Creswell & Poth, 2018). Thus, trustworthiness will be achieved by the data received not just through interviews only but observations and documentation.

Credibility

When the word credibility is used in qualitative research, it can incorporate different strategies depending on the research, but one thing is for sure it does not involve mathematical formulas used in quantitative research. The purpose of conducting qualitative phenomenological research is to present current information through a trustworthy relationship between the researcher and participants. A way to establish trust according to Lincoln and Guba (1985) is,

Demonstrate to the respondents [participants] that their confidences will not be used against them; that pledges of anonymity will be honored; that hidden agendas, whether those of the investigator [researcher] or of other local figures to whom the investigator may be beholding...will be honored as much as those of the investigator; and that the respondents will have input into, and actually influence, the inquiry process (p. 303).

Therefore, this researcher established credibility by developing a trustworthy rapport with participants during every interview interaction (Creswell & Poth, 2018). Participants were asked to review and confirm the verbiage, which was transcribed and identified as their own as opposed to these researchers. Additionally, to ensure credibility use triangulation and epoche were employed.

Triangulation. More than one method was used for data collection (interviews, observations, and documentation) to present a combination of data (Creswell & Poth, 2018). As further discussed by Creswell and Poth (2018), when researchers use different evidence to

“document a code or theme in different sources of data, they are triangulating information and providing validity to their findings” (p. 260).

Member Checks. Another avenue used in trustworthiness is member checking. It is used to reflect the means of maintaining validity (Candela, 2019). To provide “participants an opportunity to confirm or deny the accuracy and interpretations of data” (p. 620), participants were provided with the information they stated, and they would have to confirm or add and change information indicated during the one-on-one interview.

Dependability and Confirmability.

As per Korstjens and Moser (2018), dependability and confirmability are considered a paper trail of findings. Meaning that all the information regarding the research study is logged in from the beginning to the end of the study.

Transferability

The results must be able to be evaluated and used by other researchers (Korstjens & Moser, 2018). This phenomenological research study explored if Christian CLs experience VT and how they address it in a small town in Seminole County. This researcher must be aware of any biases that can negatively prejudice the results. The term bias is defined as “extraneous variables that may distort or disguise the relationships among the experimental variables...in the forms of implicit or explicit attitudes and behaviors...explicit biases are those that are deliberative and well-considered...implicit biases are more complex, ambivalent and often unconscious” (Heppner et al., 2016).

This researcher favored CLs to practice self-care since repeated exposure to traumatized individuals can result in vicarious traumatization (Sanderson, 2013). That is when trying to comfort a parishioner who has been traumatized, their emotions of trauma can be cloned (Dombo

& Gray, 2013; Sim, 2019). A similar effect is that of burnout due to exhaustion from being overworked (Dunbar et al., 2020; Visker & Rider, 2017). The question was, who consults the CL when, and if, they experience VT or burnout? Doctors and other professionals in the service industry are taught how to take care of themselves and build resilience. But, what about CLs? The answer to that question is the motivating factor to pursue this research study.

Ethical Considerations

The required procedures were taken throughout this study. With regards to ethics, all participants were provided pseudonyms to conceal their identity along with the name of the church. The transcription, data, and consent forms are locked in a secure cabinet. IRB approval from Liberty University was received before collecting data. Written consent from the participants was received. The participants and site location were identified with pseudonyms. All identifying information was removed from the participants' names and site venue.

Summary

Chapter three has detailed the methods and design of this transcendental phenomenological study. The research questions guiding the study were presented and disclosed. The criteria for participation in the study along with the selected number of participants required were fulfilled. The steps taken to conduct this study were documented. The collection of data and analysis procedures was described. As well as ethical considerations and trustworthiness were adhered to and respected. Thus, the purpose of this method section was to educate the reader on the importance of our CLs. They have been known to support parishioners in times of need and are never late for an event. This study showed that it is not an easy position. Just as they tender to everyone in need, as Christians the reverse must be adhered to. CLs should not be ashamed of burnout, it happens when a person, regardless of their status, is overworked. Therefore, this

researcher believed that a treatment plan must be incorporated into the system (at the church) to support and take care of our CLs. When our CLs are healthy, physically, and mentally fit, they can develop a resilience to bounce up regardless of the stress involved.

Chapter Four: Findings

Overview

Chapter four reiterates the purpose of the study and the research questions. Participants acknowledged their daily functions of life as CLs. These findings were obtained through individual interviews and observations. The results are organized into themes and answers to the research questions. To provide a rich, thick description of the participants' lived experiences as CLs their own words are used. The purpose of this phenomenological study was to describe Floridian CL's experiences with VT in a small town in Seminole County, Florida. This chapter represents the results of data analysis gathered from examining CL's experience when working with their congregants. Data was collected using semi-structured interviews that were tape-recorded and transcribed verbatim (Creswell & Poth, 2018) while focusing on the research questions that guided this study. The participants' own words are hereby presented to provide a rich, thick description of their history and experience of the phenomenon.

Participants

Robert

Robert, (P01 – C1) was the first participant to be interviewed. He has a total of eight siblings who live all over the continent, but there is daily contact via telephone. He always attended church with his family when a child and was the only one that wanted to be an altar server. Since the age of 7, he had role models in the church and always knew he wanted to become a church leader. When older, he placed himself in a seminary and was ordained in 1989. Robert does have a college degree and has held many spiritual hats including Chaplain for twelve years. Thus, he is familiar with palliative and hospice care, making him more

understanding with senior citizens or congregants that may be experiencing mental misfortunes. His dog is his pride and joy. He is always happy to see him when opening the door.

Robert goes on to indicate he always tries to be understanding and empathic. If Robert does not have an answer when confronting others, he just stands there with the person for support and comfort. This way of helping others as per Jacobs, (2016) allows a person to provide community-based psychological first aid skills of effective listening, problem-solving ideas or just holding their hand.

Robert has developed a pattern to relieve the stress that has occurred from VT whether it is listening to daily congregant stories or past Chaplain traumas. He has learned to relax and work closely with others that seek assistance while remaining calm and thinking positively. His passion to help others has developed into the use of skills in community-based psychological first aid such as BESTT EARS model of nonverbal (body language, eye contact, space, time, touch) and verbal (encourage, ask questions, reflect) responses (p. 51). When listening to congregants there are nonverbal areas in body language and eye contact. Thus, Robert has described his experience with VT as being aware it exists. However, his passion to help others and develop a relationship between parishioners and God is his primary goal while overcoming the trauma he has seen. Robert receives support from other CLs within C1 and does not visit any secular counselors in times of stress and just talks to other CLs.

Timothy

He is the youngest church leader (P02 – C1) of all the participants. His experience with VT is taken care of in a way that falling in love with serving the Lord has been his goal ever since college and has been embraced. Being empathetic and helping others get closer to the Lord while doing evangelization is his passion and goal in life. The connection between VT, stress, or

burnout has something to do with the privileged position of being invited into the hearts of others who are experiencing trauma. As a CL, the people know he belongs to them. Timothy described the attachment that takes place by the people pouring out their hearts to him and sharing all their pain and sorrows.

Timothy goes on to say, “you get invited into their lives in such a way that I would never be given access to people’s hearts if I were not serving.” It is a blessing. Additionally, Timothy copes with VT through self-care and ministering to people while just being there for them. “We are educated on Ministry of Presence in which we are unable to fix the problem, but we can be there, listen, pray, and make sure they do not suffer alone.” This connection provides a coping to deal with VT. It is the calling to help others that allows him to overcome any trauma.

If there is a need for support to deal with trauma, other CLs will be contacted to assist in releasing any triggering sensations. It is more important to have healthy clear outlets such as praying, exercising, and being faithful and not successful. The people do indeed support him and realize “I am human” and “Christ is the real priest” while walking through life as one big family and controlling what can be controlled.

James

The third participant was James. James is a deacon (P03 – C1) who has always been devoted to faith and has a special love for Jesus Christ. His marriage thus eliminated the opportunity to become a priest, so the next best position was a deacon. He has been a deacon for over five years and enjoys spreading the gospel. Additionally, James stated, “the best part of being a CL is the ministry of helping people who are homebound, in hospitals, and funeral services while helping to alter their demeanor”. Since James enjoys helping others who are

experiencing unforeseen trauma his handling of VT gets cut off when he goes home to his wife. It is the physical presence of his wife that helps control his daily routines.

James wears the hats interchangeably without any internal uproars such as mental hiccups. He loves to listen to people talk about their life. This ability to listen and hold their hand allows the control of an accumulation of VT and stress. This connection allows a certain trust to develop within the family congregation.

You start to develop a friendship and eventually, they die and then the family says, you have been with them so long can you come and do the service? And at that time, then that is where sometimes before you go in you feel a little mushy, but once you start talking about what you remember about the people and their suffering it turns into the love of what you are doing.

You become a great listener and ask the Lord to provide the correct words to give this person who is experiencing pain. However, at some point, if his schedule is too busy with funerals, nursing home visits, and house calls, and a congregant walks up to him he will explain he is running to a meeting and request they meet later that day or tomorrow. James indicated that based on the urgency he will listen and when it is acceptable to leave the person, he will. But he always remembers “if that is the one person that I am going to bring back to the Lord” that is why everyone is important to him. The congregation is very helpful and understandable, and he enjoys providing community first aid.

Anthony

Anthony (P04 - B1) shared he was raised in a religious family and gave himself to Christ at the age of 11. He always reads scriptures, is in a leadership role, and enjoys helping families and others in need. His experiences with VT as a deacon have been many due to his caring

personality. Presently, due to an analytical and technical upbringing, he understands the dangers of carrying another person's problem. Fortunately, as a deacon, he now looks for the facts and urgency. Some congregants come to him in the spare moment asking for assistance. Since "I am a planner" it is challenging to drop what he is doing. But since Anthony wears many hats within B1, it is the deacon in him that is the negotiator.

There is a connection between VT, stress, and burnout if one does not plan their day. Anthony is blessed and fortunate that his family is there to help him release stress whether it is through talking or taking mini vacations. Of course, there are surprises, but being organized is a plus. Coping with VT can be challenging since it is a "matter of balancing three different activities on Sunday". Thus, Anthony must remember that he is a deacon and must help those in need. For example, Anthony stated, "I have held people's hands and stood by their side on their deathbeds." It is a mission to serve others and if involves learning to cope with VT then he will do it. Fortunately, the congregants are very supportive when they see he is busy attending to another family.

Michael

Michael (P05 – B1) shared he had a very active life until he was saved by the Lord. He was and still is a natural leader. Growing up in a small church allowed him to be the go-to guy for the pastor. "Somebody had to do it. If there was something that needed to be done...I was naturally drafted into it...indirectly." Michael believes VT is not a topic that is well known, and it is a blessing that it is being brought up. Michael goes on to say, many pastors do not take vacations, we are too busy taking care of everything. Overall, the experience with VT has been limited because it is natural for Michael to want to help everyone. Michael stated:

Sometimes people are going through various things in life, and I guess the best part for me is to hear that when I preach or when I've done something, or when I've helped somebody do something, come back, and say pastor I'm so thankful that you said that or allowed me to be a part of that.

That is the most rewarding thing to hear and helps with experiencing VT. The feeling of helping others is a blessing from God. The assistance of his wife, (first lady), family, deacons, deaconesses, and congregation along with going home to relax and unwind allows Michael to eliminate any connection that he may have between VT, stress, and burnout. If a congregant passes away, Michael will contact the family immediately and let his presence be acknowledged with happiness and understanding. He goes on to say that he is aware of CLs who stress out due to a work overload or inability to share a family's love. It is this connection that controls the effects of VT. Michael indicated, when a congregation member is in mourning his presence helps them deal with the loss. He stated, "I've learned to let them tell me what they're feeling, and at that point, if I don't have an answer for them... I'll say let us just pray about it."

In the _____ churches according to Michael, there is nothing in place to prevent burnout. However, here at B1, the way CLs cope with VT is to take days off, if need be, take a vacation, and spend time with the family. Additionally, as a CL at BI, the support that is received to deal with VT is that other pastors and friends can talk about anything. We counsel each other in times of need releasing any internal trauma that may exist.

Oscar

Oscar (P06 – B1) is a deacon that came to Christ late in life. It appears that God was preparing him to become a CL for quite some time. Upon his visit to B1 and listening to the pastor preach that triggered the domino effect of wanting to serve the Lord by becoming a

deacon. Oscar has been a deacon since 2014. Upon listening to Oscar, his experience with VT is nonexistent. Once Oscar was called to become a deacon, his biblical training made him accountable for his path of helping others. His corporate background has taught him to navigate emotions. Thus, the connection between VT, stress, and burnout is easily handled and is not an internal or external issue. Oscar is a non-judgmental person that wants to help others in need. He copes with VT by being empathic, sympathetic, and showing compassion. In addition, his family is most important and understands the importance of self-care duties while assisting congregants.

Oscar, like other deacons at B1, is assigned ward members. These members know how to keep in contact with each other. It is a family within the larger congregation, and they discuss any trauma that exists. Oscar has a good ministry-life balance due to the help of his spouse and family. Although he receives support from the congregation and his ward, it would help if they were more proactive in communication. For example, instead of finding out about a problem from another source, it would be more appropriate to hear from the person. The ward and others do support Oscar and praise him with an appreciation which decreases any internal trauma that may try to exist.

Bobby

Bobby (P07 – C1) was brought up in a religious family background. He has been active in the church since birth. In 2002 he has been ordained as a permanent diaconate. His growth and assistance have been much appreciated by many. There is nothing Bobby cannot handle with the grace of God, especially VT. God has led him to his calling in life. The experience of dealing with VT can take a toll if allowed, for example, being called to console a family in bereavement. With the assistance of God's love and mercy, any traumatic situation is dealt with and overcome. As Bobby stated, "it's a sacred moment because God is truly present, and you just feel it."

Bobby copes with VT by completing four daily tasks of self-care involving things about “physical, emotional, spiritual, and intellectual.” He goes on to state:

I have not been able to work out as much lately, but I get out for at least a short walk...I have my prayer times that I don't compromise on. That's necessary for me and God to talk. A lot of it is just sitting quietly in God's presence and listening and knowing you are loved. Emotionally, it can be making a point to have a good conversation with my wife or listening to music...Intellectually, I must read something that expands my mind every day.

