

ABSTRACT

PREACHING FOR A WHOLE-PERSON RESPONSE

IN DEVELOPING A HEALTHY CHURCH

by

John Marshall Crowe

Church health and casting a vision through preaching are very popular topics for pastoral leadership in the twenty-first century. Earlier research on church health approached the subject like a mechanic working on an engine. Today's research on this subject views church health organically through the eyes of Family Systems Theory. Even so, the body of research has remained virtually silent on the role of ecclesiology in church health. This study sought to present a thoroughly consistent and genuine integration of ecclesiology and systems theory. This study engaged the congregations of the Spring Hope United Methodist Charge in an eight-week series of sermons on church health.

The research involved an evaluation study in the quasi-experimental mode, which utilized a pre- and posttest design with no comparison group. A researcher-designed questionnaire assessed the affective, behavioral, cognitive, relational, and spiritual changes in worship participants as a result of the sermon series. Mid-series and post-series interviews were also conducted.

The findings of this study demonstrate that a whole-person response toward the development of a healthy church is gained when the church health sermons are preached over eight weeks. The church health response is increased by sermons that are presented with positive emotional appeal in a conversational, narrative style.

DISSERTATION APPROVAL

This is to certify that the dissertation entitled
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IN DEVELOPING A HEALTHY CHURCH**

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IN DEVELOPING A HEALTHY CHURCH

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by

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CHAPTER 1

OVERVIEW OF THE STUDY

Background

Statistics regarding healthy pastor-parish relationships are startling. Karen Krakower in her 1997 Internet article, “Clergy in Crisis: Who ministers to the ministers?” shares the following:

Nearly a fourth, 22.8 percent of pastors have either been terminated or forced to resign.

Nearly two-thirds, 62 percent, of the forced-out pastors said the church that dumped them had also forced out other pastors-and 41 percent said the church had done it more than twice.

Nearly half, 43 percent, of the forced-out pastors said a “faction” in the church forced them to leave, and 71 percent of those indicated that the “faction” membered 10 or fewer congregates.

Only 20 percent of the forced-out pastors said the real reason for their leaving was made known to the congregation.

George Barna’s 1998 Internet Press Release “Survey Provides Profile of Protestant Pastors” reports the subsequent sad news:

Long pastorates are increasingly uncommon these days. A mere 6% of today’s pastors-just one out of every seventeen pastors-has been at his or her current church for more than 20 years. The types of individuals who last for an extended period in one church are those in churches that are not growing numerically, pastors of fundamentalist churches, and those who rate their own teaching and preaching as average or worse. The types of pastors least likely to last for a prolonged term in a given church are those with the spiritual gift of leadership.

Furthermore, the Mission Growth Studies did some research for the Board of Higher Education of the Lutheran Church-Missouri Synod. Their study reveals the following church health issues related to clergy drop out:

People, both laity and clergy, are verbally and emotionally beating on each other;

Outward oriented clergy are consistently mismatched with inward oriented churches;

Failing to send only the most mature pastor and strong pastoral family in hopes of bringing peace into a fighting congregation;

The extremely low level of trust held by pastors concerning denominational means of assistance;

A large number of pastors are in the advanced stages of professional and personal burnout;

Pastors' wives and children stand in greater need of support than pastors;

Grossly unreasonable expectations too often lead pastors to neglect their own health and family;

Allowing churches with a long history of chewing up one pastor and family after another to continue without any substantial intervention;

A few congregations who are held hostage by an EGO-centered minority who Edge God Out;

and the need for pastors to address what drives them in ministry and live balanced lives. (Klaas and Klaas)

Some may vainly hope that only the Lutherans are experiencing such church health problems. H.B. London and Neil Wiseman's book, Pastors at Risk, wakes us up from such a dream with the following statistics about pastors as a whole in America.

Consider the following sobering survey results of the personal and professional lives of the clergy:

90% of pastors work more than 46 hours a week.

80% believe that pastoral ministry has affected their families negatively.

33% say that being in the ministry is a hazard to their family.

75% reported a significant stress-related crisis at least once in their ministry.

70% say they have a lower self-esteem than when they started in the ministry.

70% do not have someone they consider a close friend.

40% report a serious conflict with a parishioner at least once a month. (22)

Two of the leading causes of the crisis of clergy burnout, dropout, and kickout involve conflict over who is in charge and the lack of unity in churches (Ross). This unhealthy situation is reflected in the claim of Robert Moeller's book, Love In Action, that

The well-publicized televangelist scandals of the late eighties did minimal harm to the reputation of the church in our culture—that is, in comparison to the true scandal of our time. The true scandal is the way Christians mistreat one another, fighting and conducting uncivil wars against one another in churches across our nation. (41)

In addition, some denominational leaders indicate that “the most optimistic assessment is that 20 percent of our churches are functioning as living organisms and bearing substantial fruit. They estimate that between 35 to 50 percent are dysfunctional, bearing no fruit at all” (Anderson and Mylander 13). Despite tremendous church growth efforts, “it is estimated that 80 percent of church growth in recent years is a result of people moving from one church to another” (London and Wiseman 36). Statistics like these help us understand why people are writing so many books and dissertations about church health. They also make clear the reason for the recent works about spiritual abuse, sick churches and unhealthy conflict (Anderson and Mylander; Boers; Enroth; Haugk; Johnson and VanVonderen; Mains; Moeller; Rediger, Clergy; VanVonderen).

A close study of Christian leadership helps one begin to understand our need as pastors to grow healthier as persons, to become developers of leadership teams and to act as change agents for the sake of building churches focused on healthy church growth. In

light of these observations, Rick Warren contrasts the skills needed for growing a church and those needed for building a healthy church.

The skills may not be all that different, but growing a healthy church depends on the personal character of the leader. It is possible for an unhealthy pastor to lead a growing church, but it takes a healthy pastor to lead a healthy church. You can't lead people further than you are in your own spiritual health. ("Comprehensive Health" 22)

Guy Brewer's testimony affirms the truth of Warren's comments.

Over the course of three years I worked day and night to build the congregation and physical facility that became Edgewater United Methodist Church. Although I devoted virtually no time to prayer, I averaged eighty hours per week in committee meetings, visitation, sermon preparation, and the work of the ministry. By the end of those three years, Edgewater United Methodist Church was a success according to the standards of the annual conference. We had gathered a congregation of 200 plus persons and completed construction of a church building and a parsonage. Under the veneer of performance standards, this fledgling congregation was exhausted, under-nourished, and fearful with a worn-out, depressed pastor. Edgewater United Methodist Church appeared to be a success but lacked the marks of congregational health such as joy, unity, patience, and enthusiasm. We relied on ourselves and achieved exactly what we set out to do. We built a church under our own power. (5)

When volume of activity becomes the measure of ministry, matters of interior transformation often go unnoticed and neglected. As Peterson puts it, "Busyness is an illness of the spirit, a rush from one thing to another because there is no ballast of vocational integrity and no confidence in the primacy of grace. (132-133)" (13)

Paul's epistle to the Ephesians refocuses pastors and churches upon God's free grace in Jesus Christ. Too many of us have only heard a performance or activistic understanding of our calling to equip or to be equipped for ministry. Thus, we fail to see the healing/relational dynamic of Christ's call upon us.

A close study of Ephesians 4:7-13 reveals a healing dynamic in the word translated "equip," *καταρτισμον*. The healing aspect of this word implies that pastors, church leaders, and church members are to make certain that each of us is growing

healthier (Carlson 119-120; Ogden 98-116). Whenever pastors or laypersons ignore the call of Ephesians 4:7-13 to equip the health of a church, they do so at a great price. Our American self-sufficiency and individualism may wish to avoid this truth, but to do so only produces inadequately equipped, divided, and unhealthy church bodies, lacking “the fullness of Christ.” According to Dale Galloway and Kathi Mills in the text, The Small Group Book, “Most churches today are filled with broken, bruised, inexperienced converts, but few healthy, dedicated disciples. That’s why it is so hard to find enough competent, qualified and willing leaders to begin and maintain needed ministries” (14).

How to bring healing and wholeness into the community of faith is probably the most important ecclesiological question of the twenty-first century because of the excessive individualism of “modernity.” This excessive individualism is part of the problem of poor church health that is only exacerbated by overly simplistic evangelistic sermons. These types of sermons concentrate only on the individual’s relationship with Christ, and forget that the church, as the body of Christ is a system of relationships. Another part of the problem involves the breakdown of the home. London and Wiseman share the following startling information:

Now dysfunctional family relationships are so common that a high percentage of individuals in every congregation carry scars from a fractured childhood. They look to the church as their most convenient help. When churches ignore these pains in persons in their fellowship, the unresolved issues pop up in strange and unexpected ways. Like an acre of dandelions, the crop gets worse when ignored. (45)

Also, Carder et al. writes,

Since churches are made up of families, it only makes sense that they often operate exactly like the family-of-origin pattern of the dominant leader and/or of the congregants. Many of us select the church system we do because of the unfinished business we carry from our family of origin. (17-18)

Sometimes the dysfunctional issues of either church members and/or pastors express themselves as personality disorders behind various religious masks (Oates; Pate and Pate).

Rediger, author of Clergy Killers, points out yet another contribution to the problem. Whenever churches operate from a business model that does not view pastors as spiritual leaders of a mission, they become sick (19-20, 26-27, 53). Often, pastors learn such a business, competency, performance model in seminary. As Brewer sadly points out, “In the broad sweep of learning that comprises seminary education, the spiritual formation of the minister remains largely neglected. Pastors lead the church in the way they are trained with a primary focus upon competency and performance” (17). Then churches learn this unhealthy business model from their pastoral leadership.

This dissertation attempts to provide a solid biblical, theological, church growth, and systems basis for an investigation into a way to address this dreadful situation. My interest in healing and wholeness in Christ had been a major part of my concern as a Christian even before entering the pastorate in 1983. During my second year in college, God called me into pastoral ministry to help people become whole persons in Christ. While attending Asbury Theological Seminary during the early eighties, I took a course on “Healing and the Christian Faith” and read Frank Stanger’s book, God’s Healing Community. The book contained a brief testimony about a pastor applying biblical healing steps to a church body through preaching (122). The story of this pastor preaching on the steps of relaxation, purging, clarification, consecration, anticipation, and appropriation to bring healing into the corporate life of the church served as a seminal experience for my thesis.

Another major impetus for this study has been my experience as a pastor of churches. Several of these churches demonstrated a number of unhealthy characteristics. I, like many other pastors, actually contributed to the lack of health of churches by seeking to make superficial improvements without giving attention to healthy church dynamics. Both my personal pastoral experience and research help explain why seeking to equip a church for numerical growth is hindered when it first needs to be equipped for healing. This dissertation is the result of three years of concentrated study.

Problem

Like manifold other United Methodist churches, Gibson Memorial UMC and White Oak UMC received limited benefits from various church growth programs they had experienced in the past. This fact raises the question about the effectiveness of working on church growth programs before addressing the state of the church's health as a prior issue. At the same time, church health programming/initiatives can develop into mechanical, quick fix projects focused on institutional behavior alone. This happens unless one approaches them from a biblical, holistic, systems perspective. Such a view is rooted in the biblical understanding of the incarnational body of Christ (1 Cor. 12:12-27). The health and maturity of a congregation is also related to the Family Systems Theory.

Important modern insights into the nature of the body of Christ are provided for us in Family Systems Theory. Such insights build upon the German biologist Ludwig von Bertalanffy's earlier General System Theory. Prior to von Bertalanffy, science previously studied biological parts apart from their relationship to the whole body. von Bertalanffy viewed the parts in light of their interrelationship to each other and to the whole system (12, 31, 68-69). This present study used the Family Systems Theory perspective in

conjunction with the New Testament's teaching about the Church as the body of Christ along with the doctrine of the Church—ecclesiology.

Congregational Context

This dissertation used the survey and interview results of a practical ministry project conducted on the Spring Hope Charge. The charge consists of Gibson Memorial UMC and White Oak UMC. A number of people in each church carry the pain of living in our broken society. The need exists in each church for more people to participate in prayer meetings and Bible study. White Oak is pained by the loss of some of its younger adult members with children to another church with an active children's ministry.

Gibson Memorial has operated for years as a typical program based church. With a new vision statement, it now seeks to involve more of its members as an active team in worship, fellowship and ministry. Scars still remain from a recent conflict over the style of worship and how people who are Christian should behave. During that conflict a former pastor told the congregation they were a dead church. The church was told that if it really were Christian, it would desire a contemporary worship style. Other issues involved controversy over receiving the gifts of the Spirit. Gibson Memorial more than White Oak, holds a wider variety of views concerning the church and the nature of its ministry, theology and ethics, local versus foreign missions, and the pastor's role. While Gibson Memorial's women's group is divided over missions, the congregation is not of one mind concerning the issue of homosexuality.

During my first year as pastor of these two churches, I shared my passion for church health with a number of persons within the churches. As I listened to the responses, I learned that several persons shared my perspective about church health being a necessary prerequisite for church growth.

Over the past several years, both of these churches have participated in and have endured the latest church growth idea that came to them via the North Carolina Conference or the Rocky Mount District office. Neither the Church Effectiveness program, Vision 2000, nor the Rose Sims Church Growth Program brought many lasting results in these two very contrasting congregations. Gibson Memorial UMC is a traditional small town church in Spring Hope, North Carolina. Many members live and work in nearby larger cities. White Oak UMC is a traditional, open country, family-centered church about five miles east of Spring Hope. The average worship attendance at Gibson Memorial UMC in 1999 was fifty-nine. The average worship attendance at White Oak UMC was fifteen.

Purpose

Given each church's limited exposure to the biblical principles for developing church health, this project sought to promote church health from the Bible's description of the body of Christ. The dissertation evaluated the holistic changes in the worship participants of each church, resulting from an eight-sermon series. Each church health sermon was designed to bring about affective, behavioral, cognitive, relational, and spiritual changes in the worship participants of the charge. This paper sought to discern these changes guided by the following questions.

Research Questions

Three research questions guided this project.

Research Question #1

What patterns of affect, behavior, knowledge, relationships, and spirituality concerning church health characterize each congregant before the implementation of this preaching program?

Research Question #2

What changes occur in each congregant's patterns of affect, behavior, knowledge, relationships, and spirituality concerning church health following the sermon series?

Research Question #3

What elements of the sermon design and delivery assisted each congregant toward a fuller experience, understanding, and practice of church health principles?

Definition of Terms

The reader will be confronted with several technical terms in the body of this work. Those terms include the following:

A *system* involves the relationship patterns between the subsystems of an organism or a group of people. Since the whole is greater than the sum of its parts, we cannot thoroughly comprehend a system by reducing it into separate parts.

A *healthy church* is shaped by ecclesiology in every subsystem of its relationships. This paper identifies four subsystems within the church.

Supra is a prefix meaning above or over. The *supra-macro* dimension of church health focuses on matters above and over every church—namely ecclesiology.

Macro means something very large in span. The macro dimension of church health involves Christian relationships of holy love within every area and for the entire length of our life span.

Micro means something very small in scope. The micro dimension of church health is limited in its scope with its primary focus upon relationships between pastor and church leadership.

Intrapsychic has to do with matters within the self. The intrapsychic dimension of church health looks into the well-being of pastor, church leaders, and church members as whole persons.

Narrative preaching is a unique but simple form of preaching. Essentially, it uses stories to drive home the message. Its relational style calls for preaching conversationally without either notes or pulpit.

Description of Project

This project measured the effectiveness of narrative preaching as it applies biblical teaching concerning congregational health over a period of eight weeks. The sermons were preached during the 9:45 a.m. and the 11:00 a.m. Sunday morning worship services at White Oak UMC and Gibson Memorial UMC. I am the charge's pastor and did all of the preaching. This project used the content gleaned from a study of church health with Minger's preaching and testing models to provide further insight into the issues of congregational health.

These eight sermons were narrative in style, focusing on a single passage of Scripture. This style is well received in our postmodern culture. Each passage and story used in the narrative sermons was chosen for its value in addressing the sermon's theme (see Table 1.1).

Table 1.1 Church Health Sermons

Scripture Passage	Title	Theme
1 Corinthians 15:1-7	Spiritual Body Building	The contribution of healthy boundaries of belief to church health.
Ephesians 1:18-23	A Headless Body?	The contribution of passionate spirituality for the church's health.
Ephesians 4:1-3	All in the Family	The contribution of keeping the bond of peace to church health.
Ephesians 4:7-13	Coaches and Players	The call of the pastor to equip the health of the church as a team.
1 Corinthians 12:4-11	No Star Player	The contribution of spiritual gifts to church health.
Ephesians 4:17-24	Messy Morality	The contribution of healthy moral boundaries to church health.
2 Timothy 3:1-7	Overcoming the Dark Side	The contribution of Christian character to church health.
Ephesians 6:10-13	The Empire Strikes Back!	The place of spiritual warfare in church health.

The sermon series followed the overall flow of Paul's epistle to the Ephesians. In the first division of Ephesians (chapters 1-3), Paul desires for Christians to know their high calling in Christ. The primary theme of knowing their high calling involves the formation of the new community in Christ—the Church (1:22-23). While the focus of the first division is on Christ as God's instrument of reconciliation, division two's focus is on the Church as Christ's instrument of reconciliation. In Christ, this new community reconciles people separated from God and one another (2:19-22; 3:6). Throughout Ephesians, Paul is concerned that the readers not separate Christology from ecclesiology.

Paul's focus on the church's high calling in Christ recurs in the second division of Ephesians (4:1-6:20). Here Paul exhorts his readers to "walk in a manner worthy of their

calling.” This walk involves maintaining the unity of the church in Christian love; being equipped for works of ministry; as well as living a new life of love and moral purity within the earthly arenas of daily life, marriage, family matters, and work. Furthermore, the epistle’s opening subdivision (chapter 1) introduces readers to the source of their strength for living out their high calling—blessed in the heavenly realms with every spiritual blessing in Christ. The concluding subdivision (6:10-20) places their struggle to live out their high calling in Christ within its true paradigm of spiritual warfare. The contrast between these two subdivisions shows the readers that the church’s life and struggle to be faithful to its high calling is not a matter of flesh and blood naturalism, but of good and evil supernaturalism.

Drawing from the flow of the epistle to the Ephesians, each sermon sought to apply ecclesiology to one or more of the congregations’ four subsystems (see Table 1.2). The following ecclesiological terms come from the third volume of H. Orton Wiley’s Christian Theology (103-117, 124-137).

Table 1.2 Ecclesiology, Sermons, and Subsystems

Ecclesiology	Needs	Sermons & Church subsystems
Apostolic and Confessional.	To relate Jesus' resurrection to church health.	Spiritual Body Building <i>Supra-macro</i>
The Temple of the Holy Spirit	To strengthen the church's focus on the risen and ascended Head of the Church and to motivate spiritual growth.	A Headless Body? <i>Supra-macro, Macro, Micro, and Intra-psychic</i>
Unity and Diversity	To encourage loving relationships within the church so that our teamwork will be stronger.	All in the Family <i>Macro and Micro</i>
Offices of Ministry	To understand the biblical equipping role of the pastor.	Coaches and Players <i>Macro and Micro</i>
Priesthood of all believers	To understand and motivate people to participate in the ministry of all Christians.	No Star Player <i>Macro and Micro</i>
The Holy nature and call Indefectible and mutable	To point out the biblical teaching that personal morality does influence church health.	Messy Morality Macro, Micro, and Intrapyschic
The Holy nature and call Indefectible and mutable	To motivate people to face the truth that our inner Christian character counts.	Overcoming the Dark Side Intrapyschic
Militant Indefectible and mutable	To inform the church of the source of resistance to a church seeking to become healthier and how to deal with it strengthened by Jesus' resurrection power.	The Empire Strikes Back! Macro, Micro, and Intrapyschic

The sermons were prepared to communicate the message of the given biblical passage in a manner designed to invite the response of each person's behavior, emotions, mind, relationships, and spirit. Preaching was done without notes or pulpit to strengthen

the conversational delivery style. Each sermon in the series averaged about twenty minutes in length, an amount of time which fits each congregations' present worship experience and comfort level.

Design

This time sequence study evaluated the affective, behavioral, cognitive, relational, and spiritual changes in the worship participants in each church in light of a series of eight sermons preached on church health principles. This study in the quasi-experimental mode, utilized a pretest, and posttest design with no comparison group. It also incorporated qualitative interviewing at the midpoint and following the posttest questionnaire.

Subjects

The subjects of this study were those adult persons who attend the 9:45 Sunday morning worship service at White Oak UMC and those adults who attend the 11:00 Sunday morning worship service at Gibson Memorial UMC at least once each month. For this study, the population and the sample were the same. The total population was sixty-two adults.

I decided that the population and the sample should be the same because of the issues of confidentiality and anonymity. With a relatively small population, a random sample could create unnecessary anxiety in the congregations. Some worship participants might feel chosen for, or specifically left out of, this study. A random sample may also create the perception of being able to match responses with individuals very easily. Given my desire to avoid creating unnecessary anxiety in the churches or reducing the response rate, each person who matched the worship attendance criteria was included in the study.

Instrumentation

A researcher-designed questionnaire and interview process were the instruments used to measure the effects of the sermon series on the adult worship participants. A prestudy questionnaire was mailed to each congregation three weeks before the first church health sermon. The prestudy questionnaire provided a foundation reading of the respondents' feelings and knowledge about church health as well and their practice of church health principles concerning behavior, relationships and spirituality, (see Appendix B).

The poststudy questionnaires retained the church health questions in exactly the same form as presented in the prestudy questionnaire. In addition, the poststudy questionnaires asked the respondents to identify elements of the sermon design and delivery that assisted them in coming to more complete experience, understanding, and practice of church health principles (see Appendix G).

Some members of the Research Reflection Team Reflection Group also administered the qualitative, researcher-designed interview questions as an additional measure (see Appendixes E and I). These questions were administered to those who attended four or less services at the midpoint and who attended five or more services following the series.

Data Collection

The pretest was mailed to the subjects three weeks before the series began. Following the fourth sermon in the series, mid-sermon series interviews were conducted. The posttest was mailed immediately following the eighth sermon. Only subjects who completed both pretest and posttest questionnaires were included in the data pool. These questionnaires were subjected to statistical analysis using SPSS software at East Carolina University. Also, another set of interviews was conducted of participants who heard five

or more sermons. All of the interviews were analyzed using Ethnograph v5.0 software at the University of North Carolina in Greensboro.

Variables

The independent variable of this study was the sermon series. The dependent variable was church health—measured in terms of the affective, behavioral, cognitive, relational, and spiritual changes in those hearing the sermon series. The intervening variables included the following: gender, age, level of education, worship services attended, and number of years of attendance.

Overview of the Dissertation

Chapter 2 of this work established the biblical, theological, psychological, and homiletical context for the proposed study. The research project is presented in chapter 3. Chapter 4 reports the research project's findings. Chapter 5 provides a summary and interpretation of the research findings. It also offers suggestions for further inquiry.

CHAPTER 2

PRECEDENTS IN THE LITERATURE

Church Health Defined

This review of literature considers the mechanistic and organic approaches to defining church health. Favoring an organic approach rooted in ecclesiology, it then describes a wholesome church. Given the relational component of narrative preaching, an argument is offered for its use as an effective means of reaching the goal of cultivating a whole-person response to preaching in developing a healthy church.

Current Definitions Critiqued

Peter Wagner's book, *Your Church Can Grow: Seven Signs of a Healthy Church*, launched a new direction for the twenty-year-old church growth movement. Since 1976, church growth literature has focused on church health or vitality. While Wagner defines church growth, he never offers readers a compact definition of church health. Each of his seven chapters concerning the signs of church health focuses on their contribution to church growth.

Wagner contends that a growing church will demonstrate vitality in most of the following seven signs of a healthy church:

1. A pastor who is a possibility thinker and whose dynamic leadership has been used to catalyze the entire church into action for growth.
2. A well-mobilized laity which has discovered, has developed, and is using all the spiritual gifts for growth.
3. A church big enough to provide the range of services that meets the needs and expectations of its members.
4. The proper balance of the dynamic relationship between celebration, congregation, and cell.
5. A membership drawn primarily from one homogeneous unit.

6. Evangelistic methods that have proved to make disciples.
7. Priorities arranged in biblical order. (67-68)

His one sentence description of the pastor's leadership role in the first sign could lead to a focus upon personality and task orientation alone; however, his chapter on this first sign speaks more of earning the authority to lead through building loving relationships with the people. From a foundation of mutual love and trust between pastor and people arises the second sign of a healthy church; the laity are liberated to discover, develop, and use their gifts for ministry.

If these first two signs are in place, the next five could naturally develop from that foundation. The seventh sign of having their priorities ordered biblically could influence such healthy development. The biblical ordering of a congregation's life means majoring on bringing people to God more than on increasing attendance of programs. Healthy churches do this because their members have become new creatures through trust in Jesus and daily live for God. They also do this out of their commitment to the body of Christ and to Christ's work in the world (Wagner 180-182).

Other works explored the contribution of worship, small groups, lay ministry and pastoral leadership to church health (Callahan, Twelve; Schaller and Tidwell). These books either ignored or assumed a church's passionate spirituality and unity in Christian love. They also failed to address the place of ecclesiology in shaping a congregation. Like Wagner's books, these books view a church as a machine. From their mechanistic view arises a rational analysis and solutions to make a church function more effectively. As James Hopewell points out in his book, Congregation Stories and Structures, "Mechanistic images power most of Wagner's points: dynamics, catalysis, mobilization, size, range, balance, unit, priority and order" (25). For Wagner, Lyle Schaller, and others,

“the primary need of churches today is the rationalization of congregational process and the animation of social will to achieve results” (Hopewell 26).

A work which takes a contrary viewpoint to the dominant mechanistic approach is Win Arn, Carol Yquist, and Charles Arn’s Who Cares About Love? Their research noted a strong relationship between Christian love and church growth. Their book presents these findings and offers useful steps for helping churches to grow more loving. His work developed a tool for measuring how loving a congregation or even a whole denomination is perceived to be.

The approach of Arn, Yquist, Arn, and others to a church is organic not mechanistic. Such a view recognizes the variety of people composing congregations and views the Church more like a complex, maturing organism. An organic approach to a church usually has three characteristics. First, the whole of a church is greater than the sum of its unique parts. Second, a church is a dynamic, self-modifying organism due to the interaction and adjustments between its subsystems. Third, a church’s subsystems share its systemic purpose and are responsible to each other for the church’s wholeness (Hopewell 26-28).

