A Phenomenological Study of Clergy Hindrances to

Seeking Help and Implementing Self-Care

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Abstract

This qualitative transcendental phenomenological study aimed to identify and understand clergy members' described hindrances to seeking help and implementing self-care for overcoming burnout. The theory guiding this study was transcendentalism from Husserl's ontological approach to phenomenology. The United Pentecostal Church, International (UPCI) organization was chosen as the site for this study because the participants were clergy members licensed by the UPCI religious organization who had experienced burnout and hindrances to seeking help and implementing self-care. Participants included twelve UPCI clergy members. Data collection involved one-on-one initial interviews with each clergy member and follow-up interviews for clarification where needed. Data analysis was conducted by following the processes of bracketing, horizontalization, clustering, and textualization. The ten main hindrance themes that emerged from data analysis process were (a) unrealistic expectations, (b) lack of trust, (c) lack of motivation, (d) lack of support, (e) stigma, (f) lack of time, (g) inability to disengage, (h) lack of self-awareness, (i) lack of finances, and (j) personal personality type.

Keywords: burnout, community, mismanaged stress, self-care, stress, United Pentecostal Church, International (UPCI)

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List of Abbreviations

Cognitive Behavioral Therapy (CBT)

Institutional Review Board (IRB)

Maslach Burnout Inventory (MBI)

Mindfulness-Based Cognitive Therapy (MBCT)

Post-Traumatic Stress Disorder (PTSD)

Solution-Focused Cognitive Behavior Coaching (SFCB)

United Pentecostal Church, International (UPCI)

CHAPTER ONE

Overview

Current research trends suggest burnout is a significant concern for clergy members. When evaluating the moral well-being of our world, the deficit in the availability of healthy spiritual leadership is concerning. According to Muse et al. (2015), burnout among clergy members occurs when there is an imbalance of giving oneself without receiving replenishment. Studies note various causes of burnout, including lack of self-care, work overload, unrealistic expectations, misconceptions, lack of job security, lack of job and social support, and lack of spiritual health (Fuller, 2018; Terry & Cunningham, 2019; Wilson, 2014). Terry and Cunningham (2019) posit that these factors cause negative relationships, harmful leadership, damaged church communities, continued mental and physical health issues, and even moral failure in society. Regrettably, the adverse consequences resulting from the absence of a solution to burnout have caused numerous clergy members to abandon their ministry completely (Fuller, 2018; Wilson, 2014).

The resistance of clergy members to seeking help and practicing self-care, leading to unresolved burnout, can be attributed to various factors such as historical and cultural influences, personal beliefs, limited understanding of mental health issues, reluctance towards psychological research, and resistance towards mental health care practices (Salwen et al., 2017). Therefore, it is imperative to thoroughly examine the issue of mindset and practice when addressing this concern. Understanding what clergy members describe as hindrances to seeking help and practicing self-care and how they experience these hindrances when experiencing burnout may provide insight into how to influence mindset and practice change. Consequently, this may effectively prevent burnout before it happens and provide support for resolution after it happens.

Addressing the burnout issue among the clergy is important because clergy members who are more proficient will be better equipped to deliver impactful and rejuvenating ministry (Fuller, 2018).

The failure of clergy members to seek assistance and practice self-care as a result of burnout is particularly concerning due to its extensive consequences. Burnout not only impedes the clergy member's longevity and personal health but also their leadership function. When clergy members function from burnout, their deficits tend to bleed out to negatively impact the other leaders they work alongside and the people for whom they provide spiritual guidance. "Hurt people hurt people" (Wilson, 2001), yet,

> Even when we see the result of this hurting and hurtful patterns in ourselves and others, we resist the idea that unseen injuries are real. Many of our struggles spring from a belief that adults—especially Christian adults—should be beyond or above being hurt. (p. 15)

Comparatively, Wilson's (2001) concerns are applicable to the clergy. Arguably, if hurt people hurt people, then hurt leaders hurt followers, and hurt leaders hurt other leaders.

Jeremiah 6:14 explains, "You can't heal a wound by saying it's not there!" (LB). Clergy members serve the spiritual needs of people under their pastoral care, but to effectively provide spiritual care for others, clergy members must function from a stable foundation. Leading from an unstable foundation will lead to a breakdown. One cannot effectively lead others to a healthy spiritual life if one is not physically, mentally, and spiritually healthy; one cannot function as a healthy leader without acknowledging personal deficits. Because of these implications, it is imperative for healing to happen for spiritual leaders. For healing to happen, the clergy mindset must change towards acknowledging the need for help, seeking help, and implementing self-care. Without help and self-care, burnout is sure to happen.

Clergy burnout is a significant problem for the clergy community and pastors in general. "The average length of a pastorate is only about four years, and burnout is often the reason why" (Wilson, 2014). Furthermore, according to Wilson's (2014) discovery:

> 80 percent of pastors feel unqualified and discouraged in their role as pastor; 50 percent are so discouraged that they would leave the ministry if they could but have no other way of making a living, and fifteen hundred leave the ministry each month. (p. 24)

Wilson (2014) explains, burnout stems from a misunderstanding of leadership responsibilities and unreasonable expectations. Unfortunately, the way clergy members function is comparative to the biblical story of Mary and Martha in that many function more like Martha rather than Mary (Gallagher, 2017). Most clergy members believe it is better to spend time with Jesus than being busy for the cause of Jesus. However, many fail to follow what they believe, and instead, they spend so much time being busy working in ministry that they fail to take time to strengthen themselves (Gallagher, 2017). As Poppa (2019) posits, most clergy members become so busy with the ministry that they forget about self-care. Regrettably, many clergy members fail to seek help for themselves because of culturally based ideals within the Christian and clergy community. These culturally based ideals de-emphasize the need for self-care for clergy and promote negative beliefs about issues of mental health (Fuller, 2018). Some religious leaders view self-care as not fitting within their beliefs and not a spiritual practice (Poppa, 2019).

Further discussion in this study will address what research reveals about what stress is, how it impacts clergy burnout, and the impact of failure to seek help and implement self-care. However, there is limited research that identifies and provides an understanding of what clergy members personally describe as their hindrances to seeking help and implementing self-care (Fuller, 2018; Poppa, 2019; Salwen et al., 2017; Wilson, 2001; Wilson, 2014). What undiscovered hindrances to seeking help and implementing self-care might clergy members

describe as their experiences? Due to the far-reaching impact of the implications of clergy members' lack of seeking help and self-care practice, there is a need for further investigation into this field (Salwen et al., 2017). This dissertation sought to fill this gap in the research by gaining insight into what clergy members describe as hindrances to seeking help and implementing self-care and how they experience their hindrances.

In its investigation of the problem of mindset and practice related to clergy hindrances to seeking help and implementing self-care, this study focused on the clergy community within the United Pentecostal Church, International (UPCI) organization. A transcendental phenomenological approach from an ontological assumption was used to learn about the nature of UPCI clergy members' lived experiences with hindrances to seeking help and implementing self-care for overcoming ministry-related stress and burnout. The researcher relied on the view of the participants' realities regarding their experiences with help-seeking and self-care hindrances through a social constructivist paradigm (Creswell & Poth, 2018). The findings of this study provide insights into what UPCI clergy members experience as hindrances to seeking help and practicing self-care and how they experience their hindrances.

Using a transcendental phenomenological design, the researcher randomly selected and interviewed twelve UPCI clergy member participants. The interview results revealed ten hindrances UPCI clergy members experienced that impede their help-seeking and self-care practices. The following hindrances were revealed: unrealistic expectations, lack of trust, lack of motivation, lack of support, stigma, lack of time, inability to disengage, lack of self-awareness, lack of finances, and personal personality type. The following sections highlight background information, the researcher's personal interest in the study, the problem and purpose of the study,

the significance of the study, and the research questions that helped keep the study focused on its purpose.

Background

Stress, burnout, and the impact of the lack of utilizing interventions that are available for addressing stress and burnout are issues of concern for clergy members across multiple religious denominations. Research from multiple studies highlights the significance of addressing mismanaged stress. Ho et al. (2020), Levers (2012), Muse et al. (2016), Sapolsky (2004), Scott and Wolfe (2015), and Stovall-McClough et al. (2006) note that mismanaged stress leading to physical and mental health dysfunction and unhealthy functioning can lead to burnout. Studies conducted by Hoge and Wenger (2005), Levers (2012), Muse et al. (2016), Randall (2004), and Wilson (2014) revealed both psychological and physical sources as stressors that influence burnout. This is a matter of concern for clergy members, as research by Adams et al. (2017), Fuller (2018), Salwen et al. (2017), and Wilson (2014) has shown that stress, burnout, and a lack of support and self-care practices are causing clergy members to leave their ministry.

Given that clergy stress, burnout, and the absence of help-seeking and self-care practices have been identified as factors that contribute to clergy attrition, it is justified to conduct additional research to identify the barriers that prevent clergy from seeking help and practicing self-care, as well as to understand how clergy members are affected by these obstacles. Wilson (2001) argues that the consequences of unresolved personal mental health issues can have a substantial and extensive negative impact on others. This illustrates the significance of understanding the hindrances clergy members face in seeking help and implementing self-care. Furthermore, beyond the potential harm inflicted upon others through deficient leadership, numerous clergy members are also jeopardizing their own well-being by failing to address their

personal issues, which ultimately leads them to leave the ministry. Multiple studies indicate that a significant number of clergy members are experiencing burnout as a result of not seeking assistance and neglecting self-care practices (Adams et al., 2017; Wilson, 2014). The spiritual fallout from this can be devasting (Blanton & Morris, 1998; Hill et al., 2003; Muse et al., 2016; Wilson, 2014).

The researcher considered it pertinent to examine the obstacles that prevent clergy members from seeking help and practicing self-care, specifically focusing on the perspective of clergy members from the United Pentecostal Church, International (UPCI) community. This investigation is relevant because the data collected has the potential to provide valuable insights for the study, which applies to all clergy. UPCI clergy represent a significant number of clergy members who minister to individuals and congregations worldwide (United Pentecostal Church International, n.d.). According to the UPCI organization (n. d.), 41,000 UPCI clergy members serve over 42,000 UPCI congregations and 5.3 million UPCI constituents. The UPCI clergy community, therefore, represents a significant clergy voice. Understanding what UPCI clergy members describe as their hindrances and how they experience their hindrances to seeking help and implementing self-care can contribute to filling the knowledge gap. Arguably, in the event that UPCI clergy members are compelled to resign from ministry due to burnout, the diminished quantity of available UPCI clergy will impede the availability of spiritual resources for individuals desiring to practice Christianity within the UPCI culture (Wilson, 2001; Wilson, 2014). This concern applies to any clergy community. Gaining insight into the obstacles faced by UPCI clergy members when it comes to seeking assistance and practicing self-care to combat stress and burnout, as well as understanding their personal experiences with these obstacles, serves as a foundation for developing strategies to support clergy in overcoming these

challenges. When the hindrance is known, it can be addressed. Furthermore, if clergy members can overcome their hindrances, they are more likely to seek help and practice self-care, thus overcoming burnout. Overcoming burnout can influence healthier functioning, consequently helping clergy members to be better prepared to continue to provide life-giving ministry service (Fuller, 2018).

Forward movement regarding the mental health care of the clergy community is reliant upon a deeper understanding of why many clergy members often fail to address the issue of personal mental health (Salwen et al., 2017; Scott & Wolfe, 2015). Providing an opportunity for clergy members to describe their hindrances and how they experience their hindrances to seeking help and practicing self-care reveals why they fail to address their mental health concerns. Therefore, to broaden the scope of understanding clergy members' hindrances to seeking help and implementing self-care, an investigation was conducted with clergy members from the UPCI clergy community regarding their lived experience with help-seeking and self-care practice hindrances (Creswell & Poth, 2018).

Situation to Self

This study holds significant significance for me as a researcher due to my affiliation with clergy ministry, my personal encounter with stress and burnout resulting from ministry service, and my individual requirement for assistance and self-care. I have been a part of the clergy community all my life, and I am both a minister's daughter and a minister's wife. My grandfather was a licensed minister; my dad, husband, and father-in-law are currently licensed ministers; several of my uncles and cousins are also licensed ministers, and many of my friends are licensed ministers. My husband and I have been involved in clergy ministry together for over thirty years. Clergy ministry has been an intricate and influential part of who I have become.

However, despite my connection to clergy leadership, I have had issues with anxiety, depression, and anger that have had a negative impact on me, my family, and those with whom I have served in ministry and have led spiritually.

While not everyone in the ministry encounters the same levels of stress, many face obstacles that hinder their capacity to serve effectively. Furthermore, many continue to lead from their shortcomings by failing to address and resolve these challenges. Leading from deficits, whatever the cause, increases the chances of burnout. My unresolved childhood trauma created leadership deficits for me.

I am a survivor of childhood sexual abuse. Both of my parents were supportive and present in my life, but sex was not a topic of discussion, so I kept silent about my trauma and, thus, was unable to resolve my traumatic experiences. As a result, as research reveals to be common, I displayed symptoms of Post-Traumatic Stress Disorder (PTSD) as an adult in response to ministerial-related stressors. I became verbally abusive to my husband and my children (Stovall-McClough, 2006). I grew up with an unhealthy view of self, others, and God. My lack of resolution to childhood trauma greatly impacted my mental health and my leadership effectiveness; burnout happened to me.

Thankfully, after many years of silence, I eventually found a place for healing. Unfortunately, however, it took years for me to find healing. This is true not because of a lack of knowledge and exposure to spiritual disciplines. It was because I did not recognize my need for healing, nor did I understand that it is okay to seek help. Like so many other ministers, I lived with misconceptions about help-seeking and self-care and failed in ministry because of those misconceptions.

My story has propelled my purpose. I desire to make a difference regarding the mental health care of clergy. I want to help clergy members become healthier and more effective leaders because our world is hurting and needs capable spiritual leadership. Today, I am endeavoring to help others overcome through teaching and counseling. Currently, I am a Christian Counseling college instructor and the program chair for a Bible college Christian Counseling track. My husband continues to serve as a licensed minister, as President of the Bible college where I teach, and as a leadership consultant. My husband and I are currently in the process of developing a retreat center with programs that will address the issues of clergy stress and burnout and offer strategies for overcoming and preventing stress and burnout. In my endeavors to be involved with helping other clergy members overcome stress and burnout, I am interested in learning about their experiences with hindrances to seeking help and implementing self-care. Our stories may be similar in that there is an experience with these phenomena, but our stories are not the same. Understanding others' experiences with help-seeking and self-care practice hindrances may guide program development for providing care centered on the specific needs of those needing help.

Problem Statement

The problem lies in the lack of qualitative research concerning clergy members' described experiences with hindrances to seeking help and implementing self-care (Fuller, 2018; Salwen et al., 2017; Wilson, 2001). Many studies reveal how mismanaged stress and lack of intervention may lead to dysfunction, imbalance, psychological distress, mental disorders, physical sickness, and even burnout (Fuller, 2018; Ho et al., 2020; Levers, 2012; Salwen et al., 2017; Sapolsky, 2004; Stovall-McClough et al., 2006). Evidence shows that failure to ask for help and implement self-care to address burnout can limit healthy functioning and cause clergy

to leave the ministry (Muse et al., 2016; Scott & Wolfe, 2015; Wilson, 2014). Unfortunately, research on why clergy members fail to seek help and practice self-care seems limited. While research does indicate faulty beliefs and busy lifestyles to be reasons for clergy members not seeking help and implementing self-care, researchers recommend conducting studies such as this one so that understanding of hindrances can be broadened and clergy retention can be strengthened (Blanton & Morris, 1999; Fuller, 2018; Salwen et al., 2017; Wilson, 2001).

Study Significance

It is concerning that the clergy is experiencing stress and burnout to the point of quitting ministry service (Hill et al., 2003; Hoge & Wenger, 2005; Miner, 2007; Wilson, 2014). It is further concerning that many clergy members experiencing burnout fail to seek help or practice self-care (Fuller, 2018; Poppa, 2019; Salwen et al., 2017; Wilson, 2001; Wilson, 2014). This study is significant because the lack of spiritual leadership creates the potential for the spiritual decline of many; therefore, there is a need to discover why clergy members fail to seek help and practice self-care when facing stress and burnout (Fuller, 2018; Salwen et al., 2017; Wilson, 2001). By exploring the hindrances that clergy members face when it comes to seeking help and practicing self-care, we can uncover the reasons behind their reluctance and find ways to overcome these barriers, enabling them to move forward.

Purpose Statement

The purpose of this transcendental phenomenological study was to understand the described hindrances clergy members experience with seeking help and implementing self-care for overcoming stress and burnout as they live their everyday lives (Creswell & Poth, 2018). Husserl's transcendental approach to phenomenology provided the theoretical framework for this study (Creswell & Poth, 2018).

Research Questions

Two research questions guided this study and provided the foundation for understanding clergy members' described hindrances to seeking help and implementing self-care. The research questions are:

1. What are clergy members' described hindrances to seeking help and implementing self-care?

2. How do clergy members experience their described hindrances to seeking help and implementing self-care?

Research Question Discussion

Many clergy members experience ministry-related stress to the point that they are motivated to leave the ministry (Hill et al., 2003; Hoge & Wenger, 2005; Miner, 2007). Stress is driving clergy burnout because of how it is impacting clergy members physically, spiritually, emotionally, mentally, and relationally (Barna, 2001; Hoge & Wenger, 2005; Kim et al., 2016; Proeschold-Bell & LeGrand, 2010; Salwen et al., 2017; Wilson, 2014). Lack of support, unhealthy habits, and lack of boundaries, as well as misunderstanding of leadership roles and unrealistic leadership expectations, have all been identified as influencers of stress experiences that lead to burnout (Barna, 2001; Hoge & Wenger, 2005; Proeschold-Bell & LeGrand, 2010; Salwen et al., 2017; Wilson, 2014). According to Fuller (2018), clergy members cannot lead effectively physically and spiritually when they are not functioning well. An investigation into the hindrances clergy members face in seeking help and implementing self-care can be initiated once the presence of stress and burnout is acknowledged, the impact of stress on burnout is realized, the effectiveness of interventive resources is comprehended, and it becomes apparent that clergy members are failing to utilize these resources. Understanding what hinders clergy

members from seeking help and implementing self-care and how clergy members experience those hindrances will help facilitate change. The research questions guided this study's purpose towards gaining this understanding.

Definition of Terms

Burnout is "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job" and refers to "exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration" (Burnout, n. d.; Maslach & Leiter, 2016, p. 103).

Mismanaged Stress is stress that is managed "poorly" or "wrongly," and prolonged stress and poor stress management create imbalance and hinder the body from self-regulation (Levers, 2012; Mismanage, n. d.; Sapolsky, 2004).

Self-care is the holistic nurture of "personal health, spiritual grounding, relationships, and community, for the purpose of renewal and growth" (Fuller, 2018, p. 7).

Stress is "a hormonally driven and automatic physiological state that occurs in response to situations that demand change;" it involves adverse experiences that cause a significant change in an individual's ongoing life patterns; it is a part of everyday life, is never eliminated, and is experienced by everyone but becomes an issue when it is mismanaged (Levers, 2012; Sapolsky, 2004; Zhang, 2017).

The *United Pentecostal Church, International (UPCI)* is a Oneness Pentecostal Christian religious organization that is made up of "41,000 clergy members, over 42,000 churches, and 5.3 million constituents worldwide" (United Pentecostal Church, International, n.d.).

Summary

Due to its far-reaching effects, clergy burnout is a problem; research has revealed that clergy members are afflicted with burnout and that mismanaged stress has a substantial effect on the experience of clergy burnout (Barna, 2001; Hoge & Wenger, 2005; Kim et al., 2016; Proeschold-Bell & LeGrand, 2010; Salwen et al., 2017; Wilson, 2014). Many clergy, however, continue to fail to seek help and implement self-care (Fuller, 2018; Poppa, 2019; Wilson, 2001). Clergy members serve people in their faith practice all over the world; therefore, when clergy members lead from deficits, they have the potential to cause significant harm (Wilson, 2001). Research explains the effectiveness of interventive care, so why are clergy members continuing to fail to seek help and implement self-care (Muse et al., 2016)? What hinders clergy members from seeking help and implementing self-care, and how do clergy members experience these hindrances? To answer these questions, this study applied a transcendental phenomenological design, investigating UPCI clergy members' described hindrances to seeking help and implementing self-care.

CHAPTER TWO: LITERATURE REVIEW

Overview

Burnout, a significant issue affecting many people across various professions and walks of life, occurs when individuals experience prolonged stress and exhaustion, often stemming from work or personal life demands (Thorbecke, 2021). Research notes that because of burnout, close to $1 trillion in productivity costs is lost around the world each year, $190 billion is spent on healthcare costs each year, and 120,000 people in the United States die each year (Moss, 2021). Various studies reveal the adverse impact of burnout on mental and physical health (Ho et al., 2020; Karadag & Solpuk, 2018; Zhang, 2017; Thorbecke, 2021). Research conducted by Ho et al. (2020), Karadag and Solpuk (2018), and Zhang (2017) defines burnout as having a mental health impact, influencing the development of anxiety, depression, and relationship problems. Furthermore, according to an ABC News report from July 2021, the World Health Organization (WHO) and the International Labor Organization (ILO) defined burnout as having a serious physical health impact, which, in extreme occasions, may lead to stroke and heart disease and ultimately killing people (Thorbecke, 2021).

Burnout has become a prevalent problem for those in caring professions, including those in clergy ministry. Regrettably, a significant number of clergy members succumb to burnout due to their inadequate stress management skills. (Turton & Francis, 2007). This is concerning as the impact of mismanaging stress can carry over into all areas of a clergy member's life and lead to mental, emotional, spiritual, relational, and physical dysfunction and even ultimately influence the clergy member to leave serving in ministry (Fuller, 2018; Sapolsky, 2004; Thorbecke, 2021). Studies reveal that a lack of effective stress management may even lead to the death of the clergy member (Fuller, 2018; Sapolsky, 2004; Thorbecke, 2021).

Even though burnout is recognized as a problem within the clergy community, there seems to be a pattern of resistance to self-care and help-seeking practice among clergy members. However, research is limited in its scope of understanding what hinders clergy members from practicing self-care and seeking help and how they experience these hindrances. Salwen et al. (2017) suggest further research to broaden the understanding of clergy members' beliefs about self-care and seeking professional help. Understanding why many clergy members fail to seek help and implement self-care practice is necessary as it may provide useful insights on how to influence mindset and practice change. Change is necessary because clergy members who experience the consequences of burnout are unable to effectively carry out their duties in clergy ministry when they are mentally, spiritually, emotionally, or physically depleted. This transcendental-phenomenological study aims to address the gap in the literature by identifying clergy members' described hindrances to help-seeking and implementing self-care through an investigation of how UPCI clergy members experience this phenomenon.

To reveal the gap in research regarding hindrances to seeking help and implementing self-care, this dissertation discussed the following five major literature topics: known hindrances to seeking help and implementing self-care; stress defined; burnout defined; effective intervention; and the impact of stress management and treatment. The literature presented in this dissertation first identifies the limited information regarding clergy hindrances to seeking help and implementing self-care. It then defines stress, breaks down types of stress, describes the neurological impact of stress, and explains how mismanaged stress leads to burnout. Next, the literature presented defines burnout and how those who serve within the clergy community are impacted by burnout. Finally, the literature identifies noted interventive approaches available for addressing burnout and the effectiveness of these interventions.

Theoretical Framework

The worldview that shaped this study followed Husserl's transcendental approach to phenomenology (Creswell & Poth, 2018; Neubauer et al., 2019). Transcendental phenomenology is a framework "in which everything is perceived freshly, as if for the first time" (Creswell & Poth, 2018, p. 78). It seeks to focus on a phenomenon to be studied by requiring the researcher to bracket personal experiences with the phenomenon and capture the essence of participants' described experiences with the phenomenon (Groenewald, 2004; Neubauer et al., 2019). In applying this framework, the researcher did the following:

- Focused on the phenomenon of hindrances to seeking help and implementing self-care.

- Bracketed personal experiences with and beliefs and assumptions about hindrances to seeking help and implementing self-care before and while interviewing participants and analyzing the data.

- Captured the essence of hindrances to seeking help and implementing self-care based on UPCI clergy members' described experiences with help-seeking and self-care practice hindrances.

Bracketing personal experiences, beliefs, and assumptions did not completely remove the researcher from the study; however, it helped the researcher set aside bias to focus more intentionally on describing the participants' lived experiences (Creswell & Poth, 2018; Groenewald, 2004). The researcher sought to provide textural and structural descriptions of clergy members' experiences with the phenomenon within each context (Creswell & Poth, 2018; Groenewald, 2004). The researcher identified significant statements from the participants' extensive descriptions, coded the statements related to the research question they answered, and then categorized them into common themes (Creswell & Poth, 2018; Eddles-Hirsch, 2015;

Neubauer et al., 2019). The "emergent themes" were then used to describe the "essential elements" of the participants' experiences, which allowed the researcher to capture and relay the overall essence of UPCI clergy members' hindrances to seeking help and implementing self-care (Alhazmi & Kaufmann, 2022, p. 7; Creswell & Poth, 2018; Neubauer et al., 2019).

Related Literature

Many clergy members experience stress that leads to burnout yet also experience hindrances to seeking help and implementing self-care (Adams et al., 2017; Fuller, 2018; Salwen et al., 2017; Wilson, 2014). Research explains how mismanaged stress impacts burnout and how seeking help and implementing self-care is effective for overcoming burnout (Ho et al., 2020; Levers, 2012; Muse et al., 2016; Sapolsky, 2004; Scott & Wolfe, 2015; Stovall-McClough et al., 2006). Research also indicates clergy members often fail to seek help and implement self-care (Fuller, 2018; Wilson, 2001). However, minimal research provides insight into the actual hindrances and how clergy members experience these hindrances in terms of failing to seek help and practice self-care (Salwen et al., 2017).

To understand clergy members' experienced hindrances, one must seek to answer these two questions: What hinders clergy from seeking help and implementing self-care? How do clergy experience their hindrances to seeking help and implementing self-care? To establish the need to answer what hinders many clergy from seeking help and implementing self-care and how they experience their hindrances, it is imperative to understand what research reveals about stress, mismanaged stress, burnout prevalence, and the impact of treatment and care. The following literature discussion provides a foundation for identifying clergy help-seeking and self-care practice hindrances and how clergy members experience hindrances to seeking help and implementing self-care.

Known Hindrances

Unfortunately, many clergy members tend to fail to seek help for themselves. This failure, according to Fuller (2018), is the result of culturally ingrained ideals within the Christian and clergy community that stigmatize mental health issues and downplay the importance of clergy self-care. Poppa (2019) posits misunderstanding of scripture application regarding self-denial as a reason for clergy not seeking help and implementing self-care. Ervasti et al. (2019) found one's personality to influence the lack of help-seeking with stress management. However, the research that points to the hindrances of clergy help-seeking and self-care practice is limited.

To be willing to seek help, clergy must realize their need for help. Various measuring tools can be utilized for identifying the presence of issues that lead to burnout that are proven effective for identifying various concerns related to stress and burnout (Frenk et al., 2013; Hendron et al., 2012; Prove et al., 2018; Randall, 2013). Data that reveal the presence of stress and burnout can be beneficial for influencing clergy members toward integrating treatment and self-care strategies that help them to make necessary changes (Frenk et al., 2013; Hendron et al., 2012; Prove et al., 2018; Randall, 2013). However, even when clergy members realize a problem, many continue to fail to seek help and implement self-care, and research indicates the need for further investigation (Beebe, 2007; Fuller, 2018; Salwen et al., 2017).

According to Hotchkiss and Lesher (2018), self-care, self-compassion, self-purpose, support, and self-awareness are noted as protective factors for the risk of burnout for clergy. In light of this evidence, there is a need for further research to discover why clergy are not implementing these protective factors. Beebe (2007) suggests the need for future research to investigate how spirituality influences clergy members' understanding of their role and their ability to cope with burnout experience. Grosch and Olsen (2000) recommend further

investigating how burnout care and prevention can be enhanced by integrating the self-psychology and systems approaches. Adams et al. (2017) explain the Maslach Burnout Inventory (MBI) as being inadequate for addressing all the unique aspects of the clergy burnout phenomenon. Due to its limited time factor, the study conducted by Greene et al. (2020) about the trauma experience of COVID-19 was not able to identify if the suggested practices were effective or ineffective for overcoming the burnout experienced from the pandemic. Hendron et al. (2012) explain that a lack of literature addresses stress and burnout among clergy and suggests that clergy may not be sufficiently aware of, prepared for, or managing this area of their ministerial roles.

