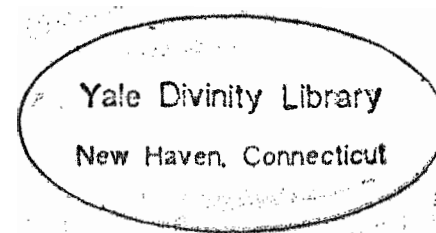


How Are You “Being”?

Clergy Wellness in a Time of Uncertainty

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❧PICKWICK Publications • Eugene, Oregon

Part Four

Clergy Self-Care Protocol

THEMES THAT EMERGE FROM the survey and focus groups have helped determine how a self-care protocol for clergy might look. In particular I would highlight:

- The congregation needs to be involved in reimagining wellness and its practice.
- Self-care for clergy and congregation is a dynamic relationship.
- Both clergy and congregation need to have and to deploy self-care language.
- Clergy and congregation must be able to explore together how they might cope with broader issues such as racial tension and political turmoil—and pandemics.
- Both clergy and congregation should recognize that self-care is not selfishness.
- The reality of quiet quitting among the clergy is demonstrated in their investing the minimum amount of time, energy, and attention to their pastoral responsibilities: clergy remain in place but focus more acutely on retiring, changing jobs, or simply leaving their current position
- Clergy mentorship has a significant role to play in self-care.

- Clergy need to be able to express their vulnerability.
- Dealing with multiple forms of loss and grief can be overwhelming.

Clergy as Healers

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

I recognize that most clergy think of themselves in some way as healers, attending to the wounds of others.¹ But what of their own wounds? Suffering can lead to withdrawal, isolation, and stigma. Helplessness and a lack of personal agency, whether at work or in personal relationships, can set in. Despair, hopelessness, humiliation, and shame are signs of an individual in crisis.

The injuries that can fester when clergy and congregation do not practice care for the pastor cause a loss of self-respect and human dignity for the clergy themselves and can also harm the institutional church. Ultimately a self-care protocol must aim to maintain and restore the clergy, and with them their congregations, and to safeguard and heal the healer.

Clergy self-care is an effective solution to Jeremiah's question cited at the start of this section. Yet stress, which begins as anxiety, is the greatest enemy of self-care. We must act quickly to reduce stress by enhancing resiliency, especially in times of crisis. Resilience is strength that can be accessed in the mental, physical, and spiritual domains in the face of adversity. Resilience has been defined as consisting of five major capacities: (1) the ability to experience reward and motivation in a positive and optimistic way; (2) the ability to work and be productive despite fear; (3) the adaptation of social behaviors to promote altruism, social bonding, and teamwork; (4) the use of cognitive/thinking skills to see negative experiences in a more "positive" light; and (5) the development of

1. Cynthia O. Lindner, *Varieties of Gifts: Multiplicity and the Well-Lived Pastoral Life* (Lanham, MD: Rowman & Littlefield, 2016).

meaning and spiritual purpose in life.² Resiliency research consistently shows the importance of maintaining strong, positive social relationships.

The clergy self-care protocol proposed here provides a practice guide to help clergy develop that resiliency. Self-care must be incorporated as a concrete system within congregational policies and practices.

I wish to stress the debt that my clergy self-care protocol owes to the *New Self-Care Protocol: Practice Guide for Healthcare Practitioners and Staff*, which reviews the principles and practices of self-care.³ Both concepts and language have been drawn from this work, adapted in light of the study undertaken here to be applicable to clergy.

The contents of this clergy self-care protocol can be adapted to each congregational setting. Clergy and their congregation, working together, can move forward even in a time of crisis. To do so, they must be constantly aware of the self-damage that can result from compassion fatigue and vicarious suffering. This clergy self-care protocol can provide a basis for denominational, congregational, and pastoral conversations around clergy self-care.

Clergy Self-Care Protocol

The Definition of Self-Care

Self-care is a natural state of wellness and well-being. Clergy work to create a healing church environment that provides a healthy and nurturing environment for those working and worshipping in that environment. The healing environment provides a place of safety, security, and restoration. 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

2. Richard F. Mollica et al., *New Self-Care Protocol: Practice Guide for Healthcare Practitioners and Staff*, Harvard/MGH Trauma Programs, 2020 (<https://hprtselfcare.org>).

3. Mollica et al., *New Self-Care Protocol*.

health of the clergy overrides competing concerns, for example, for the church's financial health. A healing environment contributes to healthy self-care, which in turn leads to excellent pastoral care. A healthy care system protects its clergy by never permitting physically and emotionally damaging clergy self-sacrifice, or, indeed, bullying and/or organizational abuse. Self-care is ultimately an integrated and holistic approach to the promotion of resiliency and wellness, with a premium placed on thinking freely and working imaginatively and creatively in a biblically informed environment. The capacity to be a healthy and affectionate pastor, in both pastoral relationships and contexts beyond pastoring, is maximized. Pastoral self-care maximizes the health and well-being of the pastor and then, in turn, of the church community of which they are both a part and a leader.