Biblical Precedents

Paul’s description of the church as the “body of Christ” (Rom. 12:4-8; 1 Cor. 12:12-30; Eph. 4:1-16) paints a word picture of the congregation as a living, dynamic, organic system. These Scripture passages describe the church’s unity amidst great diversity (1 Cor. 12:12). Such diverse unity includes a recognition of distinctive individual member’s gifts, function, and service (Rom. 12:4, 6-8; 1 Cor. 12:27-30; Eph. 4:7-12). It highlights the connectedness of the members with one another (Rom. 12:5; 1 Cor. 12:14-27). It cuts across racial and economic boundaries (1 Cor. 12:13; Eph. 3:6). It

calls for harmonious concern and love between one another (Rom. 12:9-13; 1 Cor. 12:25; 13:1-8a; Eph. 4:2,3). It entails a dynamic process of maturity from “the unity of the Spirit” to “the unity in the faith” (Eph. 4:3, 13-16). Each subsystem within the body of Christ shares Christ’s call to make disciples by being his witnesses (Matt. 28:19, 20; Acts 1:8). Therefore, healthy church unity is purposeful as seen in Jesus’ prayer in John 17:15-23. Such Christian teaching points to the important role of biblical ecclesiology in improving church health.

Systems Theory

Biblical literature provides a primary organic lens for viewing the health of the body of Christ. Systems theory furnishes another organic lens for conceptualizing the dynamics of congregational health. Biblical literature provides a primary organic lens for viewing the health of the body of Christ. Systems theory furnishes another organic lens for conceptualizing the dynamics of congregational health. Systems theory helps us get a handle on leadership for equipping the church in the following ways:

1. It is a theory and not merely a method, and therefore it provides a mental framework for looking at reality and not merely a modus operandi.....

So the systems approach provides a way of thinking, a worldview (or a “church view”) that proves to be more essential than a pocketful of programs to release the ministry of every member.

2. It provides a way of relating to the church as a whole.

3. It helps us deal with the complexities of church life better than any single organizational or management principles.

4. It gives us a fresh approach to discovering spiritual giftedness and ministry in congregational interactions, thereby counteracting the granular individualism that Western society has imposed on all discussion of giftedness and ministry.

5. It encourages a humbler, more playful approach to church leadership.

6. The concept of “open system” helps church leaders reconceptualize the mission of the church by putting the church system in relationship to other systems within its environment.

7. The systems approach most approximates the view of reality revealed in the Bible. (Stevens and Collins 149-150)

Although the apostle Paul did not know systems theory, the image of the church as “the body of Christ” forms the foundation model for a systemic approach to church health. As a spiritual system made up of Christ’s disciples, the church consists of several dimensions. For the purposes of this paper, they may be thought of as analogous to the four researcher-designed anatomical dimensions of the body. Starting with the outer dimension and working toward the inner dimensions of a congregational body, these dimensions are the Supra-Macro dimension, the Macro dimension, the Micro dimension, and the Intrapsychic dimension.

One major process governing the elements of the systems theory involves each part functioning according to its position in the whole system. Each dimension is systemically linked. Thus, any change, positive or negative, in one will influence the overall health of the church system. For example, if a pastor fails to declare sound ecclesiology or if an individual church member refuses it to some degree, the body of Christ will lack soundness to that degree. This lack of soundness will show itself either in unloving relationships, lack of harmonious teamwork, underdeveloped ministries, or deficient individual wholeness. Such hindrances to the wholeness of the body of Christ and the healthy fulfillment of its mission require a healing process that seeks to treat the system as a whole.

The Supra-Macro dimension involves the outer global level of a church system. It involves teaching the doctrine of the Church. Without sound ecclesiology, the body of Christ will lack soundness. Like human skin, biblical ecclesiology covers the entire body

and forms the relationship of the corporate body with Jesus Christ as her head.

The Macro dimension is the inner level of a church system. It involves proper relationships between members of the body of Christ. Like the connection of the vascular system to the skin, musculoskeletal system, and internal organs, biblical ecclesiology shapes how people are to behave in God's church.

The Micro dimension is a very small but important part of the inner level of a church system. It involves proper relationships between the pastor and the leaders with each fulfilling their biblical roles. Like the interaction of the human central nervous system to the skin, musculoskeletal system, and internal organs, biblical ecclesiology guides the relationships between those involved in congregational leadership.

The Intrapsychic dimension is the smallest part of the inner level of a church system. Church health not only involves the corporate life of the church but also the individual members of the body of Christ. As it concerns overall church health, it involves the individual wholeness of each member. Like the circulatory system, biblical ecclesiology touches the minute makeup of both the Supra-Macro, Macro and Micro dimensions.

People are rational beings with the capacity to reason. People are emotional beings with the capacity to feel. People are volitional beings with the capacity to choose behaviors and attitudes. People are social beings with the capacity for relationships. People are spiritual beings with the capacity to know God through Jesus Christ. The soundness of individual members is crucial to the sound health of the whole church body. This research project sought to measure the affective, behavioral, relational, and spiritual changes in each person hearing the sermon series on church health. As Paul's epistles address people in this holistic manner, so did this project's sermons on church health.

Church Health Described

We see an organic approach to church health portrayed through the following: the church as the body of Christ, patristics, theological precedents, pastoral theology and leadership, and church growth literature.

The Church as the Body of Christ

The Apostle Paul's primary analogy for the Church was the body of Christ. His epistles view a healthy church in terms of differentiation or separation, harmonious community, equipping the saints, and the use of spiritual gifts. At the heart of this focus abides the basic gospel of salvation and a biblical worldview that takes into account the realities of the spiritual world. Without the gospel, churches easily fall into a Christian behaviorism that is inherent in a rational, mechanical approach like that of an engineer. Thus, churches experience burnout and defeat by trying and trusting the latest technique. Like blindfolded warriors who do not know who the real enemy is, congregations can harm themselves when they lack true spiritual discernment. This self-harming happens whenever biblical teaching about the realities of spiritual resources in Christ and spiritual obstacles outside of Christ are either absent or remain intellectual abstractions instead of personal wisdom.

Differentiation. Jesus Christ came to deliver men and women from the domain of darkness and transfer them to the kingdom of God (Col. 1:13). This liberation involves deliverance from the bondage of sin and death through the gift of God's grace in Jesus Christ (Eph. 2:8, 9). In the kingdom of God, believers experience righteousness, peace, and joy in the Holy Spirit (Rom. 14:17).

As recipients of the Gospel, members of a congregation are a people set apart or differentiated from their former existence by God's grace. To live as children of light in a

spiritually dark world, we focus on faith and practice through the sanctifying work of the Holy Spirit by faith in God's free grace. Then and only then are congregations empowered for a victorious struggle over evil that calls us to return to our former life outside of Christ.

Biblically speaking, differentiation is the grace-based ability to be actively in contact with the world yet not controlled by it. Differentiation involves more than abstract spiritual freedom in Christ, it also involves practical boundaries for Christian living. In order to build and/or restore the healthy unity of the corporate body, the New Testament sets spiritual boundaries for the soul, behavioral boundaries for the body, doctrinal boundaries for the mind, and relational boundaries for the heart. Healthy churches seek to obey Jesus' call to be in the world but not of it.

The struggle of the church to live and minister as a healthy body of Christ is not a human battle but a supernatural struggle with the enemy of our souls. Revelation portrays the ancient serpent, the devil, fighting against—but failing to destroy—Christ. Knowing his time is short, the devil aims at bringing unhealthiness into the Church (Rev. 12).

The church at Ephesus became an unhealthy super-orthodox, ultra-moral, over-functioning church minus its first passionate love for Jesus Christ, each other, and the unchurched. Some scholars believe John wrote one of the letters to the seven churches to the Ephesian church some thirty years after Paul (Rev. 2:1-7). Something had destroyed the first love of this hard working, orthodox, enduring, and moral church. As Jesus said, "Yet I hold this against you: you have forsaken your first love" (Rev. 2:3). George Beasley-Murray views this exhortation as focusing on the decrease of the love of the church for others. As he states in his commentary,

where love for God wanes, love for man diminishes, and where love for man is soared, love for God degenerates into religious formalism. . . . The Ephesian believers were not wholly without love. It was their early love which had failed, and the early love must be recovered. (75)

The Apostle John's letter to the Ephesian Christians in Revelation calls super-orthodox and ultra-moral churches to repent of breaking the spiritual boundaries of their soul. The unhealthy focus of the Corinthian church on favorite preachers instead of on Jesus Christ demonstrates its spiritual infidelity (1 Cor. 1:11-12). Churches that lack spiritual passion and legalistic churches that have the form of orthodoxy but deny both its power and its love also demonstrate spiritual unfaithfulness. Returning to their love, vital faith in Christ, or passionate spirituality is crucial to the systemic health of a church.

Breaking moral boundaries within the church body damages the well-being of more than just those directly involved (1 Cor. 5; 6:12-20; Eph. 4:17-25; 5:3-20). Ben Witherington states that

certain types of deviant behavior threaten the health, if not the existence of the body of Christ, not just the moral health or well-being of the individual Christian. Therefore, Paul's attempts to direct and regulate the head, mouth, hands, feet, and genitals of the Christians in Corinth arise not simply from concern for personal morality. He also seeks to protect the body of Christ from acts and attitudes that can harm it. (255)

Those who, like cancer cells from the human body, cause divisions in Christ's Church through immorality or false teaching need removing (1 Cor. 5; Rom. 16:17-18). As Witherington puts it, "Discipline was one of the key tools for making clear the limits of acceptable behavior and so establishing the community's moral boundaries and for unifying a community" (160-161). Today's pluralistic society and church world urge us to ignore the biblical call for discipline and limits for acceptable biblical behaviors. Insofar as the Church ignores this call, it eludes healthy maturity.

Healthy churches mature from the unity in the spirit to doctrinal unity in the faith. Christ's gracious endowment of gifts for ministry are the means to reach this goal. Members of these churches are no longer spiritual infants, tossed back and forth by every deceitful teaching, but are growing up into the head of the Church through the equipping of the ministry gifts (Eph. 4:14-16.) Thus, this verse defines the unity of the faith (Eph. 4:13). Such unity involves something more than a spiritual bond of peace. The unity of the faith defines some doctrinal boundaries within which to live and function. These boundaries serve to guide the Church in spiritual, moral, behavioral, relational and numerical growth.

George Buttrick, F. F. Bruce, Donald Guthrie and James A. Motyer, and A. F. Harper concluded that sharing a common faith in Christ is more than sharing a common body of belief. For one author, "the unity of the faith" in Ephesians means a deeper knowledge of Christ himself as the embodiment of God's treasure and the supplier of the Church's needs as its head (Guthrie and Motyer 1116). However, to interpret it so personally is troublesome, for then neither orthodoxy nor a common theological confession is important as some propose (Buttrick 692). Such a brand of personalism opens a spiritual Pandora's box of Christian subjectivity, which says, "My Christian faith is as valid as yours." Today, many churches find themselves struggling with this critical biblically-based doctrinal aspect of church health.

Harmonious Community. In Ephesians, Paul expresses his desire that Christians know their high calling in Christ. The primary theme of knowing their high calling involves the formation of the new community of God's people the Church (Eph. 1:22, 23). In Christ, the Church unites people separated from God and from one another (Eph.

2:19-22; 3:6). Paul calls this new community in Christ to “live a life worthy of the calling you have received” (Eph. 4:1).

Since he views Christ as head of the Church, Paul calls the Christians at Ephesus to “keep the unity of the Spirit through the bond of peace” (Eph. 4:3). While the bond of peace is a gift of the Holy Spirit, Christians maintain it responsibly through being “completely humble and gentle; . . . patient, bearing with one another in love” (Eph. 4:2). Any discussion of church health is deficient if it falls short of discussing the means of finding inner harmony within the congregation.

Paul repeats a similar exhortation in Colossians 3:13. He concludes by calling love the virtue which binds everything together in perfect unity (Col. 3:14). The exhortations in both Ephesians and Colossians seek to apply love, as the perfect bond of unity, to every major area of a Christian’s life and witness. Paul wrote his definition of love in 1 Corinthians 13 precisely because of the lack of love at Corinth. Neither Ephesus nor Corinth served as examples of maintaining the unity of the Spirit in the bond of love. Both serve as examples of unhealthy churches.

Continuing the theme of maintaining the unity of the Spirit and maturing into the unity of the faith, Ephesians 4:17-6:9 exhorts the Church to be the body of Christ in daily living. Paul, in Ephesians 4:17-5:21, calls them to lay aside the old and live the new. In his book, Paul, the Spirit, and the People of God, Gordon Fee states,

Furthermore, all the sins listed in 4:25-31 are sins of discord. By giving in to sin, they grieve the Holy Spirit (v. 30), who has formed them into a body and whose continuing presence is intended to bring the body to full maturity. Hence they need to “keep being filled with the Spirit” (5:18), to ensure proper worship (vv.19-20) and proper relationships (5:21-6:9). (69-70)

Paul desired these Christians to demonstrate the cognitive effect of his call to live worthy in their social behavior in the earthly relationships of marriage, family, and work.

Paul alludes to various examples of poor health in churches. Allowing the sun to go down on one's anger in Ephesians 4:26-27 and not forgiving a repentant brother in 2 Corinthians 2:10-11 are two of many examples. In each case, Paul states that failure to deal with these issues gives the devil a way to defeat the Church.

Harmonious community involves loving relationships within the church. This is seen in the following: (1) lack of jealousy and quarreling, (2) lack of lawsuits between church members, (3) wise exercise of spiritual freedom, (4) unselfish celebration of communion, (5) not viewing various spiritual gifts as signs of spiritual maturity and superiority, (6) appreciation for the role of each member of the body with his or her own gifts and graces, (7) orderly worship, and (8) good marriage, family, and work relationships (1 Cor. 3:3; 6:1-12; 8; 10:14-11:1, 17-34; 12-14; Eph. 5:22-6:9). Such a healthy church remembers Jesus' words that people will know we are his disciples by our love (John 13:35). Thus, a congregation becomes a healing church where people's broken hearts and shattered lives are mended through intimate relationships (Crabb; Murren; Thompson).

Paul also rebukes the Corinthian Christians for their lack of love seen in tolerating sexual immorality among church members (1 Cor. 5). Healthy churches remember that Christian love does not contradict the holiness of Jesus Christ. It is that holiness to which he calls his body in every arena of life as outlined in the epistles. As Witherington points out in his commentary on Corinthians,

Then love is said to be not the very things that Paul has already said that the Corinthians are: jealous (3:3), self-promoting, puffed up (4:6), shameful (5:2; 11:4), each one a seeker of their own advantage (chs. 8-10), easily provoked, and reckoners of wrongdoing (ch. 6). (265)

Paul's concern for loving harmony extended to everyone in the church at Ephesus. He writes them various "instructions so that . . . you will know how people

ought to conduct themselves in God's household, which is the church of the living God, the pillar and foundation of the truth" (1 Tim. 3:14-15).

Harmonious community also falls apart through unhealthy pastor-church leadership relationships (1 Cor. 4: 9; 2 Cor. 6:12,13; 10-11). Unhealthy churches that refuse the equipping ministry of their pastors fail to attain the unity of the faith (Eph. 4). The same is true of churches whose pastors refuse to fulfill the biblical call to equip; however, from intimate loving relationships, the pastor seeks to equip while the people receive and minister. The Apostle Peter speaks to loving pastoral oversight in 1 Peter 5:1-3. The writer of Hebrews speaks of parishioners' wholesome relationships with their pastoral leaders in Hebrews 13:17. First Timothy 5:17-19 calls churches to guard their pastoral leaders from being hindered by either inadequate wages or malicious accusations.

The selection and development of healthy leaders and leadership teams contribute to the harmony of the congregation. Paul wrote Timothy concerning the healthy selection and discipling of leaders in 1 Timothy 3 and 2 Timothy 2:1-2. Paul included various admonitions about Timothy's own well-being (1 Tim. 4:12-16; 6:11-16, 20; and 2 Tim. 2:3-7, 22-26; 3:14-15; 4:2, 5).

Equipping the Saints. In the related epistles to Timothy, Paul expresses much concern for the spiritual life and doctrine of the pastor of the Ephesian church and other leaders. At the same time, Paul reminds Timothy of his purpose in Ephesus to stop false teaching (1 Tim. 1:5). He demonstrates concern for his own well-being. Paul encourages Timothy to "fight the good fight, holding on to faith and a good conscience" (1 Tim. 1:18-19). This is Paul's way of saying healthy pastors are needed to equip healthy churches.

The ascended Christ differentiates his body, the Church, by giving everyone a spiritual gift, while giving some responsibility as equipping ministers. The Church can only “preserve the unity of the Spirit in the bond of peace” (Eph. 4:3) as it receives the equipping ministry of those given by Christ to the Church. In addition, a church can only be equipped to attain the unity of the faith and preserve the unity of the Spirit by divinely given instruments.

Pastors often hear Ephesians 4:7-13 as a call to equip the Church to become soldiers of Christ in terms of numerical growth. A study of this passage illuminates the healing dimension of pastors’ equipping ministry.

The key word in Ephesians 4:12 related to church health is *καταρτισμον*, translated as “equipping”. William Barclay states in his commentary,

This word’s military usage speaks of fully furnishing an army. Its civic usage speaks of pacifying a city, which is torn by factions. Its medical usage speaks of setting a broken bone or putting a joint back into place. The basic idea of the word is that of putting a thing into the condition in which it ought to be. (149)

American individualism and self-sufficiency may want to avoid this truth, but only to the production of divided, inadequately equipped, and immature church bodies—lacking the fullness of Christ.

Spiritual Gifts. Spiritual gifts contribute to the biblical foundation model for a systemic approach to church health. While both Ephesians 4 and 1 Corinthians 12 concentrate on the unity of the body of Christ, both of these chapters give attention to diverse ministry gifts (Eph. 4:11-12; 1 Cor. 12:27-28). These various gifts of the Spirit (1 Cor. 12:4-26) maintain and demonstrate the Church’s unity within diversity. In 1 Corinthians 12, Paul uses the body analogy “to affirm the variety of the gifts and the

oneness of the body, neither at the expense of the other, and to defend the weak and redirect the misbehavior of the ‘more presentable ones’” (Witherington 258).

Within the oneness of the body of Christ, self-differentiated members of the body have their own individual identity and function. Each individual part of the body is important and uniquely called to a distinctive ministry of grace. Yet apart from their grace-bound connection with the body and its head, they have no significance at all. Any part of the body is not the whole body or the whole Church. One part of the body or member of the Church cannot say to another, “I do not need you,” or “You do not belong” (1 Cor. 12:21).

Patristics

One finds this biblical concern for the development of improved church health reflected in the early church fathers. Repeatedly, several noteworthy and influential Church fathers quote Scripture—specifically the Pauline epistles. They illustrate and expand upon biblical principals of church health (Chrysostom 206-207; Lightfoot 13, 33; Ignatius 99). First, churches can become unhealthy after regaining their health if they stray from living by the principles which support and define the body of Christ. Second, church health involves an ongoing battle to mature inwardly. Third, the unity of the Spirit is broken when unloving attitudes and actions destroy the bond of peace in the Spirit. Fourth, previously healthy churches which have become unhealthy can regain health by means of God’s Spirit working through the Word of God.

Theological Precedents

A contemporary United Methodist theologian, William Abraham, highlights the need for establishing healthy church unity on the sound deposit of apostolic faith (23). He believes that “without the healing effects of the deep truths of the Christian faith, any

renewal will be superficial and short-lived” (29). The late Frank Bateman Stanger claims in his book, God’s Healing Community,

Theology is needed to impel one to continuing dedicated spiritual being and doing. Even though we may not always be quick to identify such a causal relationship, it takes a theology of prayer for us to pray, a theology of love for us to love and serve, a theology of spiritual experience for us to worship and witness, a theology of stewardship for us to give in the New Testament sense, a theology of the church for us to be good church members, a theology of truth and holiness for us to be ethical. (40)

The biblical principles of church health are reflected in ecclesiology. Earlier creeds, such as the Nicene Creed, speak of “one holy catholic and apostolic church.”

Although the Church is composed of a wide range of people, it is one in Jesus Christ by the Holy Spirit. The constitution of many denominations like the United Methodist Church will state its openness to people of all ages, nations, and races. Such statements reflect both the diverse unity and catholic nature of the Church worldwide as well as locally.

As responsible recipients of God’s grace, the diversity of the Church calls Christians to maintain the unity of the Spirit in the bond of peace through Christian love. In the United Methodist Church, both the “Order for the Celebration of an Appointment” and the “Installation of Church Officers” focus on sustaining or enabling a congregation as a people of love (UMBW 595, 600). Two of John Wesley’s standard sermons, “A Caution against Bigotry” and “Catholic Spirit,” both address this biblical theme of the unity of the Spirit and Christian love.

John Wesley strongly desired for Methodists to celebrate the Lord’s Supper weekly. The communion ritual found in The United Methodist Hymnal reminds the congregation of the Church’s foundation—the love of God displayed in Jesus’ suffering, death and resurrection. The congregation is also reminded of the Church’s mission—to

be the body of Christ for the world. The communion service asks for the Holy Spirit to make the congregation one with Christ, one with each other, and one in ministry to all the world (12-14). As a church participates in communion services, spiritual unity with each other and God can grow. Very often, a deeper love for God and each other develops as well. Sometimes, a congregation finds itself refocused on being in mission as the body of Christ in the world by having participated in the Lord's Supper.

Within the unity of the Spirit and the diversity of the Church, each Christian congregation is blessed with various spiritual gifts by the Holy Spirit to continue Christ's ministry in the world. A quick overview of the New Testament's description of the church reveals the following sixfold ministry of the early church: 1 the proclaiming church, 2 the teaching church, 3 the celebrating church, and the 4 fellowshiping church, 5 the serving church, and 6 the healing church (Stanger 115-116). To accomplish such a sixfold ministry, God not only gives individual spiritual gifts to the church, but he also calls persons into various ministries to equip others for their ministry. As a body of believers, we do not minister in our own strength, but by the empowering of the Holy Spirit. As Gordon Fee points out,

If the church is going to be effective in our postmodern world, we need to stop paying mere lip service to the Spirit and to recapture Paul's perspective: the Spirit as the experienced, empowering return of God's own personal presence in and among us, who enables us to live as a radically eschatological people in the present world while we await the consummation. All the rest, including the fruit and gifts . . . serve to that end. (xv)

Many churches understand Christian baptism as symbolizing one's ordination into the ministry or priesthood of all believers. Local church membership vows often include a question concerning serving faithfully as a representative of Jesus Christ in the world.

H. Orton Wiley states in volume 3 of his Christian Theology that “another aspect of catholicity is that which regards the church as militant and triumphant. The church militant is the one body waging war with principalities and powers” (115). Although the Church on earth is militant, Richard Taylor states in his Beacon Dictionary of Theology,

The church is also both impregnable and vulnerable. While the “gates of Hades” cannot prevail against the Church, it can be contaminated and compromised from within—by sin, by false doctrine, by worldly alliances. (114)

In addition, two of Wesley’s sermons address issues that are related to the thesis of this paper. Wesley’s sermon “Of Evil Angels,” based on Ephesians 6:12, outlines the devil’s attacks upon our healthy love of God and each other as Christians (“Works Vol. 5” 418). In his sermon on “The Mystery of Iniquity,” he notes several plagues which infected the Christian Church; namely, the love of money, the sin or partiality and other diseases (“Works Vol. 5” 288, 289). The Church’s vulnerability constantly calls for Christians to watch over one another in love as members struggle with imperfect moral behavior and imperfect personal character.

Closely related to the diverse unity of the Church is its holy nature and calling. While set apart by God’s grace as disciples of Jesus Christ, the New Testament also calls for the Church to be a holy people. Thus, the body of Christ is not only justification-based but also sanctification-directed.

Wesley’s view of sanctification undergirded his whole theology of pastoral care (Coppedge). The whole early Methodist mission sought to first bring people to faith in Christ and then to Christ-like character. Since the days of early Methodism, candidates for ordained ministry in the United Methodist Church and related denominations are asked questions like the following from John Wesley:

1. Have you faith in Christ?

2. Are you going on to perfection?
3. Do you expect to be made perfect in love in this life?
4. Are you earnestly seeking after it? (Book of Discipline 214)

The 1981 catalog of Asbury Theological Seminary highlighted the importance of the doctrine and experience of entire sanctification, which it “believes is essential to a dynamic and successful Christian ministry (Asbury Seminarian 11, 21). If a pastor’s maturity or lack of it, in God’s sanctifying grace influences the health of a congregation where he or she pastors, the same will be true for each leader and member of that congregation as well. Thus, pastors proclaim repentance and offer God’s forgiveness for ways in which the church has fallen into sin and disease as well as call it to wholeness in Christ.

Calling the church to sanctified love in Christ involves “instruction in righteousness” so that people might be complete and equipped for every good work (2 Tim. 3:16,17). As Joseph M. Stowell writes in his book, Shepherding the Church

When righteousness becomes the prevailing attitude of a body of believers, it establishes a peer pressure that stimulates all believers to the truly good life in Jesus Christ. A church full of persons who love the lost; of husbands who love their wives; of people who willingly serve; of lips that are slow to criticize, slander, and gossip, but rather are dedicated to healing, helping, and encouraging; of finances that are focused on glorifying God and of Christians who are passionately addicted to acts of compassion will produce an environment that stimulates others to make a similar contribution to the group. (68)

Such a concern for holiness within the Church is very often reflected in the membership vows for new members, in the standards for qualifications for church officers and ordained clergy, in the installation services for church officers, and in the ordination services of pastors.

Christ’s Church is both apostolic and confessional. When Peter confessed Jesus Christ as the Christ, the Son of the living God, Jesus replied, “on this rock, I will build

my church” (Mtt. 16:18). Following Jesus’ death and resurrection, he told his disciples to wait in Jerusalem for the Holy Spirit to endow them with power in order for them to be his witnesses and make disciples of all nations. God builds the church as the temple of the Holy Spirit upon the witness of the apostles to the death and resurrection of Jesus Christ along with people’s confession of Christ as the risen Lord and Savior. Another reason the Church is called apostolic is due to its being under the apostolic authority dwelling in the New Testament.

The theology of John Wesley calls for building up the body of Christ through living the faith, proclaiming the pure Word of God, and administering the sacraments.