Stress Defined

Klemm (2022) explains, "Life inexorably induces physical and psychological stress" (p. 241), and Levers (2012) notes stress as a normal daily occurrence that is experienced by everyone and cannot be removed from one's life. Furthermore, stress is noted as multi-leveled in nature and is experienced on "social, psychological, and physiological levels" (Epel et al., 2018, p. 146). Therefore, to understand burnout, one must first understand stress.

The World Health Organization (2021) defines stress as "a state of worry or mental tension caused by a difficult situation" (para. 1). Zhang (2017) explains that stress involves adverse experiences that cause a significant change in an individual's ongoing life patterns. Levers (2012) describes stress as being driven by hormones and as occurring automatically in response to situations that demand change. The stress response is the body's natural instant messaging system that triggers a fight or flight reaction to protect oneself from danger (Levers, 2012). Furthermore, stress can be good or bad depending on the stress experience and one's

stress response (Levers, 2012; Slavich, 2016; Zhang, 2017). Epel et al. (2018) state, "there is an unbounded set of human experiences that can fall under the umbrella of stress" (p. 147).

Good Stress vs. Bad Stress

Not all stress is negative or traumatic; hormonal responses to stress can be "adaptive and beneficial" (Popoli et al., 2012, p. 241; Richter-Levin & Sandi, 2021). The experience of stress varies greatly among individuals due to the subjective nature of how each person responds to their own experiences (Levers, 2012; Slavich, 2016; Zhang, 2017). Therefore, the problem with stress is not that it is experienced, but rather, it is related to how long stress lasts and how one responds to it (Levers, 2012). Stress is either good or bad depending on how long the body remains stressed and what the individual does or does not do to manage stressful events (Levers, 2012). Stress is helpful when it motivates one to protect oneself from dangerous situations, but it is harmful when it becomes chronic and leads to crisis (Levers, 2012). One's level of sensitivity influences the negative impact of stress.

When one is sensitive to stress, stressors from both everyday life and extraordinary events can threaten his or her body's ability to stay balanced (Levers, 2012). Reicher-Levin and Sandi (2021) explain that there is a difference between how neural mechanisms respond to traumatic stress and non-traumatic stress experiences. According to Travis et al. (2020), stress viewed as challenging is motivational and increases performance and well-being, but stress viewed as a hindrance lessens performance and can influence unhealthy behavior. When stress becomes chronic, it is noted as a leading cause of both psychological distress and physical health issues (Fuller, 2018; Sapolsky, 2004; Thorbecke, 2021).

Good Stress. Good stress, also known as positive stress or eustress, triggers the body's instant messaging system—the fight or flight response—to be motivated into action or to protect

the self from danger (Briere & Scott, 2015; Epel et al., 2018; Levers, 2012; Sapolsky, 2004). According to Briere and Scott (2015) and Levers (2012), good stress may be experienced when one engages in an adventure, learns a new skill, starts a new job, or moves away from something dangerous. Stress is beneficial when it is motivational and protective and is processed in a way that allows the body to return to homeostasis (Levers, 2012; Sapolsky, 2004).

Bad Stress. Bad stress, also known as negative stress or distress, is mismanaged stress that is prolonged and chronic (Briere & Scott, 2015; Levers, 2012; Sapolsky, 2004). Stress becomes a problem when it becomes chronic because the body cannot return to homeostasis (Levers, 2012; Sapolsky, 2004). Research notes that bad stress can trigger a freeze response where the body freezes into an elevated state of alertness and continues the production of stress hormones (Briere & Scott, 2015; Levers, 2012; Sapolsky, 2004). According to Briere and Scott (2015), individuals who become frozen in their stress response often develop an inability to cope and may feel a sense of hopelessness, exacerbating the frozen state. Bad stress may be experienced when one lives with continuous relationship, financial, health, or job-related problems or suffers from ongoing physical, mental, emotional, or spiritual injury or trauma (Briere & Scott 2015).

Types of Stress

Three types of stress that are important to note for a better understanding of stress are acute stress, episodic stress, and chronic stress (Sincero, 2012).

Acute Stress. Acute stress is a short-term response to an immediate stressor and is the type of stress that is most experienced (Epel et al., 2018; Sincero, 2012). This type of stress happens when an individual feels excited or aroused positively or negatively. Acute stress may occur when riding a roller coaster, when there is a rush of customers, or when working to meet

daily demands (Acute, episodic, and chronic stress – what's the difference?, n. d.; Epel et al., 2018; Sincero, 2012). Levers (2012) explains that when individuals respond in adaptive ways to acute stress, the body automatically returns to homeostasis—a balanced state—after the event.

Episodic Stress. Episodic stress is a response to episodes of acute stress or repeated acute stressors, such as when one feels inclined to try to meet repeated and unrealistic demands (Acute, episodic, and chronic stress – what's the difference?, n. d.; Sincero, 2012). People respond to episodic stress in more negative and less adaptive ways. According to Sincero (2012), this type of stress will dissipate when breaks occur between episodes of repeated stress, and the body will return to a balanced state, but not as quickly as when adaptive responses to individual acute stressors occur.

Chronic Stress. Acute stressors are considered the "building blocks of chronic stress" because of maladaptive coping (Floriou-Servou et al., 2021). Research notes that individuals who respond to repeated acute stressors with maladaptive coping may experience allostatic overload, where the body does not adjust back into balance but remains in a frozen state of fight or flight mode (Epel et al., 2018; Floriou-Servou et al., 2021). A freeze state results from persistent hormonal release, which may lead to chronic stress and disorders, which research explains to be harmful to both the body and the brain (Epel et al., 2018; Floriou-Servou et al., 2021; Levers, 2012; Popoli et al., 2012; Sapolsky, 2004).

The Neuroscience of Stress

Neuroscience research has expanded our understanding of chronic stress's impact on human functioning, and a relationship is noted to exist between chronic stress and chronic disease (Dickinson et al., 2021; Johnson, 2020). The development of chronic disease is reported to be driven by how the brain responds to chronic stress. According to Zhang et al. (2019),

chronic stress causes neural remodeling of the basolateral amygdala projection neurons (BLA

PNs). Sharp (2017) explains, "the amygdala integrates and processes incoming information

pertinent to reward and to emotions such as fear and anxiety that promote survival by warning of

potential danger," and the basolateral amygdala (BLA) is associated with the areas of the brain

that trigger stress responses (p. 1). According to Sharp (2017), chronic stress is noted to hyper-

excite BLA PNs, which influences behavioral maladaptation. This maladaptive behavior leads to

both physical and mental dysfunction, and the remodeling of the BLA PN caused by chronic

stress influences "depression, anxiety disorders, and other stress-related conditions" (Zhang et

al., 2019, p. 189). Unfortunately, according to Klemm (2022), "Mental stressors can become

learned and serve as a programmed reservoir of negativity that poisons future thought" (p. 241).

The Impact of Mismanaged Stress

Ruiz-Prada et al. (2021) note stress as being linked to the development of multiple unhealthy

conditions, much of which, according to Sapolsky (2004), is due to the body's natural instinct to

seek homeostasis when experiencing stress. Homeostasis means balance (Levers, 2012;

Sapolsky, 2004). Levers (2012) and Sapolsky (2004) illustrate how stress experience forces a

change that triggers the body to use its regulating system to reestablish balance. If balanced, the

body can continue functioning healthily (Levers, 2012; Sapolsky, 2004). However, Sapolsky

(2004) explains that ongoing stress can keep the body in a prolonged state of trying to return to

homeostasis. In this state, the body's stress response remains active, leading to a freeze in its

regulating system (Levers, 2012; Sapolsky, 2004).

Prolonged stress exposure without resolution can lead to chronic stress, which Levers

(2012) identifies as a potential cause of psychological distress and physical illness. Levers (2012)

notes chronic stress as harmful because it causes one to remain in a constant state of heightened

alertness, disabling one's ability to regulate stress responses appropriately. This malfunction within the body's regulation system impedes homeostatic achievement and leads to imbalance, which influences dysfunction (Levers, 2012; Sapolsky, 2004). When in a freeze state, the body releases the stress hormone cortisol, which causes neuron connections in the brain to shrivel and develop mental impairments of "memory and thinking deficits" (Popoli et al., 2012, p. 241). The physical impact is noted to lead to increased heart rate and blood pressure, which ultimately leads to cardiovascular disease, which, in turn, often leads to death (Popoli et al., 2012).

Other research confirms the adverse health outcomes of chronic stress. The research of Ho et al. (2020) and Stovall-McClough and Cloitre (2006) posit that unresolved psychological distress may lead to severe issues, and Zhang's (2017) research identifies those severe issues as acute mental illness, major depression, and anxiety disorders. Furthermore, research reveals a mediation between the autonomic nervous system function, stress sensitivity, and social anxiety systems during stress recovery, and a relationship between depression and anxiety symptoms was also found to be a noted negative outcome (Ho et al., 2020; Karadag & Solpuk, 2018).

The impact of stress on clergy members' psychological and physical functioning is a significant concern. This is because when unhealthy functional patterns develop, they tend to extend beyond the clergy member and negatively impact their daily life and relationships. Various stressors influence clergy dysfunction that, if not overcome, can cause considerable problems. These stressors include unresolved trauma, spousal relationship concerns, gender-related stressors for clergywomen, and physical health problems (Blanton & Morris, 1999; LeGrand et al., 2013; Levers, 2012; Sapolsky, 2004; Webb & Chase, 2018). Therefore, understanding the impact of mismanaged stress helps with understanding burnout experience.

Burnout Defined

The World Health Organization (WHO) defines burnout as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed" (Moss, 2021, p. 3). According to WHO, burnout is characterized by "feelings of energy depletion or exhaustion," "increased mental distance from one's job or feelings of negativism or cynicism related to one's job," and "reduced professional efficacy" (Moss, 2021, p. 3). Similarly, Mayo Clinic (2021) defines burnout as "a special type of work-related stress" when "a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity" is experienced (Mayo Clinic, 2021, para. 1). Mayo Clinic (2021) identifies factors that cause burnout to include: "lack of control," "unclear job expectations," "dysfunctional work dynamics," "extremes of activity," lack of social support," and "work-life balance" (para. 6). Burnout significantly impacts both mental and physical health, affecting mood, behavior, and the ability to fulfill professional and personal responsibilities (Mayo Clinic, 2021).

Clergy Burnout

Burnout is not just a known problem within the secular professional community; it has become a prominent issue within the clergy community as well. Unfortunately, many clergy members are experiencing burnout due to ineffective stress management. Research notes that poor stress management leads to burnout among clergy members and influences the development of dysfunction, imbalance, psychological distress, mental disorders, and physical sickness (Ho et al., 2020; Levers, 2012; Muse et al., 2016; Sapolsky, 2004; Stovall-McClough et al., 2006). Research highlights the impact of psychological and physical dysfunction often experienced by clergy members as emotional exhaustion, depression, anxiety, depersonalization, heart disease,

and diabetes, all of which are issues that lead to burnout (Muse et al., 2016; Salwen et al., 2017; Wilson, 2014).

According to Blanton and Morris (1998) and Hill et al. (2003), the quality of one's functioning impacts the quality of his or her personal life, family relationships, and ministry longevity. Furthermore, Randall (2004) found increased levels of "emotional exhaustion, depersonalization, and lack of personal accomplishment" to be stress factors that are linked with clergy leaving the ministry (p. 20). It has been revealed that many clergy members leave the ministry because of the mental, emotional, spiritual, and physical stress they often experience while serving in ministry, and some do so within just a few years after seminary training (Fuller, 2018; Hoge & Wenger, 2005; Miner, 2007).

Wilson (2014) identifies a problem of burnout among clergy members, which lies within their misunderstanding of leadership responsibilities and unreasonable expectations they either place on themselves or others place on them. According to Grosch and Olsen (2000), clergy burnout is the result of both external and intrapersonal factors that are noted to include "bureaucracy," "poor administrative support," "difficult work conditions," "high idealism," "Type-A personality," "narcissism," and "perfectionism" (Grosch & Olsen, 2000, p. 619). Beebe (2007) investigated clergy burnout within the context of the impact of differentiation of self and role and found that clergy tended to experience increased burnout when they felt higher levels of role overload and role ambiguity. Adams et al. (2017) studied clergy burnout, specifically focusing on emotional exhaustion, depersonalization, and personal accomplishment. They discovered that emotional exhaustion had a minimal impact, depersonalization of self had a moderate impact, and personal accomplishment had a significant impact. These findings were similar to those observed in other professions that involve caring for others. Hills et al. (2004)

emphasize personality type's significant impact on burnout, surpassing job-related stressors, suggesting that individuals more sensitive to stress and prone to unhealthy stress responses are more susceptible to burnout.

Personality, Stress Response, and Burnout. Stress experience is not impactful based on events that occur within an environment, but rather, it is impactful based on how one perceives and reacts to those events (Ervasti et al., 2019). How one perceives and reacts is based on stress proneness and coping styles, which are influenced by personality (Ervasti et al., 2019). McCrae and John (1992) provide insight into personality traits and how they influence one's resilience or maladaptive reactivity and, thus, stress proneness. McCrae and John (1992) introduced the hierarchical structure of the five-factor model of personality to help develop an understanding of personality traits.

The Five-Factor Model is a widely used system for understanding personality traits identified as OCEAN: openness, conscientiousness, extraversion, agreeableness, and neuroticism (McCrae & John, 1992). Research suggests that these personality traits predict an individual's propensity towards maladaptive or resilient responses to stress (Ervasti et al., 2019; McCrae & John, 1992; Xin et al., 2017). These personality traits influence the body's stress response mechanism when stress is perceived. How specific personality traits influence the body's stress response is based on the differences in an individual's "enduring emotional, interpersonal, experiential, attitudinal, and motivational styles" (McCreae & John, 1992, p. 2).

The body's stress system involves a complex integration of diverse brain structures that collectively "detect events and interpret them as real or potential threats" (Godoy et al., 2018, p. 1). It includes the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic-adrenergic-medullary (SAM) axis (Godoy et al., 2018). The HPA and SAM axes are the two main stress

response components that are activated to prepare an individual to deal with a stressor (Ervasti et al., 2019; Godoy et al., 2018; Xin et al., 2017). However, according to Godoy et al. (2018), the stress response involves more than just the mediating function of HPA and SAM but also includes the impact of the combination of timing, length of time, and short-term/long-term consequences of the stressor.

Xin et al. (2017) explain, "different dimensions of personality predict different aspects of stress responses in the HPA axis, SAM axis, and subjective experiences" (p. 5). They found that of the big five personality traits, "neuroticism, extraversion, and openness had predictive values on acute stress response" (p. 5). Similarly, Ervasti et al. (2019) found that participants with extroverted, agreeable, and conscientious personality traits self-reported lower stress responses, while those with neurotic personality traits self-reported higher stress responses. Furthermore, those with neurotic personality traits self-reported engaging in rumination and experiencing feelings of anxiety and depression when stressed (Ervasti et al., 2019). Molavynejad et al. (2019) highlight the importance of recognizing personality traits as predictive factors for burnout, suggesting that understanding these traits can be proactive in preventing burnout. This insight may encourage clergy members to prioritize self-care and seek help when needed.

Compassion Fatigue and Clergy Burnout. Compassion fatigue (CF) stress develops from secondary trauma exposure and "cumulative burnout" (Cocker & Joss, 2016, p. 618). Cocker and Joss (2016) define CF as a "state of physical and mental exhaustion caused by a depleted ability to cope with one's daily environment" and explain that those who are repeatedly exposed to those for whom they give care who have experienced trauma are "particularly susceptible to developing CF" (p. 618). Cocker and Joss (2016) posit that CF highly impedes the quality of care the caregiver can provide and may even lead to mental health disorders. The force

behind the development of CF is related to the depth of empathy the caregiver experiences for those in their care (Cocker & Joss, 2016). Those who develop CF showcase excessive levels of concern with the suffering of those they care for (Cocker & Joss, 2016). Cocker and Joss (2016) characterize CF by symptoms, which include exhaustion, anger, irritability, negative coping, decreased sympathy, decreased empathy, work dissatisfaction, impeded decision-making, and increased absences.

Research reveals CF among clergy members to be a prevalent issue, stemming from the "constant focus" they tend to put toward those for whom they provide spiritual care (Hanley, 2019, p. 830). Hanley (2019) notes that clergy members are at high risk for developing CF due to the unsustainable level of demand they face in ministry. Over time, this becomes emotionally, mentally, spiritually, and physically draining, impairing the clergy member's overall effectiveness.

Effective Intervention

Overcoming and preventing burnout is achievable through seeking help and practicing self-care. Muse et al. (2016) highlight the effectiveness of intervention for those willing to seek help before burnout escalates significantly. Dickinson et al. (2021) found that intervention practices promote resilience against the impacts of chronic, acute stress in neuroscience research. A few noted effective interventions include the utilization of various treatment approaches in counseling, support, self-disclosure, prayer, self-care, and setting boundaries (Beebe, 2007; Golden et al., 2004; Grant, 2017; Proeve et al., 2018; Terry & Cunningham, 2019; Zhang, 2017). However, whether any of these prove to be effective is based on what works for each person individually (Ervasti et al., 2019; McCrae & John, 1992; Xin et al., 2017).

Treatment Approaches

Understanding the effectiveness of treatment may help facilitate clergy mindset change towards seeking help and implementing self-care. Three research-based treatment approaches noted as effective for addressing chronic stress are Solution-Focused Cognitive Behavior Coaching (SFCB), Mindfulness-Based Cognitive Therapy (MBCT), and Cognitive Behavioral Therapy (CBT) (Grant, 2017; Proeve et al., 2018). These treatment approaches, addressing mindset and behavioral changes, may resonate better with clergy members because they align with scriptural admonitions, specifically, Paul's encouragements in Romans 12:2 and Colossians 3:8.

MBCT, CBT, and SFBC. In their study on the effects of Mindfulness-Based Cognitive Therapy on shame, self-compassion, and psychological distress in anxious and depressed patients, Proeve et al. (2018) found MBCT to provide a significant increase in self-compassion and reduction in shame-proneness, anxiety, stress, and rumination. Grant (2017) found CBT to substantially impact helping clients maintain high performance and overcome stress, fatigue, and burnout. Furthermore, according to Grant (2017), SFCB is noted on the Performance/Well-Being Matrix for high/low performance and high/low well-being as being effective for reducing stress, fatigue, and burnout syndrome.

Support and Self-Disclosure

Terry and Cunningham (2019) investigated the correlation between job-related demands, job availability and personal support resources, job control, and clergy spiritual and physical well-being. They found that the combination of job control and social support increased clergy members' mental and physical health. Furthermore, Zhang (2017) found self-disclosure to be positively impactful in helping individuals overcome chronic stress and anxiety. When investigating the stress-buffering effect of self-disclosure on Facebook, Zhang (2017) explains

that individuals who reported high occurrence rates of stressful life events had fewer depressive symptoms if they posted their stress experiences on Facebook. This was determined to be related to how their posting prompted positive social support responses and how the social support provided a stress-buffering effect (Zhang, 2017). According to Zhang (2017), talking about one's problems with others tends to help individuals feel happier and healthier because sharing helps them unburden their problems, providing relief. Similarly, Bovier et al. (2004) found that perceived stress, internal resources, and social support were determinants of mental health among young adults. There was a positive association between internal resources and social support.

Kim et al. (2016) revealed that ministry couples who felt socially supported exhibited higher physical well-being. Furthermore, Kim et al. (2016) note that ministry couples who experienced burnout even when they felt socially supported reported lower well-being levels, which created challenges for clergy couples to provide spousal support within their marital relationship. Additionally, Kim et al. (2016) explain that clergy couples' overall well-being was increased when each partner's optimism increased and when clergy couples had better access to resources and support.

Prayer

Research reveals mindfulness practices such as prayer as a noted burnout intervention (Frederick et al., 2021). Frederick et al. (2021) explain, "individuals practicing mindfulness have lower levels of burnout," and "mindfulness can be a protective factor against individuals becoming burned out" (7). Specifically, "centering prayer" is noted as one of the spiritual disciplines effective for addressing burnout because of how it "fosters a sense of the divine presence" (Frederick et al., 2021, p. 7, p. 9). Golden et al. (2004) note burnout risks are higher

for those who feel less intimate in their relationship with God and that prayer is more effective for managing burnout stress than hobbies or acts of service. Chirico et al. (2019) found prayer to be effective in decreasing emotional exhaustion, depersonalization, and psychological distress and improving job satisfaction. Turton and Francis (2007) also found that those who felt positive attitudes about their prayer life demonstrated lower emotional exhaustion levels, less depersonalization, and higher personal accomplishment levels. They noted that prayer was influential for healthier psychological functioning within the clergy ministry.

Setting Boundaries

Clergy members who establish healthy boundaries between ministry and personal life are less likely to suffer from stress-related burnout (Beebe, 2007; Frederick et al., 2023; Grosch & Olsen, 2000). Beebe (2007) explains that clergy members who functioned at higher levels of differentiation of self-perceived less role overload and ambiguity, leading to lower burnout levels. According to Frederick et al. (2023), "differentiation of self provides a resource against the personal experience of burnout" (p. 121). Thus, clergy members who maintain a strong self-identity outside of role responsibility may prove to have better functioning lives. Additionally, Grosch and Olsen (2000) posit the need to investigate burnout through both the self-psychology and systems approaches since humans are complex and function interchangeably between the two systems. They found that working with participants from both the self-psychology and systems approaches resulted in positive change. However, Grosch and Olsen (2000) note that "neglecting either lens could limit significantly the efficacy of treatment" (p. 631). This is due to the realization that clergy may benefit from understanding family systems theory as it relates to the church system and the clergy member's personal role within church system patterns (Grosch & Olsen, 2000).

Work-Life Balance. According to Mayo Clinic (2021), individuals who allow work to consume their lives, leaving little time for family or personal activities, are at high risk of experiencing burnout. Unfortunately, a lack of work-life balance is prevalent among clergy members (Amankwa, 2023). Vaccarino (2013) notes that even though setting boundaries is one element that impacts a clergy member's well-being, many clergy fail to function in ministry service with clear boundaries in place.

Self-Care

Posluns and Gall (2019) posit self-care to increase well-being and create a pathway for burnout prevention. Research defines self-care as prioritizing one's basic needs and encompassing practices such as engaging in counseling or support programs, getting enough sleep, eating regularly, taking breaks, and exercising (Kuhn & Flanagan, 2017; Sagaram & Hughes, 2020). According to Posluns and Gall (2019), self-care includes "refilling," "refueling," and "engaging in behaviors that promote physical and emotional well-being" and that "lessen stress, anxiety, and emotional reaction" (p. 4). Of the self-care practices noted to work, Posluns and Gall (2019) posit that "awareness, balance, flexibility, physical health, social support, or spirituality" is effective (p. 4). Physical health, sleep, exercise, and diet are noted as imperative for beneficial self-care practice (Posluns & Gall, 2019). Kuhn and Flanagan (2017) found treatment approaches such as CBT and self-compassion programs effective in decreasing suicidal ideation, depression, and stress and for increasing happiness. Additionally, according to Kuhn and Flanagan (2017), exercise benefits one's general health and well-being and improves the quality of one's life. Regardless of what self-care practice proves most effective, Sagaram and Hughes (2020) explain that caregivers who care for themselves first are better able to care

for others; therefore, clergy members would do well to implement self-care practice as a lifestyle.

The Impact of Intervention

According to Epel et al. (2018), how one responds to stress over their lifetime influences "habitual responding and stress reactivity" (p. 146). Therefore, the sooner one learns how to manage stress and implement treatment strategies, the better. Bahraseman et al. (2021) note that engagement in training programs for stress management, where individuals learn how to use coping strategies effectively, may increase one's self-efficacy or self-confidence in dealing with stressors. Murphy (1996) suggests that learning stress management skills within the work environment supports better physical and psychological health. However, stress-management techniques that target changes related to specific health outcomes must be implemented.

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Summary

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Burnout poses a significant concern among the clergy community, elevating the risk of physical harm and diminishing clergy members' ability to lead others effectively (Wilson, 2001). Furthermore, clergy who fail to resolve the sources of burnout are also at higher risk of creating the potential for those who lead beside them and for those who follow them to experience the chronic stress that leads to burnout (Wilson, 2001). Unfortunately, culturally based ideals within the clergy community often promote a busy lifestyle for accomplishing God's work yet destress the need for self-care and endorse faulty beliefs about mental health issues (Fuller, 2018). As a result, many clergy members tend to fail to seek help for themselves.

Mismanaged stress can create a crisis in leadership, leading to the development of unhealthy leadership styles (Wilson, 2001; Wilson, 2014). This, in turn, can lead to unhealthy leadership and relationship functioning (Wilson, 2001; Wilson, 2014). The mental health of

clergy matters because of the damage untreated deficits can cause not only for the clergy member suffering burnout but also for those they lead and guide spiritually (Fuller, 2012). When leaders lead from dysfunction, the fallout can be devastating. Wilson (2001) explains that "hurt people hurt people" because people who have been hurt and lack space for resolution will, in turn, hurt others (p. 15). This principle is applicable to clergy members. If hurt people hurt people, then leaders who have failed to resolve their own hurt or who lead from their personal deficits have great potential to hurt followers and other leaders.

According to Wilson (2013), spiritual leaders must stay connected to their purpose to be effective. However, Wilson (2013) explains that leaders cannot stay connected to their purpose if they are not physically, emotionally, mentally, and spiritually healthy. Unhealthy leaders cannot lead others effectively; therefore, healing must happen. For healing to happen, clergy members' mindsets must change towards perceiving mental health and self-care as a priority. They must recognize their need for help and be willing to seek help.

There is growing concern that mismanaged stress and lack of self-care are influencing leadership dysfunction and inducing burnout in clergy members. However, there seems to be a lack of research regarding what clergy members experience regarding their hindrances to seeking help and implementing self-care. In order to successfully build care programs that are founded on research and focused on the needs of clergy members, it is necessary to uncover the experiences of clergy members when they encounter barriers to seeking assistance and practicing self-care. Acquiring information about the obstacles UPCI clergy members face will contribute to a comprehensive comprehension of this phenomenological phenomenon. Understanding clergy members' described hindrances to seeking help and implementing self-care will allow for

a holistic and client-centered approach to meeting the needs of those suffering from stress-induced burnout (Creswell & Poth, 2018; Scott & Wolfe, 2015).

While faulty beliefs about seeking help and implementing self-care are noted as hindrances, other hindrances could be revealed through further and more in-depth research (Fuller, 2018; Poppa, 2019; Salwen et al., 2017). The current research has not investigated what clergy members describe as hindrances and how they experience hindrances to seeking help and implementing self-care. This study helped to fill this gap in that it provided an opportunity for clergy members to describe their personal hindrances and how they are experiencing them (Creswell & Poth, 2018).

CHAPTER THREE: METHODS

Overview

Knowledge about people's personal experiences can provide a new and in-depth understanding of a phenomenon (Neubauer et al., 2019). In seeking knowledge of clergy members' described hindrances to seeking help and implementing self-care, this study followed a transcendental phenomenological design to gain a new and deeper understanding. The root of transcendental phenomenology is to explore a problem in terms of how people experience it and to seek to understand the essence of collective experience based on common meanings people ascribe to their encounters with a phenomenon (Creswell & Poth, 2018; Groenewald, 2004).

Individual participant interviews are the basis for collecting phenomenological data (Creswell & Poth, 2018). During semi-structured interviews, participants describe their personal experiences in detail, informing the research with rich data that speaks to the essence of multiple participants' common experiences (Creswell & Poth, 2018; Groenewald, 2004). In revealing the essence of a common experience, the goal of the transcendental phenomenological researcher is to "achieve transcendental subjectivity" so that "his or her subjectivity" does not bias the research (Neubauer et al., 2019, p. 93). Transcendental subjectivity requires the researcher to set aside personal beliefs and assumptions about the phenomenon that is achieved through a process of reduction, which, from Husserl's usage, means "to restore or return something to its primordial mode" (Applebaum, 2012, para. 1; Neubauer et al., 2019).

Husserl determined three stages of reduction as needed for the application of transcendental phenomenological design: the transcendental stage, the transcendental-phenomenological reduction stage, and the imaginative variation stage (Neubauer et al., 2019). These three stages are not ordinal steps but simultaneous processes that involve bracketing,

horizontalization, and capturing the phenomenon's essence (Creswell & Poth, 2018; Eddles-Hirsch, 2015). In the transcendental stage, the researcher brackets personal experiences with the phenomenon by journaling and marginalizing any personal belief or assumption that could inform the research and influence biased results (Neubauer et al., 2019). In the transcendental-phenomenological reduction stage, the application of horizontalization requires the researcher to treat each participant's significant statement with equal value by coding statements in a way that they connect to interview questions, eliminating repetitive statements (Neubauer et al., 2019). In the imaginative variation stage, the researcher captures the overall essence of the phenomenon by categorizing significant statements into common themes and then into major themes that speak to the overall common experience (Neubauer et al., 2019). For this study, the researcher applied Husserl's transcendental phenomenological processes through bracketing by journaling in a personal journal and in the transcript margins, conducting semi-structured interviews, transcribing interviews, horizontalizing with coding and categorizing common themes, and capturing and synthesizing the overall phenomenological essence.