CLs must learn how to process their pain without suppressing it. He goes on to state that a person must be aware of their experiences with reality and pain. That is why if one experiences a traumatic situation, as a deacon, and just talks about it, the results will be beneficial. However, a more appropriate approach is to make that connection between VT, stress, and burnout. To comprehend that stress is derived from listening to others. To experience the person's pain in an empathetic way while surrendering everything back to God. Since burnout and VT is real, one must learn self-care.

The support CLs receive to deal with VT is from annual retreats, a course of self-care, and identity recognition. Bobby goes on to state, congregants become attached to CLs. They believe that CLs only belong to them and no one else. This attachment is great. However, they must understand we are human and have offered our “life and service to God and the people of God.” We all must be honest with each other and learn to release the inner trauma that exists and understand we are shepherds, for everyone.

Charlie

Charlie (P08 – B1) has been exposed to religious upbringings since he was very young. He has been under the eye of the Lord. Charlie was being led to his current position at B1 to help and minister to others as an adult. It was a calling to become a deacon at B1 church. The leadership board requested his presence to become a deacon. Of course, there is no salary involved it is all a calling from God to help others in need. After praying and talking to God, Charlie realized this is what God wanted him to do. It was hands-on training for a year before becoming ordained. Charlie has been a church leader for over eight years.

Deacon Charlie attends funeral services and offers support when necessary. Interacting with congregants, and celebrating God allowed an explanation to understand the experiences with VT. “The pain and trauma that a person is experiencing is in control at that moment and released to God.” He supports the grieving family or the person that is experiencing uncontrollable problems whether mental or physical. It is his presence and kindness that helps the family remain strong and get through the tragedy of dealing with trauma. Charlie represents B1, and it is this spiritual power that is uniting him and others to God. Charlie described a connection between VT, stress, and burnout in which his role is to represent God and a way to cope with VT.

Whenever you become a church leader a lot of people don’t understand that the enemy attacks you. You have expanded your role of representing God and the enemy, the devil, doesn’t want you to do that because his role is to get you off track for doing something for God. So, the best thing for me is interacting with people, fellowshiping with people, talking about God and just expressing those feelings of emotions while celebrating the goodness of God with other people.

Not only is Charlie helping others in need, but so are other deacons at B1. For example, the support that is received to deal with VT helps when it is time to “shut it down”. When Charlie is overwhelmed with work deadlines and congregants may need a helping hand, “I can recognize those times...[and] just say time out and ask for assistance.” Other deacons will fill in and will automatically help each other without any questions asked. They are one big family and help other deacons as needed. Thus, VT does not exist at B1, and being overburdened is not an option.

Charlie also discussed how the congregants should get more involved in B1 to show their support. Instead of just coming for Sunday services they should get more involved. Charlie stated “There are so many things to do in terms of ministries. What typically happens is you have this 80/20 rule where you know 20% of the people serve and they have always served because the 80% don’t get involved.”

Michelle

Michelle (P09 – B1) has also been raised in the church and carries her religious beliefs of helping others in need. Her experience with VT is hands-on while trying to do her best to give a helping hand, providing direction and comfort to others. Michelle tries to be present for a congregant’s birthday, drives them to a doctor’s visit, or just provides a prayer that helps them cope with their life. Michelle perceives the trauma senior citizens experience and wants to let them know she is available if they need her. As a deaconess, it’s important to take self-care steps to prevent VT from occurring. There is a connection between VT, stress, and burnout which is why she takes time for herself and her family. “I go to the gym three times a week. But I do that not because I enjoy it. I know it’s good for me.” Michelle does not take on more than she can handle.

Michelle copes with VT by not over burdening herself. She understands her position as a deaconess and wants to help whoever she can. However, to help others, she must take care of herself first by going to her annual doctor's visit, spending time with family, or just reading a book. The support that is received to deal with VT is very helpful. Not only do the deacons give a helping hand but so do the congregants. They both let you know you are appreciated by showing kindness and always saying thank you.

Belinda

Belinda (P10 – B1) grew up in the church always hearing the word of God being spoken by her father who was a pastor. Weekly activities involved learning bible verses and attending church while being spiritually motivated and involved in religion. Belinda described her experience with VT as a desire to help others in need. Belinda referred to herself as being like her pastor father who had helped everyone he could. She was born with the same spirit. The connection between VT, stress, and burnout is well-contained for Belinda. She is not afraid to pray for herself, her family, her congregation, or strangers. Her motivation to help whether spiritual, emotional, or financial is always a possibility. Belinda believes “if you get them out of their environment and go outside and just relax, they feel a lot better.” Belinda's reputation has been known to be the one people go to in times of need.

Belinda copes with VT by taking care of herself, visiting doctors when necessary, exercising, helping others, praying, and talking to her husband. She stated, “when we have a conversation, we talk through things, and it just makes me feel at ease and he tells me I do the same for him.” Belinda has always kept her feelings internal. It was not until her marriage and the calling, at her home church that her introverted behavior changed to an extrovert personality. The support she receives to deal with VT has always derived from the ability to “talk things over

at home...I can never remember a time that I went to my mother or father and said I needed to talk, and they didn't make time no matter what they were doing." VT does exist, but one must practice self-care whether it is exercising, visiting a doctor, praying, or discussing the trauma to release it and move on and help the next person.

Results

The purpose of this transcendental phenomenological study was to describe Floridian CL's experiences with VT. The research questions aided in providing bookends to pursue an operational framework for this study. The research questions were as follows:

1. **RQ1.** How do church leaders in Oviedo, Florida describe their experience with vicarious trauma?
2. **RQ2.** How do church leaders describe the connection between vicarious trauma and stress and burnout?
3. **RQ3.** How do church leaders describe the way they cope with vicarious trauma?
4. **RQ4.** How do church leaders describe the support they receive to deal with vicarious trauma?

The above research questions were developed for the study's purpose to describe the experiences of Floridian CLs in Oviedo, Florida with VT. The data collected showed a common shared description amongst the participants. If a research question is successful, it depends if it touched on the personal life experiences of the participant (Creswell & Poth, 2018). The data analysis was conducted with the guidance of the research questions. Therefore, the answers to the research questions have been obtainable and give light to the phenomenon through a thematic perspective of the textural and structural description.

Participants

While the individual spiritual callings and religious upbringing are unique for the ten participants who voluntarily took part in this study, the participants share the same religious experience of wanting to spread the word of God. The participants identified themselves as Asian, Caucasian, African American, and Latino. The characteristics of all ten participants are listed in Table 2 of Chapter Three, identifying their gender, ethnicity, and pseudonyms along with age approximations, to protect their identity. The pseudonyms represent characteristics of their actual names. Participants for this study were recruited according to the details in chapter three recruitment process and fulfilled all requirements according to the screening assessment (Appendix F). The interview excerpts from all participants were transcribed verbatim. If required, words or phrases were inserted into the participants' quotations for clarification purposes. Each participant is represented by a pseudonym and a descriptive profile is provided below commencing with participant one and ending with participant ten.

Moreover, each participant's faith at one time or another has been challenged by non-believers. Fortunately, through belief and prayers, they all have realized the importance of spreading the word of God. They must help make a difference in life and infect others by building a community of love. Although each participant took different avenues to become a CL, they all share the foundation of the Christian faith. Whether we are talking about B1 or C1, Scripture tells us:

According to the grace of God given to me, like a skilled master builder, I laid a foundation, and someone else is building on it. Each builder must choose with care how to build on it. For no one can lay any foundation other than the one that has been laid; that foundation in Jesus Christ. Now if anyone builds on the foundation with gold, silver,

precious stones, wood, hay, straw the work of each builder will become visible, for the Day will disclose it, because it will be revealed with fire, and the fire will test what sort of work each has done. If what has been built on the foundation survives, the builder will receive a reward. If the work is burned up, the builder will suffer loss; the builder will be saved, but only as through fire. (The New Oxford Annotated Bible, 2001/1991, 1 Corinthians 3:11-17)

Observations

From the observations made while viewing the participants what stood out was the fact that all were approachable except one individual. This person refused to take part in this research because he had a bad experience taking part in another research. Rather than question him to find out the particulars, this researcher respected his wishes and stated sorry he had experienced that unfortunate predicament. Later, this researcher thought about this CL and since he is a Deacon, it was frightening to know that his prior experience is making him judgmental thinking that all research studies are the same. It is speculated his behavior might not be productive for the growth of the church if this negative conclusion is not released from the mental internal stress that has developed. However, once this dissertation is defended, he will be sent a copy to read and maybe it will allow spiritual alterations to take place.

Thus, all ten participants (Table 2) were extremely friendly and delighted to participate in the study. Based on their schedules each interview took approximately 30 to 45 minutes in length. Most of them wanted to learn about VT and indicated they would read up on this topic. They understood that congregants come to church for spiritual guidance and to release their troubles. It is like a cognitive appraisal taking place for CLs and congregants, they either dismiss the issue as unimportant or pay attention to it (Jacobs, 2016). How a person feels psychologically

and physically will affect their cognitive thoughts and this is why a person's physical state of mind is important. CLs must take care of themselves. If they do not, then everything appears more stressful. They must practice self-care and adjust their coping skills. According to Jacobs (2016), when a person knows how to deal with a stressful situation the "threat... is reduced." (p. 23)

A person's cognitive evaluation is not only controlled by their genetics, thoughts, and beliefs but also through "how we feel both physically and psychologically at the time." (p. 20) In keeping with Jacobs (2016) if a person is not well rested, in pain, or hungry they will not be able to help others since their internal state is not complete. Therefore, this researcher can honestly state that through observation of all ten participants, their actions and appearances showed no preexisting stressful circumstances that reflected their dealing with stress.

Research studies have concluded that when individuals are injured, they seek support from clergymen (Juczynski et al., 2022). However, it was noted participants' behavior did not show any signs of vicarious traumatization that arose from their empathic involvement with the congregation. There were no signs of interference in the participants' sense of safety, trust, esteem, intimacy, and control (Ball et al., 2022). Nor did participants show any struggles with their ministry position (Currier et al., 2019). Participant responses informed this researcher that there are no internal conflicts that are causing stress or decreasing their belief and attachment to God through "faith or spirituality" (p. 150).

The interviews were scheduled at the CL's convenience as shown in Table 3:

Table 3
Interview Appointments

Pseudonyms	Interview Date	Time began	Time finished	Location
Robert P01	04/14/23	11:00 A.M.	11:45 A.M.	C1
Timothy P02	04/18/23	02:30 P.M.	03:25 P.M.	C1
James P02	04/18/23	03:30 P.M.	04:15 P.M.	C1
Anthony P04	04/19/23	05:30 P.M.	06:15 P.M.	B1
Michael P05	04/20/23	10:00 A.M.	10:40 A.M.	B1
Oscar P06	04/20/23	11:00 A.M.	11:30 A.M.	B1
Charlie P08	04/25/23	10:00 A.M.	10:40 A.M.	MS Teams
Bobby P07	04/28/23	11:00 A.M.	11:45 A.M.	C1
Michelle P09	05/04/23	10:00 A.M.	10:35 A.M.	MS Teams
Belinda P10	05/04/23	10:00 A.M.	11:00 A.M.	B1

The data analysis process begins with the breaking down of information received in the ten interviews. In Appendix J, the information is organized by interview questions along with participants' responses. The participant ID and responses are provided. The first question is, What motivated you to enter the world of CLs? The right-hand column begins to show the creation of a code.

The content under the first heading is observations. Whether it was in the venue of B1, C1, or during in-person interviews, it was obvious that these CLs are committed to providing ministry and assistance to all congregants in need of spiritual guidance. The first heading is structured into theme groups with sub-groups focusing on the phenomenon. Additionally, the second heading category provides the answers to the research questions for this study. The inductive coding process started with the actual coding of participant interviews (Appendix J) and was created based on the data received from all ten participants.

The results section includes the steps taken to develop themes that emerged from data collected in the semi-structured interviews and observations. These details presented a listing of themes that were beginning to show repeated words (Appendix K). These themes helped with deciphering a transparent context for answering the research question which helped to determine if they are aware of VT and how they deal with it. Thus, transcendental phenomenology was used in this study because it focuses on the description of phenomena such as the handling of VT without any judgments (Lee et al., 2022).

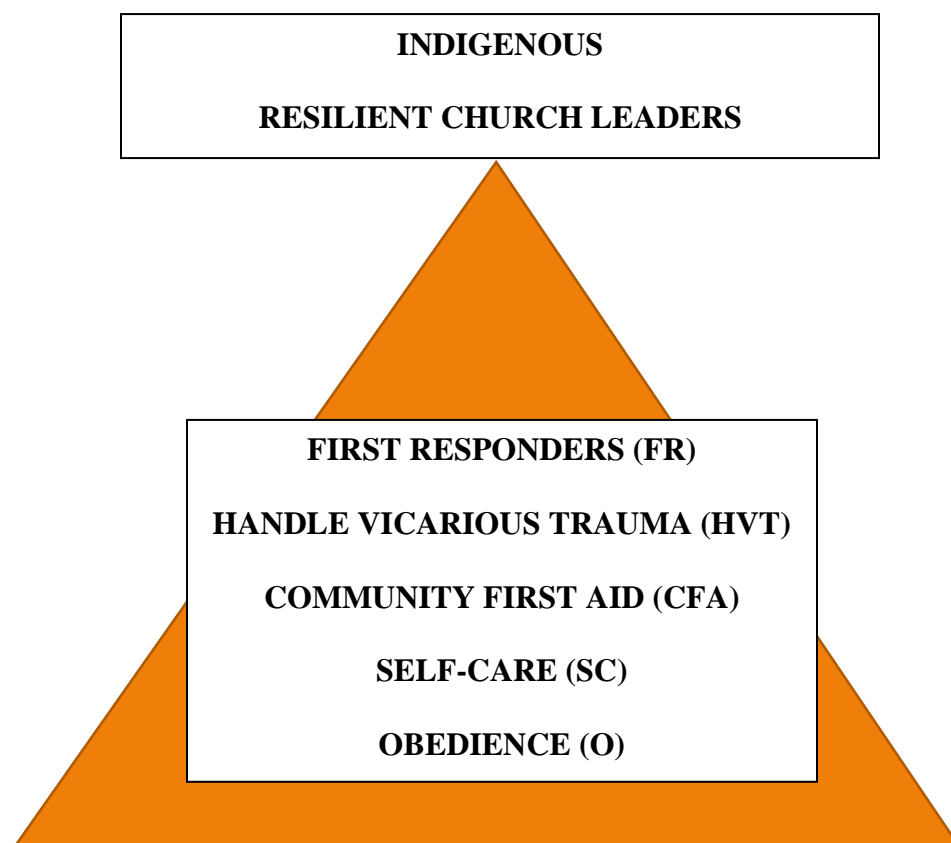
Theme Development

By reviewing the data collected (Appendix L), it was found that certain phrases and words were repetitive when identifying church leaders' experience with VT. This information on commonly used words and statements was organized according to their similarity (Creswell & Poth, 2018). The phenomenological research in this study has been conducted through one-on-one interviews and observations resulting in how and what the participants experienced concerning VT resulting in creating themes (Moradi et al., 2021). The development of themes allowed the ability to develop a codebook (Osei-Tutu et al., 2021) resulting in forming the data into smaller groups of information (Creswell & Poth, 2018). Since there were only 10 participants, the data was organized (Appendix J), for each participant. This process is important because it analyzes the database and gives meaning to the files created in the spreadsheet (Appendix M) (Linneberg & Korsgaard, 2019). As presented, participants repeated certain emotions and phrases throughout the interviews that appeared and answered the four research questions.