Wesley believed that three things were essential to a living church:

First: Living faith; without which, indeed, there can be no Church at all, neither visible nor invisible. Secondly: Preaching, and consequently hearing the pure word of God, else that faith would languish and die. And, thirdly, a due administration of the sacraments, —the ordinary means whereby God increaseth faith. (“Works, Vol. 8” 38)

One can deduce from Wesley’s view that the Church lives by the pure proclamation of the Bible. John Albert Bengel, Wesley’s contemporary, wrote,

Scripture is the foundation of the Church: the Church is the guardian of Scripture. When the Church is in strong health, the light of the Scripture shines bright; when the Church is sick, Scripture is corroded by neglect; and thus it happens, that the outward form of Scripture and that of the Church, usually seem to exhibit simultaneously either health or else sickness; and as a rule the way in which Scripture is being treated is in exact correspondence with the condition of the Church. (1:7)

For pastors to preach and teach as those who stand under the apostolic authority of the New Testament is crucial to building healthy churches. Such proclamation of Christian doctrine reminds congregations that we all stand under the authority of Scripture.

Therefore, many denominations ask both those coming for ordination as well as those joining a church if they receive the Christian faith as contained in the Bible. The eternal

importance of confessing Jesus Christ as Lord and Savior makes it the first question asked in the reception of new members, the installation of officers, and the ordination of pastors.

As the temple of the Holy Spirit, the body of Christ—the Church was founded upon the death and resurrection of Jesus Christ, who is her ascended and returning head. Given the spiritual and organic relationship of the Church with Jesus Christ, many membership rituals ask for a commitment from a new member to faithfully participate in the church's ministries by their prayers, their presence, their gifts and their service. Keeping these commitments is seen as a means of spiritual growth in faithful Christian discipleship. Also, books of church order like the Book of Discipline insist on church officers who serve on lay leadership committees and pastor-parish relationship committees being “engaged in and attentive to their Christian spiritual development so as to give proper leadership in the responsibilities with which the committee is entrusted” (162, 164). Those in ordained ministry are expected to attend to their Christian spiritual development as well. Spiritual formation is very important for a pastor seeking to proclaim a biblical vision of a healthy church.

Biblical principles of church health are also reflected in Soteriology. For example, how pastor, church leaders, and members view the doctrine of salvation influences their approach to church health. A biblical synergistic understanding of salvation leads the church's pastor, leaders, and members to trust God in following biblical principles of church health. In this view, the pastor leads as a spiritual guide and not as a CEO.

A Monergistic view of salvation would lead to a passive waiting for God to make the Church healthy by a sovereign act of grace alone. In this view, the pastor leads only by praying, trusting, and waiting.

A Semi-Pelagian view of salvation would lead a church to pray as if church health all depended on God and then to work as if it all depended on them. In this view, the pastor leads by trying to do too much.

A Pelagian view of salvation would lead a church to choose and execute some prepackaged church health program without any prayer or biblical/theological discernment. In this view, the pastor leads as the unspiritual CEO who tries to control everything.

Church health is not only shaped by a theology of salvation but also by a theology of the incarnation—Christology. A fully Docetic view of Christ would say that a church can become healthier only if its pastors and others teach the appropriate biblical, patristic, theological, and church health principles. A Nestorian view would see the principles of pastoral leadership and systems theory without any biblical or theological shaping as the key for church health. In other words, atheological church health approaches the church with the same mechanical approach as atheological church growth. A Nicene approach would be to recognize the unity of the divine side and the human side of the church based upon God's grace, motivated by Christian love and empowered by the Holy Spirit.

Pastoral Theology and Leadership Precedents

This thesis contends that a pastor can serve as a healthy change agent through grace-empowered vision casting through preaching. Sermons about biblical church health precedents in a narrative form are a means of applying them to the church's leaders and staff, as well as to its group life. For these sermons to have the greatest opportunity to impact the church, we must first consider the issue of the wholeness of both pastor and people.

Whole Persons. The task of developing the health of a church rotates upon the axis of personal wholeness. R. Paul Stevens and Phil Collins' popular book, The Equipping Pastor, states

The emphasis of this new generation of systems thinkers on intrapersonal (what is going on inside the leader-facilitator) and not just on the interpersonal relationships conforms more exactly, as we shall see, with the biblical understanding of persons, of relationships, and of the internal and relational sources of ministry. (xxiii)

Since it definitely influences people's leadership styles, pastors, leaders, and church members are called to grow first in their own personal well-being.

Healthy pastors can gain much by asking themselves what needs to change in them first before the churches they serve can become healthier. Healthy pastors honestly face their dark sides, which includes their "personal issues that may plague them in their exercise of leadership" (McIntosh and Rima 9; Galloway, "Have You Been Broken," "Have You Been Set," "Turn Your;" Martyn, "What's Driving;" Seamands). Healthy pastors have very high pastoral integrity (Peterson). They strive for a healthy marriage, which is a priceless asset to one's pastoral ministry (Galloway, "An Action Plan," "Great Leaders;" Martyn, "God's Mission;" Hayford; Langford; Walmsley and Lummis). Healthy pastors answer yes to David Hansen's, "Do I really love the church I serve?" (33).

An inner attitude of ambivalence will hinder an unhealthy pastor's leadership of a church. Regardless of the source of such an inability to give oneself in love, be it selfishness or inner pain, such ambivalence will preclude bonding with their congregation. Such a sin of the spirit also weakens the pastor's bond with his or her family and increases the likelihood of his or her falling into some sin of the flesh.

Hansen comments about pastor-church bonding that brings a new perspective to the relationship.

We don't like to have to bond. I wonder if when in our frustration we say we dislike our congregation, what we are really saying is that we dislike the bond we have with them, or more particularly, the covenant bond God has called us to. When we think we are grumbling about our church, maybe we are grumbling against God

When a church and a pastor do not bond, the church cannot grow—in numbers, in commitment to one another and to God, to mission, to worship, and to a deeper spirituality. (61)

On the other hand, Jesus does not call pastors to bond with killer churches that have a long history of lifting their hand against God's anointed and also despise the lordship of Christ (Hansen 112-123).

Part of pastors' wholeness also includes their values and leadership styles. Thus, healthy pastors ask themselves questions, such as:

- (1) What drives me?
- (2) Why do I want to please God?
- (3) Do I want to please God or do I want God to please me by doing it my way (Martyn, "Leadership Competency")?
- (4) Am I a leader who operates out of a theology of the fall?
- (5) Am I a leader who operates out of a theology of creation (Hunter, "Theory X")?
- (6) Do I find my identity primarily in what I do as a pastor or in who I am in Christ (Galloway, "Great Leaders," "Staffing;" Martyn, "God's Mission")?
- (7) Is my daily walk with Christ based on grace or works?
- (8) Is God's love and approval of me enough (Seamands)?

Being clear and biblical about what drives pastors and sets their values places them in a better position to lead churches toward better health. This happens when pastors find

their own sense of identity, significance, and security in who they are in Christ and not in what they do as pastors (Anderson and Mylander; Anderson; Galloway, “Great Leaders,” “Staffing;” Martyn, “God’s Mission,” “Posture in Leadership”).

As pastors grow more healthy as persons, as spouses (if married), as parents (if they have children), and as citizens in the community, they contribute to their churches’ health. Healthy pastoral growth involves several important areas. The first priority is maturing in intimacy with Jesus Christ through a growing devotional life (Curtis and Eldredge). Part of a growing spiritual life also includes faithful physical exercise and intellectual development (Rediger, Eit 14). Such a disciplined life helps keep pastors focused on the Lord of the Church instead of on problems or popularity. A second priority includes growing more intimate with their families and close friends (Hayford 108). Having one Pauline-type friend who challenges the growth of pastors and several Barnabas-type relationships with people who need encouragement and mentoring forms a healthy dynamic. Pastors dare not neglect their humanness for their lasting effectiveness “will only be proportionate to [their] effectiveness in learning to live” (Hayford 27). After this priority, follows the unique call within the call that God gives each pastor. A fourth priority involves being a spiritual friend through individual discipling of church leadership toward maturity in Christ.

Pastors who have an overly extensive and exhausting schedule can conquer the tyranny of the urgent by setting boundaries on their use of time. Along with at least one day off a week, pastors may find going on a monthly twenty-four hour retreat beneficial. Pastors and others having difficulties with boundaries may find the insights of Family Systems theory helpful in growing more whole psychologically and interpersonally.

Therapists such as the late Murray Bowen popularized the application of the systems thinking to family therapy. The key concept in this theory is the differentiation of self. This concept means “to be in emotional contact with others yet still autonomous in one’s emotional functioning” (Kerr and Bowen 145). Without a mature differentiation of self, pastors can easily deceive themselves about being in better contact with the problems of others than is realistic. Church leaders and members who lack appropriate self-differentiation will experience difficulty in thinking, feeling, and acting as individuals who are in contact but not controlled by others.

Those appropriately differentiated persons can maintain a high level of functioning even under great stress without focusing on others. Thus, they are not easily “infected” by the anxiety of others. This non-anxious presence is possible because they have a high level of basic differentiation from their family of origin. Such emotional neutrality gives them the ability to be in emotional contact with difficult, emotionally charged parish problems but not feel compelled to control others, to “fix” the problem, or to pretend neutrality by emotionally insulating themselves.

Self-differentiated persons can adapt to change without much alteration of their functional level. This is not true of poorly differentiated pastors or leaders. Healthy pastors realize the danger of trying to control, rescue, or “fix” the problems of poorly differentiated congregations who may murderously strike out against the person who encouraged the church’s dependency upon them. Such congregations do this when their anxiety level gets high enough.

A former student of Bowen, Edwin Friedman, pioneered the application of family systems theory to broader ecclesiastic “families” such as a synagogues and churches. He believed that all clergy work within three interacting emotional systems of the families

within the church, the church as a family, and their own family (Friedman 195). Given the similarity of each system, any unresolved problems in one can produce symptoms in the others. Grasping this concept can contribute to a less stressful approach to pastoral leadership. The key to leadership, Friedman indicated, “is not knowledge of technique or even of pathology, but rather, the capacity of the family leader to define their own goals and values while trying to maintain a non-anxious presence within the system” (3). By understanding the application of family systems theory to the church, pastors can better “recognize how they may be unwittingly ‘snookered’ into unresolved problems in their parishioners’ personal families, or between factions in the congregational family itself, or into issues that could have been passed down in that emotional system for generations” (196).

From the point of view of Family Systems Therapy, a pastor’s self-differentiation contributes more to church health than expertise or empathy (Friedman 3). This idea comes from the belief in the organic relationship between leading a family system to wholeness and the leader’s ability to get him or herself together (221-222). Unfortunately, during times of anxiety, a pastor will often find this difficult to accomplish because family systems work against the goal of differentiation. This is because the more dependent leaders and church members will put forth much effort to triangulate the pastor away from differentiation.

Unfortunately, anxious church systems tend toward diagnosing individual people instead of relationship processes. Friedman’s application of family systems theory calls for a pastor and church leaders to cease approaching church health from a perspective of diagnosing pathologies. Rather than approach a church family system in terms of

pathologies, pastors and church leaders can take a different approach. As Friedman states,

Ultimately, healing and survival depend upon existential categories; on vision, on hope, on the imaginative capacity, on the ability to transcend the anxiety of those about us, and on response to challenge that treats crisis as opportunity for growth (all attributes of, or best promoted by, leadership). (5)

What better way to transcend congregational anxiety than by proclaiming a vision of becoming the healthy church they can become by God's grace in Jesus Christ.

Sometimes a pastor finds him or herself as the identified dysfunctional patient whenever a church concentrates on his or her pastoral performance. If pastors accept such displacement by addressing the content of the charges, they not only become the patient but also keep the church leadership and/or congregation from facing something in their own personal lives (Friedman 208). Burnout is another way that a church's stress or pathology surfaces in pastors as the identified patient. Add to this the dynamic of over functioning pastors, church leaders, or staff persons. The resulting emotional triangle produced burnout displayed "in whatever ways they are prone to dysfunction" (218-219).

A church, like a family system, runs into trouble when its homeostatic relationship tools for restoring balance within its boundaries are either rigid or weak. The concept of homeostasis helps the pastor understand a church's "ability to resist change and keep a balance it has found for itself no matter how sick" (Buell 12). This concept also explains why a church "will tolerate and adapt to trouble-making complainers and downright incompetents, whereas the creative thinker who disturbs the balance of things will be ignored, if not let go" (Friedman 25). It also gives a pastor some clue as to why church life all of a sudden goes out of balance (203-204).

From a family systems view, frequently the criticism of a pastor's functioning, a theological matter, administrative problems, or a budget crisis function as the issue. Oftentimes, these are not the real issues. Whenever these apparent issues arise with great intensity or go unresolved despite all efforts, these are not the real issues. In these cases, the emotional balance of the congregation is the real issue. In the midst of such unbalanced times, a pastor's best questions for the church are: "Why now?" and "What has gone out of balance?" (Friedman 203). In such unbalanced times, a pastor will never attain lasting harmony in a congregation by focusing on the various content issues directed at them or upon some other focus.

Pastors can defocus congregational henpecking by maintaining a non-anxious presence. Such a presence means that pastors develop the capacity "to contain their own anxiety regarding congregational matters, both those not related to them, as well as those where they become the identified focus" (Friedman 208). Otherwise, pastors multiply the emotional imbalance of a church by over-functioning. Pastors who find themselves tempted to play church hero might consider addressing their personal and pastoral feelings of helplessness (Long 3).

While a non-anxious presence primarily means controlling one's own anxiety, it also means "staying in meaningful contact with other key players in the situation" (Richardson 51). By offering calm, connected pastoral leadership, the pastor helps reduce a church's anxiety while maintaining a sense of direction.

Pastors seeking to reflect a non-anxious presence work on differentiating themselves from the church. This essential family systems concept comes "by becoming more fully yourself, and managing yourself (not others), within the context of your congregation" (Richardson 172). Such healthy and healing pastoral leadership

encompasses far more than staying in the office and simply praying about things. Along with staying in touch with people, it means providing leadership in prayer with the whole church or with the anxious part of the church. It also means avoiding the pitfalls of cult-like dependency and congregational polarization.

Pastors, church leaders, or members who live at the lowest level of differentiation cannot discern between their feelings and their thoughts, beliefs, and convictions (M. Bowen 423). Such a person avoids making separate “I” statements. Instead, he or she states his or her beliefs as feelings in order to maintain togetherness in relationships. Because of such emotional/intellectual fusion, a “pseudo self” emerges particularly during trying times due to various relationship forces (423).

The non-differentiated person’s “pseudo self” leads toward the practice of a faulty style called the “double bind.” Any church full of such persons who are “constantly exposed to this kind of communication eventually finds it hard to say what they mean, understand what others mean, and distinguish real from simulated feelings” (Long 4). One sure sign of a non-differentiated pastor shows itself in any church system situation calling for a response from the pastor. The non-differentiated pastor either does not speak or only speaks with a defensive reaction.

Pastors, church leaders, or church members maturing toward the higher levels of differentiation face unresolved issues in their extended family and/or family of origin (Friedman 31). A sure sign of needing to work on this reveals itself in “the need to have one’s sense of self bolstered by a position of authority, or to get respect from others because one’s authority represents unfinished business from the person’s past” (Richardson 93). Many a pastor’s, church leader’s, and church member’s healthy

relationship with a church arises most powerfully from their family of origin. All efforts to resolve these issues contribute significantly to all other relationships (29).

Each of Steinke's books considers the necessity for church members and pastors to develop the capacity to differentiate. This differentiation frees pastor and people to care for others and to be responsible to them without being responsible for everything that is done in the church. In addition, healthy, differentiated pastors lead in a manner that maintains contact with the anxiety level of the church system without enhancing it by absorption.

Pastor, church leader, and members also need to get a handle on emotional triangles within a church. A triangle occurs whenever one person or a church indirectly handles stress with another by going to a third party. The first party does so as a way of seeking to restore balance in their relationship with the second party. By dealing with issues through indirect manipulation, a third party is caught in the middle (Friedman 35-36; Richardson 114-115). In the end, the level of anxiety within a church system erupts.

The typical triangles in church systems include

- (1) The pastor/the choir director/the organist;
- (2) A church school teacher/a pupil/the pupil's parents;
- (3) A board chairperson/the pastor/the rest of the board;
- (4) A church congregation/the pastor/the denomination;
- (5) A church secretary/the pastor/an associate pastor;
- (6) The pastor/the pastor's spouse/one or more church members;
- (7) Two board members and a hot topic or issue;
- (8) The budget/the pro-missions group/the pro-local church group;
- (9) The budget/the stewardship committee/the church members;

(10) The pastor/the building committee/the church building
Richardson 120); and,

(11) The clergy's family the congregational family and any family
within the congregation (Friedman 36).

These emotional triangles present another opportunity for healthy leadership from pastor, church officer, or staff person. Such differentiated leadership stays emotionally in touch with everyone involved without taking sides or assuming someone else's responsibility. This means the pastor living on a higher level of differentiation where, despite personal feelings, he or she thinks before acting. In fact, a person's feelings of confusion often present a healthy leader the best evidence of a hidden triangle at work. Another warning signal of an emerging emotional triangle involves someone sharing unnecessary negative information with a pastor or church leader (Richardson 119).

A working knowledge of how triangles function and a healthy level of differentiation empower pastors or church leaders to reposition themselves in triangulated relationships. Breaking the triangular relationships calls for something other than defending the second party by arguing, agreeing with the first party by advising, or being supportive of the first party by only listening. It calls for pastors or church leaders to stimulate the first party's own thinking by asking "questions about [the first party's] own thinking, feeling, wishes and behavior with [the second party]" (Richardson 122). By doing this, pastors or church leaders improve their own relationship with the first party. In response, they may start taking more responsibility for themselves and their relationship with the second party instead of playing the victim. In addition, by both modeling and teaching these principles to the congregation, many additional relationships within a church can grow.

Any pastor who seeks by God's grace to equip the health of a church is called to love the local church as a family system and not just as individuals (Hansen 19). Such love should receive guidance by the internal boundaries of a clear theology of pastoral ministry.

Those lacking such boundaries live out the expectations of others. Rather than being proactive, they become reactive. In addition, neurotic pastors tend to blame themselves and think that if they are good persons everything will improve. A classmate, Milton Lowe, once called this the battered pastor syndrome.

Maturing toward church health involves a transformation from dependent attitudes which cripple churches toward a new set that empowers both pastors and people for ministry. The many unhealthy dependency attitudes in both pastors and church leaders produce disastrous results.

As Ogden points out,

the church in general remains stunted, with only a small percentage of God's people having grown up with a view of themselves as authentic ministers....

A far healthier model views the pastor, not as the caretaker of those who can't fend for themselves, but as the equipper who encourages and provides a context to train all God's people for ministry (94-95).

The struggle for spiritual maturity in the church is fought in the minds of the congregation's pastor, leadership, and members. They will struggle spiritually to tear down strongholds such as

- (1) The ubiquitous pastor who can do it all as if he or she were Jesus reincarnate;
- (2) The resident expert who alone knows how to do it right as the chief discipler;
- (3) The proclaimer of inspirational bandages to get people through another week;

- (4) The church and its pastor as a member's possession similar to a family doctor or life insurance; and
- (5) The professional minister who does that for which we pay him or her (Ogden 92-94).

As both pastor and people gain spiritual maturity in both their attitudes and relationships, much fruit will blossom. Many people will notice how wholesome the sense of community is within the church. Local church leaders will perceive themselves to be a team. Even the church staff will discover a new sense of harmony in ministry.

Staff. From the early days of the industrial revolution and mass production in America, the focus has been on autocratic leadership. Today's trends lean toward a total quality management-team approach. This focus makes for healthier relationships in business.

Too often, disease enters a church through a small but highly visible part of the staff. In addition to the pastor, a congregation's most commonly employed and most important staff persons are their choir director and musicians (Liesch 109).

Given the rise of a team approach to worship and preaching in the emerging culture, the healthy spiritual development of the entire ministry team is crucial. With the current emphasis on spirituality and the increase of broken people in society today, postmodern people hunger for authentic spirituality in those who preach, play music, or lead worship.

For the sake of wholesome relationships, healthy worship, and holistic preaching, pastor and worship leaders might do well to examine their own inner drives (Liesch 142-143). Their high visibility makes them vulnerable to all sorts of cancerous temptations. Such diseases enter the body of Christ whenever a member falls prey to spiritual cancers such as winning or losing acceptance in the applause syndrome, one upmanship or

seeking to manipulate God through magical presumption (Miller 8,9). Whenever a staff member falls prey to one of these diseases, they are as valuable to the worship leadership team and to the church as a cancer cell is to a human body.

Church Officers. Part of the pastor's role is to nourish the seeds of church health through loving one-on-one personal discipleship of each individual on the parish leadership team. Such discipleship includes the following related steps:

- (1) identifying where people are in their Christian discipleship,
- (2) seeking to nurture them forward in Christ,
- (3) observing their view of being a church,
- (4) seeking to develop them in a biblical understanding of being a church, and
- (5) leading leaders in discovering their spiritual gifts.

Pastoral spiritual guidance also includes sharing his or her faith in Jesus Christ, core values, philosophy of ministry, and expectations (Galloway, "An Action," "Influencing").

Along with working on pastor-staff relationships, equipping churches also involves the process for nominating and developing church officers. In recruiting new officers, pastors and nominating committees can take some closely related actions. They will look for a healthy mixture of leadership qualities: "Character, Influence, Positive Attitude, Excellent People Skills, Evident Gifts, Proven Track Record, Confidence, Self-Discipline, Effective Communication Skills, and Discontent with the Status Quo" (Maxwell, Developing the Leaders 47-60).

Pastors and nominating committees will be concerned about the degree to which potential leaders are "character driven" or "emotion driven" (Maxwell, Developing the Leader 177-178). Such an assessment of a person's potential leadership qualities and that

individual's Christian discipleship over a period of months will help people discern someone's potential as either an asset or a liability to a church. Such discernment is crucial in making or breaking pastors of churches and to churches achieving their purposes. "[The] goal [of pastors] is not to draw a following that results in a crowd. . . . [The] goal is to develop leaders who can become a movement" (Maxwell, Developing the Leaders 3). To accomplish this goal, pastors will plan to "find the best people [they] can, then develop them into the best leaders they can be" (Maxwell, Developing the Leaders 3). To reach this goal, pastors will also plan for everyone on the nominating committees to evaluate future nominees more in the light of their Christian discipleship and leadership qualities, so the people nominated will be assets, not liabilities, to the health of each church's life and ministries.

Ken Callahan encourages churches to place the best leaders in positions focused on ministry. Where a church places its best leaders defines the central values of a congregation. Whenever a church places its best leaders on the finance committee, solid financial resources become the center of values. When the church places its best leaders on the trustees, adequate space and facilities become the center of values. When the best leaders are placed in ministry offices, then several competent ministries of worship and prayer, Christian education & nurture, and missional and evangelistic outreach become the center of values (Effective Church 31-31).

One of the blessings of a healthy leadership team is its help in preventing the church and/or its pastor from being pushed into a mold formed by the hidden agendas and out-of-order lives of some who transfer in or who arise from within (Crowe and Fischer, "Dealing with"; Galloway, 20/20). A healthy team is evidenced by:

- (1) A clear and confident identity (Shelly 92);

- (2) People working together in love (McIntosh 12);
- (3) Unity among the spiritual leaders (Shelly 95);
- (4) Focus on ministry in church business meetings (Shelly 103);
- (5) A relationship of trust between the pastor and the church's ruling board or counsel (Shelly 98-99);
- (6) Lay involvement in ministry (Cowell 11-12);
- (7) The church's attitudes toward change (Cowell 11-12); and,
- (8) A vital prayer life (Cymbala 27-30).

Group Life. Pastoral leadership literature consistently calls for transforming an unhealthy church by pastoral coaching toward healthy group development. This transformation runs on two parallel rails. One involves social relationships in how we relate to each other and how we work together as pastor and people. The other rail tracks our tasks and their achievements (Hunter, "The Effective Group Leader"). A single rail focus derails any progress toward improving the health of a church. This calls for pastors not to focus on managing "the change process to the point that they do not recognize how critical it is to minister to the spiritual needs that block people from being able to accept change" (Mead 108).

Part of ministering to people's spiritual needs involves the pastor asking two questions. The intent of these questions is to help a church experience new life as a living organism in Christ. First, "What is Christ's relationship to the Church?" Second, "What is the Church's relationship to Christ?" (Ogden 35).

A church struggling with the first question comes to see itself as the sacramental people of God who bear the presence of Christ. Through their witness, believers, as well as the unchurched, encounter Christ. Thus the Church comes to "grasp the unspeakable

truth that Jesus extends his life on earth through the corporate people that can literally be called ‘the body of Christ’” (Ogden 32).

A church that struggles with the second question comes to see itself as reliant upon Jesus as the source of the life of the church. Such a church participates in the source of its life through the public and private worship of God. It also submits itself to the ultimate authority of the Church. “Jesus as head of the church means that he arranges life in the body” (Ogden 35).

From a vision of the congregation’s relationship to Christ, a congregation gains a healthy passion to fulfill both the Great Commandment and the Great Commission. Private and public worship are no longer performed as a religious duty but as an expression of a vital relationship. Even disciple making becomes an opportunity for glad sharing of the Good News. To help churches gain such a vision, pastors can preach biblical sermons to address these two questions.

Addressing people’s spiritual needs also calls for proclaiming that, as the church, we “see our relationships of interdependence in three ways: 1. We belong to each other; 2. We need each other; and 3. We affect each other” (Ogden 36-43).

Applying these biblical principles involves discipling healthy relationships within the church. Thus, pastor, leaders, and church members focus on being ministers and doing ministry within boundaries. This also calls for preaching on rehabilitation toward healthy relationships and recovery away from the opposite.

Such balanced teamwork also calls for an emphasis on a gifted community more than on the gifted pastor. A healthy community is evidence of healthy leadership relationships and vice-versa.

Thus, the whole body sees itself being in ministry at work, at home, and in society. As Ogden says, “The broken world we live in needs a called army to address the enormous pain that is the result of our sin. Only people who know they are ministers can be compassionate tools of God’s healing work” (21). That army will be set free only as the relationship between the pastor and a church’s leadership “become conformed to the biblical description of ministry” (85).

When shifting to a healthier model of ministry, pastors might first disciple the leadership in a healthier vision of being and doing church. This involves sharing a vision of a healthy church that thrives on a whole-body ministry and releases pastors from unrealistic expectations. This freedom from the unreasonable expectations of an insatiable congregation allows pastors to pursue the uniqueness of their calling (Ogden 98).