Design

This study aimed to gain a deeper understanding of the context of experience; therefore, qualitative design was applied. "Qualitative research involves collecting and analyzing non-numerical data to understand concepts, opinions, or experiences" and "can be used to gather in-depth insights into a problem or generate new ideas for research" (Bhandari, 2022, para. 1). Heppner et al. (2016) explain context as important to understand an experience that is being studied. Qualitative research approaches include grounded theory, ethnography, action research, phenomenology, and narrative research (Creswell & Poth, 2018). The most common qualitative methods include observations, interviews, focus groups, surveys, and secondary research, and

data is analyzed from fieldnotes, survey responses, or interview transcripts (Bhandari, 2022; Creswell & Poth, 2018). Bhandari (2022) explains that there are typically five steps in the analysis process for all qualitative approaches, which are "prepare and organize the data," "review and explore the data," "develop a data coding system," "assign codes to the data," and "identify recurring themes" (para. 10).

Phenomenology is qualitative research that seeks to understand the human experience with a phenomenon and follows five guidelines (Creswell & Poth, 2018; Heppner et al., 2016). These guidelines include the researcher understanding the underlying philosophy of phenomenology and setting aside personal assumptions and beliefs about the phenomenon. They involve studying the participants every day lived experiences with the phenomenon, employing a criterion-based sampling of participants who have experienced the phenomenon and who can describe their lived experience, and intentional data analysis through epoché and empathic understanding and highlighting of meaningful units from interview transcripts (Creswell & Poth, 2018; Heppner et al., 2016).

Phenomenological research has two approaches: hermeneutic and transcendental (Creswell & Poth, 2018; Heppner et al., 2016). Hermeneutic phenomenology allows the researcher to include personal beliefs and assumptions about the studied phenomenon for the purpose of interpreting data. However, transcendental phenomenology requires the researcher to set aside personal beliefs and assumptions so that his or her personal bias does not inform the research (Creswell & Poth, 2018; Heppner et al., 2016).

A transcendental phenomenological design was chosen for this study to explore clergy members' experiences with hindrances to seeking help and implementing self-care amidst clergy burnout (Creswell & Poth, 2018; Neubauer, 2019). Exploration of the problem involved recorded

individual semi-structured interviews where each participant provided in-depth descriptions of what hinders and how these hindrances have influenced help-seeking and self-care practice (Creswell & Poth, 2018; Neubauer, 2019). Prior to conducting interviews, the researcher bracketed personal beliefs and assumptions about hindrances to seeking help and implementing self-care by journaling in a personal journal and, during interviews and interview transcript analysis, the researcher bracketed by marginalizing her personal thoughts about participant responses to the interview questions (Creswell & Poth, 2018; Neubauer, 2019). During interview transcript analysis, the researcher implemented horizontalization by highlighting significant statements where participants ascribed meanings to their experiences that were related to the interview questions (Creswell & Poth, 2018; Neubauer, 2019). These important statements were coded in correlation to the interview questions they were given in response and then categorized into common themes (Creswell & Poth, 2018; Neubauer, 2019). Common themes were then developed into major themes representing the essence of experience (Creswell & Poth, 2018; Neubauer, 2019).

Research Questions

To ensure applicable data is obtained for understanding the essence of the phenomenon being studied, Heppner et al. (2016) suggest formatting research questions for the following purposes:

- To guide the study.

- To help the researcher maintain focus on the study's purpose.

- To provide the researcher with a firm foundation for gaining an understanding of the participants' described experiences.

- To help the researcher discover the degree of importance of the participants' described experiences.

- To allow the researcher to capture the perspective of the participants' experience.

To identify help-seeking and self-care hindrances and how clergy members experience these hindrances, participants were asked to describe their experiences related to the following:

- What are clergy members' hindrances to seeking help and implementing self-care?

- How do clergy members experience hindrances to seeking help and implementing self-care?

Therefore, the following research questions were developed:

RQ 1: **"**What are clergy members' described hindrances to seeking help and implementing self-care?

RQ 2: How do clergy members experience their described hindrances to seeking help and implementing self-care?

Sites

According to Creswell and Poth (2018), criterion purposeful sampling is a primary method for qualitative research. Criterion sampling is based on the participants meeting predetermined criteria for the study; purposeful sampling is based on the participants' ability to inform the study from their experiences (Creswell & Poth, 2018). Therefore, the participants for this study included a criterion purposeful sampling of clergy members from the UPCI clergy community. This sampling was criterion and purposeful in that UPCI clergy members were noted to meet the predetermined criteria related to the study and were noted as representatives who could adequately speak to experience with the phenomenon and, thus, would be able to "purposefully inform" the study (Creswell & Poth, 2018, p. 326; Moser & Korstjens, 2018). The

UPCI community is an international organization of over 41,000 licensed Christian faith ministers (United Pentecostal Church International, n.d.). The clergy members from this community were noted to meet the predetermined criteria of being licensed ministers who have experienced stress, burnout, and hindrances to seeking help and implementing self-care and who would be able to inform this study from their experiences with these phenomena purposefully.

Interview Sites

Researchers must be able to ensure participant comfort and safety; therefore, interview locations must be provided at the discretion of what the participant deems comfortable (Creswell & Poth, 2018). In an endeavor to maintain comfort for all participants, the researcher offered the following options for conducting interviews:

- The researcher was willing to travel to any location requested by the participant for in-person interviews.

- The researcher offered the availability of two site locations to which she had access for in-person interviews.

- The researcher offered the option of interviews via computer technology.

If a participant preferred for the researcher to travel to his or her location, the researcher was willing to do so as needed. If the participant preferred to meet at one of the locations to which the researcher has access, the two options were made available. The two locations accessible to the researcher for conducting in-person interviews were private offices located within complexes of organizations to which the researcher was connected. These locations were offered as options for participants who preferred to travel away from their location. Neither of these locations had a vested interest in this study, and there was no reciprocity involved in the use of either of these sites.

The researcher also offered interview options through computer technology. The researcher had access to Zoom technology but was also willing to work to access other computer technology forums that any participant might have requested. Computer technology interviews were offered as an option for any participant who was uncomfortable with an in-person interview.

The researcher conducted twelve interviews. One participant chose to be interviewed in person in one of the private office spaces referenced above. The other eleven participants chose to be interviewed via Zoom computer technology, and the researcher conducted the Zoom computer technology interviews from both private office sites referenced above and from both private living spaces referenced above. The researcher utilized whichever space provided the most privacy during the Zoom computer technology interviews. The participants who chose to be interviewed via Zoom computer technology were allowed to participate from wherever he or she so desired.

Participants

The number of participants for a phenomenological study can range from "5 to 25 individuals who have experienced the phenomenon" (Creswell & Poth, 2018, p. 79). Phenomenological research includes smaller samples due to the in-depth study that is required for each participant's experience because "The richness of the data collected takes precedence over the actual size of the sample" (Frechette et al., 2020, p. 6); therefore, the smaller sample size is not deemed to limit the study (Eddles-Hirsch, 2015).

The specific sampling number of participants is determined based on the saturation point. Saturation is noted as being accomplished once the study is underway, and then the specific sample size is to be decided as adequate (Saunders et al., 2018). According to Saunders et al.

(2018), a phenomenological study's saturation point is achieved once common themes are noticed as being present across multiple interviews, where new data becomes redundant, and when collecting more data is counter-productive and does not add new information.

Selecting a criterion purposeful sampling of 5 to 25 UPCI clergy members was believed to be adequate for providing an opportunity for saturation achievement (Creswell & Poth, 2018; Saunders et al., 2018). Initially, the researcher for this study estimated 12 participants as adequate for the initial research; however, since there was no way of knowing when saturation would be reached until the study was underway, the researcher planned to include more participants as needed until saturation was achieved (Guest et al., 2006; Hagaman & Wutich, 2017).

The study's central focus was to understand clergy members' described hindrances to seeking help and implementing self-care in response to burnout. UPCI clergy members could inform this study if allowed to tell their stories about their experiences with the phenomenon. Predetermined criteria were established for participating in this study and included the following:

- The participant must be a UPCI-licensed minister.

- The participant must have experienced or be experiencing ministry-related stress and burnout.

- The participant must be able to describe any hindrances he or she may have experienced or may be experiencing regarding seeking help and implementing self-care.

- The participant must be willing to participate in a recorded interview, either in person or via computer technology.

- The participant must be available for follow-up interviews as are deemed to be needed.

Locating Participants

An invitation to participate in the study was provided via social media forums and email.

Social Media Forums

The UPCI organization hosts a private social media forum for male clergy members and a separate private forum for female clergy members and clergy wives. UPCI clergy members are given access to these forums by invitation and vetting to ensure they are indeed a licensed minister or married to a licensed minister within the UPCI organization.

UPCI Email Database

The UPCI email database is managed by UPCI personnel who work at the UPCI headquarters. To obtain permission to use the email database to post the invitation, the researcher planned to contact the personal assistant of the UPCI General Superintendent to request access. If access was granted, the researcher would personally email the invitation. If access was denied, the researcher would ask permission to submit the invitation to be emailed by the personal assistant. If the use of the UPCI email database was not given, the researcher would be limited to using social media forums or seeking to utilize email databases of individual districts of the UPCI organization. If it was deemed necessary for the researcher to seek permission to utilize individual UPCI district email databases, the same process would be followed to request UPCI email database access from the general headquarters.

Inviting the Participants

The invitation to participate included the study title, a description of the study's purpose, a notification of the need for interview availability, and an explanation of participation criteria requirements. The researcher will also include her personal email address so that she can receive private responses to her invitation. Once a clergy member has agreed to participate, he or she will be emailed a preliminary questionnaire to complete and return.

The researcher contacted the personal assistant of the UPCI General Superintendent to request permission to invite UPCI clergy members to participate, providing both email and social media invitations. The researcher requested access to the UPCI clergy member email database but was denied access. Additionally, the researcher was not allowed to personally post the invitation to the male clergy social media forum because she did not have access since she was not a male clergy member. Neither the personal assistant nor the General Superintendent were willing to email the invitation; however, the General Superintendent was willing to post the invitation in his quarterly communique, and the invitation was posted in the social media forum for the male clergy members, but the researcher never received confirmation that the invitation was posted in the General superintendent communique.

The researcher was able to personally post the invitation in the social media forum for women clergy and clergy wives. She contacted five district superintendents to request access to district email databases. She was not granted access to the email databases; however, two of the District Superintendents confirmed that they would personally email the invitation to the clergy members in their districts. The researcher did not receive any confirmation that the other District Superintendents emailed the invitation.

The researcher received responses from thirteen UPCI clergy members who were willing to participate. Of the thirteen clergy members who responded, two were white females, and eleven were white males. All thirteen met the criteria to participate.

Preliminary Questionnaire

A preliminary questionnaire was to be emailed to clergy members who indicated interest in participating in the study. It was utilized to obtain information pertaining to demographics for age, gender, ethnicity, the number of years served in licensed ministry within the UPCI

organization, interview availability, and acknowledgment of having experienced ministry-related stress and burnout. The preliminary questionnaire is provided in Appendix A.

Selecting Participants. After completing the questionnaire, clergy members were requested to email it to the researcher. The researcher then analyzed the questionnaire responses to identify those who met the criteria. Two electronic files were created: one for those who met the criteria and one for those who did not meet the criteria. These electronic files were labeled as "Meets Criteria" and "Does Not Meet Criteria." The researcher selected 12 participants from the "Meets Criteria" file, starting from the first questionnaire, continuing to the next, and ending when 12 participants were identified as qualified. The selected questionnaires were confirmed as identifying participants who met the criteria and then moved to a new file that was labeled "Selected Participants." The 12 participants who were selected were to be notified via email. The remaining questionnaires that were not selected from the "Meets Criteria" file were saved in the event an originally selected participant decided to leave the study and needed to be replaced or there was a need to add more participants to have more opportunity for reaching saturation. Any replacement or added participants were selected from the saved "Meets Criteria" file.

Procedures

Before conducting this study, the researcher presented a proposal to the Institutional Review Board (IRB) or the university ethics committee for examination and determining permissibility (Creswell & Poth, 2018). The proposed invitation, preliminary questionnaire, and informed consent forms were also presented to the IRB or ethics committee for approval (Eddles-Hirsch, 2015).

Once approval was granted from the IRB or ethics committee, an invitation to participate was posted to UPCI clergy members via the private UPCI clergy social media pages or emailed

to UPCI clergy members as was granted permission. The invitation to participate included the study title, a description of the study's purpose, a notification of the need for interview availability, participation criteria, and the researcher's email. Clergy members who agreed to participate and met the criteria were asked to complete and return a preliminary questionnaire that provided the researcher with their personal information related to the study. From the preliminary questionnaires, 12 participants were selected based on their meeting the criteria. Participants identified as qualifiers were notified and asked for informed consent.

Once these initial steps were completed and after informed consent was obtained, the researcher journaled her personal experiences with the phenomenon and then began scheduling and conducting individual recorded interviews for data collection. Next, the researcher transcribed the recorded interviews and invited participants to review their personal transcripts to allow them to correct and/or add further reflections as they deemed necessary. This was to ensure their descriptions were documented accurately. The researcher corrected and/or added anything the participants indicated as needed and requested the participants to review her edits. Once accuracy was confirmed, the researcher analyzed the transcripts through horizontalization and presented the data as narratives expressing the essence of the participants' experiences (Creswell & Poth, 2018; Eddles-Hirsch, 2015).

The Researcher's Role

Before collecting data through interviews, the transcendental phenomenological researcher practices epoché by describing her experiences with the phenomenon in a personal journal (Yüksel & Yildirim, 2015). This reveals where personal beliefs and assumptions about the phenomenon will bias the research. During interviews and transcript analysis, the researcher notates personal thoughts in the transcript margins regarding the participants' responses. This

helps the researcher maintain focus on the participants' descriptions rather than personal perspective. By describing personal experiences and marginalizing personal thoughts, the researcher can become intentional about setting judgments aside to see the phenomenon with "fresh eyes" (Chun, 2013, para.1; Yüksel & Yildirim, 2015).

The researcher's role in a phenomenological study is to seek to understand the essence, or overarching nature, of a phenomenon based on the described experiences of individual participants (Creswell & Poth, 2018; Neubauer et al., 2019). Phenomenological researchers come to the study with personal experience and, thus, beliefs and assumptions about the phenomenon being investigated. This causes the potential for personal bias to inform the research. The nature of transcendental phenomenological research, however, is to understand a phenomenon from a fresh perspective; therefore, the researcher must take action to limit personal bias. Limiting bias can be achieved through bracketing, where the researcher places him or herself outside of the experience to attain transcendence (Creswell & Poth, 2018; Neubauer et al., 2019).

To understand the essence of clergy hindrances to seeking help and implementing self-care, the researcher interviewed individual participants about their personal experiences with this phenomenon. To limit bias, the researcher bracketed personal beliefs and assumptions and, thus, sought to attain transcendence by journaling personal experiences and marginalizing personal responses to the participants' descriptions of their experiences (Creswell & Poth, 2018; Neubauer et al., 2019). Journaling occurred before the interviews and involved the researcher writing down personal experiences in a notebook as they related to the phenomenon. Marginalizing personal thoughts occurred during interviews and transcript analysis. It involved the researcher writing notes of personal responses in the margins of transcripts as she listened to the participants' responses and analyzed the transcripts.

As part of the reduction process, the researcher implemented horizontalization. In this process, she highlighted the significant statements during transcript analysis and coded them in conjunction with the interview question to which they were responded. The researcher also drew horizontal lines from her marginalized personal responses to the participants' significant statements so that the questioning dialogue was captured. Next, the researcher notated on a separate sheet of paper a list of significant statements under headings that represented the common themes of the statements and then marked out any statements that were repeated, keeping only one statement that represented those repeated statements that were marked out. Then, she notated one sentence or phrase that represented each common theme. These notations were utilized as the major themes representing experiences' essence.

The researcher had beliefs and assumptions about the phenomenon from her personal experiences with UPCI clergy ministry, stress, burnout, help-seeking, and self-care hindrances. She was also biased because of her work with UPCI clergy ministers who experienced burnout and her experiences with teaching counseling content. There was the possibility that the researcher could inadvertently shape the participants' responses in how she questioned them to elicit more information (Beech, 1999). In her attempts to draw out more details, the researcher avoided asking leading questions (Beech, 1999). Since interviews tend to be conversational, it would be easy for the researcher to compare the participants' experiences with her own. The researcher was mindful of this potential and intentional about how she moved forward with eliciting deeper responses so that the description was purely the participants' (Beech, 1999). By implementing the process of bracketing, she was able to effectively separate her beliefs and assumptions from the responses of the participants (Neubauer et al., 2019).

The researcher also asked open-ended questions to avoid short-answer, one-word, or shallow responses (Neubauer et al., 2019). By asking open-ended questions, the researcher gave room for the participants to expound on their experiences with the phenomenon and give rich, in-depth descriptions (Neubauer et al., 2019). The opportunity for a detailed description of the experience allowed each participant's story to be considered as it pertained to the individual experience with the phenomenon (Neubauer et al., 2019).

Data Collection

Interview transcripts are the basis for data analysis for phenomenological research; therefore, recorded interviews are utilized for collecting data (Creswell & Poth, 2018; Eddles-Hirsch, 2015). Individual semi-structured interviews were conducted with each participant based on where the participant desired to be interviewed—either in-person at a location of their choice, at one of the locations the researcher provided, or via computer technology. The researcher asked each participant for permission to record the interview and explained procedures for the protection of privacy in regard to the storage of recordings and transcripts prior to each interview. Each participant was reminded at the start of the interview that they were free to leave at any time without fear of any repercussions. No interview was to be conducted without prior informed consent, permission to record, explanation of protection of privacy, and a reminder of freedom to leave. All interviews were recorded and transcribed.

Interviews

Each interview lasted between forty-five minutes to one hour and was semi-structured to allow clarification and follow-up questioning (Frechette et al., 2020). As was deemed needed, follow-up interviews were conducted (Frechette et al., 2020). This interview structure allowed the researcher to have a starting point for engaging the participant and then obtaining insight

from each participant's telling of their personal story about their experiences with hindrances to seeking help and implementing self-care (Creswell & Poth, 2018).

Interview questions were open-ended and non-leading to elicit more detailed and elaborate responses from the participants and to ensure researcher bias did not inform the participants' responses (Creswell & Poth, 2018). Questions for the initial interview focused on each participant's experiences with hindrances to seeking help and implementing self-care. Before each interview, the researcher bracketed personal reflections in a journal as they related to experiences with the phenomenon and bracketed during interviews by marginalizing personal responses to participants' responses to interview questions (Creswell & Poth, 2018; Eddles-Hirsch, 2015).

Interview Questions. Initial interview questions were the same for each participant and focused on understanding each participant's experience with the phenomena (Eddles-Hirsch, 2015). Probing questions followed initial questions, and then follow-up questions varied according to participant answers to initial and probing questions. This allowed each participant to describe their individual experience with hindrances to seeking help and implementing self-care. A previously completed transcendental phenomenological dissertation completed by Cordes (2014) illustrates an interview protocol, which the researcher followed as an example for developing the interview protocol for this study. The proposed protocol for this study is provided in full layout form in Appendix B. In applying this proposed interview protocol, the following interview questions were developed.

1. Tell me about the last time you experienced ministry-related stress.
2. Tell me about what you have experienced regarding ministry burnout.

3. Tell me what you have experienced regarding hindrances to seeking help and implementing self-care for overcoming stress and burnout.

4. Tell me what you have experienced when you have moved forward without seeking help and implementing self-care.

5. Tell me about any time during your ministry when you have experienced stress and burnout and have asked for help.

6. Tell me about any time during your ministry when you experienced stress and burnout and implemented self-care.

7. Are there any other thoughts or significant experiences about your hindrances to seeking help and implementing self-care that you would like to share?

Data Analysis

The data analysis process for transcendental phenomenological research starts immediately after the first data is collected. It begins with interviewing participants and then reading and analyzing interview transcripts through a reduction process that involves bracketing, horizontalization, organizing themes, and constructing descriptions (Chun, 2013; Creswell & Poth, 2018; Eddles-Hirsch, 2015). Husserl's reduction stages include transcendence, transcendental-phenomenological reduction, and imaginative variation.

Transcendence occurs before data collection through epoché, which is when the researcher discloses personal experiences, beliefs, and assumptions about the phenomenon (Chun, 2013). This disclosure of personal experiences helps the researcher suspend judgment that may inform the research (Chun, 2013). For this study, the researcher sought to achieve transcendence through epoché by journaling about her personal experiences with clergy stress, burnout, and hindrances to seeking help and implementing self-care. Journaling her experiences

helped her suspend judgment, which may have influenced how she asked interview questions and responded to participants' descriptions of their experiences.

Transcendental-phenomenological reduction is the process through which the researcher describes the essence of the phenomenon based on data collected from participants' experiences with that phenomenon (Chun, 2013). The first step in transcendental-phenomenological reduction is horizontalization; it involves the researcher highlighting "significant statements, sentences, or quotes" in the transcripts that provide explanations of the participants' phenomenological experiences (Creswell & Poth, 2018, p. 79; Eddles-Hirsch, 2015, p. 255). The researcher applied the horizontalization process to highlight significant statements during transcript analysis, write a list of the significant statements on a separate sheet of paper, remove any repeated statements, code the significant statements as they related to interview questions, and develop meaningful units of common themes (Creswell & Poth, 2018). The researcher extracted personal reflections and participants' significant statements from the transcript and recorded them on a separate piece of paper (Eddles-Hirsch, 2015). These reflections and phrases recorded on a separate sheet of paper are called "horizons" (Eddles-Hirsch, 2015, p. 255). The researcher then read over the horizons, reducing and eliminating any repetitive and overlapping statements, and then grouped the remaining statements into representing themes (Eddles-Hirsch, 2015). This process allowed the researcher to clearly identify clusters of meaning that could be developed into written narratives for reporting the essence of the UPCI clergy members' experiences with the phenomena with minimal influence from personal bias (Creswell & Poth, 2018).

Imaginative variation is the researcher's deduction of the essence of the phenomenological experience (Chun, 2013). The researcher reduced the common themes into

major themes and then presented narratives describing the overall essence of phenomenological

experience. This allowed the researcher to represent each participant's description of their

personal experience with hindrances to seeking help and implementing self-care as a collective

reality (Chun, 2013).

Analysis of Interview Transcripts

The researcher listened to each recorded interview and personally transcribed each

interview recording verbatim. After transcribing, the researcher read each transcript in its entirety

to ensure she grasped the participants' descriptions. The researcher also requested each

participant to review their personal transcript to ensure accuracy and provide further elaboration

if necessary. The researcher then made corrections, re-read the transcripts, and confirmed

accuracy with each participant. If more clarity was needed, the researcher conducted follow-up

recorded interviews, transcribed them, and requested the participant to review the updated

transcript for confirmation, correction, or further explanation (Eddles-Hirsch, 2015).

While reading each transcript, the researcher highlighted significant statements made by

participants that were related to the interview questions and bracketed personal reflections in the

margins to set them aside and to note shifts in participant descriptions. To clarify the connection

between the researcher's marginalized notations and the participant's significant statements, the

researcher drew lines connecting her personal reflection to the participant's significant statement

about which her reflection was written (Eddles-Hirsch, 2015).

Themes were developed through the process of horizontalization. During transcript

analysis, the researcher highlighted the participants' significant statements related to the

interview questions, identifying hindrances to and experiences with the hindrances to seeking

help and implementing self-care (Creswell & Poth, 2018; Eddles-Hirsch, 2015). Appendix D illustrates the horizontalization process that was followed.

Subsequently, the researcher listed the highlighted significant statements on a separate document and coded them based on their similarities and relevance to the research questions. From this, the researcher was able to develop meaningful units of common themes and then major themes (Creswell & Poth, 2018; Eddles-Hirsch, 2015). Appendix E illustrates the coding process that was followed. A table of themes is provided in Chapter 4 to illustrate the twenty major themes that were revealed.

Outside Reader(s)

The researcher requested permission to use external readers to assist with confirming the analysis of the interview transcripts. Permission was granted to use one outside reader to check the accuracy of the analysis of a single transcript. Therefore, the researcher read and analyzed all transcripts but asked the outside reader to double-check her analysis of the first transcript to ensure significant statements were identified and coded adequately. Utilizing an outside reader provided another perspective, ensuring nothing was overlooked and limiting any potential bias from the researcher. Asking the outside reader to analyze the first transcript also helped the researcher determine how to analyze the remaining transcripts. The researcher utilized an outside reader she knows, with a doctoral degree and an understanding of the phenomenological process of transcript analysis.

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Trustworthiness

</div>

The trustworthiness of a study is determined by its credibility, dependability, confirmability, and transferability (Creswell & Poth, 2018).

Credibility

Measures must be put into place to ensure the credibility of the study; additionally, how the data is interpreted and presented impacts the study's influence (Creswell & Poth, 2018). To maintain credibility, the researcher avoided presenting either a "Pollyanna portrait" or a negative representation of the participants and their experiences (Creswell & Poth, 2018, p. 57). Furthermore, the researcher utilized an outside reader to help analyze the transcripts for common themes. This allowed for the inclusion of perspectives and interpretations beyond those of the researcher, as well as confirmation of the researcher's perspective and interpretation.

Dependability and Confirmability

To ensure dependability and confirmability, it is important to accurately represent the essence of the participants' experiences, ensuring minimal influence from the researcher's bias (Creswell & Poth, 2018). To that end, once the transcripts were completed, participants were asked to review and respond with any needed corrections and elaborations. Once the general narrative was completed, participants were asked to review and respond to the data to ensure it accurately represented the essence of their individual experiences with the phenomenon.

Validity

Validity refers to whether a study is well grounded and well supported, and Creswell and Poth (2018) suggest researchers consider the following when determining a study's validity:

1. Did the researcher influence the participants' descriptions?

2. Did the researcher transcribe the interviews accurately?

3. Did the researcher consider alternative conclusions?

4. Does the general description of the study connect with the transcribed information?

5. Is the study generalizable?

To limit researcher bias influence, the researcher bracketed personal experience with the phenomena of UPCI clergy membership, stress, burnout, and hindrances to seeking help and implementing self-care (Creswell & Poth, 2018). The participants' review of the transcripts and narratives allowed for the possibility of considering alternative conclusions based on participant perspective (Creswell & Poth, 2018). Furthermore, the researcher formatted interview questions in a way that they remained on topic with the study's purpose. She asked open-ended and non-leading questions to allow room for participant elaboration and to prevent the influence of bias. Finally, the information the researcher sought from the specific sample of UPCI clergy was deemed potentially beneficial to the general population of clergy members beyond the UPCI community (Creswell & Poth, 2018).

Creswell and Poth (2018) recommend the following considerations when assessing the validity of a study: 1) Does the study ask what the human experience is like? 2) Is analysis performed on transcribed descriptive accounts of participant experience? 3) Is the study rooted in phenomenological literature? 4) Does the researcher avoid attempting to validate the study by criteria other than what is appropriate for phenomenology?

This study demonstrated validity in several ways. First, the researcher sought to understand the UPCI clergy members' human experience with hindrances to seeking help and implementing self-care. Second, the researcher analyzed descriptive interview transcripts of UPCI clergy experience with the phenomenon using horizontalization. Third, the researcher identified transcendental phenomenological processes and procedures and explained her intention to follow them. Lastly, the researcher demonstrated that the study's validation was not based on criteria that were more applicable to non-phenomenological studies (Creswell & Poth, 2018).

Transferability

One criterion for determining the validity of a study is whether it is transferable to a general population beyond the focus of the study (Creswell & Poth, 2018). The main goal of a phenomenological study is to unveil participant's lived experiences in great depth within their specific context and then "judge the transferability" to the more general context (Frechette et al., 2020). This study sought to understand the UPCI clergy member experience, which was deemed to be applicable to clergy members beyond the UPCI clergy community in that hindrances to seeking help and implementing self-care are potentially impactful to all clergy.

