

How Are You "Being?" Clergy Self-Care During a Time of Anxiety and Uncertainty
A Study of Mindful Self-Care Practices and Well-Being Among Clergy:
Implications for the Church and Its Future Leadership

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Introduction

Ministry is practiced today under uncertain social and global conditions, defined by pandemic, political polarization, social unrest, and global climate change. Many clergy and congregants are coping with a profound sense of anxiety about our world's future as they discern their life's direction. This context where ministry is done and where the church and its members search for their identity and a sense of belonging, makes self-care imperative for the well-being of church leaders, its members and society.

I know this firsthand, and I breathed a deep sigh of relief when I received notice from the Louisville Institute that I had been granted a Sabbatical Grant for Pastors. I had been assisting my congregation non-stop for nearly three years as we all sought ways to cope with the COVID-19 pandemic. We had shifted to on-line worships services which I had to learn to record from home. That effort came with having to quickly learn the use of technology, sound, lighting, and use of the green screen equipment. We held weekly zoom congregational wellness gatherings and staff meetings. Our monthly church board and committee meetings were held either via zoom or by telephone conference calls. I sent to the congregation a monthly pastoral letter and Communion kits. I visited those who were ill and offered pastoral guidance to others. There were funerals to organize and conduct of those who died of natural causes and due to COVID. Some were held via zoom only at the graveside or as a small gathering at the church or funeral home. They were all available via zoom to other family members and friends not able to physically attend the service. People were experiencing fear, vulnerability, and a profound sense of grief due to all kinds of losses. I continued to prepare and teach my classes by zoom and as guided by the university COVID-19 protocols. I got my shots and booster. I also got diagnosed with COVID. Luckily, I recovered quickly with the help of the new medications that were not available two years ago.

I consider myself a self-aware person and practice various forms of self-care. However, the moment I learned that I would have a sabbatical opportunity, I was gripped with how tired I had become from assisting in taking care of my family, myself and doing pastoral duties since the beginning of the pandemic.

I recently attended a meeting of faith leaders to reflect on the topic: “Spiritual Self-Care in the Midst of Today’s Challenges.” It was sponsored by the Meister Eckhart Center for Catholic and Dominican Life at Albertus Magnus College in Hamden, CT. Our group consisted of Catholic, Protestant and Jewish clergy and lay members. Sister Anne Kilbride led us in a guided opening meditation followed by two presentations given by two ministers, the Reverend Bonita Grubbs (Baptist) and the Reverend Lindasusan Ulrich (Universalist Unitarian).

Sister Kilbride framed her presentation by suggesting that we think of Jesus as a minister who gave and received compassion. The images she conjured were when Jesus had his feet washed by Mary and his asking and receiving water at Jacob’s well. She asked us to think about how we give and receive compassion from others. She also referred to those times when the New Testament recorded Jesus as being “pressed on every side” and what do we do when we feel pressed?

We then each took a twig and were asked to observe it. The twig, broken off from its larger plant, was now separated from its original source where it received food and sunlight. She asked us to imagine that in the twigs original home that smaller insects use it as a bridge or path to their destination and that birds rested upon it. She asked us to reflect upon what it is like when we felt separated or broken off from our ministries, their sources of nourishment or no longer saw ourselves as providing a pathway for others. Self-care ultimately is about our letting go, accepting our mortality and making room for others to come and journey their live path and cycle. How we understand ourselves as ministers, the kind of world we are now living in, and who are also human beings impacts how we self-care, live and lead as clergy.

I, like other parish clergy, struggled to find ways to support the congregation I was serving to cope with living with the pandemic. There was a great deal of uncertainty about daily living and the future. I wrote articles about faith and uncertainty for our local newspaper, participated as a panelist via radio talk shows and on zoom discussing the pandemic and the faith community. I kept a journal and wrote poetry. Members of my congregation found the following A Prayer for Our Time helpful:

Spirit of All Creation:

May our faith in you and one another guide us as we cannot yet see our way through this time of crisis.

May our hope in you and the goodness of our neighbors strengthen us as we endure our discomforts and fears.

Bless all who are suffering from racism, Anti-Asian sentiment, xenophobia and hatred at this time.

Give comfort to all who are emotionally, physically and spiritually distressed.

Bless our health care providers and all who are taking care of those who are ill.

Grant wisdom and discernment to those who are researching and searching for medicines to combat our diseases, the corona virus and other illnesses.

Help us to reassure and comfort our children and protect them from harm and danger.

Grant, O God, those who lead our governments, institutions, hospitals, our schools and local organizations, safety and emergency services and us, wisdom beyond our own wisdom to contain the corona virus; faith beyond our own faith to help us to fight our fears and strength beyond our own strength to be resilient and sustain all of our vital institutions through this time of turmoil.

Although we are physically separated from one another, Eternal One helps us to maintain our social connection to one another by our creative and ethical use of social media.

Help each of us to know that there is something in us stronger than fear. Birth in us a new sense of hope that will help us to rise above the clouds of despair.

Grant, Eternal Love that we emerge from this time of crisis a more loving people who are more committed to the welfare of all and the earth that sustains us. Amen

In one of the low moments during the first year and a half of the COVID pandemic, I wrote the following poem:

Again

We will laugh again, without caution.
We will smile again, without constraint.
We will embrace again, without defense.
We will speak again, without muted sounds.
We will, again, side by side, look at the stars.
Again, we will gather in places and spaces unsoiled by our anxiety and fear.
We will freely breathe deeply, again.
We will dance again with our cheeks close enough to hear our whispering to one another.
We will mourn again, openly.
We will greet each other again closely, without suspicion.
Children will hug us again.
And we will hug children, again
We will invite solitude, again.
We will imagine again without desperation.
We will again feel the joy that hope brings.
We will play together again.
We will sing together again.
We will cheer together again.
We will pray together again.
We will feel each other's hands and arms,
Again, tomorrow.
Tomorrow, again.

Self-care practices are the ways we can discover our essence, our deeper selves from which we can live and lead. This awareness goes beyond our title and roles, from what we do to who we are, to our sensing our own "beingness" which gives us a feeling of having a real presence in the world. Our less awareness of our authentic identity is due to us having been socially constructed by false notions of class, race, gender, geography and nationalism. The pandemic has caused us to re-examine and question much of what we thought about ourselves, life and one another. We run the risks of returning to defaults patterns

of thinking and leading congregations if we do not excavate or uncover what our recent pandemic crisis and its aftermath have to offer us about the essence of who we are as human beings and what the church can be at this time in history. Clergy must give themselves permission to do this kind of self-exploration and denominations and churches must help to create the spaces in which this can take place.

Acknowledgements

My gratitude to the Louisville Institute for providing me with a sabbatical does not adequately express my appreciation for the time to rest, to reflect and do the research this opportunity afforded me. I want to thank my family for their love, support, and encouragement always and during this time away from normal pastoral duties. A word of gratitude to all the clergy who either just read the study invitation and survey, and especially to that clergy who participated in the study.

I turned to my friend and colleague, Richard F. Mollica, M.D., founder, and Director of the Harvard Program in Refugee Trauma, for his advice for a research tool for this study project. He recommended the Physicians Well-Being Index of the Mayo Clinic used in the study discussed below. I thank the Mayo Clinic for permission to apply this measurement to the clergy under study:

(rcheak@mywellbeingindex.org).

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Dr. Jason Hotchkiss, a colleague of Dr. Cook-Cottone, a researcher and statistician extraordinaire help to bring some of the important results of this project to life and its completion. He is a board-certified

chaplain at Mission Healthcare and a well-being researcher and adjunct psychology faculty at Cornerstone University, facilitating healthcare research between Mission Healthcare and Cornerstone. His research has focused on well-being, compassion satisfaction, burnout, mindfulness, self-care, and optimal functioning of helping professionals. Jason is also an ordained minister and serves churches in the San Francisco Bay Area.

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and reminders over time to clergy inviting them to participate in this study and announced this project in their newsletters and other communication organs of their denominations. They offered their support and wise counsel for this study project. Thanks to Yale University Divinity students Claire Weihe and Daisy Jones for assisting by taking notes of the focus groups discussions.

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Most importantly, I wish to thank my wife, Annette R. Streets and my family for their inspiration and support of my work.

I am completely responsible for the content of this study and full report.

Concerns, Basic Study Questions and Study Tools

1. What is the status and quality of clergy well-being (cognitive, physical, emotional, and spiritual) considering living with a pandemic?
2. What sustains clergy in amid living in a trauma impacted world? and
3. What are some of the crucial skills needed for the practice of ministry today?

The research questions that were testable with the study data were:

1. What is the relationship between mindful self-care and well-being among studied clergy?
2. What specific self-care practices were the strongest protective factors against well-being?
3. Do any demographic variables present as third factors predicting well-being?

Participants

Invitations were sent in the spring of 2022 to 1,120 clergy serving in the USA and 445 responded (39.7% response rate). Nine-hundred and sixty-eight of the 1,120 clergy were of the Southern New England Conference of the United Church of Christ, 103 were American Baptist Churches of Connecticut., 35 Episcopalian of Connecticut, 9 Presbyterian, 3 Evangelical Lutheran Church of America and 2 United Methodist. Three hundred and twenty-six of the 445 who responded were included (73%) after the elimination of 119 incomplete surveys. Table 1 shows selected demographics. Females were in the majority (65.0%) and the mean age was 59.5 years (SD = 12.1) with a range of 25 to 87 years. More respondents were employed part-time (58.9%) than full-time (41.1%).

The mainline Protestant denominations are known to have a high percentage of Caucasian Americans (86.0%). Caucasian Americans (92.9%) in this study were the majority followed by African Americans

(4.3%) who were represented slightly more than among the mainline denominations (3.0%). Although, African Americans representation among study participants and mainline denominations was much less than among the general population (13.8%). This was true of the other ethnicities where clergy representation was lower than among the denominations in which the spiritual care professionals were serving and much lower than the general population.

Highlighted Findings

- Most of the survey respondents were female 65%.
- The mean age was 59.5 years (SD = 12.1) with a range of 25 to 87 years.
- More respondents were employed part-time (58.9%) than full-time (41.1%).
- Caucasian Americans (92.9%) in this study were the majority followed by African Americans (4.3%) who were represented slightly more than among the mainline denominations (3.0%).
- Clergy who felt good about helping others tended to take care of themselves better and have lower risk for reducing well-being.
- Clergy who engaged in multiple and frequent self-care strategies experienced higher well-being

than that clergy who did not engage in multiple and frequent self-care strategies.

- More experienced clergy appear to have refined tools for handling the pressures of giving and caring in spiritual care.
- Religious organizations have begun to recognize that the pursuit of wellness among their clergy is a win for both clergy and members.
- In the spiritual care professional's journey toward wellness, mindful self-care is imperative.
- Denominations would benefit from promoting how more experience clergy can assist less experience clergy in self-care strategies and practices.
- Clergy well-being is enhanced by supportive family and other support systems.

A Clergy Self-Care Protocol (Mollica, Richard, Augusterfer, Eugene F., L. Fricchione, Gregory L., and Graziano, Sonia (2020). *New Self-Care Protocol: Practice Guide for Healthcare Practitioners and Staff*), is offered as a part of this report.

Definition of Self-Care Used for the Study

Self-care is defined as the daily process of being aware of and attending to one's basic physiological and emotional needs including the shaping of one's daily routine, relationships, and environment as needed to promote self-care. Mindful self-care addresses self-care and adds to the component of mindful awareness.

Mindful self-care is seen as the foundational work required for physical and emotional wellbeing. Self-care is associated with positive physical health, emotional well-being, and mental health. Steady and intentional practice of mindful self-care is seen as protective by preventing the onset of mental health symptoms, job/school burnout, and improving work and school productivity. This scale is intended to help individuals identify areas of strength and weakness in mindful self-care behavior as well as assess interventions that serve to improve self-care. The scale addresses 6 domains of self-care: mindful relaxation, physical care, self-compassion and purpose, supportive relationships, supportive structure,

and mindful awareness. There are also three general items assessing the individual's general or more global practices of self-care: engaging in a variety of self-care activities, planning self-care, and exploring new ways of bringing self-care into the individual's life.

The Physicians Well-Being Index will be used to apply the study's clergy participants:

The Physician Well-Being Index anonymously measures six dimensions of distress and well-being in just 9 questions and provides organizations with de-identified aggregate data to provide support to those most in need. The Well-Being Index was invented by physicians at Mayo Clinic to accurately measure six dimensions of distress and well-being in just nine questions. Since then, the Well-Being Index has been validated by various publications and used by over 600 medical institutions and organizations worldwide.

The results of the study will be shared with the Southern New England Conference of the United Church of Christ, American Baptist Churches of Connecticut, and Berkely Divinity School at Yale (Episcopal) and the study participants and the public via the website of the United Church of Christ, social media platforms, published article where accepted, divinity schools and seminaries and with all other appropriate interested parties. Feedback from the small group discussions further nuances how the clergy respondents in the study thought about the meaning of well-being as proposed by the study. The purpose of this study was to examine the relationship between mindful self-care strategies and the well-being of clergy while controlling for demographic factors. Research question was: what is the effect of mindful self-care on overall clergy well-being?

Study Context

Clergies see themselves as healers. We are relational/social people (Lindner (2016). Varieties of Gifts: Multiplicity and the Well-Lived Pastoral Life. However, some clergy suffer in silence with their own sense of being wounded and concern about the stigma that may be associated with their need for

care. Clergy have been fulfilling their ministerial duties over the past two years under the unprecedented distress of the pandemic. This distress can lead to their experiencing depression, burn-out, substance abuse and other forms of unhealthy self-soothing behaviors (Kolk, 2014). *The Body Keeps the Score: Brain, Mind, And Body in The Healing of Trauma*. Left unattended, these unhealthy reactions to their distress can lead to their experiencing physical, emotional, and spiritual decline and the ability to continue to effectively provide the pastoral leadership in their given context. My guiding core question regarding the well-being of the clergy under study was: “how are you “Being””? This was an exploratory study that measured clergy well-being based upon their responses to two survey instruments: one discerning wellness and the other concerning clergy self-care practices. Participants in this study were randomly selected to voluntarily join a focus group to reflect on the study results and to share their experiences with self-care practices. This added a qualitative sense of how the clergy in this study describe their sense of well-being.

I sought to discern from this project what sense of self and self as a clergy do members of the clergy possess considering their experiences over the past almost two years of the pandemic and how its continuous emerging variations are affecting their quality of life and relationships. This was important to explore and to further understand because many clergies see themselves as healers and we are relational/social people (Lindner (2016). *Varieties of Gifts: Multiplicity and the Well-Lived Pastoral Life*). However, some clergy suffer in silence with their own sense of being wounded and concern about the stigma that may be associated with their need for care.

I was also curious to know what “new” ways of clergy being may give us insight as to their resilience and growth under trying conditions. Understanding this would be important for congregations and denominations to consider as they seek to be supportive of the clergy.

A research proposal was submitted to Sabbatical Grant for Pastors of the Louisville Institute to assess

whether the research activity has minimal risk to human participants and approved the study. The survey commenced with a statement on informed consent. Assurances of anonymity, confidentiality, and the principal researcher's contact info were provided. The guidelines laid out by for survey research were followed (Kelley, Clark, Brown, & Sitzia, 2003). Demographic variables in the questionnaire included age, gender, ethnicity, and employment status (full or part-time). The research questions were the following. What is the relationship between mindful self-care and well-being among studied clergy? What specific self-care practices were the strongest protective factors against well-being? Do any demographic variables present as third factors predicting well-being?

Focus Groups

Initially 132 participants indicated an interest in being a part of a focus group to reflect on the study questions and results. *The purpose of a focus group is to explore the phenomenon of a research study... Focus groups provide an opportunity to expand on data gathered previously by the researcher.* (Graham and Bryan (2022)). These 132 respondents were randomly divided into groups of no more than 10 each and invited to attend a focus group meeting. Some clergy had a change in their availability to attend a focus group meeting. The number of focus groups sessions held was eleven (N=11). The number of group participants was thirty-seven (N=37). Twenty-seven (N=27) focus group members identified as female, and ten (N=10) focus group members identified as male, (total of N=37). One (N=1) identified as African American male and one (N=1) identified as African American female. As indicated by Graham and Bryan (2022): *One focus group conducted well may be better than two or more that are less effective.*

A focus group covenant and agenda or protocol (Graham and Bryan (2022)) (see addendum) was created to structure and guide the focus group discussions. The sessions were recorded with the permission of the group. An administrative assistant was introduced to the group and assigned to

take notes of the session, although not as a visible on-screen member during the group sessions. The themes and suggestions from the focus group meetings reviewed below further contextualized and added nuances to the survey results. Focus group notes are not edited in this report in an effort to reflect the unaltered and candid responses of the participants.

Summary of Focus Group Discussions General Themes

A general observation gleaned from the focus group discussions highlighted the question raised in the New Testament (Matthew 16:26, Mark 8:26 and Luke 9: 25, what does it benefit us if in gaining the world we lose our souls? This caution is to religious leaders as they think about their goals for their sacred work in the church. Doing the array of functions clergy expect of themselves and required by their congregations feels to many clergy like what they do flows from their sense of who they are as persons who are clergy. Separating the doing of these activities from who one is can be difficult for the clergy to do. Clergy people are more than what the actions of their roles require.

Some clergy once they retire struggle to answer the question who am I since I am no longer playing the role of being a minister? Self-care and mindfulness practices while doing ministry can help them to balance their role expectations and have a broader perception of themselves. This can contribute to their having a healthier sense of wellbeing in retirement. Self-care and mindfulness practices support an awareness or recovery of one's authentic self. The impact of the pandemic has impressed upon many of the clergy in this study their need to maintain a holistic perspective on who they are and what they do in and beyond having a formal ministerial role.

General Response to Survey

General Participant Responses to The Survey:

Participants were not surprised by and the degree of wellness that was found, especially with the level of burnout that is being described more generally about clergy.

- Not surprised by results of survey.
- Self-care is a large part of [their] ministry.
- Not surprised to see such a high % of people who are doing self-care; this kind of survey might attract people who are positive about the issue.
- Participant said that the UCC says that self-care is important, but they don't offer the funding for clergy to take care of themselves.
- Participant suggested that mentors in self-care would be an important intervention- "we train leaders (in the UCC) and invest in it, but not in ongoing self-care practices";
- Participant mentioned music as an important thing he does to relax.
- Participant mentioned his family of origin as the way he became engaged in self-care- having to learn how to "take care of myself".
- Participant mentioned an early investment in spiritual seeking- learning about Zen Buddhism as early as high school.
- Participant mentioned an attraction to spiritual life at an early age as well- attending a Ba'hai temple and learning to meditate.
- Mention that as one has aged, they have gotten better at self-care- he looks back at points in his life and wishes he had dealt with something differently than he did.
- "The gap between knowing and doing has closed".
- Another participant also shares stories about her family of origin as a starting point for her self-care work.
- More mention of spiritual development at a young age- Participant reflected going to Sunday school and learning about Christ and really feeling like she was really taking the lessons to heart.
- Told an anecdote about defending kids of the playground, motivated spiritually.
- Participant mentioned bringing together many interesting and compelling things in their lives, and aligning that with her faith as a source of sustenance in her work as a pastor.

- Participant mentioned her theological beliefs about free will and agency as a source of comfort as well.
- Participant also agrees that age has helped with a sense of calm and feeling grounded- able to respond more relaxed to life's challenges, including interpersonal ones.
- "I am blown away by how much God loves us"- a source of calm and relaxation.
- Participant learned the basics of relaxation from a book called "The Relaxation Response"- a book by a cardiologist who shared tools with patients to help people bring down their blood pressure- participant was able to apply some of these tips to the people he served;
- Participant mentioned the connection with three other couples- "we kept each other as healthy as possible and were honest with our feelings and behaviors"- served as supports for one another for many years.
- They were able to be anchors for each other and work through many different stressors of life and ministry.
- "If you can't take care of yourself, you can't be a support to anyone else"- learned that one cannot wear themselves down;
- Participant mentioned the importance of exercise for himself- learned that he did not really take care of himself until he was too tired.
- Discussed the issue of being busy and overworked and not making time for himself- learned the hard way what it was like to be worn down.
- These examples for him pointed to the need to proactively develop self-care strategies.

Question 1 - How should seminaries and divinity schools prepare future clergy to learn how to take care of themselves?

- Participant mentioned the need to teach students how to meditate and how to take care of themselves- reflects that in the UCC, he doesn't know if he was ever taught about self-care and meditation.

- Participant mentioned that it was parishioners who encouraged him to take time for himself.
- One person mentioned the need for exposure to multiple self-care strategies- need to be dynamic in the ways that we approach self-care; “students need to know that they are available and that they can use them”.
- “The idea that you can go away and pray and fix everything is not going to work in this day and age”.
- Examples: openness to other traditions; openness to other fields of thought (psychology, ex). stream of consciousness journaling (“so you begin to pay attention to yourself”).
- Participant offers a reflection that there is oftentimes a mentality that unless someone is in trouble, they won’t work to develop self-care strategies.
- “I don’t know how to get homo-sapiens to do anything unless there is pain involved”
- People unfortunately don’t do anything until they are suffering... there could be more proactive ways of taking care of oneself- “These young clergy...unless they get themselves into deep *trouble* I am not sure they will do anything”.
- Reflected that his conference (luckily) reached out to him to develop clergy coaching- “this is another resource that could be helpful to clergy”.
- Seminaries and div schools could advise people on self-care strategies instead of just about what classes they need to take.

Question II - How do you show yourself the same amount of passion you show others?

- Participant reflects that she wants to practice what she preaches- “I do not want to teach or preach a word that I am not living”.
- “I am not convinced there is a divide between the sacred and secular.
- Participant mentioned developing the practice of holy yoga.
- learned the idea of holding space- someone in the course would share something, and no one else was allowed to respond; afterwards, people were allowed to share their thoughts and support; “afterwards we were allowed to share in a group”.

- This exercise showed the participant the importance of holding space for her own self through various emotions- “that taught me the importance of holding space for myself”.
- Participant reflects on the importance of being in touch with her own feelings.
- Participant mentioned learning to be in touch with her different emotions throughout the day.
- Ex. Evenings are harder than mornings for her- she finds herself being more critical towards herself then... Being mindful of this and redirecting as is necessary.
- “I don’t override (my instincts) unless it is an emergency” ... meaning not over-working herself when she is tired as an example.
- Participant mentioned journaling in the morning.
- Participant mentioned work in trauma- compassion fatigue and vicarious suffering.
- Compassion fatigue- giving out after giving up so much of oneself.
- Vicarious suffering- taking in the pain of others.
- Participant mentioned being aware of these two things and what to do about it;

Group Shares Out Final Reflections:

- Mutual expression of gratitude for this experience and the sharing of self-care and mindfulness resources.
- Interest in continuing to learn more about one another and their work.
- “I feel enriched and encouraged to continue this work”
- Rev. Streets asks the group to offer a blessing for the group; the group closes by sharing blessings for one another.
- In paraphrase one participant shared: “I was struck by the questions [of the survey] that prompted that made me realize “oh this is a problem” I was able to have conversations with people and colleges with these questions. The process of answering these questions was a sign of recovering some balance. I ended up asking our leadership... asked for a sabbatical. It didn’t seem possible. maybe just extra weeks of vacation.” The leadership agreed and the participant is feeling more balanced with the extra time off.

- They were vulnerable and this helped make the change in culture of self-care.
- One participant knew that a friend did not turn in the survey because his wellness score was so “bad”.
- One participant commented on how when reviewing the survey results it became evident that the most “well” people had a menu of option in their “Self-care toolkit.”
- Questions about building in resiliency for pastors.
- Mentioning about the word “self-care” -- the wording which can be commodified, and rather maybe we should go back to Sabbath, rest, which can or should be communal. Another agreed that the terms seem overused.
- The terms used regarding self-care can often be overused.
- One participant was “Curious about where the 'other places beyond family' people get support. Is it in the congregation?” Because this participant is feeling quite supported at the moment by their congregation and feels that this could be one of those places.
- One participant was concerned and curious about the correlation between congregational health and clergy wellbeing.

COVID-19 Impact on Ministry:

- One participant reflects on a bad burnout experience early on in their career, so much that they needed to leave ministry and come back. They felt more prepared for COVID after having this experience. They are currently feeling supported by a leader of their congregation who has encouraged them to take time off for the care of the congregation. They expressed that at some points they (the pastor) felt guilty taking time away. They found that a strong community of pastors in the local pastors has been helpful.
- The pandemic has taught us how to do ministry differently, it affected their identity as a minister, I was no longer able to go house to house. So, what it means to be connected in new and different ways like zoom, Facebook live, and sitting in people driveways was depressing and heartbreaking and creative and challenging.
- During the pandemic, I was feeling bad because I was being asked to do things well that I had never done before. We had to learn better ways of doing ministry, and the congregations.

- One found that they work better at home and that they have needed to communicate this to their congregations.
- Writing prayers has been something that came out of the pandemic, and transcribed them, helped them to understand monastic scribes, there is a spiritual journey.
- I began to realize I was waiting and waiting to write my sermons – I knew something was wrong at that point. I would leave it to Thursday to get pen to paper. Even not finishing on Saturday.
- I have appreciated doing more professional development remotely, less of an expense on the church and less travel time;
- A participant commented on word burnout — clergy feel burned up rather than burnt out, more based in anger. COVID has caused people to have to be very adaptable — we sometimes absorb other peoples emotional froth, and anger could have come from it.
- One shared that all of their traditional skills were not useful anymore, everything has to be relearned. Learning how to do zoom, and having a successful meeting over zoom to create something we have never done before. It was quite a challenge. Gathering together to initiate conversation to glean wisdom was a large portion of their ministry.
- One participant shared, paraphrased, “During the pandemic I almost doubled the amount of time I spent with my spiritual director, her wisdom was very useful”.
- One participant made weekly 3-minute videos about self-care for the congregation.
- One participant shared that now, boundaries are harder to set because there are so many ways for congregants to communicate with them.
- A participant shared that since the online service needed to be pre-recorded it made them finish the service at least by Thursday. This has been a pressure release and a way to integrate the message into their life before teaching. We have discovered some much better ways of working during the pandemic.
- One participant shared that they had a lot of colleagues retire during the pandemic due to burnout and just being tired.
- A very important part of the conversation was about the two participant’s ministries during the pandemic.

- One participant put off their planned sabbatical. But this January 2022, the participants hit the wall, and luckily the church agreed to have them leave for a few months. The participant did a few things, but the big event was a St. Francis of Assis retreat in Assis. The participant came back with a “respond not react” mantra from the sabbatical’
- The participant shared that the retreat was the story of how St. Francis gave up everything to live out the Gospel, fun and enriching about what the participant should be preaching about. There were many moments of revelation of deep grief and deep joy...” I needed to be present with myself; with a simple prayer “you are here, and I am here.”.
- One participant had a very intense experience moving into their current congregation. They moved to the small congregation 5 weeks before the pandemic, and prior to that only pastored large congregations. Things are going quite well for the congregation. They are getting quite involved in the community and their weekly worship attendance has gone from 5 to 25’.

Media Ministry During the COVID Pandemic:

- One participant finds this to be incredibly draining, so they keep it very simple, with no live streaming.
- People seem to be afraid that the church is not keeping up with the times, but they are not aware of how much work media work is.
- Another participant says their church is “anti-tech” because there is intimacy with no technology. They do not use any microphones even. The congregation also does not take offering during service anymore, lots of transformation! With all the newness of the church the media stuff had been one thing too much.
- One participant shared that since they were not a settled pastor, they were new during the pandemic it offered them a great deal of freedom in their ministry.
- The pandemic was very difficult for one participant since he was a settled Pastor, and everything was new and was a challenge.
- One participant’s church is officially closing, mainly due to the pandemic.
- One participant expressed that they have never worked harder in their life and the do not think that the congregation sees that.

- “Self-care has never been as important as it has been this year.”
- One participant shared that they feel like they have some form of post-COVID (or post lock down) PTSD after dealing with so many headaches from stress due to the pandemic and lack of sleep. The participant noted that this is not clinically correct but feels that the COVID-19 lockdown had a significant impact on their health.

How Pastors Can Improve Their Self-Care:

- Pastors must be better advocates for themselves towards church leadership. This is something that is given in other professions without much question. Of course, this is a larger problem because it is a cultural “American” issue. One of the main issues for pastors is emergency services. People join the church as a community, not to the individual pastor;
- One participant shared, in paraphrase, “What feeds “us” is helping others and the community, but this can also be depleting for personal and family life. Finding the need to lay hard boundaries.”
- “I like interim ministry because I am never close enough for people to be knocking on my door at 10pm.” And “My father was a pastor and he told me, there will always be more work for you to do... when it comes time for your vacation take it, if the work is urgent someone will do it while you are gone.”
- Age and experienced has helped with self-advocacy and that when you are young it is helpful to have someone in your corner, this is an educational process.
- Creating a Congregation that is not completely dependent on the pastor.
- They are the church, not the pastor. This is about the pastor equipping the congregation:
 - Members of the church handle the order of worship.
 - Pastoral figure is helping people finding their own gifts.
 - Recovering the model of the early church.
 - Pastors not being threatened by more lay leadership.
 - Mentors and guides have been quite helpful in their self-care.
- On signing a covenant with a new congregation.

- Maybe before a covenant is signed with a church and a pastor's concepts of self-care, vacation, study time and sabbaticals should be brought up.
- Stronger boundaries with Sabbath.
- Working as a team was helpful- learning about other people's gifts to.
- Tried to get as much exercise as possible, signed up for online tennis classes, and it was a great social distance activity.
- Studying was also a great way to relax, a few classes in biblical Greek and Hebrew,
- Absorption in something other than work.
- One of the participants is a swimmer and they swim three times a week and they find that it is one thing they do that is helpful.
- One participant does chaplaincy, and with one traumatic visit they used the stairs as a way to do a meditative prayer before and after their visits with patients.
- Another participant uses music a lot they share: "I made it a practice in the car to pray for all of the patients [and listen to Michael W Smith's this is the air I breathe to release everything to God, so they don't come into the house.
- One of the participants enjoys going on walks in their local town and focusing for five minutes on just listening to what's going on around them.
- One participant got into birding and birds, beginning with listening to them. Listening to nature, to God, "If we are awake and aware to God's world that is one-way people can be centered.";
- This participant has a spiritual director, "what does it mean to have a God centered relationship... how can I live the faith that I am attempting to model with my congregation." This participant recommends going on retreat weeks, especially silent retreats. There are many levels of spiritual direction -- Life coaching is not the same as spiritual direction. I wish more experienced clergy would be able to be with.
- Integrating daily and weekly self-care practices has been life -saving. Right now, it is walking. In a variety of ways. I am very interested in the body. I have really struggled with a severe migraine headache, and have committed to a monthly massage - which I wish didn't have a price tag, but I have a willingness to prioritize health.

- Rev. Streets shared that it's important to have activities and hobbies beyond the church "they don't need to know everything that gives me joy".
- Geography -- "I live an hour away. It provides space. It can be inconvenient, but the blessings outweigh the cons."
- One participant shared that it is important for pastors to practice their own form of worship and spiritual care outside of the congregation.
- One participant shared that music has been healing for them, especially during and coming out of the COVID-19 lockdowns. They and their spouse took up new instruments and played and sung together. It was nice for them to have something that was their own.

What Is the Role of Seminary Education to Prepare New Ministers to Be Healthy?