Major Themes

Five major themes developed from examining the data along with subthemes. The first major theme was obedience (O), the second was self-care (SC), the third was community first aid (CFA), the fourth was Handle Vicarious Trauma (HVT), and the Fifth was First Responder (FR). Each major theme has many subthemes anywhere from 9 to 22.

Figure 1
Hierarchy of Five Themes
Starting with “O” and ending with “FR”



The indigenous themes that stood out above all the subcategories were obedience, self-care, community first aid, handle vicarious trauma, and first responders (Appendix M). These themes were connected by compassion and empathy resulting in first responders becoming the wounded healer (Stebnicki, 2017). For this study, CLs are spiritual role models. Thus, it is this

natural spiritual connection that opens the door for VT to penetrate since they are humans with feelings.

Theme number one. Obedience - This is the foundation and the path that our creator has begun for CLs. All ten participants in this study have indicated they came from a religious family background. This theme was presented through subthemes. Once the data was analyzed, the following similarities appeared: they are (1) raised in a religious family (2) had a role model (3) prayed (4) read scripture and (5) are faithful.

Subtheme number one. Participants revealed that they had the opportunity to hear scripture, learned to pray, and came from a religious background.

Subtheme number two. They had a role model that taught them that self-care practices are important.

Subtheme number three. Participants indicated it is a blessing to help others in time of need, to just hold their hand. Many indicated they minister so the person is not suffering alone.

Subtheme numbers four and five. Participants indicated that one must read the bible and learn scripture. It was important to learn two scriptures at once in case you had to use them or were tested.

Theme number two. Self-Care – Many participants live for the moment without trying to be successful but remain faithful and stay in their space while preaching the word of God. Once they take care of themselves spiritually, they work on the physical part, of exercising and taking time for themselves to lead a healthy life. There are twelve subthemes under this theme with a focus on spiritual liaison, balancing life, listening to Christian music, alone time, taking a vacation, time off, priorities, do not neglect the body, visiting the doctor, exercising, and the

ministry of presence. They indicated that these self-care activities help them nurture themselves and provide social support.

Theme number three. Community First Aid – All participants are administering community first aid and do not realize it. They are indeed exposed to congregants that have mental and physical illnesses, and personal problems that life choices have brought them. Participants have created a spiritual self-place for themselves, and only they and God can enter. In this spiritual place, one can perceive attributes resulting in the creation of sub-themes that provide evidence of qualities about being a first responder, in which they give back to the congregation. (1)

Evangelistic Ministry – they are spreading the word and caring for others automatically. (2) God Loves you – telling others God does indeed love them and is watching over them. (3) Holding their hand or giving a hug when someone needs it. (4) Being able to approach the person to receive their trust. Guiding in times of need such as (5) trauma, (6) bereavement, (7) accident, (8) mental health, (9) homebound (10) incarceration.

Theme number four. Spiritual Identity – All participants mentioned although they are God's Shepherd, they are human with feelings and grieve. They do not visit secular counselors but talk amongst other CLs and families when they feel wounded.

Theme number five. First responders – All participants are aware; they are first responders. They spoke about the following subthemes of being an (1) active listener, do not look at your watch or interrupt the speaker, (2) empathic, (3) merciful, (4) compassionate (5) sympathetic (6) supportive (7) trustworthy (8) caring (9) approachable (10) don't expect anything in return.

Research Question Responses

The purpose of this study was guided by four research questions. The themes that surfaced (Appendix M) during the data analysis have answered each research question in this section leaving a textural and essential description of the phenomenon.

Research Question One

The first research question, *How do church leaders in Oviedo, Florida describe their experiences with vicarious trauma?* This question was the most intense one. Participant P07, Bobby indicated:

I remember the first time I got a call on a tragedy for a family. And they wanted me to come out and be at their house. I had no idea what to do. Their 16-year-old daughter died in a rollover accident on a country road...at night. I had no idea what to say and I did not want to be there. I mean, I'm here because you told me to be here. But when I left the house that night I sobbed for joy in the car. Because I saw what you did, not what Bobby did. Through this very incomplete vessel was amazing because somehow without me taking a lot of your mercy, love, care, your compassion showed up. This is the most profound part of ministry...It is a sacred trust that you enter at that moment. It's a sacred moment because God is truly present, and you just feel it.

As Bobby and the other nine participants have expressed, a CL is open to the religious healing process when confronted with trauma. They incorporate the mentality that "God is the meaning and purpose of life...God has the power to send angels and other divine sources of energy to intercede, guide, and provide answers or solutions to health and healing of our mind, body, and spirit." (Stebnicki, 2017, p. 116). Thus, Bobby like the other CLs describe their

experiences and the way they handle a traumatic situation that causes VT with the guidance and grace of God.

Research Question Two

The second research question, *How do church leaders describe the connection between vicarious trauma, stress and burnout?* According to Timothy (P02), the connection reflects an understanding that you are human:

I am ministering to people that are grieving and I am just trying to be there with them in that hurt... You learn you cannot fix it... Once you relieve yourself of the pressure of trying to fix it and you truly are just willing to simply be there with them... You know they are suffering, and you are there to pray and they do not suffer alone... I am just being there with them.

When showing compassion and love for self and others, there is a small opportunity for unwanted thoughts, stress, or burnout. According to Stebnicki (2017), being mindful “means paying attention to your mind, body, and spirit at different levels of awareness within the present here-and-now moment in a nonjudgmental and unconditional way.” (p. 119) Moreover, an ability to transcend spiritually through prayer allows the mind and consciousness to go above and beyond the connection between VT, stress, and burnout. All participants experienced spiritual obedience through education, faith, and prayer. They explained that as a first responder who practices self-care can provide community first aid for themselves and others.

Research Question Three

The third question *How do church leaders describe the way they cope with vicarious trauma?* Besides self-care activities such as exercise, eating healthy, taking vacations, talking with other CLs or family members, visiting doctors, fishing, relaxing, and contemplative prayer

are powerful. As mentioned by Stebnicki (2017), praying is a “deep meditative experience. It is a way to quiet the mind, body, and spirit. Prayer is a gift from God and cannot be earned... It is through this process that we merge with the light or divine presence of God.” (p. 119) As pointed out by Park et al., (2017) religiousness and spirituality should indeed be considered in the context of trauma because they are often closely intertwined in human experience.” (p. 6) CLs through direct repeated exposure to a person suffering trauma, are not affected because of their spiritual connections. Their “strong sense of God’s love and protection may [make] damage less likely...[and] less distress.” (p. 43) They have a strong resilience factor when approaching trauma making them less vulnerable and more attached to God’s perspectives and spirituality. For example, in a quantitative study by Greinacher et al., (2019), it was concluded that secondary trauma, also known as vicarious trauma, revealed the “more frequently the volunteers discussed cases, the lower the level of secondary trauma was. The older the volunteers were and the longer they had been working in a psychosocial emergency area, the higher the level of secondary trauma was.” (p. 8) Therefore, for this study, Greinacher et al., (2019) findings support the more a church leader discusses with others their inner thoughts the less effect vicarious trauma will have on them.

As indicated by participant P01, Robert “It is my responsibility to share the grace of God and bridge man and God. Through my ministry, I help others get closer to God through understanding, loving, and serving him.”

When I hear people going through a lot of painful experiences in life (death, medical issues, hopeless situation, and painful stories), that has always been a challenge because I feel for them. I dig deep within and see through prayers, how you can help these people who come to you for help. They always listen. They may not follow everything that you

say because you know it depends on how they apply the principles of Christian values and Christianity. But at least they listen to you and that they know what is right and what is wrong as far as the teaching of Christ or the church is concerned. So, you know, when I listen to people going through a very difficult situation, I feel it myself and sometimes I carry it within my heart, and I pray for them. That's why every time I celebrate the mass, I always think of the people for whom I promised to pray for. Everyone that came to me yesterday, the day before asked for prayers, and I remember them even if I can't recall all their names. I remember their faces. How they approached me and how they needed consolation, especially when it comes to prayers. They trust that you will be there to pray for them and honor their wishes. That you know life will be meaningful despite all the problems and challenges that you must face every day.

Research Question Four

The fourth question *How do church leaders describe the support they receive to deal with vicarious trauma?* The main support church leaders receive is the learned ability to be resilient by using behaviors that help them manage stress through adaptive reappraisals. According to Park et al., (2017), the following examples are supportive, "Loving God, benevolence...being of service to God...hopefulness, positive emotion, empathy, self-esteem, self-confidence, mastery, control, acceptance, positive spiritual coping, relaxation skills, mindfulness, spiritual rituals, spiritual community." (p. 188) Moreover, CLs can create an environment where congregants are listened to and accepted without judgment through prayer and rituals.

Participate P03, James explained he has always been devoted to faith and a special love for Jesus Christ. As a CL helping others by spreading the gospel, changing a person's demeanor

about God and just being there when needed to listen to others is a beautiful thing. Providing support and spiritual guidance helps deal with any traumas. He meditates on what a person is asking, and he asks the Lord to give him words that encourage a right answer.

Participate P05, Michael explained the most supportive experience is to hear a congregant come back and say they needed to hear that gospel or preaching. It is most rewarding to be in a position where he can help people with positive messages and thank God for being in that position. Participant P06, Oscar indicated that he shows compassion and empathy. However, “It was a result of God preparing me and providing long before I knew him, and somehow, he orchestrated my coming to this church. I started being nurtured in His word and He just started orchestrating events for me.”

Summary

This chapter began with a synopsis of participant profiles and demographics along with the findings of the research after the data was completed. The findings were organized into two main sections, the first was code development, the second was theme development and the third was research question responses. From the catering of codes, five themes emerged from the data analysis: (1) obedience (2) self-care (3) community first aid (4) handling vicarious trauma, and (5) first responder. A description of the participant’s responses to the research questions provided a textural and structural explanation.

Chapter Five: Conclusion

Overview

The purpose of this phenomenological study was to describe Floridian CLs' experiences with vicarious trauma. This chapter (a) begins with a summary of the findings derived from the data analysis (b) discusses the findings of the research by presenting the themes (c) The results of this study contributed to the knowledge and discovery that church leader's attachment to God make them genuinely first responders. They encounter VT from a different perspective and spiritually can get rid of the trauma effortlessly. The remaining sections will discuss the implications, delimitations, limitations, and recommendations for future research.

Summary of Findings

This study investigated CL's experiences with VT in two different Christian Churches (B1 and C1) in Oviedo, Florida. The data analysis resulted in a thick rich description of the experience crafted through the narrative accounts of the participants and the use of inductive coding and thematic analysis. The developing themes and research question responses of the study were documented, and a summary is shared. The findings and conclusion of the study supported the problem statement that CLs experience VT. However, the spiritual power and solidarity allow these first responders to help others and spread the power of the gospel while taking care of their challenges.

Themes

After examining the data, five themes emerged. As previously mentioned, these themes included (1) obedience, (2) self-care, (3) community first aid, (4) handle vicarious trauma (5) first responder. Each theme arose from a one-on-one interview with the participants (P01 – P10) and resulted in providing a connection of the themes which proves CLs in this area are first

responders. Each theme corresponded to a major element of the participant's explained experience with the phenomenon.

The first theme to emerge from the data was obedience. All the participants were raised in the Christian faith with obedient restrictions that had to be followed. Every Sunday the whole family had to attend worship services whether it was B1 or C1 church and followed a dress and attitude code. In both churches all families had to participate and follow the rules of praying, singing, and not having side conversations with anyone. All participants had to be obedient. As adults, they can fall back on this spiritual foundation and see that God had a plan for them even though they went through trials and tribulations in life. Their expressed upbringing aligned with the Scriptures to reflect "We love because he first loved us" (The New Oxford Annotated Bible, 2001/1991, 1 John 4:19). Participants all identified how God has always loved them and always had a plan for them. The participants' recognition of this foundation allows them to have faith since they have never been spiritually abandoned.

The second theme to develop was self-care. Five of the participants provided ministry services only, and the others had secular employment. But one thing is for sure, they all took care of themselves mentally and physically. If they needed to discuss an issue, another CL would be there to listen. They did not go to secular counseling, only spiritual counseling to discuss any traumatic situation that was interrupting their well-being. All participants did some type of exercise, whether it was visiting the gym three times a week, walking or biking. Participants also shared that they took their annual vacation time to regenerate their internal locus of control to prevent any VT from occurring. Thus, their personalities and love of their position as CLs demonstrated to this researcher, they take responsibility for their actions. As presented by Clark et al., (2018) spiritual health locus of control (SHLOC) a participant's view about God's

involvement in a situation can be active or passive. The active participant believes they are responsible for their health with God's helping hand. Whereas the passive participant believes God will take care of their health and they must sit and wait.