Unfortunately, the lay leadership of many unhealthy churches desires pastors who can do the ministry instead of leading them in the ministry of all Christians. Such a passive church becomes an audience and not a body. Then the audience becomes the critic of the latest pastoral performance. Ogden confronts such an unhealthy attitude by stating “the biblical emphasis is not on the ‘omnicompetent’ pastor, but a ‘multigifted’ body” (75). Unhealthy churches frequently also abuse their pastors by “cutting their salary or slicing away at their integrity with gossip” (Hansen 124). One of the great tragedies of our day is the increase in forced pastoral resignations. The high number of such forced pastoral resignations are not surprising when seen in the light of a survey of one-thousand pastors and churches. Only 10 percent of the churches and their pastors said “the purpose of the church is to win the world for Jesus Christ” (Warren, Purpose 82).

In working toward building trust and a healthy sense of community, healthy pastors practice the essential points found in a study of effective leaders. First, they offer the church general rather than tight supervision. Second, they treat the church's various ministry and administrative groups like adults with brains who want the church to improve. Third, they spend more time with people on their turf and talk primarily about how their pastor can help or support them. Such modeling behavior builds a healthier community than talking about problems and budgets (Hunter, "The Effective Group Leader").

A healthy leader also knows how to win people's trust through quality management of people. Like coaches, pastors cannot manage every officer or volunteer in churches the same way. Like teachers, pastors will ask questions about what people are looking for and listen well before sharing their insights. Like good parents of a large family, pastors recognize that the leaders and volunteers of a church are all over the map as far as their individual maturity level is concerned. Pastors will follow suit by seeking to respond accordingly to where each person is and where they are heading (Hunter, "The Effective Leader").

With all of the activities of a local congregation, a pastor definitely cannot accomplish the church's entire ministry alone. As in all other aspects of leading a church through change, the central issue in delegation is trust. After selecting capable people and training them, pastors and nominating committees are to give them ample authority for their task. Having done so, pastors will let it go so that they do not demoralize people by taking over what they delegated to others to do. Wise pastors do not hover over people. Doing so makes people feel as if pastors do not trust them. Overall, pastors, in delegating, seek to treat people like adults (Hunter, "Effective Management").

Spiritual Context. Given the brokenness of today's society, more people bring many unresolved personal and spiritual issues with them into a church. When these persons become officers or staff members, the impact of any unresolved baggage is compounded. Such corporate bondage inhibits a church from being a healthy body for a hurting world. Several works address this aspect of the church (Anderson and Mylander; Frangipane; Moeller; Rediger, Clergy; VanVonderen; White).

Pastors can equip a healthier spiritual context in this dimension of the church in two ways. First, they can teach the biblical evidence about the true nature of our struggles and the means to victory. Second, pastors can lead the governing bodies of churches and their staffs to participate in a spiritual freedom workshop.

Anderson and Mylander believe in the importance of church leadership taking its painful memories and corporate sins to God for healing and forgiveness. When the hurts of a church go unhealed or their corporate sins go unconfessed, the devil gets an opportunity in the church. For the sake of objectivity and open discussion, they recommend using an outside facilitator such as a retired pastor, a denominational official, or a capable leader from a nearby church in guiding church leaders through this workshop (181). The workshop often serves to liberate the pastor from being the church's identified patient.

Abuse Prevention. Another aspect of equipping the congregation to operate in a healthy manner involves abuse prevention. A pastor needs to train church leadership in identifying and dealing with antagonists who often become clergy and/or church killers.

VanVonderen writes about

God's purpose for us, and Satan's hatred for us—a hatred so strong that he would do anything to bite and devour us. Satan lost his frontal attack—the

crucifixion of Jesus. Now he would step up his guerrilla attacks—the infiltration of Christ’s body. (25-26)

He goes on to ask, “Is it any wonder that our Adversary, the ‘Wolf,’ majors in destroying relationships inside the body of Christ? Is it any wonder he wants to drive people out of the church altogether?” (39). Moeller points out that as a pastor “I could almost predict the appearance of trouble in my church according to how much progress we were making spiritually” (64). This insight would mean that any church making significant progress toward health should expect a spiritual crisis. Thus, “churches must utilize spiritual resources to deal with spiritual problems, not just in crisis, but as a regular part of their life together” (Moeller 193).

Haugk’s steps for dealing with antagonism as are follows: First, the pastor needs to help the church leaders understand that antagonists involve a church in unhealthy conflict that can escalate into the demonic. Second, the pastor needs to give the leaders information about the antagonist’s general characteristics (26-27), the different types of antagonists (59-68) early warning signs (80-83), red flags (69-79), and later warning signs (83-83). Third, the pastor will inform them that only when the red flags and the warning signs dwell in the same person is an antagonist about to attack.

With the increase of pure meanness directed toward clergy, a pastor will also describe the hard-core antagonists who often become clergy killers. In his book, Clergy Killers, Rediger offers the following description:

Clergy killers are masters of disguise when they choose to be. They can present themselves as pious, active church members who are “only doing this for the good of the church.” Often they convince naïve parishioners that they are raising legitimate issues. It is not uncommon for clergy killers to hide among their “allies of opportunity”—members who are their friends, or congregational powerbrokers, or members who are disgruntled with the church. (10)

Such persons “have developed a perverse, voyeuristic, and vindictive taste for the suffering of their victims” whom they “harass . . . in subtle and obvious ways until their distress produces irrational and destructive behavior, or their natural bad habits become toxic” (11).

All of the above is in keeping with Peter Steinke’s second book, Healthy Congregations. His book calls for improving church health by finding church health problems and solutions in the interaction between the parts of the body of Christ. Such a view leads him to say that whenever church members focus on their needs only, they contribute to the unhealthiness of the church. Following his mentor Friedman’s position concerning the potential for health via the position of the pastor in the church system, Steinke encourages pastors to do so by

- (1) setting the tone, inviting collaboration,
- (2) mapping a direction,
- (3) establishing boundaries,
- (4) encouraging open expression,
- (5) restraining threats to the church’s integrity, and
- (6) keeping the church on target in light of its purposes (vii).

Therefore, casting a vision through preaching contributes three benefits to the health of a church. “Vision offers meaning; vision instills hope; vision directs energy” (Steinke, Healthy Congregations 105).

Whenever a church fails to resolve three issues—meaning, hope, and energy—it reinforces its unhealthiness through viewing a pastor as the sole performer of ministry, wallowing in the painful past, and ignoring its present strengths. Any church overfocused on pastors cannot see the contribution of other dynamics to the situation of the church nor

can it keep fulfilling its vision. The church may also live under the illusion of keeping people happy at the expense of integrity.

Church Growth Precedents

Church growth literature depicts the practical fruit of approaching church health from a biblical, organic model. At the heart of this matter are three questions primarily for church health.

1. “Who is our master?” (Warren, Purpose 71). Jesus is truly Lord of a healthy church. Unhealthy churches are mastered by tradition, personality, finances, programs, buildings, events, or by seekers (77-79).

2. “What is our motive?” (Warren, Purpose 71). The Holy Spirit provides the motive of God’s love in our hearts. He provides us with the power to be Jesus’ witnesses (Galloway, 20/20 43-56).

3. “What is our message?” (Warren, Purpose 71) The master and head of the church, Jesus Christ, gives us our apostolic message (Hunter, Church for 28-30).

Rick Warren’s three questions concerning church health can also be applied to pastors. Pastors can see themselves as having an apostolic ministry and message. Otherwise, some other driving force mentioned earlier will master pastors.

For pastors to lead a church without the motivation of love is unproductive (Galloway, 20/20 89; Warren, Purpose 212-216). One “study demonstrated that while pastors of growing churches are usually not ‘people-persons’ who lose themselves in interaction with individuals, yet on the average they are somewhat more relationship-, person-, and partnership-oriented than their colleagues in declining churches” (Schwarz 22). This insight fits with two of Schaller’s and Tidwell’s descriptions of a healthy

church as having “a pastor who likes people, is responsive to people’s spiritual pilgrimage, and is fulfilled as pastor of that church” (153).

Warren’s three questions concerning church health can also be applied to church leaders and members as well. The inner orientation of members in unhealthy churches is on institutional matters while that of healthy churches is on matters of mission (Easum and Bandy 12). Unhealthy church leaders could easily support a church day care because it is a nice service to the community and brings in additional income. Healthy church leaders will support it for the sake of reaching into homes of the community to share the transforming Gospel. The various motives for pursuing a stewardship campaign or writing a new mission statement also illustrates the contrast between healthy and unhealthy church leadership (13-14).

The proposal of answering Warren’s questions is one way to move a church away from building on “pragmatic and a-theological approaches” (Schwarz 14) to building on ecclesiological principles that form a solid theological base.

The most recent studies of growing churches find the principles of church health such as unity and spirituality to be foundational to church growth (Gabel 30). Other works make the contribution of these two characteristics to church health and growth more explicit (Cymbala; Easum and Bandy; Galloway, *20/20*; Hunter, *Church for*; Schwarz; Spader and Mayes; Warren, *Purpose*). These books portray vital spirituality and Christian love as the key dynamic to church health. Together this dynamic empowers the contribution of worship, small groups, and pastoral leadership to the health of a church.

Churches without a passionate spirituality also have a weak prayer life. Brewer writes a very bleak description of such unhealthy congregations.

When God’s healing is not a living reality through prayer, the church can

become a back ward of chronically ill people waiting to die. This form of spiritual illness is subtle but deadly. People bring crippling fear and enormous control needs into the life of the church. In such a situation, the church may become more of a leper colony than a hospital. Without the power of God through prayer, ministry to the sick and dying may become little more than compassionate commiseration with their suffering. Instead of making the sick well, churches that do not pray condemn themselves to catching the illnesses they are commissioned to heal. (13)

If a church lacks a passionate spirituality, “the believers first must be gripped by a new devotion to Jesus” (Schwarz 107). Without the foundation of spirituality and loving relationships, Schwarz’s other principles of church health will contribute little. Without the guidance of ecclesiology, spirituality and love will not make a healthy contribution to congregational wholeness.

One important aspect of building or rebuilding such a passionate spirituality is for the church’s prayer life to both “expect and experience God’s action in response” (Hunter, Church for 29). Another aspect of spiritual renewal is for the church’s prayer life to address various issues of the heart as a United Methodist pastor in Florida did in his doctoral project (Brewer). While Galloway’s 20/20 Vision offers some suggestions to build up a prayer life of a church, Cymbala’s Fresh Wind, Fresh Fire illustrates how a church can return to its first love—Jesus Christ. “It will encourage pastors to disciple a core group which desires to pray and which believes nothing is too big for God to handle” (Crowe 23).

From their passionate spirituality, healthy churches overflow with love for Jesus Christ, each other, and the unchurched (Galloway, 20/20 73-84; Hunter, Church for 30; Warren, Purpose 208-212; Schwarz 36-37). The motivation of unhealthy churches to attract new members arises from the desire to help meet the budget. Others evangelize solely from a sense of duty. Unhealthy churches turn people off by their lack of

friendliness (Hunter, Church for 31). Healthy churches love new people. Such “love draws people in like a powerful magnet” (Warren, Purpose 210).

Such congregations also harmonize and differentiate the five biblical principles of the Church. First, a church grows into a healthier breadth via a gift-oriented ministry. This increases a church’s “sending capacity rather than its seating capacity” (Schwarz 24-25, Warren, Purpose 32, 365-392). Second, a church develops the healthy warmth of Christian love through fellowship in small groups (Callahan, Twelve; Galloway, 20/20; Galloway and Mills; Hunter, Church for; Schwarz; Warren, Purpose). Third, a church matures in spiritual depth through discipleship that is on fire for Jesus Christ (Schwarz 26-27, Warren, Purpose 331-364). Fourth, a church body grows spiritually stronger through inspiring worship (Schwarz 30-31, Warren, Purpose 239-292). Fifth, a church grows into a healthy size through need-oriented evangelism (Schwarz 34-35; Warren, Purpose 49, 207-238).

If a local church system lacks balance and differentiation among these five principles, it will become one of the following:

1. The Soul Winning Church.
2. The Experiencing God Church.
3. The Family Reunion Church.
4. The Classroom Church.
5. The Social Conscience Church (Warren, Purpose 122-124).

However, the effective assimilation of new members exemplifies the ability of a healthy church body to accept and affirm the place and uniqueness of additional people. A church with specialties in ministry understands the diversity of ministries and spiritual gifts within the one ministry of Jesus Christ through his body.

A healthy church does these things by structuring for the sake of incarnating the five biblical principles of the church and not for the sake of control (Schaller, 132-135; Warren, Purpose 375-381). In addition, the gift-based deployment of laity implies that pastors are equipping while people are receiving and ministering (Schwarz 22-23). Such flexible and empowering pastoral and church leadership demonstrates a healthy church in the micro dimension.

Unfortunately, unhealthy, super-orthodox and ultra-moral churches are neither spiritually passionate nor loving enough to change their functional structures (Schwarz 28-29; Warren, Purpose 65-66). On the other hand, churches which go beyond changing their functional structures to redefining basic Christian teaching and moral truth for the sake of gaining more members are not healthy either (Wells 1-13).

However, nothing rekindles the spark of health within a church like catching a biblical vision of what Jesus Christ wants to accomplish in and through a church (Warren, Purpose 81). As Warren says, “Where there is not vision, people leave for another parish!” (Warren, Purpose 87). Also, an unhealthy church will not only lack vision, but also repeatedly finds itself short on cash (202). A biblical vision arises in a church from hearing biblical ecclesiology proclaimed.

Church Health Proclaimed

The writers of the New Testament epistles wrote applied ecclesiology to improve church health. The early church fathers reminded churches of biblical ecclesiology in addressing these issues in their day. Theology, pastoral theology, and leadership address this concern. Some church growth literature is shifting to this area. Also, today’s spiritual freedom workshops for churches focus upon healing through applying doctrinal truth. All

of this establishes the precedent that ecclesiology lays out biblical truths relevant to church health.

The United Methodist Church ordains and authorizes its pastors to a ministry of Service, Word, Sacrament, and Order (Book of Discipline 194). Those whom God calls to this ministry have a mandate to order the life of the church in a spiritually healthy fashion. It involves much more than obeying the polity of the Book of Discipline of the United Methodist Church. United Methodist pastors are required to “order” the life of the community of faith. Pastors accomplish this by the due administration of the sacraments, the preaching of the Word of God, and leading the community of faith in ministry to others.

Preaching is one of a pastor’s most valuable opportunities to enhance the wholeness of the congregation. A sermon series can cast a vision of a healthy church in hopes of preaching a church to where it needs to go. Very often, the depth of a congregation’s understanding of the Christian faith largely depends on the quality of the preaching that the people hear. In addition, the quality of volunteer leadership in a local church and their vision of what church is and does reflect the pastor’s preaching ministry (Lindgren 99).

Biblical preaching is an instrument for teaching the Church about being the body of Christ. Therefore, a pastor can serve as a change agent through grace-empowered vision casting. Sermons about healthy persons, church leaders, loving relationships, spiritual gifts, spirituality, and abuse prevention naturally lean toward a narrative style. Such communication not only addresses the heart, mind, and behavior but also relationships and spirituality.

Churches need preaching with quality and excellence. Such preaching is far more complicated and difficult to do than the deductive preaching of a previous generation. Today's unique difficulty in performing a sermon with skill for the sake of ministering to people involves communications style. Both churched and unchurched people find themselves bombarded by quality communication all week long. Whenever pastors preach sloppy and careless sermons, they lose both personal integrity and much spiritual influence. God calls those who preach to live a life actively pursuing personal spiritual integrity, doctrinal faithfulness, and effective communication.

Preaching today calls for a relational style. As Calvin Miller writes in his book, Market Place Preaching, "A well planned extemporaneous sermon that has done its homework will serve best" (47). Otherwise, a preacher will lose the relational force that is not available to the manuscript preacher. As Miller proposes, "Extemporaneity welds audience and communicator together" (49).

At present, people are seeking to improve their communication skills. When God sent the ultimate communication of his love and grace, he sent his Son in the flesh. When God inspired the writing of the New Testament, the Holy Spirit moved people to write in everyday *koine* instead of academic Greek. God desires to communicate his truth, grace, and love to every generation. Those called of God to preach carry a like passion for communication. Those who seek to communicate the truth trust the Holy Spirit to use communication aids in the act of proclamation.

The approach to preaching previously discussed serves to strengthen the church health sermon as well as weekly preaching. An important issue in preaching on church health encompasses the integrity of both the preacher and the proclamation. One can ruin the preaching of church health principles by offering them as a quick fix rather than as

tools for the healing process. Also, legalistic motives inflict much damaging shame and blame upon a congregation. Selfish motives that seek something other than the glory of God and the building up of his Church spread spiritual cancer. To have such selfish motives would be the greatest of shams. Pastors can avoid such a sham by first hearing any sermon on church health themselves before preaching it to others.

Approaching church health in this manner communicates that growing a healthy church involves an ongoing process. Such a series of sermons could lead people through the whole panorama related to each dimension of church health within a biblical/systems church health model.

CHAPTER 3

DESIGN OF THE STUDY

A biblically based, systemic, and organic approach to church health through preaching addresses the whole church body. Such preaching seeks the response of each member's behavior, feelings, relationships, spirituality, and, as well as thoughts. How one is able to inculcate the various aspects of church health within the context of their Christian discipleship is arguably more important than outward behavior. Focusing on any one of these elements (behavior, feeling, relationships, spirituality, or understanding) to the exclusion of the other four, disciples people in something far less than a healthy response of loving God with one's whole person.

Guilt or shame often governs preaching in the context of worship; consequently, unhealthiness increases as relationships are sacrificed and frustrations elevated. This is the inherent danger in the old approach to building healthy churches, for it ends up separating the healthy intimate relationship process dynamic from producing the characteristics of a healthy church. Growing healthy churches calls for a holistic approach.

This dissertation evaluated the holistic changes resulting from an eight-sermon series. Proclaiming the biblical principles of church health sought to bring about affective, behavioral, cognitive, relational, and spiritual changes in the adult worship participants of each church. The proclamation of these church health principles continued over a period of eight weeks and used a narrative preaching approach. Such preaching cast a vision of a healthy church in hopes of preaching a church from where it was to where it needs to go. The research instruments tested for the holistic response of each person hearing these sermons.

Research Questions

Leading a church toward better health through narrative preaching divides into two parts: the sermons themselves and the impact upon the lives of those who hear them. Three research questions guided the study and reflect these two components. The three questions were as follows.

Research Question #1

What patterns of affect, behavior, knowledge, relationships, and spirituality concerning church health characterize each congregant before the implementation of this preaching program?

The answer to the first research question provided a baseline reading of the congregant's spirituality, behaviors/relationships, knowledge, and feelings regarding church health principles before the introduction of the independent variable, which was the sermon series on developing a healthy church. This measurement was needed to help determine how much, if any, change occurred in the congregant's knowledge, affect, and behavior in relation to biblical principles of church health.

Research Question #2

What changes occur in each congregant's patterns of affect, behavior, knowledge, relationships, and spirituality concerning church health following the sermon series?

This research project is built on the premise that a preaching program of biblical church health principles (independent variable) would positively influence church health—measured in terms of affective, spiritual, cognitive, behavioral, and relational change in congregants. The mid study and poststudy interviews along with the poststudy questionnaires answered this research question.

Research Question #3

What elements of the sermon design and delivery assisted each congregant toward a fuller experience, understanding, and practice of church health principles?

The preaching literature reviewed for this study highlights the use of narrative preaching, conversational style, life application, and emotional appeal as elements which strengthen the listener's, affective, behavioral, cognitive, relationship, and spiritual responses to the sermons. A scale for each of these elements was developed for use in the poststudy questionnaires. Additional insights were also provided by the mid-study and poststudy interviews.

Population and Sample

The population for this study consisted of all the adult worshipers who attend Sunday worship services once a month at White Oak UMC and Gibson Memorial UMC. For the purposes of this study, population and sample were the same.

Given the criteria for inclusion in this study and its eight-week span, a very low possibility exists that some of the population group may miss a majority or every sermon in the project series. In order to monitor the number of sermons each participant heard, all respondents were asked to mark a checklist of Sunday worship services attended (see Appendix G).

The average Sunday worship attendance for 1999 for Gibson Memorial UMC and White Oak UMC was fifty-nine and fifteen respectively, including children and adults. The sample of experimental subjects from this larger pool consisted of sixty-two members systematically selected from the church attendance records.

Methodology

This project was a time series study in the quasi-experimental mode. It utilized a pretest, posttest design with no comparison group. It included a qualitative interview measure at the midpoint and following the series. The adult worshipers at White Oak and Gibson Memorial UMCs served as one test group. The responses of the two churches were treated as one whole group.

A prestudy questionnaire was administered to each congregation three weeks before the first church health sermon. The prestudy questionnaire provided a foundation reading of the respondent's feelings, behaviors, knowledge, relationships spirituality in relationship to church health.

The poststudy questionnaires retained the church health questions in exactly the same form as presented in the prestudy questionnaire. In addition, the poststudy questionnaires asked the respondents to identify elements of the sermon design and delivery that assisted them in coming to more complete experience, understanding, and practice of church health principles.

Monitoring the number of church health sermons heard by each participant via a checklist of Sunday worship services attended provided a means of measuring whether the number of sermons heard influenced the responses of the congregants.

The elements of the sermon design and delivery presented for response in the questionnaire were the same as were discussed in the homiletic portion of the literature review. The use of narrative, a conversational delivery, and applications made to life were all chosen based on their ability to touch the affect, motivate a behavioral response, or create an atmosphere where learning could more easily occur.

I desired to preach positive church health sermons to inspire hope and not negatively to inflict guilt. In the poststudy questionnaire, the respondents were asked to rate the extent to which the sermons were preached with confidence. The composite of these elements made up the scale of positive emotional appeal.

Preaching on church health over a period of eight weeks was implemented as a part of the research design. This design insured that the congregants were exposed to the principles for developing a healthy church as an intimate aspect of Christian discipleship.

Variables

Three sets of variables were involved in this study.

Independent Variables

The independent variable was the sermon series (see Appendix N).

Dependent Variable

The dependent variable was church health—measured in terms of the affective, behavior, cognitive, relationship, and spiritual changes derived from experiencing the church health sermons. These are on the questionnaire scales (see Appendixes B and G). Church health was also measured by using interview questions related to affect, behavior, cognition, relationships, and spirituality (see Appendixes E and I).

Intervening Variables

The intervening variables in this study included: gender, age, educational level, years of attendance, and number of Sunday worship services attended. Each questionnaire monitored these variables by their inclusion on each form with the other questions. The questionnaire stated these intervening variables with the exception of gender in terms of range.

Delimitations and Generalizability

The motivation for this study arose as a result of my interest in and from the needs perceived within Gibson Memorial UMC and White Oak UMC. The need for understanding and practicing the principles of church health was recognized in both congregations, thus creating an atmosphere for receptivity. The study was limited to adult worship participants in each church. I believe that similar outcomes of this study could be replicated in congregations of similar size and receptivity.

The sermon was the chosen format (independent variable) for this particular study. No attempt was made to consider how other formats (lectures, workshops, role-playing, media, or any combination of these options) would serve to strengthen each congregant's affective, behavioral, cognitive, relational, and spiritual responses with regard to the biblical principles of church health. Since Scripture is the source of the homiletical content, I assumed a favorable response when biblical passages on church health principles are shared in a way that faithfully communicates the meaning of the Bible and engages the listeners and invites their response.

Instrumentation

A researcher-designed questionnaire measured the affective, cognitive, behavioral, relational, and spiritual responses of the population with respect to their experience of church health principles. This questionnaire was administered before the sermon series and again at the end of the sermon series.

A mixture of twenty-five questions composed the church health portion of the questionnaire. Each question fell into one of five scales (see Appendix J). Respondents were asked to indicate to what degree they had changed in the five dimensions of church health.

The poststudy questionnaires included an additional twenty-two questions. Respondents were asked to indicate to what degree various sermon elements impacted their development in church health (see Appendix K).

Various members of the Research Reflection Team were trained to conduct some qualitative interviews of people in each congregation with researcher-designed questions. They interviewed those hearing four or fewer sermons at the midpoint. Later, they interviewed those hearing five or more sermons at the end of the series.

Validity

Two levels of validity were sought for the independent variable. Other knowledgeable people, in this case other preachers, who could verify or challenge my presentation of the biblical material, reviewed each of the eight sermons. Dr. Richard Bergstrom's and Rev. Thomas R. Fischer's positive review provided a level of face and content validity of the sermons.

Data Collection

Insuring confidentiality in this study goes beyond ethical considerations. It involves the practical issue of providing confidentiality and clearly communicating the promise of it in a situation where people are threatened by answering questions about their feelings and knowledge about church health as well as the aspects of church health that concern their spirituality, behavior, and relationships.

Confidentiality and Anonymity

I assured the respondents of confidentiality and anonymity in the cover letter that accompanied the mailing of the pre- and poststudy questionnaires (see Appendixes A and F). To provide this level of anonymity, each questionnaire instructed the respondent to create a personal code that he or she used in responding to both questionnaires. This

method of coding allowed me to track changes in the individual respondents over time as well as to note the composite for the entire sample. Only subjects who completed both pretest and posttest questionnaires became a part of the research data pool.

The members of the Research Reflection Team provided the interviewees confidentiality and anonymity by serving as the interviewers and not placing the interviewee's name on the response sheet that I saw.

Questionnaire Administration

Three weeks prior to the first church health sermon, the pretest questionnaire was mailed to all adult worship participants of the Gibson Memorial UMC and White Oak UMC who attended worship at least once a month. The questionnaire was mailed with a cover letter explaining the project, assuring confidentiality, and requesting a response. A self-addressed, stamped envelope was included for returning the questionnaire. In addition, a member of the Research Reflection Team made a public announcement about this upcoming project during the announcement section of the worship service.

The return date for the response was given in the cover letter and again on the questionnaire. The return date given was the Friday before the Sunday when the first church health sermon was to be preached. To encourage a stronger response rate, I placed a reminder note in the announcement section of the bulletin each Sunday after the mailing until the first sermon was preached. The Sunday before the first church health sermon, I gave a public reminder during the announcement section of the worship service, encouraging those who had not yet mailed their responses to do so during the coming week. A thank you and reminder postcard was mailed to all questionnaire recipients one week following the mailing of the prestudy questionnaire (see Appendix C).