- A full-time internship program should be a requirement of divinity students.
- There should be more courses on how to handle personal conflicts.
- Clinical pastoral education (CPE) helped the most for pastoral ministry.
- The best advice they received in seminary was the need for pastors to take time off.
- Self-assessment and family system tools would be helpful for seminarians and active clergy to learn about themselves and have greater self-awareness.
- What about a digital divide, how can congregations struggling to get the technology they need be supported to get to the same level.
- Maybe some congregations can support other congregations to help bridge this divide.
- In the homiletics courses they need to teach reaching to a camera or preaching to a congregation.
- It was quite a shock, the participants shared when they had to do this during the pandemic.

What Have You Done Personally to Take Care of Yourself?

- Participating in various self-help groups have been helpful in developing clergy self-awareness and knowing one's triggers.
- Some activities a participant engages with are dancing, yoga, sometimes you need to break out and do something crazy, allow yourself to break, to try something new.

- A participant posed the question “If I were a parishioner what would I offer them? And offer that to myself- which provokes self-awareness.”
- Regular weekly exercise has been helpful.
- A participant shared, paraphrased, I began practicing piano again since I was a child. I am taking my time playing mostly hymns
- Another has taken up the bells at church
- A participant shared, paraphrased, “I love to walk and pray. Specifically walking in cemeteries that are quiet and peaceful.”
- One participant shared that their self-care depends on the type of stress they are under
 - If they are agitated— “I need to move so I will walk and pray.”
 - If they are tired – “I do a puzzle.”
 - “I love to be creative and use my hands— I took up quilting during the pandemic, it’s my therapy, I do it at least an hour a day”
- One participant shared that they go to a reflexologist once a week— someone who can massage their feet for 45 minutes – “It helps me with sermons”
- One shared that they were worried about judgment when taking the survey. They also shared, “My overseers are the homeless men and women that I work with because I never feel judged by them.” ... and “I never feel comfortable venting to other clergy, I might be shamed” ... “Your survey has me thinking about who I am, and rethinking my call to ministry, and we all know who that call is from, so I am reassessing and questioning that call.”
- A participant shared that you can’t use your congregation to foster self-compassion, “I am having trouble with being isolated” in cultivating self-compassion. “Self-compassion is about what do I tell myself about myself, we get so much value from others and what they mirror back to us, doing this to myself is a growing edge.”
- A participant expressed: “I walk pretty much every day, sometimes yoga, I love cooking and sharing meals is a form of relaxation as well. My husband is retired clergy, and we took up a practice of reading poems together it is a place of being fed. We lead worship but we don’t have that many moments that we feel are holy, and now we have time as a couple to do that. As far as checking in with myself, my long commute allows for the personal check in.”

Advice for Clergy Self-Care:

- Important for your congregation to know that you have a life outside of being a pastor.
- “Grateful that my congregation understand me outside of being a pastor”.
- One participant noted that: “A third of our time needs to be taking care of ourselves— a three-part, triune idea about a well-balanced life”.
- Self-care should be taught in polity courses- a point widely agreed in the focus group.
- One participant shared that they work on bodily self-care in their community of practice but not so much their spiritual health and awareness of God in their life, it should be a core piece of our polity together.
- One participant shared that a 12-step program has helped with daily meditation — which they did not teach in seminary. This program has taught this participant to be in conscious contact with God and have a community of people to talk about life with.
- A participant is also part of a community of practice that is facilitated by someone who uses Bowen family systems theory, and it has been very helpful.
- Another participant shares that she is not good at keeping daily reflection - helpful to take a step back — the view from the balcony as the other participant shared. This participant reflects back on the Thurman meditation, what we choose to put on our alters and how we grow in relationship with God.

What Could the Conference or the Denomination Do?

- The conference could encourage part-time positions to have one Sunday off a month. And that the same person could come in every month to cover for the pastor– create stability for the congregation.
- Denomination should promote that clergy self-care is for both the clergy and congregation.
- Incentivize congregations for their pastor to have a sabbatical, vacation, or Sabbath.
- Educate clergy and congregations about the importance of self-care time and how to find an additional preacher to help lead worship.
- Community practice groups need to be more regular and hopefully more intergenerational, because one participant noted that these groups do not reach across age groups. The participant noted that this will be hard because people are already busy.

- Education about clergy care needs to come from someone beyond just the pastor:
 - Associate Conference Ministers should be helping the Search and Call committees understand the needs of ministers
 - One participant from the ABC posed the question: “Who is going to be the pastors pastor in the ABC?”
- One participant shared that anything the conference could do would be great because the congregation does not understand the need for self-care because they don’t understand the work fully.
- Both participants agreed that there needs to be more funding and support to take a sabbatical.
- Have congregations look very closely at the job descriptions to ensure time off for rest, vacation, study, etc. – honoring the pastor’s Sabbath day.
- Both participants thought that more engagement between church pastors and associate conference ministers would be helpful, but then both acknowledged that the conference does not have the staffing capabilities to meet this need.
- One participant shared, “I have a lot of concern with how pastors treat their congregations, I feel that there is a lot of education that needs to be done. Maybe on a seminary level- they could try to teach some vocational resiliency.”
- One participant shared that they think that the denomination is providing an abundant number of resources now.
- A participant shared that it might be interesting to think about how clergy can support each other. The participant has benefited from a community of practice but thinks there needs to be more communal support in the vocation.
- More work should be focused on how to deal with and resolve church conflict.
- The boundary training that the conference puts on is paralleling with wellness and self-care in the conference ministry trainings ... thinking about and questioning whether if the clergy is "well" just when the boundaries won’t be crossed:
 - If a clergy has boundaries that doesn't necessarily mean they will be well,
 - This was echoed by another person,

- One participant shared that an unhealthy congregation made him better at boundaries and self-care, whereas the healthy church has made him drop his boundaries and want to participate more.
- Rev Streets thinks of mindfulness relationally-- encourages people to think of mindfulness communally, the congregation needs to know what no means,
- One participant shared that their clergy colloque groups have been very helpful. It has been helpful to them to recognize that they can move, change, and create these groups so that it helps them in the best way. They posed the question “How are we growing and changing as faithful people”;
- One participant expressed that “Things are changing so much — there are a lot of churches that are not going to make it. Who are we if we aren’t who we always were? How do you pastor to smaller congregations? Will this be a St. Paul environment rather than Constantine? I would have a hard time going back into ministry during this time.”
- One participant shared, “I agree the whole nature of being church needs to evolve to something new... but the people who are in the pews are having to cling to what they have always known.”
- One participant wishes she could be more involved with the Conference, but she hasn’t been able. NH conference has clergy convocation — hoping for more of this being together in person ... more togetherness in person was emphasized.

General Reactions to the Report:

- Participant asked about what Dr. Streets felt was surprising about the report findings:
 - Self-care practices have increased since COVID, not lessened,
 - Large number of clergies that did not complete the survey- number of people who did not complete was a surprise,
 - Extent to which older clergy had higher well-being.
- Participant discusses compassionate fatigue and vicarious trauma:
 - Over-giving of oneself when running on empty; suffering because of the suffering of others.
- Participant shares being able to come home and have a good home life; this is the most significant coping strategy.

- Participant mentioned long walks, gardening, golf, and journaling as helpful self-care strategies
- Participant stresses the importance in the investment in their family as a source of stability
 - Learned through “trial and error”; participant mentioned a past divorce that was a very painful experience that helped them to learn about the importance of taking care of themselves.

Guided Discussion Questions

Question: How do people deal with stress?

- One participant mentioned taking on too much during stressful periods of time;
- One participant mentioned that changing routine helps them cope with stress and to take care of themselves:
 - Mentioned their conception of Jesus as being important for modeling their ministry; “Jesus was on the move” and sees that her ministry should similarly “explore and experiment” with others,
 - Shared an anecdote about encouraging faith community to worship with other faith communities during the summer; expressed that this experience was very invigorating this summer.

Question: What does your denomination need to do?

- Participant mentioned that “pension boards” do a lot more than the national conference does- there doesn’t seem to be a huge incentive within the denomination to foster the skills and habits of self-care;
- Participant reflected that there are always conference meetings and association meetings, that “go on forever” but clergy are never together to have fun with one another and decompress; mentioned that they would love to be able to talk with fellow pastors, or walk with other people... but there is not of investment in this kind of care for clergy.
- Participant offered an alternative perspective; says that there is *too* much boundary creation in the UCC... says that “we need to be our community’s lead disciples”; you are supposed to be attached to the community:
 - Authenticity needs to come to build community,

- “It does leave you vulnerable [to be open with congregation members], but Jesus was vulnerable.”, Participant responds to this comment- “clear boundaries are essential.”
 - Mentioned the experience of being a supply preacher; shares how now in their church there are very few people, but building boundaries is especially important- person lives an hour and 15 away from the church, as one constraint, making it difficult to be as fully involved in the community as the first comment suggested,
 - Participant mentioned that their role is to gather them in, and build the community amongst the faith community, without them being pulled in past their boundaries as a pastor,
 - It is about strengthening the faith community; these boundaries have helped as a self-care strategy.
- Participant mentioned being fascinated by the study and the things that they have learned from it
 - Discussed the need for joy and playfulness-might serve the people we are serving and would also be helpful for clergy people.
 - Participant discussed the hope that this work will be used by the denomination, not just “filed away”;
 - Participant discussed that they are sad to see so many of their colleagues feel burnt out and how this is upsetting for them to watch; wonders if some of these practices for self-care had been built in sooner, they might not have “pulled out” of the denomination.

Question: Do you think that the denomination is aware that people are pulling away?

- Participants do think the denomination is aware that people are feeling burnt out and are pulling away.
- Participant mentioned that COVID has made these things more complicated; pastors themselves have had COVID, or they have had family members who have had COVID, too, and they now have “re-prioritized their lives” and made work less of a central part of their life.
- Participant shared their personal experience of being a supply/interim pastor: Lesson for her was that the denomination needs to train people on transition; teach people that change does happen, that it should be emphasized for the well-being of the people and the pastor.

- Participant shared a traumatic experience while they were a pastor that showed them the importance of having a backup plan:
 - “People need to know where the escape ladder is before one need it” – emphasizes how knowing how and where they can get support is an important part of pastoral leadership and they should be trained on it from the beginning,
 - Participant did feel supported by the denomination during this instance but wants to make sure that others feel the same when experiencing trauma,
 - “It is really only in community that we can find God in each other.”

Study Results Review Commentary:

- The participant shared about how they are reflecting when they took the survey.
- The results were seemingly quite positive about clergy self-care, so he began to reflect where he was at (spiritually, emotionally, mentally) during that time. It was after Easter, so there was less work stress than there is now during the new program year.
- The participant reflected about how grateful he feels with the flexibility of his schedule – in comparison to his spouse who is a public-school teacher, and the study has re-affirmed this gratitude.
- In the Fall it has been easy to lose sight of the light, it is positive to reflect on these.

How Do You Practice Self-Care?

- Some things that help the participant practice self-care:
 - Getting out of the office and visiting parishioners, being mindful of compassion fatigue.
 - Good physical exercise
 - Recognizing that multiple strategies are important, because the one might not be available to you all the time.
- Thoughts on doing something new for self-care during the COVID pandemic or coming out the most intense parts of the lock down:
 - The participant shared that they are not doing anything new right now, but something new would probably be good, based on how he is feeling right now.
 - The concept of self-compassion is very important to this participant, and it is something he is thing about

- A participant shared that he did not grow up with good examples of clergy self-care, since both his parents were ministers and they only devoted time to the congregation not their own lives.
- One participant goes to a to a meditation, contemplative prayer zoom twice a day and it has been very helpful. They also found that having friends outside of the church and using the enneagram has been a good tool. The participants also enjoyed going to CRETO (spelling?) week from the UCC denomination.

How Can the Denomination Help Clergy to Practice Self-Care?

- After a fifth year, a priest can apply for a sabbatical, but the participant shared that this is hard to plan for. “If I were truly burnt out, how would I have the bandwidth to do an application for the sabbatical? It is not a system that is self-evident or at all helpful.”
 - The participant also shared that they have two volunteer priest affiliates that each preach once a month, which is helpful, but takes away from the participant’s favorite part of the job, preaching. This makes him focus more on the administrative parts, which is his least favorite part.
 - He noted that the congregation is doing quite well and that they are young and growing. The last year has not been without challenge though, because they thought they would be going back to normal, and COVID spikes have changed that. “It has been helpful to name that it has been hard.”
- A participant shared that in his church there is some professional vulnerability to bleed in the pulpit, he shared that “it is dangerous when people overestimate people’s capacity to do new things... it resonates with me being vulnerable with the congregation.”
- One participant does not have a pastoral support team, only executive leadership which does not focus on pastoral relations. The participant seemed to understand that this is a season of new projects for them and that he will get support later.

How Is Your Ministry Right Now?

- On participant shared that he feels like the “world’s Okay-its pastor” and that he is learning to be okay with not being the best, most important pastor. He is working on inviting others into leadership rather than pulling back. It is taking more effort for him to equip a few people to take some things on and lead with his support—this could be more efficient that delegating tasks in the long term;

- Another participant is replying on people he can trust and equipping new leaders in the congregation, and asking for help, and praying a lot.
- A participant shared that one thing he really likes is that he works from home on Mondays and that he takes in time during that day for prayer and reflection.

What Is the Role of Seminaries and Denominations in Clergy Self-Care?

- One participant thought that denominations and seminaries should be working more closely with each other.
- Administrative staffers have been hard to come by.
- More help with time management!

In Ten Years Where Do You Hope Your Ministry to Be?

- Paraphrasing from the participant: “In ten years I want to be where God wants me to be, I see no reason to stop doing this. I am grateful to have called into ministry where I can give my most energetic years (sometimes I have to say it out loud to make it feel true)”

Do You Feel Balanced?

- A participant shared that he doesn’t believe that he will ever feel balanced if he wants to be present to the moment. Although he knows that the other parts of his life will need to be taken care of, this helps him be more present.
- A participant felt grateful for the opportunity to reflect on this topic and turn toward gratitude and possibility.

Imagination in Retiring from Ministry:

- “I have a fantasy that I won the lottery and start a foundation to help end hunger and food insecurity I can do outreach instead of just talking about doing outreach. I do want to retire.” Financially though this participant shared they need to work for a few more years.
- “I am thinking about retiring in the next 6 years, recently I was scared with what to do with the days when I retire.... part of my spiritual practice now is imagining what I would do with the day if I did not go to the church.”

General Themes

- Quiet quitting.
- Need for clergy mentor for self-care.

- Pursuing reimagining wellness w/clergy and church community.
- Emerging self-care language.
- Emergence of the church post-acute Covid crisis.
- Clergy coping with racial tension, Covid and political turmoil over past three-5 years.
- Clergy self-care vs selfishness.
- Clergy sense of vulnerability.
- The relational character of self-care: the clergy and congregation dynamic.
- Clergy dealing with a lot of forms of grief and grief ministry.

Abstract

Keywords: clergy; well-being; self-care; mindfulness; burnout; self-compassion

Background: As professional helpers, many clergy see themselves as healers in caring relationships. However, some clergy suffer in silence with their own sense of being wounded about the stigma that may be associated with their need for care.

Purpose: To examine the relationship between mindful self-care strategies and the well-being of clergy while controlling for demographic factors.

Participants: Clergy from mainline US churches (SCP; n = 326).

Design: Cross-sectional self-report survey.

Results: Since the Physician Well-Being Index (PWBI) captures well-being deficits, there was a strong negative association between overall MSCS and PWBI ($r = -.505, p < .01$). MSCS predicted PWBI ($\beta = -.255, p < .01$). All mindful self-care practices were negatively correlated with and predicted PWBI. Supportive structure ($r = -.604, p < .01$) and supportive relationship ($r = -.466, p < .01$) were the strongest protective factors. The remaining practices varied between $-.230$ to $-.414$, each with statistical significance ($p < .01$). While controlling demographic factors, only aging remained a significant predictor of increased well-being.

Clergy who engaged in multiple and frequent self-care strategies experienced higher well-being. More experienced clergy appear to have refined tools for handling the pressures of giving and caring in spiritual care. Implications for future research are discussed.

Methodology

There are listed 650 practicing clergy within the Southern New England Conference of the United Church of Christ and 103 American Baptist clergy of Connecticut. An additional 35 clergy representing the Episcopal church in Connecticut and 9 Presbyterian, 3 Evangelical Lutheran Church of America and 2 United Methodists were also identified. A random sample of these clergy were invited via email to participate in a confidential on-line survey regarding their well-being and self-care practices. A return rate of no less than 10 per cent (N=65) was expected.

The survey instruments used for this study were:

- The Physicians Well-Being Index (PWI) created by the Mayo Clinic, and
- The Mindful Self-Care Scale developed by Cook-Cottone, C. P., & Guyker, W. M. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness*, 9(1), 161-175. The Mindful Self-Care Scale (MSCS, 2018) is a 33-item scale that measures the self-reported frequency of behaviors that measure self-care behavior. Note, there are an additional three general questions for a total of 36 items.

This study was exploratory in nature. The data was gathered by survey method, focus group discussions, and analyzed by multivariate analysis.

The number of survey participants who indicated their interest in being in a zoom follow-up survey focus group was one hundred thirty-two (N=132). The actual number of survey respondents who participated in a follow-up zoom focus group was thirty-seven, (N=37). The number of focus groups was eleven (N= 11). The questions and an analysis of their responses to them are discussed below in this study report.

Measures

Mindful Self-Care Scale (MSCS): The MSCS is a 33-item scale that measures the self-reported frequency of mindful self-care behaviors (C. P. Cook-Cottone & Guyker, 2018). These scales are the result of an Exploratory Factor Analysis of a large community sample. The subscales are positively correlated with body esteem and negatively correlated with substance use and eating disordered behavior. The MSCS total and subscales have strong internal consistency reliability. Cronbach's coefficient alpha was 0.89 for the total 33-item MSCS. For the subscales, alphas were Physical Care (0.89), Supportive Relationships (0.86), Mindful Awareness (0.92), Self-Compassion and Purpose (0.83), Mindful Relaxation (0.77), and Supportive Structure (0.77). The MSCS also showed construct validity (C P. Cook-Cottone & Guyker, 2017, p. 3).

Hotchkiss and Cook-Cottone (2019) further validated the MSCS among hospice and health care professionals ($n = 858$, $M_{Age} = 54.2$). In this sample, the researchers created a 24-item Brief-MSCS via a CFA that better fit the data for hospice and healthcare professionals. In addition, we assessed the construct and concurrent validity of the scales through correlations of the MSCS, its factors, and other well-being measures, including life satisfaction and quality of life (Hotchkiss & Cook-Cottone, 2019). The manuals for all three versions of the MSCS (Clinical 84-item, 33-item and Brief 24-item) are available on the MSCS website (Cook-Cottone, 2019). Manuals detail the specific items for each measure. The Clinical 84-item has additional items to assess for meditation, breathing and other spiritual practices.

There are a variety of ways to conceptualize well-being and well-being therapy (Sperry, 2012). This study is using the Physician Well-Being Index to define well-beingness.

Physician Well-Being Index (PWBI): The seven-item Physician Well-Being Index (PWBI) was selected to operationalize overall well-being among SCPs. The PWBI was developed from findings of

medical students struggling with their quality of life amidst their grueling education process (Dyrbye et al., 2011; Dyrbye, Szydlo, Downing, Sloan, & Shanafelt, 2010). Briefly, the index is intended to include the domains of burnout, depression, stress, fatigue, and mental and physical quality of life. It consists of 7 yes/no items and respondents receive a score from 0 to 7 based on responses. Prior studies suggest a threshold score of ≥ 4 for medical students and practicing physicians. At a threshold score of ≥ 4 , the specificity for detecting medical students and practicing physicians with low mental quality of life (QOL) was 87.7% and 81.0%, respectively, and the sensitivity was 59.2% and 73.3%, respectively. Scores > 4 also identify students more likely to have recent suicidal ideation and/or serious thoughts of dropping out of medical school, while scores of < 2 identify students with higher degrees of mental QOL.

Analysis

This research used descriptive, analytical, and inferential methods to examine the relationship between self-care practices and well-being of spiritual care providers (SCP). The PWBI, MSCS total and subscales were scored using the prescribed coding methods in their manuals. A missing value analysis was performed in SPSS v24. Listwise deletion was utilized in these cases.(deVaus, 2002) The hypotheses were tested in the following way:

- Hypothesis 1: Total MSCS scores would be negatively correlated with PWBI scores. SCP who engaged in mindful self-care practices would experience higher well-being, as operationalized by lowered PWBI scores.
- Hypothesis 2: Mindful self-care practices would be negatively correlated with PWBI scores. Some mindful self-care practices will be stronger protective factors against lowered well-being, as operationalized by the PWBI.
- Hypothesis 3: Demographic variables will not be statistically significant predictors of well-being among SCPs.

Pearson correlation tests were performed to describe the correlations between each of the following: the PWBI, MSCS total, and each of the MSCS subscales. A multiple regression model was used to test predictors of PWBI while controlling for the demographic variables of age, gender, ethnicity, and employment status on PWBI.

Concerns and basic study questions of this project include:

1. What is the status and quality of clergy well-being (cognitive, physical, emotional, and spiritual) considering living with a pandemic?
2. What sustains clergy in amid living in a trauma impacted world? and
3. What are some of the crucial skills needed for the practice of ministry today?

The research questions that were testable with the study data were:

1. What is the relationship between mindful self-care and well-being among studied clergy?
2. What specific self-care practices were the strongest protective factors against less well-being?
3. Do any demographic variables present as third factors predicting well-being?

Study Results

Mindful Self-Care and Well-Being

Table 2 shows correlations, means, and standard deviations of all study variables. The Physician Well-Being Index (PWBI) is a negative measure of well-being; meaning this instrument takes a deficit perspective in measuring it's lack. This results section will test each of the hypotheses using the appropriate statistical tools. There was a moderate, negative association between overall MSCS and PWBI ($r = -.505, p < .01$). In addition, Table 3 illustrates that MSCS predicted PWBI ($\beta = .255, p < .01$). Stated another way, the effect size of MSCS on PWBI was 25.5%. Thus, the null hypothesis of Hypothesis Findings and Discussion:

Hypothesis 1 was rejected. Overall MSCS was negatively correlated with PWBI scores with statistical significance. SCP who engaged in mindful self-care experienced higher well-being, as operationalized by lowered PWBI scores. This was expected and fits with prior findings from other studies.

The null hypothesis (Ahn, 2022) of Hypothesis 2 was also rejected. Frequent and varied self-care practices were protective factors against lowered well-being. All mindful self-care practices were negatively correlated with PWBI scores. Two mindful self-care practices were stronger protective factors against lowered well-being: supportive structure ($r = -.604, p < .01$) and supportive relationships ($r = -.466, p < .01$) were the strongest protective factors. The remaining practices varied between $-.230$ to $-.414$, each with statistical significance ($p < .01$).

Null hypothesis of Hypothesis 3 was rejected. Demographic variables were not statistically significant predictors of well-being among clergy. Table 3 displays Model 1, the demographics model, which included the participant's variables: age, gender, ethnicity, and employment status. Only, Age was a statistically significant predictor of PWBI ($\beta = -.255, p < .01$).

Hypothesis 4: Clergy will have significantly higher mindful self-care scores than published MSCS norms data.

Finally, the null hypothesis of Hypothesis 4 was rejected for all self-care factors. For each of mindful self-care subscales and the MSCS combined, the clergy in this study had higher self-care scores (frequency of practice) than published norms. Table 2 reports M_{norm} and t_{norm} for all self-care factors mean scores and the MSCS mean; t_{norm} ranged from 4.08 to 9.39, $p < .001$. This result indicates that the clergy in this study had more frequent self-care practices than the general population.

Variable	M	SD	M_{norm}	t_{norm}	1	2	3	4	5	6	7	8	9
1. Mindful Relaxation (MR)	3.17	.77	2.99	4.08**	1								
2. Physical Care (PC)	3.05	.75	2.87	4.32**	.505**	1							
3. Self-Compassion & Purpose (SC)	3.67	.74	3.33	8.32**	.545**	.405**	1						
4. Supportive Relationships (SR)	4.01	.76	3.75	5.99**	.449**	.370**	.581**	1					
5. Supportive Structure (SS)	3.76	.78	3.40	8.20**	.335**	.333**	.352**	.519**	1				
6. Mindful Awareness (MA)	3.77	.81	3.35	9.38**	.535**	.446**	.636**	.469**	.441**	1			
7. Mindful Self-Care (MSCS)	21.43	3.43	19.69	9.06**	.769**	.746**	.773**	.726**	.610**	.745**	1		
8. General MSCS Questions	3.21	.93			.606**	.629**	.602**	.528**	.469**	.607**	.775**	1	
9. Physician Well-Being Index (PWBI)	2.67	1.92			-.352**	-.329**	-.230**	-.466**					1
10. Age (range 25-87 years)	59.5	12.1			.250**	.198**	.171**	.141*	.229**	.234**	.200**	.251**	-.241

Notes. ** $p < .01$, * $p < .05$

Variable	M	SD	M_{norm}	t_{norm}	1	2	3	4	5	6	7
1. Mindful Relaxation (MR)	3.17	.77	2.99	4.08**	1						
2. Physical Care (PC)	3.05	.75	2.87	4.32**	.505**	1					

3. Self-Compassion & Purpose (SC)	3.67	.74	3.33	8.32**	.545**	.405**	1					
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8. General MSCS Questions	3.21	.93	—	—	.606**	.629**	.602**	.528**	.469**	.607**	.775**	
9. Physician Well-Being Index (PWBI)	2.67	1.92	—	—	-.352**	-.329**	-.230**	-.466**	-.604**	-.414**	-.505**	-.2
10. Age (range 25-87 years)	59.5	12.1	—	—	.250**	.198**	.171**	.141*	.229**	.234**	.200**	.2

Notes. ** p < .01, * p < .05

Well-Being (Null Hypotheses Revisited)

For questions 1-7, on the Well-Being measure, respondents were responding to a set of ‘bad’ questions, like “have you felt burned out from your work” - so answering “yes” means they are less healthy; their well-being is poor. They were awarded 1 point for each “yes” answer. 0 points for a “no” answer - so higher scores mean less well-being.

For questions 8 and 9, they were responding to ‘good’ questions, like “my work is meaningful to me”. They had these options for responses:

“strongly disagree” (1 point)

“disagree” (1 point)

“neither agree nor disagree” (0 points)

“agree” (-1 points)

“strongly agree” (-1 points)

Since they were awarded positive points for disagreeing with statements indicating that they are doing well, again higher scores mean less well-being.

So, overall, positive points are awarded for ‘bad feelings’ and negative points for ‘good feelings.’ The overall possible range is from -2 (questions 1-7 all scoring 0 points, and questions 8 and 9 scoring -1 point each - overall indicating well-being extremely high) to 9 (questions 1-7 all scoring 1 point each, and questions 8 and 9 scoring 1 point each - overall indicating well-being extremely low).

The score ranges from -2 to 9, with the lower the score, the higher the well-being, and the higher the score, the lower the well-being. Table I shows that 49.46% had high well-being, 45.16% had medium well-being, and 5.38% had low well-being.

Study Limitations

As with any study, this study had several limitations, including inability to account for possible confounding variables such as degree of congregant, denominational and family demands, other personal factors or organizational changes that could influence responses to the assessment. Social desirability may have influenced the self-assessment measures. Clergy members taking the survey who

were not practicing effective self-care at the time of the survey might have been reluctant to take the survey. These factors may belie selection bias that limits the validity and generalizability of findings across practice settings. Also, the cross-sectional design measured participants' well-being at a single moment in time. The response rate of the clergy who were invited to participate in the study, 445 responses out of 1,120 invitations (39.7%) increases the validity of the study.

The clergy in this study had more frequent self-care practices than the general population. It is also important however, to comment that the gendered, indigenous or cultural ways of clergy knowing and practicing self-care was not addressed in this study. How more experienced clergy came to understand and practice better care for themselves was not a focus of this study. These two areas, the grow and development of clergy self-care and possible cultural influences on their self-care practices is to be mined by further research.

Discussion

Research findings of Hotchkiss and Leshner (2018) regarding burnout institutional chaplains showed that: *The strongest protective factors against Burnout in order of strength were self-compassion and purpose, supportive structure, mindful self-awareness, mindful relaxation, supportive relationships, and physical care. For secondary traumatic stress, supportive structure, mindful self-awareness, and self-compassion and purpose were the strongest protective factors. Chaplains who engaged in multiple and frequent self-care strategies experienced higher professional quality of life and low Burnout risk.* Similar findings regarding clergy well-being were reflected in this study (Streets, 2022)., Respondents who felt good about helping others tended to take care of themselves better and had lower risk reducing well-being. Clergy who engaged in multiple and frequent self-care strategies experienced higher well-being. More experience clergy appear to have refined tools for handling the pressures of giving and offering spiritual care. Study results demonstrate that clergy well-being is enhanced by supportive

family and other support systems. Mindful self-care is imperative on the journey of clergy toward wellness.

Summary

In summary, clergy who felt good about helping others tended to take care of themselves better and have lower risk reduce well-being. Clergy who engaged in multiple and frequent self-care strategies experienced higher well-being. More experience clergy appear to have refined tools for handling the pressures of giving and caring in spiritual care. Religious organizations have begun to recognize that the pursuit of wellness among their clergy is a win for both clergy and members. In the spiritual care professional's journey toward wellness, mindful self-care is imperative.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Conflict of Interest

No conflict of interest has been declared by the author.