Ethical Considerations

Informed Consent

The researcher must disclose the purpose of the study to the participants and avoid pressuring them to participate (Creswell & Poth, 2018). Before beginning the study, the researcher explained to the participants that this study was being conducted to fulfill her doctoral program requirements and that the findings could potentially be used to guide future program development for clergy aid. The potential that the study may be published and cited for future research was also explained. The researcher explained the participants' rights to leave the study at any time without repercussions, as well as the processes she planned to follow towards protecting participants' privacy and data storage. After identifying the clergy members who met the criteria, the researcher emailed an informed consent form to each participant. Each clergy member was instructed to sign and email their informed consent forms to the researcher.

Bracketing

The researcher identified and clarified her personal role and purpose within the study and bracketed personal experiences to help minimize any potential bias that could affect the

interpretation of the data (Creswell & Poth, 2018). Before conducting interviews, the researcher engaged the bracketing process by journaling her personal experiences with the phenomenon and notating personal reflections during the interviews and transcript analysis in the margins of the transcripts. This helped bracket the researcher's personal perspectives, helped clarify the context of the interview moments, and helped the researcher convey the meaning of the oral presentation more accurately (Creswell & Poth, 2018).

Protection of Privacy

For the study's integrity and the participants' safety, privacy protection was maintained (Creswell & Poth, 2018). Once participants were selected, the researcher planned to delete all questionnaires from the "Does Not Meet Criteria" file as they would not be needed for the study. However, none of the individuals who volunteered to participate failed to meet the study criteria. Therefore, this step was not needed.

Using pseudonyms allows the researcher to conceal participants' identities to safeguard their privacy. Additionally, using composite narratives allows the participants to remain anonymous once their stories are integrated into common themes for the presentation of research findings (Creswell & Poth, 2018). To protect the privacy of the selected participants, the researcher replaced their true names with pseudonyms and filed each clergy member's preliminary questionnaire and interview transcripts in an individual electronic file folder labeled with their pseudonyms. Each individual file was then filed in the "Selected Participants" file.

The files were only accessible to the researcher, as they were stored on their computer with a password and fingerprint lock. To avoid including identifiable information and to protect data from being identified by outside sources, the researcher used pseudonyms to mask participants' names within composite narratives, ensuring the participants' anonymity. The

dissertation chair granted permission to include one outside reader to help with analyzing transcripts. Before emailing the transcript copies to the outside reader, the researcher blacked out all identifiable information. Once the study was completed, all participants' files were stored on the researcher's password-fingerprint-locked computer.

Summary

To help broaden the scope of understanding clergy members' described hindrances to seeking help and implementing self-care to overcome burnout, there is a need for qualitative research to provide deeper investigation. The researcher considered the UPCI clergy community a legitimate consideration for investigation because of their ability to inform the research through their experience with the phenomenon.

To that end, there was a specific need to discover the hindrances that UPCI clergy members face when seeking help and implementing self-care, as well as their personal experiences with these obstacles. Gaining this understanding of UPCI clergy experience was beneficial to the overall landscape of clergy research in that it provided important data for developing research-based and client-centered care programs that could benefit all clergy. Hopefully, such programs can help influence seeking help and self-care practice and, thus, facilitate healthier ministry functioning, potentially increasing ministerial longevity within all clergy cultures (Scott & Wolfe, 2015).

CHAPTER FOUR: FINDINGS

Overview

Thirteen UPCI clergy members responded to the invitation to participate, and all met the eligibility criteria for participation. Twelve participants were interviewed, and because saturation was reached after analyzing the twelfth interview transcript, there was no need to interview the thirteenth participant.

Participants

The twelve participants were UPCI-licensed clergy members from various parts of the United States. The following table illustrates the demographic data.

Table 4.1

Participants' Demographic Data

Participant	Age	Gender	Relationship Status	Race	Ministry Years
C1	35-65 (43)	Male	Married	Caucasian	5+ yrs.
C2	35-65	Male	Married	Caucasian	5+ yrs.
C3	35-65 (38)	Male	Married	Caucasian	5+ yrs.
C4	65+	Male	Never Married	Caucasian	5+ yrs.
C5	35-65	Male	Married	Caucasian	5+ yrs.
C6	35-65 (61)	Female	Married	Caucasian	5+ yrs.
C7	35-65 (61)	Male	Married	Caucasian	5+ yrs. (35)
C8	35-65	Male	Married	Caucasian	5+ yrs.
C9	35-65	Male	Married	Caucasian	5+ yrs.
C10	18-35	Male	Married	Caucasian	Less than 5 yrs.
C11	35-65 (61)	Male	Married	Caucasian	5+ yrs. (16)
C12	35-65	Female	Married	Caucasian	Less than 5 yrs.

Results

The results were determined through the horizontalization process, and the themes were identified as described in the following section.

Theme Development

Twenty themes were originally identified and developed from the interview transcripts, shedding light on the hindrances the participating UPCI clergy members encountered. While reflecting over and working to synthesize the essence of experience, the twenty themes were narrowed down to ten. The table below illustrates the breakdown of themes.

Table 4.2

Table of Themes

Theme	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12
Unrealistic Expectations	X	X	X	X	X	X	X	X	X	X	X	X
Lack of Trust	X	X	X		X	X	X		X	X	X	X
Lack of Motivation	X		X	X		X	X		X	X	X	X
Lack of Support		X	X	X	X	X			X			X
Stigma	X	X	X			X			X			X
Lack of Time		X		X				X	X		X	X
Inability to Disengage					X			X	X		X	X
Lack of Self-Awareness						X		X		X	X	
Lack of Finances	X								X		X	
Personal Personality Type					X			X				

Themes

The following significant statements were highlighted as identifiers for each hindrance to seeking help and implementing self-care and how each clergy member experienced the hindrance. Once the significant statements were identified as relevant to the hindrance phenomenon, they were categorized based on whether they identified a hindrance or identified how the hindrance was experienced.

Unrealistic Expectations

Twelve participants described unrealistic expectations as a reason for not seeking help or implementing self-care practices to overcome burnout. The unrealistic expectation hindrance was experienced as upbringing influence, self-imposed expectations, adopted expectations from what was spoken and/or modeled by others, organizational paradigms, the need for validation, self-blame, self-protection, responsibility obligation, and personal pride. The following statements were highlighted as identifiers for unrealistic expectation experiences.

"You can never take your hat off."; "I couldn't stop doing everything else I needed to do." (C1)

"We've created some paradigms that are causing men and women to fall into the trap of not doing self-care"; "In the UPCI, we've created some paradigms that are causing men and women to fall into the trap of not doing self-care, and all they do is [work] 7 days a week." (C2)

"I have these expectations of myself, other people have these expectations of me as the leader… [but] to refuse help when you need it, it's a mark of pride"; "I'm supposed to be the leader. I'm supposed to be the cornerstone. I'm supposed to be the one to who everybody else is running. I was too proud to ask for help." (C3)

"Wanting to take care of things on my own kept me in a place where I wasn't really open to seeking help."; "I had to protect myself. Protect my image." (C4)

"The way that I was raised"; "Work it out. Figure it out. Suck it up, butter cup, keep going." (C5).

"Unrealistic expectations of self"; "You're not allowed to [ask for help]." (C6)

"More interested in making a difference than taking care of self. Not wanting to share my personal failures, faults."; "We place too much importance on our intervention in people's lives. I'm a strong-minded person. Very strong minded." (C7)

[Always] "Got to be there. I find a sense of value in myself if I'm doing something"; "Fear of people maybe feeling like I don't care. If I'm no longer productive, then it means I'm no longer needed." (C8)

"A sense of responsibility"; "I have an unhealthy way of saying I can do anything." (C9)

"An expectation I superimpose. Everything was my fault, either a lack of something I did or a fruit of something I did."; "I perceive an expectation, and I superimpose that, and I live by a standard for myself that is always moving. Because I was young, was weak, because I hadn't prayed, fasted, read my Bible enough, checked all my boxes." (C10)

"You're supposed to be super, you know, superman. It was pride. My background."; "You put on the leadership smile. As a pastor, you're supposed to do that. Not wanting to show weakness and not wanting to humble self. My upbringing and the things that I experienced, there, kind of plays into the whole stress thing, how I handle stress." (C11)

"Unrealistic expectation."; "I'm just not measuring up to my standards or anybody else's standards." (C12)

Lack of Trust

Ten participants reported a lack of trust as a reason for not seeking help or implementing self-care practices for overcoming burnout. The lack of trust hindrance was experienced as other people and/or the organization failing to maintain confidentiality, lack of feeling comfortable with transparency, lack of knowing who was trustworthy, being hurt, done wrong, or burned, lack of having a safe place, and fear of being reported and/or repercussions. The following statements were highlighted as identifiers for lack of trust experience.

"I'm afraid my issues are going to wind up going to somebody else."; "They've broken confidentiality and shared information." (C1)

"Not comfortable."; [Lack of] "Being around someone else that I felt completely comfortable with." (C2)

"I didn't know who I could trust."; "I wasn't sure if I open up and tell somebody, 'Hey, I've been depressed, I've struggled with suicidal ideation,' would they report me to the district? Would they try to get my license revoked, would they try to start another coup and try to take over the church again and kick me out?" (C3).

"I would never trust them."; "If they'll break confidence with them, they'll break it on me." (C5)

"Real low" [trust factor].; "But I have had ministry leadership do me oh so very wrong, so wrong." (C6).

"I don't want my business told."; "I'm just speaking to my personal experience. The word confidentiality, people might use it, but they don't live it." (C7)

"It's just hard to trust people."; "I've learned to distrust more people than I've learned to trust." (C9)

"I didn't trust enough."; "I'd been hurt enough." (C10)

"You gotta' have a safe place."; "My wife is wonderful to talk to about those things, you know, it's safe." (C11).

"The biggest thing that keeps me from asking for help is experience" [with untrustworthy people].; "I've been burned." (C12).

Lack of Motivation

Nine participants described lack of motivation as a reason for not seeking help or implementing self-care practices for overcoming burnout. The lack of motivation hindrance was experienced as a lack of desire to be transparent, lack of willingness to make the effort, the effort as being too difficult to make, avoidance of burdening others, inconvenience, and lack of energy. The following statements were highlighted as identifiers for lack of motivation experience.

"I didn't want to talk to somebody."; "Didn't want to tell anyone what was really going on." (C1)

"I wasn't even willing."; "I wasn't even willing to, I didn't want to load the kayak onto the truck and go fishing." (C3)

"Sometimes I just don't want to be transparent."; "I would just kind of remove myself from conversations with him that would illicit any kind of emotion." (C4)

"It's hard sometimes to help yourself."; "When you're already kind of in a low place, the idea of 'Now, I've gotta find somebody and tell them my story.'" (C6)

"I don't want to bother" [anyone].; "…….. called me, and he called me regularly through all of that. And he said, 'I'm not hearing from you. What's going on?' I said, 'I don't want to bother you.'" (C7)

"I'm just completely unmotivated."; "I am 100% unmotivated to do much from that perspective. Even to build something, even to do something, I'm like, 'Nah.'" (C9)

"In my attempt to try to not burden her."; "In my attempt to just compartmentalize, keep going, I had withheld a lot of this from my wife." (C10)

"Not convenient."; "It's got to be very accessible." (C11)

"Energy constraints."; "When I'm tired, I listen to the wrong voices." (C12)

Lack of Support

Seven participants cited lack of support as a reason for not seeking help or implementing self-care practices for overcoming burnout. The lack of support hindrance was experienced as limited ministry-related help, lack of access to an Apostolic counselor, ineffective past counseling/help-seeking, resistance from others towards honest conversation, no one having their back, other's unavailability, and lack of knowing who to go to or what to do. The following statements were highlighted as identifiers for lack of support experience.

"Getting somebody in to take care of services is very hard to do."; "Even, the finances aside, just getting someone to help is very difficult." (C2)

"Counselors that I met weren't doing any good for me."; "I've endured some pretty serious traumas in my own life. And unbeknownst to me, it had been undiagnosed at the time." (C3)

"Met with resistance. I don't know that we had a lot of Apostolic counselors."; "But when I tried to have that [honest conversation], it was met with some resistance. [Not] finding the right person. I would have preferred going to somebody that was more Apostolic that understood more of the depths and the pressures on ministry. So, I guess there wasn't a lot of availability in my life at the time." (C4)

"Not willing to have my back. Other friends that I knew weren't knowledgeable enough to know what to say or do."; [People] "Isolated themselves from me because of the political cost it may have required of them. And the other friends that I knew weren't knowledgeable enough, knowing emotional needs, psychological needs, or coaching, or anything to know what to say or do." (C5)

"I didn't really have anyone around me."; "They're just either not able or they're not willing." (C6)

"It's just a matter of not knowing who to go to."; "They've got a lot of stress on them because they're running their jobs, plus their positions at the church. I don't want to teach them to have to push through." (C9).

[Support] "That's" [not] "always there."; "I try to lean into the people I know I can trust, which is that pastor of that smaller church and my husband. And honestly, those are probably the only two people I unload on." (C12)

Stigma

Six participants described experiencing stigma as a reason for not seeking help or implementing self-care practices for overcoming burnout. The stigma hindrance was experienced as pulpit shaming, negative beliefs about mental health and/or women in ministry, fear of the stigma, not wanting pity, fear of repercussions, and fear of what others would think. The following statements were highlighted as identifiers for the stigma experience.

"There's a stigma."; "The fear of the stigma of seeking help is a big deal." (C1)

"One of the reasons that I was reluctant is I didn't want pity."; "I don't want you to feel sorry for me, I don't want to be some poor pitiful…" (C2)

"This stigma that mental health has had for generations."; "If you go to see a counselor, you know, it's always been painted as this picture, you know, 'Oh, if you're going to see counseling, then you must be on medication, or you must need to go to a hospital where you're in a strait jacket sitting in a padded room.'" (C3)

"There's pulpit shame, shaming that goes on, you know, if you struggle."; "I just don't want to set myself up. I don't want to be vulnerable to be shamed when I'm at my weakest point or to be looked at differently because I decided I was going to be honest." (C6)

"Mental health stigma."; "The mental health stigma the UPCI has had for years of, 'You don't need a counselor, you need the Holy Ghost, you need to pray more.'" (C9)

"There is a belief."; "As a woman minister if you're struggling, 'It's because you're a woman. We knew you were too emotional to handle this.'" (C12)

Lack of Time

Six participants cited lack of time as a reason for not seeking help or implementing self-care practices for overcoming burnout. The lack of time hindrance was experienced as having a demanding schedule, staying too busy but not knowing how else to live, having multiple responsibilities, racing against time, having too much to do and not being able to shut it down, and things not getting done. The following statements were highlighted as identifiers for lack of time experience.

> "I just haven't had time."; "I stay too busy, but at the same time I don't know how else to live." (C2)

> [Not] "finding the time to do that."; "Working a job, being involved in the church, and just not honing out time." (C4)

> "If I could actually find that much time that doesn't have something already scheduled."; "I got this much done in 15 years, I got 15 more years to get the rest of this done." (C8)

> "There's so much that I have to do."; "I need help with how to just basically shut all that down." (C9)

> "I couldn't afford the time."; "If you don't take care of it in the morning, you'll make an excuse and say, 'I'll do it this afternoon.' It just never happens." (C11)

> "Just time constraints."; "Just balancing all of that, ministry, work, family, and then myself." (C12)

Inability to Disengage

Five participants reported their inability to disengage as a reason for not seeking help or implementing self-care practices for overcoming burnout. The inability to disengage hindrance was experienced as an inability to stop thinking about the problems, inability to get away from ministry pressure, experiencing intrusive thoughts during prayer, and inability to focus on family time. The following statements were highlighted as identifiers for the inability to disengage experience.

"Not able to completely disengage from the problem."; "Meditation was miserable because I'd have to process everything I was having to get done. Meditation time turned into answering emails." (C5)

[The pressure of ministry] "You never get away from it."; [The pressure of ministry] "You never leave it, it's always there." (C8)

[Not] "getting to the depths of where I need to be [in prayer] like I am when I'm rested."; "I'll be right in the middle of prayer and, boom, here comes the laundry list." (C9)

"We'd go on a date; we'd talk about the church."; "We'd plan, 'The music department, yeah, it needs that. We need to work that out.'" (C11)

"My mind won't stop long enough."; "That inability to just not think about the bills, or the buildings that I'm over at my work, or my children and their problems and what I need to do to help them." (C12)

Lack of Self-Awareness

Four participants cited lack of self-awareness as a reason for not seeking help or implementing self-care practices for overcoming burnout. The lack of self-awareness hindrance was experienced as lack of understanding, lack of realization, having learned how to function with stress, stifling symptoms, and denial. The following statements were highlighted as identifiers for lack of self-awareness experience.

"Unawareness."; "Not understanding how far it had gone so quickly." (C6)

[Not] "feeling the effects of having blood pressure that was that high."; "On the stress side of things, I just think I have naturally learned how to function." (C8)

"There was a large part of me that was in denial that it was as bad as it was."; "I entirely ignored the moment and just kind of stifled it." (C10)

"I didn't know that I was under stress."; "You don't realize your cortisol levels are high, and maybe things are going on, but you're not really realizing it. You're just going about your day and moving along like you always did." (C11)

Lack of Finances

Three participants cited lack of finances as a reason for not seeking help or implementing self-care practices for overcoming burnout. The lack of finances hindrance was experienced as lack of insurance coverage, not being wealthy enough, and limited funds due to the small congregation size. The following statements were highlighted as identifiers for the lack of finances experience.

> "A hindrance to seeking help is that this [health insurance] is not included in compensation."; "If I had better health insurance, I would talk to a counselor more often." (C1)

> "Finances is always going to be one of those things. It's not like I'm wealthy."; "It's not like I'm wealthy or anything like that where I can do that." (C9)

> "There was no financials there."; "A church of 3 people." (C11)

Personal Personality Type

Two participants reported personal personality type as a reason for not seeking help or implementing self-care practices for overcoming burnout. The personal personality type hindrance was experienced as being a person who keeps things to self, being a person who keeps going, and being a person who does not naturally seek counsel. The following statements were highlighted as identifiers for personal personality type experience.

> "I am not really a person that seeks counsel naturally."; "Just keep it to myself and keep going." (C5)

> "My personality."; "I will just drive. I'll just continue to push and drive until I just fall over." (C8)

General Narratives

The overall essence of the experiences for the twelve UPCI clergy participants was that they lived under the pressure that the ministry required their lifestyle to not include self-care or help-seeking. For these participants, serving in ministry within this clergy community entails always being able and available to fulfill ministry responsibilities, and taking a break or seeking

help is a sign of weakness; admitting weakness makes one less worthy of ministry service. Because of pulpit shaming experiences, some participants were afraid of being stigmatized as weak and unspiritual; others were too proud to admit weakness, and taking a break or asking for help would be to admit weakness. Though some of these participants did recognize that they needed to ask for help, there was no support from others who were willing to listen, capable of providing adequate assistance, or committed to having their back. Furthermore, there was no trust factor that others would maintain confidentiality. Some feared that others would talk, leading to potential negative repercussions of being removed from ministry service and/or losing their ministry license. Some had seen this happen to colleagues.

Several participants did not seek help or practice self-care because they lacked self-awareness. They failed to realize that they were mismanaging stress, and, for some of these participants, this was true even though stress was negatively impacting their lives to the point that their health was at risk. For a couple of participants, their personality type of being a driver prevented them from recognizing the need to slow down or ask for assistance. They tended to keep going and driving to get things done. These participants lived as if they were racing against time. Other participants, however, experienced a lack of motivation to make the effort to get help or practice self-care. They lacked the motivation or desire to find someone who could help them; they did not want to burden others, or they did not have the physical energy required for exercise or for engaging in their hobbies. Several participants had schedule demands that robbed them of time for self-care, and/or they lacked the funds to take a vacation. Those who took the time and had the money to go on vacation could not relax because they could not stop thinking about their responsibilities. For some, even time in prayer was ineffective because they were unable to shift their focus away from their to-do list. Some who had sought counseling in the past had unhelpful

experiences, which influenced their belief that counseling would not benefit them for their

current concerns. Several of the participants who engaged in this study left the impression that

they did not know how to live differently than this, and because they had been functioning this

way for so long, they did not take the initiative to live differently.

Summary

When considering how clergy ministry responsibility is similar across organizations and

denominations, the descriptions of hindrance experience from the UPCI clergy members who

participated in this study provide insight that broadens the scope of understanding why many

clergy from the general clergy community may fail to seek help or practice self-care.

Understanding the essence of help-seeking and self-care hindrance experience for the UPCI

clergy participants not only guides program development for helping those who serve in clergy

ministry within the UPCI organization but also for those who serve in clergy ministry within

other organizations and denominations.

CHAPTER FIVE: CONCLUSION

Overview

Burnout is a prevalent concern for clergy members, yet many clergy members fail to address this problem. This qualitative transcendental phenomenological study aimed to understand the hindrances clergy members experience in seeking help and practicing self-care to overcome burnout. This chapter discusses the ten themes identified as clergy hindrances as they apply to the research questions that guided this study and as they add to the body of literature. The chapter highlights theoretical, empirical, and practical implications learned from the study and concludes with the study's delimitations, limitations and recommendations for future research.

Summary of Findings

An understanding of clergy hindrances to seeking help and implementing self-care was gained by obtaining clergy members' descriptions of hindrance experiences through one-on-one interviews. Analysis of interview transcripts led to the development of ten major themes: unrealistic expectations, lack of trust, lack of motivation, lack of support, stigma, lack of time, inability to disengage, lack of self-awareness, lack of finances, and personal personality type. Answers to each of the two research questions that guided this study were synthesized as a collective essence of experience in the general narrative provided in chapter four. The two research questions that guided this study are as follows:

1. What are clergy members' described hindrances to seeking help and implementing self-care?

2. How do clergy members experience their described hindrances to seeking help and implementing self-care?

A thematic analysis was performed on the interview transcripts, identifying ten themes derived from the participants' significant statements that provided answers to the initial and subsequent research inquiries. The first research question was answered by the significant statements the participants made that identified what hindrance they experienced. These significant statements are as follows: "Unrealistic expectations of self," "I would never trust them," "I didn't want to talk to somebody," "Not willing to have my back," "There's a stigma," "I just haven't had time," "Not able to disengage," "Unawareness," "There was no financials there," and "My personality." The second research question was answered from the significant statements the participants used to explain their overall experiences with their hindrances. These significant statements are as follows: "You're not allowed to" [ask for help], "If they'll break confidence with them, they'll break it on me," "Didn't want to tell anyone what was really going on," [People] "Isolated themselves from me because of the political cost it may have required of them," "The fear of the stigma of seeking help is a big deal," "I stay too busy, but at the same time I don't know how else to live," "Meditation was miserable because I'd have to process everything I was having to get done. Meditation time turned into answering emails," "Not understanding how far it had gone so quickly," "A church of 3 people," and "I'll just continue to push and drive until I just fall over."

Generally, the twelve UPCI clergy participants experienced their hindrances as an embedded cultural mindset and practice that effective leadership requires always being available, willing, and never showing weakness. Avoidance of doing otherwise is lived out as fear of being shamed and removed from ministry service. While for some, personality type reduced self-awareness of the negative state of their mental health, others who were self-aware lived hindered due to lack of finances, support, time, and motivation. Still, some did attempt to practice self-

care; however, those who did experienced their efforts as ineffective due to their inability to disengage from their ministry pressures and responsibilities mentally.

Discussion

Given the well-documented problem of burnout in the clergy community, it is imperative to gain insight into the challenges that clergy members encounter when seeking assistance and engaging in self-care practices (Adams et al., 2017; Fuller, 2018; Salwen et al., 2017). Unfortunately, the existing literature does not adequately reflect clergy members' perspectives on their help-seeking and self-care hindrance experiences related to dealing with burnout. This study aimed to fill the literature gap by giving clergy members a voice regarding their experiences with hindrances in seeking help and implementing self-care to overcome burnout.

Current literature discussed earlier reveals that many clergy members experience ministry-related stress that leads to burnout; however, there is a failure to seek help and implement self-care to address burnout (Adams et al., 2017; Fuller, 2018; Salwen et al., 2017; Wilson, 2014). Mismanaged stress is known to facilitate burnout, but the help-seeking and self-care practice is noted to be effective in overcoming the problem (Ho et al., 2020; Levers, 2012; Muse et al., 2016; Sapolsky, 2004; Scott & Wolfe, 2015; Stovall-McClough et al., 2006). According to Fuller (2018), clergy members often fail to seek help and implement self-care. Unfortunately, however, there is minimal research on what hinders clergy from addressing the problem of burnout or how hindrances are experienced uniquely by individual clergy members (Salwen et al., 2017). The lack of research concerning clergy members' descriptions of experiences with hindrances to seeking help and implementing self-care necessitates further research. Undoubtedly, there is a need for additional research that reveals what clergy members experience as hindrances and how they experience their hindrances as this phenomenon relates to

them individually. The results revealed from this study create a platform for discussion of the findings as they relate to the existing literature.

Of the ten themes described in this study as hindrances to seeking help and implementing self-care, the following six themes identified by the participants were revealed in the previously discussed literature as concerns related to burnout.

Unrealistic Expectations

Current literature discussed earlier reveals that many clergy members function under the pressure of unrealistic expectations in the context of their practice of ministry service. According to Wilson (2014), clergy members experience burnout due to misunderstanding of leadership responsibilities and unreasonable expectations they either place on themselves or others place on them. According to Poppa (2019), there is a misunderstanding of scripture application regarding self-denial, which hinders clergy from seeking help and implementing self-care. Fuller (2018) notes culturally based ideals within the Christian and clergy community that de-emphasize the need for self-care as a concern. Unrealistic expectations are implicated when beliefs encourage self-denial to the point where one's mental and physical health and leadership longevity are hindered.

Adams et al. (2017) conducted a study to assess burnout among clergy members. They measured burnout in terms of emotional exhaustion, depersonalization, and personal accomplishment. The study revealed that emotional exhaustion had a minimal impact, depersonalization had a moderate impact, and personal accomplishment had a significant impact. Furthermore, the study found that these burnout measures were similar to those observed in other professions that involve caring for others.

Unrealistic expectations were revealed in this study to be consistent with current literature but were noted as being lived out as a hindrance to help-seeking and/or self-care practice. The theme of unrealistic expectations discussed in chapter four of this study illustrates how the participating clergy members experienced unrealistic expectations as a hindrance. Unrealistic expectations were cited by every participant as an impediment in a variety of ways, including the influence of upbringing, self-imposed expectations, adopted expectations derived from what others said and/or modeled, organizational paradigms, the need for validation, self-blame, self-protection, the responsibility obligation, and personal pride.

Clergy member 1 said,

> You can never take your hat off. I couldn't stop doing everything else I needed to do. For clergy member 1, 'hat' represented responsibility. This participant lived out the hindrance of unrealistic expectations as the perception that seeking help or taking a break was the same as removing the hat of responsibility. It was perceived that being qualified as a spiritual leader meant taking the hat of responsibility off was not allowed. This clergy member could not stop doing his responsibilities for the sake of addressing personal stress concerns.

Clergy member 3 said,

> I have these expectations of myself, other people have these expectations of me as the leader… [but] to refuse help when you need it, it's a mark of pride. I'm supposed to be the leader. I'm supposed to be the cornerstone. I'm supposed to be the one to who everybody else is running. I was too proud to ask for help.

Clergy member 3 experienced unrealistic expectations as a hindrance by being too prideful to ask for help. As the leader, the cornerstone, it was perceived that a personal need for help or rest

meant inadequate leadership or spiritual support provision. This clergy member was too prideful to admit personal inadequacy to self or others.

Clergy member 5 said,

> The way that I was raised. Work it out. Figure it out. Suck it up, butter cup, keep going. Clergy member 5 lived out unrealistic expectations as a hindrance by continuing to function with the same adopted mindset from how he had been raised. He was taught as a child to suck it up, so it was perceived that one must always keep going even when being overcome by pressure and exhaustion.

And clergy member 8 said,

> [Always] Got to be there. I find a sense of value in myself if I'm doing something. Fear of people maybe feeling like I don't care. If I'm no longer productive, then it means I'm no longer needed.

Clergy member 8 struggled with unrealistic expectations, as the belief that constant presence and action were seen as measures of one's value. It was believed that he was not needed if he was not productive.

Lack of Support

Lack of support, unhealthy habits, and lack of boundaries, as well as misunderstanding of leadership roles and unrealistic leadership expectations, have all been identified as influencers of stress experiences that lead to burnout. According to Grosch and Olsen (2000), clergy burnout is the result of both external and intrapersonal factors that are noted to include "bureaucracy," "poor administrative support," "difficult work conditions," "high idealism," "Type-A personality," "narcissism," and "perfectionism" (p. 619).

Clergy member 2 said,

Getting somebody in to take care of services is very hard to do. Even, the finances aside,

just getting someone to help is very difficult. Clergy member 2 experienced

challenges with finding someone to step in and cover his absence, which hindered the

freedom to take a vacation.