Clergy Contract and Covenant

The understanding and realization of clergy self-care should be expressed in the contract and covenants of all those employed by the church.

Priorities

Clergy self-care is not selfishness. The occupational life of clergy can have a damaging impact on those with whom they are close. The problems that play out mentally and physically for clergy can generate similar symptoms for their loved ones.

Space should be offered to clergy such that they can find acceptance of mental health concerns in themselves and their families. Clergy should know that they will not be stigmatized should they or members of their family require psychological/spiritual care.

Peer Support

Clergy peer support and/or clergy supervision can be integral to clergy self-care, whether in person or online. Such support must not drift into “therapy” for which the participants are not prepared or qualified. But trusted colleagues can provide peer support in a noncritical and nonjudgmental atmosphere. If support is found in a group, the leader should model nonjudgment and allow for differences and freedom of expression. Rules and procedures for such interactions must establish a safe and secure trusted space for empathic communication. Aggression, criticism, and bullying have no place in such peer support. While conflict may occur, proper resolution can lead to a stronger learning experience.

Empathy Heals

In essence, an effective healing relationship consists of “two persons, working in a community, in a shared empathic partnership, to create a new world view.”⁴ But empathy is a double-edged sword. Pastors are “spiritual overseers”—they are constantly concerned for the spiritual well-being of their flock, which includes their mental and physical pains. A healing journey based upon an empathic partner is a key ingredient in the relief of suffering. But as healers, clergy are perhaps particularly vulnerable to being burdened by the pain of others. The pain of those they tend must not be allowed to become their pain. Vicarious suffering can overwhelm clergy. It can also become compassion fatigue, which prevents clergy from living into their call.

Prayer, Mindfulness, and Meditation

Mindfulness is defined by the American Psychological Association as “awareness of one’s internal states and surroundings,” awareness

that is a vital part of self-care.⁵ It is performed by the individual focusing their attention on their breathing, thoughts, feelings, and sensations as they occur. That attention is nonjudgmental. Building through practice, the meditation can come to embrace ethical value qualities, such as loving-kindness, compassion, self-compassion, and forgiveness. Meditation can, for example, accompany prayer as a tool for regulating empathy, with compassion meditation allowing greater immersion in the care of those who are suffering. Deep breathing exercises, easy to lead and practice, can be used in relation to a traumatic interaction. Structured Christian meditation, a form of prayer, enhances awareness of the power and revelations of God.

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 well-being. These practices build upon resiliency, promoting increased self-efficacy and agency. Poor self-care can lead clergy not just to be unable to perform as pastors but also to lose meaningful relations with family and friends.

Personal practices, as the survey participants in the study noted, can include eating in community, time away from screens, and pursuing hobbies. In particular, as they also indirectly demonstrate, exercise has with good reason been identified as a “miracle” drug that can improve mood, heighten positive feelings, and reduce depression and stress, leading to an overall higher quality of life. Simply a twenty-minute walk each day may help.

Denominations and congregations should consider the value of investment in evidence-based personal self-care programs for their clergy. One such example is the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital’s Stress

4. Mollica et al., *New Self-Care Protocol*, 11.

5. See <https://www.apa.org/topics/mindfulness>.

Management and Resilience Training (SMART) program.⁶ It explores healthy behaviors, social support, social activities that create vitality and prosperity, cognitive skills to avoid negative thinking distortions, positive psychology, and problem-solving skills, as well as acceptance, spiritual connectedness, and compassion training. A related nonclinical version is the Positivity and Resilience Training (PART) program, which “teaches participants self-care techniques to promote health, happiness and generalized wellbeing.” Its use of “creativity, humor and adaptive thinking” may make it particularly relevant for some clergy.⁷

Healthy Environment

Healing and beauty can go hand in hand. A sterile or disordered environment can influence personal numbness or chaotic thinking. A healthy environment is not just about the physical setting—although location is certainly a contributing factor—for it requires also healthy interpersonal relationships and access to healing forces. Nature is of prime significance, whether outdoors, brought indoors, or in pictures or imagination. Animals can make a rewarding contribution here.

The spaces occupied by the pastor should be ordered and peaceful, stimulating of the senses. Poor physical upkeep of church facilities can add to stress. Chaos is the opposite of the beauty that helps well-being thrive.

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 not just *establish* realistic self-care goals but also invest in exploring whether

they have been *realized*. Simple quantitative methods and surveys can determine which self-care practices have been implemented, frequency of practice and attendance, and staff motivation and interest in using these practices. Outcomes can include a healthier lifestyle, greater family engagement, and the prevention/reduction of the symptoms of burnout, compassion fatigue, and secondary traumatization. While many validated scales exist to assess outcomes, each congregation’s self-care protocol will be focused on more than the prevention of illness or unhealthy or dysfunctional churches. Each congregation should therefore consider carefully what effective self-care will look like in its own context.

6. <https://bensohenryinstitute.org/smart-program/>.

7. <https://bensohenryinstitute.org/training-part-training/>.