Tables of Results

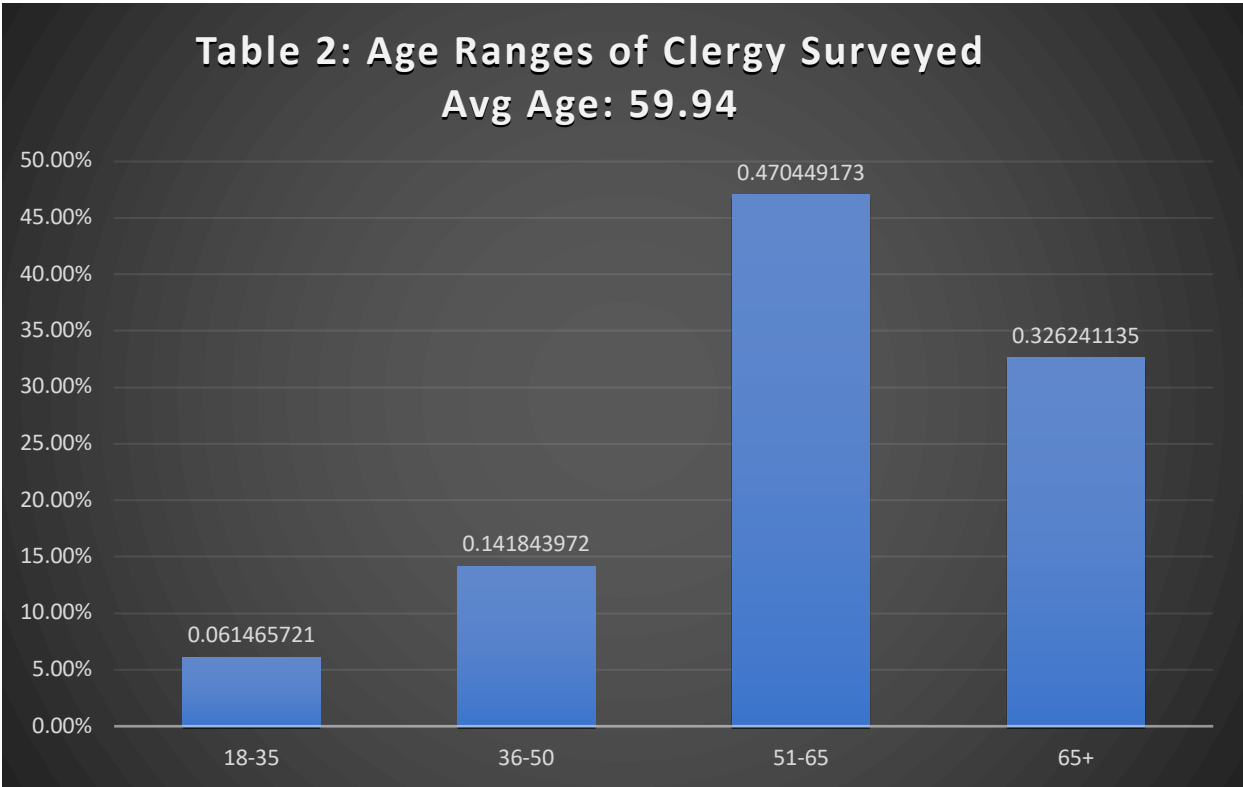
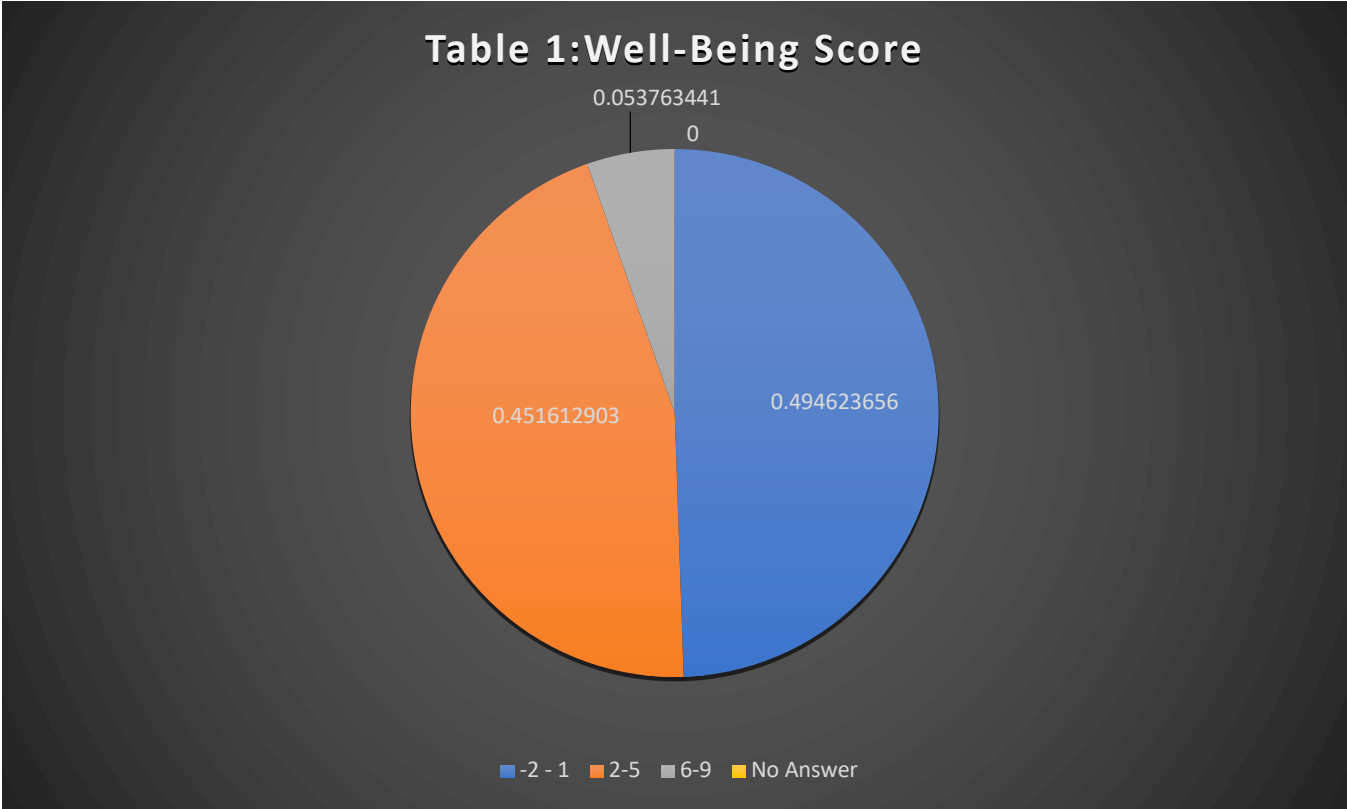


Table 3: Gender Self-Identification of Clergy Surveyed

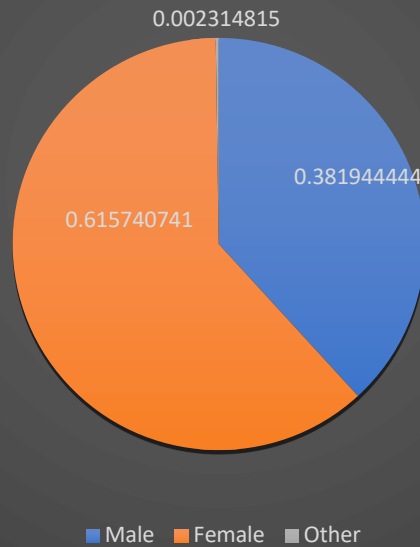


Table 4: Ethnic Categories

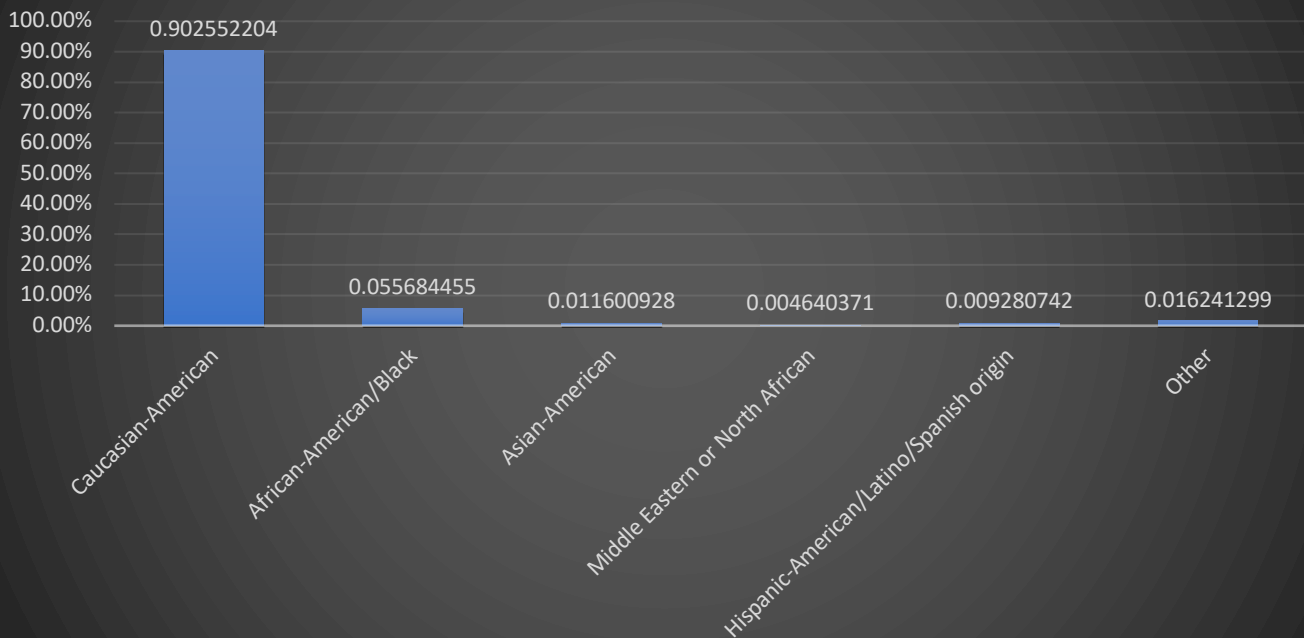


Table 5
Average Time Served as Clergy

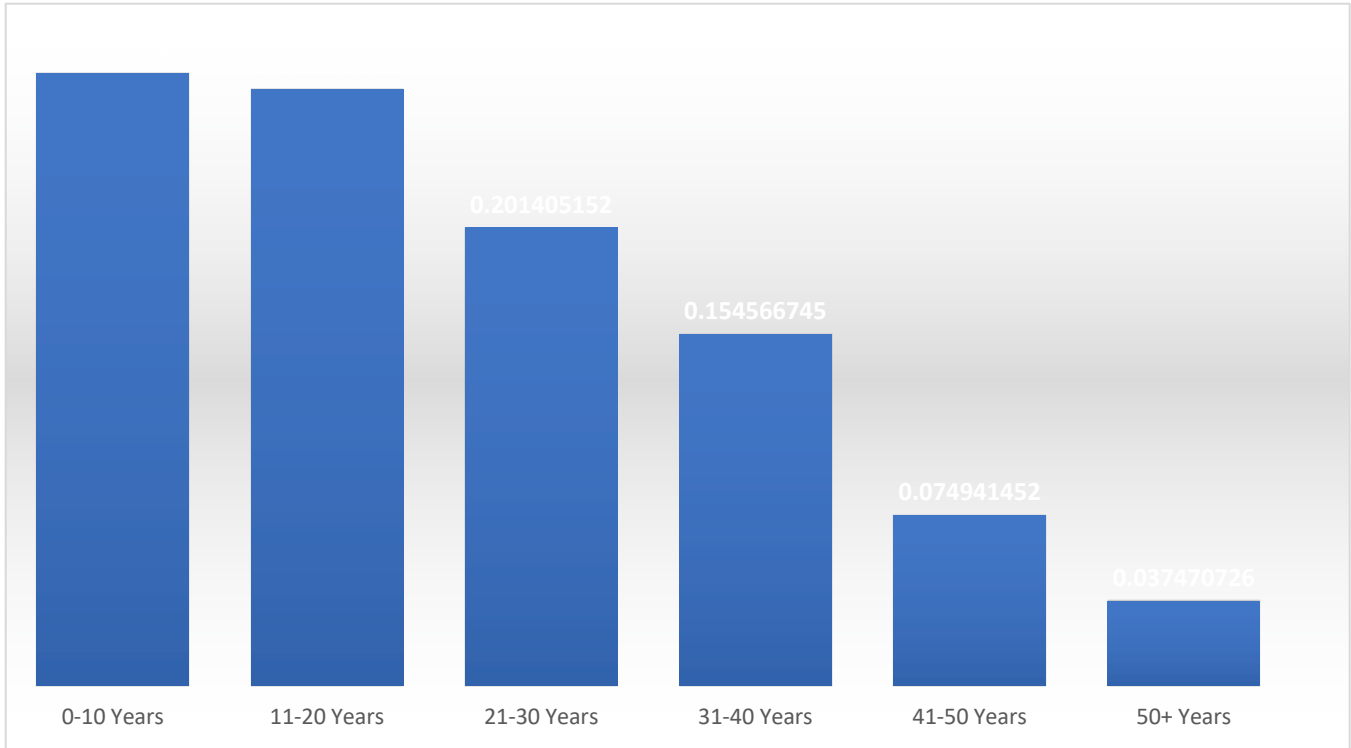


Table 6: Parish/Congregational Minister Time Served
Ave Time Served: 17.9 Years

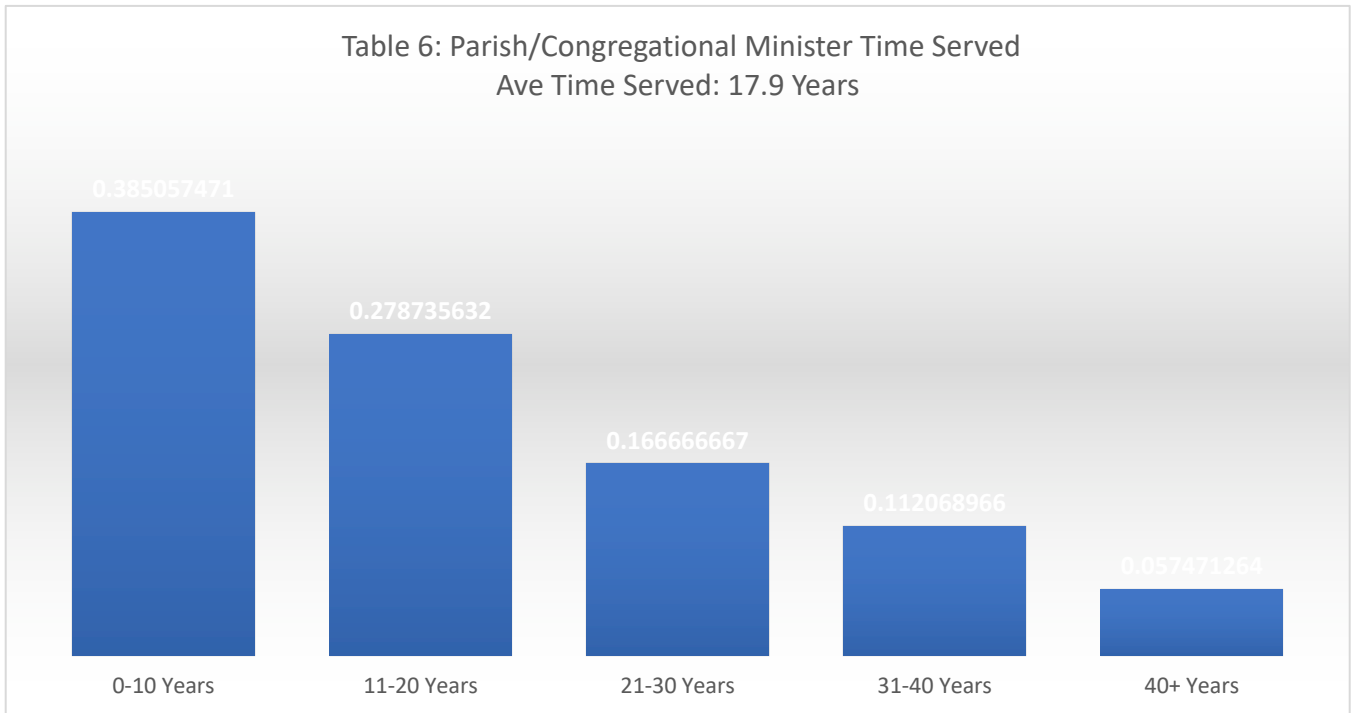


Table 7: Institutional/Chaplain Time Served
Avg Time: 4.29 Years

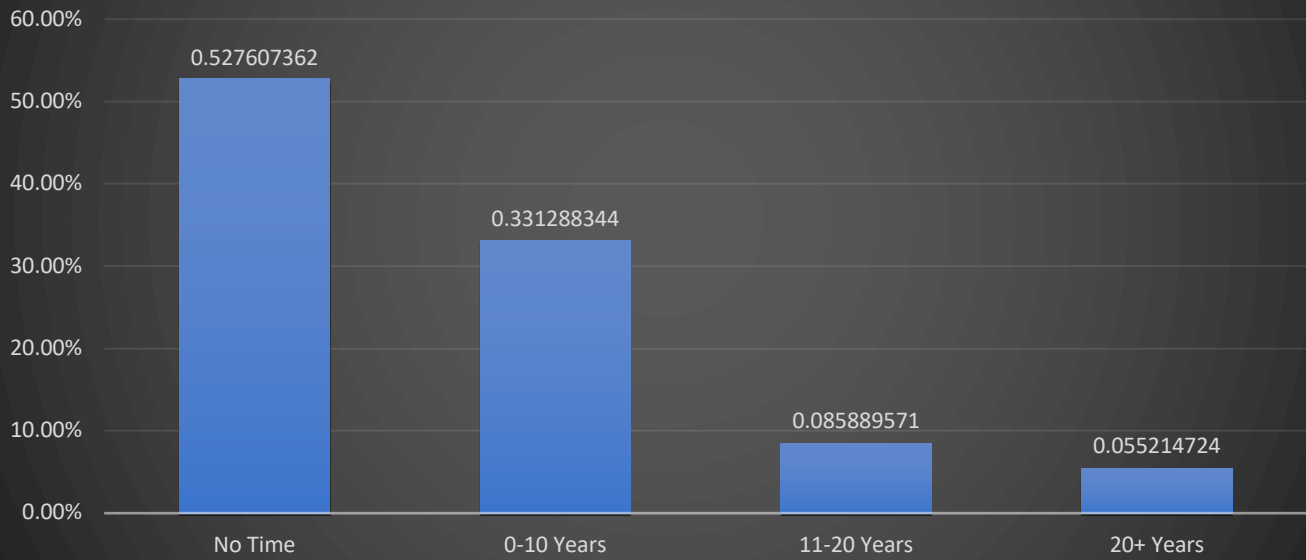


Table 8: Denominational Officer/Executive Leader Time Served
Avg Time: 1.52 Years

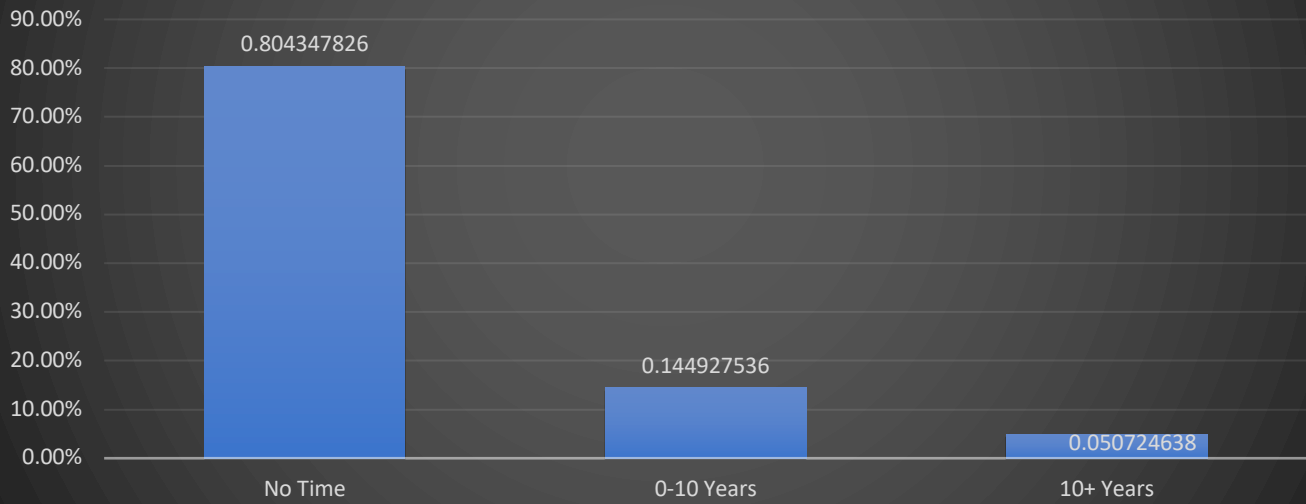


Table 9: Rural Time Served
Avg Time: 5.98 Years

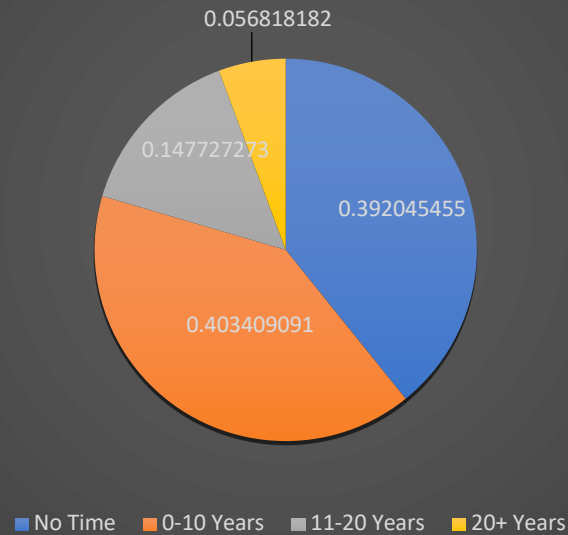
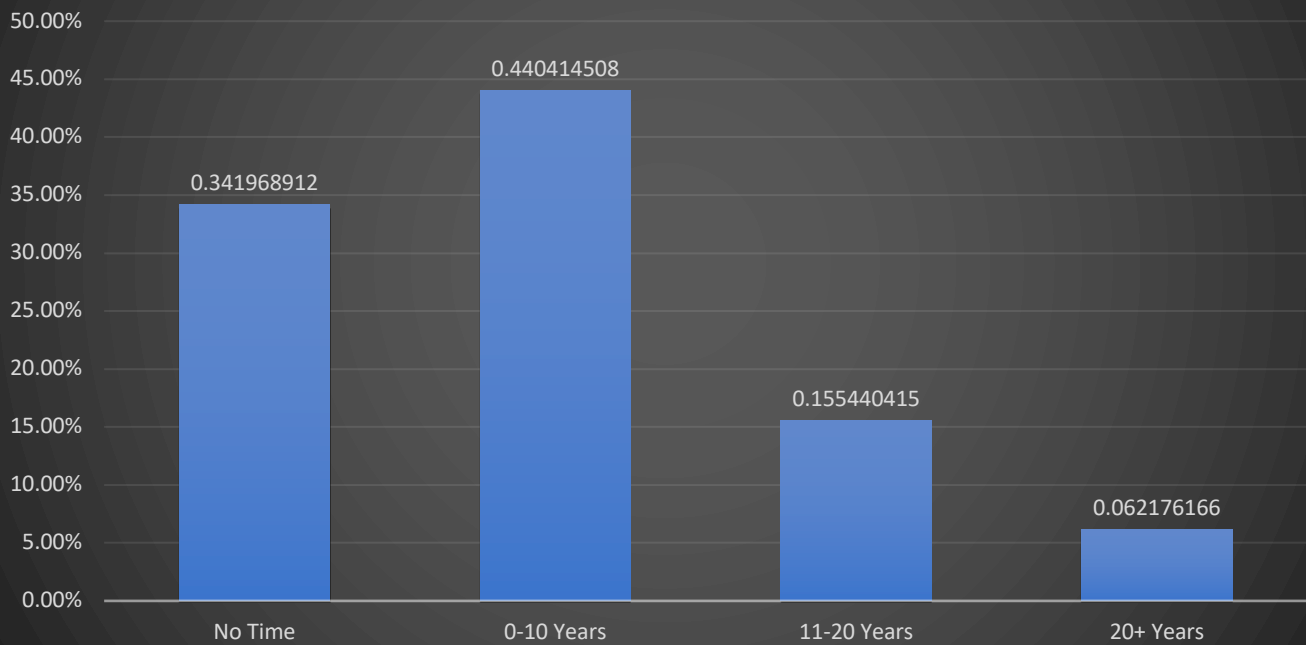