Clergy member 4 said,

Met with resistance. I don't know that we had a lot of Apostolic counselors. But when I

tried to have that [honest conversation], it was met with some resistance. [Not] finding

the right person. I would have preferred going to somebody that was more Apostolic that

understood more of the depths and the pressures on ministry. So, I guess there wasn't a

lot of availability in my life at the time.

Clergy member 4 experienced lack of support as a hindrance to seeking help as others' resistance

to having honest conversations. Additionally, this participant was not able to find the right

person in terms of finding a counselor who held similar beliefs as his and could understand his

ministry struggles. This participant did not want to talk to anyone who did not understand

ministry or his beliefs.

Clergy member 5 said,

Not willing to have my back. Other friends that I knew weren't knowledgeable enough to

know what to say or do." [People] "Isolated themselves from me because of the political

cost it may have required of them. And the other friends that I knew weren't

knowledgeable enough, knowing emotional needs, psychological needs, or coaching, or

anything to know what to say or do.

Clergy member 5 was hindered to seek help by lack of support because others were unwilling to be associated with him because of organizational politics or they did not know enough about mental health to provide adequate help.

Stigma

Misconceptions about mental health were noted to cause burnout (Fuller, 2018; Terry & Cunningham, 2019; Wilson, 2014). According to Fuller (2018), clergy members experience burnout due to the influence of clergy culture on beliefs about mental health, and Poppa (2019) notes that some religious leaders view self-care as not fitting within their beliefs and not a spiritual practice. Salwen et al. (2017) attributed clergy resistance to seeking help and practicing self-care to various historical and cultural influences, personal beliefs, limited understanding of mental health issues, reluctance towards psychological research, and resistance towards mental health care practices. Stigma was experienced as a hindrance to seeking help by the participants in this study as pulpit shaming and the influence of faulty beliefs regarding mental health concerns. Mental health concerns were noted by the participants in this study as being associated with the need for hospitalization, needing to pray more, not being Spirit-filled, and as being too emotional to handle the pressure of ministry.

Clergy member 3 said,

> This stigma that mental health has had for generations. "If you go to see a counselor, you know, it's always been painted as this picture, you know, 'Oh, if you're going to see counseling, then you must be on medication, or you must need to go to a hospital where you're in a strait jacket sitting in a padded room.'

Clergy member 3 experienced stigma as a hindrance to seeking help and practicing self-case personal adoption of beliefs about mental health. This clergy member was resistant to seeking

help because of personally associating counseling with requirements for medication,

hospitalization, and need for restraint.

Clergy member 6 said,

> There's pulpit shame, shaming that goes on, you know, if you struggle. I just don't want
>
> to set myself up. I don't want to be vulnerable—to be shamed when I'm at my weakest
>
> point or to be looked at differently because I decided I was going to be honest.

Clergy member 6 experienced stigma a hindrance to seeking help and practicing self-care as

being shamed by preachers who spoke negatively about mental health and counseling across the

pulpit during church services. This influenced clergy member 6 from being honest about

personal mental health concerns because of not wanting to be shamed for feeling weak and

vulnerable.

Clergy member 9 said,

> Mental health stigma. The mental health stigma the UPCI has had for years of, 'You
>
> don't need a counselor, you need the Holy Ghost, you need to pray more.'

Stigma hindered Clergy member 9 from seeking help because of exposure to those within the

UPCI organization who associate going to a counselor with not being Spirit-filled or not praying

enough.

Clergy member 12 said,

> There is a belief. As a woman minister, if you're struggling, 'It's because you're a
>
> woman. We knew you were too emotional to handle this.'"

Clergy member 12 was hindered by stigma to seek help due to exposure to those who believe

women are incapable of handling the pressure of ministry. For this participant, to admit to

struggle would be to confirm those beliefs.

Lack of Time

Fuller (2018), Poppa (2019), and Salwen et al. (2017) noted busy lifestyles as reasons clergy members fail to seek help and implement self-care. According to Beebe (2007), burnout experience increased for clergy members who felt overloaded by role responsivities and, according to Poppa (2019), most clergy members become so busy with the ministry that they forget about self-care.

This study found clergy participants experienced lack of time as a hindrance to seeking help and practicing self-care as staying too busy, inability to find time not already scheduled, having too much to do, not affording the time, and time constraints related to the balance of various role responsibilities.

Clergy member 8 said,

If I could actually find that much time that doesn't have something already scheduled. I got this much done in 15 years; I got 15 more years to get the rest of this done. Lack of time was experienced as a hindrance for clergy member 8 in that it all their time was already scheduled for something else; therefore, there was no time left for self-care. This participant was not willing to take time being utilized for ministry service for rest because things would not get done within the time frame desired.

Clergy member 11 said,

I couldn't afford the time. If you don't take care of it in the morning, you'll make an excuse and say, 'I'll do it this afternoon.' It just never happens.

Clergy member 11 experienced lack of time as a hindrance by believing it was necessary to practice self-care at the beginning of the day. There was so much to be done throughout the day, self-care never happened if it wasn't taken care of first thing in the morning. True to this clergy

member's belief, by never learning to allot time for self-care at the beginning of the day, self-care never happened.

Lack of Self-Awareness

Hendron et al. (2012) explain that a lack of literature addresses stress and burnout among clergy and suggests that clergy may not be sufficiently aware of, prepared for, or managing this area of their ministerial roles. Lack of self-awareness was experienced by the participants in this study as lack of understanding, lack of realization, having learned how to function with stress, stifling symptoms, and denial.

Clergy member 6 said,

> Unawareness. Not understanding how far it had gone so quickly. This participant did not realize the degree to which stress was impacting personal health.

Clergy member 8 said,

> [Not] feeling the effects of having blood pressure that was that high. On the stress side of things, I just think I have naturally learned how to function. Clergy member 8 did not feel physically bad, therefore, did not know help or self-care was needed.

Clergy member 10 said,

> There was a large part of me that was in denial that it was as bad as it was. I entirely ignored the moment and just kind of stifled it. This participant knew something was wrong but chose not to acknowledge the need for help or self-care.

Clergy member 11 said,

> I didn't know that I was under stress. You don't realize your cortisol levels are high, and maybe things are going on, but you're not really realizing it. You're just going about your

day and moving along like you always did. This participant had always functioned in this way.

Personal Personality Type

Ervasti et al. (2019) found one's personality to have an influence on the lack of help-seeking. According to Grosch and Olsen (2000), clergy burnout is the result of intrapersonal factors that include "Type-A personality," "narcissism," and "perfectionism" (p. 619). Hills et al. (2004) note personality type as having a significant impact on burnout that is even greater than the impact of job-related stressors.

Ervasti et al. (2019), McCrae and John (1992), and Xin et al. (2017) all suggest personality traits to predict an individual's propensity towards maladaptive or resilient responses to stress because these traits influence the body's stress response mechanism when stress is perceived. How specific personality traits influence the body's stress response is based on the differences in an individual's "enduring emotional, interpersonal, experiential, attitudinal, and motivational styles" (McCreae & John, 1992, p. 2). Hill et al. (2004) note an individual with a personality that is more sensitive to stress and who tends to respond to stress in unhealthy ways will be more susceptible to burnout.

Personal personality type was described as a hindrance to seeking help and practicing self-care by two clergy members who participated in this study. This hindrance was experienced as being a person who keeps things to self, being a person who keeps going, and being a person who does not naturally seek counsel.

Clergy member 5 said,

> I am not really a person that seeks counsel naturally. Just keep it to myself and keep going. This participant experienced the hindrance of personal personality type as being

driven to keep going rather than ask for help. It was not a natural tendency to open up and admit the need for help or to seek help.

Clergy member 8 said,

> My personality. I will just drive. I'll just continue to push and drive until I just fall over.

Personality type influenced clergy member 8 to drive and push rather than seek help or rest. Because of this, this participant fell over in that they lived with blood pressure that was at stroke level.

Of the ten themes described in this study as hindrances to seeking help and implementing self-care, the following four themes identified by the participants were not revealed in the previously discussed literature as concerns related to burnout.

Lack of Trust

Current literature noted earlier did not reveal a lack of trust among clergy members. Ten participants from this study, however, identified experiencing a lack of trust as a hindrance to seeking help. Lack of trust hindrance was experienced as the lack of confidentiality of other people or organizational helping entities, being uncomfortable with transparency, not knowing someone who was trustworthy, being hurt or done wrong or burned, lack of a safe place, and fear of being reported and/or experiencing repercussions.

Clergy member 2 said,

> Not comfortable. Lack of] Being around someone else that I felt completely comfortable with.

Clergy member 2 experienced a lack of trust and did not feel comfortable with being transparent. Additionally, there was a deficiency in establishing meaningful connections with individuals who provided a sense of ease and encouraged sharing of personal challenges.

Clergy member 6 said,

> Real low [trust factor]. But I have had ministry leadership do me oh so very wrong, so
> wrong.

Clergy member 6 experienced a lack of trust as a hindrance through being done wrong by other ministry leadership. Being done wrong influenced a low trust factor; therefore, there was no trust. This hindered the clergy members from seeking help from others.

Clergy member 7 said,

> I don't want my business told. I'm just speaking to my personal experience. The word
> confidentiality, people might use it, but they don't live it.

Clergy member 7 experienced a lack of trust as a lack of confidentiality. It was perceived that people do not keep the confidence of others because of personal experiences with others telling their business. The clergy member refrained from seeking assistance due to apprehension that his confidential information might be divulged and exploited to his detriment.

Lack of Motivation

Nine participants from this study described lack of motivation as a hindrance to seeking help and implementing self-care. Lack of motivation was experienced as a lack of desire to be transparent, lack of willingness to make the effort, the effort as being too difficult to make, avoidance of burdening others, inconvenience, and lack of energy.

Clergy member 1 said,

> I didn't want to talk to somebody. Didn't want to tell anyone what was really going on.
> This participant did not want to share their private struggle with anyone.

Clergy member 3 said,

> I wasn't even willing. I wasn't even willing to, I didn't want to load the kayak onto the

truck and go fishing. Self-care for this participant involved engaging in hobbies of kayaking and fishing. There was no willingness to invest the energy required for engaging in these activities.

Clergy member 4 said,

> Sometimes I just don't want to be transparent. I would just kind of remove myself from conversations with him that would illicit any kind of emotion. This participant experienced times of avoiding transparency because of not wanting to express emotions. When conversations turned in the direction of eliciting emotion, clergy member 4 would end the conversation and walk away.

Clergy member 7 said,

> I don't want to bother" [anyone]. …….. called me, and he called me regularly through all of that. And he said, 'I'm not hearing from you. What's going on?' I said, 'I don't want to bother you.'

Clergy member 7 was hindered by not wanting to bother others with the problems being experienced. Even though there was one person who made themselves accessible for providing help, this participant would not reach out.

Clergy member 11 said,

> Not convenient. It's got to be very accessible. Inconvenience due to lack of accessibility to someone who could help hindered clergy member 11. This participant was unmotivated to try to find someone who was accessible because of the inconvenience of the process.

And clergy member 12 said,

Energy constraints. When I'm tired, I listen to the wrong voices. Clergy member 12

lacked the energy to take the initiative to make wise choices. Instead, this participant

would give in to tiredness and become influenced by negative voices that increased

discouragement. This drained the participant of the emotional energy required to shift

mindset towards seeking help or implementing self-care.

Inability to Disengage

Inability to disengage was described by five participants as a hindrance to practicing self-

care. Clergy members in this study experienced this hindrance as an inability to stop thinking

about their problems, inability to get away from ministry pressure, experiencing intrusive

thoughts during prayer, and inability to focus on family time.

Clergy member 5 said,

Not able to completely disengage from the problem. Meditation was miserable because

I'd have to process everything I was having to get done. Meditation time turned into

answering emails.

For clergy member 5, being distracted by the need to take care of problems related to the job of

ministry impeded the focus needed for meditation. Thus, this participant was not able to glean

the benefits of meditation even though effort was made toward the act of meditation. This

attempt at self-care practice was ineffective due to lack of mental disengagement from ministry

life.

Clergy member 8 said,

[The pressure of ministry] You never get away from it. [The pressure of ministry] You

never leave it, it's always there. According to this participant, the pressure of ministry is

an ever-present stressor.

Clergy member 8 was hindered by the inability to disengage when attempting to practice self-care due to the inability to feel removed from the pressure. Separating from the service of ministry did not include feeling separated from the pressure.

Clergy member 11 said,

> We'd go on a date; we'd talk about the church. We'd plan, 'The music department, yeah, it needs that. We need to work that out.' For clergy member 11, date night with the spouse turned into problem solving for the church. Attempting to practice self-care by spending time with the spouse was ineffective because of the inability to shift focus away from responsibility even for a few hours.

Clergy member 12 said,

> My mind won't stop long enough. That inability to just not think about the bills, or the buildings that I'm over at my work, or my children and their problems and what I need to do to help them. This participant was unable to control intrusive thoughts about various responsibilities during prayer time.

Lack of Finances

Lack of finances hindered three participants from this study from seeking help or implementing self-care. This hindrance was experienced as lack of insurance coverage, not being wealthy enough, and limited funds due to the small congregation size.

Clergy member 1 said,

> A hindrance to seeking help is that this [health insurance] is not included in compensation. If I had better health insurance, I would talk to a counselor more often. Clergy member 1 did not have insurance to cover the cost of counseling. Therefore, this participant did not seek help from a counselor.

Clergy member 9 said,

> Finances is always going to be one of those things. It's not like I'm wealthy. It's not like
> I'm wealthy or anything like that where I can do that. Lack of not being wealthy enough
> in personal finances hindered clergy member 9 from spending money on counseling or
> vacations.

Clergy member 11 said,

> There was no financials there. A church of 3 people.

For clergy member 11, lack of finances was experienced as lack of money within the church
account to cover the cost of counseling or taking a vacation. The reason for lack of finances was
due to the church congregation being the size of 3 people at times.

Implications

The implications of the findings from this study are impactful. The hindrances described
by the participants in this study provide deeper understanding of what research has already
identified as a serious concern in terms of how burnout happens for and impacts clergy members.
Now that hindrances are revealed, the issues of burnout can be addressed by endeavoring to
remove the hindrances.

Terry and Cunningham (2019) noted that clergy members experienced increased physical
and mental health when they experienced job control and social support. Individuals are known
to be better able to overcome chronic stress and anxiety when they engage in self-disclosure
because unburdening their problems brings relief and helps them feel happier and healthier
(Zhang, 2017). Similarly, Bovier et al. (2004) found that perceived stress, internal resources, and
social support were determinants of mental health among young adults, and there was a positive
association between internal resources and social support.

When clergy members live consumed by the work of ministry and leave little time for family or personal activities, they are at high risk of experiencing burnout (Mayo Clinic, 2021). Unfortunately, as confirmed from this study, there is a lack of work-life balance lived out by many who serve within the clergy community (Amankwa, 2023). Vaccarino (2013) explains many clergy fail to function in ministry service with clear boundaries in place even though setting boundaries is a known effective intervention. According to Beebe (2007), Frederick et al. (2023) and Grosch and Olsen (2000), when clergy members establish healthy boundaries between ministry and personal life, they are less likely to suffer from stress related burnout. Lower burnout levels were also noted for those clergy members who function at higher levels of differentiation of self because they perceived less role overload and ambiguity (Beebe, 2007). Frederick et al. (2023) explains, "differentiation of self provides a resource against the personal experience of burnout" (p. 121). Thus, when clergy members maintain a strong self-identity outside of role responsibility, they experience better overall functioning.

When burnout happens, ministers fail and may even quit. The moral future of the world is at stake when ministers fail and quit. As noted earlier, Jeremiah 6:14 explains, "You can't heal a wound by saying it's not there!" (LB). If clergy members are to guide those under their spiritual care toward spiritual growth effectively, they must acknowledge their hindered reality. Embracing change in mindset and practice in the context of help-seeking and self-care can be influential towards building personal stable foundations for life-giving ministry. Otherwise, burnout will continue to plague clergy ministry, which may lead to death—spiritual death, mental death, emotional death, or even physical death. One cannot lead others effectively when they are dead.

This study provided insight into clergy members' lived experiences with hindrances to seeking help and implementing self-care. By realizing the ten themes identified as hindrances and understanding how they were experienced, prevention and intervention can be directed toward what clergy members need specifically for overcoming their hindrances so that the issue of burnout can be effectively addressed. When burnout is addressed, clergy members will begin functioning from healthier foundations and experience ministry service longevity.

Delimitations and Limitations

This qualitative transcendental phenomenological study aimed to understand clergy hindrances to seeking help and implementing self-care for overcoming burnout. This section discusses the delimitations and limitations of this research study.

Delimitations

The first delimitation was the smaller sample size. This was of benefit because of the required in-depth study. A smaller sample size allows enough time to be dedicated to each participant to obtain rich data (Eddles-Hirsch, 2015; Frechette et al., 2020). The second delimitation of this study was that individual interviews were conducted with clergy participants. Interviews allowed the researcher to obtain first-hand knowledge as participants described their experiences with hindrances (Hickman, 2015; Yüksel & Yildirim, 2015). As the researcher asked open-ended questions, each participant could identify what and how hindrances were experienced. The third delimitation was the organic nature of the interview process. As interviews were conducted, new information was obtained, which aided in the development of authentic data (Hickman, 2015; Yüksel & Yildirim, 2015). Interviews continued until saturation was reached, which occurred once information began to be repeated and no new information was revealed. The fourth delimitation was that the participants were treated as co-researchers and

were allowed to review and clarify personal transcripts. This ensured that the data had been interpreted and synthesized per the lived reality of the participants' hindrance experiences and that the essence of the experience had been translated accurately (Yüksel & Yildirim, 2015). The fifth delimitation was that participants were obtained using purposeful sampling criteria. Participants were clergy members selected from the UPCI clergy community who met the criteria for the study. Clergy members from the UPCI community were appropriate candidates for providing rich data because stress, burnout, and hindrances were common experiences within this clergy community.

Limitations

The first limitation was researcher bias, which required the researcher to acknowledge bias up front and set it aside to limit its influence on the research (Creswell & Poth, 2018; Hickman, 2015; Neubauer et al., 2019). This limitation was addressed through engaging epoché. The second limitation was all clergy participants were white and mostly male. This limitation was addressed by providing opportunity for anyone to respond regardless of ethnicity or gender. The UPCI organization consists of clergy members from various ethnicities, both male and female; yet the reason for lack of response from non-white and/or more female clergy is unknown. The third limitation was that the investigation focused only on clergy members from the UPCI organization. Due to the variant nature of phenomenological experience, it is likely that clergy members from other organizations would identify and describe different hindrances. The participants from the UPCI community, however, did provide rich data that helped to broaden the scope of understanding clergy hindrances to seeking help and implementing self-care.

Recommendations for Future Research

When considering the limitations of this study, it is recommended that future research investigate what clergy members from other ethnicities and organizations identify and describe as hindrances. Future research should also investigate what female clergy identify and describe as hindrances. Gaining insight into how this phenomenon is lived out in the context of both ethnicity and being female would further broaden the scope of understanding.

Summary

The goal of this qualitative transcendental phenomenological study was to broaden the scope of understanding experience with clergy hindrances to seeking help and implementing self-care. To achieve this goal, the researcher did the following:

- Selected clergy member participants through criterion purposeful sampling.

- Interviewed individual participants.

- Limited the influence of personal bias.

- Analyzed the data.

- Described the data as an essence of common experience.

Criterion purposeful sampling helps to identify participants based on them meeting the predetermined criteria for the study (Creswell & Poth, 2018, p. 326; Moser & Korstjens, 2018). This ensures that rich data can be obtained because participants can speak from their lived experiences (Creswell & Poth, 2018, p. 326; Moser & Korstjens, 2018). Additionally, conducting individual interviews allows participants to identify and explain their lived experiences (Creswell & Poth, 2018; Neubauer et al., 2019).

Transcendental phenomenology seeks to understand the essence or overarching nature of a phenomenon by examining the lived experiences of individual participants from a new perspective (Creswell & Poth, 2018; Neubauer et al., 2019). Due to the personal experiences,

beliefs, and assumptions that phenomenological researchers bring to their studies, there is potential for personal bias to inform the research. Therefore, the researcher must intentionally limit personal bias to examine the phenomenon from a fresh perspective. The researcher must avoid preconceived notions to view the phenomenon from a fresh perspective. This bias limitation is achieved through bracketing or stepping outside of the experience to achieve transcendence (Creswell & Poth, 2018; Neubauer et al., 2019).

Bias limitation occurs through engaging epoché, which requires the researcher to "acquire a new point of view," and allows the researcher to refrain from preconceived ideas about familiar phenomenon under investigation (Yüksel & Yildirim, 2015, p. 6). No assumptions should be made, nor hypothesis stated before a phenomenological study's investigation. This is because the researcher's goal is to reveal the participant's perspective, which varies among participants based on their descriptions of unique experiences (Yüksel & Yildirim, 2015).

During transcript analysis, the researcher aims to assign equal importance to participants' descriptions through the reduction process (Eddles-Hirsch, 2015). This involves horizontalization. Horizontalization is the process of breaking something down to its most basic form so one can understand it better (Yüksel & Yildirim, 2015). The researcher lists all relevant statements and removes irrelevant and repetitive statements. The remaining statements are the horizons or the textural meanings of the phenomenon (Yüksel & Yildirim, 2015). These significant statements are used to develop common themes, which are then narrowed down to major themes. Finally, the major themes are synthesized into a general narrative representing the lived experience's essence.

The researcher selected and interviewed clergy members from the UPCI organization who met the predetermined criteria for the study. These participants were licensed ministers who

had experienced stress, burnout, and hindrances in seeking help and practicing self-care; therefore, they were able to speak to the phenomenon based on their lived experience, describing their hindrances to seeking help and implementing self-care. The researcher was able to limit bias by bracketing personal experiences, beliefs, and assumptions, ultimately achieving transcendence. She attained transcendence by journaling personal experiences before interviewing participants and marginalizing personal thoughts during interviews and transcript analysis. This was done intentionally by engaging epoché.

Since the researcher aimed to describe the hindrances as the participants told them without the influence of personal attitude or assumptions, she made no assumptions nor stated any hypotheses before conducting the study. The researcher intentionally doubted her personal attitude and assumptions by asking herself, "How do others experience this phenomenon?" In seeking the truth and reality of participants' hindrance experiences, the researcher made sure to remain impartial and avoid any personal bias and sought to understand the clergys' described hindrances from an objective perspective (Yüksel & Yildirim, 2015). Bracketing enabled her to consciously acknowledge her bias and rely on the perspectives of the participants, as expressed through their significant statements (Creswell & Poth, 2018; Neubauer et al., 2019; Yüksel & Yildirim, 2015).

The researcher aimed to investigate the full breadth and complexity of the hindrance experience; therefore, during transcript analysis, she highlighted the participant's significant statements, listed the significant statements, and then eliminated those that were irrelevant and repetitive. The remaining statements were her horizons that represented the textual meaning of the participants' experiences with hindrances. These horizons were then narrowed down to phrases that represented common themes. These common themes were then utilized to form ten

major themes. These ten major themes were unrealistic expectations, lack of trust, lack of

motivation, lack of support, stigma, lack of time, inability to disengage, lack of self-awareness,

lack of finances, and personal personality type. The ten major themes were synthesized into a

general narrative that described the overall essence of clergy experiences with hindrances to

seeking help and implementing self-care.

The goal of this qualitative transcendental phenomenological study was achieved.

Realizing that UPCI clergy experience hindrances to seeking help and implementing self-care in

these ten ways helps to broaden the scope of understanding the phenomenon in the context of the

general clergy population. Understanding what these participants experienced as hindrances and

how they experienced them can now be utilized to influence mindset change and practice.

Additionally, knowing what hindrances are experienced and how they are experienced can help

remove them.

The unrealistic expectations, stigma, lack of self-awareness, and lack of finances

hindrances can be removed by providing educational opportunities that teach clergy about

establishing boundaries, the truth about mental health, how to maintain a healthier lifestyle, how

to budget finances, and correcting faulty thinking about sabbatical. Programs developed to

provide both social and financial support, with legal aspects put in place to ensure

confidentiality, may help to remove the hindrances of lack of trust, lack of support, and lack of

finances. Provisions of personality assessments could provide self-understanding and shed light

on behavioral tendencies related to personality type, potentially influencing clergy to seek to

function from their strengths rather than their weaknesses. This could help address the hindrance

of personality type. Finally, when these provisions are made available and accessible, clergy

members may become more motivated to make the necessary changes. When clergy commit to

mindset and practice change to overcome their hindrances, they will invest themselves in help-seeking and self-care practice. This will reduce the deficits in leadership function, increase longevity in ministry, and remove the crisis of leaders quitting the ministry.

References

Acute, episodic, and chronic stress – what's the difference? (n. d.). *Inequilibrium.*

https://www.in-equilibrium.co.uk/acute-episodic-and-chronic-stress-whats-the-difference

Adams, C. J., Hough, H., Proeschold-Bell, R. J., Yao, J., & Kolkin, M. (2017). Clergy burnout:

A comparison study with other helping professions. *Pastoral Psychology, 66,* 147-175.

https://doi.org/10.1007/s11089-016-0722-4

Alhazmi, A. A., & Kaufmann, A. (2022). Phenomenological qualitative methods applied to the

analysis of cross-cultural experience in novel educational social contexts. *Frontiers*

in Psychology, *13*, 1-12. https://doi.org/10.3389/fpsyg.2022.785134

Amankwa, E. (2023). Examining the effects of work-life balance on the psychological and

physical well-being of pastors in the United States. *E-journal of Humanities, Arts and*

Social Sciences, 4(8), 903-915. https://doi.org/10.38159/ehass.2023481

Applebaum, M. (2012, September 10). Re: Key ideas in phenomenology: The reduction.

Unbound. https://www.saybrook.edu/unbound/phenomenology-the-reduction/

Bahraseman, Z. G., Shahrbabaki, P. M., & Nouhi, E. (2021). The impact of stress management

training on stress-related coping strategies and self-efficacy in hemodialysis patients: a

randomized controlled clinical trial. *BMC Psychology, 9*(177), 1-9.

https://doi.org/10.1186/s40359-021-00678-4

Beebe, R. S. (2007). Predicting burnout, conflict management style, and turnover among clergy.

Personality and Social Psychology Bulletin, 15(2), 643-658.

https://doi.org/10.1177/1069072706298157

Beech, I. (1999). Bracketing in phenomenological research. *Nurse, 6*(3), 35-51.

http://doi.org/10.7748/nr1999.04.6.3.35.c6086

Bhandari, P. (2022, July 21). Re: What is qualitative research? Methods and examples. Scribbr.

https://www.scribbr.com/methodology/qualitative-research/

Blanton, P. W., & Morris, M. L. (1999). Work-related predictors of physical symptomatology

and emotional well-being among clergy and spouses. *Review of Religious Research*,

40(4), 331-348. https://doi.org/10.2307/3512120

Bovier, P. A., Chamot, E., & Perneger, T. V. (2004). Perceived stress, internal resources, and

social support as determinants of mental health among young adults. *Quality of Life

Research, 13*(1), 161-170. https://doi.org/10.1023/B:QURE.0000015288.43768.e4

Burnout. (n. d.) In *Merriam-Webster.com dictionary*.

https://www.merriam-webster.com/dictionary/burnout

Chirico, F., Sharma, M., Zaffina, S., & Magnavita, N. (2020). Spirituality and prayer on teacher

stress and burnout in an Italian cohort: A pilot, before-after controlled study. *Frontiers in

Psychology*, *10*, 1-7. https://doi.org/10.3389/fpsyg.2019.02933

Chun, H. (2013, July 5). Re: A brief introduction to the techniques used in phenomenological

research. Education Issues for Female Baby Boomers.

https://www.boomerwomened.wordpress.com/2013/07/05/a-brief-introduction-to-the-

techniques-used-in-phenomenological-research/

Cocker, F. & Joss, N. (2016). Compassion fatigue among healthcare, emergency and community

service workers: A systematic review. *International Journal of Environmental Research

and Public Health, 13,* 618-636. https://doi.org/10.3390/ijerph13060618

Cordes, M. (2014). A transcendental phenomenological study of developmental math students'

experiences and perceptions [Dissertation, Liberty University]. Core.

https://core.ac.uk/download/pdf/58825885.pdf

Creswell, J. W. & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage.