The third theme to emerge was community first aid. A very important observation that this researcher made is the friendliness in a church atmosphere. It's amazing how two Christian churches welcome congregants differently. An inspection was conducted when walking into both churches (B1 and C1). Congregants in B1 welcome you with a smile. As a stranger, their hospitality was much appreciated. For example, everyone that this researcher encountered while walking through the front doors and to the sanctuary approached and welcomed this researcher and family with a pleasant salutation of a smile and good morning. As we sat down, deacons and congregants who were passing by stopped to say, "Good Morning". They made one feel like family instead of strangers. When exiting the church, the same treatment was provided. Whereas C1 only said something to another congregant when they were directed to or smiled as if they were forbidden to talk to you or did not want to converse. Contrary to this, observation of the CLs in B1 and C1 was more united and friendly providing a spiritual identity that was felt internally. Although their sermons were spoken to everyone in the church, at times this researcher felt both B1 and C1 pastors and priests were talking to yours truly. Thus, it can be concluded that community first aid is the transition of a spiritual occurrence taking place.

The participants described their rituals of spreading the gospel, praying for others, and providing guidance to those in need due to mental health, homebound, bereavement, or an accident. The participants knew how to develop trust and just be there for comfort. All participants, if they did not know what to say to an individual who was suffering, would just listen and pray.

The fourth theme that developed was how to manage VT. All participants indicated they have a natural spiritual ability to minister to congregants. This perspective allowed CLs to instill hope, faith, guidance, and prayers for themselves and when managing another person's trauma. It is important to be appreciated, treated like humans with feelings, and to know they grieve just like anyone else. Additionally, CLs that hold onto traumas since childhood limit their growth of the mind, body, and spirit (Stebnicki, 2017). Participants revealed to remain healthy, one must learn to release their trauma and not become attached to the problem. It is letting go that all ten participants have incorporated. Thus, participants throughout their years as CLs have learned to release and handle vicarious trauma resulting in an opportunity to spiritually help congregants.

The fifth theme and final theme acknowledged in this study were first responders. This theme had the most codes and subthemes. All participants expressed characteristics of a first responder (Appendix M). Similarly, to what Stebnicki, (2017) has indicated, "In the face of adversity, the individual's mental, physical and spiritual health can make the difference between perceiving the self as a victim or survivor." (p. 135). All participants had a natural desire to help others with their pains and sorrows. They are truly a first responder that shows the qualities of a servant leader, supporter, extrovert, empathic, listener, trustworthy, approachable, caring, sympathetic, compassionate, and merciful. Hence, these themes were pertinent in describing the participants' experience with the phenomenon and answering the research questions.

Research Questions

The data analysis findings presented the above themes which assisted in answering the research questions for this study. The first research question was, *How do church leaders in Oviedo, Florida describe their experience with vicarious trauma?* Participants in the study shared either verbally or non-verbally through their body language that they are not troubled by

VT. They can take in the traumatic information just to show they feel the pain. However, with the power of prayer, they can release it without it affecting them.

The next research question was, *How do church leaders describe the connection between VT and stress and burnout?* Participants explained their duties as CLs. They are Shepherds of God. Therefore, VT does exist but with spiritual guidance and devotion to God, they can counsel themselves through scripture, prayer, direction, exercise, and eating healthy. This explanation therefore provided the information that participants are aware of VT and with their spiritual beliefs overcome the possible effects of VT. They are human just like everyone else. However, their spiritual attachment can either eliminate stress and burnout on their own or with the assistance of a fellow CL.

The third research question was, *How do church leaders describe the way they cope with VT?* Participants truthfully expressed how they cope with VT by praying for themselves and others. Their family members are important in their life as well. If married, they converse with their wives. Ultimately, they all can evangelize and spread the word of God while preventing others from drowning in negativity. All the participants had the personality of an extrovert. They can speak their inner souls while spreading the word and having hope and faith.

The final research question was, *How do church leaders describe the support they receive to deal with VT?* Here is where the participants had mixed feelings. Some felt this was their responsibility to deal with their trauma. Whereas others felt it would be nice for the congregants to show appreciation and be more thankful. Some also felt that the training as a CL could incorporate being educated on trauma.

Discussion

The literature review in Chapter Two was divided into four major sections. The first section involved an overview. The second section provided a synopsis of the Attachment and Personality theory. The next section involved related literature and clarifications. The fourth section highlighted the spiritual strength that CLs possess to be first responders while helping others overcome their internalized trauma and rebuilding their own shattered lives. The final section included three studies along with information on divine control and statistics. The findings of this study along with the theoretical and empirical literature outlined in Chapter Two are reflected in this section. It is the theoretical framework for this study, which relied on John Bowlby's attachment theory and Carl Jung's personality theory. Both theories help make sense of a spiritual connection that overlooks or eliminates any effects of VT on CLs.

Theoretical Framework

Participants in this study answered the interview questions and appeared to dig deep into their responses. It was obvious they had experienced or knowledge of an incident that involved them digging into their coping skills and bringing out a spiritual response. Their faith and belief in God have automatically allowed them to create an attachment to God. It has given them the strength to reform their beliefs when assisting congregants who have been traumatized.

Participant's empathic involvement has been created due to their time frame, working as a CL and created a natural long-lasting approach when helping others in need. CLs whether help congregants, or aiding others who have experienced a natural disaster or other man-made crisis, expose them to trauma. It is this exposure that allows their natural spiritual personal resources to cognitively overcome the traumatic situation (Juczynski, et al., 2022). As discussed, the CL's duty is to support and help others, it is more of a therapeutic approach. Therefore, the

participants can automatically restructure their cognitive skills that allow a spiritual attachment to develop (Parenteau et al., 2019).

The variables, better known as the themes which have been created, act as a foundation for sharing a psychological relationship and spiritual attachment to God that helps them overcome trauma. It is this spiritual attachment that creates a belief and develops faith to overcome any VT. This is what was observed and heard from all participants in B1 and C1. Bringing character to this connection is the attachment theory. More specifically, it is the foundation that participants share better known as the “emotional blueprint that influences his/her adult relationships.” (p. 1287) Participants have demonstrated a positive religious coping in their quality of life and dedication to their relationship with God displaying an attachment to God (Counted, 2019). The participants confirmed the results. Like Juczynski et al., (2022) findings, participants of B1 and C1 have shown to use their spiritual obedience in dealing with the congregants who seek assistance from CLs to deal with their trauma.

Attachment and Personality Theory

The theoretical framework for this study relied on John Bowlby’s attachment theory and Carl Jungs’ personality theory. To reflect the information in chapter two, both theories were pertinent to this study. The participants were raised in a Christian environment and so the seed was planted. An attachment was made with their parent(s), and it is this connection that directed them to God (Massengale et al., 2017) creating a bond (Hesse et al., 2021). Throughout their lifespan, although some went in a different direction, they came back to become CLs.

Discussion of Findings Concerning Theoretical Framework

It is the participants' passion to be a shepherd of God since an attachment to God occurred very young in their life. It is this connection that congregants perceive which they also

form an attachment with the CL. A natural bond is formed among all CLs who participated in this study. When a problem exists, they can discuss it with other church leaders or family members. More importantly, this spiritual attachment to God helps CLs to overcome VT. Additionally, all ten CLs shared a particular personality. They all appeared to have an inborn extrovert personality.

The other theory that supported this study (Carl Jung's Personality Theory) confirmed all ten participants were sociable, talkative, energized, and motivated to help others. It was observed through their interactions with each other and congregants that they had a natural desire to turn someone's bad day into a blessed one. It was like they were stimulated by others and did not prefer solitude. This connection appeared like spiritual energy that empowered the CLs unconditionally. It is this link that was transferred over to congregants as it can be perceived during worship services.

Implications

Based on the findings extrovert CLs do indeed contain spiritual health that ultimately supersedes any trauma, specifically VT derived from a connection to the congregants. The researcher viewed this connection while attending services in the Baptist and Catholic churches. On a few occasions after the service, an elderly lady approached their pastor with obvious recognizable trauma issues. The pastor held the ladies' hand and prayed for her. When she turned around her facial expression displayed signs of relief. The same occurred in the catholic church. When the priest blessed the lady and the man together, their body language was transformed. It doesn't matter if you're elderly or young as long as you have hope, faith, and a caring church leader the spiritual healing process will reveal. As indicated by Waters (2022), many people with medical issues have realized medical intervention wasn't effective and live "in the shadow of

death” (p. 569). What people want is to find someone that will listen instead of judging. These CLs maintain a spiritual formation that allows them to develop daily practices that “open us up to the reality of God’s continued loving presence.” (p. 577) CLs hear everyone’s stories and help by providing meaning. Thus,

Pastors need to be supported so that they may share in honest, non-judgmental, wholesome environments-with peers and mentors; not one ‘well person’ counseling another ‘sick person’-but servants together having the courage to stop and be still and face the music of their inner life and share the reality of being mortal within immortality. This world is not yet heaven, and we live a lie when we try to make out it is. There is a time when the bridegroom will wipe away every tear. But for now, there are tears, and these are an indispensable part of growing to maturity in Christ (Due & Due, 2018, p. 134).

It was a privilege and honor to perceive the power of faith within both churches. Although many believe a depressed CL is unable to effectively minister, it is a human condition that everyone shares. We all live in a world of fear, “the world was powered by fear and human beings lived in a constant state of anxiety” (Marchinkowski, 2022). Overall, all participants have shown love for each other and that is the “antidote to this debilitating lifestyle of fear” (p. 246).

Delimitations and Limitations

The purpose of this phenomenological study was to describe CLs' experiences with VT in Oviedo, Florida. A phenomenological design was selected because the study intended to allow participants to describe their experiences. While allowing this researcher to extract common themes that CLs held in this area (Creswell & Poth, 2018). Phenomenology research presented how CLs deal with VT and what ways they take to overcome this notion with spiritual guidance.

A screening assessment was used to ensure participants meet the focus of the study. They had to be CLs, over twenty years old with five or more years of experience. This was a requirement because it was pertinent to discover if they are aware of VT since they are spiritual first responders.

The limitation of this study is the geographical location. Since there has never been a study taking place in Oviedo, Florida dealing with CLs. It was time to study how and what avenues Christian CLs took to deal with or overcome VT. To discover if they are first responders as well along with what antidotes help them survive a trauma in life that can attack anyone.

Recommendations for Future Research

When an emergency occurs that involves physical trauma or traumatic stress a pastor, priest, deacon, or deaconess is called to assist. This study filled the gap in research since one can now perceive CLs as first responders. They come with an innate spiritual frame of mind that helps others form an attachment of hope. The researcher recommends three areas for future research. (1) Increase venue – instead of only participants in Oviedo, Florida, increase the area to include Seminole County, Florida. (2) Increase church amount – instead of only denominations of Baptist and Catholic churches include Lutherans as well. (3) Compare how vicarious trauma plays a role in church leaders in non-denominations. And (4) open the interview process to include surveys and quantitative research. Replicating this study might be beneficial in determining if the findings are transferable. To defend the purpose of the study, any efforts of duplicating this research should follow the restrictions of the study since those were created to ensure a sample size and experience working with congregants and the phenomenon. This researcher recommends that future replication of the study be conducted outside of Seminole

County, Florida. This expansion of the venue will assist in determining if this study's findings are unique to Oviedo Florida.

Summary

This study has proven that CLs in Oviedo, Florida, churches B1 and C1, are just like everyone else and share the same experiences. CLs have feelings and must express them even if they do not visit a secular counselor. The anecdotal illustration below demonstrates there is nothing wrong with a church leader seeking secular counseling. However, one thing is for sure, we all need someone to talk to. Just as the medical profession is affected by survivors of traumatic events, our pastor, priest, deacons, and deaconesses can become emotionally affected by the stories they hear. Fortunately, this study has proved it is true that by being someone's first responder you can be emotionally affected. Conversely, it is a spiritual connection of obedience and self-care abilities that empowers them to overcome this burnout of emotional and physical exhaustion.

All participants have displayed an active spiritual health locus of control. They conduct daily worship, discuss any problems with other CLs and if necessary, visit a doctor for medical help as well. Hence, this researcher can honestly say this study has provided unbiased findings and presents a new meaning for others researching vicarious trauma. From performing observations in their natural settings (B1 and C1) and interviews with open-ended questions, it is their human-like qualities and natural internal resilient relationship with our spiritual first responders, also referred as to CLs, have created an ability to overcome vicarious trauma. Nevertheless, it is the grace of God, that allows them to release this emotion of pain and sorrow through prayer.

Anecdotal illustration – “Removed to comply with copyright”
Pinterest.com
Divine Counselor - painting by Harry Anderson

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Appendix A**LIBERTY UNIVERSITY**
INSTITUTIONAL REVIEW BOARD

March 31, 2023

Judy Rivera-Melendez
Scott Edgar

Re: IRB Exemption - IRB-FY22-23-975 A Phenomenological Study of Church Leader's Experiences with Vicarious Trauma in Oviedo, Florida

Dear Judy Rivera-Melendez, Scott Edgar,

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 irb@liberty.edu.

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

Appendix B

Contact: Florida Baptist Convention Permission Letter

A Phenomenological Study of Church Leader's Experiences
with Vicarious Trauma in Oviedo, Florida

Judy Rivera-Melendez

School of Behavioral Sciences: Community Care & Counseling, Traumatology
Liberty University

[Enter Date]

[Name]

[Association Name]

[Association Address]

Dear [Name]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is A Phenomenological Study of Church Leaders' Experiences with Vicarious Trauma in Oviedo, Florida and the purpose of my research is to describe Floridian church leaders' experiences with vicarious trauma.

I am writing to request your permission to conduct my research and contact members of your church to invite them to participate in my research study. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, respond by email to jriveramelendez@liberty.edu.

Sincerely,

Judy Rivera-Melendez
Doctoral Student

Appendix C

Contact: Diocese of Orlando Permission Letter

A Phenomenological Study of Church Leader's Experiences
with Vicarious Trauma in Oviedo, Florida

Judy Rivera-Melendez

School of Behavioral Sciences: Community Care & Counseling, Traumatology
Liberty University

[Enter Date]

[Name]

[Association Name]

[Association Address]

Dear [Name]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The title of my research project is A Phenomenological Study of Church Leaders' Experiences with Vicarious Trauma in Oviedo, Florida and the purpose of my research is to describe Floridian church leaders' experiences with vicarious trauma.