Table 10: Urban Time Served
Avg Time: 6.42 Years



**Table 11: Suburban Time Served
Avg. Time 12.61 years**

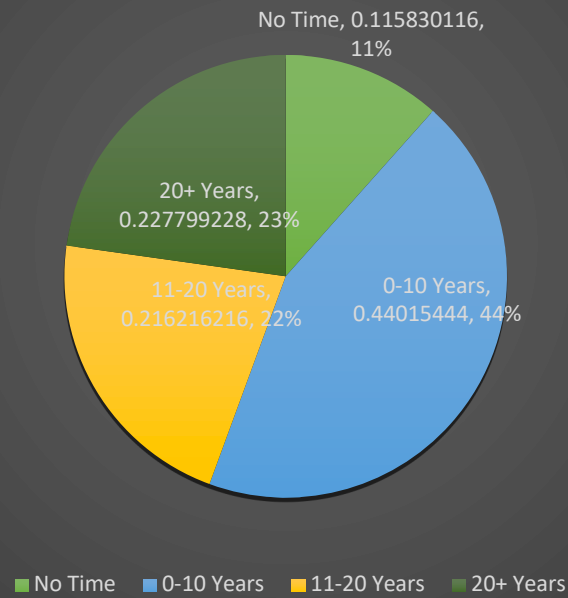


Table 12: Virtual vs. In-Person Attendance

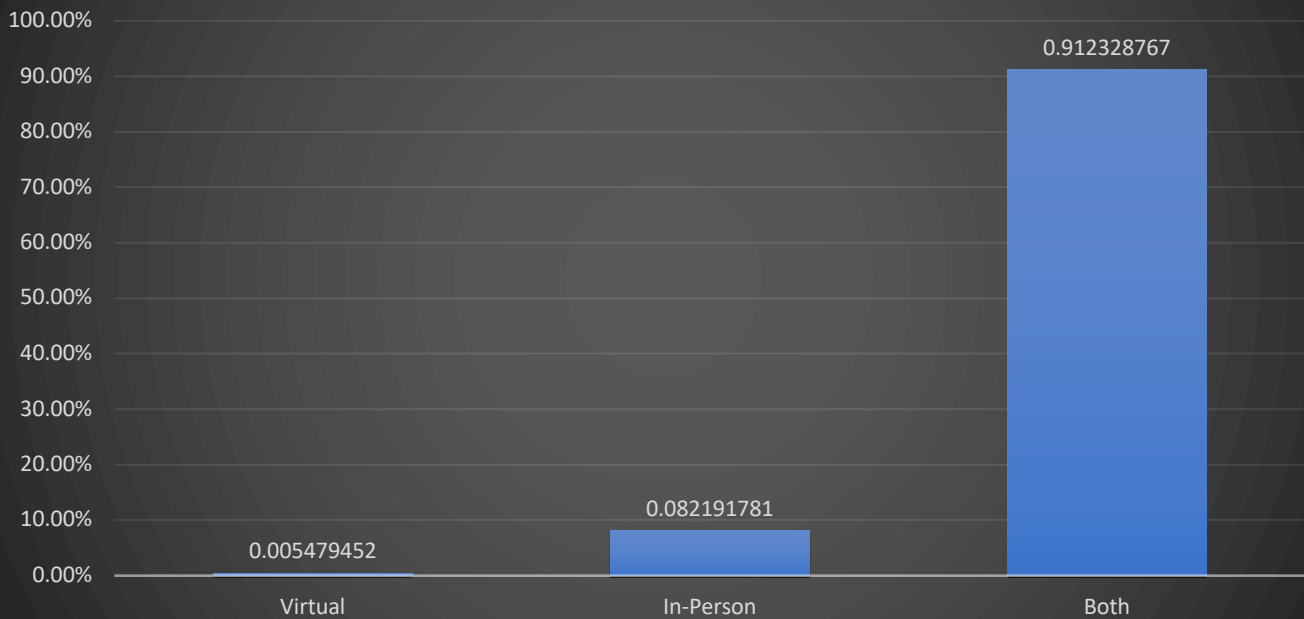


Table 13: In-Person Attendance
Avg: 56.59

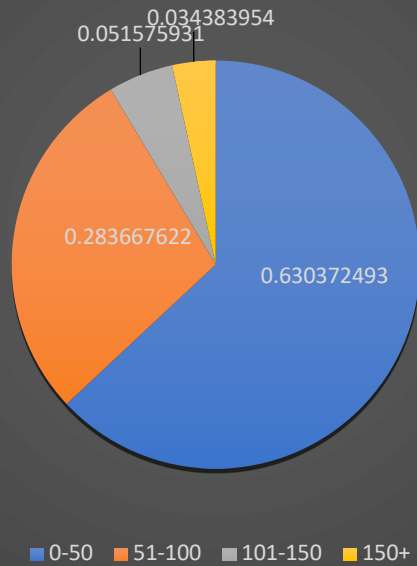


Table 14: Number of Months Church Was Online
Avg: 18.52 Months

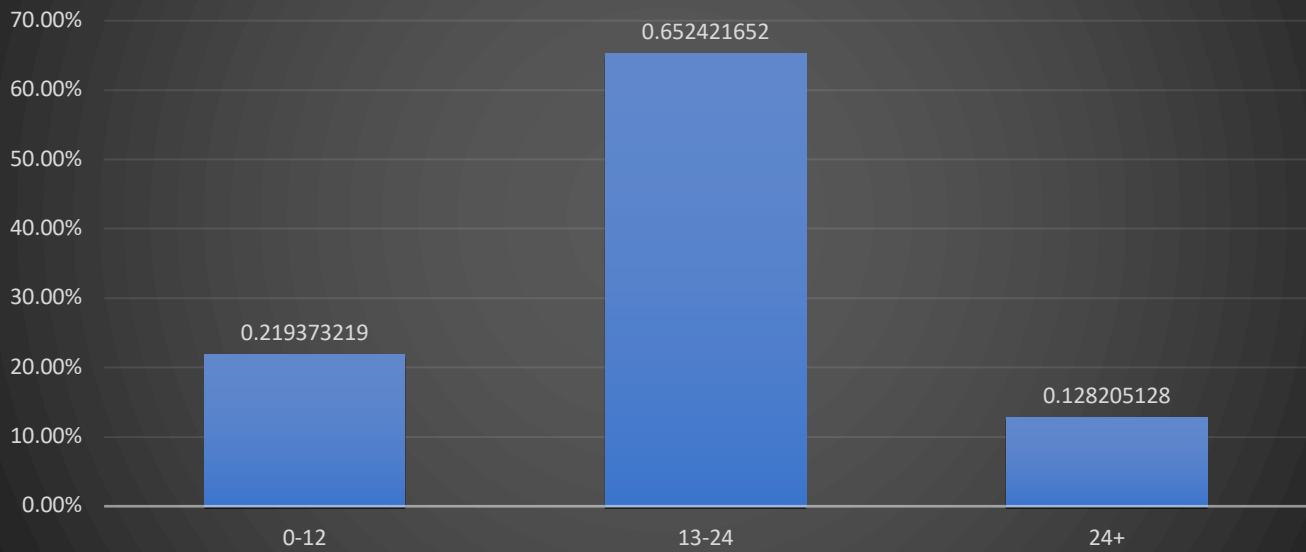


Table 15: Full-Time vs. Part-Time

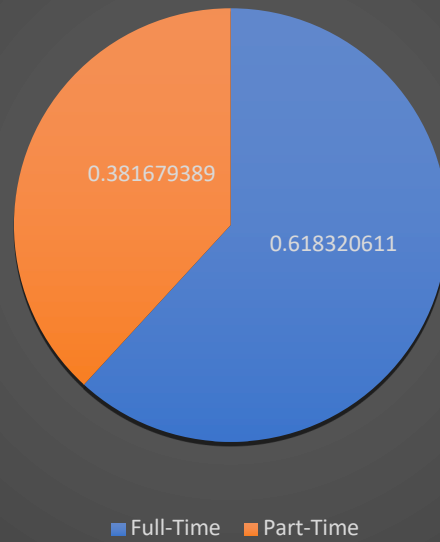


Table 16: Number of Paid Authorized Ministers
Avg: 1.59

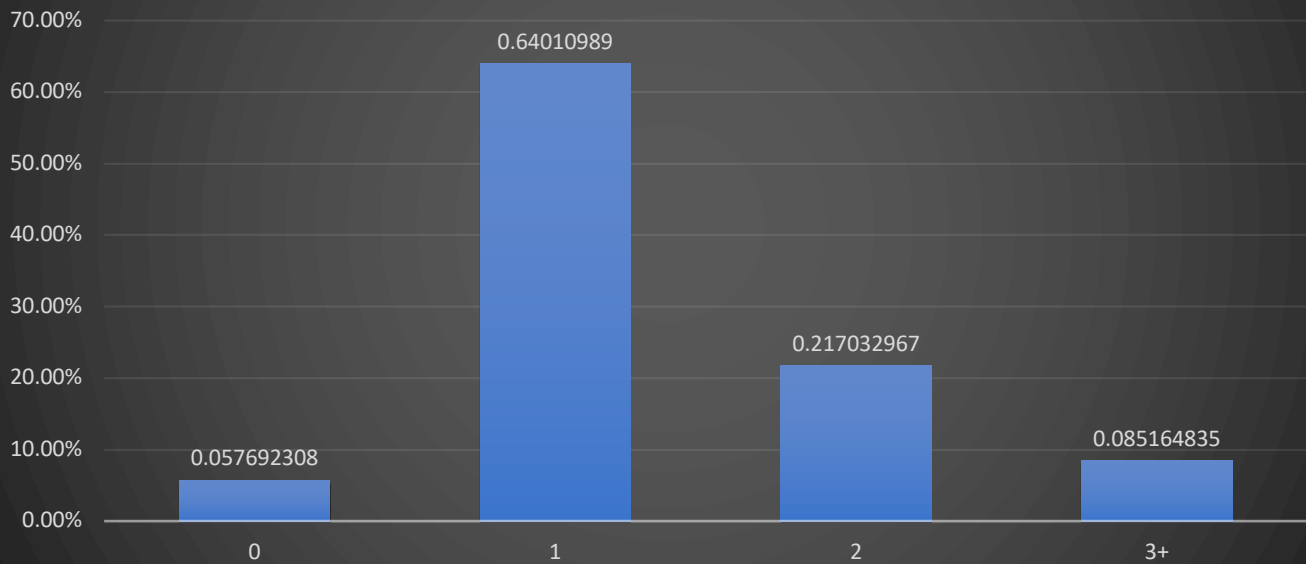


Table 17: Number of Paid Staff
Avg: 7.50

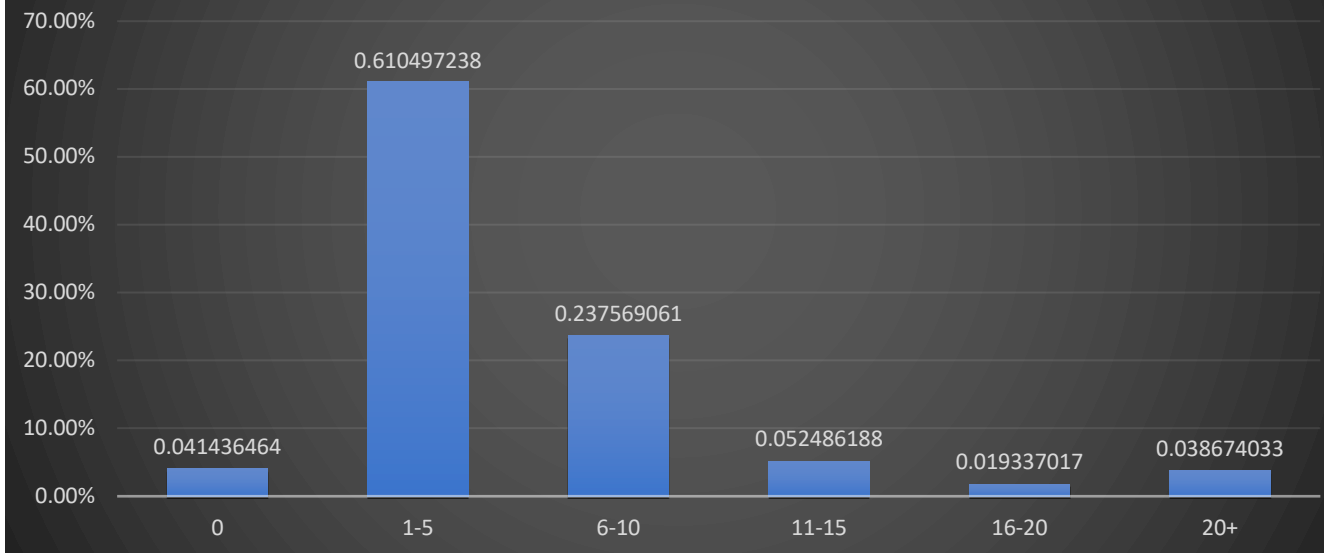


Table 18: Number of Tech Staff
Avg: 1.38

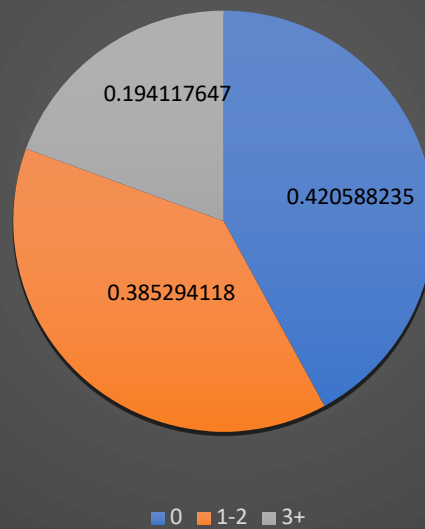


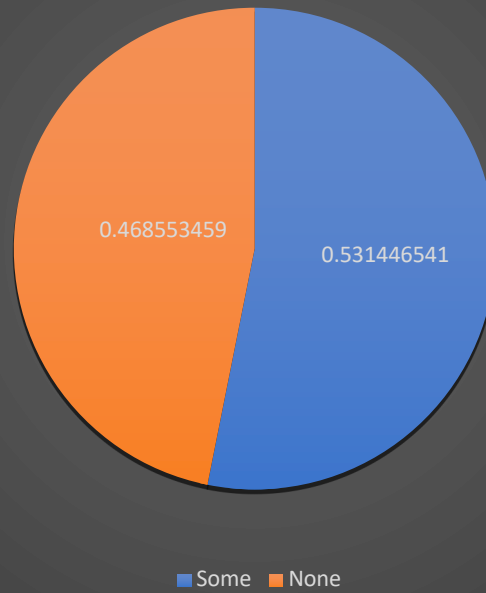
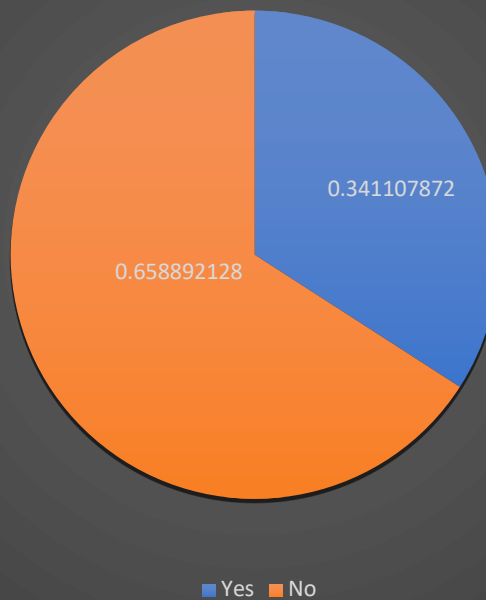
Table 19: Primary Care Responsibilities**Table 20: Conflicts Concerning COVID Protocols**

Table 21: Financial Impact of COVID Personally/Professionally

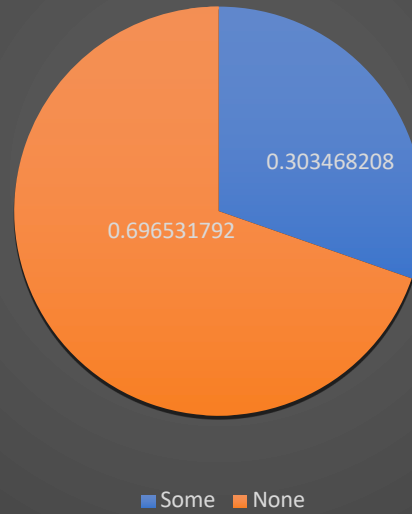


Table 22: I Did Something Intellectual to Help Me Relax

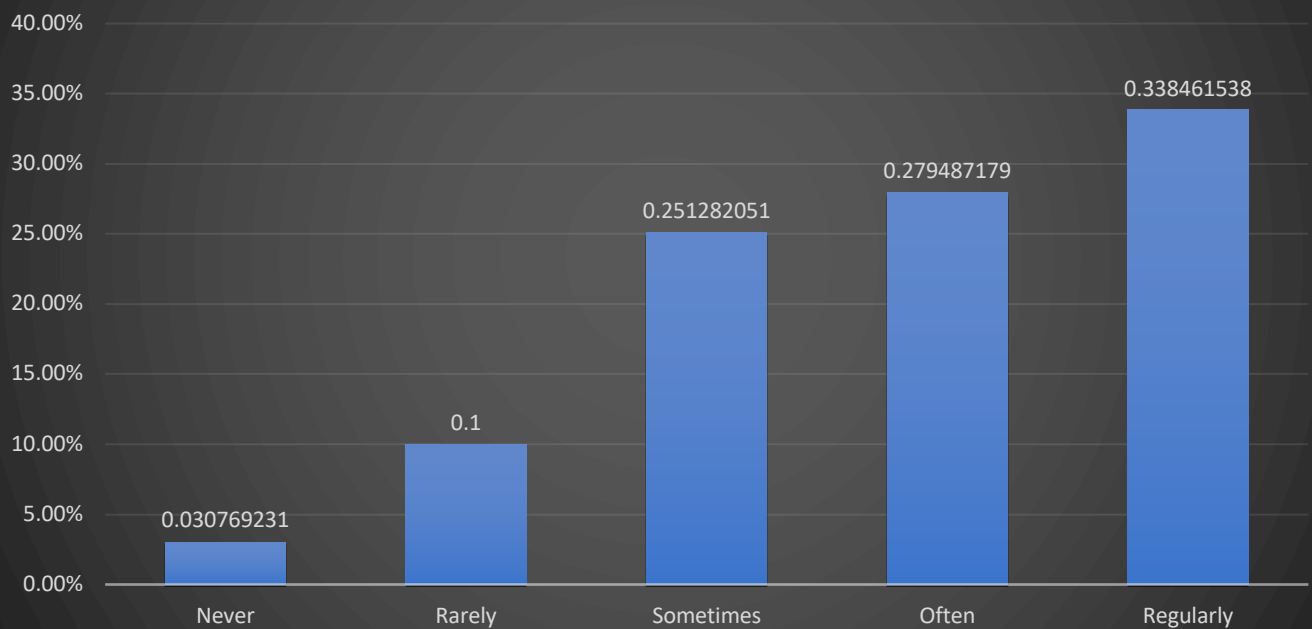
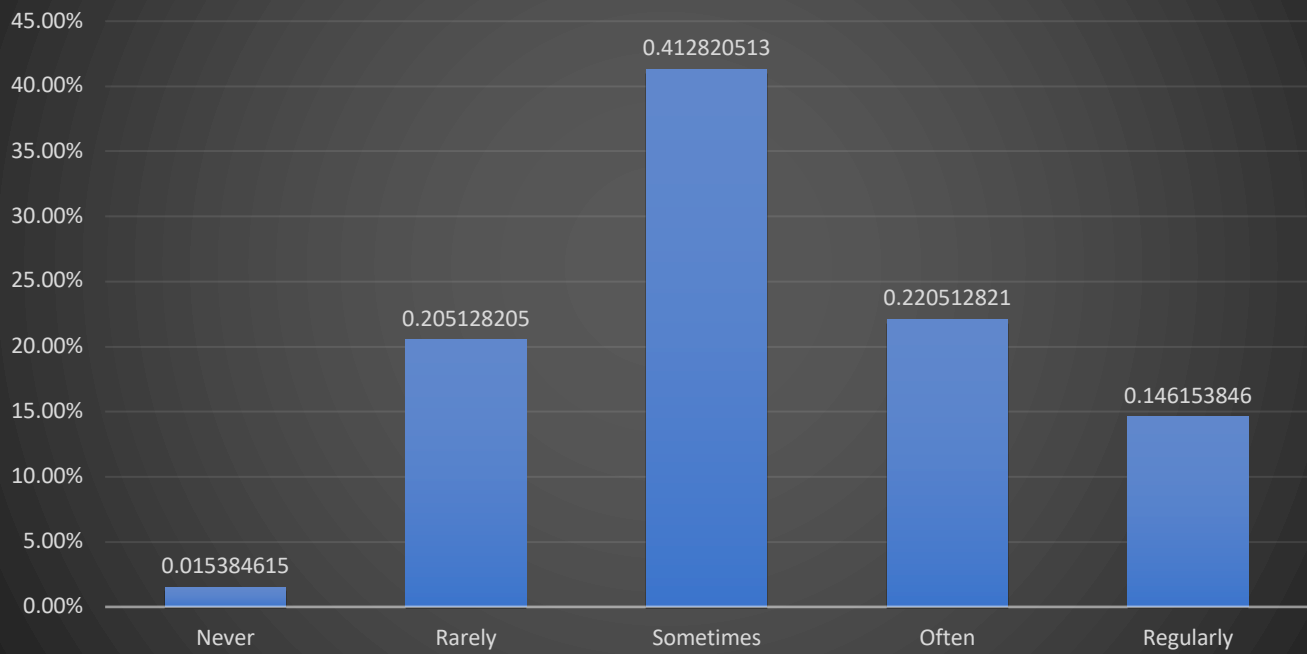


Table 23: I Did Something Interpersonal to Help Me Relax



Tbale 24: I Did Something Creative to Relax

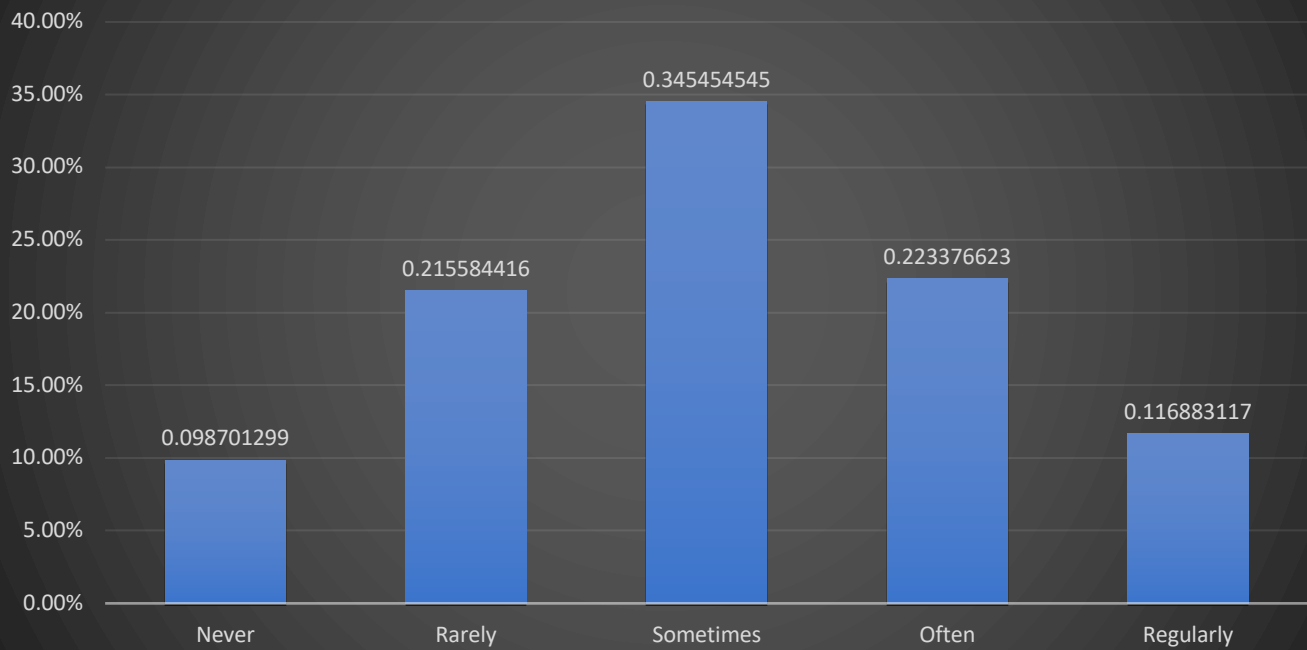


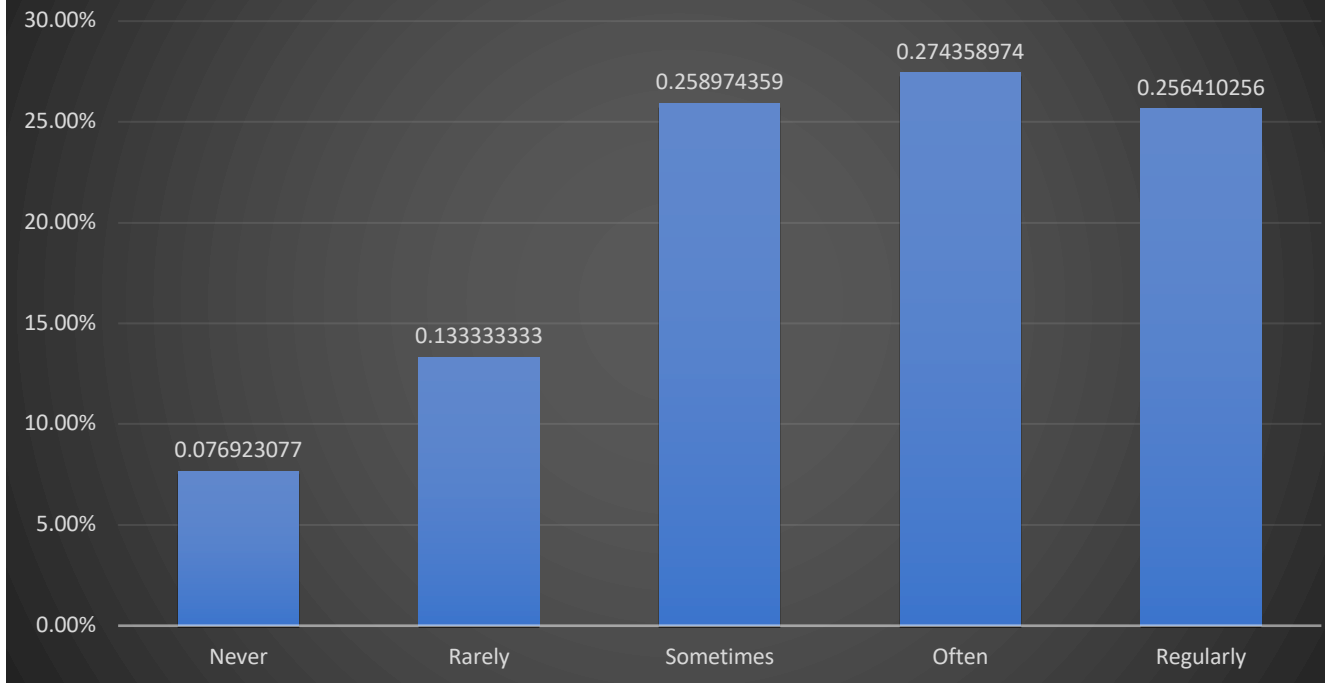
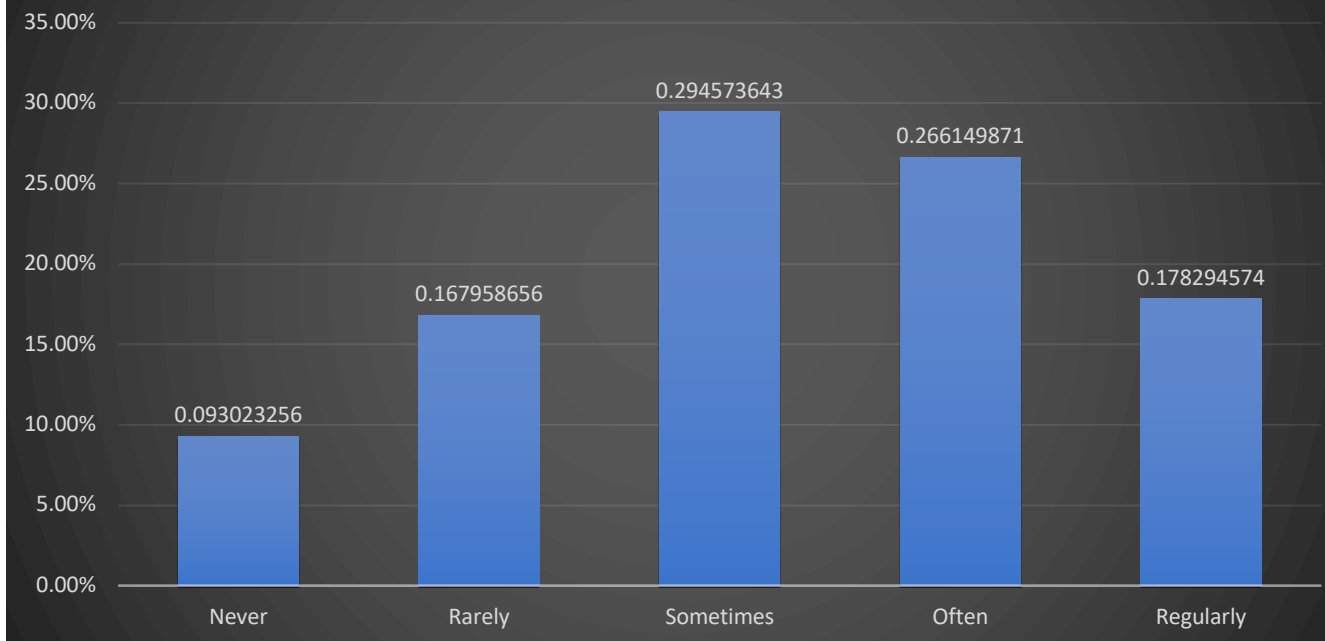
Table 25: I Listened to Relax**Table 26: I Sought Out Images to Relax**

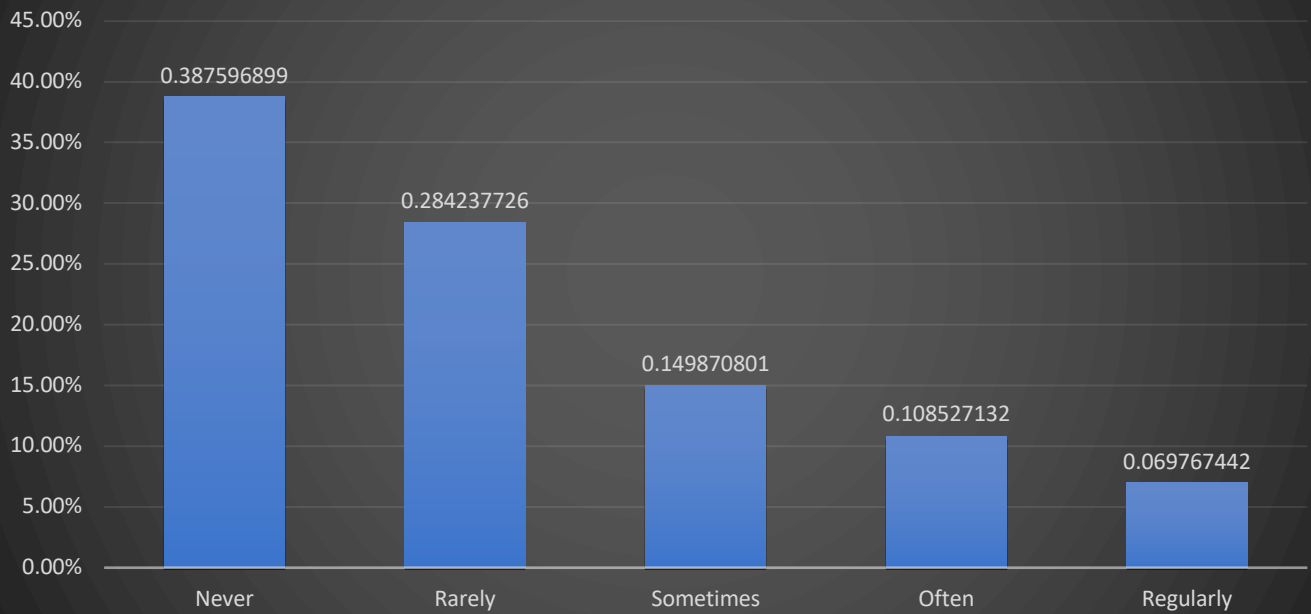
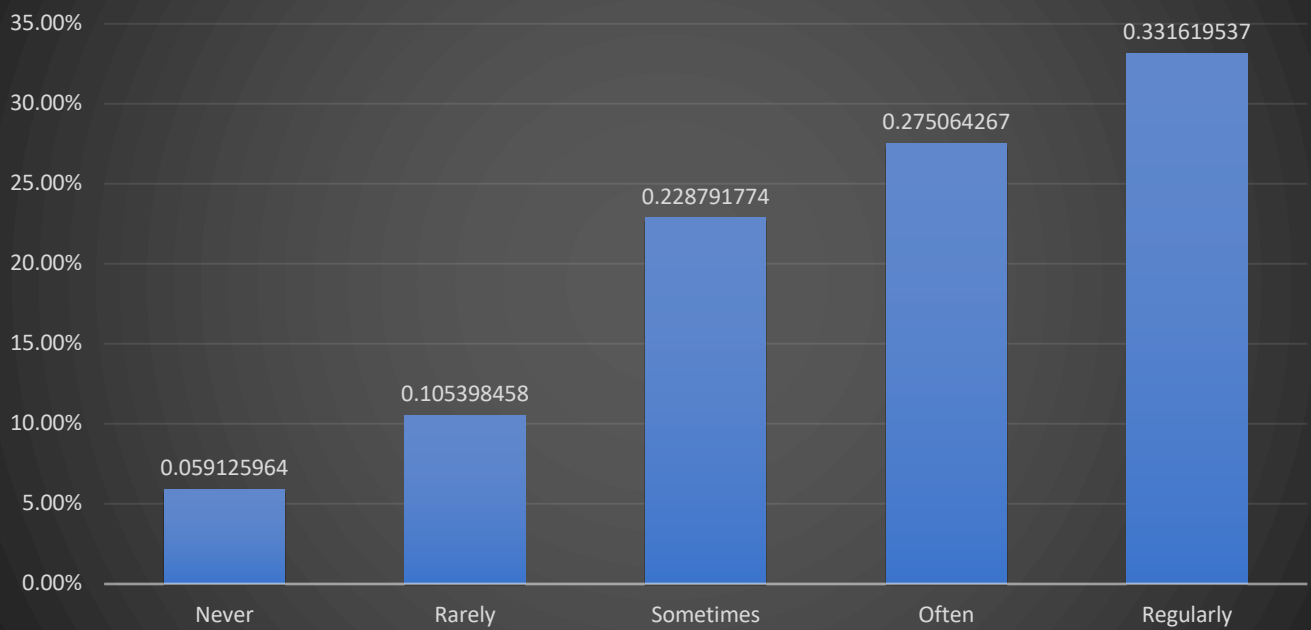
Table 27: I Sought Out Aroma Therapy to Relax**Table 28: I Drank At Least 6 to 8 Cups of Water**

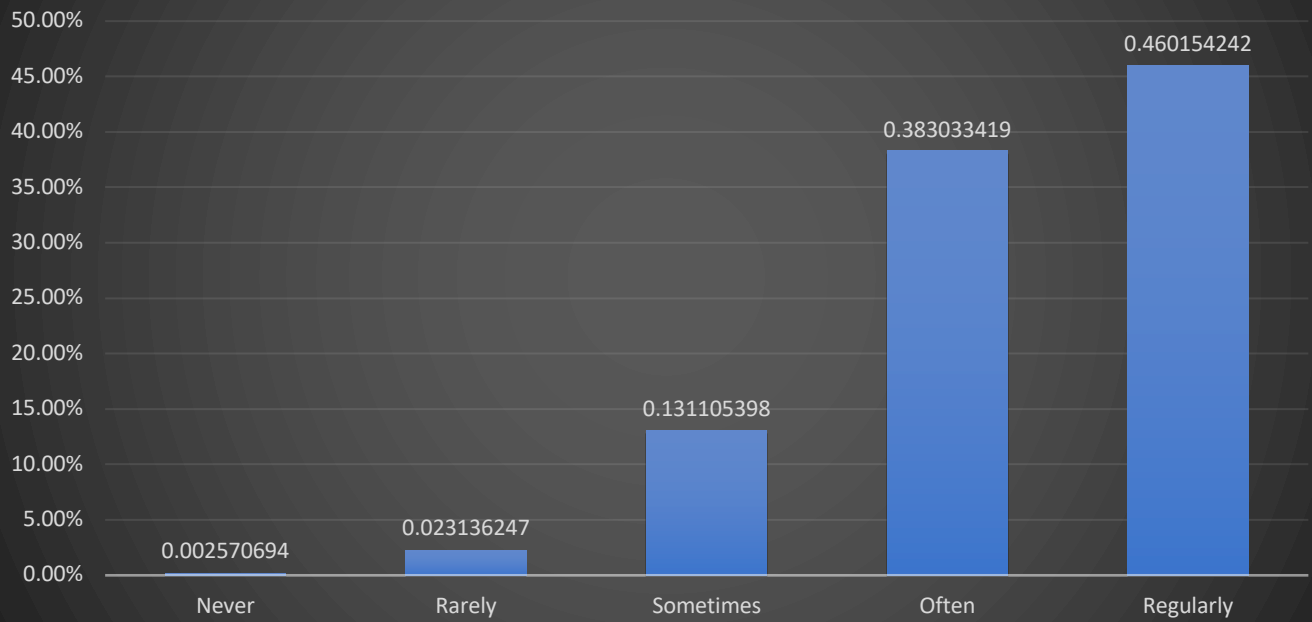
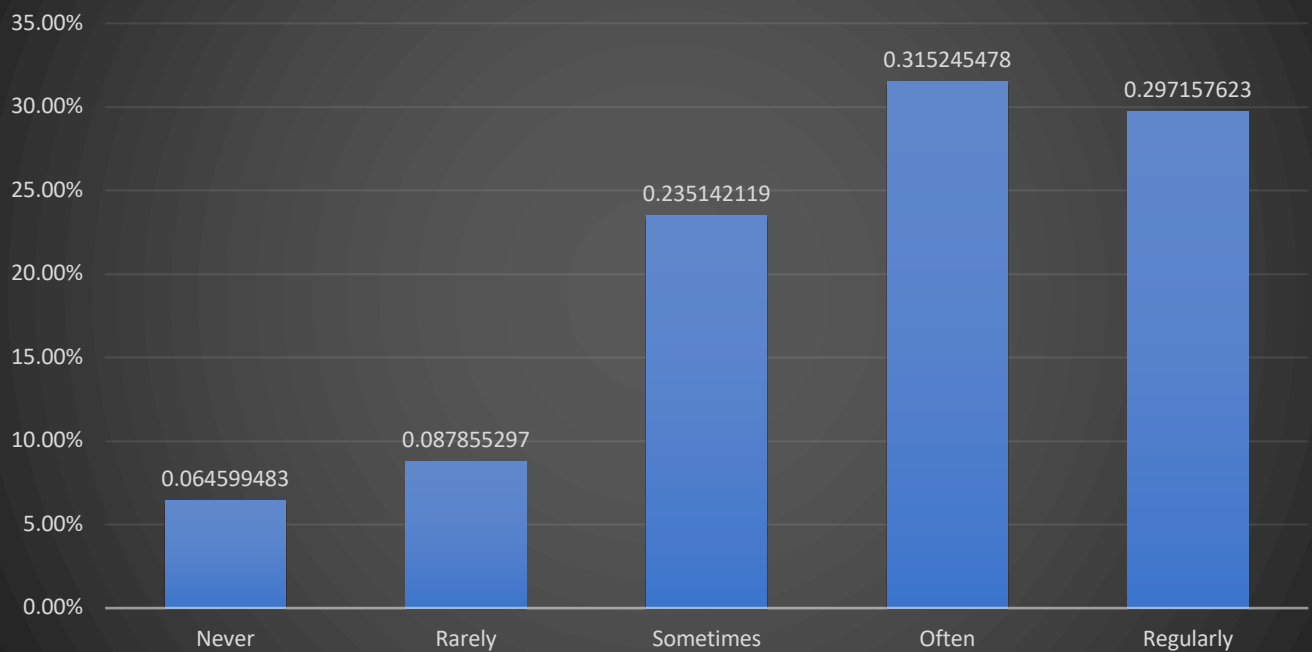
Table 29: I Ate a Variety of Nutritious Foods**Table 30: I Planned My Meals and Snacks**