Dickinson, R., Miller, R., & Beeson, E. T. (2021). Leveraging neuroscience-informed resilience principles to support clients' career decision-making. *The Career Development Quarterly, 69*(4), 340-354. https://doi.org/10.1002/cdq.12278

Eddles-Hirsch, K. (2015). Phenomenology and educational research. *International Journal of Advanced Research 3*(8), 251-260. https://www.journalijar.com

Epel, E. S., Crosswell, A. D., Mayer, S. E., Prather, A. A., Slavich, G. M., Puterman, E., & Mendes, W. B. (2018). More than a feeling: A unified view of stress measurement for population science. *Frontiers in Neuroendocrinology, 49,* 146-169. https://doi.org/10.1016/j_yfrne.2018.03.001

Ervasti, M., Kallio, J., Määttänen, I., Mäntyjärvi, J., & Jokela, M. (2019). Influence of personality and differences in stress processing among Finnish students on interest to use a mobile stress management app: Survey study. *JMIR Mental Health*, *6*(5), 1-11. https://doi.org/10.2196/10039

Floriou-Servou, A., von Ziegler, L., Waag, R., Schläppi, C., Germain, P., & Bohacek, J. (2021). The acute stress response in the multiomic era. *Biological Psychiatry, 89,* 1116-1126. https://doi.org/10.1016/j.biopsych.2020.12.031

Frame, M. W., & Shehan, C. L. (2004). Care for the caregiver: Clues for the pastoral care of clergywomen. *Pastoral Psychology, 52*(5)*,* 369–380. https://doi.org/10.1023/B:PASP.0000020685.13115.57

Frechette, J., Bitzas, V., Aubry, M., Kilpatrick, K., & Lavoie-Tremblay, M. (2020). Capturing lived experience: Methodological considerations for interpretive phenomenological

inquiry. *International Journal of Qualitative Methods, 19,* 1-12.

https://doi.org/10.1177/1609406920907254

Frederick, T. V., Thai, Y., Dunbar, S. (2021). Coping with pastoral burnout using Christian

contemplative practices. *Religions, 12*(6), 1-13. https://doi.org/10.3390/rel12060378

Frederick, T. V., Thai, Y., Dunbar, S. E., Ardito, R., Eichler, K., Kidd, K., Carrera, J., & Almero,

M. (2023). The effects of role differentiation among clergy: Impact on pastoral

burnout and job satisfaction. *Pastoral Psychology*, *72*(1), 121–142.

https://doi.org/10.1007/s11089-022-01052-w

Frenk, S. M., Mustillo, S. A., Hooten, E. G., & Meador, K. G. (2013). The clergy occupational

distress index (CODI): Background and findings from two samples of clergy. *Journal of

Religion and Health, 52,* 397-407. https://doi.org/10.1007/s10943-011-9486-4

Fuller, L. K. (2018). In defense of self-care. *Journal of Pastoral Theology, 28(1),* 5-21.

https://doi.org/10.1080/10649867.2018.1459106

Gallagher, S. (2017, August 11). Re: 4 ways a pastor is still vulnerable to sexual sin. Pure Life

Ministries. https://www.purelifeministries.org/

Godoy, L. D., Rossignoli, M. T., Delfino-Pereira, P., Garcia-Cairasco, N., & de Lima Umeoka,

E. H. (2018). A comprehensive overview on stress neurobiology: Basic concepts and

clinical implications. *Frontiers in Behavioral Science, 12,* 1-23.

https://doi.org/10.3389/fnbeh.2018.00127

Golden, J., Piedmont, R. L., Ciarrocchi, J. W., & Rodgerson, T. (2004). Spirituality and burnout:

an incremental validity study. *Journal of Psychology and Theology, 32*(2), 115-125.

https://doi.org/10.1111/sjop.12251

Grant, A. M. (2017). Solution-focused cognitive-behavioral coaching for sustainable high

performance and circumventing stress, fatigue, and burnout. *Consulting Psychology

Journal: Practice and Research, 69*(2), 98–111. http://dx.doi.org/10.1037/cpb0000086

Greene, T., Bloomfield, M. A., & Billings, J. (2020). Psychological trauma and moral injury in

religious leaders during COVID-19. *Psychological Trauma: Theory, Research, Practice

and Policy, 12*(S1), S143-S145. https://doi.org/10.1037/tra0000641

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of

Qualitative Methods, 3*(1), 42-55. https://doi.org/10.1177/160940690400300104

Grosch, W. N., & Olsen, D. C. (2000). Clergy burnout: An integrative approach. *Journal of

Clinical Psychology, 4*(4), 619-632.

https://doi.org/10.1002/(SICI)1097-4679(200005)56:5<619::AID-JCLP4>3.0.CO;2-2

Guest, G., Bunce, A., & Johnson, L. (2006. How many interviews are enough?: An experiment

with data saturation and variability. *Field Methods, 18*(1), 59-82.

https://doi.org/10.1177/1525822X05279903

Hagaman, A. K., & Wutich, A. (2017). How many interviews are enough to identify metathemes

in multisited and cross-cultural research? Another perspective on Guest, Bunce, and

Johnson's (2006) landmark study. *Field Methods, 29*(1), 23-41.

https://doi.org/10.1177/1525822X16640447

Hanley, T. E. (2019). Compassion fatigue, self-care, and clergy members: How social workers

can help. *Electronic Theses, Projects, and Dissertations*, 820-888.

https://scholarworks.lib.csusb.edu/etd/820

Hendron, J. A., Irving, P., & Taylor, B. (2012). The unseen cost: A discussion of the

secondary traumatization experience of the clergy. *Pastoral Psychology, 61,* 221-231.

https://doi.org/10.1007/s11089-011-0378-z

Heppner, P., Wampold, B., Owen, J., Wang, K., & Thompson, M. (2015). *Research design in counseling, (4th ed.).* Cengage Learning.

Hickman, C. J. (2015). Strengths and limitations of a qualitative research design from the perspective of a PhD student. *ResearchGate*. https://doi.org/10.13140/RG.2.1.3765.6406

Hill, E. W., Darling, C. A., & Raimondi, N. M. (2003). Understanding boundary-related stress in clergy families. *Marriage & Family Review, 35*(1-2), 147-166. https://doi.org/10.1300/J002v35n01_09

Hills, P., Francis, L. J., & Rutledge, C. J. F. (2004). The factor structure of a measure of burnout specific to clergy, and its trial application with respect to some individual personal differences. *Review of Religious Research*, *46*(1), 27-42. https://doi.org/10.2307/3512251

Ho, T. C., Pham, H. T., Miller, J. G., Kircanski, K., & Gotlib, I. H. (2020). Sympathetic nervous system dominance during stress recovery mediates associations between stress sensitivity and social anxiety symptoms in female adolescents. *Development and Psychopathology, 32,* 1914-1925. https//doi.org/10.1017/S0954579420001261

Hoge, D. R., & Wenger, J. E. (2005). *Pastors in transition: Why clergy leave local church ministry.* Eerdmans.

Hotchkiss, J. T. & Lesher, R. (2018). Factors predicting burnout among chaplains: Compassion satisfaction, organizational factors, and the mediators of mindful self-care and secondary traumatic stress. *Journal of Pastoral Care and Counseling 72*(2), 86-98. https://doi-org.ezproxy.liberty.edu/10.1177/1542305018780655

Johnson, S. (2022). In times of adversity: A neuroscience perspective on stress, health, and

implications for society post-pandemic. *Yale Journal of Biology and Medicine, 95,* 165-170. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8961708/

Karadag, E. & Solpuk, N. (2018). Relationship between depression and anxiety symptoms: A meta-analysis study. *Dusunen Adam The Journal of Psychiatry and Neurological Sciences, 31*, 163-176. https://doi.org/10.5350/DAJPN2018310204

Kim, S., Corbett, T. M., Strenger, N. & Lee, C. (2016). An actor–partner interdependence analysis of the ABC-X stress model among clergy couples. *Psychology of Religion and Spirituality, 8*(1), 65-76. http://dx.doi.org/10.1037/rel0000031

Klemm, W. (2022) Expanding the vision of neurotheology: Make neuroscience religion's ally. *Journal of Spirituality in Mental Health, 24*(3), 235-250, https://doi.org/10.1080/19349637.2020.1858735

Kuhn, C. M. & Flanagan, E. M. (2017). Self-care as a professional imperative: Physician burnout, depression, and suicide. *Canadian Journal of Anesthesia, 64,* 158-168. https://doi.org/10.1007/s12630-016-0781-0

LeGrand, S., Proeschold-Bell, R. J., James, J., & Wallace, A. (2013). Healthy leaders: Multilevel health promotion considerations for diverse united Methodist church pastors. *Journal of Community Psychology, 41*(3), 303–321. https://doi.org/10.1002/jcop.21539

Levers, L. L. (2012). *Trauma counseling: Theories and interventions.* Springer Publishing.

Luedtke, A. C., & Sneed, K. J. (2018). Voice of the clergy wife: A phenomenological study. *Journal of Pastoral Care & Counseling*, *72*(1), 63-72. https://doi.org/10.1177/1542305018762212

Maslach, C & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and

its implications for psychiatry. *World Psychiatry, 15*(2), 103-111.

https://doi.org/10.1002/wps.20311

Mayo Clinic (2021, June 5). *Job burnout: How to spot it and take action.* Mayo Clinic.

https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642

McCrae, Robert R. and John, Oliver P. (1992). An introduction to the five-factor model and its

applications. *Public Health Resources*, 556-599.

https://digitalcommons.unl.edu/publichealthresources/556

Miner, M. H. (2007). Changes in burnout over the first 12 months in ministry: Links with stress

and orientation to ministry. *Mental Health, Religion & Culture, 10*(1), 9-16.

https://doi.org/10.1080/13674670600841819

Mismanage. (n. d.). In *Merriam-Webster.com dictionary.* https://www.merriam-

webster.com/dictionary/mismanage

Molavynejad, S., Babazadeh, M., Bereihi, F., & Cheraghian, B. (2019). Relationship

between personality traits and burnout in oncology nurses. *Journal of Family Medicine

and Primary Care*, *8*(9), 2898–2902. https://doi.org/10.4103/jfmpc.jfmpc_423_19

Moser, A. & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3:

Sampling, data collection and analysis. *European Journal of General Practice, 24*(1), 9-

18. https://doi.org/10.1080/13814788.2017.1375091

Moss, J. (2021). *The burnout epidemic: The rise of chronic stress and how we can fix it.*

Harvard Business Review Press.

Murphy, L. R. (1996). Stress management in work settings: A critical review of the health

effects. *American Journal of Health Promotion, 11*(2), 112-135.

https://doi.org/10.4278/0890-1171-11.2.112

Muse, S., Love, M., & Christensen, K. (2016). Intensive outpatient therapy for clergy burnout:

   How much difference can a week make? *Journal of Religion and Health, 55*(1)*,* 147-158*.*

   https://doi.org/10.1007/s10943-015-0013-x

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn

   from the experiences of others. *Perspect Med Educ, 8,* 90-97.

   https://doi.org/10.1007/s40037-019-0509-2

Posluns, K. & Gall, T. L. (2019). Dear mental health practioners, take care of yourselves: A

   literature review on self-care. *International Journal for the Advancement of Counseling,

   42,* 1-20. https://doi.org/10.1007/s10447-019-09382-w

Potts, D. J. (2021). Suffering in silence: Examining the silent suffering of the wives of

   Christian clergy, advocating for their voice and value. *Journal of Pastoral Care &

   Counseling, 75*(1), 51-59. https://doi.org/10.1177/1542305020968050

Proeschold-Bell, R. J., & LeGrand, S. H. (2010). High rates of obesity and chronic disease

   among United Methodist clergy. *Obesity, 18*(9), 1867-1870.

   https://doi.org/10.1038/oby.2010.102

Proeve, M., Anton, R., & Kenny, M. (2018). Effects of mindfulness-based cognitive therapy on

   shame, self-compassion and psychological distress in anxious and depressed patients: A

   pilot study. *Psychology and Psychotherapy: Theory, Research and Practice, 91,* 434-

   449. https://doi.org/10.1111/papt.12170

Randall, K. J. (2004). Burnout as a predictor of leaving Anglican parish ministry. *Review of

   Religious Research*, *46*(1), 20-26. https://doi.org/10.2307/3512250

Randall, K. J. (2013). Clergy burnout: Two different measures. *Pastoral Psychology, 62,* 333-

   341. https://doi.org/10.1007/s11089-012-0506-4

Poppa, K. (2019). Self-care is soul-care. *Journal of Spiritual Formation and Soul Care, 12*(1), 50-70. https://doi.org/10.1 177/1939790918795633

Richter-Levin, G., & Sandi, C. (2021). Labels matter: Is it stress or is it trauma? *Translational Psychiatry*, *11*(1), 385. https://doi.org/10.1038/s41398-021-01514-4

Ruiz-Prada, M., Fernández-Salinero, S., García-Ael, C., & Topa, G. (2021). Occupational stress and Catholic priests: A scoping review of the literature. *Journal of Religion and Health, 60*, 3807-3870. https://doi.org/10.1007/s10943-021-01352-0

Sagaram, D. & Hughes, F. (2020, September 14). *Physician burnout and self-care.* Contemporary OB/GYN.

https://www.contemporaryobgyn.net/view/physician-burnout-and-self-care

Salwen, E. D., Underwood, L. A., Dy-Liacco, G. S., & Arveson, K. R. (2017). Self-disclosure and spiritual well-being in pastors seeking professional psychological help. *Pastoral Psychology, 66,* 505-521. https://doi.org/10.1007/s11089-017-0757-1

Sapolsky, R. M. (2004). *Why zebras don't get ulcers* (3rd ed.)*.* St. Martin's Press.

Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant, 52,* 1893–1907. https://doi.org/10.1007/s11135-017-0574-8

Scott, V. C., & Wolfe, S. M. (2015). *Community psychology: Foundations for practice*. Sage.

Sharp B. M. (2017). Basolateral amygdala and stress-induced hyperexcitability affect motivated behaviors and addiction. *Translational psychiatry*, *7*(8), e1194. http://doi.org/10.1038/tp.2017.161

Sincero, S. M. (2012, September 10). *Three different kinds of stress.*

Explorable.com. https://explorable.com/three-different-kinds-of-stress

Slavich, G. M. (2016). Life stress and health: A review of conceptual issues and recent

findings. *Teaching of Psychology, 43*(4), 346-355.

https://doi.org/10.1177/0098628316662768

Stovall-McClough, C. K., & Cloitre, M. (2006). Unresolved attachment, PTSD, and

dissociation in women with childhood abuse histories. *Journal of Consulting and Clinical

Psychology, 74*(2), 119-228. https://doi.org/10.1037/0022-006X.74.2.219

Terry, J.D., & Cunningham, C.J.L. (2019). The sacred and stressed: testing a model of clergy

health. *Journal of Religion and Health.* https://doi.org//10.1007/s10943-019-00920-9

Thorbecke, C. (2021, July 2). *Why business leaders need a 'wake-up call' to take burnout

seriously right now, experts say.* ABC News. https://abcn.ws/3yfXkTA

Travis, J., Kaszycki, A., Geden, M., & Bunde, J. (2020). Some stress is good stress: The

challenge-hindrance framework. *Journal of Educational Psychology, 112*(8), 1632–1643.

http://dx.doi.org/10.1037/edu0000478

Turton, D. W., & Francis, L. J. (2007). The relationship between attitude toward prayer and

professional burnout among Anglican parochial clergy in England: Are praying clergy

healthier clergy? *Mental Health, Religion & Culture, 10*(1), 61-74.

https://doi.org/10.1080/13674670601012246

United Pentecostal Church, International. (n.d.). *About the UPCI.*

https://upci.org/about/about-the-upci

Webb, B. L. & Bopp, M. J. (2017). Results of walking in faith: A faith-based physical activity

Program for clergy. *Journal of Religion and Health, 56,* 561-574.

https://doi.org/10.1007/s10943-016-0255-2

Webb, B. L., & Chase, K. (2018). Occupational distress and health among a sample of Christian

    clergy. *Pastoral Psychology, 68,* 331-343. https://doi.org/10.1007/s11089-018-0844-y

Williams, M. (2019, September 3). Personal communication [Personal interview].

Wilson, E. T. (2013). *Realign: God called leaders connecting with their purpose.* Word Aflame

    Press.

Wilson, E. T. (2014). *Seventy: Everyone needs a team*. Hazelwood, MO: Word Aflame Press

Wilson, S. D. (2001). *Hurt people hurt people*. Discovery House.

World Health Organization. (2023, February 21). *What is stress?*

    https://www.who.int/news-room/questions-and-

    answers/item/stress#:~:text=Stress%20can%20be%20defined%20as,experiences%20stres

    s%20to%20some%20degree

Xin, Y., Wu, J., Yao, Z., Guan, Q., Aleman, A. & Luo, Y. (2017). The relationship between

    personality and the response to acute psychological stress. *Scientific Reports, 7,* 1-8.

    https://doi.org/10.1038/s41598-017-17053-2

Yüksel P. & Yildirim, S. (2015). Theoretical frameworks, methods and procedures for

    conducting phenomenological studies in educational setting. *Turkish Online Journal*

    of Qualitative Inquiry, 6(1), 1-21. https://doi.org/10.17569/tojqi.59813

Zhang, R. (2017). The stress-buffering effect of self-disclosure on Facebook: An examination of

    stressful life events, social support, and mental health among college students. *Computers*

    in Human Behavior, 75, 527-537. https://doi.org/10.1016/j.chb.2017.05.043

Zhang, J., Liu, T., He, Y., Pan, H., Zhang, W., Yin, X., Tian, X., Li, B., Wang, X., Holmes, A.,

    Yuan, T., & Pan, B., (2019). Chronic stress remodels synapses in an amygdala circuit–

specific manner. *Biological Psychiatry, 85*(3), 189-201.

https://doi.org/10.1016/j.biopsych.2018.06.019

Appendix A

Recruitment Social Media Announcement

ATTENTION UPCI LICENSED CLERGY: I am conducting research as part of the requirements for a Doctor of Education degree at Liberty University. The purpose of my research is to understand the described hindrances clergy members experience with seeking help and implementing self-care for overcoming stress and burnout. To participate, you must be a UPCI licensed minister, have experienced or be experiencing ministry-related stress, be able to describe any hindrances you have experienced or may be experiencing regarding seeking help and implementing self-care. Participants will be asked to respond to initial interview questions (60 minutes, audio recorded), participate in a follow-up interview if clarification of initial interview responses is deemed needed (up to 60 minutes, audio recorded), read your interview transcripts and confirm for accuracy (time will take as needed by the participant). If you would like to participate and meet the study criteria, please contact me by email at ▆▆▆▆▆▆▆▆▆▆ for more information. A screening document will be emailed to you to determine if you are eligible to participate. If it is noted that you are eligible to participate, a consent document will be emailed to you before the interview.

Appendix B

Recruitment Email Letter

Dear UPCI Clergy Member,

As a graduate student in the School of Behavioral Sciences at ███████████, I am conducting research as part of the requirements for an Ed. D. degree. The purpose of my research is to understand the described hindrances clergy members experience with seeking help and implementing self-care for overcoming stress and burnout, and I am writing to invite eligible participants to join my study.

Participants must be a UPCI licensed minister, have experienced or be experiencing ministry-related stress, be able to describe any hindrances he or she may have experienced or may be experiencing regarding seeking help and implementing self-care. Participants, if willing, will be asked to respond to initial interview questions (60 minutes, audio recorded), participate in a follow-up interview if clarification of initial responses is deemed needed (up to 60 minutes, audio recorded), and read your interview transcripts and confirm for accuracy (time as needed by the participant). All interviews will be recorded and transcribed for the purpose of the study. All interviews will be conducted either in person or online as determined by the participant's expressed preference. Names and other identifying information will be requested as part of this study, but the information will remain confidential and participant names will be replaced with pseudonyms within the final written results of the data.

To participate, please complete the attached preliminary screening questionnaire and return it to me by email at ██████████████.

A consent document will be emailed to you once you have agreed to participate, and it is determined that you are eligible to participate. 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 prior to the interview.

Sincerely,

Appendix C

Preliminary Questionnaire

Please answer each question.

1. What is your gender?

     Female

     Male

2. What is your age?

     Below 35 years

     From 35 years to 65 years

     Above 65 years

3. What is your current relationship status?

     Single

     Married

4. How would you describe yourself?

     American Indian or Alaskan Native

     Asian

     Black or African American

     Native Hawaiian or Other Pacific Islander

     White

     Other

5. Are you a UPCI licensed minister?

     Yes

     No

6. How many years have you served in licensed ministry within the UPCI organization?

    Less than 5 years

    5 years or more

7. Have you experienced in the past or are you currently experiencing ministry related stress?

    Yes (explain)

    No

8. Do you engage in self-care practice?

    Yes (explain)

    No

9. Which best describes your activity level?

    Sedentary

    Active (explain)

10. Can you be available for an initial interview and follow-up interviews as needed?

    Yes: if yes, which do you prefer?

        In-person at a location near your that you choose

        In-personal at a location made available by the researcher

        Via computer technology

    No

Appendix D

Interview Protocol and Interview Questions

Interviewer Introduction: *The first two questions will inquire about your experiences with ministry related stress and burnout. This will help to establish a foundation for understanding your experiences with hindrances to seeking help and implementing self-care. Think about times throughout your ministry service when you have felt stressed and burned out.*

1. Tell me about the last time you experienced ministry related stress.

    Probe: What did you experience that caused you stress?

    Probe: How did the stress experience impact you?

    Probe: How did you act when you were stressed?

    Probe: What did you do when you were stressed?

2. Tell me about what you have experienced with regards to ministry burnout?

    Probe: What experience occurred to make you burn out?

    Probe: How did the burnout experience impact you?

    Probe: How did you act when you were burned out?

    Probe: What did you do when you were burned out?

Interview Script: *Now think about when you have experienced stress and burnout but did not seek help or practice self-care. Think about your experiences with help seeking and self-care practice hindrances.*

3. Tell me what you have experienced with regards to hindrances to seeking help and implementing self-care for overcoming stress and burnout.

    Probe: What hindrances kept you from seeking help and implementing self-caser?

Probe: How did these hindrances prevent you from seeking help and

implementing self-care?

Probe: How did you act when you were hindered?

Probe: What did you do when you were hindered?

Interview Script: *The next few questions are focused on your experiences when you moved*

forward after feeling stressed and burned out. Think about your experiences with help seeking

and self-care practice hindrances and what you experienced with moving forward in terms of the

impact of stress and burnout.

4. Tell me what you have experienced when you have moved forward without seeking

    help and implementing self-care.

    Probe: What happened when you did not seek help and implement self-care?

    Probe: How did you act?

    Probe: What did you do?

5. Tell me about any time during your ministry when you have experienced stress and

    burnout and have asked for help.

    Probe: What did you experience that influenced you to ask for help?

    Probe: What help did you request?

    Probe: What did you experience after asking for help?

    Probe: How did you act?

    Probe: What did you do?

6. Tell me about any time during your ministry when you experienced stress and

    burnout and implemented self-care.

    Probe: What did you experience that influenced you to implement self-care?

Probe: What self-care did you implement?

Probe: What did you experience after implementing self-care?

Probe: How did you act?

Probe: What did you do?

7. Are there any other thoughts or significant experiences about your hindrances to seeking help and implementing self-care that you would like to share?

Appendix E

Personal Reflection Journal

Personal Experience with UPCI clergy ministry, stress, burnout, and help-seeking and self-care hindrances.

UPCI Clergy Ministry Connections

I have been a part of UPCI licensed ministry all my life and am surrounded by multiple family members who are or were UPCI licensed ministers.

- UPCI licensed ministry connection through my dad:

    o My dad
    o My paternal grandfather
    o One uncle
    o One aunt – married to a UPCI licensed minister.
    o One uncle was until he left the UPCI organization.

- UPCI licensed ministry connection through my mom:

    o My mom's uncle until he died.
    o My mom's cousin until he died.
    o My cousin

- My brother was a UPCI licensed minister until he left the UPCI organization. He left because of a crisis of faith.

- UPCI licensed ministry connection through my husband:

    o My husband
    o My father-in-law
    o My husband's uncle
    o My husband's paternal cousin
    o My husband's maternal grandfather until he died.
    o My husband's maternal cousin

- UPCI licensed ministry connection through my children:

    o My son
    o My daughter-in-law
    o My daughter-in-law's dad and multiple family members
    o My daughter's husband's dad and multiple family members

Ministry-Related Stress Experience

My dad pastored the church for 35 years where my family and I attended.

As a pastor's kid, I experienced the following ministry-related stressors:

- Witnessing my parent's deal with people who attended the church my dad pastored who were causing "church trouble."
- Being taught that we had to be careful about spending money and buying new things to avoid appearing spoiled, wasteful, rich, etc.
- Having a choir solo opportunity taken away because another choir member wanted the part, and my dad didn't want me to be a source of competition.
- Being accused by my youth pastor as being showed favoritism by my dad and being allowed to get out of following a new rule when the rule application had been taken out of context by the youth pastor.
- I experienced childhood sexual abuse trauma that was done to me by multiple people who attended the church where my dad pastored. One of the reasons I didn't tell anyone was because I was afraid that I would cause church trouble.

After my husband and I married, he became a UPCI licensed minister. As a UPCI minister's wife, I experienced the following ministry-related stressors:

- While my husband and I served as a sectional youth director for the state where we lived, we experienced acts of exclusion from other sectional youth directors.
- My husband and I served as pastoral assistant to my father-in-law at the church where my father-in-law pastored, and my mother-in-law made frequent demeaning statements to me regarding my ministry service and tithe giving.
- When my husband and I pastored, we experienced financial strain, isolation, false accusations, and people quitting church.
- We experienced marital-relational stress because of my negative responses to the other ministry-related stressors we were experiencing. My negative responses to the ministry-related stressors were being triggered because of my unresolved childhood sexual abuse trauma.
- We have experienced location transition stressors related to serving in ministry. We have served in ministry in 3 different states. We moved out of state 2 times. We moved 1 time to a different town within the second state and 2 times to a different town within the third state.
- We have experienced multiple ministry position change stressors. Our ministry transitions have included:

  - Youth Pastor to Associate Pastor
  - Associate Pastor to Pastoral Assistant/Sectional Youth Director
  - Associate Pastor to Pastoral Assistant/Sectional Youth Director to Evangelist.
  - Evangelist to Senior Pastor/Sectional Youth Director
  - Sectional Youth Director to State Youth Secretary
  - Senior Pastor to Family Pastor (a different town/church)
  - Family Pastor to Evangelist/Leadership Consultant/Support Minister.

- o   Evangelist/ Support Minister to Executive Pastor/Leadership Consultant
- o   Executive Pastor to Bible School President.
  - ▪   Cultural transition changes related to differences between churches, leadership styles, and organizational expectations.

Potential Personal Bias

- Personal experiences with lack of trust of others.
- Personal experiences with failure to seek counseling/help due to:

  - o   Lack of self-awareness
  - o   Lack of finances
  - o   Lack of insurance coverage
  - o   Lack of knowing who to go to

- Personal experiences with unrealistic expectations of self and perceptions of others' expectations.
- Personal experience with failure to practice self-care due to lack of time.
- Personal experience with failure to engage in preferred exercise activity (walking outdoors) due to anxiety.
- Personal PTSD experience related to unresolved childhood sexual abuse trauma.
- Experience with personal abusive behavior engagement.
- Personal experiences with anxiety and depression.
- Personal experiences with discontentment in ministry.
- Personal experiences with relational conflict with other church leaders.
- Personal experiences with being hurt by other church leaders.
- Personal childhood sexual trauma experience.
- Personal suicidal ideation experience.
- Personal experiences with witnessing church members hurt my pastoral parents.
- Personal experiences with witnessing my brother experience hurt from other church leaders.
- Personal experiences with witnessing my brother hurt my parents within pastoral leadership related context.
- Personal experiences with lack of boundaries within context of leadership responsibilities and family time.
- Personal experiences with family separations due to ministry-related extensive travel and transition timing.

Appendix F

Research Question Responses with Horizontalization

Participant	RQ 1 What are UPCI clergy hindrances to seeking help and implementing self-care?	RQ 2 How do UPCI clergy experience hindrances to seeking help and implementing self-care?
C1 stigma unrealistic expectations lack of trust lack of motivation/desire lack of $	There's a stigma. You can never take your hat off. It's "normal" to wear yourself down. I'm afraid my issues are going to wind up going to somebody else. Apprehensive about seeking counseling from people in our own circle. Sometimes I haven't done it for the fear of someone being unethical and sharing my information with someone else. I've been apprehensive. Fear of repercussions. Didn't want to do anything. I didn't want to talk to somebody. One of the hindrances to that [vacation] is I got to this place that I just didn't want to leave my house. Don't want to pray. A hindrance to seeking help is that this [health insurance] is not included in compensation.	The fear of the stigma of seeking help is a big deal. There's a stigma related to mental health issues. Rather than just resigning and going somewhere else - Which would have hurt all of the people in the church. We've not had a good understanding of Sabbath. I couldn't stop doing everything else I needed to do. They've broken confidentiality. They've broken confidentiality and shared information. Not honestly talking to someone about it and being able to pour my heart out in a context where it was a safe space. Not really tell them what was going on because I was afraid. Hard to talk to anybody for fear of whatever kind of repercussions. Physically, I got to the place I didn't want to do anything. Physically, I got a little less active.