I am writing to request your permission to conduct my research and contact members of your church to invite them to participate in my research study. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, respond by email to jriveramelendez@liberty.edu.

Sincerely,

Judy Rivera-Melendez
Doctoral Student

Appendix D

Recruitment Letter

[Date]

[Name]

[Title]

[Address]

Dear [Name]:

As a graduate student in the School of Behavioral Sciences Community Care and Counseling, Traumatology Cognate at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The study's purpose is to describe Floridian Church Leaders' experience with vicarious trauma (a transformation that occurs due to an empathic connection), and I am writing to invite eligible participants to join my study.

Participants must be over 20 years old, have five years of experience as a church leader (Pastor, Priest, Deacon, Elder) from a Baptist or Catholic church in Oviedo (Seminole County), Florida, and have contact with the congregants. Participants, if willing, will be asked to participate in an audio-recorded interview. What and how questions will be asked to identify actions taken to manage the process of handling stress while performing their duties. It should take approximately 30-35 minutes. The second phase will be to observe them in their natural setting while conducting the service. You will be asked to review your interview transcripts for accuracy. This step can take 15 minutes. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please complete the attached screening assessment and return it to me through email (jriveramelendez@liberty.edu) so we can schedule an interview at your convenience.

A consent document is attached to this letter. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Sincerely,

Judy Rivera-Melendez

Doctoral Candidate

jriveramelendez@liberty.edu

Appendix E

Follow-up Letter

February 1, 2023

[Name]
[Title]
[Address]

Dear [Name]:

As a graduate student in the School of Behavioral Sciences, Community Care and Counseling, Traumatology Cognate at Liberty University, I am conducting research as part of the requirements for a doctoral degree. Last week a letter was emailed to you inviting you to participate in a research study. This follow-up email is being sent to remind you to respond if you would like to participate and have not already done so. The deadline for participation is [Date].

Participants, if willing, will be asked to participate in an audio-recorded interview. What and how questions will be asked to identify actions taken to manage the process of handling stress while performing their duties. It should take approximately 30-35 minutes. You will be asked to review your interview transcripts for accuracy. This step can take 15 minutes. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please complete the attached screening assessment and return it to me through email (jriveramelendez@liberty.edu) so we can schedule an interview at your convenience.

A consent document is attached to this email and will be given to you at the time of the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Sincerely,

Judy Rivera-Melendez
Doctoral Candidate
jriveramelendez@liberty.edu

Appendix F

Screening Assessment

Title of the Project: A Phenomenological Study of Church Leader's Experiences with Vicarious Trauma in Oviedo, Florida

Principal Investigator: Judy Rivera-Melendez
Doctoral Candidate

School of Behavioral Sciences, Doctor of Education in Community Care and Counseling, Traumatology Cognate, Liberty University

Questions	Answers (yes or no)
Are you a Pastor?	Yes _____ No _____
Are you a Priest?	Yes _____ No _____
Are you a Deacon?	Yes _____ No _____
Are you an Elder?	Yes _____ No _____
Are you over 20 years old?	Yes _____ No _____
Do you have five or more years of experience as a church leader in a Baptist or Catholic church in Seminole County?	Yes _____ No _____

Appendix G

Consent

Title of the Project: A Phenomenological Study of Church Leader's Experiences with Vicarious Trauma in Oviedo, Florida

Principal Investigator: Judy Rivera-Melendez
Doctoral Candidate School of Behavioral Sciences, Doctor of Education in Community Care and Counseling, Traumatology Cognate, Liberty University

Invitation to be part of a Research Study

You are invited to participate in a research study. To participate, you must be over 20 years old, a church leader (Pastor, Priest, Deacon, Elder) from a Baptist or Catholic church, and have contact with the congregants. All of these must have five years of experience or more as church leaders within the Christian faith practice in Oviedo, Florida. 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 Floridian Church Leaders' experience with vicarious trauma in Seminole County, focusing on Oviedo, Florida. This study is being conducted to learn additional ways to give back to the Church Leaders.

What will happen if you take part in this study?

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

First task: Participate in an in-person, audio-recorded interview that will take no more than 30-35 minutes.

Second Task: You will be asked to review your interview transcripts for accuracy. This step can take 15 minutes.

Third Task: You will be observed in your natural setting during worship service.

How could you or others benefit from this study?

There is no direct benefit to participants who voluntarily partake in this study.

Benefits to society include helping church leaders to identify if they are suffering from vicarious trauma they will be better equipped to handle socially traumatic situations such as natural disasters or community tragedies.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in your 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.

- . Participant responses will be kept confidential by replacing names with 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. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.
- . Recordings will be stored on a password-locked computer for three years until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher and her doctoral committee will have access to these recordings.

Is study participation voluntary?

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

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

If you choose to withdraw from the study, please contact the researcher at the phone number/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 Judy Rivera-Melendez. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at _____ or at jriveramelendez@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. Scott D. Edgar.

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 IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

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 study 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. Print the consent form and return it to me as a scanned attachment via email. You will be given a copy of this document for your records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

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



The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature

Date _____

Liberty University IRB-FY22-23-975 Approved on 3-31-2023
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Appendix H**CHURCH LEADERSHIP BODY INTERVIEW QUESTIONS**

Title of the Project: A Phenomenological Study of Church Leader's Experiences with Vicarious Trauma in Oviedo, Florida

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The purpose of this study is to describe Floridian Church Leaders' experience with vicarious trauma in Seminole County, focusing on Oviedo, Florida. It is being performed to learn additional ways to give back to the Church Leaders. The interview is being conducted at (Site location):

Date: _____ Start Time: _____ End Time: _____

Name: _____

Interview Questions

1. What motivated you to enter the world of church leaders?

2. How long have you been a church leader?

3. What is the best part of being a church leader?

4. What relaxing activities do you do for yourself?

5. How do you manage the traumas of your congregations?

6. How do you describe your relationships with your congregation?

7. What are the rituals taken by church leaders to prevent burnout?

8. How often do you visit your primary doctor?

9. How is your absence taken care of if necessary?

10. How many times a week do you take personal time off?

Appendix I

Assessment

Instructions

Daily contact with congregants who have shared their trauma stories may become a struggle for you. Thus, it's important to create a plan for self-care to process this vicarious trauma. Below is a list of questions to determine if congregants must be taught to help their church leaders. When answering the questions below, select the number describing your experience.

1. Never	2. Sometimes	3. Often	4. Rarely	5. Daily
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1. Have you ever been traumatized by listening to congregants' problems?

2. Have you experienced symptoms that require counseling? _____
3. Have you ever received counseling? _____
4. Do you feel exhausted daily? _____
5. Do you feel overwhelmed daily? _____
6. Do you experience daily headaches? _____
7. Do you tend to avoid some congregants after worship/mass? _____
8. Do you think about the congregants' problems at home? _____
9. Do you have difficulty falling asleep? _____
10. I procrastinate more when approaching congregants who have shared their trauma.

11. Do you take self-care measures? _____
12. I exercise daily. _____
13. Congregants thank me daily. _____
14. Do Congregants show appreciation daily? _____
15. Should congregants be taught church etiquette? _____
16. How often do you take time off? _____

Appendix J

Sample Coding from Participant Interviews

Interview Question #1: What motivated you to enter the world of church leaders?

Ever since I was a child, my family was very close to the church. I was always attracted to the church and everything that goes on within. At the age of seven years old, I joined the ____ service group. The pastor at that time was a young pastor and he was a role model for me. So, I realized that I was drawn closer and closer to becoming a church leader myself and that was kind of my goal to serve the church (P01)

I would say I found myself falling in love with the Lord in college, falling in love with serving the Lord. There was a part of me that had a very difficult time pursuing that call because I very much desired marriage and the thought of living life without marriage was very scary to me. But at the same time, I was also fairly attracted to it as well. When I would go to ____, I would see the ways that these men radically lived out this call to follow the Lord. I thought being able to make myself a gift like that for people was very attractive. But it took years and years for me to be able to embrace that. (P02)

The need mostly derives from the church. I have always been very devoted to faith. I have always had a special love for Jesus Christ, but I noticed that there was more that I needed to do than just be a participant in the ____ and give the ____ out at _____. There was a greater need. I know I could not be a ____ because I was married. Deacon was my next option and I discerned about that for 8-9 years. And finally, I met a priest, and he asked me, and I said, well, you are my calling and we decided to go into it and about five years later, we got ordained (P03)

I was doing it and didn't even realize it. And because people were watching and not knowing that they were watching somebody tapped me on the shoulder and literally said, we're not asking you to change anything you're already doing what a servant leader would do, and then they referenced Scripture that backed it up. (P04)

I guess I do not know if it was motivation as it was a calling. When I got saved the Lord was slowly dealing with me because I always love people. Love being around people all the time and you may say that I may have been one that was like a natural leader because when I was a kid, all my friends followed me. So, I think, it was with me working with my home church and my Pastor that I was always around, especially when I got saved. I was mostly serving in smaller churches where we would have a whole lot of people. And so sometimes I was indirectly drafted into that where the Pastor stated why do you do this and why don't you get a couple of guys to do this, and I guess it kind of gravitated over into that. So, for what I am doing today after being in it for a while and serving my Pastor it became natural for me to kind of be in leadership. I have always been there since the African American churches that I was associated with, were very small churches and there were not a whole lot of people to do certain things. Somebody had to do it. If there was something that needed to be done so I was, naturally, you know, drafted into it just indirectly. (P05)

I would say that it was a calling. It was a result of God preparing me and providing long before I knew him, and somehow, he orchestrated my coming to this church. I started being nurtured in His word and He just started orchestrating events for me to become a church leader. (P06)
It's simple, God called, it was not my decision. In fact, in order to first accept my call as a _____ Deacon, one must have a secular career in parallel. This is a full volunteer yet ordained ministry. So, you do it not because it's the next step in your career, you do it because it's a call and God has put that on your heart and you're responding to it now. (P07)

I don't know if there was a personal motivation, it was a calling. I've been involved in my church in different capacities. I took several classes and courses. I was on the trustee board at B1 and served in that capacity for several years. It was one Friday afternoon. I vividly remember one Friday afternoon my wife and I were watching television, just relaxing, and I got this call from a member of the Deacon Leadership Board. He called me and said we are thinking of inviting you to be a Deacon here at B1. And I basically fell off my chair thinking I heard him incorrectly with the television background noise. I said, let me go into this other room because I'm not sure I heard you properly. So, I left the room and went into another room and had him repeat himself. The member of the Board said we wanted to invite you to be a Deacon at B1. And I said OK, thank you. Let me pray about this and do some research and I'll get back to you. So, I prayed about it, talked with some friends that I knew were Deacons at B1, and then I said yes. God said that this is what he was calling me to do, and I went through Deacon training, which was a year. It was hands-on training for a year before I got ordained five years ago. It was a calling to enter the world of church leadership. (P08)

It was simply that they asked my husband if he would consider being a Deacon. So obviously we talked about it since it was a big responsibility. But we talked about it for a little bit and then you know, got the urge to say yes. I never really thought much about it before that. I didn't even really know who my Deacon was when I was going to B1. I assumed that I had a Deacon, but our Deacon never really introduced themselves to us. So, we really didn't know who our Deacon was. We decided that we would not do that, and we would be different. (P09).

Well, I grew up with a mother, whose father was a pastor, so there was nothing else. I mean there were _____ of us. Our Sundays were spent going to Sunday school then to Church we then come back home to have dinner, and then we go back to Bible Training Union. So, we were practically in church all day, and that was every Sunday. When we went to school, we also had Bible verses in class. So, every Wednesday everyone had to learn a Bible verse. And if you repeated the one that someone else had, you had to stay in at lunchtime and find another one. So, I learned a lot of Bible verses. I learned to always have two. Just in case someone else had mine, But we grew up in church, and then when my father died years later, my mother married a Pastor. We've always been spiritually motivated and deep into religion. (P10)

Interview Question #2: How long have you been a church leader?

I was ordained in 1989. (P01)

I was ordained in 2015. (P02)

I was ordained in 2020. (P03)

I was appointed by the church as a Deacon in 2015. (P04)

A church leader since 1990 P05

A church leader since 2014 P06

I was ordained to Permanent Diaconate in 2002. (P07)

I've been a Deacon for over 5 years and a trustee member for over 3-4 years. So, a total of 9 - 10 years. (P08)

A church leader since 2016-2017. (P09)

A church leader since 2003. (P10)

Interview Question #3: What is the best part of being a church leader?

The best part of being a church leader is to be able to journey with the people. I have always been a people person. I like talking to people, hearing their life stories, and how I can be of service. It has always been my mission in life to help others and bring the message to people. I have been given the gift of my vocation as an ordained church leader. It is my responsibility to share the grace of God and bridge man and God. Through my ministry, I help others get closer to God through understanding, loving, and serving him. It has always been my motivation to bring people closer to God. (P01)

I would say that for me it is a privileged position that people invite you into their hearts in unique ways. It is just a tremendous blessing. Very, very privileged. (P02)

The best part as a church leader is what you can do for others as a Deacon. To me, the best part of my ministry is seeing the spread of the gospel that I can do for people, especially those homebound that cannot come to mass, people in the hospitals, or assisting people with their funeral services. Just to change their demeanor about God and his love for all of us. It is great just to listen to people talk about their past is a beautiful thing. (P03)

The best part of being a church leader is helping others, teaching Sunday school, singing in the _____ choir, and spreading the word as Deacon. (P04)

The best part for me, is to see that I am in a place where I can really help others. As you discussed, sometimes people are going through various things in life and I guess the best part for me is to hear that when I preach or when I've done something, or when I've helped somebody do something, come back, and say Pastor I'm so thankful that you said that or allowed me to be a part of that. That is the most rewarding thing for me. That I am in a position where I can, you know, help people that may have been downtrodden or people that just simply just need a hug. I thank God for being in that position. (P05)

I would say, the best part of being a Deacon is the training. I learned the biblical qualities of the Deacon. We recited scripture every time we met, and you know the biblical calls of being, you

know, temperate, truthful, one woman. I really feel accountable for those qualities because I attended churches before this church, and I was not seeing those qualities in people, pastors, and deacons. It is something that took me away from the church and it delayed me from having a relationship with God. Something that really sticks with me is that I want to be credible for evangelism so that no one ever looks at me for my behavior and turns away from God or the church. So, to me, what I really like most about being a Deacon is being able to model those qualities and serve people. (P06)

The easy answer is sharing the joyful moments in the lives of the people with whom and to whom you minister, there's a lot of joy you're bringing. If you are doing it right, I believe you are reminding people of God's love and mercy in their life. And you are fed than by the love, joy, and their families as well. So that's the easy answer. (P07)

Whenever you become a church leader, a lot of people really don't understand that the enemy really attacks you. Basically, you have expanded your role of representing God and the enemy, the devil doesn't want you to do that because his role is to basically get you off track for doing something for God. So, the best thing for me is interacting with people, fellowshiping with people, talking about God, and just expressing those feelings and emotions while celebrating the goodness of God with other people. That is the best part for me and just to see God's goodness in people, to see what God is capable of doing, moving people and shaping situations. Just to see the goodness of God is the best part and you do not have to be in church leadership to see that. (P08)

The best part is just getting to know the people. Because when you are a Deacon or a Deaconess, you're assigned a ward and you get to meet a lot of people that you probably would not have necessarily interacted with. You know, churches can be a little bit cliquish. Everybody's got their little group. It's kind of like being in school almost, which is pretty scary. But it allows you the opportunity to really get to know a wide group of diverse people and have an impact on them. So really, it's the people, it's just really loving other people. (P09)

My philosophy is helping people. People don't have to know that you're willing to help. They just ask you and if you're willing to help you do it and you do a good job. I am like my father. My father believed in helping everyone, even all his _____ children. He was always helping someone else. And as one of my brothers said, we were poor growing up, but we didn't know we were poor because we always had food. We had to have church shoes and school shoes, so we always had everything we wanted. (P10)

Interview Question #4: What relaxing activities do you do for yourself?