The poststudy questionnaire was mailed during the week following the eighth and final sermon in the church health project, again, and using the same mailing list. Encouragement was offered via printed and verbal worship announcements. Thank you and reminder postcards were again employed to encourage an increased response rate (see Appendix H).

Interview Administration

Following the preaching of the fourth church health sermon, a member of the Research Reflection Team interviewed those hearing four or less sermons. After the preaching of the last sermon in the series, the team interviewed those hearing five or more sermons. To encourage cooperation, I mailed a letter to potential participants for the mid-series sermon interviews (see Appendix D). In my cover letter about the posttest questionnaires, I also mentioned the final interviews.

The interviewees were trained for this process. They introduced themselves, explained their purpose, assured the interviewee of confidentiality and anonymity, requested the person's permission and asked for a mutually acceptable time to complete the interview.

Data Analysis

The data gathered in the questionnaires were interpreted utilizing t-tests and analysis of variance. Data analysis was conducted with the assistance of the Survey Research Laboratory Regional Development Services at East Carolina University in Greenville, North Carolina. Raw data were analyzed with the use of SPSS statistical software. Teddy E. Weathersbee-Kardash at (UNC-G) in Greensboro, North Carolina using Ethnograph v5.0 analyzed the data gathered in the interviews. Dr. Rebecca Adams, chair of the Sociology of Department at UNC-G, highly recommended her former

methods student who does considerable freelance research and is quite competent using Ethnograph to analyze qualitative data. The information gathered from the five open-ended interview questions was compared and contrasted with the data gathered from the questionnaires.

CHAPTER 4

FINDINGS OF THE STUDY

I preached a series of eight sermons designed to raise the awareness of the congregations I serve to the issues surrounding the emotional, behavioral, cognitive, relational, and spiritual health of those congregations. These sermons were preached between 5 March 2000 and 23 April 2000. The outlines of these sermons are found in Appendix N.

After the sermons were preached, the poststudy questionnaires were returned, and the post-series interviews were completed, the process of assessing the data began. One might use at least two different approaches to evaluate the data. One could use a mechanistic or a whole-person approach.

A mechanistic approach would assess church health based on a single evaluative focus on institutional behavior. Such a focus asks how many people are attending, giving, serving, and praying. On the one hand, it elevates the significance of outward actions related to church involvement as an organized institutional corporation. On the other hand, it unintentionally devalues the person's thoughts, feelings, spirituality, relationships, and personal behavior related to the church as a living corporate organism. Unfortunately, these churches typically produce an inactive membership of 40 percent to 50 percent of whom half may attend monthly while the other half does not come at all and where one-eighth of the people make the church function (Hunter, *Doing Church* 4).

On the other hand, a whole-person approach recognizes that the outward actions of church involvement apart from the grace of God in Jesus Christ are unhealthy. Such a focus recognizes that the actions of attending, giving, serving, and praying are supported by a person's thoughts, feelings, spirituality, relationships, and personal behavior. The

purpose of the research contained in this paper is to evaluate the affective, behavioral, cognitive, relational, and spiritual changes in the adult worship participants of the Spring Hope United Methodist Charge as a result of an eight-sermon series on church health.

Three research questions have guided this study. What patterns of behavior, feelings, knowledge, relationships, and spirituality concerning church health characterize each congregant before the implementation of this preaching program? What changes occur in each congregant's patterns of behavior, feelings, knowledge, relationships, and spirituality concerning church health following the sermon series? What elements of the sermon design and delivery assisted each congregant toward a fuller experience, understanding, and practice of church health principles?

Profile of the Subjects

The pre-sermon and post-sermon series questionnaires were mailed to all adults of the Spring Hope United Methodist Charge who attended worship at least once a month. The total number of persons who fit this criteria was sixty-two. Fifty-five subjects (88.7 percent) returned the pre-sermon questionnaires; thirty-two subjects (51 percent) returned the post-sermon questionnaires, but only twenty-six subjects (41.9 percent) returned both. Of these twenty-six subjects, fifteen were female, and eleven were male. The ages of the respondents ranged from thirty to ninety years old. The estimated average age was sixty-seven. Nine respondents (34.6 percent) had completed grades 1-12; nine (34.6 percent) had completed college; and eight (30.8 percent) completed graduate school. The years of worship attendance in the churches of the Spring Hope UM Charge ranged from under one year to seventy-five years. Thirty-two years was the estimated average years of attendance.

Forty of the forty-six persons who heard four or less church health sermons completed the midpoint interviews. Due to overwhelming pressures at work and elsewhere, two members of the Charge Research Reflection Team were not able to do the interviews. One member, a retired high school chemistry teacher, graciously took on the task of completing the interviews for Gibson Memorial UMC. The member from White Oak UMC attempted to interview his congregation but failed to receive any cooperation in the process. We discussed this after these first interviews were done and decided not to press the issue of the post-sermon interviews with White Oak UMC. This same member willingly telephoned people up to complete the post-sermon interviews after the conclusion of the sermon series. While thirty-two heard five or more sermons, only twenty-four completed the interview process from Gibson Memorial UMC.

Reliability

The questionnaire (see Appendixes B and G) used for this study was a researcher-designed instrument made up of nine scales. Questions 5 through 30 form the church health scale. The church health scale is the composite of five subscales: Affect, Behavior, Cognition, Relationships, and Spirituality. The four sermon scales presented in the poststudy questionnaire (numbers 31-52) are Conversational Style, Life Application, Positive Emotional Appeal, and Use of Illustration.

Respondents rated each question item on a five-point Likert scale. Negatively worded items were scored to correspond with the positively worded items in the appropriate scale. This correspondence was accomplished by giving those negatively worded questions a reverse numerical rating.

Although these scales were based on the research reported in Chapter 2, the reliability of the instrument remained in question. Each scale item was tested for

reliability using the Cronbach alpha reliability coefficient. The internal consistency reliability for the composite church health scale as a whole ranged from $\alpha = .77$ on the pretest and $\alpha = .85$ for the posttest. The reliability for the sermon scales on the posttest ranged from $\alpha = .86$ on Life Application to $\alpha = .92$ on Conversational Style. These alpha scores indicate a high degree of internal reliability for the church health scale and the sermon scales. Each scale and sub scale were tested for reliability. Table 4.1 presents the internal reliability for each of the individual scales used in the instrument.

The internal consistency reliability is acceptable at $\alpha \geq .5$ for all the scales and subscales except Behavior, $\alpha \leq .33$. However on the pretest the reliability of the Behavior subscale was $\alpha \leq .54$. The lower alpha scores on the Behavior scale may be attributed to the smaller sample of respondents completing the posttest and the much greater variance in responses. When the results of the survey were professionally evaluated, the responses to question seven were deleted because the responses to that question interfered with the reliability score of the behavior scale. I found this deletion most puzzling. Also puzzling was the indicated need to remove question eight to improve the reliability of the relationships scale.

Table 4.1 Internal Consistency Reliability of Scales

Scales	a
Church Health Composite	.85
Affect	.77
Behavior	.33
Cognition	.80
Relationships	.55
Spirituality	.64
Sermon Scales	
Conversational Style	.92
Life Application	.86
Positive Emotional Appeal	.91
Use of Illustrations	.88

Descriptive Data

Statistics for descriptive data provided a baseline reading of the subject's spirituality, behavior, relationships, knowledge, and feelings regarding church health principles before the sermon series. These statistics answer question one: What patterns of spirituality, feelings, knowledge, behavior, and relationships concerning church health characterize each congregant before the implementation of this preaching program?

Before the sermon series, the subjects scored 4.41 (on a Likert scale ranging from 1.0 to 5.0) on the composite Church Health scale (Table 4.2). The pre-sermon series Affective subscale score was 4.23, the Behavior subscale was 4.65, the Cognition subscale was 4.47, the Relationships subscale was 4.27, and the Spirituality subscale was 4.39. These data indicate that the subjects participating in this study generally approached the subject of church health positively.

The posttest measured the sermon design elements. These scores were registered on a scale of possible scores ranging from 5 (strongly agree) to 1 (strongly disagree). The mean response from the posttest scored a reading of 3.95 for Conversational Style with a standard deviation of .929. The Life Application mean response was 3.72 with a standard deviation of .808. The mean response for Positive Emotional Appeal was 3.98 with a standard deviation of .834. The mean response was 3.97 for the Use of Illustration with a standard deviation of .920. The moderate mean response and the high standard deviation reflect a wide range of response made to the preacher's use of these sermon elements.

Changes in Factors Involving Church Health from Surveys

Subject scores on the Church Health scales (Table 4.2) changed from 4.41 to 4.20 between the pretest and the posttest measures. In order to understand this change in the scores on the Church Health scale, analysis of variance tests were used to determine changes across all five measures (see Appendix L). The change for all subjects ($n = 16$) was a significant $-.21$. This is the very opposite of what I had hoped for.

Before reflecting on the possible meaning of the post-score dip, I note that the lower post-score might simply reflect the reduced number of subject responses for the posttest questionnaire. Given the small research sample, I examined each individual question of the Church Health Scales using cross-tabs analysis.

This analysis raised one issue concerning both the pretest and the posttest. In light of the small research sample, I found pretest questions 20, 22, 23, 24, and 26 to have five or more persons who answered neither agree or disagree. I wonder if it possible that this many persons did not understand the question or that they found it too difficult to answer? I also found posttest questions 16, 17, 19, 23, and 26 to have five or more persons who answered neither agree nor disagree. In addition to asking the same question

as for the pretest, I also looked at other variables.

One other variable is the strong concern for privacy in these small churches. Members may not want anyone, particularly the pastor, to know how they believe, feel, and think about these matters.

Table 4.2 Church Health Scales

Church Health Scales	Measurements						t	p ≤ .05*
	n	Pretest		Posttest				
		Mean	SD	Mean	SD			
Affect	21	4.23	.479	4.17	.539	.952	.00*	
Behavior	26	4.65	.464	4.44	.535	2.10	.01*	
Cognition	25	4.47	.476	4.25	.789	1.26	.43	
Relationships	22	4.27	.588	4.09	.627	1.17	.19	
Spirituality	22	4.39	.325	4.21	.399	-2.47	.00*	
Composite	16	4.41	.285	4.20	.450	1.99	.08	

*indicates statistical significance

Affect

The change score between the pretest and the posttest measure on the Affect subscale was -.06. The standard deviation increased by .06.

The Affect subscale was analyzed. Question 6 (“I feel that my attitudes toward those in my family influence my relationships within the church.”) declined from a pretest strongly agree of 60 percent to a posttest strongly agree of 50 percent with the decline occurring among the female subjects. The moderately agree score increased from 32 percent to 34.6 percent. Only 4 percent of the subjects moderately disagreed on the pretest while 11.5 percent strongly disagreed on the posttest.

Question 13 (“I feel loved by this congregation.”) declined from a strongly agree of 60 percent to 50 percent. The decline occurred mainly among the male subjects. The moderately agree percentage increased from 40 percent to 46.2 percent without any

moderately or strongly disagree. Possibly, the male subjects feel less loved and more isolated than do the female subjects.

Question 14 (“I feel that the love of this congregation attracts others.”) declined from a strongly agree of 42.3 percent to 38.5 percent. The decline only occurred among the male subjects. The moderately agree percentage increased from 42.3 percent to 46.2 percent with only 3.8 percent in the posttest moderately disagreeing .

Question 18 (“This church shines forth the love of Jesus Christ for one another and for others.”) maintained a strongly agree of 38.5 percent with more women in the posttest than in the pretest. The moderately agree percentage decreased from 53.8 percent to 42 percent. Only 7.7 percent moderately disagreed in the posttest.

Question 20 (“I feel free to share my struggles with my fellow church members.”) maintained a strongly agree of 19.2 percent. The moderately agree percentage increased from 46.2 percent to 61.5 percent. The moderately disagree declined from 11.5 percent to 3.8 percent. The results were probably impacted by a high neither agree or disagree of 23.1 percent on the pretest. These six persons only reduced by two females for the posttest. Three of the four persons on the posttest, all elderly males, had heard five or more sermons. Thus, they may not feel that they now have as many friends as they once had with which to share their struggles.

Question 24 (“It is as easy for me to say, ‘I love you’ to church members and really mean as it is for me to say it to my spouse.”) declined from a strongly agree of 32 percent to 29.2 percent. The decline occurred only among the female subjects. The percentage of those moderately agreeing declined from 44 percent to 37.5 percent. The percentage of those moderately disagreeing increased from 4 percent to 16.7 percent mainly among the male subjects. Again, the results may have been influenced by five

persons who responded neither agree or disagree on the pretest.

Question 30 (“I feel this church shines forth the love of Jesus for one another and for others.”) is an almost identical repeat of question 18. Because of an oversight question 30 was included in the analysis. It asked people if they felt that the church shines forth with the love of Jesus. The strongly agree score declined from 44 percent to 38.5 percent given the decreased response of the male subjects. The moderately agree score declined from 48 percent to 42.3 percent. These results may have been influenced by five persons who responded neither agree or disagree on the posttest. Four of the five persons heard five or more sermons.

Behavior

The change score between the pretest and the posttest measure on the Behavior subscale was $-.21$. The standard deviation increased by $.071$. This increase in the standard deviation probably led the pretest reliability score to drop from a $.54$.

The Behavior subscale was analyzed. Question 7 (“My personal moral actions have no impact upon the health of the church.”) increased from a strongly disagree of 57.7 percent to 64 percent. The increase came primarily from the male subjects. The percentage disagreeing declined from 15.4 percent to 12 percent and that only among the female subjects. The percentage of those who agreed or strongly agreed remained stable with three of the four being older females.

Question 12 (“I actively seek to fulfill the responsibilities that I agree to do as a church officer or volunteer.”) declined from 65.4 percent to 50 percent. The percentage of those moderately agreeing increased from 30.8 percent to 34.6 percent. Only 3.8 percent moderately disagreed on the posttest. This response is a more honest assessment of how actively responsible subjects are in their church office.

Question 27 (“I seek to behave myself at work in a way that I am a good Christian witness.”) declined from 73.1 percent to 57.5 percent. Those responding moderately agree increased from 23.1 percent to 42.3 percent.

Cognition

The change score between the pretest and the posttest measure on the Cognition subscale was $-.22$. The standard deviation increased by $.313$.

The Cognitive subscale was analyzed. Question 10 (“The Holy Spirit empowers this church to be Jesus’ witnesses.”) declined from a strongly agree of 76.9 percent to 65.4 percent. Those responding moderately agree increased from 19.2 percent to 30.8 percent.

Question 17 (“Teaching and preaching on church health by our pastor is important to our congregation’s well-being.”) increased from 42.3 percent to 53.8 percent primarily among the female subjects. Those responding moderately agree declined from 46.2 percent to 19.2 percent. One factor impacting the posttest score involved the increase in subjects choosing to respond neither agree nor disagree from 11.5 percent to 19.2 percent. While all five were elderly, four of them were male. Two of these subjects had heard five or more sermons. Only on the posttest did 3.8 percent of the subjects answered moderately disagree or strongly disagree. This response showed a greater appreciation for the sermons on church health following the series.

Question 21 (“Teaching and preaching on church health is important to our congregation’s well-being.”) is an almost identical repeat of question 17. Question 21 decreased from 48 percent to 38.5 percent primarily among the male subjects. The moderately agree score decreased from 36 percent to 30.8 percent. On the posttest, only 7.7 percent of the subjects responded either moderately disagree or strongly disagreed.

Question 22 (“Church health should not be discussed in church.”) maintained a strongly disagree of 57.7 percent between the two tests. The disagree score declined from 11.5 percent to 3.8 percent. One factor impacting both the pretest and the posttest score involved a high neither agree or disagree score of 19.2 percent to 23.1 percent respectively. All five of these subjects on the pretest and all six on the posttest were elderly with many years of attendance. Half of the subjects on the posttest had heard four or less sermons while the other half had heard five or more. The agree score increased from 3.8 percent to 7.7 percent. Those responding strongly agree remained stable at 7.7 percent. This response paralleled the response to question 17 and affirmed the value of discussing this topic in church.

Question 25 (“A healthy church sees itself as a living body of Christ.”) decreased in its strongly agree score from 88.5 percent to 69.2 percent. Those replying moderately agree increased from 11.5 percent to 26.9 percent. Since nineteen subjects out of twenty-six respondents to the posttest also heard five or more sermons, grasping an organic view of the church in place of a mechanistic view remains a growing edge.

Relationships

The change score between the pretest and the posttest measure on the Relationships subscale was $-.18$. The standard deviation increased by $.039$.

The Relationships subscale was analyzed. Question 8 (“My relationship with my spouse is an important qualification for a church leader in this church.”) declined in strongly agree from 58.3 percent to 41.7 percent. The moderately agree scores went up from 25 percent to 50 percent. This response showed people are wrestling with this issue.

Question 11 (“I try not to let the sun go down on my anger so that the devil does not get a foothold in this church.”) went down from a 61.5 percent to a 46.2 percent

strongly agreeing, the decline coming from the male subjects. At the same time, the moderately agree percentage increased from 38.5 percent to 53.8 percent. This may reflect a more honest response among the men in dealing with their anger.

Question 19 (“It is important to be so spiritually focused that you worship the Lord and work with the pastor without confusing the two.”) declined from 54.2 percent to 50 percent strongly agreeing mainly from the male subjects. The moderately agree percentages decreased from 37.5 percent to 20.8 percent due mainly to the male subjects. One factor impacting the posttest score involved the increase neither agree nor disagree percentages from 4.2 percent to 25 percent, due mainly to the response of the male subjects. Since many of these subjects heard five or more sermons, this difference remains a growing edge. Only 4.2 percent strongly disagreed on the pretest and 4.2 percent moderately disagreed on the posttest.

Question 26 (“I shared a meal with someone in the church so that I could get to know him or her better.”) declined from a strongly agree of 30.8 percent to 24 percent and a moderately agree of 34.6 percent to 28 percent mainly because of the male subject response. One factor impacting both the pretest score and the posttest score involved the high number of subjects answering neither agree or disagree, 34.6 percent to 36 percent respectively. The percentage went up on the posttest mainly due to the male subjects. While they may have misunderstood the question on the pretest, the eight subjects on the posttest heard equally about the same number of sermons. This remains a growing edge. Those responding moderately disagree increased from 3.8 percent to 8 percent. Only 4 percent strongly disagreed on the posttest.

Spirituality

The change score between the pretest and the posttest measure on the Spirituality subscale was -.18. The standard deviation increased by .074.

The Spirituality subscale was analyzed. Question 5 (“I pray for my pastor, leaders, and other members.”) increased from a pretest strongly agree of 61.5 percent to a posttest score of 69.2 percent. Those responding moderately agree declined from 34.6 percent to 26.9 percent. This response shows some growth in the area of prayer.

Question 9 (“I minister to others through my spiritual gifts.”) decreased from a pretest strongly agree of 34.6 percent to a posttest of 23.1 percent due to the response of the male subjects. At the same time, the pretest moderately agree of 57.7 percent increased to the 65.4 percent. This response may reflect a more realistic response to an area needing further ministry.

Question 15 (“The compassion of Jesus Christ leads me to reach out to the unchurched.”) followed a similar pattern to question 9. The pretest response of 53.8 percent strongly agree decreased to a posttest result of 26.9 percent strongly agree due to the response of the male subjects. The pretest response of 46.2 percent moderately agree also increased to a posttest result of 57.7 percent. This response may reflect a more honest reply given the decline in the strongly agree score and the increase in the standard deviation.

Question 16 (“Church health depends upon a passionate relationship with Jesus Christ.”) increased from a pretest strongly agree of 65.4 percent to a posttest of 69.2 percent due to the response of the female subjects. One factor impacting the posttest score involved 23.1 percent of the respondents saying that they neither agree or disagree. Since these six persons attended five or more sermons, they either did not understand the

question, or their response reflects that their relationship with God is a growing edge for them. Otherwise, this response showed that some grew closer in their relationship with God.

Question 23 (“God gives me discernment concerning spiritual warfare attacks upon this church.”) decreased from a pretest strongly agree response of 20 percent to a posttest of 16 percent. This happened due to an increase in the strongly agree response of the female subjects with a decrease in the strongly agree response of the male subjects. While the posttest moderately agree response also declined from 48 percent to 32 percent, the neither agree nor disagree response increased from 32 percent to 40 percent. These eight persons may not have understood the question on the pretest. While most of the ten persons on the posttest had heard five or more sermons, they may have missed the one sermon dealing with this aspect of church health. However, given that I have preached sermons related to spiritual warfare here, this topic may also be a growing edge for some. Furthermore, 12 percent emerged as moderately disagreeing on the posttest.

Question 28 (“Because of my dedication to Jesus Christ, I attend church activities willingly.”) decreased from a strongly agree pretest score of 64 percent to a posttest strongly agree of 57.7 percent. This decrease occurred due to an increase in the strongly agree response of the female subjects with a decrease in the strongly agree response of the male subjects. The moderately agree response increased from 36 percent to 38.5 percent between the two tests. This response demonstrates a more realistic self-appraisal.

Question 29 (“I participate in morning worship, Sunday School, Bible Study and prayer to grow closer to God.”) maintained a strongly agree score of 57.7 percent between the pre- and posttests with the same number of male and female subjects. The posttest score was also impacted by a moderately agree score that declined from 34.6

percent to 30.8 percent.

Changes in Factors Involving Church Health from Interviews

By research design, the survey questionnaires were not the only measure of the Church Health elements. Mid-series and post-series interviews served to put a more personal face on the quantitative data. The ethnographic analysis of the mid-series and post-series interviews supplied this qualitative data in a quantitative form (see Appendixes E and I). Kathryn Bowen in her 1996 Internet article, “The Sin of Omission-Punishable by Death to Internal Validity: An Argument for Integration of Qualitative and Quantitative Research Methods to Strengthen Internal Validity,” argues that the combination of these two research methods strengthens the internal validity of a project.

The interview data analyst developed a coding dictionary of twenty separate words (see Appendix M). The frequencies for the occurrence of these twenty code words across the two data files (Midpoint and Post) were printed out for me.

Question 1

The first interview question asked, “What have the sermons about church health taught you?” At the midpoint, 7 percent of the respondents mentioned becoming more aware of church health. At the post, the same percentage still mentioned awareness. Many of these statements also used the phrases church health or healthy church. The percentage of these health responses increased from 25 percent to 27 percent.

With the first four sermons focusing upon God and loving relationships, I was not surprised at these higher response rates at the midpoint than on the post for those responses coded God, love, and relations.

A sample of the first group of significant cognitive responses included the following:

the importance and need to be a healthy church;
our everyday life is part of church health;
church health is foundational to sharing God's love with others;
church health takes much time and nurturing;
need to be more alive in the Lord;
need to talk out problems for a good healthy relationship;
how people should relate with each other to be a healthy church;
the importance of taking time to develop a healthy church;
church has a long way to go to be where (we) need to be in our church health;
in-depth examination of my belief in church health;
We need to be in prayer for spiritual answers; and,
Focus more on Christ.

From Interview Question 2, three of the midpoint responses coded awareness and four of the five midpoint responses coded health, more appropriately fit here. The awareness responses included: "These sermons have gotten my attention more than usual, things we really need to hear as a congregation," and " Gave me something to think about—how we might improve our church." The health responses included:

Relating what is going on in everyday life as being a part of church health;
Realized that church health is the foundation of a healthy atmosphere in which to share the love of God;
More aware of how my attitudes, behavior, etc. affect the church's health;
and,
I am trying to be more attentive to what constitutes a healthy church.

The midpoint responses to question 1 many times mentioned God (11 percent) or solidarity (27 percent). For example, two responses from the midpoint state, "Our need to

be aware of the need to be a healthy church. Put God at the head of the Church. Members need to be a team,” and “Importance of opening up ourselves and listening to God.”

Seven post-series responses commented about the church needing both more awareness and work on this subject. Others found the sermons helpful to focus their attention on the subject; to realize how much nurturing and time is needed to improve church health; to look at church health in a different light; and, to grasp what things a church needs to do to help improve its health. The midpoint responses also mentioned God, love, and relations more than the post-series did. The solidarity responses of 27 percent at the midpoint jumped to 43 percent at the post-series.

Some outstanding midpoint series interview responses coded solidarity included the following:

need to work together as a body and not as individuals;

we must be a united team;

takes team work and everyone using his individual gifts to make a healthy church;

church health is the responsibility of everybody, not just the preacher; and,

how important (unity) is to church growth.

The percentage of negative responses decreased from 5 percent to 2 percent.

The increase in the neutral response from 33 percent to 54 percent is a bit misleading.

Upon closer examination, only seven of the eighteen responses on the midpoint and four of the twenty-two responses on the post-series were coded neutral, nothing, or no answer.

In addition to neutral, the other eleven and the other twenty responses were also coded: health, relations, God, awareness, self, love, or solidarity.

The seven midpoint responses coded neutral, nothing, or no answer included:

“nothing;” “nothing I did not know;” “no idea;” “moderate amount;” “I do not know;”

“not a lot;” and, “nothing.” The four post-series interview responses coded neutral, nothing, or no answer included: “I do not know;” “nothing;” “not a thing I did not know;” and, “I don’t know.”

A stable 17 percent answered nothing in both the midpoint and the post-series. Four of the seven responses on the midpoint were coded nothing, negative, or neutral while all four on the post-series were coded the way discussed previously.

I looked more closely at these four midpoint interview sheets. One respondent who answered nothing gave their answer for questions one and two later. Their answer to question three stated, “Good reminder of where our priorities should be.” The three other respondents continued their negative responses throughout the interview. I also examined the four post interview sheets. While one respondent stated they did not know in question a, his or her response in question 2 answered question 1 by saying, “Good points about spiritual health. Thinking about them.” The remainder of another interview stated that the sermons were good and enjoyable and that he or she liked the style. This respondent was neither aware that the congregation needed to make any changes or what affect the sermons had on them. The third respondent communicated that these sermons reinforced his or her own beliefs, and the sermon style kept him or her awake. A respondent continued to respond negatively throughout the interview.

Those responding with no answer decreased from 7 percent to 2 percent. The responses focused on stories increased from 0 percent to 4 percent. One person’s comment will be discussed under question 4 about mechanics.

The responses about love and relations concerning church health included the following: “We need to be more healthy in our relationship with God and each other;” and, “Love (God-like love) is important to church health. We need to get along with each

other.”

Two of the six responses from the midpoint and two of the three from the posttest coded “self” dealt more with spiritual growth. These responses were included in the discussion about question 2. The same is true of the one post response coded “prayer.”