		I'd just really get to this place that I just didn't want to do anything. I didn't want to go to the gym. Wanting to quit. Just trying to escape somewhere. I just didn't want to do anything anymore. I knew how to reach out in one place, but I didn't. I was unwilling to share in other places. Didn't want to tell anyone what was really going on. Don't want to pray, don't want to wrestle with the issues. We've only taken like two [vacations] in the last seven years. If I had better health insurance, I would talk to a counselor more often.
C2 stigma unrealistic expectations lack of trust demanding schedule limited help	One of the reasons that I was reluctant is I didn't want pity. We've created some paradigms that are causing men and women to fall into the trap of not doing self-care. Not comfortable [talking to someone]. I stay too busy. Just so busy. Not able to get away.	I know people say, "Oh, take care of yourself." But this is not my first rodeo. I've been around, and they say one thing and then do another. Too many people say that if you're having to ask for help yourself, that means that you're less than or that your walk with God is not what it should be or you've done X, Y, Z. If someone has cancer, we don't question their salvation. [We question someone's salvation if they have mental health issues.] [Fear of] What are my peers going to think about me?

	It's hard to get away.	Not wanting to deal with the suspicion.
	I just haven't had time.	I don't want to be an object of pity.
	Getting somebody in to take care of services is very hard to do.	I won't have my peers' respect if they know I've had to go out and seek someone else's help.
		To be able to be transparent and not be immediately judged.
		To just be able to say that to someone who is a peer, and for them not to treat me as a spiritual leper.
		I don't want you to feel sorry for me, I don't want to be some poor pitiful…
		It was a struggle to stand in the pulpit and try to communicate faith and encourage people when all the while I didn't [have] faith.
		My friends always say, "Oh, you're such a man of faith…" And, you know, "No, I'm really not."
		Living like a hypocrite because on Sunday and Wednesday I gotta go preach about the joy of the Lord, and the joy of living for God in the middle of wanting to crawl in a hole and pull the top on me.
		Do what I had to do and needed to do as a pastor, and as a dad, and as a husband, and as an employee.
		How difficult and how much grieving a pastor does when one of his saints dies. And, you know, you don't truly get to grieve.

		In the UPCI, we've created some paradigms that are causing men and women to fall into the trap of not doing self-care, and all they do is [work] 7 days a week.
		I'm struggling with some things that maybe I shouldn't be.
		You have to be the comforter.
		[Lack of] Being around someone else that I felt completely comfortable with.
		[Not being able] To talk to someone else and sort of unburden on someone else.
		I stay too busy, but at the same time I don't know how else to live.
		My wife is just not able to get away very much at all.
		So full of activities that's at church 3 or 4 nights a week and district events and sectional events until having personal time, family time, is almost squeezed out.
		We live in such a time crunch that I just haven't had time.
		We had a couple trips planned and things fell through. We still haven't been able to get away.
		I work 7 days a week. It's been 2 or 3 years, now, since we've been on vacation.
		We've created some paradigms that are causing men and women to fall into the trap of not doing self-care, and all they do is [work] 7 days a week.
		I want it ["the rat race," "rat wheel," "little hamster wheel"] to stop so I can get off.

		For the last 2 ½ years we have been just dealing with the transition and people.
		When you pastor a really small church, and you're responsible for everything, and you get into such a rut of taking care of everything, you stop asking other people to do it, or to help you do it, even when it's available, and it just becomes a bad habit, quite frankly.
		Even, the finances aside, just getting someone to help is very difficult.
C3 Stigma unrealistic expectations lack of trust lack of motivation/desire ineffective counseling pride	This stigma that mental health has had for generations.	The suicidal ideation I kept to myself because it was an embarrassment.
	The stigma that mental health, mental illnesses carry with them.	If you go to see a counselor, you know, it's always been painted as this picture, you know, "Oh, if you're going to see counseling, then you must be on medication, or you must need to go to a hospital where you're in a strait jacket sitting in a padded room.
	Mental health is something bad.	
	I have these expectations of myself, other people have these expectations of me as the leader.	How can I provide help to somebody if I'm not strong enough to help myself?
	One of my biggest inhibitions asking for help was I'm supposed to be the person from whom others ask for help.	If I'm not strong enough to stand on my own, how can I help somebody else out?
	I didn't know who I could trust.	If I can't carry my own problems, then how can I help them?
	I wasn't even willing.	I've got to be the strong one, but I know inside that I'm not strong enough to carry it all by myself.
	Counselors that I met weren't doing any good for me.	I had to swallow my pride and say, "just because I'm a pastor, just because I'm a man of God doesn't mean I can't ask for help."
	To refuse help when you need it, it's a mark of pride.	I'm hypocritically telling them to do something I'm not doing.

		I see all of these amazing reports of all these other churches out there, all those other pastors, preachers, etc. And everything's going great, and here I am, my world is crashing.
		They come to put their problems on me, and I want to take that.
		I'm supposed to be this, I'm supposed to be that.
		I'm the person from whom people seek help.
		I'm supposed to be the leader. I'm supposed to be the cornerstone. I'm supposed to be the one to who everybody else is running.
		I'm supposed to be the person from whom people seek help.
		He is spouting all kinds of mean things about me to the church.
		She [wife] called me on it before I would ever even open up to her [wife].
		I wasn't sure if I open up and tell somebody, "Hey, I've been depressed, I've struggled with suicidal ideation," would they report me to the district? Would they try to get my license revoked, would they try to start another coup and try to take over the church again and kick me out?
		I wasn't even willing to, I didn't want to load the kayak onto the truck and go fishing.
		I didn't even want to do that [fishing with son].

		I've endured some pretty serious traumas in my own life. And unbeknownst to me, it had been undiagnosed at the time. Was too proud to ask for help.
C4 unrealistic expectations lack of motivation lack of time ineffective counseling lack of knowing who to go to lack of access to Apostolic counseling	Wanting to take care of things on my own kept me in a place where I wasn't really open to seeking help. Sometimes I just don't want to be transparent. I didn't want to be [open] at that time. [Not] finding the time to do that. Met with resistance [when seeing counseling from friends/colleagues]. [Not] finding the right person. I don't know that we had a lot of Apostolic counselors.	If I share what my thoughts are, he's going to just ask me to step down. Probably pull my license. I had to protect myself. Protect my image. I looked at the people around me, and everybody seems to be functioning, you know. If I am open about this, then what's wrong with me? Why am I not functioning the way that the people around me in ministry seem to be functioning? We put our own definitions on what the role of a pastor is, what the role of a minister is. It was a sign of weakness. I hated confrontation. I shied away from that [confrontation]. I procrastinated. I would avoid situations that I knew might have some levels of resistance. It took me probably 6 months to call him. I'd withdraw. I'd just kind of withdraw.

		I would just kind of remove myself from conversations with him that would illicit any kind of emotion.
		[Fear it] would have caused the wedge to go wider and cause more frustration.
		Just don't enter a lot of communication with him.
		I just compensated for it and just kind of put it on the back burner and just went on with life.
		Working a job, being involved in the church, and not just honing out time.
		But when I tried to have that [honest conversation], it was met with some resistance.
		I really didn't know at that time who to go [to].
		I really wanted to go to somebody that would dig deep, and I didn't know who that would be.
		I would have preferred going to somebody that was more Apostolic that understood more of the depths and the pressures on ministry. So, I guess there wasn't a lot of availability in my life at the time.
C5 lack of trust limited help ineffective counseling lack of support personality type inability to disengage environmental influence	Organizational leadership, as far as the politics of the system, I don't trust it at all. Reservation about not ever trusting anything that involves political organizations or religious organizations. Organization could not be trusted.	It's [lack of] trust in someone being able to have your back. Completely betrayed. Sharing confidential information. I've heard stories of people sharing things that they should've never shared. I've heard ministers share things with me.

	We have a real problem with trust within our organization. I would never trust them. I would never share that with anyone. I would still be super nervous about talking to anybody ever about anything. I had no assistant pastor, I had nobody. Part of the challenge has been personalities of some of the people that I've counted on for counsel. Other friends that I knew weren't knowledgeable enough to know what to say or do. [Lack of] willingness to counsel. Not willing to have my back. Not willing to be seen with me. Not reciprocating contact. My personality. I am not really a person that seeks counsel naturally. Not able to completely disengage from the problem. The way that I was raised. Environmental.	He started confessing it to other people and his ministry was over. If they'll break confidence with them, they'll break it on me. People will use it against you. People just have to be very careful. Overloaded with church activities, you know, activities, responsibilities. Some of the people that I've counted on for counsel have been good listeners. But not really willing to really help me work out some of the stuff. They basically would just listen and commiserate but not really, what's the word? They weren't really proactive. All the people that I would talk to about some of these deep things, they would just listen, but they're not going to war, they're not going to step in, or just show up unannounced just to take me to lunch. It just wouldn't happen. And the other friends that I knew weren't knowledgeable enough, knowing emotional needs, psychological needs, or coaching, or anything to know what to say or do. I was making all the contacts, calling, trying to get people to care. [Friends were like,] "I'll help you up to a certain level, but if it's going to cost me something, or if I could be misunderstood…" [People] Isolated themselves from me because of the political cost it may have required of them.

			People were a little concerned but not so to actually get involved.
			Just keep it to myself and keep going.
			Just go forward. If I make a mistake, I'll figure it out.
			I think if she [wife] had not encouraged me, I would've just got over it.
			My personality just as a driver
			Just getting out of town a little bit. Driving up to ****, you know, whatever, going to lunch, sort of helped me break away for a few minutes. [But not able to completely disengage from the problem.]
			When I was praying, that was consuming my prayer time.
			But even during the day, I'm getting text from ****** and others that constantly, it's just like, constant reminder that somebody's gunning for me.
			Meditation was miserable because I'd have to process everything I was having to get done. Meditation time turned into answering emails.
			My background is you just, you kept everything in a bubble.
			I was raised in that environment [of keeping things private].
			My parents never talked about it.
			You just keep it to yourself.
			Work it out. Figure it out. Suck it up, butter cup, keep going.

| C6
stigma
unrealistic expectations
lack of trust
lack of motivation
lack of support
lack of self-awareness | There's pulpit shame, shaming that goes on, you know, if you struggle.

Unrealistic expectations of self.

Real low [trust factor].

I would not personally feel secure to tell my story.

It's hard sometimes to help yourself.

I really didn't pursue help because it was going to be too hard to find it.

It's just way too much work.

I didn't really have anyone around me.

That was not a topic people wanted to delve into.

I didn't realize.

Unawareness.

I didn't recognize it as such.

Very unaware there's a problem. | I just don't want to set myself up. I don't want to be vulnerable to be shamed when I'm at my weakest point or to be looked at differently because I decided I was going to be honest.

I've always been able to juggle a lot.

I've handled a lot of stress through life.

Gone through harder places than last year.

I just assumed that I've got this.

"Oh, you got this, you're so amazing." Which goes back to unrealistic expectations that reinforce, "I got this, I'm supposed to be amazing."

"You're not one of those people that can do this, so you better just snap out of this and get over it."

They wanted me to be okay.

I knew the people who were in there needed me to be okay.

You're not allowed to.

How do I find somebody that you're going to then see at General Conference, be on a committee with, preach to?

But I have had ministry leadership do me oh so very wrong, so wrong.

I just don't want to deal with being in my own circle.

That person [to help] could not be a United Pentecostal person.

There [wouldn't] be that confidentiality, that privacy, that secure way of being. |

		I really didn't pursue help because I really thought it was going to be too hard to find it, and I could just help myself.

When you're already kind of in a low place, the idea of "Now, I've gotta find somebody and tell them my story."

"Okay, now I've got to find somebody who understands my faith."

"I can help myself and tomorrow will be a better day."

Please don't ask me to incorporate quality time into it.

I used to have someone in my life, another counselor that I could be accountable to. And that person retired, and I never replaced that person.

There was no like this particular person. No one could do this.

[No one] who would say, "Okay, yeah, I'll talk to you about that. I'm not afraid of that topic with you."

The little bit of effort I made to say, "Hey, I'm struggling," was met with such shallow input. Why go any further?

"They can't go there with me. I tested the water. They're not the right person."

They're just either not able or they're not willing.

When you try to tell a friend and they don't want to go there.

"Okay, this is not a conversation that's going to be had."

It was shut down quickly. |

		An awareness that that's not the person that I need to be talking to. Because when it dawned on me, I was very willing to engage. Not understanding how far it had gone so quickly. Honestly, it just took me by surprise.
C7 unrealistic expectations lack of trust pride avoidance of burdening others	More interested in making a difference than taking care of self. It's responsibility that would be the number one [hindrance]. I don't want the world knowing my private business. I don't want my business told. If I've failed, I don't want to share that. I just don't. Not wanting to share my personal failures, faults. Not wanting to admit that I didn't have the answer. I don't want to bother [anyone].	As a pastor, if you're making gains, whether it's with your community or your church, you're less likely to push yourself to take time off. Can we afford to go [on vacation] if church is doing well? We place too much importance on our intervention in people's lives. I confided in other pastors and lived to regret it. I have lived to regret that. I've even, I've even confided in other pastors trying to help them and lived to regret it. I wish I could tell you it only happened once. I wish I could. But it wasn't once. It wasn't twice. I'm just speaking to my personal experience. The word confidentiality, people might use it, but they don't live it. I know that there are men that are faithful and true, that I can trust. I know there are. I just haven't met a whole lot of them.

		There have been times when I've thought about calling someone besides my pastor or besides a friend, I just don't. I'm a strong-minded person. Very strong minded. My inclination is if you present me with an issue, let's fix this. Let me speak out of whatever I've got, whatever wisdom I have, be it much or be it little. Let me speak out of that. I don't do this anymore because I don't want to, I don't want to bother my pastor any more than I have to. ***** called me, and he called me regularly through all of that. And he said, "I'm not hearing from you. What's going on?" I said, "I don't want to bother you."
C8 unrealistic expectations lack of time personality type inability to disengage lack of self-awareness need for validation	[Always] Got to be there. If I could actually find that much time that doesn't have something already scheduled. My personality. It's a high D [DISC profile] "If I didn't have a D personality, would we be at the stage we are after 16 years of being here?" [The pressure of ministry] You never get away from it. I don't know how to relax. But probably just trying to define what that means. You know, how do I [relax]?	Fear of people maybe feeling like I don't care. We just did it [all] and that just always been our nature. "Because that's what I do. I'm the pastor." What was driving me was the fact that I got to be there. I got this much done in 15 years, I got 15 more years to get the rest of this done. If I'm going to look to retire about 65, I've got 15 more years. I will just drive. I'll just continue to push and drive until I just fall over. "The problem is for you is you've got to start working on the next one. There's no time to sit back and rest on this. I've got to move to the next thing." And so, whether

	[Not] feeling the effects of having blood pressure that was that high.		that's part of the dominant driver part of my personality or whatever.
	A sense of accomplishment for me.		I was a D C, which I think in probably the worst combination that you can have.
	I find a sense of value in myself if I'm doing something.		"But look what we've done by being, you know, who we are."
			[The pressure of ministry] You never leave it, it's always there.
			Just the pressure of that, you don't ever feel like you can just go home.
			We've got our 30th wedding anniversary this year. We still haven't figured out where we're going or what we're doing. Because in our conversation, we could go to a, she loves the beach, right? So, we could go to an island or go do something like that. But both of us said, "Okay, but after about two days of looking at the water, what are we going to do?"
			I don't know if I even knew what I was doing to be able to manage it or effectively cope with it.
			On the stress side of things, I just think I have naturally learned how to function.
			Just the pressure of that, you don't ever feel like you can just go home.
			"Am I done, personally? Is there anything else I can bring to the table? Is there anything else I can offer? Have I hit my limit?"
			Part of my way of dealing with that is I have to maybe be doing something new in order I make sure I don't feel like I've reached my limit.

		If, if I'm not doing something, or we're not working on the next thing, or we're not trying to grow the next, you know, I guess maybe I'm dead weight. And I look at all of that, and for whatever reason, for me, it's not enough. I'm wanting to make sure that I leave something that they all are proud of. I've got friends I went to Bible school with who have family that are in ministry, and they've just been handed stuff, and ministry. And here I am, 14 years I've been doing this stuff. I'm still not where they are, and it's just unfair, because I don't have the same family name. I'm way behind the 8 ball, and so I've got to really push this thing to get, get it to a respectable level. Part of it early on was really more like a dog on a bone. I came here, and I was told by people who were here that I would never run 100 people in central *****. If I'm no longer productive, then it means I'm no longer needed. If it's not something that I can do, then maybe I'm not as much a success as they think I am.
C9 stigma unrealistic expectations lack of trust lack of motivation lack of $ lack of time lack of knowing who to go to	Mental health stigma. I can do anything. I can handle it. A sense of responsibility. That sense of somebody you can trust; it's hard to find.	The mental health stigma the UPCI has had for years of, "You don't need a counselor, you need the Holy Ghost, you need to pray more." I don't have a problem with counselors. Not one bit. But that stigma is there. I was like, "Naw, I can get it done."

inability to disengage avoidance of burdening others	Somebody you know is going to keep this confidential; that's hard to find. Part of it is trust. Trusting people to come in. It's just hard to trust people. I don't know if I would trust them. I would never go. I'm just completely unmotivated. Being tired has hindered that. Finances is always going to be one of those things. It's not like I'm wealthy. Busy season. I'm swamped, I'm booked. There's so much that I have to do. It's just a matter of not knowing who to go to. From a self-care perspective, I don't know what to do. We just don't know who to go to. It's knowing who to go to. [Not] Knowing the resources to go to. [Not] getting to the depths of where I need to be like I am when I'm rested. I'm not giving it my full attention as I should.	Not that I can't say no, it's just I think I can get it all done. I don't want to miss the opportunity if there is one, whether if it's for making money or whatever. I've portrayed it to them as doing God's work when really it was something I didn't have to do. I have an unhealthy way of saying I can do anything. I've always had a sense of responsibility. There's people I trust, and people I don't trust. I've watched the politics enough in ***** work, I've watched the politics enough in the church world. Capable of dealing with confidentiality, capable of knowing that we're putting our life in their hand. I've learned to distrust more people than I've learned to trust. I would never go. I know we have *****, but I heard so many bad things about them. I heard so many stories about them telling off on everything. I am 100% unmotivated to do much from that perspective. Even to build something, even to do something, I'm like, "Nah." Tired just because I'm, "God, when am I going to get some rest, here? It's not like I'm wealthy or anything like that where I can do that.

	I'm not giving it the spiritual attention I need. "Okay, I could leave it to them, but they've got full time jobs." I hold back from talking to her a lot because she's dealing with things, too. I try not to deal with that too much with him [Pastor].	I need help with how to just basically shut all that down. All this stuff going on, now, that I'm dealing with, it has loaded up additional pressure on me. I worry that I'm going to leave something undone, that something's going to happen and that It's going to fall back on me. People think that, well, their list is the most important list. They don't realize that, compile all this list together, it's hundreds of things. There's still things that come up. There's still stuff that happens. So, it hasn't been a true Sabbath to where everything's shut down, everything's off. I'm under additional pressure because I'm also on the ******. I own 2 other businesses; this is my busy season. My businesses don't stop running. I don't have an escape for the next 4 or 5 months. Somebody who understands from a ministry perspective; it's hard to find. I don't know at this point what I could do to help that. A lot of it is just knowing who. Knowing who to go to that is capable of dealing with ministry situations. Who do you go to? Who do you talk to? Who can help you? We don't have resources like that

		I'll be right in the middle of prayer and, boom, here comes the laundry list. Because I'm tired, because I've got a laundry list of things going on. It's all these things running through my head. "Oh, you're tired. You're weary, so you're not digging deep because you don't want to go deep because it'll wear you out." "Okay, I'm going back to bed." But you know you got 8 million things to do that day. They've got a lot of stress on them because they're running their jobs plus their positions at the church. And I don't want to teach them to have to push through. I know he could handle the stress. He could handle it. But I've watched him do the same things I've done. That in the back of my head causes me to say, "No, I'm not going to do that do him." To try and tell her my stresses, then she's going through a tremendous amount of stresses. Because he's [Pastor] in his own world dealing with it.
C10 unrealistic expectations lack of trust lack of self-awareness avoidance of burdening others self-blame	An expectation I superimpose. Expectation that I would perform perfectly. I didn't trust enough. Naivety	I've always masqueraded behind humor and tried to use charm and wit, and tried to be somebody who always encouraged, always gave, always uplifted but never was the one in need. I am a people pleaser. And maybe that made me feel like I needed to perform at an unrealistic level.

	There was a large part of me that was in denial that it was as bad as it was. There was the denial factor. Never acknowledging where I was in the moment. That led me to live in a state, almost a state of denial. In my attempt to try to not burden her. I was under the impression that I was weak because this was a struggle, and I was breaking. It was my fault. Everything was my fault, either a lack of something I did or a fruit of something I did.	I was trying to please people with a façade, with a performance. I perceive an expectation, and I superimpose that, and I live by a standard for myself that is always moving. I have adopted a mindset of a moving target, and so it leaves me never good enough because once I make progress the standard moves. I've perceived others as imposing that into me demanding that I have to live a perfect way or a certain way. I was chasing an elusive expectation that I would perform perfectly. There was always a comparative or superlative that I could never reach. I've always made sure I never needed checked on. I was supposed to be the strong one. I'd been hurt enough. I kept telling myself, "This is normal, this is not bad," "You've got this," "You can get through this with prayer," and "This is okay, this is normal life." I lived really in denial until many months afterwards. I entirely ignored the moment and just kind of stifled it. I never acknowledged or embraced the moment for what it was.

| | | In my attempt to just compartmentalize, keep going, I had withheld a lot of this from my wife.

Every circumstance that I faced I had a biblical answer, and a biblical answer for and against why I was feeling this.

Because I was young, was weak, because I hadn't prayed, fasted, read my Bible enough, checked all my boxes.

I perceived reaching out as a sign of weakness. And I felt like if I couldn't identify my emotions or the reasons why I felt things, I couldn't articulate it perfectly, then it was wrong.

I'm weak and I'm the problem, and so I tried to find the answer to my problem introspectively. |
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| **C11**
unrealistic expectations
lack of trust
lack of $
lack of time
pride
inability to disengage
environmental influence
lack of self-awareness
inconvenience | You're supposed to be super, you know, superman.

You gotta' have a safe place.

It's risky.

There was no financials there.

[Lack of} My routines, it's a hindrance for me.

I couldn't afford the time.

[Didn't want to show] weakness.

The hindrance is [not wanting to show weakness].

It was pride.

It was pride.

It was considered weakness. | You put on the leadership smile. As a pastor, you're supposed to do that.

My wife is wonderful to talk to about those things, you know, it's safe.

A church of 3 people.

If you don't take care of it in the morning, you'll make an excuse and say, "I'll do it this afternoon." It just never happens.

Not wanting to show weakness and not wanting to humble self.

Pride, then it was, "I got this."

We'd plan, "The music department, yeah, it needs that. We need to work that out."

I really didn't rest. |

	We'd go on a date; we'd talk about the church.

My background.

It's unknown stresses.

I didn't know that I was under stress.

The stress that I never learned to be aware of.

Lack of awareness

Awareness is the biggest factor, in my mind.

Not many people realize they're feeling anxious about everything that's going on in their life.

Part of it has been [lack of] awareness.

I didn't realize.

Not convenient.

They're not going to go out of their way to find counseling help. | My upbringing and the things that I experienced there kind of plays into the whole stress thing, how I handle stress.

You don't realize that you're under, the vice is on and it's being turned slowly.

You don't realize your cortisol levels are high, and maybe things are going on, but you're not really realizing it. You're just going about your day and moving along like you always did.

There were other things going on that eventually affected me.

I needed knowledge about myself.

There are times that I didn't [realize].

Trying to be aware of what's going on so I can deal with those things.

A middle of the night conversation, where I couldn't call somebody else.

It's just the proximity.

It's got to be very accessible. |
| C12
Stigma
unrealistic expectations
lack of trust
lack of motivation
lack of time
lack of support
inability to relax
avoidance of burdening others | There is a belief.

Unrealistic expectation.

I don't seek help quickly because my experience with that is that it typically tends to backfire.

I don't have any close friends that I confide in. | If you admit that you're struggling then somebody's going to say, "Oh, you're not cut out to be a minister. If you're struggling, then you're not really called, not really."

As a woman minister, if you're struggling, "It's because you're a woman." "We knew you were too emotional to handle this."

I'm just not measuring up to my standards or anybody else's standards. |

	Part of protecting myself is not asking for help.	I turned 60 in October, and that seems to have had a big impact on me. I've, like, I have a, obviously, but the knowledge that I have a limited amount of time to do so much that I want to do.
	The biggest thing that keeps me from asking for help is experience.	There's too much I have to protect.
	Energy constraints.	I've been burned.
	Trying to find something, some kind of self-care, some time for that.	Betrayed.
	Just time constraints.	I have to protect myself.
	[Support] That's [not] always there.	When I'm tired, I listen to the wrong voices.
	My mind won't focus.	Just balancing all of that, ministry, work, family, and then myself.
	My mind won't stop long enough.	Our schedule is very tight, and it's very specific. Monday, we do this, and Tuesday, we do this, and Wednesday...
	That's [not] always fair because sometimes when I'm upset there's a lot going on in my mind. Not everybody needs to know all of that.	Monday through Friday, I'm working.
		Sunday is all spent, church, and traveling back and forth to church.
		Saturdays is house work or family time.
		A 50-hour work week, and all day Sunday church and then 2 church services through the week
		A 50-hour work week and then ministry, studying, and, it can be very hard to do that.
		You can't do that every Saturday, because that's the only day we have to do the extra stuff.
		I try to lean into the people I know I can trust, which is that pastor of that smaller church and my husband. And honestly,

		those are probably the only two people I unload on. I don't unload on them. When I was younger, reading was a big part of my life, but honestly, I can't hardly read anymore. I read my Bible, I try to read my books that I need to read for ministry, but as far as just sitting and reading for, I used to be able to read all day long and just close myself away with that. But I can't hardly do that anymore. Now more often than not, we listen to Ministry Central or watching a video of someone else preaching or studying. We're not using that as a relaxing time. We're using that as almost, well, study time. That inability to just not think about the bills, or the buildings that I'm over at my work, or my children and their problems and what I need to do to help them. Part of that is that guilt. You're just going to get a bag of nonsense. I'm going to tell you everything that's bothering me, and that's not going to help me or you.

Appendix G

Table AE.1

Coding Table

Working Themes	RQ 1 What are UPCI clergy hindrances to seeking help and implementing self-care?	RQ 2 How do UPCI clergy experience hindrances to seeking help and implementing self-care?
Working Theme 1	**Stigma** *C1* • There's a stigma. *C2* • One of the reasons that I was reluctant is I didn't want pity. *C3* • This stigma that mental health has had for generations. • The stigma that mental health, mental illnesses carry with them. • Mental health is something bad. *C6* • There's pulpit shame, shaming that goes on, you know, if you struggle. *C9* • Mental health stigma. *C12* • There is a belief.	**Stigma Experience** *C1* • The fear of the stigma of seeking help is a big deal. • There's a stigma related to mental health issues. *C2* • I know people say, "Oh, take care of yourself." But this is not my first rodeo. I've been around, and they say one thing and then do another. • Too many people say that if you're having to ask for help yourself, that means that you're less than or that your walk with God is not what it should be or you've done X, Y, Z. • If someone has cancer, we don't question their salvation. [We question someone's salvation if they have mental health issues.] • [Fear of] What are my peers going to think about me? • Not wanting to deal with the suspicion. • I don't want to be an object of pity.