The most important thing for me is to connect with family and friends. I always talk to my siblings. I exercise. I exercise three to four times a week. (P01)

Fishing is my biggest one. I love spending time on the water and working out a couple of times a week. Those are my healthy outlets to clear my head. But another thing is prayer. I regularly try to live in the moment. So, a _____ told me one time and it's been like a mantra for me. Like following Jesus is walking on water. And so. We are called to live in the moment with God and I try my best, it is easier said than done sometimes, but I try my best to stay in the mind space of

like do not try to be successful just try to be faithful. And so instead of like trying to carry all the weight of everything that I have been asked to do instead of trying to control all these outcomes and you know, let me just try to be a good priest tonight. What am I called to do today, how can I work hard for the people of God today and not concern myself with, well, what if this? What if this does not go right? Or what if that does not go right? What if your homily is? You know, like I mean then your homily would be horrible. Lord, help me to say yes to you and that you know I am not carrying all the outcomes of this. I am just trying to be faithful throughout my day, if I can stay in that space then it lowers the stress. (P02)

Basically, I read, I read Scripture, I read about the Saints, and I read books on how to help people in their needs. I watch TV. There are a lot of good themes on television. I watch the News to relax, and I like to garden. That is where I really focus my attention on the Lord when I am gardening. (P03)

I like to cook and do stuff around the house. I get my daily exercise by walking or using a pedal machine. (P04)

To be honest, one of the most relaxing things that I do when I go home every day, my way of detoxing, so to speak, is to go home and I love watching old Western movies. Sometimes my wife lets me go, and we have this little pack between herself and me, that when I come home from church she gives me, like, an hour or two, when I can just sit down. I get the remote exclusively, and I get to watch Gunsmoke. I love watching Andy Griffin and I get to do that uncut for about an hour or two. My wife never bothers me at that point or when the football season is on, I get a chance to do that for two hours before my wife starts to want to do something. She gives me my space to just relax. We have been like this since we were married and especially since I have been in the ministry. Another thing I love doing is building projects. I may try to make a table, or I go fix something or cut my yard. Believe it or not, cutting my yard is one of the most relaxing times I get. I just kind of paddle around in the yard with the flowers and stuff, it gets me away from everything else. Those are two things I really like doing. (P05)

Oh, quite a few. I work out three or four times a week and then at least once a week working out with my wife and walk, watch television, and watch movies. I have been a professional DJ since 1990 and so I still do events on occasion. Some events I am unable to do anymore because I am a Deacon now, but I can DJ for wedding receptions and certain birthday parties. I cut my own yard, love listening to music, love going to the movies, and love traveling. So that is what I do to relax. (P06)

I learned this years ago to always have four daily things on my agenda for self-care, physical, emotional, spiritual, and intellectual. I have not been able to work out as much lately, but I get out for at least a short walk. Of course, I have my prayer times that I don't compromise on. That's necessary for me and God to talk. A lot of it is just sitting quietly in God's presence and listening and knowing you are loved. Emotionally, it can be making a point to have a good conversation with my wife or listening to music that I like. Then intellectually, I must read something that expands my mind every day. Something that's challenging. My favorite things to do are go outside to hike, walk, and run in nature, reading for fun, and creative writing. (P07)

The thing I enjoy doing is traveling with my wife. I have a demanding job, outside of church. So, I sometimes must just cut it off and say, I am going to relax and watch television or go to the gym. I go to the gym on Mondays and Wednesdays, but I want to get some more days in. I enjoy spending time with my family. (P08)

I go to the gym three times a week. But I do that not because I enjoy it. I know it's good for me. (P09)

I play games on my computer. I think I do that because I've heard that you won't get dementia, Alzheimer's. I like to cook. I like family gatherings. We have one vacation with all the family, and that's in August. That's when all the families get together. Also, I plan the senior trips. Before the pandemic, we would have one land trip and one cruise a year. Now we're getting back to the land trip. This year, we're going to Cape Cod, and I plan all those trips for them with the travel agent, of course. I have been doing this for years. (P10)

Interview Question #5: How do you manage the trauma of your congregation?

There is plenty of joy in my ministry and pain. Pain because you share the pain and sufferings of people you know. People trust church leaders because they can tell things to you rather than to their family about marriage, relationships, about anything in the world. They always look at the church leader as somebody they can trust and whom they can listen to for advice and guidance. So, it's very natural for us to get all kinds of stories from people, especially painful stories of relationships. A loss in the family, career problems or even mental problems that they are dealing with. People come to you and consult you with many other things, not only about problems of life but even some other things that they just want guidance. They just want to hear from somebody. And who can be objective and tell them without any reservations whether this is the right thing to do or not the right thing to do, so for me it is a great responsibility.

But when I hear people going through a lot of painful experiences in life (death, medical issues, hopeless situations, and painful stories), that has always been a challenge because I feel for them. I dig deep within and see through prayers how you can help these people who come to you for help. They always listen. They may not follow everything that you say because you know it depends on how they apply the principles of Christian values. But at least they listen to you and that they know what is right and what is wrong as far as the teachings of Christ or the church are concerned. So, you know, when I listen to people going through a very difficult situation, I feel it myself and sometimes I carry it within my heart, and I pray for them. I always think of the people whom I promise to pray for. Everyone that came to me yesterday, the day before asked for prayers, and I remember them even if I can't recall all their names, I remember their faces.

(P01)

When I get called into a hospital room for a traumatic situation. Most of the time when you get a call someone died, it is very rare that I was very close to the person. So really the pain that I am ministering to is the pain of the people that are grieving. I am not carrying the grief myself. I am ministering to people that are grieving and I am just trying to be there with them in that hurt. One of the things that was very critical that they taught us in _____ is that we learn all about the Ministry of Presence. It is part of the preparation for the _____. We spend the whole summer working as hospital chaplain. The most critical thing you learn over that summer is, we know

this intellectually, but you learned you cannot fix it. So, once you relieve yourself of the pressure of trying to fix it and you truly are just willing to simply be there with them. You do not need to make them feel better. There is nothing to be said. You know they are suffering, and you are there to pray and they do not suffer alone. I am just being there with them and now sometimes like I, lose _____ that I did know, and I was close to and my experience of that is I grieve just as anyone else would. My experience with that is that I grieve just like anyone else and that is heavier and that does take a lot more time to get through. (P02)

I know that once I visit somebody and I start talking to them, they develop a certain trust in you. They start bringing out things that have been inside of them. I must remember I am not a _____. I am a Deacon, so I cannot hear confessions. But I can listen to people talk and then you tend to learn to be Jesus-like when you take answers that are soft to their hearts, and they know that what you're telling them, you're saying it out of love for them because you love the person that that, you go represent. (P03)

My mind is analytical and technical, so I look at it from a different perspective and I look for the facts. I lay out the facts. I'm not trying to judge. I'm not trying to make an assumption. I hear just what the facts say and based on the facts I respond. For example, a person that was a part of this church passed away and I got a call from his wife on Sunday. They want us to sing at his funeral on Friday. That threw something that I wasn't planning for, and I'm a planner. I was in the middle of working with another family when those types of interruptions occur. OK, I had promised these people something, but now I must put them on hold because I need to try to get ready for a funeral, by gathering guys, a van, and music. (P04)

When someone is going through something really deep, just say that someone lost someone like we just had recently. I have always made it a point to make sure I contact the family, talk to them, and let them know I am here. Sometimes I try not to interject too much, I want them to talk to me. And sometimes they want to talk and sometimes they prefer I just be there. I think just being there, just showing up has made a world of difference for people. When I show up, they say, _____ came by, and I prayed with them. I have seen families in these traumatic situations where I go into the house and the families are happy to see me. I walk to the grieving person, hug them, and pray with the family. I always pray with them. At that point, I let anybody say something because I do not have the magic words to say. These are the times that I have learned to keep quiet because sometimes you can start throwing Scripture out and that is not what people want to hear at that moment. I've learned to let them tell me what they're feeling, and at that point, if I don't have an answer for them, a lot of times I don't, I'll say. Let us just pray about it. (P05)

Well, the first thing I try to do is listen. I have learned how to be non-judgmental. I have learned how to clearly explain what I am sharing regarding scriptural principles versus my experience or opinions. But I do not think I have ever taken on the burden. I think I can clearly segment that. But I do have compassion, empathy, and sympathy, but it is in a way, in which, I do not feel like I really carry it as a burden. Depending on what is needed at the time, I show empathy, sympathy, or compassion. However, I do not bring the problem home. My concerns do not change to worries or obsessions. My corporate background has taught me to navigate emotions. (P06)

There is no easy answer to that question. I have had a number of traumatic situations like responding to a death. In these situations, you must be trusted to help them. There are these moments that are so profound and memorable, you get the imprints and constantly play the movie. The first thing I do is surrender it back to God. I go into prayer right after it and it is a prayer of surrender. Lord takes this because I can't carry this. I don't have the ability to do that. So that's step one, Step 2, is I process it through spiritual direction, and I am blessed. My current spiritual director is also a psychologist. There is no one in my ministry who has understood me better. Also, you learn what works best for you. Your experiences are part of you. They have formed you. But when I do that, I experience what he's going through for me to meet him where he is, I must allow myself to experience his reality and his pain and his suffering. If I just talk from an administrative, theoretical, intellectual level, well, this is what we mustn't do. But instead, I need to experience his pain, not in a sympathetic way, but in an empathetic way. So, for me, surrendering all of these moments back to God is fundamental because I'm not strong enough to process that, but you know, God can. God can carry what I can't. So, I have to hand it off to God. (P07)

It depends on the circumstance and what the situation is. If it involves death, you must pass it along to the _____ or to the administrator keeping them aware and abreast of the situation. So, for example, the _____ or his administration will take over from there. But usually, if a ward member reaches out to me and says this is what's going on in their situation, then we try to address it as best as we can. Then again, it depends on the need because there are times when there's a financial need and we have a benevolence committee that we pass them to that will help with that situation. Sometimes they just need prayer. And we'll do that. Sometimes they are in the hospital, and you must go visit them and offer some level of comfort to let them know that you're there with them and for them. So, it depends on the need of the ward member and we as a church family are available. There are situations where the church itself cannot assist, so we have members of the Benevolence Committee who can refer these situations out to other churches or other organizations that can assist these members. Sometimes they're, not even church members, so there's probably somebody in the community that needs assistance, and we don't have a resource in-house, but we can refer them to an organization that can help them. (P08)

Well, I mean, you know, you just kind of try to do the best you can to provide comfort or direction. We pray with them. We visit them a lot of times. You know, people are just lonely. You know, we have a lot of older members in our church, so if I know it's their birthday, I'm taking them some chocolate or I'm calling and chatting to them or I'm taking them to lunch or taking them something. So really, you know, people just sometimes need a listening ear. You know, you don't really have to do anything for them. They just want somebody that can hear them, and you just let them know that you're there for them, no matter what. So, how do I deal with it? I'm just available. Sometimes they need a ride to the doctor and if I'm available I'm going to do it. (P09)

The first thing I do is pray together and then we have some people that have problems that they need, a counselor. As part of benevolence, I have been fortunate enough that we can pay for counseling. We have a member of the church that owns a counseling facility, and we pay her to give us a discount. We pay her to consult as much as needed or as long as needed, and for the more complicated ones I make sure that she gets them.

As for grief counselors, we have a few grief counselors around, and I refer people to grief counselors. If someone just wants to talk, my budget is kind of unlimited. I go to lunch with two people, and we have a long lunch hour. We've had some retail shopping trips. My belief is that if you get them out of their environment and go outside and just relax, they feel a lot better. We have people get sick at church, especially those who are diabetics and I'm not the nurse, but I'm always the first one they come to. We had an incident last Sunday, a lady walked out. I looked at her and she did not look right. When she came out, I asked if she was OK. And she said, and I don't feel well, my first question is, are you diabetic? And this lady happens to say no. But anyway, I went back and got juice and crackers and set her on the bench for a while and had one of the ushers sit with her while she was out there. And she stayed there for like a good 30 minutes before she felt better. She called and wanted to know who the lady was that helped her, and they gave her my name and she called me. She said that never happened. Nobody pays attention. How did you know? Oh, I looked at you and you didn't look well. She said she'd taken some medication before she came to church, and she hadn't eaten anything. She was appreciative. (P10)

Interview Question #6: How do you describe your relationship with your congregation?