Table 30:I Exercised At Least 30-60 Minutes

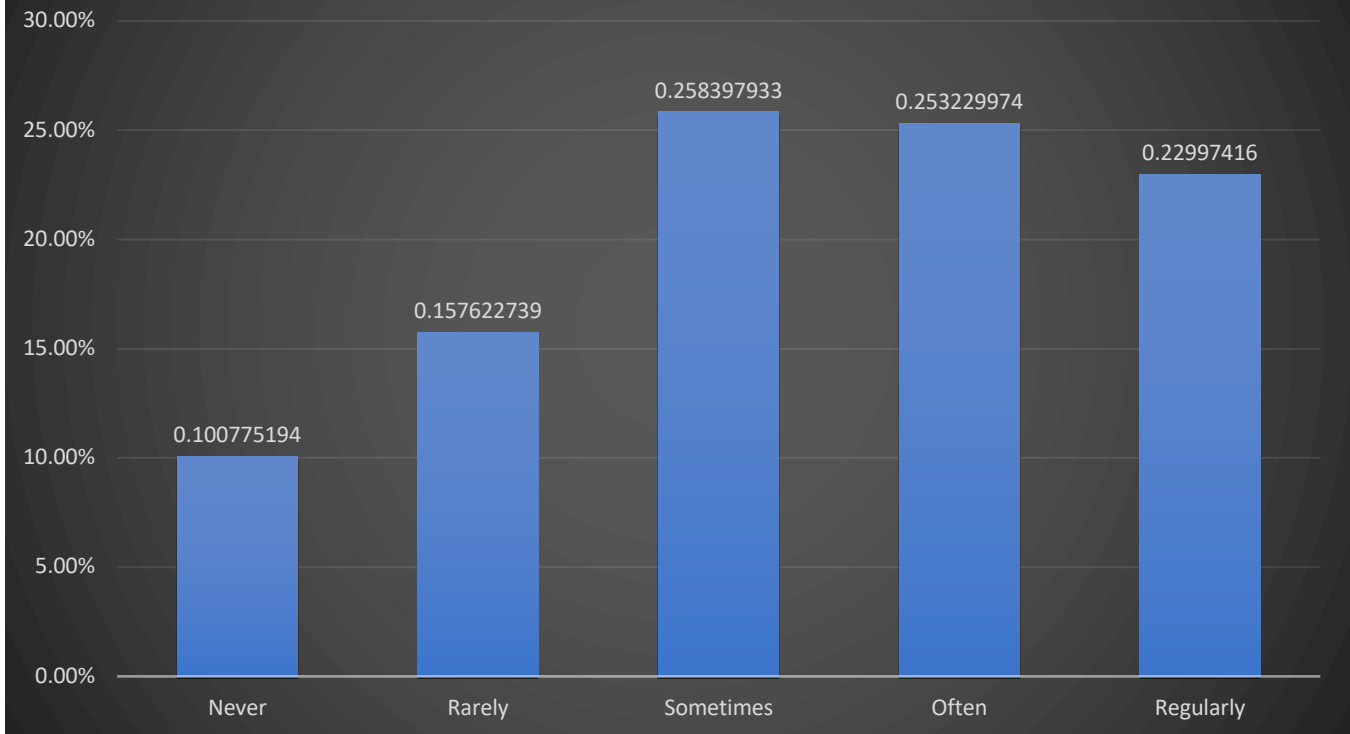


Table 31:I Took Part in Scheduled Physical Activities

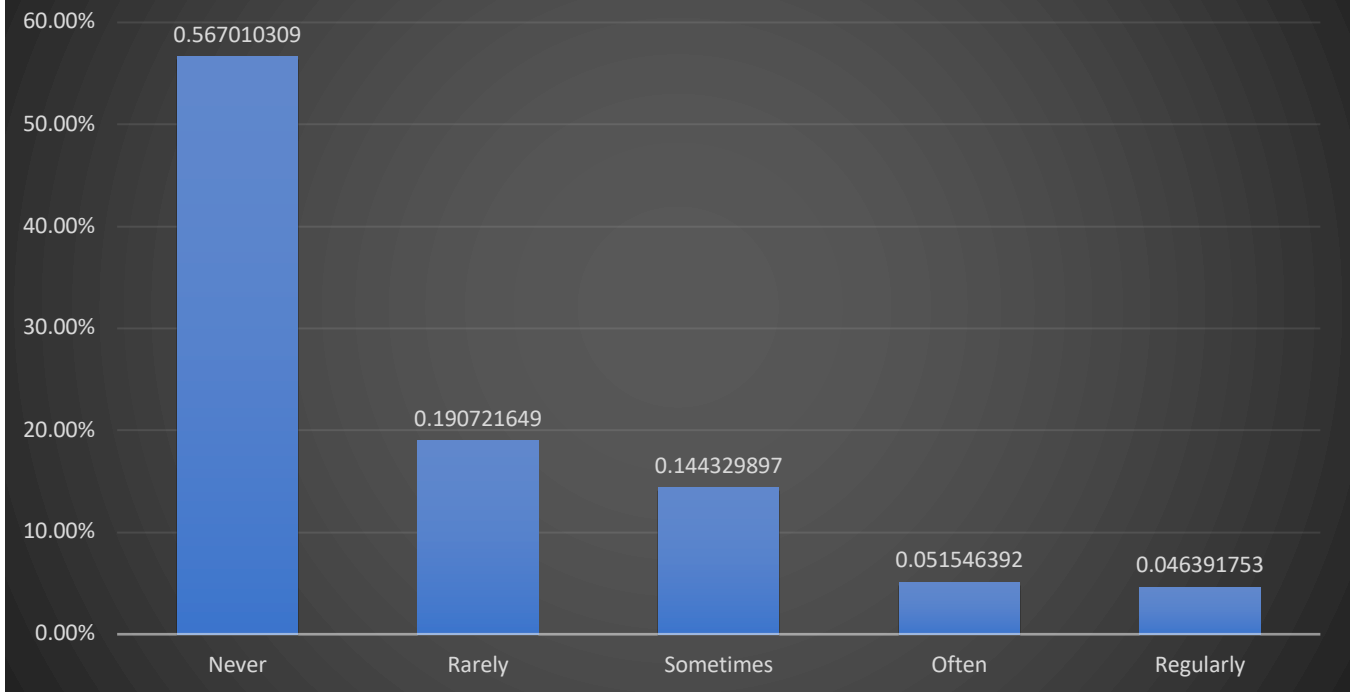


Table 32: I Did Sedentary Activities Instead of Exercising

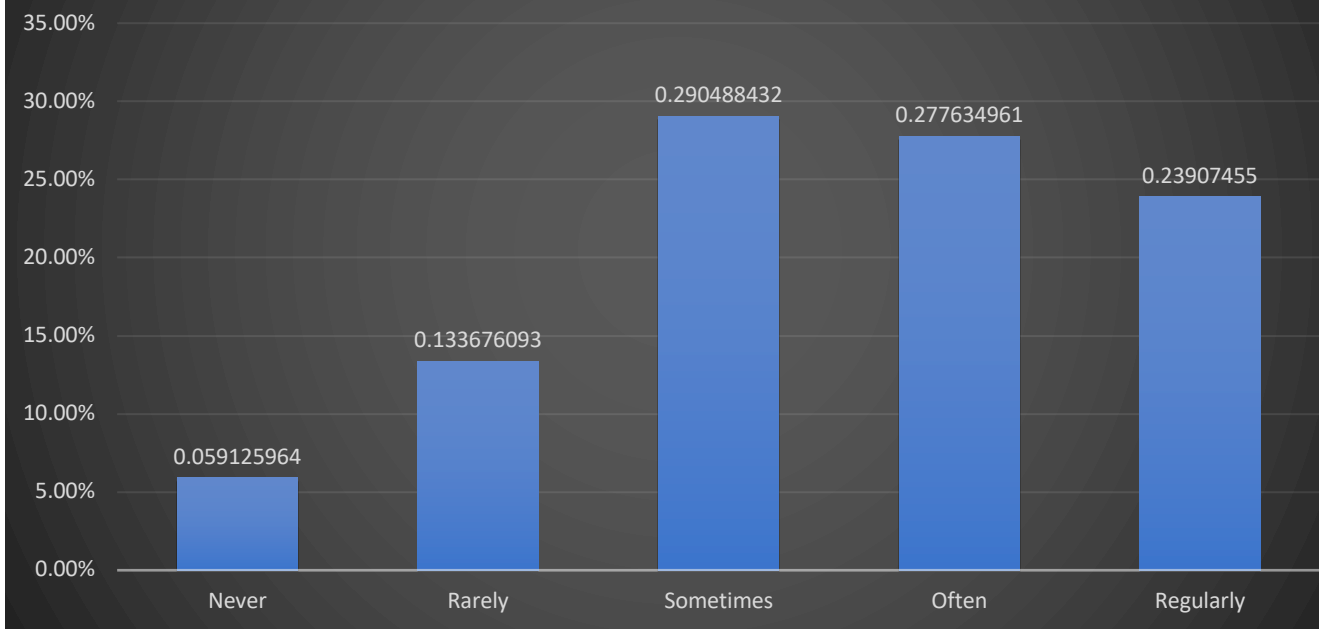


Table 33: I Planned/Scheduled My Exercise for the Day

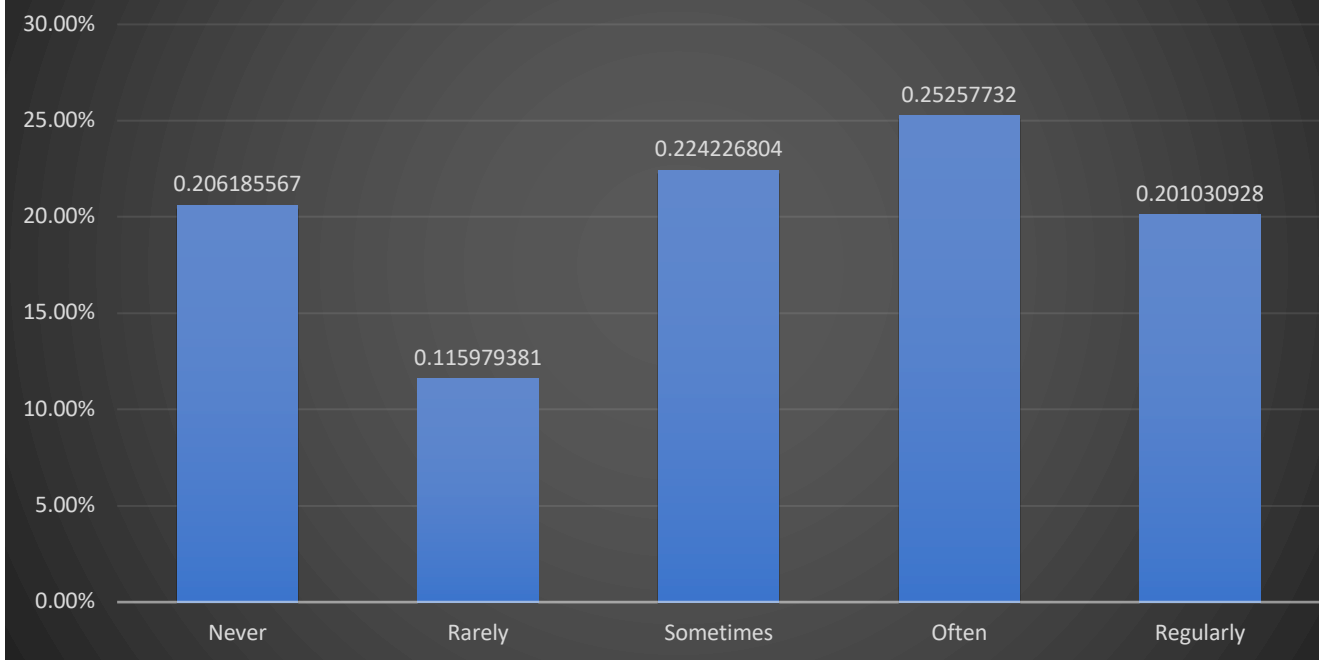


Table 34: I Practiced Yoga or Another Mind/Body Practice

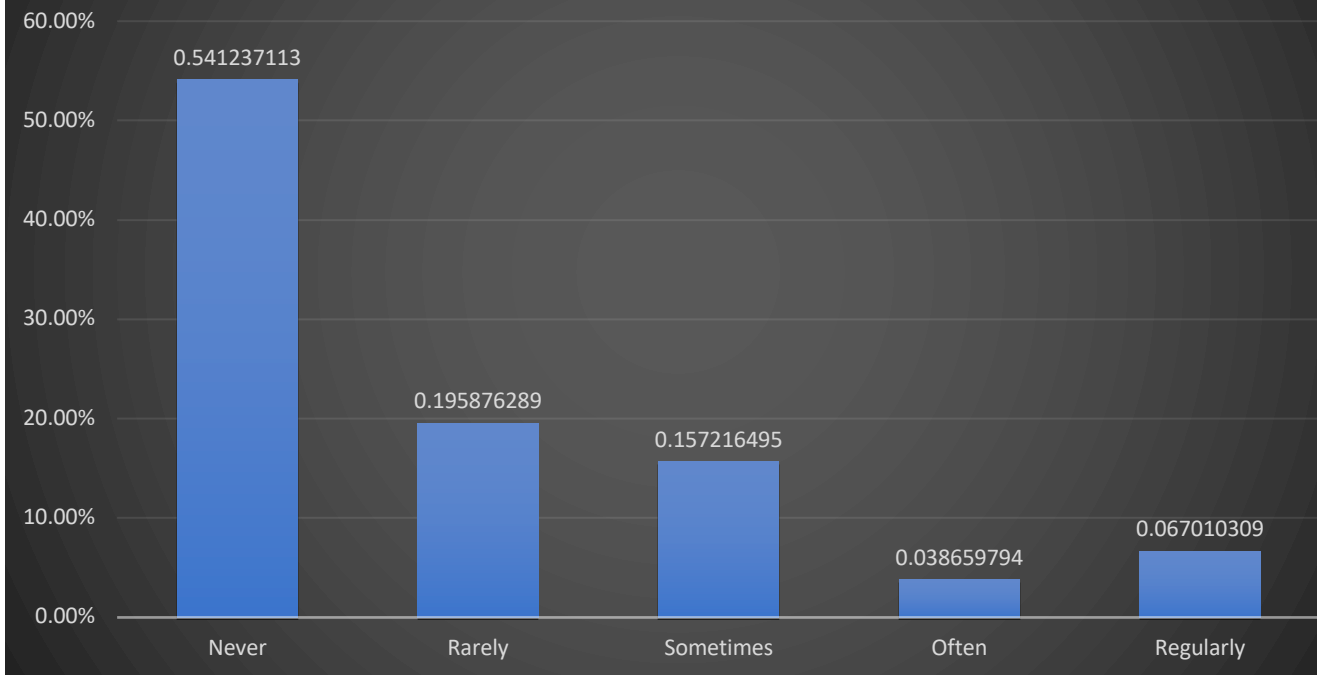


Table 35: I Acknowledged My Own Challenges and Difficulties

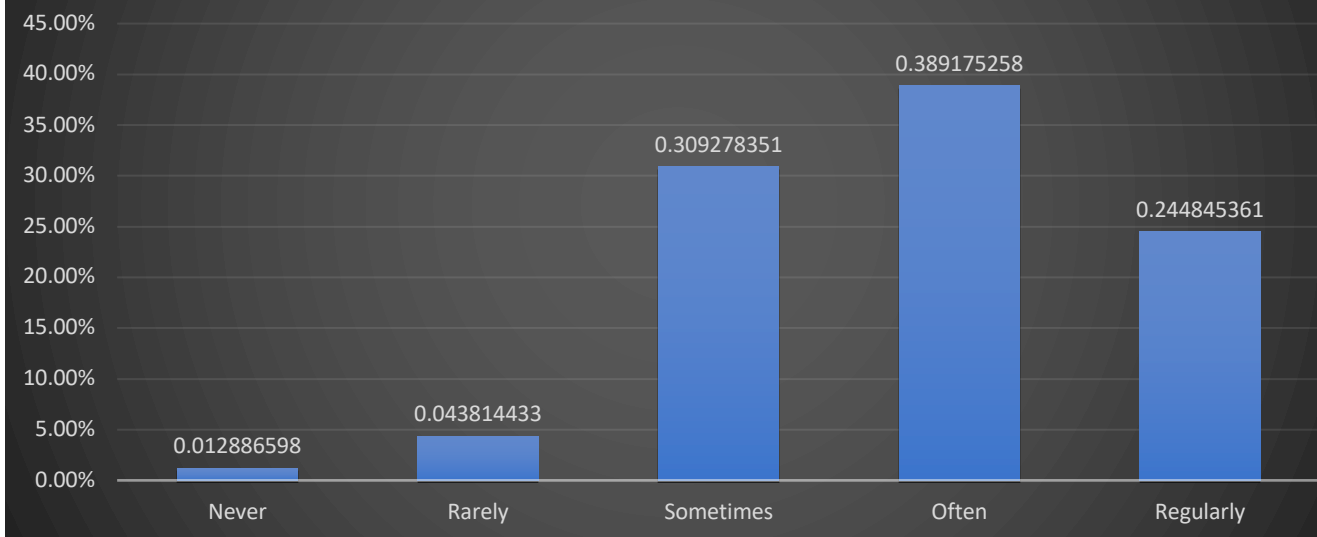


Table 36: I Engaged in Supportive and Comforting Self-Talk

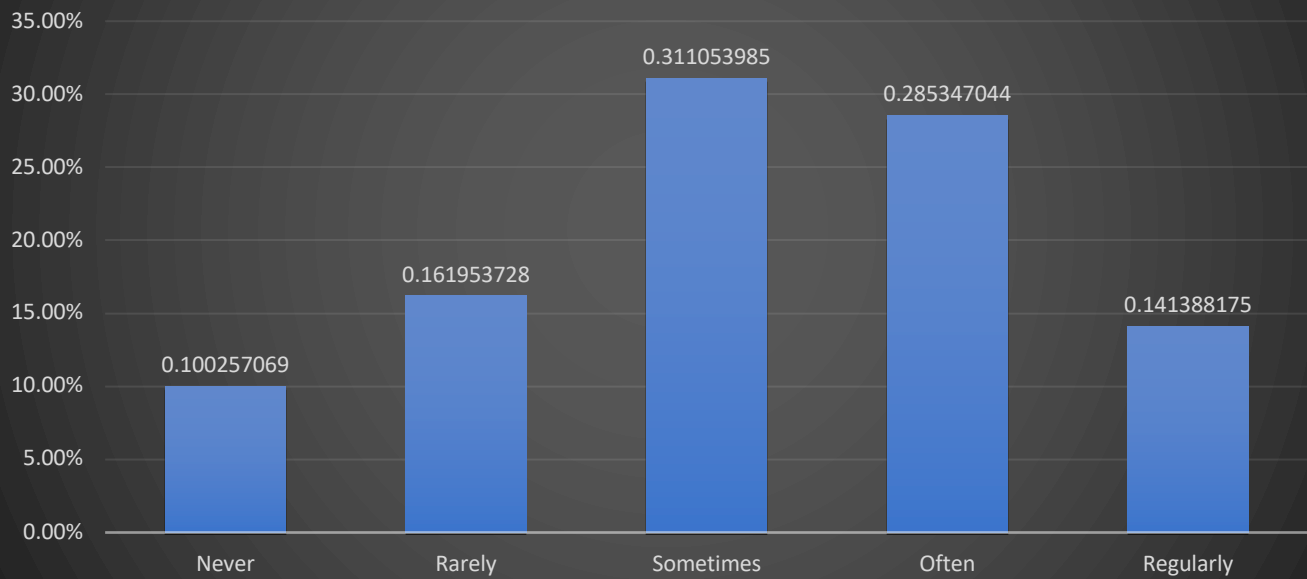


Table 37: I Reminded Myself that Failure and Challenge are Part of the Human Experience

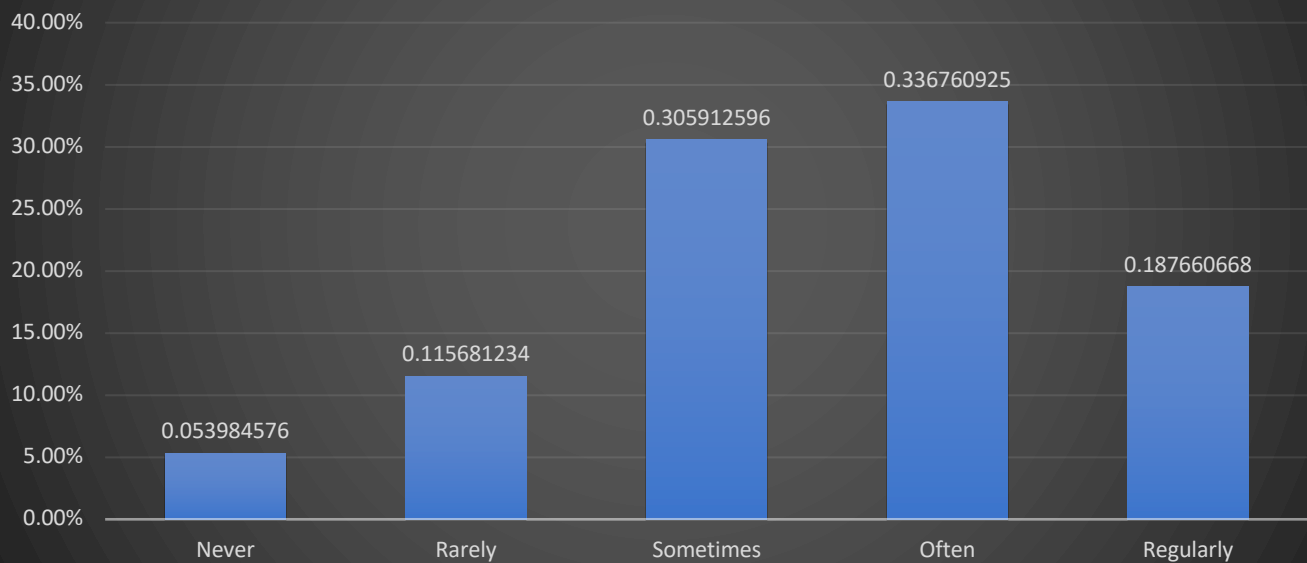


Table 38: I Gave Myself Permission to Feel Feelings

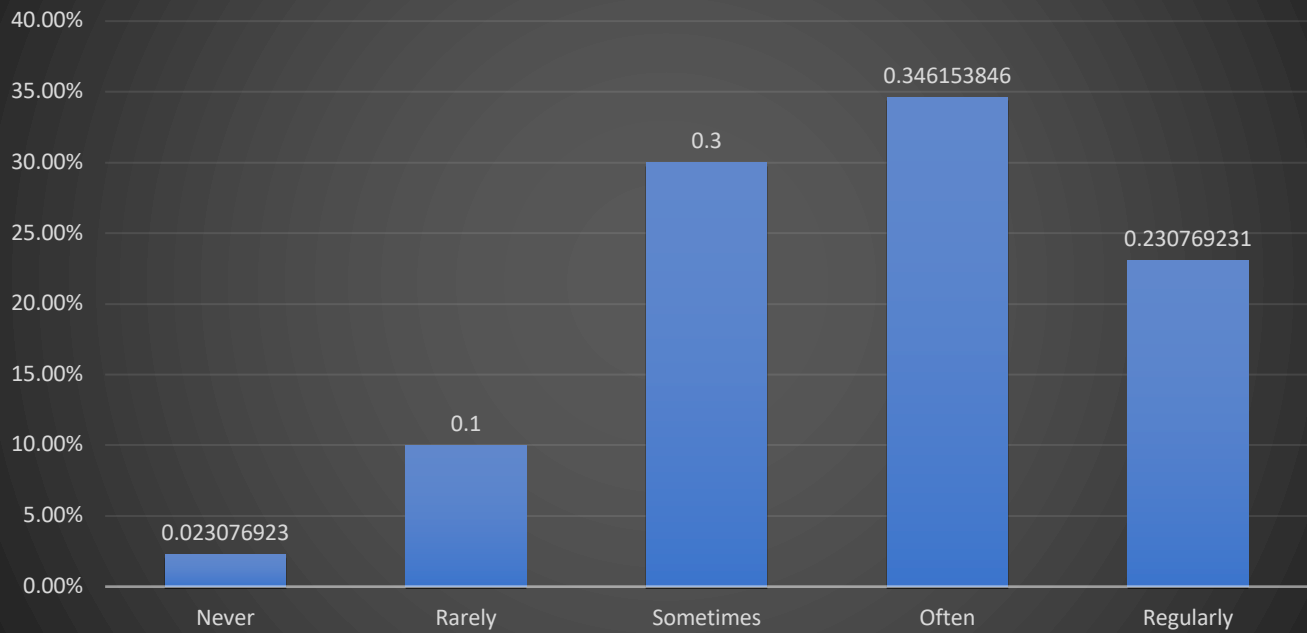


Table 39: I Experienced Meaning and/or a Larger Purpose in My Work/School Life

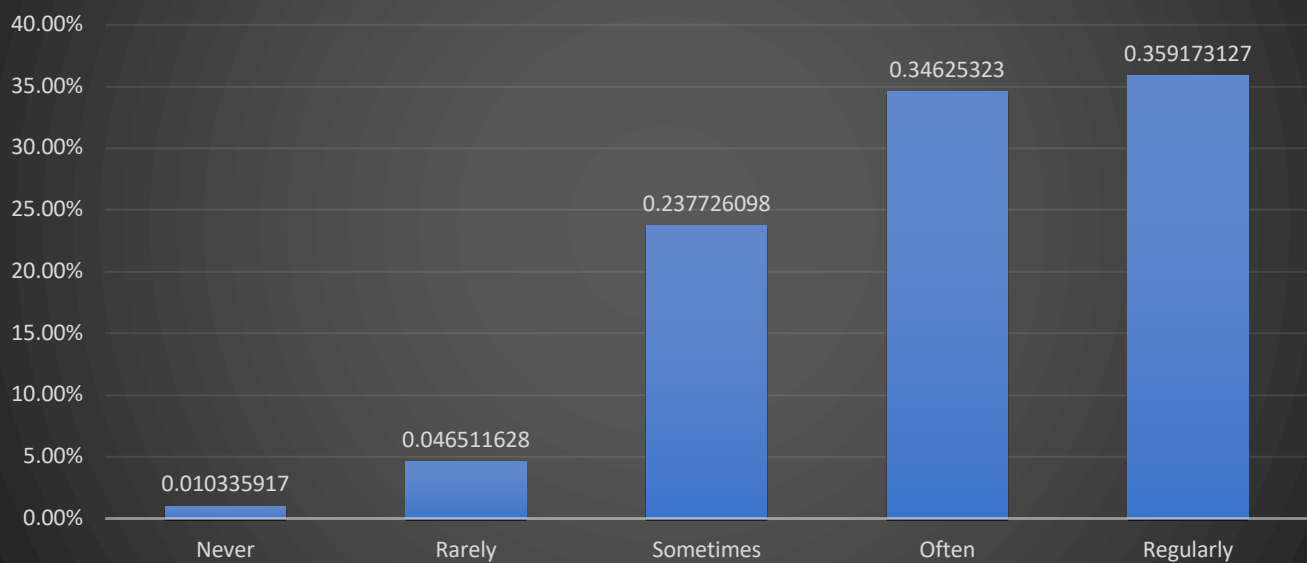
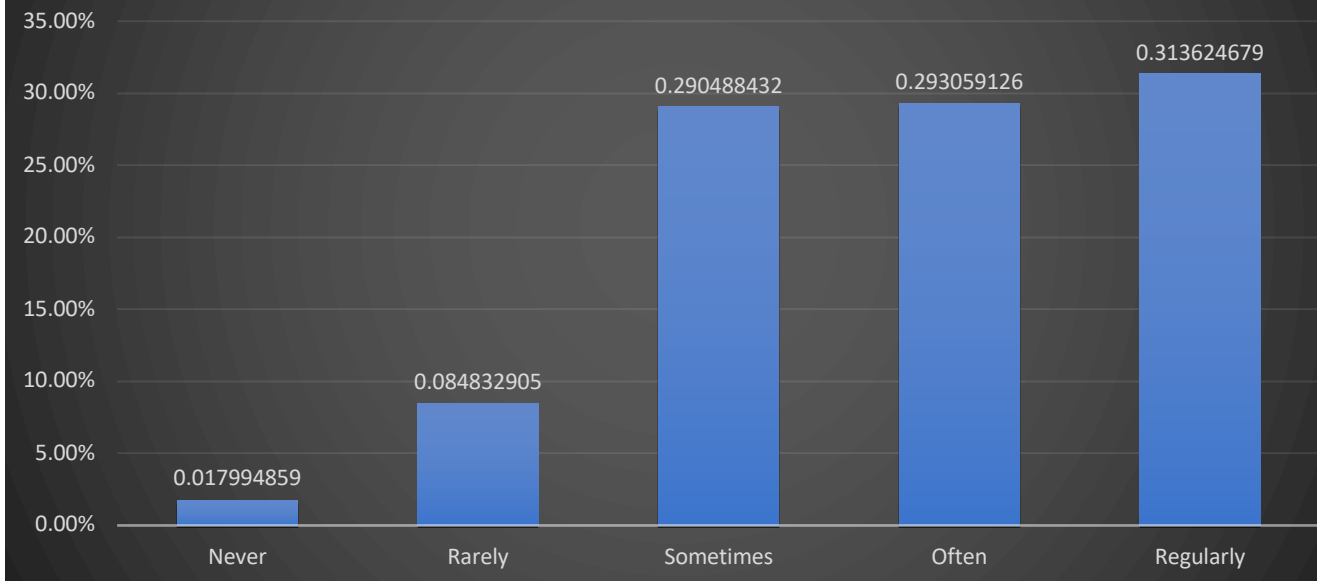


Table 40: I Experienced Meaning and/or a Larger Purpose in My Private/Personal Life