Two post interview solidarity responses reflected a focus on number crunching, with statements like this one, “We need to be paying more attention to our church health. Especially in attendance and financial support.” One post response called for us to improve church health relationally by working together.

The following midpoint positive awareness response to question 4 fits better with question 1. The respondent states: “The sermons have gotten to me and made me more aware of the need for us to be together as a body.” In addition, midpoint and post interview responses to question 5 coded “positive awareness” belong with question 1. The respondents stated: “Series is needed to make us more aware,” and, “I believe that these sermons have many people thinking about things that they have not thought about before.”

Question 2

The second interview question asked, “How have these sermons impacted you spirituality?” The midpoint responses mention of God increased from 11 percent to 25 percent on the post-series interviews. Responses with a positive tone went up from 15 percent to 24 percent. The responses about prayer also went up from 0 percent to 4 percent. Solidarity responses went up from 4 percent to 6 percent. Answers focused on self declined from 25 percent to 19 percent. The negative responses declined from 2 percent to 0 percent. The responses about relations remained stable at 4 percent.

Those coded God increased from 11 percent on the midpoint interviews to 25 percent on the post-series interviews. The midpoint series interview responses spoke of: being aware of the need to stay close to God and carry this over into church; the need to depend on and put our trust in God; the need to be more open to God's message; and the realization that my personal relationship with God needs nurturing. The post-series interview responses included the following: "reminded me to look at the Bible for confirmation of my opinions;" and "important to take time daily to meditate on Christ in my life."

Responses that were positive in tone included:

My enthusiasm for my church is increasing;

Yes, I have felt the pull of the Spirit;

The services have uplifted me and make me take a look at my spirituality;

Strengthen the concept that I have a place in the church;

I'm more concerned about my fellow church members; and,

It has helped me to be more versed in the Scripture reading relating to church health.

Solidarity responses included:

Made me more aware of the need for unity in a diverse group of people;

Helped me to understand how the church is impacted by my spirituality;
and,

Made me feel that I want to be part of the church.

Seven of the eight responses coded "self" focused on spirituality. Some of these responses included:

Yes, I have become aware of my need to work toward strengthening my faith;

To pause and quietly reflect;

Made me examine the way I look at things;

A deeper understanding of how my part fits into the Gibson puzzle;

Making me look at myself. Am I a person who would be an advantage to the church or one that is just there with no impact?;

These sermons have caused me to reflect on who and where I am and where I should be; and,

My spiritual attitude has improved.

Spirituality responses coded “self” from question 1 included the following:

Made me more aware of how little I have been worshiping;

More in depth examination of my belief in church health; and,

To examine my spirituality in more depth.

Other spirituality responses coded “some impact” from question 3 stated:

Reinforced my desire to live a more spiritual life;

Made me think that I need a strong relationship with God to be strong in the church family;

It has helped me to meditate;

I find myself stopping to pray about something before speaking;

Reinforced my own beliefs; and,

Working on helping the family to be more spiritual.

Surprisingly, the neutral responses increased from 61 percent to 75 percent from the midpoint series interviews to the post-series interviews. Nineteen of the twenty-seven responses coded neutral on the midpoint were also coded with other words. Only eight of the twenty-seven were purely neutral in their answers on the midpoint. This time four of the nine were purely neutral answers. Each one of these coded replies was also coded “no impact.”

Respondents stating no impact as an answer dropped from 11 percent to 9 percent. Those responding nothing decreased from 1 percent to 0 percent.

The some impact responses declined from 39 percent to 35 percent. Only one of the thirty-one responses coded “some impact” was not labeled anything else on the midpoint. The same was true of one of the nineteen responses coded “some impact” on the post interviews.

Only on the midpoint interview did 5 percent of the respondents mention something about preaching mechanics. This was also true of both the awareness (7 percent) and the health (11 percent) responses. The mechanics response will be discussed under question 4. Four of the five health responses were discussed with question 1.

Question 3

The third interview question asked, “In what ways have these sermons impacted your attitudes, behavior, and/or relationships?” Like peeling an onion, the responses to question three and those related to it brought the data to some core issues.

The code responses of some impact remained stable between 35 percent and 33 percent for each set of interviews respectively. Within forty-eight responses of this large code group are nine subgroups. They are awareness, health, God, positive, love, outreach, relations, and solidarity.

The midpoint series interview response coded “awareness” said the sermons have been a “good reminder of where our priorities should be.” However, a post-series interview response shared the following, “I didn’t know that we needed to make any changes.”

The health responses from the midpoint interview spoke of a greater perception of how their attitudes, behavior, etc., affect the church’s health. The two post-series

interview responses spoke of reflecting upon church health, greater concern for church health, and reflecting upon depending on God for our health.

One of the two midpoint responses coded “God” spoke of having “a warm and comfortable feeling about the members striving to be a family with Christ as the head.” A positive post-series interview respondent stated, “The sermons emphasized the feeling that I already had. Moved my feelings from the back burner to the front burner.”

One midpoint response coded love stated, “Trying to let this attitude of love and concern be part of all my undertakings.” Two midpoint responses expressed a loving focus on outreach by statements like, “More aware that I need to reach out to the people that I do not know,” and “To reach out and be nicer to people.”

By far the largest subgroup within the some impact code was those sixteen responses also coded “relations.” They included the following statements:

By being more mindful of getting along with other people. Trying to be open to different viewpoints and handling what relates to the overall goals of the church;

Deeper concern about attitudes and relationships;

Trying to be more forgiving;

To be more patient with both personal and social contacts;

I am trying to strengthen my relationships with people;

Thinking more about putting aside petty issues. How wonderful to be growing as a family;

Not to listen to petty thoughts but put forth our concern and love for one another;

Trying to be more tolerant by understanding the viewpoint of others;

I am more inclined to be a peacemaker when there is tension between groups;

I now want to reciprocate and love all things;

Reinforced my thinking about relationships;

I am trying to be more considerate of others;

More aware of things to work on in my church life and my personal life;

Helped me to be more aware of what is going on around me. I am trying to understand the feelings of others; and,

Less critical of others.

From five of the respondents to question two, a midpoint series response and post-series response coded “relations” and a midpoint series response coded “self” included: “Made me realize any differences in our church can be solved by Christ-like love—working with and understanding each other;” “Made me realize that at times any of us can be judgmental;” and, “I am more patient and understanding.”

The second largest subgroup within the some impact code was those thirteen solidarity responses. Some of these responses were:

Feel comfortable about the church. I feel that I am part of the family;

Want to be closer to people and to be more involved;

Trying to focus on ways to be more involved;

Trying to be more concerned about my church activities;

Made me want to be more active in the church;

Deep thoughts about me and my relationship within the church family;

I hope that this will pull the church members into a healthy unit;

Made me more in tune with other people in the church;

Made me more aware of the church as a whole. Even if we disagree, we must work together and accept what is going on for the good of the church;

I feel like that for our church to be healthy, we need to work together in a spirit of compromise;

More at peace within myself and hope that I project this to my family and coworkers;

More concerned about our church health. We need for fellow members to work together;

Believer in helping develop attitudes of unity; and,

If everybody's talents are used effectively, good things can happen.

Responses coded negative fell from 17 percent to 5 percent. Two of the four midpoint responses spoke of a negative response to a specific sermon. These two represent 4 percent of the total midpoint responses that will be included in the discussion on question 4. Contrary to the positive atmosphere and good humor that I remember from the Sunday when the aforementioned sermon was preached and the affirming comments offered at the door after the services, two people were turned off or left with a negative attitude following the sermon on "Coaches and Players." One post-series interview response to question 3 was coded "no impact" as well as negative. It stated: "I'm too old to change my ways."

A surprising jump in the responses coded no impact puzzled me. The increase was a jump from 8 percent on the midpoint to 20 percent on the post-series interview. Six of the seven coded no impact from the midpoint were also the six coded neutral. Only one midpoint response coded no impact was also coded negative. Eight of the nine post-series interviews coded no impact were also the seven coded neutral from the midpoint. Only one post-series interview response coded no impact was also coded negative. They viewed themselves as too old to change their ways. The no impact neutral responses included the following: "No way;" "Still trying to determine;" "None;" "Do not know;" and, "No real effect."

Fifty-four percent of respondents was coded neutral on the midpoint interviews. They surprisingly increased to 80 percent on the post-series. They were also coded either relations, some impact, solidarity, and no impact. None of these was coded purely

neutral. The neutral responses on the post-series interviews were also coded either no impact, some impact, relations, solidarity, health, prayer, and awareness. Again, none was purely neutral. This particular code seems to contribute nothing to the interpretation of the interviews.

Sermon Attendance

Analysis of variance tests was used to determine if those who heard five or more sermons were impacted more than were those who heard four or less sermons. Overall, those hearing five or more sermons scored higher than those who heard four or less (see Table 4.3).

Table 4.3 Sermon Attendance and Church Health Scale

Number of Sermons Heard	Frequency	Mean Score
0	2	4.38
3	1	3.63
4	3	4.09
5	2	4.76
6	4	3.92
7	6	4.36
8	3	4.35

The mean score for the subjects who heard zero to four sermons is 4.11. The mean score for the subjects who heard five or more sermons increased to 4.29. Of the twenty-six subjects, 73 percent heard five or more sermons (see Table 4.4).

Table 4.4 Number of Sermons Attended

Sermons Attended	Frequency	Percent	Cumulative Percent
0	3	11.5	11.5
3	1	3.8	15.4
4	3	11.5	26.9
5	2	7.7	34.6
6	4	15.4	50.0
7	7	26.9	76.9
8	6	23.1	100.0

In general, a positive correlation exists between sermon attendance and the mean score on the church health scale. The posttest correlation is $r = .068$. While the correlation is very weak, the relationship between the variables is positive. This correlation seems to support the hypothesis that the sermon series will have a positive effect in affecting the church health experience of the subjects.

Sermon Elements

The four sermon scales stand on their own (see Table 4.5). Unlike the church health scales, the sermon scales were not measured in composite form. One measurement for sermon scales was taken at the completion of the sermon series.

Table 4.5 Sermon Scales

Sermon Scales	n	Mean	SD
Conversational Style	22	3.95	.92
Life Application	22	3.72	.80
Positive Emotional Appeal	21	3.98	.83
Use of Illustrations	22	3.97	.92

Given the small research sample, I examined each individual question of the Sermon Scales using cross-tabs analysis. This analysis raised one issue in particular. In light of the small research sample, I found posttest questions 31, 32, 33, 35, 36, 37, 38, 39, 40, 41, 44, 47, 48, 49, and 51 to have five or more persons who answered neither agree nor disagree. Did this many persons not understand the question or find it too difficult to answer? I then looked at other variables.

First, I noted the low mean score for each Sermon Scale and each sermon question (see Appendix L). Three of the four sermon scales approached a mean score of 4.0. The mean score of Life Application was .25 below the lowest of the other three. I deduced that the high number of subjects giving an ambiguous response to so many

sermon questions as noted above kept the mean scores low. Second, I examined each sermon question in light of those who heard four or less sermons and those who heard five or more sermons without the ambiguous answers. Overall, a higher percentage of those hearing five or more sermons responded strongly agree than those who heard four or less (see Table 4.6).

Table 4.6 Response to Preaching Questions and Sermons Heard

Question	Sermons Heard		SA
Conversational Style Scale			
39	5 or more		44.4%
	4 or less		40%
42	5 or more		38.9%
	4 or less		20%
43	5 or more		47.8%
	4 or less		20%
48	5 or more		36.8%
	4 or less		33.3%
49	5 or more	SD	31.6%
	4 or less	SD	16.7%
50	5 or more		42.1%
	4 or less		16.7%
Life Application Scale			
32	5 or more		11.8%
	4 or less		16.7%
40	5 or more	SD	44.4%
	4 or less		
44	5 or more		27.8%
	4 or less		16.7%
46	5 or more		33.3%
	4 or less		16.7%
51	5 or more		36.8%
	4 or less		

Table 4.6 Continued

Question	Sermons Heard	SA
Positive Emotional Appeal Scale		
31	5 or more	38.9%
	4 or less	16.7%
34	5 or more	47.1%
	4 or less	20%
35	5 or more	33.3%
	4 or less	33.3%
36	5 or more	SD 64.7%
	4 or less	SD 33.3%
37	5 or more	SD 52.6%
	4 or less	
45	5 or more	61.1%
	4 or less	3.3%
47	5 or more	17.6%
	4 or less	
52	5 or more	57.9%
	4 or less	20 %
Use of Illustration Scale		
33	5 or more	33.3%
	4 or less	33.3%
38	5 or more	21.1%
	4 or less	40%
41	5 or more	SD 50%
	4 or less	SD 50%

Note: SA stands for strongly agree. SD stands for strongly disagree.

Conversational Style

Those responding strongly agree to question 39 (“I felt like the preacher was talking with me.”) included 26.1 percent of the subjects. In addition, 34.8 percent of the subjects moderately agreed with it. Only 4.3 percent of the subjects strongly disagreed. One factor affecting this score involved 34.8 percent of the respondents saying neither agree or disagree.

Those responding strongly agree to question 42 (“At points, the sermon made me smile, laugh or chuckle.”) included 34.8 percent of the subjects. Those who moderately

agreed included 56.5 percent of the subjects. Only 4.3 percent of the subjects responded strongly disagree.

Those responding strongly agree to question 43 (“The sermons on church health communicated that the preacher cares about my life.”) included 41.7 percent. The same percentage of subjects moderately agreed. Only 4.2 percent of the subjects responded strongly disagree.

The strongly agree responses to question 48 (“The preacher had strong eye contact.”) included 36 percent of the subjects. One factor impacting the posttest score involved 24 percent of the respondents saying neither agree or disagree.

The strongly disagree responses to question 49 (“I wish the preacher would stand behind the pulpit to deliver the sermon.”) came from 28 percent of the subjects. Those moderately disagreeing included 20 percent of the subjects. Sixteen percent of the subjects responded agree and 12 percent responded strongly agree. One factor affecting the test score involved 24 percent of the respondents saying neither agree or disagree.

Those strongly agreeing with question 50 (“I was able to follow the logic of the sermon.”) included 36 percent of the subjects. Those who moderately agreed included 40 percent of the subjects. Only 4 percent either moderately disagreed or strongly disagreed.

Life Application

Those responding strongly agree to question 32 (“After I heard the sermon, I thought, ‘I can do that!’”) included 13 percent of the subjects. While 39.1 percent of the subjects moderately agreed. 8.7 percent of the subjects moderately disagreed and 4.3 percent of the subjects strongly disagreed.

The strongly disagree response to question 40 (“At times, I felt the preacher’s sermon and his life were not entirely consistent.”) included 34.8 percent of the subjects.

Those who moderately disagreed included 26.1 percent of the subjects. Only 8.7 percent agreed with this statement. An unusually 30.4 percent of the respondents said they could neither agree or disagree.

Those who strongly agreed with question 44 (“I understood how I could act on the sermon in my personal life.”) included 25 percent of the subjects. Those who moderately agreed included 50 percent of the subjects. Only 4.2 percent responded strongly disagree. One factor affecting the test score involved 20.8 percent of the respondents saying neither agree or disagree.

The response to question 46 (“It is helpful to have sermons on church health not directly connected with increasing numbers.”) received a strongly agree response from 29.2 percent of the subjects. Those who responded moderately agree were 45.8 percent of the subjects. Only 8.3 percent of the subjects responded moderately disagree and 4.2 percent responded strongly disagree. Gaining an organic view of a healthy church in place of a mechanistic view remains a growing edge for some persons.

Question 51 (“I have gained new insights as a result of hearing the sermons on church health.”) gained a strongly agree response from 29.2 percent of the subjects. Those who responded moderately agree included 41.7 percent of the subjects. Only 4.2 percent of the subjects responded moderately disagree or strongly disagree. One factor affecting the test score involved 20.8 percent of the respondents saying neither agree or disagree.

Positive Emotional Appeal

Question 31 (“The sermons in this series on church health were encouraging.”) received a strongly agree response from 33.3 percent of the subjects. The same percentage of subjects responded moderately agree. Only 4.2 percent of the subjects

responded strongly disagree. One factor affecting the test score involved 29.2 percent of the respondents saying neither agree or disagree.

Question 34 (“The sermons on church health touched my feelings and emotions.”) received a response of strongly agree from 40.9 percent of the subjects. A slightly lower percentage of 36.4 responded moderately agree. The percentage of those neither agreeing or disagreeing was 13.6. Only 4.5 percent of the subjects responded either moderately disagree or strongly disagree.

Question 35 (“The sermons were pleasurable to hear.”) received a strongly agree from 33.3 percent of the subjects. 29.2 percent of the subjects responded moderately agree. Only 8.3 percent of the subjects responded moderately disagree and 4.2 percent of the subjects with a strongly disagree. One factor affecting the test score involved 25 percent of the respondents saying neither agree or disagree.

Question 36 (“The preacher seemed hesitant to preach on church health.”) received a strongly disagree response from 56.5 percent of the subjects. Those who responded moderately disagree included 8.7 percent of the subjects. Only 4.3 percent of these subjects strongly agreed. One factor affecting the test score involved 30.4 percent of the respondents saying neither agree or disagree.

Question 37 (“I tended to feel discouraged after hearing the sermons on church health.”) received a strongly disagree from 41.7 percent of the subjects. Those who responded moderately disagree included 25 percent. Only 8.3 percent of the respondents said they agreed. One factor affecting the test score involved 25 percent of the respondents saying neither agree or disagree.

The response to question 45 (“The sermons were preached confidently.”) was strongly agree from 54.2 percent of the subjects. Those who responded moderately agree included 29.2 percent of the subjects.

The response to question 47 (“God spoke to me through the sermons on church health.”) was strongly agree from 14.3 percent of the subjects. Those who responded moderately agree included 38.1 percent of the subjects. Only 4.8 percent of the subjects responded either moderately disagree or strongly disagree. One factor affecting the test score involved 38.1 percent of the respondents saying neither agree or disagree.

The response to question 52 (“I am glad that I heard the sermons on church health.”) was strongly agree from 50 percent of the subjects. Those who responded moderately agree included 25 percent of the subjects. Only 8.3 percent of the subjects responded strongly disagree.

Use of Illustrations

Question 33 (“The stories used in the sermon helped me to understand the Bible better.”) received a strongly agree from 33.3 percent of the subjects. Those who responded moderately agree included 41.7 percent of the subjects. Only 4.2 percent of the subjects responded strongly disagree. One factor affecting the test score involved 20.8 percent of the respondents saying neither agree or disagree.

The strongly agree response to question 38 (“The stories in the sermon made the sermon more meaningful.”) included 25 percent of the subjects. Those who responded moderately agree included 50 percent. Only 4.2 percent of the subjects responded strongly disagree. One factor affecting the test score involved 20.8 percent of the respondents saying neither agree or disagree.

Question 41 (“I would prefer a sermon without stories or illustrations.”) had 50 percent of the subjects saying strongly disagree. Only, 16.7 percent of the total subjects responding said moderately disagree. Only 12.5 percent of the subjects agreed with the question. One factor affecting the test score involved 20.8 percent of the respondents saying neither agree or disagree.

Sermon Elements and Interviews

The posttest was not the only measure of the sermon design elements. The information gathered from the mid-series and post-series interviews shed more light on this aspect of the project. Mechanics, particularly Conversational Style, Positive Emotional Appeal, and Use of Illustrations received many positive comments from the questionnaires. This quality of response is repeated in the interviews as well.

Question 4

The fourth question asked, “How has the preaching style affected your response to this series?” The responses to this interview question helped answer research question 3. I found the mechanics code with several subcodes to cover a majority of the responses under question 4. The responses coded “mechanics” remained stable between a midpoint percentage of sixty-nine and a post of sixty-eight.

One subgroup of twenty-three, within the thirty-three responses coded mechanics on the midpoint, were coded positive. In addition, two midpoint interview responses to question 2 were coded “mechanics and positive.” Another subgroup of nine within the mechanics group on the midpoint responses were coded “neutral.” One response within the thirty-three responses on the midpoint coded “mechanics” was also coded “stories” and another “negative.” Within the nineteen post-series interview responses coded “mechanics”, twelve were positive, one was negative, and six were neutral.

Furthermore, twelve responses to question 5 on the midpoint interviews were coded mechanics. Of the twelve, nine were positive, and three were negative. The seven post-series responses included three coded leadership, four coded negative, and one coded neutral.

Of the fifteen responses coded leadership from the subjects' responses to question 5, a few belong in this discussion. They include one midpoint response coded leadership, positive, love; another coded leadership, positive; and, a post-series interview question coded leadership, positive.

Another set of responses to question 4 coded stories included seven positive on the midpoint and one positive on the post-series interviews. A post-series response to question 1 was coded stories and negative. Two midpoint interview responses coded negative and coaches from question 3 belong here. Two of the responses coded mechanics, negative focused on particular illustrations, and one response coded mechanics, positive (each from question 5) fit better here also.

The responses of the subjects coded stories fit within the research question about the use of illustrations; however, I found the code mechanics and leadership too broad for the remaining responses of the subjects concerning the other sermon scales. Thus, a table was formed to distinguish between the responses related to Conversational Style, Life Application, Positive Emotional Appeal, and Use of Illustrations (see Table 4.7).

Table 4.7 Interview Responses According to Sermon Scales

Conversational Style

Shows a commitment on John's part to strengthen our church. Relates to our needs. I like the more informal approach. Feel like the minister is talking to me personally. Informal is just fine!
Like the informal approach. Puts the preacher on the level of the people.
I love the style and have a most positive response to the informal approach.

Table 4.7 Continued

I like his presence on our level.
 Like John's approach. Like for movement to take place. God did not stand in one place; he reached out and touched.
 Comfortable with informal style.
 Enjoy the style—makes me want to hear another.
 Comfortable with informal style. Rather liked it.
 Comfortable with more relaxed style—away from the pulpit.
 Enjoy the relaxed informal style.
 The sermons have gotten to me and made me more aware of the need for us to be together as a body. Like the more informal service.
 Raising his (John) voice helps to keep me awake. Like the more informal approach.
 The informal style has had a positive effect on my response.
 Good. I can hear. Good projection. Sermons have a big impact. Comfortable with formal or informal approach.
 Wonderful job. Delighted John does not read his sermon.
 Style is good for me—comforting style. I am receptive to this approach. I find this style relaxing.
 Like the more informal style.
 Enjoy the relaxed informal style.
 Enjoy John's relaxed style.
 Like the informal style of the pastor.
 Like the more informal service.
 John's appearance out of the pulpit makes the sermon more meaningful.
 I like the idea of the minister being out of the pulpit. I feel more in tune with the minister and the sermon.
 I like the informal style.
 Good style. I liked it.
 I liked the style.
 Helpful; more personal to have John down front.
 Great style. John's multi-styles are effectively used to get his message across.
 I like the style—more interesting.
 I like his moving around—more personal.
 Enjoyed the informal style.
 Like John being closer to the people—it seems to make the sermon more personal.
 Liked his style—he seemed to be a part of the congregation.
 Style is not important as long as he is up front and not running up and down the aisle.
 Seem to be more teaching than preaching.
 A formal or informal is fine. I do not have a preference as I can apply the message.
 I am comfortable with any style, formal or informal.
 Style is fine. Like any style.
 Style does not affect me one way or the other, but I understand why people feel closer to the minister when he is in front (floor level).
 No objections to the style.
 Like the informal style.
 The style had no effect on my response.

Table 4.7 Continued

Style was ok.
 Comfortable with varied styles. Being down with the people helps to make me feel that the sermon is for each individual.
 I accept any style he wants to use.
 I like him in the pulpit.
 Being out of the pulpit distracts me.
 Like the services being diverse (different approaches) to meet the needs of the people.
 Sermon format is fine.
 Enjoy John's relaxed style.
 Think we could use more humor. Sermons are sometimes dry and esoteric.
 Would prefer sermons more personal to the congregation and less the Billy Sunday type.

Life Application

From the subjects' responses about what the sermons taught them, as well as how they impacted their attitudes, behavior, relationships and spirituality, many did find their lives touched because of hearing the sermons on church health.

Positive Emotional Appeal

Yes—not so much the sermons but John's passion for the topic.
 Upbeat attitude of the pastor has had a positive effect, his strong belief in the health of the church.
 Our pastor loves us and I like our shepherd.
 John's positive attitude makes an impact on one's attitudes.
 The sermons seem to be more personal, and I am getting more from the sermon. Looking forward to the next one.
 I like the enthusiasm. Makes me feel more enthusiastic.
 John is so upbeat. John's enthusiasm is catching.
 I often thought about the fact that John preaches better sermons than these in this series.
 Did not feel that John's heart was in some of the sermons in this series.
 Coaches sermon turned me off.
 The sermon on coaches left me with a negative attitude.

Use of Illustrations

I got lost with the Pastor Fisher stories and trying to decide how they relate to us.
 John could have used less Pastor Fisher.
 After a time Pastor Fisher failed to keep my attention.
 Improved sermons with stories. Like the way the story relates to the sermon topic.
 I got tired of Dr. Fisher.
 I did not like the Star Wars analogy.
 Love the stories that bring the biblical viewpoint to reality.
 I like the increased number of stories or examples in John's sermons.
 Stories relating the sermon to everyday activities make the sermon more relevant.
 The stories make the sermon so relevant to everyday life.

Stories applied to everyday life make the sermons more relevant.
 The humor and stories have added to my enjoyment of the sermon.
 The informal approach plus all the stories have a positive effect on how I view the sermon and give me something I can relate to.
 I like the informal style—stories and personal experiences help to put the sermon on my level and attract my attention.

Leadership, Sermons, Church Health, and Interviews

The fifth question asked, “What other feelings or thoughts would you like to share about these church health sermons?”

Question 5

The responses coded positive leaped from 62 to 89 percent. Again, I found one code with several subcodes to cover a majority of the responses under this question.

Three of the five midpoint responses on positive leadership made the following statements.

Like to have it noted that progress on church health has been improving under John.

We have some good directions. Need more input from members, and we need to act more as a family.

I feel like John is using these sermons to lead us to a more healthy church.

Feel that we are headed in the right way.

Five of the seven responses on the post interview said:

Appreciate what John is doing.

Good series—appreciate all John’s efforts.

John preached according to the needs of the congregation. He contacts members to determine needs and wants for the church.

John did a good job. He succeeded in his motive to make us aware of church health.

Good series—John doing a good job!

Three of the ten post interview responses coded leadership were also coded neutral. They said:

Need to be reminded often of our needs.

I think that we need reinforcement of these sermons every so often, and John can preach other sermons with emphasis on church health.