I am a people person. I like to be with people. I like to talk to people. There's always been a source of strength for me. As you know, when I am feeling a little bit tired or down, I just go out and talk to people. Then suddenly your mood will change like you realize that you know, there are so many things. You connect with them in moments of sadness. You hear about how somebody died in the family and that's the beginning of your relationship. And then you show empathy, you show compassion, you pray with them. (P01)

People know I am theirs, so I remember there was one moment when I was busy, and I was trying to get out of the _____ without anyone stopping me. I saw people wave. I started walking and I kept my head down and signaled to them with my body language, I have somewhere to be right now. But they did not care. Like they saw me walking past them and they are like ____, _____, can you give me a minute? I was like, I really only have 5 minutes. And they are like, no, that is fine. We sat down and the person just immediately started crying and I thought to myself later, there was something incredibly beautiful at the same time. Here I am a young ____, but when they see me, they know I am their _____, so it does not matter. Like when a kid needs something, they are not worried about whether Mom or Dad has something to do. They Love their _____ in a unique way. They know that you are theirs and they also know when you do a good job of loving them, they will invite you into these privileged places. You get to be with them and their sufferings and their joys. You get invited into their lives in such a way that I do not think I would ever be given that kind of access to people's hearts if I were not serving in this way. (P02)

I see them as friends, as a mom, as a dad. Most people that we visit are in their late eighties, nineties, and one hundred years old. So, you start to develop a friendship and eventually, they die and then the family says, you have been with them so long can you come and do the service? And at that time, then that is where sometimes before you go in you, you feel a little mushy, but once you start talking about what you remember about the people and their suffering it turns into the love of what you are doing. (P03)

I'm an uplifter and an encourager. (P04)

The congregation knows I am their Pastor and available for whatever. They know I have a Pastor's heart and always ready to help somebody. (P05)

It is incredibly positive. We get assigned Ward members and so there are certain people that are assigned to me that come under my care. It is sometimes difficult to engage with them beyond meeting them here at the church. You know, we have phone numbers, we have e-mail addresses. We have postal mail addresses, but they are not always responsive to those, so a lot of the engagement is primarily through seeing them here at the church. On occasion, when they do reach out. You know, it is not as bidirectional as I would like it to be. But I have an unofficial ward that is as large if not larger than my official ward. And so, even though we have members that are assigned to us, all deacons treat every member as if they belong to us. There is no competition or challenges. (P06)

In my presence at liturgy, especially when I'm preaching, there's something that seems to connect with a lot of the congregation. I have a lot of people that call me, e-mail me, and stop me because they find me accessible to them in their joy and their pain. I love it when people reach out to me and say Deacon, God gave you that message just for me today. Because it made it clear to people that the messages don't come from me, they come from God. (P07)

It depends on the circumstance and what the situation is. But usually, if a ward member reaches out to me and says this is what's going on in their situation, then we try to address it as best as we can. Then again, it depends on the need because there are times when there's a financial need and we have a _____ committee that we pass them to that will help with that situation. Sometimes they just need prayer. And we'll do that. Sometimes they are in the hospital, and you must go visit them and offer some level of comfort to let them know that you're there with them and for them. So, it depends on the need of the ward member and we as a church family are available. There are situations where the church itself cannot assist, so we have members of the _____ Committee who can refer these situations out to other churches or other organizations that can assist these members. Sometimes they're, not even church members, so there's probably somebody in the community that needs assistance, and we don't have a resource in-house, but we can refer them to an organization that can help them. (P08)

The relationship is open, we are on a first-name basis. They don't need to call me Deaconess. It's just _____. I think I'm approachable. I will do for them what I would do for my mom. In most cases, as long as I'm available and I'm able, I will do what I can. So, they know they can call me if they need anything. (P09)

You know, I think I'm weird because when people come to me, it's usually something. For example, someone died in their family. They used to call me before the person dies and I had that call last night, this young lady said my mother is in Hospice. Can you give me the name of a good Funeral Home? I said, why don't you give me the information? I'll call the Funeral Home and have him call you. Her father used to be a member of _____. He passed this year, but before he passed, we had people that couldn't afford to pay for their funerals. So, they come to

_____. I always handle it and I would go to him. He came up with an amount that he would allot to the church, and he just started, and he told me one day that he called his son and asked him to have me come over before he died. He said I want you to know that you kept my business going for years because _____ was not using me until you called me. Everybody comes in and wants _____ price. I just want to thank you. So, his son is keeping up the same thing. We had a funeral a couple of weeks ago and the wife called me and said I can't afford to pay that much. So, I called him, and he said yes, I'll give him your price. For some reason, people just trust me, and once they come to me, they know that I'm going to try to find a way. I don't know if that's the right way to do it, but I do it anyway and it works for them, and I've been doing that for years. As far as it getting to me, personally, my husband is very laid back and I can talk to him about anything. When we have a conversation, we talk through things, and it just makes me feel at ease and he tells me I do the same for him. But this came all about because of the church. I was not this easygoing with my _____ husband or this person that could just sit there and talk through anything.

I don't even know if I have this many people as I do now, but now it's a part of me and I can bet you if you ask 10 people in this church who they would reach out to if in trouble nine of them will call my name. No matter what it is, I'll try to find a way. During the pandemic, we had a lot of seniors who had to sign up for their vaccine but were not computer savvy. So, I scheduled about 200 vaccines and the mayor thanked me. (P10)

Interview Question # 7: What are the rituals taken by church leaders to prevent burnout?

I do have a primary care physician. I have my dentist. I go every six months to my doctor for a check-up. I always take care of myself. (P01)

I exercise, eat healthy foods, and go for physicals (P02)

I stay busy doing something other than just sitting on a couch. I like to walk. I like to stay active. I like to clean around the house. I like to fix things. (P03)

The most relaxing thing is listening for songs to figure out what we're going to sing and listening to those songs because they are Christian-based songs. It helps me, it's just something I'm going through, and the song I never heard of, a group I never heard of. I listened to it and I'm good. (P04)

I exercise at least four or five times a week, always in the mornings. I get up in the morning, pray and do my rituals of working out from 5:30 to 6:00 o'clock and by 8:00 am I am off for my day. I go to my doctor's appointments, and physicals and listen to what the doctor has to say. With regard to vacations, I can take up to four to five weeks a year, but I do not. I have never taken a sabbatical. I have never done anything like that. That is foreign in most African American churches. Not that all the churches cannot do it. (P05)

We try to do staycations once a month. We try to do a big vacation twice a year. I visit my primary doctor twice a year, and then anytime there is anything happening that I need any type of attention. I also see an eye doctor. I have no problem going to see somebody. Usually Monday

through Thursday I go to the gym to work out and then Friday my wife and I will walk, you know some weeks it does not always work out. (P06)

I learned this years ago to always have four daily things on my agenda for self-care, physical, emotional, spiritual, and intellectual. I have not been able to work out as much lately, but I get out for at least a short walk. Of course, I have my prayer times that I don't compromise on. That's necessary for me and God to talk. A lot of it is just sitting quietly in God's presence and listening and knowing you are loved. Emotionally, it can be making a point to have a good conversation with my wife or listening to music that I like. Then intellectually, I must read something that expands my mind every day. Something that's challenging. My favorite things to do are go outside to hike, walk, and run in nature, reading for fun, and creative writing. (P07)

I know when to shut it down. If I'm getting into a situation where there are deadlines that must be met, I cannot overburden myself and cannot take on too much which will make me ineffective. I can recognize those times when I can just say time out and ask for assistance. There are certain duties that we must do as Deacons, and there are times when I'm unable to make it at that time because of a conflict in my schedule. I would reach out to another Deacon and ask them to fill in for me, and other Deacons do that as well. We help each other. It's recognizing quickly that you're going to be overburdened and I just take time out and say, hey, can't do this by myself. I need some assistance here. (P08)

Yes, I take time for myself. I love to binge-watch Netflix or any of those streaming services. I'd love to travel. So that's something that we like to do as a family or either just with me or my husband, we love to travel. So, we're always going someplace. Like I just went to Jamaica. So, traveling, reading, going to the movies, and just spending time with my family. We really enjoy our kids and hanging out with them. I go to the gym three times a week. But I do that not because I enjoy it. I know it's good for me. I go to my annual medical checkups. If there is something that is bothering me, I speak with my husband or the Pastor. (P09)

I take annual vacations with my husband and family. I visit my doctor every six months. I go to the gym twice a week. We always talk things over at home. I can never remember a time that I went to my mother or father and said I needed to talk, and they didn't make time no matter what they were doing. And I tried to practice the same thing with my children. (P10)

Interview Question #8: How often do you visit your primary doctor?

All participants answered this question the same. Participants are healthy and visit their doctors when needed, every 6 months, and for annual checkups.

Interview Question # 9 How is your absence taken care of it necessary?

All participants answered this question the same as well. Basically, they will get assistance from fellow priests, pastors, or deacons to fill in.

Interview Question # 10 How many times a week do you take personal time off?

All participants answered this question the same. They only take off for vacation purposes, either 1 or 2 weeks.

Interview Question # 11: Do you consider yourself a first responder?

Yes, definitely! When we are called to attend to a person who is on their death bed it does not matter your faith. They just want a spiritual church leader to hold their hand as long as they are a man of God and can lead people closer to God. They just want to have somebody to pray with. So yes, we are first responders to every faith. (P01)

Yes, through prayer and spiritual presence. When a person is suffering, you are there to pray and they do not suffer alone. (P02)

Yes, you listen, and most people come with some kind of pain, some kind of question that they are searching for an answer to. As they are talking to you, you meditate on what they are asking you, and you ask the Lord to give you words that encourage a right answer because there is no right answer. I find myself sometimes where I'm overburdened with my load and I'm like, you know, I know I need to stop, but I can't tell somebody to stop or no I do not have time. You know, like when I leave here, I am going to visit someone that I do not have to visit, but they asked me to come by and give them 5 minutes. It is never 5 minutes, it is always more, but I must go because I do not know if that is the one person that I am going to bring back to the Lord. Bring back to the church, and if I do not go, then I am going to be thinking, oh, I should have gone. (P03)

Yes, I have held people's hands and stood by their side on their deathbeds. Yes, we are first responders as well. (P04)

Yes, I am considered a first responder because when people call me, I am there. I have been spiritually helping all my life. (P05)

Yes, although I came to Christ late in life. I was not looking for God but when I started visiting B1 I felt comfortable. This was the first church that was credible enough for evangelism to give me an understanding that the relationship is with God and not the church. I started going to Sunday school, Bible study, and church service and just fell in love with God's word. I was ordained as a Deacon in 2014. If anyone needs me, I am there. (P06)

Yes, I didn't realize it until it happened, is being present in the difficult and challenging moments as well. I remember the first time I got a call on a tragedy for a family. And they wanted me to come out and be at their house. I had no idea what to do. Their 16-year-old daughter died in a rollover accident. I had no idea what to say, but they wanted me there. I remember sitting in my car, saying God, I have no idea what to say and I really don't want to be here. I mean, I'm here because you told me to be here. But when I left the house that night I literally sobbed for joy in the car. It is a sacred trust that you enter into at that moment. It's a sacred moment because God is truly present, and you just feel it. (P07)

Yes, we as deacons support the family that is grieving. We try to attend funeral services and offer support. Sometimes we're called to be pallbearers. But you know, if you have a church member that has passed away or family members passed away, you know you send a card out. A condolence card, you call them, you reach out to them, and support them as best you can in

difficult times. So that is what we do as a church. We try to be there for church members in difficult times. (P08)

Yes, it is totally voluntary. So, if you're doing something for somebody, you're doing it with your own funds. There is no reimbursement or anything. Which I didn't expect it. We are called to be servants and to serve. That's what we do to serve others. I don't look at it as a burden to give a helping hand if somebody is in need. I mean, that's just stuff that we do. It's no big deal. No big deal. Our training as Deaconesses teaches us what to expect. (P09)

Yes, everyone knows they can come to me if they have a problem. (P10)

Interview Question #12: How can the congregation help you?

I get more help than I need from the congregation. People are so generous with their time, resources of food, time, and money. I do not ask them for anything, but they are always very generous. Just spending time with people and gaining friendships is very important to me. I don't ask people for anything, but people are always very generous with their time, with their gifts, and with their talents. (P01)

Just to realize we are human and to be merciful and compassionate if we disappoint you in some way. That we are just like you. We are doing our best trying to do a good job of serving the Lord, trying to be faithful to our own calling and. You know, I tell people often, Jesus Christ is the real _____. He is the only one that offers anything on that _____. He is the only one that gives his life for us. Yes, we're trying to be good for you, but yeah, there's going to be times where you don't like my decisions or you don't like some of the things some of the maybe you disagree with some of the direction that I'm heading but to just have room in your heart to still keep in your heart that we are still trying to walk through life as one family. (P02)

They help by being loving to what you do and supportive. And I have been to various parishes here in the Orlando Oviedo area. And this one here is just too much. They pamper you too much. I never thought that this could happen, but they treated me as if they had known me forever. And I am not talking about the elders I am talking about the youth. Basically, in every ministry that I work with. They just help you and ask me if they can do this for me. (P03)

We are a big family and there is nothing they must do but participate in church gatherings. (P04)

The congregation has been wonderful for me and my family. They are most generous and show their appreciation. I do not have any complaints. (P05)

They could make my life better by being proactive and engaging me. I feel that quite often it is mostly one way. I do not like finding out that I have a member in my ward who is ill or going through something I do not like finding out from someone else. I would like to find out from them. So, they do not always think to reach out to me. (P06)

I don't think it's their responsibility to make my job easier. Jesus made his command pretty clear, love one another as I have loved you. If we would all just listen to the one who we claim to

follow that would cure a lot of ills in the church and ills in our society. But that's just a good disciple of Jesus. But it's not about making my job easier. The reason that I believe God called me into this job is to be a servant to the people of God. But the best way I can serve the people of God is to remind them that they are loved by God. Just be honest and open and love each other. It's not about making my job easier. My job is my job. I've accepted this call. But let me walk with you so that you can be more of whom God is calling you to be right now. I don't need the _____ to make my life easier. I'm comfortable with what God's called me to do. (P07)

What they can do is communicate with us a lot more. There are a lot of congregants who come to church and attend the service. Then they just leave, just go home and they come back the following week. I would love to see them more involved. There are so many things to do in the church in terms of ministries in the church that they can participate in. What typically happens is you have this 80/20 rule where you know 20% of the people serve and they were always serving because the 80% don't get involved. So, I'd like to see them more involved in the ministries at the church, and that way the outreach would be even bigger than what it is today. (P08)