Tbale 41: I Spent Time with People Who Are Good to Me

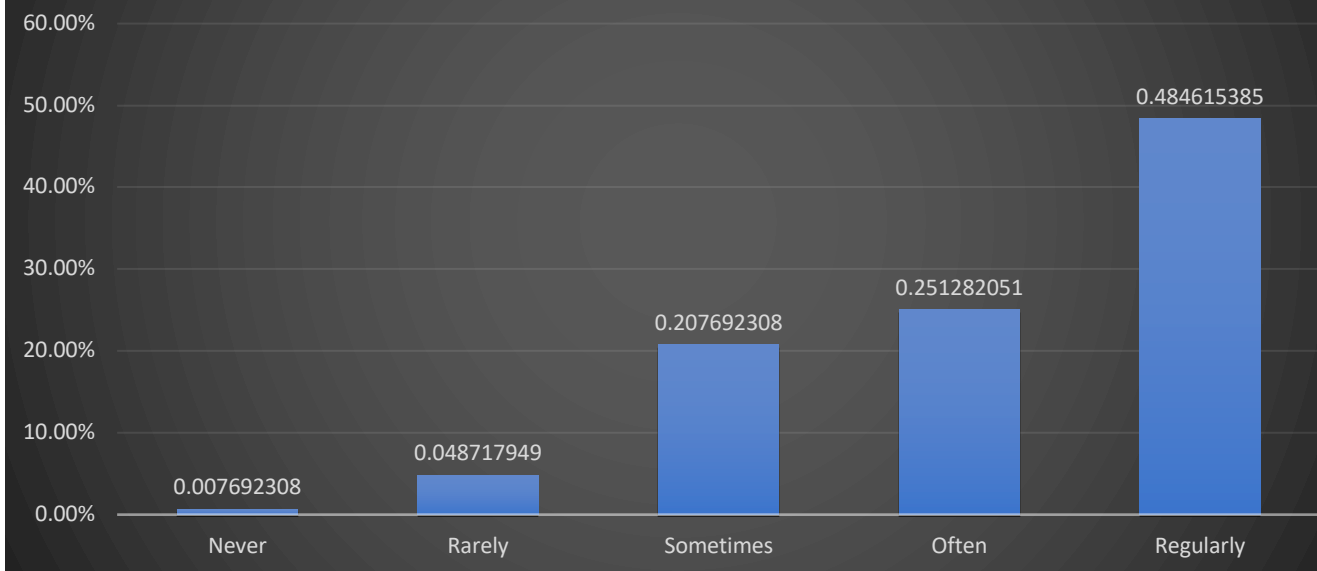


Table 42: I Planned/Scheduled Time with People Who Are Special to Me

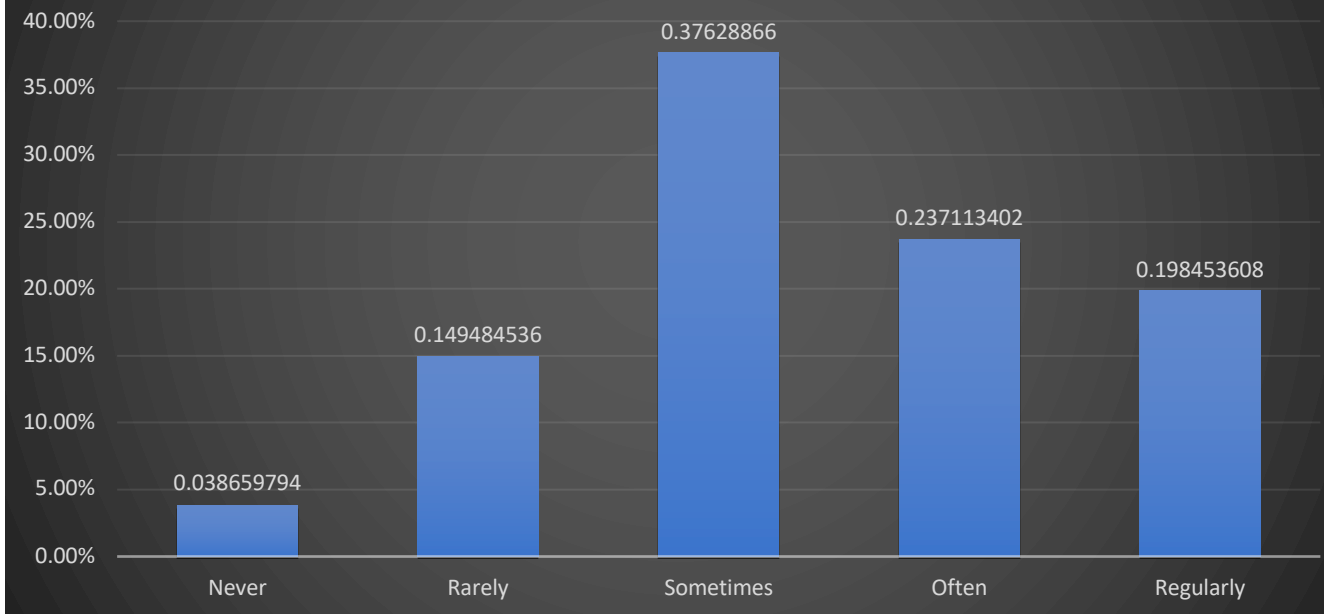


Table 43: I Felt Supported By People in My Life

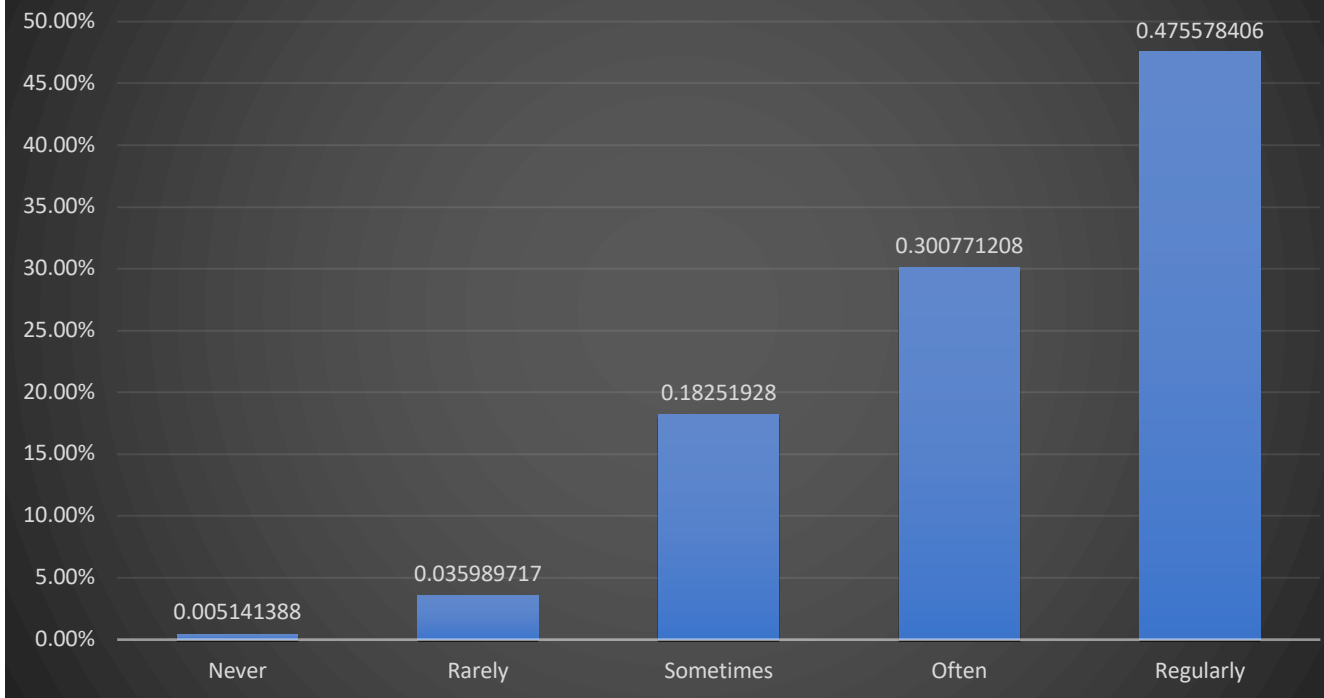


Table 44: I Felt Confident that People in My Life Would Respect My Choice if I Said "No"

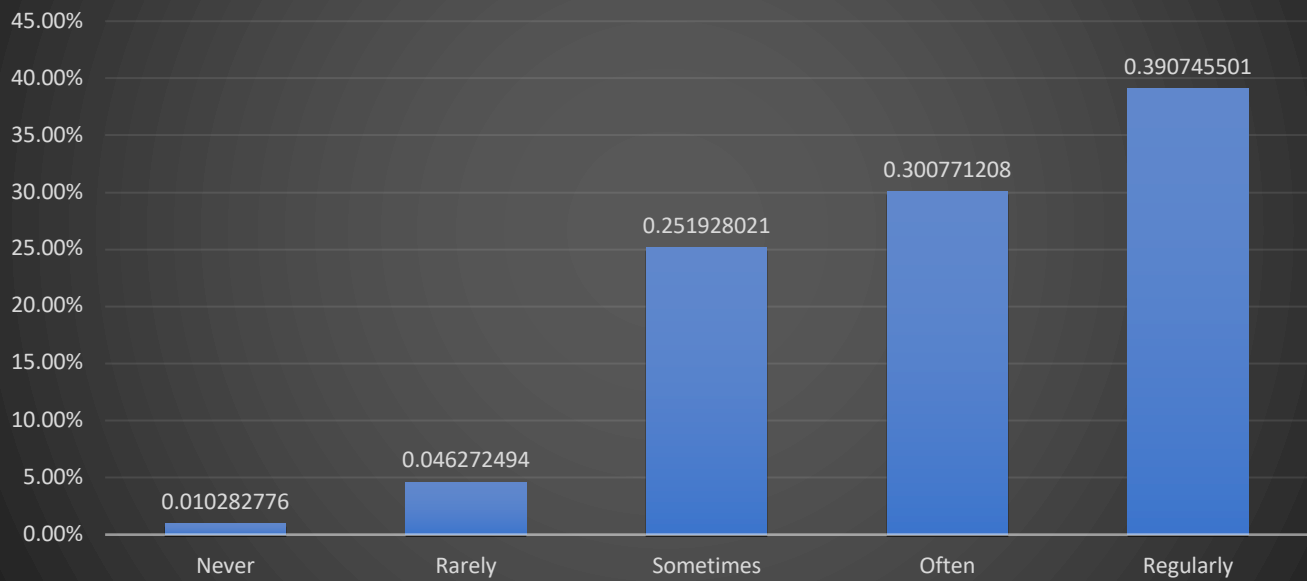


Table 45: I Felt that I Had Someone Who Would Listen to Me if I Became Upset

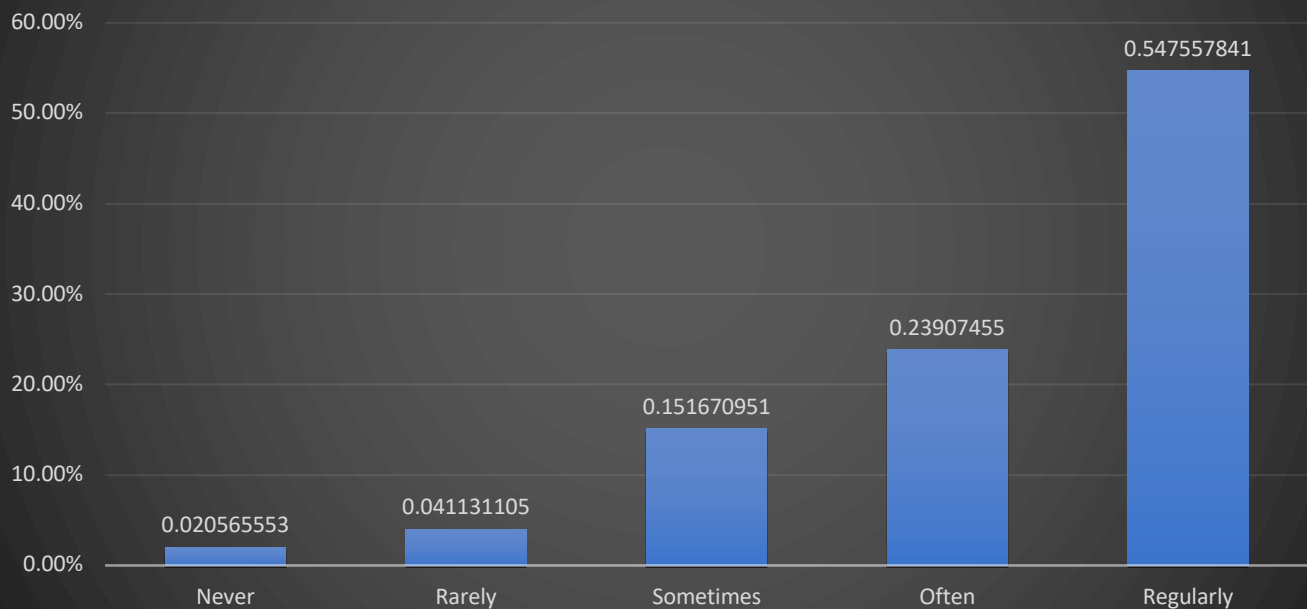


Table 46: I Maintained a Manageable Schedule

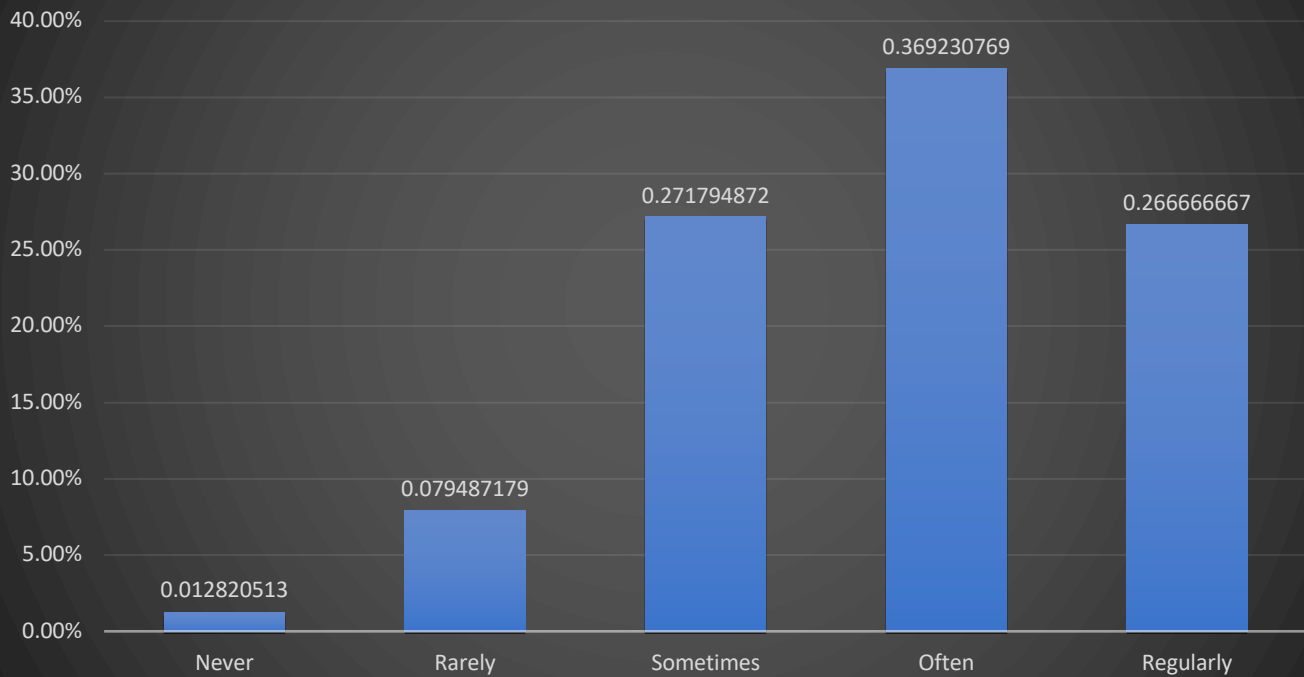


Table 47: I Kept My Work/Schoolwork Area Organized to Support My Work/School Tasks

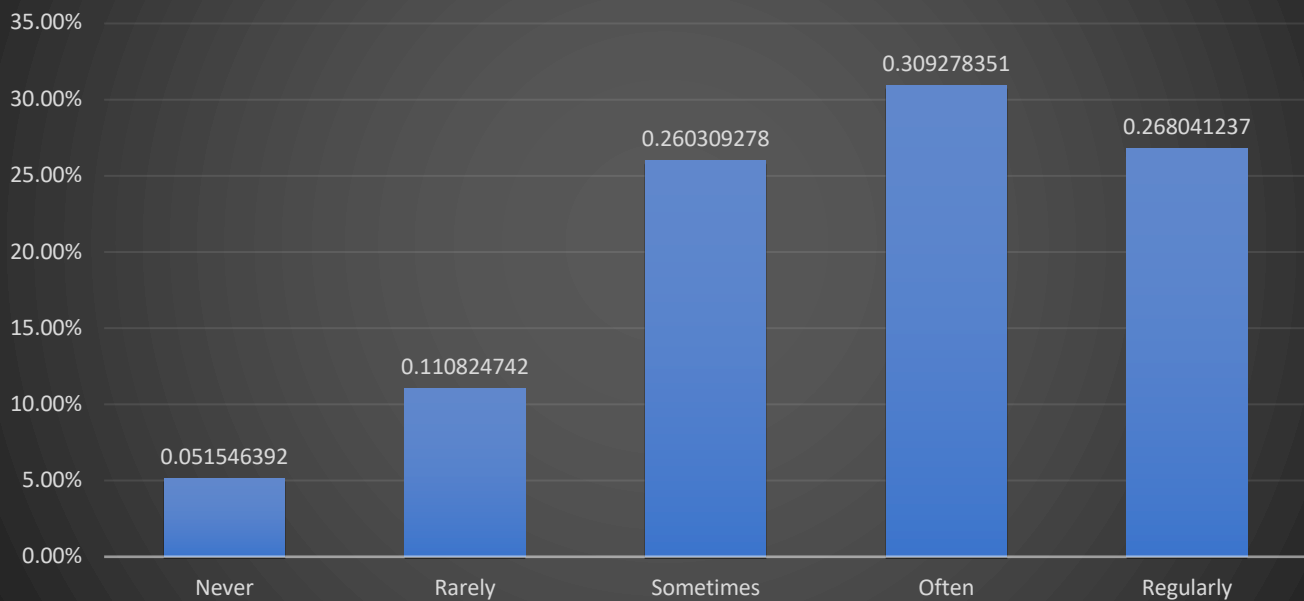


Table 48: I Maintained Balance Between the Demands of Others and What is Important to Me

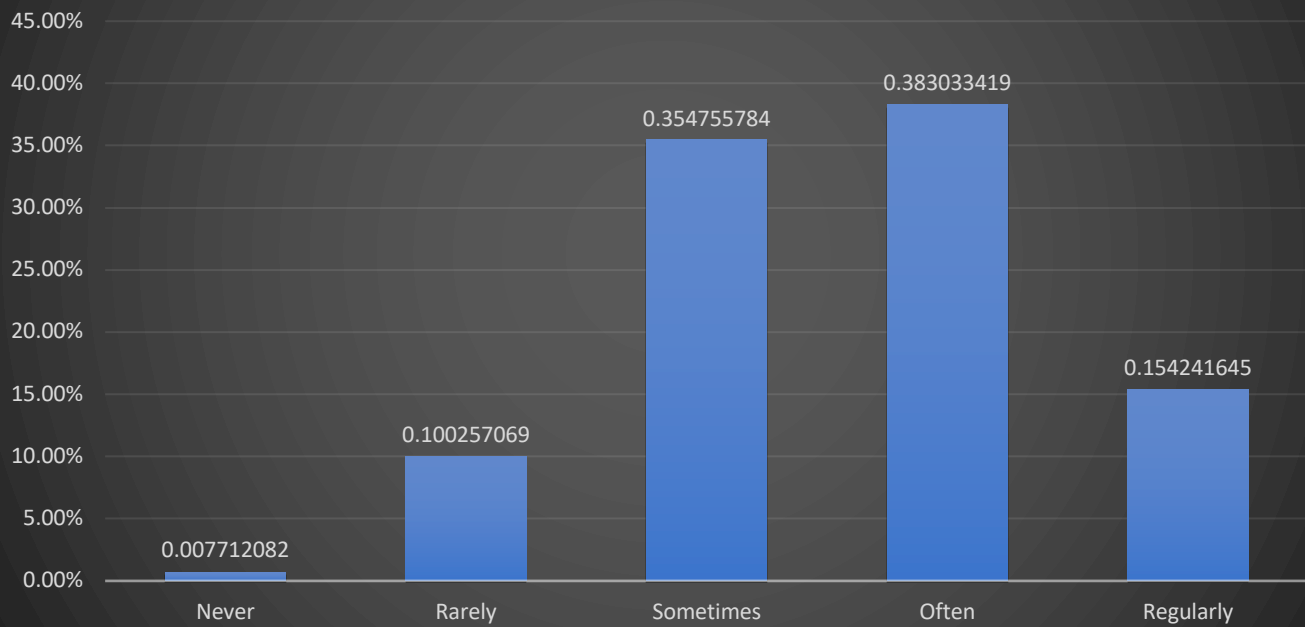


Table 49: I Maintained a Comforting and Pleasing Living Environment

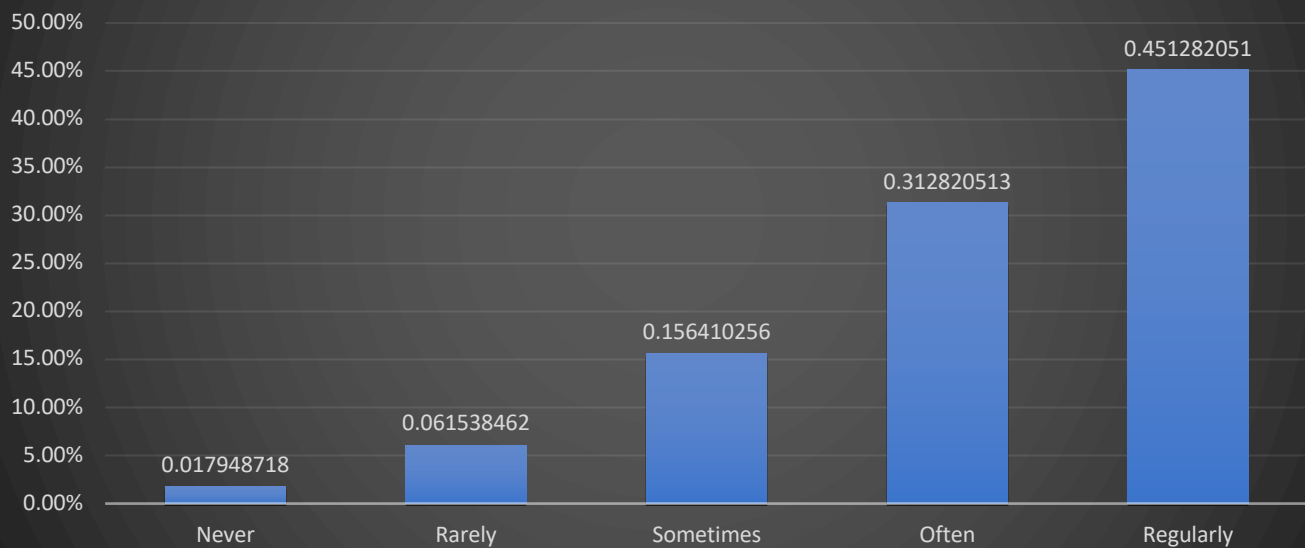


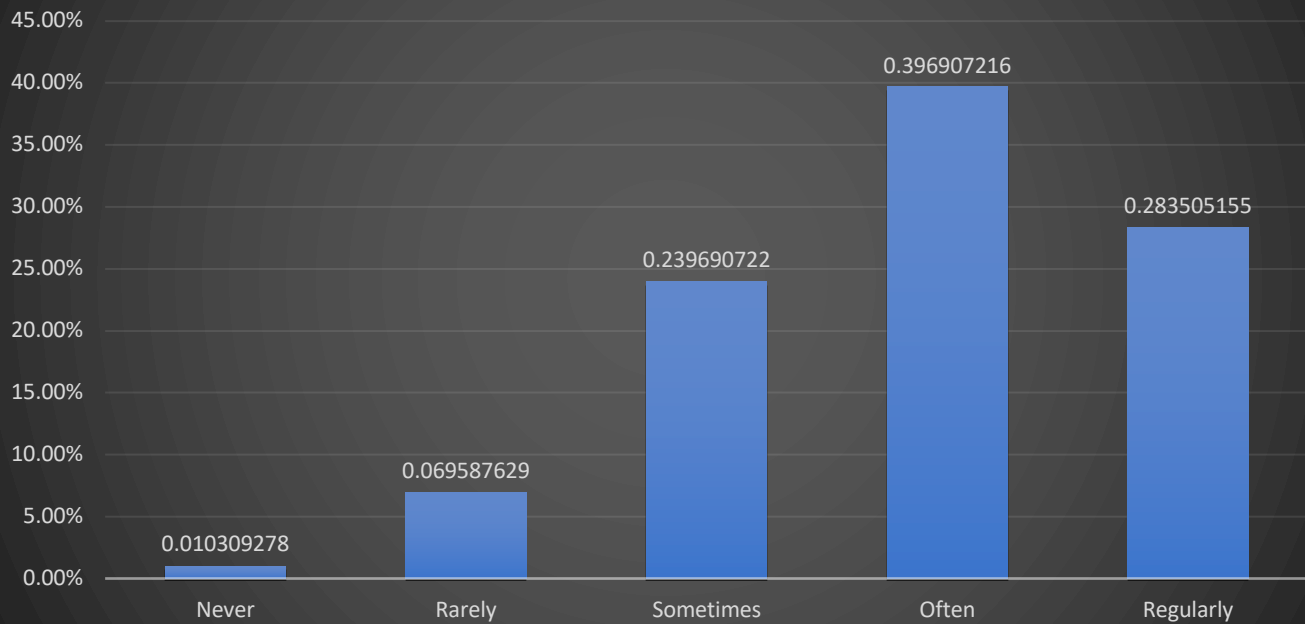
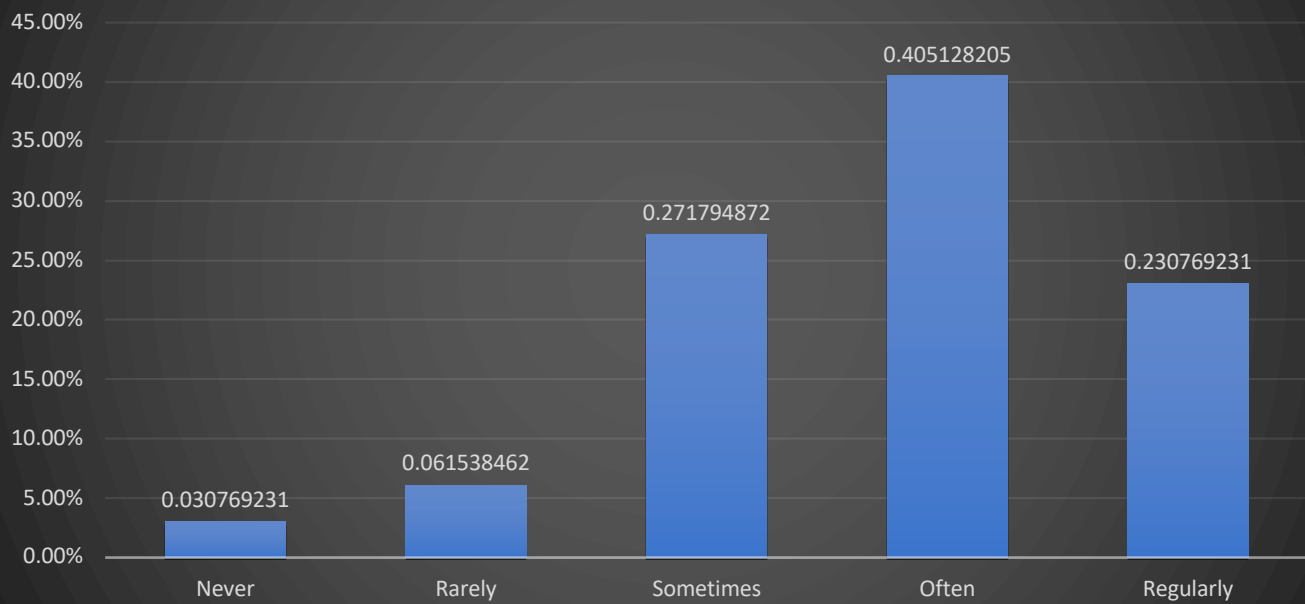
Table 50: I Had a Calm Awareness of My Thoughts**Table 51: I Had a Calm Awareness of My Feelings**