The two midpoint positive solidarity responses pointed out the following:

“Church seems to be unifying, and these sermons will help;” and “All about love and self-sacrifice is for the good of the church members’ family.” The midpoint neutral

solidarity response stated: “Hope these sermons help us to grow closer as a church

family.” The midpoint response coded positive relations said: “Like the way that the

people seem to be perking up.” The midpoint response coded only mechanics said:

“These sermons needed to be sooner.” The post interview response coded health neutral states an important admonition: “We too easily forget to attend to our church health.”

Church Health Scale and Sermon Elements

A backward stepwise regression was performed using the Church Health Scale as the dependent or criterion variable. The four sermon scales (Conversational Style, Life Application, Positive Emotional Appeal, and Use of Illustrations) were used as the predictor variables. At first, all four variables were entered into the regression. Next, the variable Use of Illustrations was removed. Then, the variable Life Application was removed also. Finally, only Positive Emotional Appeal remained in the regression. Positive Emotional Appeal was the best single sermon element for predicting church health development (see Table 4.8).

Table 4.8 Church Health Scale and Sermon Elements

Sermon Elements	R	R2	F	Sig.
1. Positive Emotional Appeal, Use of Illustrations, Conversational Style, Life Application	.832	.691	5.600	.012
2. Positive Emotional Appeal, Conversational Style, Life Application	.822	.676	7.643	.005
3. Positive Emotional Appeal, Conversational Style	.822	.676	13.573	.001
4. Positive Emotional Appeal	.796	.634	25.932	.000

Intervening Variables

Findings were examined to determine if the intervening variables of gender, age, educational level, and number of years attending affected the outcomes. None of these variables was found significant.

A biblically based, systemic, and organic approach to church health through preaching addresses the whole church body. Such preaching seeks the response of each member's spirituality, feelings, thoughts, and behavior, as well as relationships. How one is able to inculcate the various aspects of church health within the context of his or her Christian discipleship is arguably more important than outward behavior. Focusing on any one of these elements (Spirituality, Understanding, Feeling, Behavior, or Relationships) to the exclusion of the other four, disciples people in something far less than a healthy response of loving God with one's whole person.

Summary of Significant Findings

1. Significant change was observed on the Church Health Scale. The change indicated that the church health sermons served as a reality check for the churches of the Spring Hope UM Charge.

2. Although the interviews were offered to both churches, only subjects from Gibson Memorial UMC chose to participate. The input of the subjects on the interviews from Gibson Memorial UMC painted a clearer picture of how the church health sermons affected them. Their statements reflected a focus on attitudinal, cognitive, relational, and spiritual matters conducive to the church's solidarity or working together as a healthy team.

3. Those who heard more sermons scored higher on both the Church Health scale and on the Sermon scale.

4. Of the five Church Health Scales, Affect, Behavior, and Spirituality were the only ones to show a statistically significant difference between the pre- and the posttests.

5. Conversational Style, Life Application, Positive Emotional Appeal, and the Use of Illustrations were each received as valuable elements of the Church Health sermons.

6. The responses of the subjects from Gibson Memorial UMC to the interviews highlighted the contribution of Conversational Style first, the Use of Illustrations second, and Positive Emotional Appeal third.

7. The intervening variables of gender, age, level of education, and number of years attending church do not account for or help explain the observed changes.

8. A positive relationship exists between the response on the Church Health Scale and the Sermon Scale: Positive Emotional Appeal.

9. The survey and interview data from this limited-time project together reflected a base change in the developmental process of becoming a healthier church. Subjects gained a reality check about themselves and their congregation in light of the sermons as reflected in both sources of data. The interview data from Gibson Memorial UMC spoke

of their reality check and of their developing desire to become a healthier church.

10. Testing for a whole-person response to a holistic project that is focused on an organic view of church health is best done using both quantitative surveys and qualitative interviews.

CHAPTER 5

SUMMARY AND CONCLUSIONS

This dissertation has called our attention to the problem of the lack of church health. Years of working various church growth programs have left the North American continent as “the only continent where Christianity is in decline” (Moore 1). The visible evidence of decline is seen in the increasing number of church closings, clergy health problems, destructive church conflict, and pastoral dropouts. Sometime there is unseen evidence of decline in some churches that appear to thrive outwardly. Their infrastructure’s sickness remains hidden deep inside for a season. Many of these unhealthy churches function solely from a secular business model by crunching numbers about attendance, giving units, numerical growth, and programs. Therefore, the doctrinal formation of the congregation’s spirituality, attitudes, behavior, thinking, and relationships is ignored for the sake of keeping the machine running. Number crunching leads to people crushing as Dwight Carlson points out in his book: “When we focus on these external things, all too often we neglect and inadvertently hurt the wounded among us” (117).

The two churches of the Spring Hope United Methodist Charge have benefited very little from various church growth programs over the years. While each church needs better attendance, stronger finances, more involvement, and increased membership, something deeper is required to tie everything else together. The biblical focus of being church by God’s free grace in Jesus Christ provides that missing something. It involves the ecclesiological formation of people in and between each subsystem of a church body as a living system in Christ. Without such ecclesiological formation, the outer functions of doing church evaporate when divorced from the inner substance of being church. This

assertion formed the core of this research project; thus, the primary concern was to proclaim and measure the impact of the church health sermons on gaining a whole-person response in building a healthy church.

Major Findings

The results of this study demonstrate that a significant change was observed on the Church Health scale. After pondering the issues raised about the changes in factors involving church health from surveys, I looked at the individual responses to form an overall picture of the health of the churches of the Spring Hope UM Charge. With over a third of the subjects returning both the pre-sermon and the post-sermon questionnaires, I deducted a composite picture. The holistic reading of the Spring Hope UM Charge's health arose from the statistical pattern seen in the negative change in the mean score and in the positive change in the standard deviation for the composite church health scale, the individual church health scales, and most of the individual church health questions. I interpreted this pattern to mean that the subjects entered the project with an idealistic view of church health.

Whenever the standard deviation goes down, the subjects are in greater agreement with each other. A lower standard deviation combined with a lower mean score would have led to an interpretation that church health had declined. A lower standard deviation along with a higher mean score would have given the interpretation that the church health had improved. The resulting statistical pattern showed the sermons served as a reality check for the churches of the Spring Hope UM Charge. Had the standard deviation gone down also, such an interpretation would not exist. The reality check interpretation of the composite picture from the survey data was affirmed by the interview data.

Although the interviews were offered to both churches only subjects from Gibson

Memorial UMC choose to participate. In the interviews, the input of the subjects on the interviews from Gibson Memorial UMC painted a clearer picture of how the church health sermons impacted them. Their statements reflected a focus on attitudinal, cognitive, relational, and spiritual matters conducive to the church's solidarity or working together as a healthy team.

Those who heard more sermons scored higher on both the Church Health scale and on the Sermon scale. Of the five Church Health Scales, Affect, Behavior, and Spirituality were the only ones to show a statistically significant difference between the pre- and the posttests.

Conversational Style, Life Application, Positive Emotional Appeal, and the Use of Illustrations were each received as valuable elements of the Church Health sermons. The responses of the subjects from Gibson Memorial UMC to the interviews highlighted the contribution of Conversational Style first, the Use of Illustrations second, and Positive Emotional Appeal third.

The intervening variables of gender, age, level of education, and number of years attending church do not account for or help explain the observed changes. A positive relationship exists between the response on the Church Health Scale and the Sermon Scale: Positive Emotional Appeal.

The survey and interview data from this limited-time project together reflected a base change in the developmental process of becoming a healthier church. Subjects gained a reality check about themselves and their congregation in light of the sermons as reflected in both sources of data. The interview data from Gibson Memorial UMC spoke of their reality check and of their developing desire to become a healthier church.

Testing for a whole-person response to a holistic project that is focused on an

organic view of church health is best done using both quantitative surveys and qualitative interviews.

Church Health from Scales

The statistically significant change observed in the Church Health scale over both measures supports my premise that a sermon series on church health can effectively enhance a whole-person response in developing a healthy church. A whole-person response concerning church health includes the affective, behavioral, cognitive, relational and spiritual domains.

The change between the pre- and posttest readings of the composite Church Health scale approached significance ($p \leq .08$). This level of significance was exceeded by three of the five subscales. Both the Affect subscale and the Spirituality subscale were significant at ($p \leq .00$). Although the reliability of the Behavior Subscale on the posttest was low, the change between the two measures was significant at ($p \leq .01$). The statistical significance of these three subscales points to them as the major areas that composed the resulting reality check concerning church health for the churches of the Spring Hope UM Charge.

These findings support the importance of a whole-person approach to church health. The individual components of affect, behavior, cognition, relationships and spirituality must each be addressed as essential to a complete process in developing a healthy church. While some component parts may stand out more than others individually, their total impact as a whole is significant as well.

Affect

Of the five church health subscales, Affect was one of three to register a statistically significant difference between the pre- and posttest. As a whole the mean

score for this scale dropped while the standard deviation went up. The higher standard deviation reflected a wider divergence of opinion in the subjects' response. The drop in the mean score and the increase in the standard deviation meant the subjects responded more realistically following the sermon series.

The sermons in the series focused intentionally on the importance of love shining forth for one another and for those outside the church in developing a healthy church. Both the Gospels and the New Testament epistles call us to highlight the importance of love. My father read over my research for this project. He noted that almost everything about church health could be summed up in the word love.

The literature review teaches that loving Christian attitudes are crucial for attaining healthy inner harmony within a church. These attitudes are grounded in our knowledge of God's love for us in Jesus Christ (1 John 4:7-12). The Family System Theory teaches that whatever attitudes we have in our family system will influence the attitudes we have in our church family system. As Robert Moeller states in his book, Love In Action, "Because healthy families are one of the mainstays of a healthy church, when families get sick, the church soon starts showing ailing symptoms as well" (61).

Healthy biblical love involves both being loved and loving others. Unhealthy love leads us to focus more on how loved we are by others than on how loving we are to others. Knowing that others love us helps us to feel free to share our struggles with others. Knowing God's love for us empowers us to bless others by actively expressing our love to them in word and in action. Given the high internal reliability score of this subscale ($\alpha.77$), it does add some significant weight when considering its possible implications. In the case of this study, teaching church health principles laid the foundation for an affective change.

Behavior

The Behavior subscale was another one of the three to register statistically significant. Interpreting this scale was difficult given the decrease in the posttest reliability score and the need to drop question 7.

The standard deviation scores for the posttest church health questions was highest for question seven. A strong sermon was preached about the role of morality and church health in the series for this project; however, despite the significant change in the mean score, a wide range of responses was expressed on this subject as seen in the high standard deviation. These changes in scores reflected a more realistic response following the sermons.

The Bible teaches us to love not only in word but also in deed (1 John 3:18). Biblical love expresses our Christian faith in action. Loving Christian action involves moral behavior. (Rom. 13:8-10). It also involves fulfilling our various responsibilities as members of the body Christ who seek to “be doers of the Word and not hearers only” (James 1:22).

Another factor in relation to the subjects’ responses to the behavior component may have been my approach to this project. Wanting to keep out any possibility of the subjects perceiving these sermons in terms of mere mechanistic, healthy church behavior, I wanted to avoid too much emphasis on a behavioral response.

The first five sermons, while not ignoring a behavioral response, focused most heavily on the affective, cognitive, relationship, and spiritual aspects of church health. The sixth and seventh sermons in the series were the “practical” sermons that focused on behaving like a healthy church. Behavioral change may not have been reported due to the late placement of these sermons. Probably, behavior was the most critical measure that is

very resistant to change.

Central to a biblical understanding of church health is relationship with God both personally and corporately. This relationship is shaped by the central Christian teaching of Jesus' resurrection and vital teaching of Christ being head of his Church. I approached the sermons with the conviction that teaching church health in a relationship/doctrinal context would assist people to behave in a healthier manner out of their relationship with God in Christ. A premature emphasis on behavior may well eclipse the heart of being a healthy church before behaving as a healthy church. When affect, biblical cognition, and spirituality are removed from behaving and relating as a healthy church, these outward expressions become an end in themselves. By the same token, spirituality, cognition, and affect apart from genuine expression in behavior and relationships is also insufficient. The Bible calls us to be doers of the Word and not hearers only. The behavioral and relational components of church health need to be encouraged even when the other aspects are in place.

Cognition

While the score on the Cognition subscale decreased $-.21$ from the pre- and the posttest with the largest increase in the standard deviation between surveys, this change is not statistically significant.

In order not to find ourselves squeezed into the world's unhealthy mold, our lives are to be transformed through the renewing of our minds (Rom. 12:2). Before his betrayal, Jesus prayed for his disciples to be sanctified by the truth of God's Word (John 17:17). Christian congregations find themselves transformed as they co-operate with the sanctifying work of God's Word for our maturity in Christ so that we may be equipped for every good work (2 Tim. 3:16,17). The Holy Spirit works through our knowledge of

biblical Church Health principles to shape the attitudes beneath both our behavior and our relationships.

The New Testament writers teach that the Holy Spirit forms us into the living body of Christ and empowers us as a church to be Jesus' witnesses. Such instruction was accompanied by practical exhortations for attitudes, behavior, relationships, and spirituality in light of the Gospel. The sermons in this series were designed to teach church health in a manner that facilitated an increase in the subjects' knowledge and understanding. The review of literature points to our need to know biblical principles of church health in order that we might know how to behave ourselves as the church.

In retrospect, the cognitive scale needed several changes. Question 10 could have been strengthened by rewording it to say, "Teaching on the Holy Spirit is important to church health." Question 25 needed to be restated to say, "A healthy church is a living organism in Christ and not a religious mechanism." Question 21 should be replaced by a new statement saying, "Biblical teaching shapes church health on every level."

Relationships

Although the score on the Relationships subscale decreased $-.18$ from the pre- and the posttest, this change is not statistically significant. While the internal consistency reliability is acceptable at $\alpha \leq .5$, this scale barely passed ($\alpha .55$). Thus, the results of this scale offers very little to the consideration of possible implications.

The Bible's organic approach to Church Health lifts up the importance of relationships. As a living system, a congregation draws its life from our supreme relationship with the Church's head—Jesus Christ (Eph. 4:15-16). Overflowing from our being in Christ, God's love is shed abroad in our hearts by the Holy Spirit (Rom. 5:5). The New Testament also encourages us to stir one another up to love and good works by

regularly assembling together (Heb. 10:24-25). As the review of literature pointed out, the healthy inner harmony of a church breaks down whenever our relationships deteriorate.

Thomas Fischer, editor of the “Ministry Health” web site, contends that “growing healthy churches isn’t just a program, but a whole new system of intimate relational interactions” (Fischer). He defines these intimate relational interactions as follows: “the healthy leader and healthy congregation are those which are able to relate with healthy patterns of intimacy which, as with love, shows its health by reaching out, seeking the best, growing in sensitivity and caring, and wanting to aspire to the best that they can be” (Fischer).

As a church continues to develop healthy relationships, a congregation finds itself with a healing ministries that connect people with God and others. Ultimately, the healthiness of these relationships within the body of Christ are rooted in our relationship with God.

Spirituality

Spirituality was the third subscale to register a statistically significant difference between the pre- and the posttests. Given the solid internal reliability score of this subscale (α .64), it does add some significant weight when considering its possible implications. The increase in the standard deviation and the decrease mean score gives strong indication for the subjects gaining a reality check concerning spirituality. In the case of this study, preaching church health principles lays the foundation for a change in spirituality.

Only with a passionate spirituality does the church’s mission impossible become the mission possible. At its very heart, the main affective and relational aspect of Church

health involves being spiritually alive in Jesus Christ. Apart from abiding and depending upon the grace and power of God through Jesus Christ, we can do nothing (John 15). Here the importance of sound teaching concerning one's relationship with God emphasizes the importance of basing our spirituality upon God's grace as the Bible teaches.

The review of literature clearly advises churches to keep their focus on Jesus Christ or cliques develop as people divide over favorite preachers. It also encourages everyone to remember the spiritual context of our struggle to live and minister as a healthy congregation. The unseen battle of spiritual warfare "more often takes the shape of ugly board meetings, divided factions in the congregation, and severe in-fighting among the staff" (Moeller 64). When Christians reach up to God through spiritual disciplines to keep their attitudes and thinking Christ-like, they relate and behave as people full of God's love. Satan does not find much opportunity to work successfully in such a healthy congregation (Moeller 65).

Church Health from Interviews

The data collected by the pre- and posttest surveys were not the only measure of the project upon Church Health. The mid-series and post-series interviews added some colorful qualitative data to the mechanistic quantitative statistics. The third interview question asked about how the sermons affected the subject's attitudes, behavior, and or relationships. The answers to this interview question helped answer research question 2.

As with the statistical survey data, I looked at the coded interview response to form an overall picture of church health; however, since White Oak UMC chose not to participate, these results only apply to Gibson Memorial UMC. With a good number of the subjects participating in both the midpoint and the post-sermon interviews, I deducted

a composite picture for that one congregation as a whole. To help form such a picture, I looked for patterns in the interview responses and placed the comments under the appropriate category according to research question 2. I interpreted the emerging patterns to mean that Gibson Memorial UMC gained a reality check concerning church health and developed the desire to become a healthier church.

Attitudes

The response to the interviews reflected both an open and a closed attitude toward hearing these church health sermons in response to question 3. Some are maturing in how their attitudes and behavior affect church health. The solidarity coded statements spoke of the following attitudes: feeling part of the church family; wanting to be more active in church; felt more in tune with others in the church; filled with hope about the church developing into a healthy team; and, excitement about the potential good results happening from the utilization of everyone's talents. Given that one of the two largest groups of responses coded somewhat focused on solidarity, I conclude that the sermons did lay some foundation for change in this attitude.

Behavior

Behavior is a very important yet also a very difficult area to change. The difficulty of seeing change in church health behavior in a short span of eight weeks was reflected first in the statistical analysis of the behavior subscale from the surveys. This difficulty was seen again in the computer analysis of question 3 from the interviews. The subjects' responses to question 3 spoke of the sermons affecting attitudes, even attitudes about behavior, and relationships, but said nothing about behavior itself.

Cognition

The first interview question inquired about the impact of the sermons upon the

subjects' cognition. Some responses coded awareness, God, health, love, neutral, negative, no answer, nothing, and relations were significant. The responses coded solidarity carried the most weight. In fact, they demonstrated the greatest increase from the midpoint to the post-series interviews.

Improvement was also seen in the lower percentage of negative and no answer responses. Also, the number of neutral responses that was also coded no answer or nothing decreased by about 7 percent. I believe this decrease represents an increased teachability by the end of the series.

Following the first four sermons, the next four turned to teamwork in terms of spiritual gifts, individual morality, personal character, and spiritual warfare. This fact helped me understand the jump in the solidarity responses from 27 percent at the midpoint to 43 percent at the post.

Some outstanding midpoint series interview responses coded solidarity included the following:

need to work together as a body and not as individuals;

we must be a united team;

takes team work and everyone using his individual gifts to make a healthy church;

church health is the responsibility of everybody, not just the preacher;
and,

how important (unity) is to church growth.

Overall, people gained a positive knowledge of an organic, relational approach to church health; although, a few continued to hold fast to a number crunching, mechanistic outlook of church health. The responses to question 1 communicate a growing passion for solidarity and working on becoming a healthier church. They also reflect a positive

reception of the sermon series' theme. As one post-series interview subject responded, "these sermons have many people thinking about things that they have not thought about before."

Relationships

The interview responses reflect a commitment to allowing a loving attitude to motivate some subjects to reach out to people and to be nicer. Examples of the phrases from the statements coded relations included the following: "more mindful of getting along;" "more forgiving;" "more patient;" "putting aside petty issues;" "not to listen to petty thoughts;" "more considerate of others;" "more tolerant by understanding the viewpoint of others;" "understand the feelings of others;" and, "less critical of others." Given that one of the two largest groups of responses coded somewhat focused on relations, I conclude that the sermons did lay some foundation for change in relationships. Healthier relationships contribute greatly to increased teamwork.

Overall (75-80 percent), positive attitudes were reflected in response to impact of the church health sermons concerning question 3. The percentage of the negative responses dropped by 12 percent from the midpoint to the post interviews; however, no change was seen in the responses coded no impact and neutral. While these responses are few, they possibly reflect the sermons touching areas of needed continued attitude, behavior, and relationship development. Such maturity in grace comes better in small group and one-on-one discipleship than through mass discipleship. As Wayne Oates' book, Behind the Masks: Personality Disorder in Religious Behavior, states pointedly:

The mass approaches to religion, as well as the mass approaches to the rest of the education of the individual, lacked the power of personal confrontation, the concern with transformation, or the wisdom needed to discern that anything was really out of the ordinary. (108)

Spirituality

The second interview question inquired about the impact of the sermons upon the subjects' spirituality. The increased responses from the midpoint to the post interviews coded God, positive, prayer, and solidarity, along with the decline in the responses coded negative, as well as the stability of responses coded some impact, demonstrated the sermons' helpful impact upon the subjects.

Overall, the interviews support the conclusion that some spiritual growth took place. I am concerned that eight of the twenty-seven on the midpoint interviews and four of the nine on the post-series interviews were coded purely neutral. Upon a closer look, I noted these were also coded no impact. These replies included phrases such as: "no;" "very little effect;" "not any way;" "no way;" "do not know;" "don't know;" "I don't know;" "no effect;" and, "I'm not sure." One response coded no impact and positive stated "Sermons were good and enjoyable, but not sure how they impacted my spirituality." I see a two-fold interpretation to this comment for question 2. Whether these responses arose from blocking the potential spiritual impact of the sermons or from confusion over what it means to be spiritually impacted by a sermon may point to a growing edge which needs to be addressed in the future.

Church Health from Surveys and Interviews

In light of both the survey and interview data, the sermons may have led respondents to a more informed and honest appraisal of themselves and their respective congregation. Such an analysis would help explain the increased anxiety in Gibson Memorial following the series when we entered the post-Easter/summertime slump in worship attendance. Such an analysis might also help explain the enthusiasm for a new and growing prayer ministry at Gibson Memorial, making significant changes in worship

during the summer, and for running a holistic stewardship campaign the coming fall.

Perhaps the series of sermons served to raise expectations concerning what a community of faith “ought to be,” thus, actually raising the anxiety level of the survey participants. Perhaps the project has served to make the members of the congregation more aware of the need to develop a truly holistic sense of community based on ecclesiological principals.

If this is indeed the case, and only time will tell, then the Holy Spirit used these sermons to confront the congregants with a “troubling” (Crandall and Sells 6). Without it, a church cannot start becoming free from clinging to the past and embrace the journey toward a healthier future.

While the survey data does not reflect development in terms of ongoing maturity in church health, the noted changes do reflect development in terms of the subjects gaining a reality check concerning church health. The three areas where they probably gained the greatest reality check were the three statistically significant areas of affect, behavior, and spirituality.

The data from the interviews also reflected a reality check in the subjects’ responses. The outstanding affective comments on this theme included:

The sermons emphasized the feelings that I already had. Moved my feelings from the back burner to the front burner;

More aware that I need to reach out to the people that I do not know;

Made me realize any differences in our church can be solved by Christ-like love—working with and understanding each other; and,

Made me want to be more active in the church.

The outstanding cognitive comments on this theme included:

church has a long way to go to be where (we) need to be in our church

health;

We need to be more healthy in our relationship with God and each other;

More aware of how my attitudes, behavior, etc. affect the church's health;
and,

I believe these sermons have many people thinking about things they have not thought about before.

Furthermore, comments like these increased dramatically on the post-series interviews.

The outstanding relational comments on this theme included:

Deeper concern about attitudes and relationships;

Trying to be more forgiving;

To be more patient with both personal and social contacts; and,

I am trying to be more considerate of others.

The outstanding spirituality comments on this theme included:

Helped me understand how the church is impacted by my spirituality;

Yes, I have become aware of my need to work toward strengthening my faith;

Made me more aware of how little I have been worshiping; and,

Made me think that I need a strong relationship with God to be strong in the church family.

Thus, the interview data support the findings of the survey data that the churches of the Spring Hope UM Charge gained a reality check concerning each church's health. I believe the interview data of Gibson Memorial also reflect development in terms of that congregation catching a vision or passion to get on with the journey of church health.

Leadership, Preaching, and Church Health from Interviews

The subjects' answers to question 5 on the interviews affirm the importance of pastoral leadership and the role of preaching in developing a healthy church. The answers

reflected feelings of hope and an awareness of the importance of church health. They also reflect the knowledge that church health is a process requiring future sermons on church health, as well as reminders of earlier church health sermons.

Sermons Heard

From the start of this study, I believed that the sermons could positively affect a whole-person response in developing a healthy church. Because the behavioral response was not the only measure sought in this study, I also looked for a correlation between sermons heard and the measures of affect, cognition, relationships, and spirituality. The positive correlation between the number of sermons heard and the mean score on the church health scale supports the premise of this study. The mean score on the church health scale increased with the number of sermons heard.

My view of Scripture as the Word of God and preaching as the proclamation of God's Word was the foundation for my expectation that a sermon series on church health would facilitate change in the subjects as whole persons. This affirmation is expressed in the worship services of the Spring Hope UM Charge churches. Before the Scripture reading and the sermon, we join in the Prayer of Illumination. In this prayer, we ask God to open our hearts and minds by the power of the Holy Spirit so that, as the Scriptures are read and God's Word proclaimed, people may hear and apply in their daily living what God says to them.

This prayer means that the Holy Spirit, through whom God inspired the written Word, speaks through the proclaimed Word. Through the instrument of preaching, God speaks to the hearts and minds of those who hear the Word proclaimed. The goal is not only to hear it, but also to apply it in daily life. The Word of God read and proclaimed seeks our transformation more than giving us information or inspiration alone; therefore,

an increased exposure to the church health sermons translates into an increased opportunity for the Spirit of God to work within the heart, mind, and will of the worshipers in developing a healthy church.

A greater response on the church health scale with the increase in number of sermons heard demonstrates that individuals mature in faith over time. As the personal wholeness of each person is integral to church health, it also strengthens in maturity over time. In this study, the preached Word invites the subject to a more mature life of healthy attitudes, behavior, relationships, and spirituality within the context of his or her relationship with God built upon the cognitive knowledge of ecclesiological teaching found in the Word.

Sermon Elements from Surveys and Interviews

The sermon elements, Conversational style, Life application, Positive emotional appeal and Use of illustration, were chosen for their value to the church health sermon based on their presence in the review of literature. They were chosen for this study to aid the communication of the topic of church health in a manner that reduced the listeners' defenses.