It would just be to show appreciation, I mean, you know I have not had that experience where my folks have been unappreciative. I mean, just a thank you is enough for me. I don't need anything else. Quite honestly, I have not had that experience where they have not been thankful or appreciative. We're grateful for whatever. (P09)

My Father used to be the type that would help everyone in the community in our small town. They used to have an ordinance that you couldn't drink and have public drunkenness. So, my father would be the person in _____ on Sunday morning getting everyone out of jail and he would tell them you'd have to go to church, and you better be there when I get there. He was a Deacon, and my mother was a Deaconess. Therefore, if I can help someone I will. All they have to do is talk to me. My belief is that if you get them out of their environment and go outside and just relax, they feel a lot better. We have people get sick at church, especially those who are diabetics and I'm not the nurse, but I'm always the first one they come to. For some reason, people just trust me, and once they come to me, they know that I'm going to try to find a way. I don't know if that's the right way to do it, but I do it anyway and it works for them, and I've been doing that for years. (P10)

Appendix K

Step Two

Codes retrieved from Appendix J

Participants	Participants	Participants
Code (P01)	Code (P02)	Code (P03)
Attended church as a child	Enjoy serving others	Was a calling
Very religious	Fell in love with God	Enjoy helping others
Pastor was a role model	Invited into someone's heart	Minister to sick and homebound
Ordained	Invited into privileged places	Develop trust
Extrovert	It's a blessing	listen
Empathy	Self-care through fishing	friendship
Brings people closer to God	Ministry of presence	person
Need prayer and consolation	Community psychology	Read scripture
Unconditional love from canine	We are human	garden
Unconditional love from family	Grieve like everyone else	television
People person	Be faithful, not successful	Community psychology
Have a purpose to help others	pray	Ask God for guidance
Relationship with congregation	Don't carry all the weight	Unable to say no
Evaluation	Love God	Bring back to the lord
Help from congregation	Love people	Physicals, annuals
Doctor	Lower stress	Good communication
Overwhelmed	Go for physicals	No sleep issues
Vacation	Substitute	Congregation is supportive
prioritize	Spiritual formation	thankful
Delegate duties	No secular counseling	Not overwhelmed
Spiritual liaison	No sleeping problems	Exercise walk, active
Spiritual first responder	vacation	Enjoys working as a deacon
	Be merciful	Make an appointment if overworked
	compassionate	
	Jesus Christ is the real	
	Jesus is the only one that offers	
	Remember one family	

	Prayer & relaxation helps stress	
Code (P04)	Code (P05)	Code (P06)
Give life to Christ	Self-care	Found Christ later in life 51
Servant leader	Sparingly take time off	Calling to be deacon
Relax listening to Christian songs	Calling to become a pastor	Model God's qualities
Community psychology	Had a role model	Model God's beliefs
Hold their hand	Likes to hear preaching was successful	Enjoy relationship with God
listen	Pastors want to help others	Takes care of self
Analytical, put in order of urgency	Help others in bereavement	Walks,
Enjoys helping others	Community psychology	exercise
Uplifter	Helping others in need	travel
encourager	relax	movies
Enjoys cooking	tragedy	tv
House choirs	Prevent burnout	Non-judgmental
Pets help relax	Take vacation	compassionate
Visit doctor annually	Do not take sabbatical	empathic
Balance church duties	Self-care	sympathetic
Hear trauma stories	Generous with congregation	Navigate Emotions
Exercise daily	No secular counseling	Bidirectional communication
Secular job	Counsel by friends and family	Everyone treated like family
First responders	Are human	The balance between life and ministry
No secular counseling	No sleep problems	Annual doctor visits
Talk to other church leaders		Annual vacations
At others deathbed		Stay vacations
		Spiritual counseling
		No secular counseling
		Congregants must be proactive in communication
		extravert
		No problem sleeping
		gym
		Congregants give thanks
		Congregants appreciate
		Congregants must practice Gods word all the time not just in church

		Congregants must be more evangelistic
Code (P07)	Code (P08)	Code (P09)
Grew up in church	It was a calling	Has a secular job
Religious family upbringing	Board invited	Attended church since little
Dual ministry	Shares goodness of God	Religious family
Was a calling	Help congregations in time of need	Enjoy helping congregations with traumas
deacon	Enjoy traveling	Self-care
Secular employment	exercise	Take vacations
Reminder of others of God's love	Relax with family	With family
Sacred trust	Works secular job	reading
God is present in tragedy	Overwhelmed with secular job	movies
Self-care	Takes physicals	exercising
Physical,	Visits doctor as needed	gym
emotional	No secular counselor	Provide comfort
spiritual	Talk to other deacons if a problem	Pray with others
intellectual	Congregants must communicate more	empathy
exercise	Sleep ok	Listen to their problems
Listen to music		We are servants
hiking		Not a burden to help others
Talking to wife		Don't suffer from burnout
Building trust with congregants		Only take on what I can handle
Understand your own wounds in order to help others		Don't feel stress
empathy		Annual check-ups
Must experience their pain		No set schedule to work with congregants
Surrender the problem back to God		No secular counseling
God could carry what I can't		Talk to other deacons, pastors
Enjoy congregant's acknowledgement of personal message from God		Congregants are appreciative
Annual retreats		Help out of love for God's people
Self-care courses		No sleep problems

Burnout and fatigue are real		
We are human		
Annual physicals		
vacations		
Mini vacations		
Comfortable with God's calling		
Love my calling		
Remind congregants God loves them		
Code (10)		
obedience		
Enjoy cooking		
Enjoy helping others		
Computer literate		
Takes vacations		
pray		
Find a way to help others		
Take time for self		
housework		
music		
Annual doctors' visits		
Talk about problems		
Family religious		
Parents deacons		

Appendix L

Step Three Themes formed from codes

Themes – in yellow
Obedience Religious schooling Religious training Found God as a child Blessing to find God Enjoy helping others Purpose to help others Calling Spiritual formation Read scripture Gift Had role models Talk to church leaders opposed to secular
Blessing Was a calling/enjoys position Love for God Listen Complete unconditional love Brings people closer to God Faithful Friendship/family Bring back to the lord Servant leader Balance church duties and secular job No secular counseling Found God later in life
Extrovert People person Prioritize Delegate duties Love people No sleep issues Uplifter No sabbatical Communicate

Community-based first aid

Display kindness
Empathy
Invited into congregant's heart
Community psychology
Be merciful
Compassionate
Relaxation
Develop trust
Listen
Is a person
Good communication
Hold persons hand
Enjoys helping others
Sympathetic

Closer to God Spiritually

Spiritual Liaison
Spiritual counseling
Ministry of presence
Pray
Ask God for guidance
Faith
Listen

Self-care

Time off
Vacation
Stay vacation
Fishing
Lower stress
Garden
Television
Exercise
Gym
Enjoys cooking
House choirs
Pets help relax
Relax
Movies

Prevent burnout

Doctor visits
 Annual Doctors visits
 Have a substitute if need be
 No sleeping problems
 Navigate emotions
 Not overwhelmed
 Listen to Christian songs
 Balance life and ministry
 Talk to other church leaders

Support

Appreciative
 Congregants help
 Congregants give thanks
 Show appreciation
 Relationship with congregation
 Invited into congregant's heart
 Invited into privileged places
 Church leaders are human
 Church leaders grieve like others
 No secular counseling
 Encourager
 Enjoys hearing their preaching was good
 Church leaders want to help others
 Practice God's word 24 hours a day
 Congregants must be more evangelistic.

First responders

Secular jobs
 At deathbeds
 Unable to say no
 Hear trauma stories
 See trauma occurring
 Spiritual first responder
 Minister to sick and homebound
 Helps others deal with bereavement.
 Helping others in need
 Deacon

Appendix M

Step Four Final Themes Created

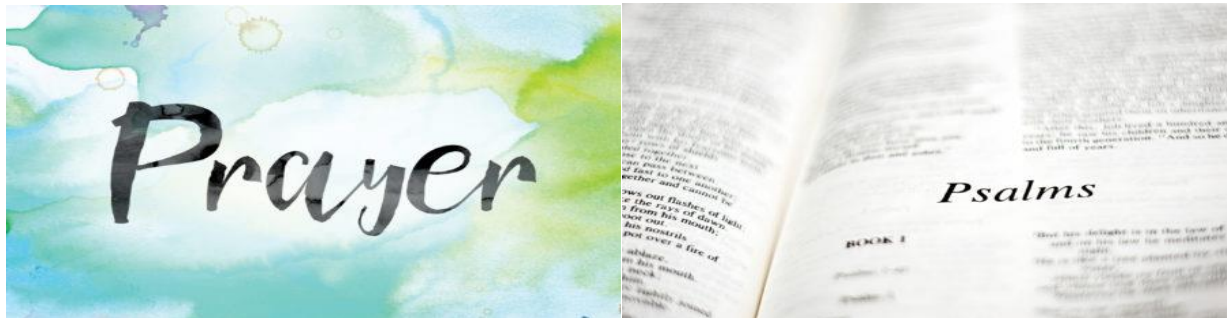
Obedience (Code O)	Self-care (Code SC)	Community first aid (Code CFA)	Handle Vicarious Trauma (HVT)	First Responders (Code FR)
Upbringing	Spiritual Liaison	Evangelistic Ministry	CLs are human	Empathic
Listen	Balance life and ministry	God loves you	CLs have feelings	Merciful
Role Model	Listen to Christian music	hold a hand, give a hug	CLs grieve like others	Compassionate
Found God when young	Have a substitute plan	Encourager, approachability	CLs like to feel appreciated	Listen
Religious Education	Alone time	Guidance	No secular counseling	Helps others unconditionally
Faithful	Doctors visits	Death	Overwhelmed	Sympathetic
A calling	Exercise	Accident	navigate emotions	Supportive
Read Scripture	Gym	Mental Health	No sabbatical	Approachable
Pray	Fish	Homebound	No spiritual changes	Caring
	Garden	Develop trust	Attachment	Trustworthy
	Vacation			Active Listener
	Ministry of presence			Resilient
	prioritize			Deacon
				Deaconesse
				Pastor
				Priest
				Enjoy preaching
				Empathy
				Extrovert
				People person
				Servant leader
				Supportive networks

Appendix N

Observations concluded: two different churches - but one God.



Worshipping may be presented differently, but we share the same faith.



All ten participants were interviewed and observed during worship services.
All had the same characteristics.



Appendix O

Archival Documents – retrieved from church (B1 and C1) websites

P02 - Timothy

We are blessed to welcome _____ back home to Most Precious Blood! Our parish has had a wonderful history with Fr. _____ as we prayed and journeyed with him on his path to ordination as a priest. In 2008 he responded to his calling to the priesthood and entered the seminary. On May 23rd, 2015, many of our parish family went to his ordination at St. James Cathedral, and for the first time in our parish history, we lived streamed the ordination in our Parish Life Center. Fr. _____ also serves as the Director of Vocations for the Diocese of Orlando and chaplain for the Catholic Campus Ministry just down the road at UCF. We are blessed to see how the Holy Spirit continues to inspire and guide Fr. _____ as he now shepherds our parish! Fr. _____ grew up in nearby Casselberry, Florida. He graduated from Lake Howell High School and then Florida State University with a degree in Economics. While at Florida State, he first became involved in campus ministry as a student leader. After graduation, he returned home and served as the lay Campus Minister at CCM from 2004-2008.

In his free time, he enjoys fishing. Actually, that is an understatement. He is addicted to fishing. He has a small bass boat and, on his day, off, almost every week, he can probably be found out on the St. Johns River or some other local waterway.

<https://www.oviedocatholic.org/staff-clergy/>

PO1- Robert

Fr. _____ was ordained on December 9, 1989, in the Philippines as a member of the religious missionary congregation called Society of the Divine Word or SVD (Societas Verbi Divini). From 1990-2004 he ministered in various capacities in the Philippines as a seminary formator, college campus minister, director of the SVD Secretariat for Human Development, and parochial vicar in the Archdiocese of Manila. The calling to minister to the sick brought him to the United States in 2005. From that time until November of 2016, he worked as a hospital chaplain in Washington State (Lourdes Health Network in Pasco) and Los Angeles, California (Providence Little Company of Mary Medical Center in San Pedro and Kaiser Permanente Medical Center in Panorama City). In November 2016, he joined the Diocese of Orlando in Florida and worked as a parochial vicar at St. Joseph Catholic Church in Lakeland until his official transfer to Most Precious Blood Catholic Church in Oviedo on June 1, 2019, as parochial vicar.

<https://www.oviedocatholic.org/staff-clergy/>

P05 - Michael

_____ born _____ 1957, brings a powerful testimony with his ministry, which is founded on teaching the Gospel of Christ. He brings the essence of God's forgiveness, God's mercy, and God's grace to reality through personal experiences. He often says, if God saved me, He could save anybody. It's sometimes easy to teach about things that you have never experienced, but God has given him a special anointing to witness through real-life situations. Pastor _____ is a very family-oriented minister. _____ and his wife _____, have been married since October 25, 1980.

Pastor _____ holds a bachelor's degree in theology from the International Bible Institute. He has also taken biblical courses from Liberty University and other seminary schools. The Word Is Out...

I was visiting my hometown in Sanford one weekend when I decided to take a stroll through the local Wal-Mart. I met some people there who expressed their excitement of the news coming out of Oviedo about our Ministry. To my surprise, I found so many people had heard about our new church and the things God is doing in our fellowship. The Word of God's favor on our ministry is being published throughout this area.

It's a humbling feeling to know God would allow me to experience such grace as this. There is nothing I have done to inherit such favor; therefore, my heart is so thankful toward our great God. The Lord Jesus Christ has blessed me to serve with people who love him and are committed to the work he has called them to do. Our ministry leaders at _____ truly believe they can do all things through Christ who is their strength.

It has become commonplace to hear former visitors speak very highly of our church family. The love that is present in this church family is so infectious. People have returned and some have even joined our fellowship because they were impressed by the excitement of our members.

I pray this _____ family will never, for one moment, take for granted the goodness of the Lord who has blessed our faithfulness. We must be committed to the great commission to share the gospel of the Lord Jesus Christ to the multitude of people who don't know it even exists.