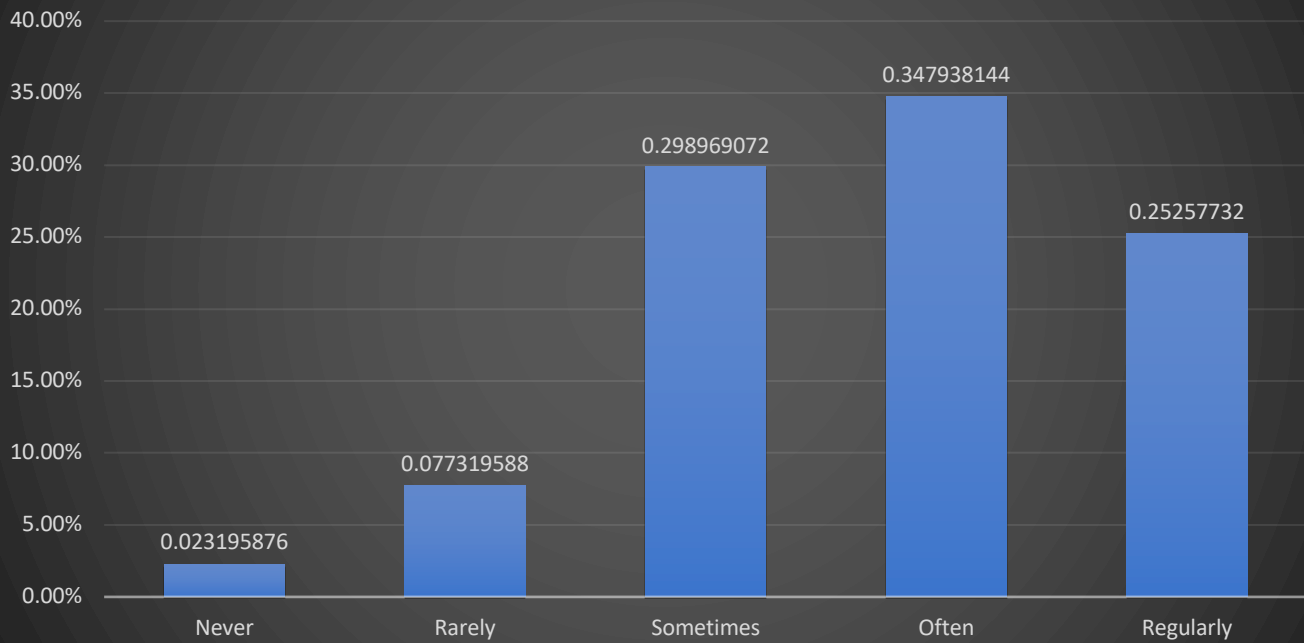
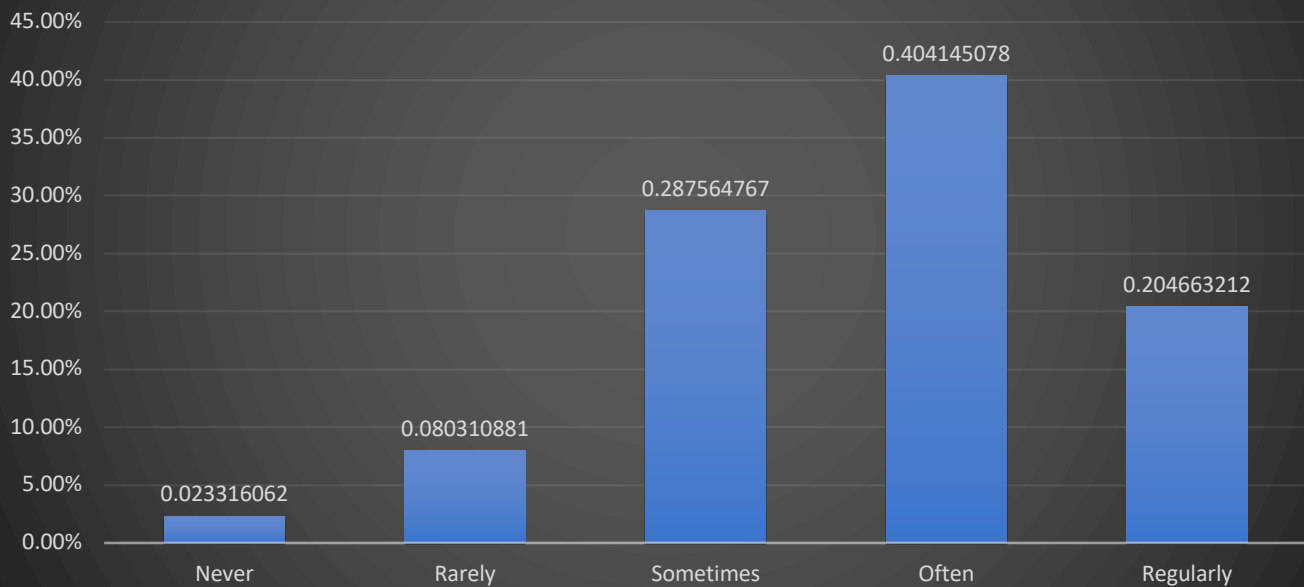
Table 52: I Had a Calm Awareness of My Body**Table 53: I Carefully Selected Which of My Thoughts and Feelings I Used to Guide My Actions**

Table 54: I Engaged in a Variety of Self-Care Activities

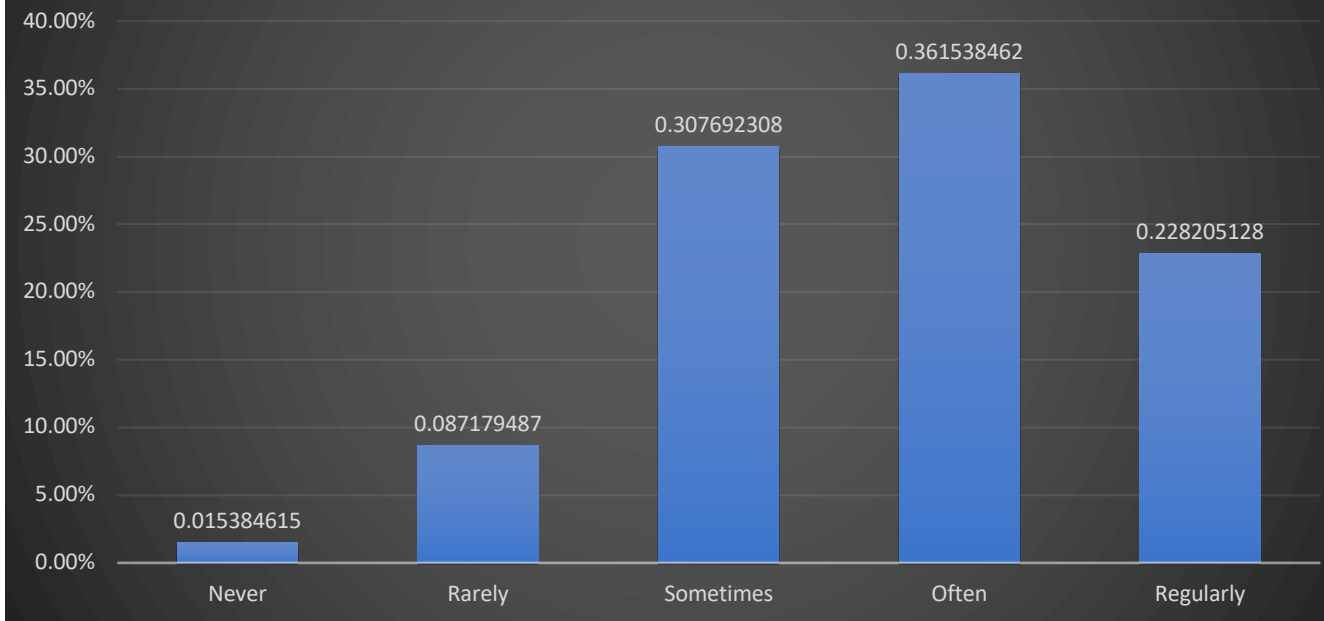


Table 55: I Planned My Self-Care

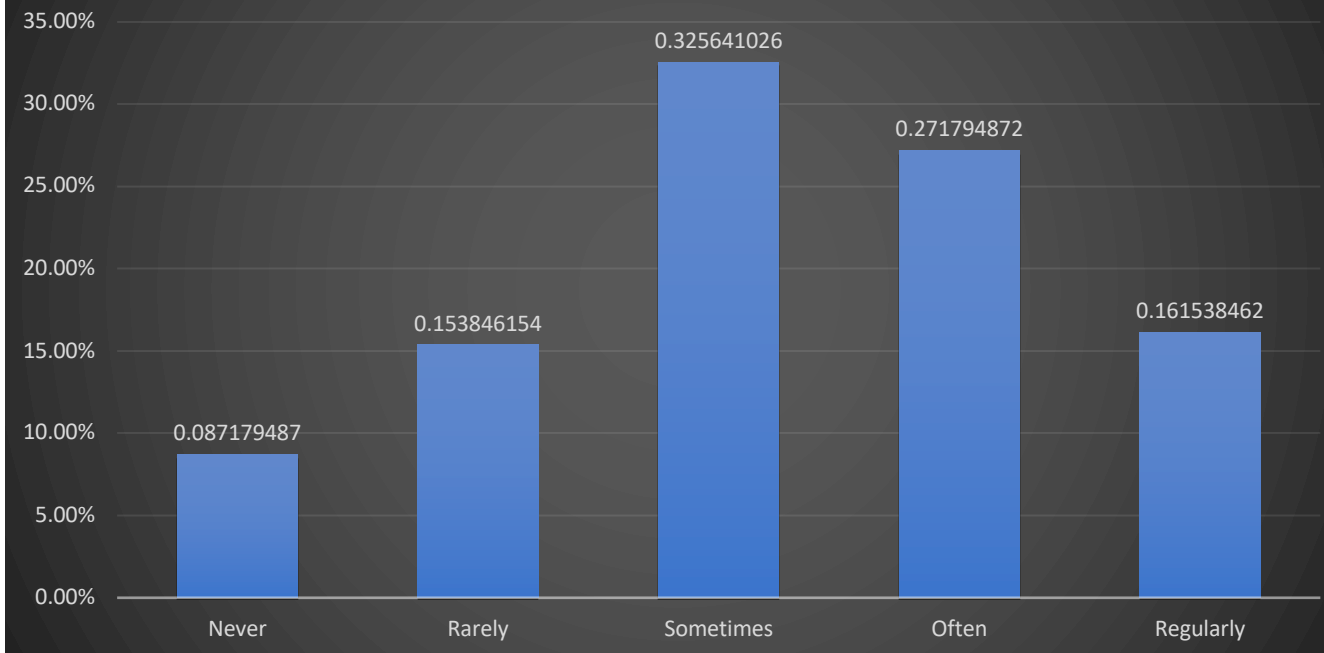
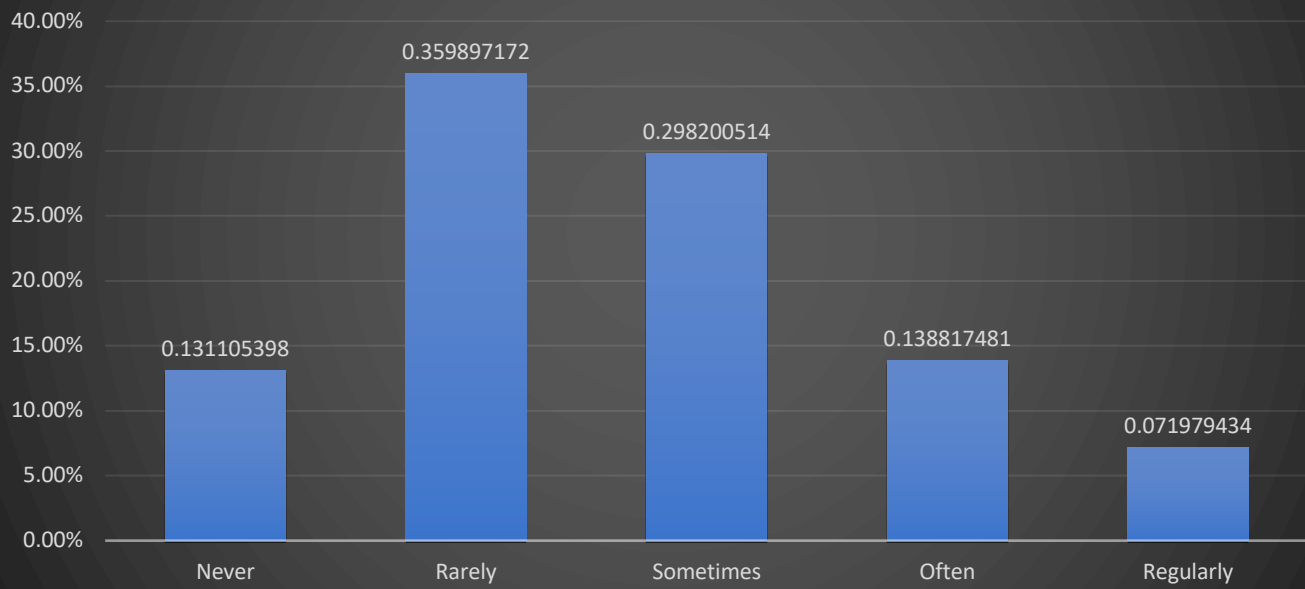
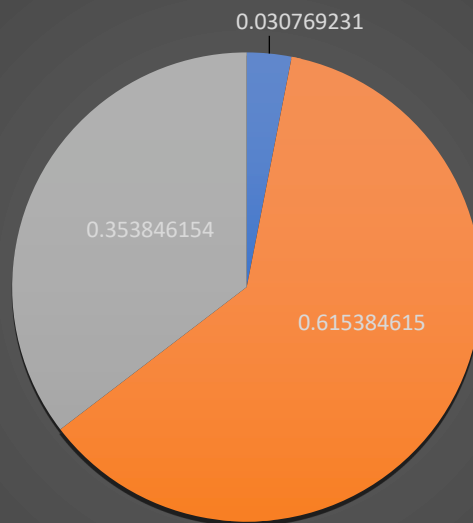


Table 56: I Explored New Ways to Bring Self-Care Into My Life

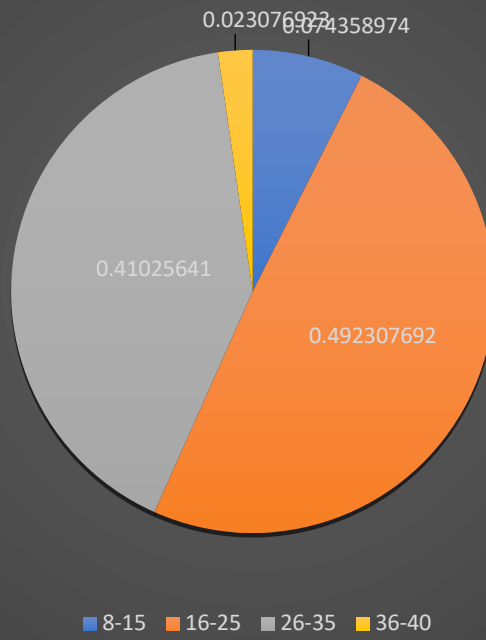


Q1 Score



■ 6-10 ■ 11-20 ■ 21-30

Q2 Score



Q3 Score

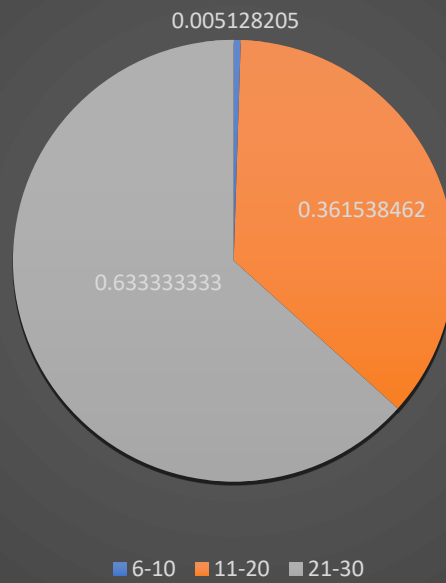


Table 57: In the Past Month, Have You Felt Burned Out from Work?

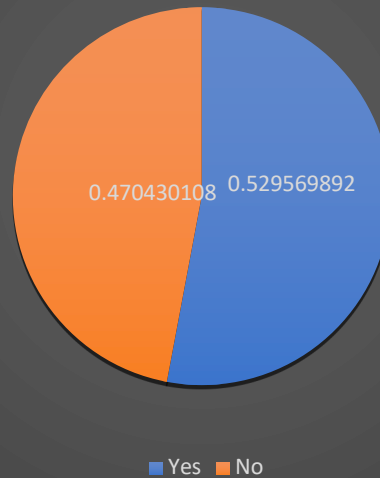


Table 58: In the Past Month, Have You Felt Hardend Emotionally from Work?

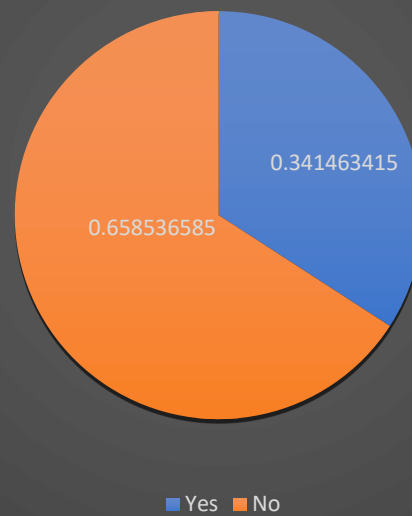


Table 59: In the Past Month, Have You Felt Down, Depressed, or Hopeless?

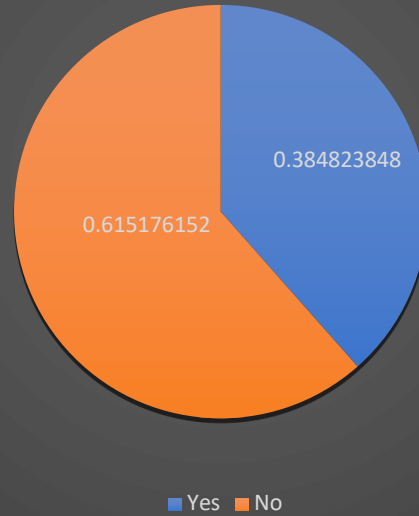


Table 60: In the Past Month, Have You Fallen Asleep While Sitting Inactive in a Public Place?

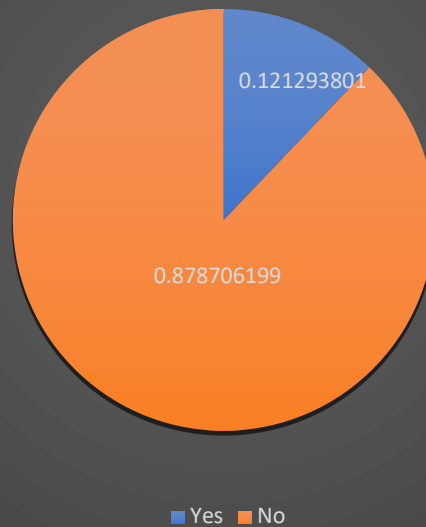
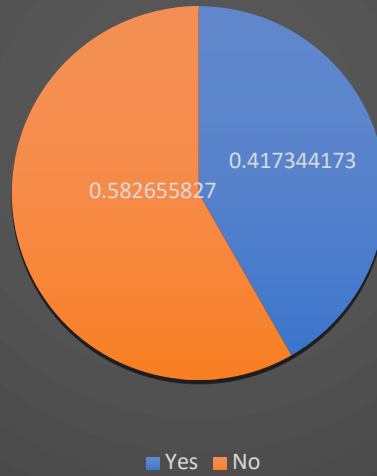
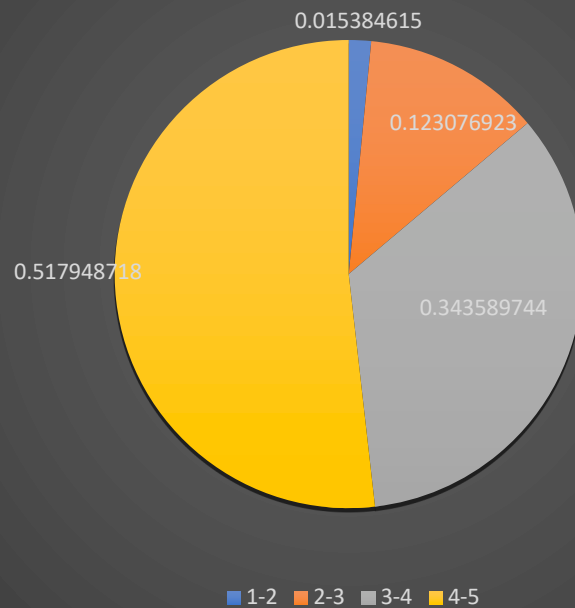


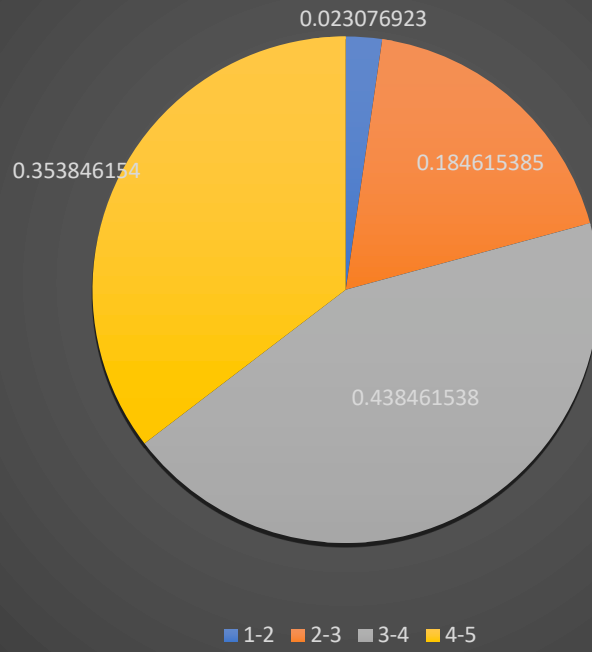
Table 61: In the Past Month, Have You Felt That Things Have Piled Up Such That You Cannot Overcome Them?



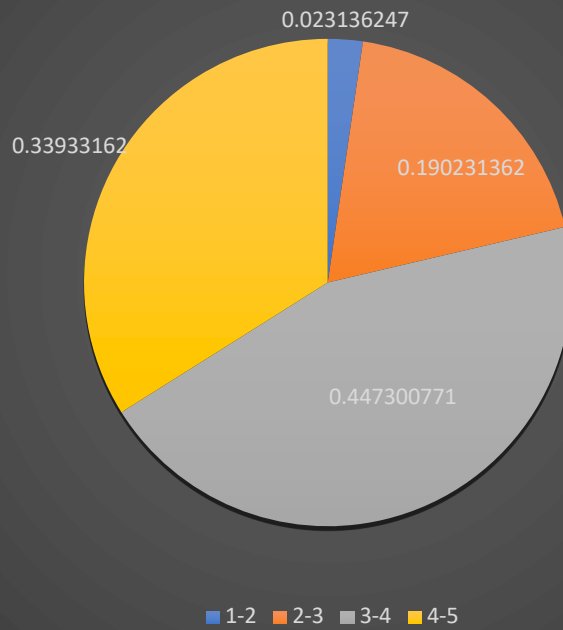
Q4 Avg



Q5 Avg



Q6 Avg



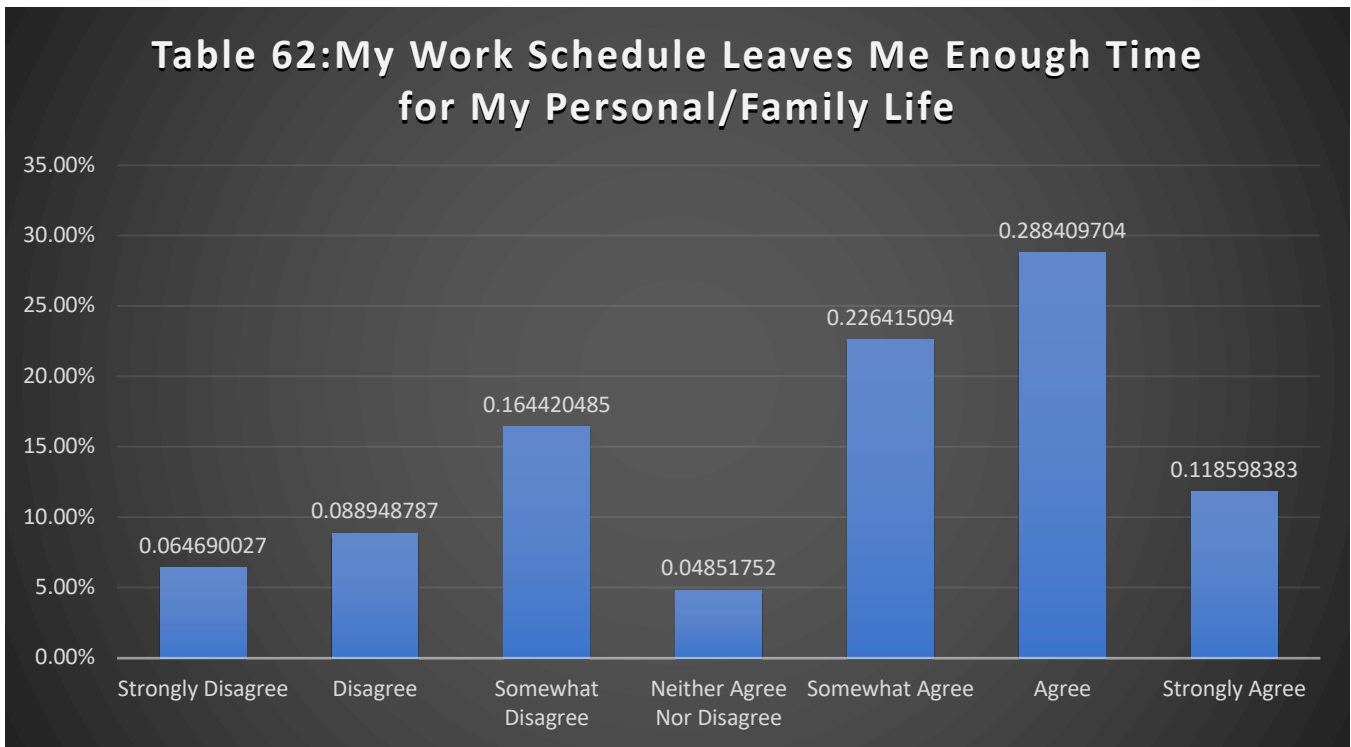
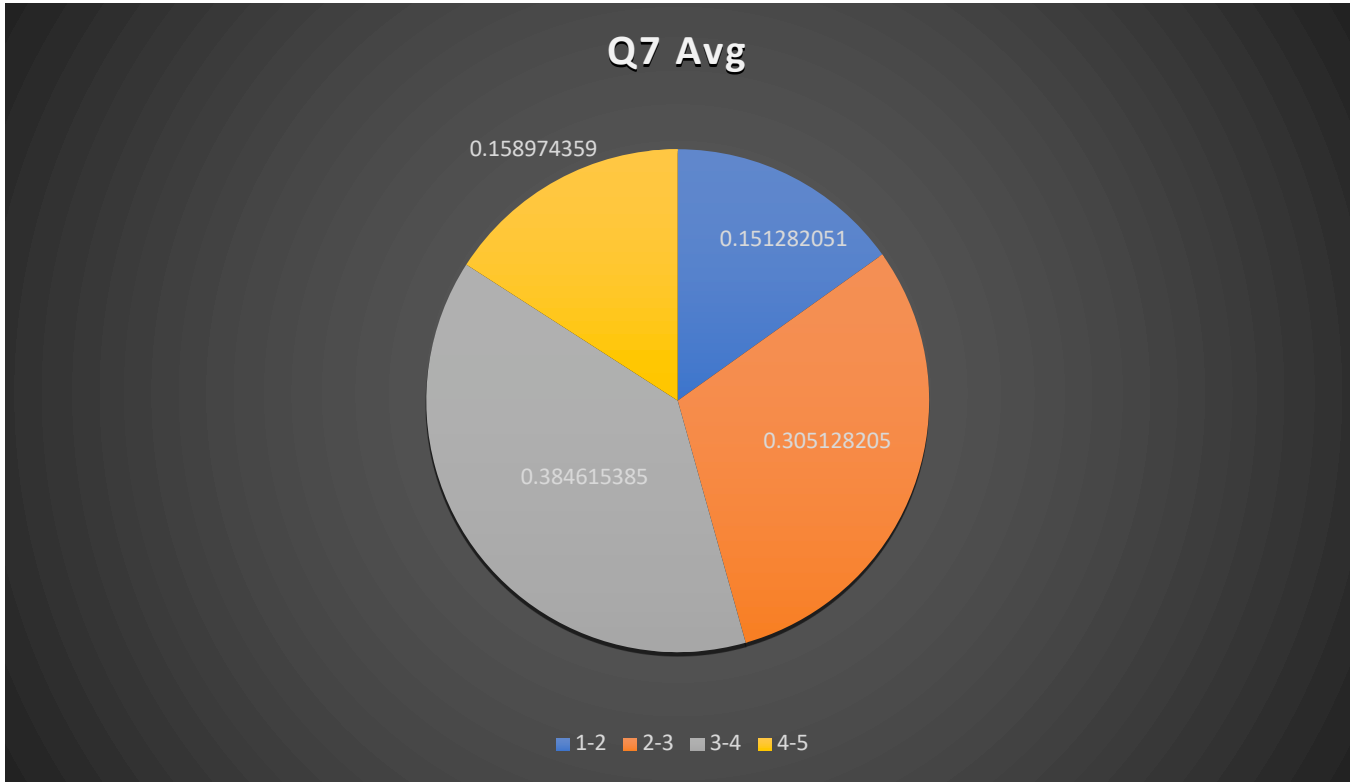


Table 63: The Work I Do is Meaningful to Me

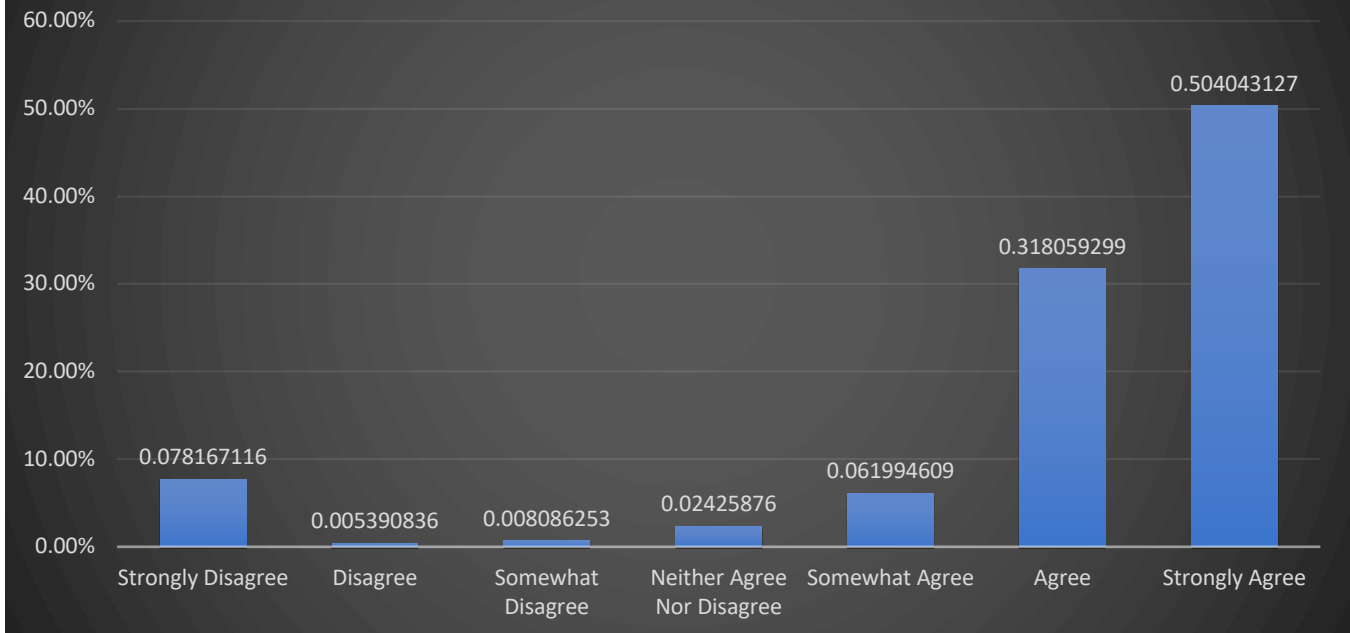


Table 64: During the Past Month, Has Your Physical Health Interfered with Your Ability to Do Daily Work?