		• I won't have my peers' respect if they know I've had to go out and seek someone else's help.
		• To be able to be transparent and not be immediately judged.
		• To just be able to say that to someone who is a peer, and for them not to treat me as a spiritual leper.
		• I don't want you to feel sorry for me, I don't want to be some poor pitiful…
		C3
		• The suicidal ideation I kept to myself because it was an embarrassment.
		• If you go to see a counselor, you know, it's always been painted as this picture, you know, "Oh, if you're going to see counseling, then you must be on medication, or you must need to go to a hospital where you're in a strait jacket sitting in a padded room.
		C6
		• I just don't want to set myself up. I don't want to be vulnerable to be shamed when I'm at my weakest point or to be looked at differently because I decided I was going to be honest.
		C9
		• The mental health stigma the UPCI has had for years of, "You don't need a counselor, you need the Holy Ghost, you need to pray more."
		• I don't have a problem with counselors. Not one bit. But that stigma is there.
		C12
		• If you admit that you're struggling then somebody's going to say, "Oh, you're not cut out to be a minister. If you're

		struggling, then you're not really called, not really." • As a woman minister, if you're struggling, "It's because you're a woman." "We knew you were too emotional to handle this."
Working Theme 2	**Unrealistic Expectations of Self or From Others** *C1* • You can never take your hat off. • It's "normal" to wear yourself down. *C2* • We've created some paradigms that are causing men and women to fall into the trap of not doing self-care. *C3* • I have these expectations of myself, other people have these expectations of me as the leader. • One of my biggest inhibitions asking for help was I'm supposed to be the person from whom others ask for help. *C4* • Wanting to take care of things on my own kept me in a place where I wasn't really open to seeking help. *C6* • Unrealistic expectations of self. *C7* • More interested in making a difference than taking care of self. • It's responsibility that would be the number one [hindrance]. *C8*	**Unrealistic Expectations of Self or From Others Experience** *C1* • Rather than just resigning and going somewhere else - Which would have hurt all of the people in the church. • We've not had a good understanding of Sabbath. • I couldn't stop doing everything else I needed to do. *C2* • It was a struggle to stand in the pulpit and try to communicate faith and encourage people when all the while I didn't [have] faith. • My friends always say, "Oh, you're such a man of faith…" And, you know, "No, I'm really not." • Living like a hypocrite because on Sunday and Wednesday I gotta go preach about the joy of the Lord, and the joy of living for God in the middle of wanting to crawl in a hole and pull the top on me. • Do what I had to do and needed to do as a pastor, and as a dad, and as a husband, and as an employee. • How difficult and how much grieving a pastor does when one of his saints dies. And, you know, you don't truly get to grieve.

- [Always] Got to be there.

C9

- I can do anything.

- I can handle it.

- A sense of responsibility.

C10

- An expectation I superimpose.

- Expectation that I would perform perfectly.

C11

- You're supposed to be super, you know, superman.

C12

- Unrealistic expectation.

- In the UPCI, we've created some paradigms that are causing men and women to fall into the trap of not doing self-care, and all they do is [work] 7 days a week.

- I'm struggling with some things that maybe I shouldn't be.

- You have to be the comforter.

C3

- How can I provide help to somebody if I'm not strong enough to help myself?

- If I'm not strong enough to stand on my own, how can I help somebody else out?

- If I can't carry my own problems, then how can I help them?

- I've got to be the strong one, but I know inside that I'm not strong enough to carry it all by myself.

- I had to swallow my pride and say, "just because I'm a pastor, just because I'm a man of God doesn't mean I can't ask for help."

- I'm hypocritically telling them to do something I'm not doing.

- I see all of these amazing reports of all these other churches out there, all those other pastors, preachers, etc. And everything's going great, and here I am, my world is crashing.

- They come to put their problems on me, and I want to take that.

- I'm supposed to be this, I'm supposed to be that.

		• I'm the person from whom people seek help.
		• I'm supposed to be the leader. I'm supposed to be the cornerstone. I'm supposed to be the one to who everybody else is running.
		• I'm supposed to be the person from whom people seek help.
		C4
		• If I share what my thoughts are, he's going to just ask me to step down. Probably pull my license.
		• I had to protect myself. Protect my image.
		• I looked at the people around me, and everybody seems to be functioning, you know.
		• If I am open about this, then what's wrong with me?
		• Why am I not functioning the way that the people around me in ministry seem to be functioning?
		• We put our own definitions on what the role of a pastor is, what the role of a minister is.
		• It was a sign of weakness.
		C6
		• I've always been able to juggle a lot.
		• I've handled a lot of stress through life.
		• Gone through harder places than last year.
		• I just assumed that I've got this.

		• "Oh, you got this, you're so amazing." Which goes back to unrealistic expectations that reinforce, "I got this, I'm supposed to be amazing."
		• "You're not one of those people that can do this, so you better just snap out of this and get over it."
		• They wanted me to be okay.
		• I knew the people who were in there needed me to be okay.
		• You're not allowed to.
		C7
		• As a pastor, if you're making gains, whether it's with your community or your church, you're less likely to push yourself to take time off.
		• Can we afford to go if church is doing well?
		• We place too much importance on our intervention in people's lives.
		C8
		• Fear of people maybe feeling like I don't care.
		• We just did it [all] and that just always been our nature.
		• "Because that's what I do. I'm the pastor."
		• What was driving me was the fact that I got to be there.
		C9
		• I was like, "Naw, I can get it done."
		• Not that I can't say no, it's just I think I can get it all done.

		• I don't want to miss the opportunity if there is one, whether if it's for making money or whatever. • I've portrayed it to them as doing God's work when really it was something I didn't have to do. • I have an unhealthy way of saying I can do anything. • I've always had a sense of responsibility. **C10** • I've always masqueraded behind humor and tried to use charm and wit, and tried to be somebody who always encouraged, always gave, always uplifted but never was the one in need. • I am a people pleaser. And maybe that made me feel like I needed to perform at an unrealistic level. • I was trying to please people with a façade, with a performance. • I perceive an expectation, and I superimpose that, and I live by a standard for myself that is always moving. • I have adopted a mindset of a moving target, and so it leaves me never good enough because once I make progress the standard moves. • I've perceived others as imposing that into me demanding that I have to live a perfect way or a certain way. • I was chasing an elusive expectation that I would perform perfectly. • There was always a comparative or superlative that I could never reach.

		• I've always made sure I never needed checked on. • I was supposed to be the strong one. **C11** • You put on the leadership smile. As a pastor, you're supposed to do that. **C12** • I'm just not measuring up to my standards or anybody else's standards. • I turned 60 in October, and that seems to have had a big impact on me. I've, like, I have a, obviously, but the knowledge that I have a limited amount of time to do so much that I want to do.
Working Theme 3	**Lack of Trust** *C1* • I'm afraid my issues are going to wind up going to somebody else. • Apprehensive about seeking counseling from people in our own circle. • Sometimes I haven't done it for the fear of someone being unethical and sharing my information with someone else. • I've been apprehensive. • Fear of repercussions. *C2* • Not comfortable. *C3* • I didn't know who I could trust. *C5*	**Lack of Trust Experience** *C1* • They've broken confidentiality. • They've broken confidentiality and shared information. • Not honestly talking to someone about it and being able to pour my heart out in a context where it was a safe space. • Not really tell them what was going on because I was afraid. • Hard to talk to anybody for fear of whatever kind of repercussions. *C2* • [Lack of] Being around someone else that I felt completely comfortable with. • [Not being able] To talk to someone else and sort of unburden on someone else. *C3*

	• Organizational leadership, as far as the politics of the system, I don't trust it at all. • Reservation about not ever trusting anything that involves political organizations or religious organizations. • Organization could not be trusted. • We have a real problem with trust within our organization. • I would never trust them. • I would never share that with anyone. • I would still be super nervous about talking to anybody ever about anything. *C6* • Real low [trust factor]. • I would not personally feel secure to tell my story. *C7* • I don't want the world knowing my private business. • I don't want my business told. • If I've failed, I don't want to share that. • I just don't. *C9* • That sense of somebody you can trust; it's hard to find. • Somebody you know is going to keep this confidential; that's hard to find. • Part of it is trust.	• He is spouting all kinds of mean things about me to the church. • She [wife] called me on it before I would ever even open up to her [wife]. • I wasn't sure if I open up and tell somebody, "Hey, I've been depressed, I've struggled with suicidal ideation," would they report me to the district? Would they try to get my license revoked, would they try to start another coup and try to take over the church again and kick me out? *C5* • It's [lack of] trust in someone being able to have your back. • Completely betrayed. • Sharing confidential information. • I've heard stories of people sharing things that they should've never shared. • I've heard ministers share things with me. • He started confessing it to other people and his ministry was over. • If they'll break confidence with them, they'll break it on me. • People will use it against you. • People just have to be very careful. *C6* • How do I find somebody that you're going to then see at General Conference, be on a committee with, preach to? • But I have had ministry leadership do me oh so very wrong, so wrong.

- Trusting people to come in.

- It's just hard to trust people.

- I don't know if I would trust them.

- I would never go.

C10
- I didn't trust enough.

C11
- You gotta' have a safe place.

- It's risky.

C12
- I don't seek help quickly because my experience with that is that it typically tends to backfire.

- I don't have any close friends that I

  confide in.

- Part of protecting myself is not asking for help.

- The biggest thing that keeps me from asking for help is experience.

- I just don't want to deal with being in my own circle.

- That person [to help] could not be a United Pentecostal person.

- There [wouldn't] be that confidentiality, that privacy, that secure way of being.

C7
- I confided in other pastors and lived to regret it.

- I have lived to regret that.

- I've even, I've even confided in other pastors trying to help them and lived to regret it.

- I wish I could tell you it only happened once. I wish I could. But it wasn't once. It wasn't twice.

- I'm just speaking to my personal experience. The word confidentiality, people might use it, but they don't live it.

- I know that there are men that are faithful and true, that I can trust. I know there are. I just haven't met a whole lot of them.

- There have been times when I've thought about calling someone besides my pastor or besides a friend, I just don't.

C9
- There's people I trust, and people I don't trust.

- I've watched the politics enough in *** work, I've watched the politics enough in the church world.

- Capable of dealing with confidentiality, capable of knowing that we're putting our life in their hand.

		• I've learned to distrust more people than I've learned to trust. • I would never go. I know we have *****, but I heard so many bad things about them. • I heard so many stories about them telling off on everything. **C10** • I'd been hurt enough. **C11** • My wife is wonderful to talk to about those things, you know, it's safe. **C12** • There's too much I have to protect. • I've been burned. • Betrayed. • I have to protect myself.
Working Theme 4	**Lack of Motivation or Desire or Energy** **C1** • Didn't want to do anything. • I didn't want to talk to somebody. • One of the hindrances to that [vacation] is I got to this place that I just didn't want to leave my house. • Don't want to pray. **C3** • I wasn't even willing. **C4**	**Lack of Motivation or Desire Experience** **C1** • Physically, I got to the place I didn't want to do anything. • Physically, I got a little less active. • I'd just really get to this place that I just didn't want to do anything. • I didn't want to go to the gym. • Wanting to quit. • Just trying to escape somewhere. • I just didn't want to do anything anymore.

	- Sometimes I just don't want to be transparent. - I didn't want to be [open] at that time. ***C6*** - It's hard sometimes to help yourself. - I really didn't pursue help because it was going to be too hard to find it. - It's just way too much work. ***C9*** - I'm just completely unmotivated. - Being tired has hindered that. ***C12*** - Energy constraints.	- I knew how to reach out in one place, but I didn't. - I was unwilling to share in other places. - Didn't want to tell anyone what was really going on. - Don't want to pray, don't want to wrestle with the issues. - We've only taken like two [vacations] in the last seven years. ***C3*** - I wasn't even willing to, I didn't want to load the kayak onto the truck and go fishing. - I didn't even want to do that [fishing with son]. ***C4*** - I hated confrontation. - I shied away from that [confrontation]. - I procrastinated. - I would avoid situations that I knew might have some levels of resistance. - It took me probably 6 months to call him. - I'd withdraw. - I'd just kind of withdraw. - I would just kind of remove myself from conversations with him that would illicit any kind of emotion. [Fear it] would have caused the wedge to go wider and cause more frustration.

		• Just don't enter a lot of communication with him. • I just compensated for it and just kind of put it on the back burner and just went on with life. *C6* • I really didn't pursue help because I really thought it was going to be too hard to find it, and I could just help myself. • When you're already kind of in a low place, the idea of "Now, I've gotta find somebody and tell them my story." • "Okay, now I've got to find somebody who understands my faith." • "I can help myself and tomorrow will be a better day." • Please don't ask me to incorporate quality time into it. *C9* • I am 100% unmotivated to do much from that perspective. Even to build something, even to do something, I'm like, "Nah." • Tired just because I'm, "God, when am I going to get some rest, here? *C12* • When I'm tired, I listen to the wrong voices.
Working Theme 5	**Lack of Finances** *C1* • A hindrance to seeking help is that this [health insurance] is not included in compensation.	**Lack of Finances Experience** *C1* • If I had better health insurance, I would talk to a counselor more often. *C9*

	C9 • Finances is always going to be one of those things. It's not like I'm wealthy. **C11** • There was no financials there.	• It's not like I'm wealthy or anything like that where I can do that. **C11** • A church of 3 people.
Working Theme 6	**Demanding Schedule or Lack of Time** **C2** • I stay too busy. • Just so busy. • Not able to get away. • It's hard to get away. • I just haven't had time. **C4** • [Not] finding the time to do that. **C8** • If I could actually find that much time that doesn't have something already scheduled. **C9** • Busy season. • I'm swamped, I'm booked. • There's so much that I have to do. **C11** • [Lack of} My routines, it's a hindrance for me. • I couldn't afford the time. **C12** • Trying to find something, some kind of self-care, some time for that.	**Demanding Schedule or Lack of Time Experience** **C2** • I stay too busy, but at the same time I don't know how else to live. • My wife is just not able to get away very much at all. • So full of activities that's at church 3 or 4 nights a week and district events and sectional events until having personal time, family time, is almost squeezed out. • We live in such a time crunch that I just haven't had time. • We had a couple trips planned and things fell through. We still haven't been able to get away. • I work 7 days a week. It's been 2 or 3 years, now, since we've been on vacation. • We've created some paradigms that are causing men and women to fall into the trap of not doing self-care, and all they do is [work] 7 days a week. • I want it ["the rat race," "rat wheel," "little hamster wheel"] to stop so I can get off. • For the last 2 ½ years we have been just dealing with the transition and people. • When you pastor a really small church, and you're responsible for everything, and

• Just time constraints.	you get into such a rut of taking care of everything, you stop asking other people to do it, or to help you do it, even when it's available, and it just becomes a bad habit, quite frankly.

C4

- Working a job, being involved in the church, and not just honing out time.

C8

- I got this much done in 15 years, I got 15 more years to get the rest of this done.

- If I'm going to look to retire about 65, I've got 15 more years.

C9

- I need help with how to just basically shut all that down.

- All this stuff going on, now, that I'm dealing with, it has loaded up additional pressure on me.

- I worry that I'm going to leave something undone, that something's going to happen and that It's going to fall back on me.

- People think that, well, their list is the most important list. They don't realize that, compile all this list together, it's hundreds of things.

- There's still things that come up. There's still stuff that happens.

- So, it hasn't been a true Sabbath to where everything's shut down, everything's off.

- I'm under additional pressure because I'm also on the ****.

- I own 2 other businesses; this is my busy season.

| | | • My businesses don't stop running.

• I don't have an escape for the next 4 or 5 months.

C11
• If you don't take care of it in the morning, you'll make an excuse and say, "I'll do it this afternoon." It just never happens.

C12
• Just balancing all of that, ministry, work, family, and then myself.

• Our schedule is very tight, and it's very specific. Monday, we do this, and Tuesday, we do this, and Wednesday...

• Monday through Friday, I'm working.

• Sunday is all spent, church, and traveling back and forth to church.

• Saturdays is house work or family time.

• A 50-hour work week, and all day Sunday church and then 2 church services through the week

• A 50-hour work week and then ministry, studying, and it can be very hard to do that.

• You can't do that every Saturday, because that's the only day we have to do the extra stuff. |
| **Working Theme 7** | **Limited Ministry-Related Help**

C2
• Getting somebody in to take care of services is very hard to do.

C5
• I had no assistant pastor, I had nobody. | **Limited Ministry-Related Help Experience**

C2
• Even, the finances aside, just getting someone to help is very difficult.

C5
• Overloaded with church activities, you know, activities, responsibilities. |

Working Theme 8	**Unsuccessful Past Counseling and Help-Seeking or Lack of Effective Counseling** *C3* • Counselors that I met weren't doing any good for me. *C4* • Met with resistance. *C5* • Part of the challenge has been personalities of some of the people that I've counted on for counsel. • Other friends that I knew weren't knowledgeable enough to know what to say or do.	**Unsuccessful Past Counseling and Help-Seeking and Lack of Effective Counseling Experience** *C3* • I've endured some pretty serious traumas in my own life. And unbeknownst to me, it had been undiagnosed at the time. *C4* • But when I tried to have that [honest conversation], it was met with some resistance. *C5* • Some of the people that I've counted on for counsel have been good listeners. But not really willing to really help me work out some of the stuff. • They basically would just listen and commiserate but not really, what's the word? They weren't really proactive. • All the people that I would talk to about some of these deep things, they would just listen, but they're not going to war, they're not going to step in, or just show up unannounced just to take me to lunch. It just wouldn't happen. • And the other friends that I knew weren't knowledgeable enough, knowing emotional needs, psychological needs, or coaching, or anything to know what to say or do.
Working Theme 9	**Personal Pride** *C3* • To refuse help when you need it, it's a mark of pride. *C7*	**Pride Experience** *C3* • Was too proud to ask for help. *C7* • I'm a strong-minded person. Very strong minded.

	• Not wanting to share my personal failures, faults. • Not wanting to admit that I didn't have the answer. *C11* • [Didn't want to show] weakness. • The hindrance is [not wanting to show weakness]. • It was pride. • It was pride. • It was considered weakness.	• My inclination is if you present me with an issue, let's fix this. Let me speak out of whatever I've got, whatever wisdom I have, be it much or be it little. Let me speak out of that. *C11* • Not wanting to show weakness and not wanting to humble self. • Pride, then it was, "I got this."
Working Theme 10	**Lack of Knowing Who to Go to or What to Do** *C4* • [Not] finding the right person. *C9* • It's just a matter of not knowing who to go to. • From a self-care perspective, I don't know what to do. • We just don't know who to go to. • It's knowing who to go to. • [Not] Knowing the resources to go to	**Lack of Knowing Who to Go to or What to Do Experience** *C4* • I really didn't know at that time who to go [to]. • I really wanted to go to somebody that would dig deep, and I didn't know who that would be. *C9* • Somebody who understands from a ministry perspective; it's hard to find. • I don't know at this point what I could do to help that. • A lot of it is just knowing who. Knowing who to go to that is capable of dealing with ministry situations. • Who do you go to? Who do you talk to? Who can help you? We don't have resources like that.

Working Theme 11	Lack of Apostolic Counselors *C4* • I don't know that we had a lot of Apostolic counselors.	Lack of Apostolic Counselors Experience *C4* • I would have preferred going to somebody that was more Apostolic that understood more of the depths and the pressures on ministry. So, I guess there wasn't a lot of availability in my life at the time.
Working Theme 12	Lack of Support *C5* • [Lack of] willingness to counsel. • Not willing to have my back. • Not willing to be seen with me. • Not reciprocating contact. *C6* • I didn't really have anyone around me. • That was not a topic people wanted to delve into. *C12* ▪ [Support] That's [not] always there.	Lack of Support Experience *C5* • I was making all the contacts, calling, trying to get people to care. • [Friends were like,] "I'll help you up to a certain level, but if it's going to cost me something, or if I could be misunderstood…" • [People] Isolated themselves from me because of the political cost it may have required of them. • People were a little concerned but not so to actually get involved. *C6* • I used to have someone in my life, another counselor that I could be accountable to. And that person retired, and I never replaced that person. • There was no like this particular person. No one could do this. • [No one] who would say, "Okay, yeah, I'll talk to you about that. I'm not afraid of that topic with you." • The little bit of effort I made to say, "Hey, I'm struggling," was met with such shallow input. Why go any further? • "They can't go there with me. I tested the water. They're not the right person."

		• They're just either not able or they're not willing. • When you try to tell a friend and they don't want to go there. • "Okay, this is not a conversation that's going to be had." • It was shut down quickly. • An awareness that that's not the person that I need to be talking to. *C12* • I try to lean into the people I know I can trust, which is that pastor of that smaller church and my husband. And honestly, those are probably the only two people I unload on. • I don't unload on them.
Working Theme 13	**Personal Personality Type** *C5* • My personality. • I am not really a person that seeks counsel naturally. *C8* • My personality. • It's a high D [DISC profile] • "If I didn't have a D personality, would we be at the stage we are after 16 years of being here?"	**Personality Type Experience** *C5* • Just keep it to myself and keep going. • Just go forward. If I make a mistake, I'll figure it out. • I think if she [wife] had not encouraged me, I would've just got over it. • My personality just as a driver *C8* • I will just drive. I'll just continue to push and drive until I just fall over. • "The problem is for you is you've got to start working on the next one. There's no time to sit back and rest on this. I've got to move to the next thing." And so,

		whether that's part of the dominant driver part of my personality or whatever
		• I was a D C, which I think in probably the worst combination that you can have
		• "But look what we've done by being, you know, who we are."
Working Theme 14	**Inability to Disengage or Inability to Relax** *C5* • Not able to completely disengage from the problem. *C8* • [The pressure of ministry] You never get away from it. • I don't know how to relax. • But probably just trying to define what that means. You know, how do I [relax]? *C9* • [Not] getting to the depths of where I need to be like I am when I'm rested. • I'm not giving it my full attention as I should. • I'm not giving it the spiritual attention I need. *C11* • We'd go on a date; we'd talk about the church. *C12* • My mind won't focus. • My mind won't stop long enough.	**Inability to Disengage or Inability to Relax Experience** *C5* • Just getting out of town a little bit. Driving up to ****, you know, whatever, going to lunch, sort of helped me break away for a few minutes. [But not able to completely disengage from the problem.] • When I was praying, that was consuming my prayer time. • But even during the day, I'm getting text from **** and others that constantly, it's just like, constant reminder that somebody's gunning for me. • Meditation was miserable because I'd have to process everything I was having to get done. Meditation time turned into answering emails. *C8* • [The pressure of ministry] You never leave it, it's always there. • Just the pressure of that, you don't ever feel like you can just go home. • We've got our 30th wedding anniversary this year. We still haven't figured out where we're going or what we're doing. Because in our conversation, we could go to a, she loves the beach, right? So, we could go to an island or go do something like that. But both of us said, "Okay, but

		after about two days of looking at the water, what are we going to do?"
		C9
		• I'll be right in the middle of prayer and, boom, here comes the laundry list.
		• Because I'm tired, because I've got a laundry list of things going on.
		• It's all these things running through my head.
		• "Oh, you're tired. You're weary, so you're not digging deep because you don't want to go deep because it'll wear you out."
		• "Okay, I'm going back to bed." But you know you got 8 million things to do that day.
		C11
		• We'd plan, "The music department, yeah, it needs that. We need to work that out."
		• I really didn't rest.
		C12
		• When I was younger, reading was a big part of my life, but honestly, I can't hardly read anymore.
		• I read my Bible, I try to read my books that I need to read for ministry, but as far as just sitting and reading for, I used to be able to read all day long and just close myself away with that. But I can't hardly do that anymore.
		• Now more often than not, we listen to Ministry Central or watching a video of someone else preaching or studying. We're not using that as a relaxing time. We're using that as almost, well, study time.

		• That inability to just not think about the bills, or the buildings that I'm over at my work, or my children and their problems and what I need to do to help them.
Working Theme 15	**Environmental Influence** *C5* • The way that I was raised. • Environmental. *C11* • My background.	**Environmental Influence Experience** *C5* • My background is you just, you kept everything in a bubble. • I was raised in that environment [of keeping things private]. • My parents never talked about it. • You just keep it to yourself. • Work it out. Figure it out. Suck it up, butter cup, keep going. *C11* • My upbringing and the things that I experienced there kind of plays into the whole stress thing, how I handle stress.
Working Theme 16	**Lack of Self-Awareness** *C6* • I didn't realize. • Unawareness. • I didn't recognize it as such. • Very unaware there's a problem. *C8* • [Not] feeling the effects of having blood pressure that was that high. *C10* • Naivety	**Lack of Self-Awareness Experience** *C6* • Because when it dawned on me, I was very willing to engage. • Not understanding how far it had gone so quickly. • Honestly, it just took me by surprise. *C8* • I don't know if I even knew what I was doing to be able to manage it or effectively cope with it. • On the stress side of things, I just think I have naturally learned how to function.

	• There was a large part of me that was in denial that it was as bad as it was. • There was the denial factor. • Never acknowledging where I was in the moment. • That led me to live in a state, almost a state of denial. *C11* • It's unknown stresses. • I didn't know that I was under stress. • The stress that I never learned to be aware of. • Lack of awareness • Awareness is the biggest factor, in my mind. • Not many people realize they're feeling anxious about everything that's going on in their life. • Part of it has been [lack of] awareness. • I didn't realize.	*C10* • I kept telling myself, "This is normal, this is not bad," "You've got this," "You can get through this with prayer," and "This is okay, this is normal life." • I lived really in denial until many months afterwards. • I entirely ignored the moment and just kind of stifled it. • I never acknowledged or embraced the moment for what it was. *C11* • You don't realize that you're under, the vice is on, and it's being turned slowly. • You don't realize your cortisol levels are high, and maybe things are going on, but you're not really realizing it. You're just going about your day and moving along like you always did. • There were other things going on that eventually affected me. • I needed knowledge about myself. • There are times that I didn't [realize]. • Trying to be aware of what's going on so I can deal with those things.
Working Theme 17	**Need for Validation** *C8* • A sense of accomplishment for me. • I find a sense of value in myself if I'm doing something.	**Need for Validation Experience** *C8* • "Am I done, personally? Is there anything else I can bring to the table? Is there anything else I can offer? Have I hit my limit?" • Part of my way of dealing with that is I have to maybe be doing something new in

		order I make sure I don't feel like I've reached my limit. • If, if I'm not doing something, or we're not working on the next thing, or we're not trying to grow the next, you know, I guess maybe I'm dead weight. • And I look at all of that, and for whatever reason, for me, it's not enough. • I'm wanting to make sure that I leave something that they all are proud of. • I've got friends I went to Bible school with who have family that are in ministry, and they've just been handed stuff, and ministry. And here I am, 14 years I've been doing this stuff. I'm still not where they are, and it's just unfair, because I don't have the same family name. • I'm way behind the 8 ball, and so I've got to really push this thing to get, get it to a respectable level. • Part of it early on was really more like a dog on a bone. I came here, and I was told by people who were here that I would never run 100 people in central ****. • If I'm no longer productive, then it means I'm no longer needed. • If it's not something that I can do, then maybe I'm not as much a success as they think I am.
Working Theme 18	**Avoidance of Burdening Others** *C7* • I don't want to bother [anyone]. *C9* • "Okay, I could leave it to them, but they've got full time jobs."	**Avoidance of Burdening Others Experience** *C7* • I don't do this anymore because I don't want to, I don't want to bother my pastor any more than I have to.

- I hold back from talking to her a lot because she's dealing with things, too.

- I try not to deal with that too much with him [Pastor].

C10

- In my attempt to try to not burden her.

C12

- That's [not] always fair because sometimes when I'm upset there's a lot going on in my mind. Not everybody needs to know all of that.

- **** called me, and he called me regularly through all of that. And he said, "I'm not hearing from you. What's going on?" I said, "I don't want to bother you."

C9

- They've got a lot of stress on them because they're running their jobs plus their positions at the church. And I don't want to teach them to have to push through.

- I know he could handle the stress. He could handle it. But I've watched him do the same things I've done.

- That in the back of my head causes me to say, "No, I'm not going to do that do him."

- To try and tell her my stresses, then she's going through a tremendous amount of stresses.

- Because he's [Pastor] in his own world dealing with it.

C10

- In my attempt to just compartmentalize, keep going, I had withheld a lot of this from my wife.

C12

- Part of that is that guilt.

- You're just going to get a bag of

  nonsense.

- I'm going to tell you everything that's bothering me, and that's not going to help me or you.

| Working Theme 19 | Self-Blame

C10

• I was under the impression that I was weak because this was a struggle, and I was breaking.

• It was my fault.

• Everything was my fault, either a lack of something I did or a fruit of something I did. | Self-Blame Experience

C10

• Every circumstance that I faced I had a biblical answer, and a biblical answer for and against why I was feeling this.

• Because I was young, was weak, because I hadn't prayed, fasted, read my Bible enough, checked all my boxes.

• I perceived reaching out as a sign of weakness. And I felt like if I couldn't identify my emotions or the reasons why I felt things, I couldn't articulate it perfectly, then it was wrong.

• I'm weak and I'm the problem, and so I tried to find the answer to my problem introspectively. |
| Working Theme 20 | Inconvenience

C11

• Not convenient.

• They're not going to go out of their way to find counseling help. | Inconvenience Experience

C11

• A middle of the night conversation, where I couldn't call somebody else.

• It's just the proximity.

• It's got to be very accessible. |