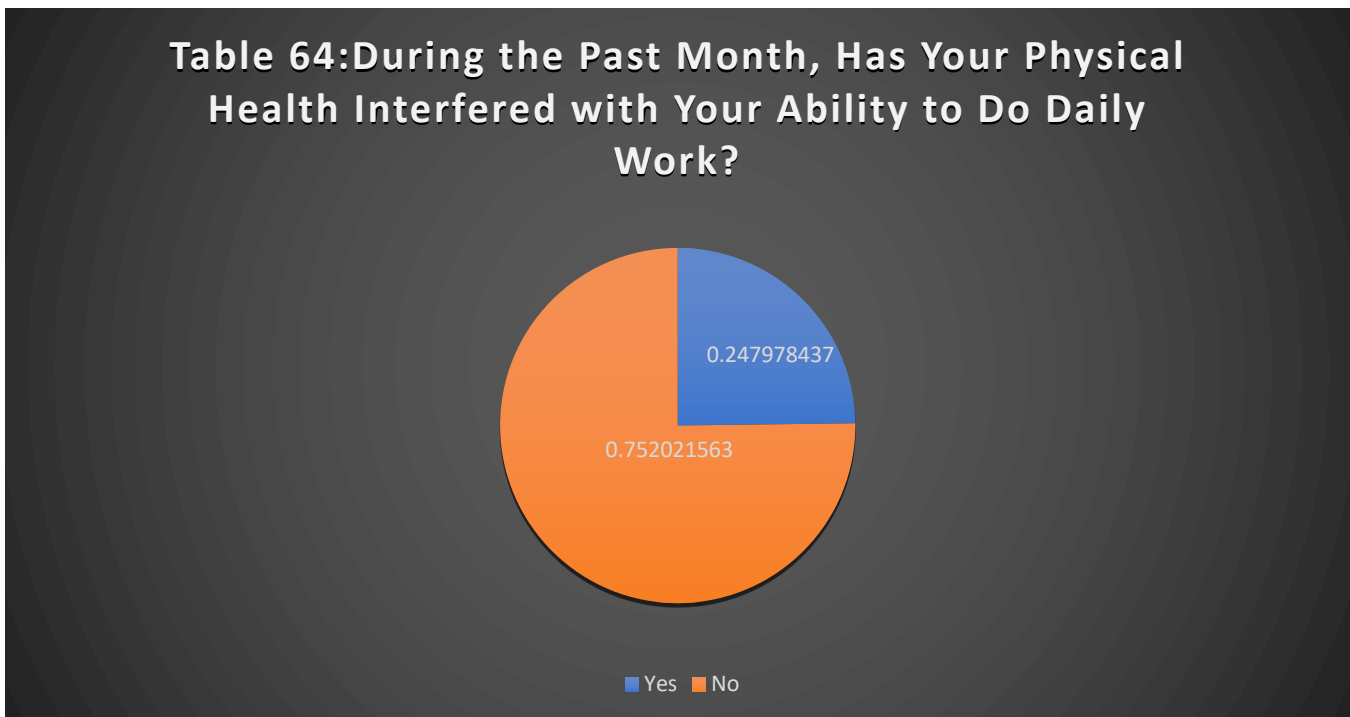


Table 65: During the Past Month, Have You Been Bothered By Emotional Problems?

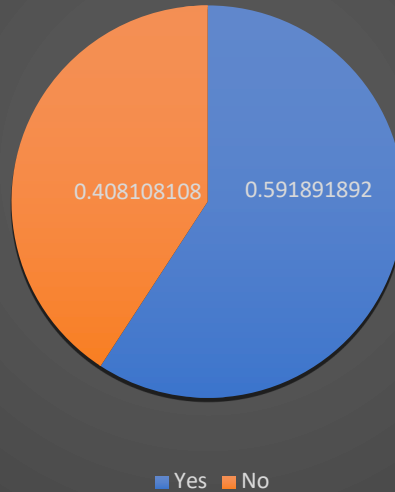
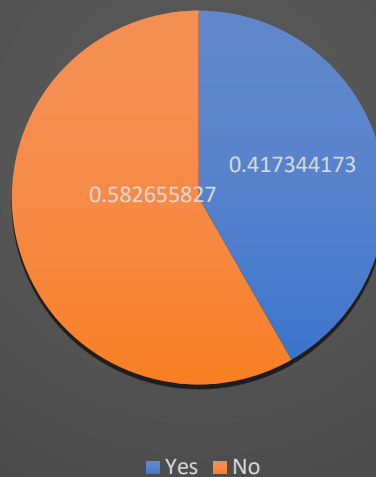


Table 66: In the Past Month, Have You Felt That Things Have Piled Up Such That You Cannot Overcome Them?



About the Author

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Appendix

Clergy Self-Care Protocol

The model described below for this Clergy Self-Care Protocol is adapted from the Self-Care Protocol of the Harvard Program in Refugees Trauma of which I am a member of its faculty.

Self-care is a complex concept to define and operationalize in most pastoral settings. Self-care has many dimensions that need to be integrated to create a safe, secure, and nourishing working church environment. This environment must maximize pastoral excellence by promoting self-care science- and evidence-based knowledge linked to a system of personal and physical wellness, resilience, and health for clergy and congregations.

Promoting resilience is a key element of self-care. Resilience refers to a good adjustment across the mental, physical, and spiritual domains in the face of adversity. Resilience consists of 5 major capacities:

- 1) Ability to experience reward and motivation in a positive and optimistic way.
- 2) Ability to work and be productive despite fear.
- 3) Adaptation of social behaviors to promote altruism, social bonding, and teamwork.
- 4) Use of cognitive/thinking skills to see negative experiences in a more “positive” light.
- 5) Development of meaning and spiritual purpose in life.

All resiliency research has demonstrated the importance of maintaining strong, positive social relationships. Traumatic life experiences including history of past and present violence, chronic medical and emotional illnesses, can lead to feelings of humiliation and social isolation.

The current COVID-19 crisis, for example, can make the clergy and members of their congregations feel alone and isolated even within existing social connections they may share. Stress is the greatest enemy of self-care. Stress is what the brain does to itself and the body when a life experience is perceived as a threat or challenge. Stress begins as anxiety when, for example, the fetus is separated from

the mother. This separation stress never leaves us. As mammals our survival strategy is to achieve a safe and secure attachment to a person or place. War, violence, poverty, and the current COVID-19 crisis can threaten to separate all of us from our harmonious selves and our sense of well-being and belonging.

The stress response is now well-known. The central nervous system (CNS) is a complex matrix of physiologic and immune systems that is under the top-down control of our brains. This system works through allostasis. Allostasis involves all those biological mechanisms that protect the body and mind from internal or external stressors. But persistent and chronic stress can make allostasis difficult. The acute and chronic long-term unrelenting stress, called allostatic load, can break down and tear at the organism at the cellular and physiologic levels, leading to severe physical and mental health problems. Resiliency is overcome and our bodies and minds break down. We must act quickly to enhance resiliency and reduce stress, especially in times of crisis.

This Clergy Self-Care Protocol provides a practice guide to help clergy and those whom they assist to achieve the latter. Self-care must move beyond rhetorical exhortations to a concrete system of congregational policies and practices. Clergy and their congregants are in a mirroring relationship. What works for one of them can work for them both.

The following principles presented in this Clergy Self-Care Protocol are based upon a new scientific model called “One Health”: “One Health” is a holistic system of healthcare that integrates all aspects of a human life: body, mind, spirit, and environment. One Health recognizes the connection between the health of people, animals, and the environment. The Centers for Disease Control and Prevention One Health office leads this global scientific effort. As we are learning from the COVID-19 crisis, human beings cannot be healthy within an unhealthy natural environment. The principles of this Clergy Self-Care Protocol will have to be adapted to each congregational setting. Clergy and their congregation working together can achieve a sense of satisfaction even in a time of crisis. There is risk in caring for

the suffering of others and self-sacrifices can lead to self-damage. These are the kinds of outcomes that this Clergy Self-Care Protocol seeks to avoid happening in the lives of the clergy and their congregants.

The Definition of Self-Care

Self-care is a natural state of wellness and wellbeing. The clergy works to create a healing church environment that provides a healthy and nurturing environment for those working and worshipping in that environment. The healing environment itself, through its beauty, provides a place of safety, security, and restoration to congregation. Self-care begins with the creation of a nurturing physical environment where the achievement of excellence is fostered. Self-care occurs when the physical and emotional health of the clergy and the congregation overrides competing concerns for the church's financial success, efficiency, and productivity. A healing environment contributes to healthy self-care which in turn leads to excellent pastoral care. A healthy care system protects its workers by never allowing the system to foster physically and emotionally damaging clergy self-sacrifice or to allow bullying and/or organizational abuse. Self-care is ultimately an integrated and holistic approach to the promotion of resiliency and wellness in all church members and staff where a premium is placed on thinking freely and working imaginatively and creatively in a biblically informed, scientifically and culturally sound environment. The capacity to be a healthy and affectionate clinician, co-worker, and family member is maximized. Self-care is a system of pastoral care and pastor/congregant relationship that maximizes the health, and wellbeing of them both and the church community of which they are a part.

Priorities

Take Care of your Family and Loved Ones First!

Clergy self-care is not selfishness. The occupational life of the clergy can have an extremely damaging impact on family members. This includes not only serious depression and the development of

chronic illnesses in the clergy and/or their feeling burned-out, but similar problems in spouses and children, including suicides. Some of the factors that can exacerbate these problems experienced by the clergy are:

- Shame and fear among clergy to admit mental health problems in themselves and their families.
- Lack of institutional/denominational transparency about clergy ill physical, emotional and spiritual health.
- Lack of and/or loss of peer supervision.
- Breakdown in co-professional teamwork.
- Lack of adequate financial support and high regard for the work of clergy leads to low self-esteem amongst some clergy
- Fear of clergy of being stigmatized should they and/or members of their family need psychological/spiritual care.

Clergy Contract and Covenant

The understanding of and how clergy-self-care will be lived out or operationalized should be expressed in the contract and covenants of all those employed by the church.

Promote a Self-Care Church Environment

People come into churches sometimes out of a chaotic environment that also lacks beauty. In addition to the knowledge and skills that can be learned about what constitutes self-care practices, the church must reflect order and peace by the way it operates and stimulates the senses with a healthy environment.

Poor physical upkeep of church facilities can add to stress.

Peer Support

Clergy should privately seek support for personal matters. Clergy peer support or supervision is not therapy. It is an element of self-care where trusted colleagues provide peer support in a non-critical and non-judgmental atmosphere to their colleagues. There are a variety of formats for one-on-one supervision, spiritual guidance or group support. Today, considerable peer supervision occurs online,

including Smart Phones, and in private encrypted groups on the internet. The latter can become an excellent self-care approach, if used wisely. Rules for online and Smart Phone use, such as, being HIPAA compliant are templates that can be adapted for guiding clergy peer support methods. Most importantly, rules and procedures must establish a safe and secure trusted space for empathic communication. Aggression, criticism, and bullying must be closely monitored and properly curtailed. The online group leader has to role model of proper peer supervision yet allow for differences and freedom of expression. While conflict will almost always occur, proper resolution can lead to a stronger group and online learning experience. The group must create a safe space for self-care reflection without making interruptions of “unconscious” material or drifting into a therapy group.

Empathy Heals

Empathy is a biological miracle of our “mirror” neuron system that leads to deep relationships and reflection across culture, race, gender, ethnicity, and social class. But empathy is a double-edged sword. As William James warned, “the pain of the patient becomes our pain.” The clinician absorbs the suffering of the patient and accumulates more and more pain and suffering over time. It is easy for some clergy to become empathically over-loaded and develop what Professor Charles Figley has called “compassion fatigue,” that is, the suffering of our patients has taken us over and has overwhelmed us. It is our takin-in the suffering story of others as we give-out too much of ourselves. Its corollary is vicarious suffering when we take in too much of the suffering story of others.

Empathic regulation, the down regulation of high empathic distress and the upregulation of low-empathic response, is a key element of self-care. Clergy must not only monitor their own empathic responses but those whom they are assisting. Empathic regulation can be taught based upon the new knowledge of the neuroscience of empathy. For example, the use of compassion meditation to increase empathic regulation can allow further immersion in the care of those who are suffering. In essence, an

effective therapeutic relationship consists of “two persons, working in a community, in a shared empathic partnership, to create a new world view.” This healing journey based upon an empathic partner is a key ingredient in the relief of suffering. Clergy can learn about empathic regulation based upon the new knowledge of the neuroscience of empathy.

Mindfulness, Meditation, and Prayer

Mindfulness is the “awareness of one’s internal states and surroundings” in which a person focuses attention on his/her breathing, thoughts, feelings, and sensations as they occur (American Psychological Association Dictionary). Mindfulness involves non-judgmental attention to experiences in the present moment to achieve self-awareness and transcendence in everyday life.

Practitioners start with Focused Attention (emptying the mind of everyday thinking to decrease mental proliferation and focus on a single point, e. g, breath, word, phrase, prayer) to elicit relaxation response. They then move to Insight/Open Monitoring (having no object of focus but receptive in a nonjudgmental way to all physical and mental phenomena that arise). Eventually they can then add ethical value qualities (loving-kindness, compassion, self-compassion, forgiveness); or can use visual imagery and add hypnotic suggestion for analgesia for example.

Mindfulness practices are thought to enhance attention and the emotional regulation of fear and anxiety. As mentioned above, use of compassion meditation can increase empathic regulation and allow further immersion in the care of those who are suffering. Meditation is to engage in mental exercise (such as concentration on one’s breathing or repetition of a mantra) for the purpose of reaching a heightened level of spiritual awareness (Merriam Webster Dictionary).

Meditation takes advantage of our innate ability to breathe deeply and slowly. When we attend to this type of breathing exercise and break the train of everyday thought, certain beneficial physiological effects can result. Integrated physiological mechanisms are entrained when a subject engages in a

repetitive mental or physical activity and passively ignores distracting thoughts. These changes include reductions in heart rate and blood pressure as parasympathetic tone increases and sympathetic tone decreases. Oxygen consumption goes down as respiratory rate declines. A positive energy balance ensues. Many meditation vehicles to achieve this so-called relaxation response have been designed over eons in many cultures.

Meditation and mindfulness have earned significant advances in clinical value due to extensive clinical research. Meditation and mindfulness not only are significant tools in relieving anxiety and distress in staff and patients, but they are also all daily practices to enhance clinical wellness and wellbeing, as well as to promote ethical and altruistic behaviors. One mindfulness practice that enhances empathic interviews with difficult patients with a significant trauma story is “deep breathing.” Deep breathing exercises, easy to lead and practice, can be used before, during, and after treating a very difficult and stressful patient.

Other cognitive behavioral approaches include focusing on a color card or mentally reflecting on the happiest moment in one’s childhood when distressing thoughts occur. All meditation approaches are very useful in dealing with the pain and suffering associated with clinical care. It is especially useful in dealing with secondary traumatization. Secondary Trauma is “the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder.”

Mindfulness and meditation are primarily concepts derived from Buddhism, which leads to a discussion of prayer and spirituality. In many self-care programs using mindfulness and meditation, the latter are taught in a secular manner. This was not the prescribed intentions of these techniques, which were used to enhance Buddhist prayer and spirituality. In some settings, Christian meditation, a form of prayer, is

used in a structured way to become aware of the power and revelations of God (see the World Community for Christian Meditation).

The role of meditation as a spiritual practice in Western medicine is not well-accepted although the power of spiritual practices to affect the state of clinicians in a positive way has been well-established. Daily prayer based upon one's religious orientation (e.g., the Bhagavad Gita, the Bible, the Koran), may be a valuable self-care practice.

Personal Self-Care Practices

Personal self-care practices are scientifically well-established health promotion instruments for the prevention and treatment of medical illnesses, and the promotion of wellness and wellbeing. These practices build upon the resiliency of staff and patients, promoting increased self-efficacy and agency. Poor self-care and the clinical states associated with the latter can lead to negative personal behaviors such as drinking, use of prescription drugs, opioid addiction, cigarette smoking, and high-risk sexual behavior. These clinical states can also become manifested as a lack of meaningful time with family and friends. Indeed, a major threat in using substances to assuage the pain and anxiety of ministering to those with suffering is that these substances tend to hijack our normal receptor mediated sources of pleasure and solace, leaving these normal healing attachment experiences relatively impotent.

Evidence-based personal self-care practices have been developed. One such program was created at the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital. It is called the Stress Management and Resilience Training (SMART) program. This program is a composite 8-week, 2 hour a week immersive program that engages the person, either individually or in a group setting, in the learning of eight different meditative ways to elicit the relaxation response while the major components of human resilience are enhanced.

The emphasis in the SMART program, which has been shown to effect changes at the gene expression, physiological and psychological levels, has been on integrating the following into the lives of participants: ∪ Healthy Behaviors; ∪ Social Support; ∪ Pro-social Activities that create vitality and prosperity; ∪ Cognitive Skills to avoid negative thinking distortions; ∪ Positive Psychology; ∪ Problem Solving Skills as well as Acceptance; ∪ Spiritual Connectedness and Compassion Training. The beauty of this program is that it can be taught to clergy (SMART) and to lay people in an educational version called the Positivity and Resilience Training (PART) program. A virtual telemedicine version has been shown to be effective. And a train the trainer’s approach can be provided.

One major self-care rule is: take care of your family and loved ones first. Put the medical record in its proper place and do not spend valuable family time on the computer screen. The latter will not assist you with a marital problem or a problem with kids – but may help cause the latter. 16 A proper, healthy diet with mindful eating and being present with the family at the dinner table is crucial to a healthy, well-balanced life. Put aside all devices when talking to family and friends. In most cultures, “food is love” – So spend time eating delicious, healthy foods with your loved ones daily.

Exercise is the new “miracle” drug that has been shown to improve mood, healthy feelings, reduce depression and posttraumatic stress disorder and lead to an overall higher quality of life. Even limited exercise is beneficial at any age (e.g., a 20-minute walk a day).

Natural Environment

There is no healing without beauty. The healing environment is most therapeutic and restorative if it is a beautiful environment that reflects the culture and local community of the patient. Often the actual physical environment is sterile, ugly, and depressing. The British nurse, Florence Nightingale, in 1884 defined a healing environment as fresh, full of light and clean air, spiritual, and full of nature. The four elements of a Healing Environment defined by Richard F. Mollica M.D. and his colleagues include:

1) the physical setting, 2) the relationships inspired by the setting, 3) healing forces activated and operating in the setting, and 4) demonstrated positive outcomes. An extensive scientific literature review has revealed the therapeutic power of plants and pictures of nature to reduce the stress of clinicians and their sick patients as well as enhance the patient's capacity to heal. The therapeutic impact of nature walks, office plants, and spending time with animals is highly recommended as a daily self-care practice.

Evaluation

How do clergy, congregations and denominations know if their self-care efforts and protocols are helping to improve their well-being?

Clergy, congregations and denominations must establish realistic self-care goals and evaluate the impact of these goals on the clergy, congregations and denomination. Evaluation would include the actual implementation of practices and procedures related to self-care goals. The transformation of the administrative/clergy/congregant worldview of the health care of the organizational systems in which they work to a self-care-friendly environment is always the most difficult to assess.

Qualitative approaches and key-informant interviews can contribute to assessing transformative changes amongst the clergy and congregation. Simple quantitative methods and surveys can determine what self-care practices have been implemented, frequency of the practice, attendance, and staff motivation and interest in using these practices. In this way practice barriers can be overcome and the practices themselves strengthened. The actual impact of self-care practices on 1) knowledge learned, 2) behaviors changed, and 3) outcomes achieved, can be assessed. Outcomes can include improvement in healthy lifestyle, family engagement and prevention/reduction in the symptoms of burn-out, compassion fatigue, and secondary traumatization. While many validated scales exist to assess the latter, a self-care protocol is focused on more than the prevention of illness or unhealthy or dysfunctional churches. A new self-

care evaluation scale can be developed by each congregation to assess each of the ten areas of self-care in addition to an assessment of the current self-care status of the clergy and congregation.

Trauma-Informed Ministry Characteristics

Fundamentally, as noted by the Council on Social Work Education (2013, CSWE.org) in its *Advance Social Work Practice in Trauma* guidelines and standards: Trauma results from adverse life experiences that overwhelm an individual's capacity to cope and to adapt positively to whatever threat he or she faces...Trauma exposure's lasting impact represents a combination of the event and the subjective thoughts and feelings it engenders. An event becomes traumatic when its adverse effect produces feelings of helplessness and lack of control, and thoughts that one's survival may possibly be in danger.

The following are several characteristics of trauma-informed ministry (Streets, 2015):

- A trauma-informed ministry is one by which religious care providers have a basic understanding of the nature of trauma and how it may impact the overall quality of life of the person or persons who have been traumatized by a life event and the impact of that trauma on their relationships with other people.
- A trauma-informed ministry seeks to sensitively use a basic understanding of trauma and reflect upon its implications for the various aspects of a religious ministry such as, preaching, bible study, prayer, and other religious rituals and spiritual practices.
- A trauma-informed ministry means that the religious care provider is aware of the impact of trauma upon persons depending upon where they are along the life cycle, as well as their age, gender, social and marital status, and sexual orientation.
- A trauma-informed ministry brings to bear upon those suffering from trauma the wisdom, insights, and resources of the religious faith and tradition of those who have been traumatized and utilize these cultural attributes for the sufferer's benefit.
- A trauma-informed ministry seeks to collaborate with other community members who can provide additional resources and to whom the religious helper can refer those needing assistance in coping with their traumatic experiences.

- A trauma-informed ministry aims to increase the skills of coping with or reducing the stress that can otherwise lead the sufferer to feel that they can no longer manage or prevent their traumatic and post traumatic experience from destroying them. It is important to remember that a trauma-informed ministry understands the vulnerability of people and the tenuous nature of their sense of safety. Most importantly, those who have been traumatized need to be encouraged and supported in being hopeful about their own recovery. One of the most significant impacts of suffering from trauma is the stigma associated with needing help to deal with the traumatic experience. The shame that some people feel because of having been traumatized prevents them from seeking help. Religious helpers can play a vital role in reducing this shame by reminding those suffering from trauma that there is no shame in getting help, that, in fact, doing so is a sign of their strengths.

Clergy as Healers

How were clergy “being” versus how they were “doing” was one of the questions that initiated my interest in doing this study. The surveys used in this study described the well-being and mindfulness practices of the clergy. Study results showed that out of 1,120 invitations to clergy to participate in the study that 445 responded. Out of the 445 survey responses, 119 of them had to be eliminated because they were incomplete. This left a total of 326 survey measured results.

Why those clergy who did not respond to take the survey and those who did so but did not complete the surveys was not explored. We can only speculate on any number of possibilities as to this result. Some clergy may have felt that this was another task that they did not have time to do or that they were on the verge of retiring from ministry and therefore their responses to the survey would not have value. Other may have been engaging in “quite quitting” as one focus group member described it as the clergy doing the bear minimum until they retired or transition to another form of work. This bear minimum approach takes less risk and limits emotional investment in the work. It is not being burned-out, but it reflects the clergy persons’ effort to self-protect while doing their work while in church relationship and

environment with others. Yet another focus group member shared that some of their colleagues felt “burned-up” and were therefore looking for a way out of ministry.

I was surprised and pleased that the rate of well-being of the clergy as it was measured by the study was high. The comments made by some of those who participated in the focus group are worth noting.

One of the focus group participants indicated that as they were taking the surveys that they almost did not complete them because the exercise was stimulating feelings in them regarding how much they had not been attending to their self-care and well-being. They decided, however, to push forward and complete the surveys. Another focus group member shared that one of their colleagues did not complete the survey for similar reasons. The reactions of these participants to the surveys can serve as important feedback to them regarding their awareness of attending to these areas of their personal interests and growth.

In addition to the results of the survey, one wonders about the stories about the self-care of the 675 clergy members who did not respond to the invitation to participate in the study—a non-response bias.

Engaging in ministry happens now in a far more uncertain social and global condition, defined by pandemic, political polarization, social unrest, and global climate change. I think this context will exacerbate the clergy search of their identity and a sense of belonging, not only a vocation and calling.

The focus group discussions highlighted that the pandemic has awakened clergy to who they were before the pandemic and who they are now since, at the time of this writing, an end to the acute crisis phase of the pandemic. Epstein (2022) notes that there are conditions that can contribute to the ability of the mind to contribute to its own potential and healing. The immediate and long-term unfolding impact of the pandemic are the conditions influencing clergy self-awareness, mindfulness practices, increase insight and self-compassion and greater empathy towards others. They and some of the people who make up their congregations are not who they were three years ago. They are emerging into being

different in ways that are unfolding. Studies of the future of the pastorate and the nature of being the church will need to explore these developments and their implications for the future forms that the pastoral ministry and the church will take and the value and role of the church in society. To this end, for example, the Hartford Institute for Religious Research of the Hartford International University for Peace in Hartford, CT is conducting research in this area.

Meeting the challenges of this study's findings is urgent for the future practice of the ministry.

Denominations and congregations must explore ways that foster inquiry about how clergy and church members can hold together the relationship between their faith and thinking, knowing, doing, and being.

We cannot just think our way into a better way of life, we also must feel it to imagine it (Paul, 2021).

Our emotions and reasoning today are at times overwhelmed by our sense that the problems we face are enormous. Self-care and mindfulness and meditation practices can enable us to see and experience the peace and resourcefulness of the partnership that our minds and hearts can bring to the witness of how we as human beings can flourish (Epstein, 2022). As exemplars or at least as persons striving for and being ambassadors of this message, clergy self-care and their sense of well-being is about how the clergy access their deepest self and nature which also mirrors that of our fellow human beings. Healing is always relational, it is our intersectional character and connection to one another, our environments and how we sense God.

I imagine that most clergy think of themselves as healers. They address their own wounds and those of others. Clergy and churches play a key role in the preservation of health and wellbeing in the community. This important societal role means that clergy members and the institutions they serve protect their health and well-being. Illness and suffering can diminish a person's humanity. It can lead to social withdrawal, social isolation, and stigma. Learned helplessness and a lack of self-efficacy and personal agency to work and contribute to the family and a job can set in. Illness and disease can and

often does have an enormous impact on a sense of wellbeing caused by feelings of despair, hopelessness, humiliation, and shame.

The damage and illnesses caused by impaired self-care amongst the clergy and within congregations not only causes a loss of self-respect and human dignity in the clergy but also for the institutional church and the society itself. Clergy and congregant injury is a form of social violence. The negative cascading effect of this violence on the individual and the entire community is enormous. The practice of a self-care protocol by clergy must aim at maintaining and restoring the clergy and congregant to the highest level of human dignity. This includes the inner work of the clergy to understand themselves and what they need to do to enhance their change and personal growth and to negotiate and cope with the challenges of ministry. This also implies that the cultures of seminaries, denominations and churches reflect the normalization of the values and the practices of clergy self-care. This approach to clergy education, professional practice and congregational health is one that supports a holistic understanding of the interconnected relationship of our mind, body and soul. Clergy self-care to these ends, contributes to answering Jeremiah's question:

Is there no balm in Gilead? Is there no physician there? Why then is there no healing for the wound of my people? (Jeremiah 8: 22)

Conclusions

This study of clergy well-being as defined by the framework of the study included nuanced meanings of how the clergy described their "well-beingness" in the focus groups. These discussions reflected aspects of the long-standing influence of psychology on pastoral care and counseling and recent rapprochements between what religion, spirituality and psychology offer one another in assisting people with their concerns and troubles (McMinn, Snow, and Orton, 2012).

The essence and aim of this study's finding that clergy well-being, self-awareness and mindfulness practices of the clergy is for them to explore obvious and hidden dimensions of their experiences (Epstein, 2022) over the past two years. The value of self-awareness and self-care and the ethic that the clergy do no harm are highlighted by writers about the helping professions and is a theme that runs throughout the common history of pastoral care and counseling movements.

The general and popular interest is wellness and happiness over the past ten years or so reflects the dominance of people feeling stressed. This tension and unease have many personal and social manifestations. As God's instruments (Saint Francis of Assisi), of peace, love, pardon, faith, hope, light, joy, console, understanding, and giving, our inner peace and non-violent ways of being in the world requires that we address our personal issues, pain and possibilities. The transformation of ourselves has its origin in the changing of our minds. This means a journey of self-awareness and, as suggested by Howard Thurman (1946) being *brutally honest* with what constitutes our *fears, deceptions and hatreds*. Our discussion about clergy well-being is not to interpret a theology of pastoral formation as a kind of spa theology. Nor is our striving to be and live as authentic persons narcissism, it is however, that we love ourselves and one another as people created in the Imago Dei.

I offer to this prayer that I often shared during the COVID pandemic as we further reflect upon our time and the self-care, that we all need to practice:

We Come to God.

Dear Lord:

You are our God during our weary years, and you are with us during our silent tears. You have provided a bridge for us over our troubled waters. Thank you!

A virtual call to worship summons us to an approximate togetherness. Sometimes we come to you with zoomed prayers and parking lot praises.

Our joyful noise can hide from the world the complaints of our souls and our aching hearts. With sorrows too wrenching for words, we moaned and breathed deeply our prayers to you. We speak to you in our music, our poetry, our dance, our art and in our silence. From a doctor's office, hospital room, or our kitchen table or from a pew in a sacred space, or on sidewalks or street corners, dirt roads or concrete pavements, on our jobs or standing in an unemployment line, we never cease calling upon you, because wherever we are, our very daily living is our prayer of hope to you.

We listen to you in our anguish and in our joy.

We listen for you in voices crying for justice, for peace, for health, and for strength.

We listen for the healing of our wounds and feelings of wounded-ness that are found in our reading and hearing your sacred words and in the grace-filled actions of those whose gifts make us laugh and feel good about being alive.

We pray for our nation that this time of crisis will be an opportunity for an old dream to have a new life. A renewal to our mutual commitment that all of us have life, liberty and freedom to pursue our happiness. Let us lay down by the riverside our burdens and all forms of human oppression and war.

We come to you O, God, as we are and with all we hope to be in this world.

We come to you O, God, standing on your promise to be with us always and to make a way when there seems to be no way to go or turn.

We come to you O, Lord, for in our faith in you we find strength to endure today and hope for tomorrow.

We come to you merciful God, to a holy pause in which to find rest for our souls.

We come to you with decisions to make and to celebrate our thanksgiving.

We come to you, our Creator, so that we can come to ourselves and know that we are precious in your sight.

We come to you with humility and yet also with the boldness of one who is your beloved and for this we give you thanks. Amen.

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Addendum

Focus Group Covenant, Meditation and Agenda

1. Each group participant is expected to hold in confidence all group content and discussion.
2. Each group member will hold one another in care and contribute to the feeling of safety and support of one another in the group meeting.
3. ZOOM meetings will be recorded, unless any group member wishes that they not be recorded, for note taking purposes.
4. Names and other personal and/or professional identifying information of group participants will be held anonymously. Only denominational representations and main points of group discussions will be noted for reporting purposes.
5. An administrative person, not a member of the group, will take group notes and adhere to the group covenant.

Focus Group Agenda

- I. Welcome, Introductions, Opening Meditation
- II. Sharing highlights of survey results
- III. Reflections and discussion on questions like:
 - How do you relax?
 - How do you check-in with yourself regarding your well-being?
 - Self-compassion: how do I show myself the compassion and care I give to others?
 - What areas am I now exploring to engage in self-care?
- IV. Other suggestions/comments
- V. Closing meditation/prayer

Clergy Focus Group Opening Meditation

The items below were read by the facilitator, followed by a moment of silence. Group members were then welcomed to comment on these selections. At the end of the group session, participants were invited to offer a blessing to the group.

Luke 5:16

“Jesus often withdrew to lonely places and prayed.

There is in every person an inward sea, and in that sea, there is an island, and, on that island, there is an altar and standing guard before that altar is the ‘angel with the flaming sword.’ Nothing can get by that angel to be placed upon that altar unless it has the mark of your inner authority. Nothing passes ‘the angel with the flaming sword’ to be placed upon your altar unless it be a part of ‘the fluid area of your consent.’ This is your crucial link with the Eternal.” Source: *Howard Thurman, Meditations of the*

Heart

“True courage comes when we decide to take a risk without knowing the outcome. It means showing up and letting yourself be seen, despite the risk. When you show up in this way, you open yourself up joy and connection, but you can only do it by accepting that there could be pain.”

-Brene Brown