The stepwise regression statistical test demonstrated a positive relationship between the responses on the Church Health Scale and the element of Positive Emotional Appeal. Based upon the high internal reliability of the composite sermon scale ($\alpha .96$), that positive relationship probably includes the other individual preaching scales as well. This positive relationship testifies that the five sermon elements assisted the subjects' responses toward a fuller experience, understanding, and practice of church health principles.

I also evaluated the sermon elements from the mid-series and post-series

responses to interview question 4. I related these responses to research question 3. The greatest number of responses fit in the category of Conversational Style. The next highest was Use of Illustrations followed by Positive Emotional Appeal. Many of the comments in the first category spoke of liking, being comfortable with, enjoying, finding it more personal or being distracted by the preaching style. All of these descriptions could fit within the category of Positive Emotional Appeal as well. Thus, the composite picture arising from both sources of data affirms the role of narrative preaching in seeking a whole-person response in developing a healthy church.

Conversational Style

While Conversational Style had the third highest mean score of 3.95, it received the most positive responses from the subjects on the interviews. Of the four elements in this research project, this one involved the most dramatic change in the preacher's style over the previous year and a half as the pastor of this charge. While occasionally venturing away from the pulpit to dramatize an illustration, I had never preached an entire sermon away from the pulpit.

Particularly in relation to church health, preaching with a conversational style means communication without lecturing, placing guilt, or assuming an attitude of superiority. This dramatic change brought immediate, positive affirmation from the congregation; although, a handful were not comfortable with such intimacy. Leaving the pulpit and preaching without a manuscript not only removed a barrier between the preacher and the people, it increased the intimate connection between us on the affective and spiritual level (Miller 58).

Life Application

Life Application scored the lowest mean score of all the responses at 3.72 of a

possible 5.0. A higher percentage of those who attended five or more sermons answered strongly agree than those who attended four or less. The combined total moderately agree and strongly agree response for those who heard five or more ranged from 53 percent to 83.4 percent. The combined total moderately agree and strongly agree for others who heard four or less services ranged from 40 percent to 83.4 percent.

Where the subjects gained life application from the sermons are found in the interview data about changes in attitudes, behavior, cognition, relationships, and spirituality. Both the data from the surveys and from the interviews indicate the difficulty in changing the important area of behavior. Therefore, I was not surprised to see life application have the lowest score of the four sermons scales.

Positive Emotional Appeal

I was not surprised that Positive Emotional Appeal registered the most significant change of the four sermon elements. This scale could also be called the “Gospel-Driven Emotional Process!” My commitment to present church health in a positive light grew out of an important recognition. The Gospel of God’s free grace in Jesus Christ is central to church health. In addition, the Gospel is God’s good news in a bad news world. This choice also reflects the commitment to a whole person approach. A negative or bad news approach easily leads into work righteousness, escalated conflict, shame and condemnation and sometimes increases the very pathology in need of healing.

One would expect the intersection of the Positive Emotional Appeal scale and the Church Health Scale to have its greatest impact at the point of affect. The Affect scale was one of three Church Health scales to register significance. While the significance did not indicate positive development, it did indicate a reality check. As a whole, the applicable responses from the interviews were positive for both the Church Health Scale

and this Sermon Scale.

Use of Illustrations

Use of Illustrations received the second highest mean score of 3.97 amidst the top three sermon scales. Again, comments from the interviews give us some insight. The subjects gave nine positive responses to the illustrations in the sermons. Their responses spoke of how the stories related to the sermon topic, brought the biblical viewpoint to reality, liked the increase in the number of stories, made the sermon more relevant to daily life, added to the enjoyment of the sermon, effected their view of the sermon, attracted their attention, and put the sermon on their level. Of the five negative interview responses, three mentioned a specific story character and another did not like the Star Wars analogy. The four interview comments about the story character, Pastor Fisher, may point to this figure providing a disconnect within the sermons themselves. Not liking the Star Wars analogy is much weaker than not understanding it. Not liking something is often an indirect way of discounting what it stands for or that for which it is used to communicate.

Contribution to Research Methodology

A very basic question raised through this project is how narrative preaching for a whole-person response can affect the development of a healthy church within an organic/doctrinal context. A very basic question raised through this project is how narrative preaching for a whole-person response can affect the development of a healthy church within an organic/doctrinal context. This study's ecclesiological/organic definition of church health seeks to expand the envelope of the current systems approach to include specific Christian teaching—namely ecclesiology. It continues the “invitation to explore a systemic approach to the integration of systems theory and biblical theology”

(Stevens and Collins 153). It also expands those doctrinal church health approaches beyond those which focus on a single aspect of Christian teaching (i.e., love, spiritual gifts, spiritual warfare, discipleship, etc.) to a more holistic and biblical approach of a living system instead of an incorporated machine.

This project stretches one's view of narrative preaching as more than just an effective communication technique to address the whole person. Biblically speaking, stories, more than lectures, are effective means of gracefully proclaiming biblical truth for a whole-person response in developing a healthy church. Thomas Oden goes so far in his book, The Transforming Power of Grace, to say that the truth of God's grace is best communicated through stories (22). This study indicates that sermons on church health have a positive impact when they focus on God's grace in addressing the whole person through stories.

This research project also challenges testing techniques aimed at measuring church health to address people as whole persons by giving them an opportunity to respond to both a survey and to be interviewed. This project combined both qualitative and quantitative measurements of the impact of the sermons and the role of the preaching style. While the quantitative data measured changes and their significance, the qualitative data measured what changed and, in some places, filled in gaps left by quantitative subscales in need of modification. The combining of these two testing techniques is the greatest contribution to research methodology.

Weaknesses of the Study

As a rule, the larger the size of the data pool, the stronger the study. This study relied upon a relatively small pool of subjects from two very different congregations. The research pool was significantly limited by the dropout rate of those who completed

pretest questionnaires but failed to complete posttest questionnaires. Since the data analysis was limited to matched sets of pretest and posttest questionnaires, 37.7 percent dropped out of the final data pool. We lost 9.1 percent of the posttest data pool being matched up with the pretest because the subjects did not answer questions 1-4 in a manner that helped the data analysis person to match them. Possibly the length of the questionnaire or the timing of the project, covering a short eight weeks, may have had a negative impact on the posttest response rates.

The research pool was significantly limited by White Oak UMC dropping out of the interview process. The interview data we have came from Gibson Memorial UMC only. Our interview data were further limited by having only two of the original four persons being able to conduct the interviews. Some plan should have been developed for back up interviewers; however, given this average attendance of these two small churches that would have reduced the interview population even more. Again, the time factor of the project, covering a short span of time, may have affected the interviewee pool.

In addition, the research method was limited by the poor reliability of the behavior subscale on the posttest and the lack of statistical significance of two out of the five scales. I would make only few minor adjustments to the Affect and the Spirituality scales. The Relationships scale could have been strengthened by asking a more general question on spending time with a church member in order to get to know him or her better than being so specific about sharing a meal. I would change the question about being spiritually focused to “Our church enjoys a healthy relationship with the pastor?”

The Cognition scale could have been strengthened by only asking once about preaching and teaching on this subject. The last question in the scale needs to be changed

to “Our church sees itself as a living organism in Christ?” The question about the Holy Spirit would be improved by asking “I know what my spiritual gifts are?” In place of asking about not discussing church health in church, I would ask “I know what the Bible teaches about the Church?”

By only having four questions in the Cognition scale, I would add a fourth question to the Behavior scale. I would re-frame the first question to say, “My personal moral behavior does impact the health of our church?” I would not change the second question. I would change the third question to say, “I seek to behave myself everyday as a member of Christ’s holy church?” The new and last question could be, “I put my faith into action by my active ministry to others?”

Implications for Further Study

This study did not include the exhaustive process of standardization of my Church Health Scale. Standardization of the instrument might be a logical next step for further research. This would require its administration to a significantly larger population of church subjects, including denominations other than United Methodist. More data is needed from more ethnic groups and from a wider age range, including persons under the age of eighteen.

Limitations of resources dictated that this study focus on two congregations for a relatively short period of time. Many questions remain as to the long-term impact of this emphasis on church health. Follow up studies designed to assess change in church health on a longitudinal basis would prove fruitful. An alternative design might emphasize church health over a twelve-month period with a church health consultant working with small groups within the church a couple of times during the year.

Another implication for further study might be trying to affect attitude, behavior,

knowledge, relationships, and spirituality through small groups rather than through a series of sermons. Then the material could be discussed rather than received. Given the connection between ecclesiology, worship and the sacraments, further study could look into the impact of communion and remembering our baptism or covenant renewal services upon church health. Since ecclesiology is closely related to church membership, a study could be done on the impact of church membership training upon church health. A similar study on the impact of seminary education of pastors upon church health is another possibility. In addition, the examination of the influence of a pastor's ordination upon church health might yield fruitful insights.

Another whole arena of church health that might be looked into involves moving a church from inspiration to real change. A testing model could be developed to measure the effectiveness of various approaches already available (Epp; Goodwin; Hunter, *Leading*; Macchia and Robinson; Schwarz; Spader and Mayes; Steinke, *Healthy*; Vogel). Of these available approaches, the combination of Goodwin's book and Vogel's handbook comes from a systems approach. These two authors also offer the most practical guidance that is grounded in both Scripture, systems theory, the real world of transitioning a church.

My study and experience leads me to outline five ingredients for moving a congregation from catching a vision to living a vision of church health. The first is a healthy parson. The second invites the church to a healthy practice of spiritual disciplines that unites both being and doing, as well as knowledge and vital piety as means of relying upon God's transforming grace. The third involves healthy, grace-based proclamation. The fourth calls for healthy development and discipleship of people into a team. The fifth prepares the priesthood of all believers for ministry to a hurting world.

Regardless of the focus of future church health studies, the important question of the best measure for a composite picture of church health remains. I believe we first need a good measure for painting a composite picture of church health. I believe those insights will shed much light upon how to lead a church toward a healthier future.

This study's definition of church health, use of narrative preaching, and measurement of church health raises a vital question. If we choose chapter 2's description of church health and its description of how to proclaim it, then the measurements used to gain a composite picture of church health must fit one's approach to understanding a healthy church. How do we construct a means of measuring church health in a manner that will not be contraindicating to an ecclesiological, organic, systems definition of church health? This is the vital question for future research methodology to work on and perfect.

Many testing techniques exist today for measuring church health. Most of them arise from the Church Growth school of thought. Measurements from this school of thought are found in Hunter's Leading & Managing a Growing Church (137-146), and Callahan's Twelve Keys to an Effective Church. Other measurements are available from Vision New England led by Macchia and Robinson or from Natural Church Development led by Schwarz. Each of these measurements has its strengths; however, each approaches church health and measures for a composite picture of health from the mechanistic perspective of Church Growth's understanding of a healthy church.

Those who never adopted the approach of the Church Growth school have approached church health from an organic/systems school of thought. Peter Steinke is the main writer from this school of thought. In trying to stay true to an organic/systems approach, I not only added ecclesiology but also sought to develop a measure that would

maintain the integrity of my approach. I believe the combination of the two measures maintained the integrity of the ecclesiological, organic, systems approach and had a stronger internal reliability for it. Qualitative data measures people and groups holistically. The Ethnograph software tends to transform it into useful quantitative data with its code words. At the same time though, there is also a place for qualitative measures.

I propose developing a questionnaire and a series of interview questions to be used in variety churches over ten years. I would select an equal number of churches where the pastor and the congregation were actively working on church health and where the pastor and the congregation were not actively seeking a healthier church. In place of the preaching questions, I would ask questions concerning how they saw or experienced church health being worked on in preaching, small groups, hosting a church health workshop, changes in worship (like more frequent celebration of communion), use of consultants or attending church health workshops. The first group of churches would serve as the testing sample. The second group of churches would serve as the control group. Both church health measures would be administered by trained people outside of the congregations on the first year, the fifth year and following the tenth year. Some improvement would be needed in the Behavior, Cognition, and Relationships subscales to heighten their reliability. Nancy Vogel's Catching the Next Wave Workbook offers some help here. I would keep the name of the Spirituality subscale but consider other possible questions either from Brewer, Macchia and Robinson, Schwarz or Vogel. I would change the name of the Affect subscale to Atmosphere of Love and consider other possible questions from Arn, Yquist, and Arn, Brewer, Hunter, Leading, Macchia and Robinson, Schwarz, or Vogel.

Steven Goodwin's text CATCHING THE NEXT WAVE approaches church health from a systems perspective. His Church Health test contained in the workbook by Vogel covers my five subscales of church health very well. I would encourage the testing of this model with the following modifications. In addition to using the "Seven Hallmarks of a Healthy Congregation," I would include the questions concerning prayer on page 7 of the workbook as the eighth hallmark of health. In addition, the "Attitude Check" on pages 8-9 of the workbook would yield some valuable insights if included with the modified eight hallmarks of a healthy church. To strengthen the internal reliability of this testing measure, either interview or focus group questions can be developed. Vogel's handbook contains several questions for discussion.

Implications for Theory and Ministry

This project did not choose the mechanical view of the church. While I did look for change in various measurements of church health, I looked for something more than just numbers. While I did measure the impact of narrative preaching upon proclaiming the message, I looked for more than just evaluating a preaching style. I researched, proclaimed, and tested an ecclesiological/organic definition of a healthy church. The eight narrative sermons over eight weeks very likely demonstrated what I wished to demonstrate, i.e., preaching matters, and it has impact in the lives of the people and the system of a congregation. Thus, a healthy church for this project is one shaped by Christian teaching concerning being and behaving as a biblical church in every subsystem as a living organism or system in Christ.

A redefinition of church health in terms of the role of biblical ecclesiology bringing soundness to the various subsystems of the congregational body is a very timely shift. People hunger for churches who no longer define healthiness in terms of externals

like buildings, budgets, and attendance figures. People hunger for churches who connect being and doing church out of an authentic relationship with Jesus Christ shaped by ecclesiology.

This extended study of church health and preaching not only affected others; it has helped me become a healthier pastoral leader. A significant lesson for myself has been a deeper realization of how the church lives as a system. I see how crucial it is for myself and other pastors to continually grow more healthy; for healthy leaders to be developed in a congregation; for myself and other pastors to preach healthier grace-based sermons; and, for all Christians to mature in loving Christian relationships in light of both biblical teaching, ecclesiology, and Family System Theory. I also sense that church health is an integral part of my calling within the call to pastoral ministry. I sense God is preparing me to be part of building up the larger church as healthy congregations with healthy ministries for a hurting world.

Additional Observations

A year has passed since launching this project. I have observed various themes within the Spring Hope Charge following the project. I believe each of them demonstrates continuing development of Gibson Memorial's overall health. We had the healthiest charge conference ever this past fall (2000). The reports and comments of the various officers from both churches on the charge reflected a deeper trust in my leadership as the pastor. Their deepening trust was seen in Gibson Memorial's conducting a stewardship program like Frazer Memorial's after talking about it for a year and a half. In addition, the Administrative Council took heart to an old suggestion that we plan for ministry in light of the vision statement we wrote in the spring of 1999. In addition, I've observed various church members are using the language of church health.

The pastor-parish relations committee (PPRC) heard evidence of people using church health language when it had to advise the bishop about me moving or staying on as pastor for a fourth year. Most significant of all, a power shift has taken place. The PPRC is more open to my planning and implementing an equipping plan for the leadership of the church. Gibson Memorial is now taking tangible steps to improve relations with its sister church in the charge after some rocky times in the past. I am very excited about the lay leadership's interest in a church growth approach called "Faith Quest Bible Study." This program for pastors and church leaders involves a seventeen-week study of the Bible and the writings of John Wesley that claims to get at the heart of systems thinking in the church.

Appendix A

Cover Letter for Pre-Sermon Series Questionnaire

John M. Crowe
P.O. Box 770
Spring Hope, NC 27882

February 14, 2000

Dear (first name merged in),

You may be aware that I have been working on a dissertation project for a Doctor of Ministry degree from Asbury Theological Seminary. My faculty committee has approved the first three chapters of the dissertation. Most of the library research for this project is now complete. It is time to collect data from a real, live congregation. I am writing to ask for your assistance.

Here is how you can help:

1. Complete the enclosed questionnaire. It will take no more than 15 minutes to complete. Note that there are two pages.
2. Place your completed questionnaire in the enclosed self-addressed stamped envelope.
3. Place the envelope in the mail by **Friday, March 3rd**.

Here is my pledge to you:

1. No attempt will be made to match returned questionnaires to individuals within the congregation.
2. Because all responses are vital to this research, every returned questionnaire will be gratefully received and included in the study results.

Thank you for your participation.

Sincerely,

John M. Crowe

Appendix B

Pre-Sermon Series Questionnaire

In order to assure complete anonymity, please fill in the following boxes to create your own personal code:

The first initial of your Mother's Maiden Name _____

The last four digits of your Social Security Number _____, _____, _____, _____

1. Gender: _____ Male _____ Female
2. Your age range: ____ (18-29), ____ (30-49), ____ (50-59), ____ (60-69), ____ (70-90)
3. Your level of education: ____ (1-6), ____ (1-12), ____ (College), ____ (Graduate School)
4. The number of years you have attended this church. ____ (under 1 year), ____ (1-5 years), ____ (6-10 years), ____ (11-15 years), ____ (16-20 years), ____ (21-30 years), ____ (31-50 years), ____ (51-75 years)

Please respond to the following with the healthiness of your church in mind.

Please circle one number to the right of each statement which most closely corresponds to your view.

		Strongly Agree	Moderately Agree	Neither Agree or Disagree	Moderately Disagree	Strongly Disagree
5.	I pray for my pastor, leaders, and other members.	5	4	3	2	1
6.	I feel that my attitudes toward those in my family influence my relationships within the church.	5	4	3	2	1
7.	My personal moral actions have no impact upon the health of the church.	5	4	3	2	1
8.	My relationship with my spouse is an important qualification for a church leader in this church.	5	4	3	2	1
9.	I minister to others through my spiritual gifts.	5	4	3	2	1
10.	The Holy Spirit empowers this church to be Jesus' witnesses.	5	4	3	2	1
11.	I try not to let the sun go down on my anger so that the devil does not get a foothold in this church.	5	4	3	2	1
12.	I actively seek to fulfill my responsibilities as a church officer or volunteer.	5	4	3	2	1
13.	I feel loved by this congregation.	5	4	3	2	1
14.	I feel that the love of this congregation attracts others.	5	4	3	2	1

		Strongly Agree	Moderately Agree	Neither Agree or Disagree	Moderately Disagree	Strongly Disagree
15.	The compassion of Jesus Christ leads me to reach out to the unchurched.	5	4	3	2	1
16.	Church health depends upon a passionate relationship with Jesus Christ.	5	4	3	2	1
17.	Teaching and preaching on church health by our pastor is important to our congregation's well-being.	5	4	3	2	1
18.	This church shines forth the love of Jesus Christ for one another and for others.	5	4	3	2	1
19.	It is important to be so spiritually focused that you worship the Lord and work with the pastor without confusing the two.	5	4	3	2	1
20.	I feel free to share my struggles with my fellow church members.	5	4	3	2	1
21.	Teaching and preaching on church health is important to our congregation's well-being.	5	4	3	2	1
22.	Church health should not be discussed in church.	5	4	3	2	1
23.	God gives me discernment concerning spiritual warfare attacks upon this church.	5	4	3	2	1
24.	It is as easy for me to say, "I love you" to church members and really mean it as it is for me to say it to my spouse.	5	4	3	2	1
25.	A healthy church sees itself as a living body of Christ.	5	4	3	2	1
26.	I shared a meal with someone in the church so that I could get to know him or her better.	5	4	3	2	1
27.	I seek to behave myself at work in a way that is a good Christian witness.	5	4	3	2	1
28.	Because of my dedication to Jesus Christ, I attend church activities willingly.	5	4	3	2	1
29.	I participate in morning worship, Sunday school, Bible study and prayer to grow closer to God.	5	4	3	2	1
30.	I feel this church shines forth the love of Jesus for one another and for others.	5	4	3	2	1

**Thank you for taking the time to respond.
Please return in the self-addressed stamped envelope.**

Appendix C

Pre-Sermon Series Questionnaire Follow Up Postcard

Thank You

For completing and returning the questionnaire you received from me last week.

If you have not yet mailed yours back, it's not too late. Would you take a few minutes and respond today? Your participation will make this a stronger study.

John

Appendix D

Cover Letter for Mid-Sermon Series Interviews

John M. Crowe
P.O. Box 770
Spring Hope, NC 27882

March 25, 2000

Dear (first name merged in),

Thank you for your participation in my dissertation project. There are eight sermons in the series for this project. I have now preached four of those sermons in the series for this project at each church in the Spring Hope Charge. At this halfway point in the sermon series, I write to seek your assistance.

Here is how you can help:

1. Please agree to complete an interview when a member of the Charge Reflection Group calls upon you.
2. Answer the 5 open ended interview questions as thoroughly as possible.

Here is my pledge to you:

1. No attempt will be made to match the interviews to individuals within the congregation.
2. Because all responses are vital to this research, every answered interview will be gratefully received and included in the study results.

Thank you for your participation.

Sincerely,

John M. Crowe

Appendix E

Mid-Sermon Series Interview Questions

1. What have the sermons about church health taught you?
2. How have these sermons impacted your spirituality?
3. In what ways have these sermons impacted your attitudes, behavior, and/or relationships?
4. How has the preaching style affected your response to this series?
5. What other feelings or thoughts would you like to share about these church health sermons?

Appendix F

Cover Letter for Post-Sermon Series Questionnaire

John M. Crowe
P.O. Box 770
Spring Hope, NC 27882

April 24, 2000

Dear (first name merged in),

Thank you for your participation in my dissertation project. This is the final survey that you will be asked to complete now that all eight sermons in the series have been preached. However, you will be asked to answer some interview questions like before.

Throughout this entire process, I have been grateful for the encouragement and support I have received from the congregation. As I now come to the end of the sermon series, once again I request your assistance. Here is how you can help:

1. Complete the enclosed questionnaire. It will take no more than 15 minutes to complete. Note that there are three pages.
2. Place your completed questionnaire in the enclosed self-addressed stamped envelope.
3. Place the envelope in the mail by **Friday, May 19th**.
4. Cooperate with the member of the Charge Reflection Group when he or she calls to conduct an interview.

I continue to offer this pledge to you:

1. No attempt will be made to match returned questionnaires or interviews to individuals within the congregation.
2. Because all responses are vital to this research, every returned questionnaire and completed interview will be gratefully received and included in the study results.

I look forward to presenting the results of this research to all interested persons on Sunday, June 11 during the worship services in each church in the Spring Hope Charge.

Sincerely,

John M. Crowe

Appendix G

Post-Sermon Series Questionnaire

In order to assure complete anonymity, please fill in the following boxes to create your own personal code:

The first initial of your Mother's Maiden Name _____

The last four digits of your Social Security Number _____, _____, _____, _____

1. Gender: _____ Male _____ Female
2. Your age range: ____ (18-29), ____ (30-49), ____ (50-59), ____ (60-69), ____ (70-90)
3. Your level of education: ____ (1-6), ____ (1-12), ____ (College), ____ (Graduate School)
4. The number of years you have attended this church. ____ (under 1 year), ____ (1-5 years), ____ (6-10 years), ____ (11-15 years), ____ (16-20 years), ____ (21-30 years), ____ (31-50 years), ____ (51-75 years)

Please respond to the following with the healthiness of your church in mind.

Please circle one number to the right of each statement which most closely corresponds to your view.

		Strongly Agree	Moderately Agree	Neither Agree or Disagree	Moderately Disagree	Strongly Disagree
5.	I pray for my pastor, leaders, and other members.	5	4	3	2	1
6.	I feel that my attitudes toward those in my family influence my relationships within the church.	5	4	3	2	1
7.	My personal moral actions have no impact upon the health of the church.	5	4	3	2	1
8.	My relationship with my spouse is an important qualification for a church leader in this church.	5	4	3	2	1
9.	I minister to others through my spiritual gifts.	5	4	3	2	1
10.	The Holy Spirit empowers this church to be Jesus' witnesses.	5	4	3	2	1
11.	I try not to let the sun go down on my anger so that the devil does not get a foothold in this church.	5	4	3	2	1
12.	I actively seek to fulfill my responsibilities as a church officer or volunteer.	5	4	3	2	1
13.	I feel loved by this congregation.	5	4	3	2	1
14.	I feel that the love of this congregation attracts others.	5	4	3	2	1

		Strongly Agree	Moderately Agree	Neither Agree or Disagree	Moderately Disagree	Strongly Disagree
15.	The compassion of Jesus Christ leads me to reach out to the unchurched.	5	4	3	2	1
16.	Church health depends upon a passionate relationship with Jesus Christ.	5	4	3	2	1
17.	Teaching and preaching on church health by our pastor is important to our congregation's well-being.	5	4	3	2	1
18.	This church shines forth the love of Jesus Christ for one another and for others.	5	4	3	2	1
19.	It is important to be so spiritually focused that you worship the Lord and work with the pastor without confusing the two.	5	4	3	2	1
20.	I feel free to share my struggles with my fellow church members.	5	4	3	2	1
21.	Teaching and preaching on church health is important to our congregation's well-being.	5	4	3	2	1
22.	Church health should not be discussed in church.	5	4	3	2	1
23.	God gives me discernment concerning spiritual warfare attacks upon this church.	5	4	3	2	1
24.	It is as easy for me to say, "I love you" to church members and really mean it as it is for me to say it to my spouse.	5	4	3	2	1
25.	A healthy church sees itself as a living body of Christ.	5	4	3	2	1
26.	I shared a meal with someone in the church so that I could get to know him or her better.	5	4	3	2	1
27.	I seek to behave myself at work in a way that is a good Christian witness.	5	4	3	2	1
28.	Because of my dedication to Jesus Christ, I attend church activities willingly.	5	4	3	2	1
29.	I participate in morning worship, Sunday school, Bible study and prayer to grow closer to God.	5	4	3	2	1
30.	I feel this church shines forth the love of Jesus for one another and for others.	5	4	3	2	1

Sermons on Church Health

Please respond to the following statements with the Sermons on Church Health in mind.

Please circle one number to the right of each statement which most closely corresponds to your view.

		Strongly Agree	Moderately Agree	Neither Agree or Disagree	Moderately Disagree	Strongly Disagree
31.	The sermons in this series on church health were encouraging.	5	4	3	2	1
32.	After I heard the sermon, I thought, "I can do that!"	5	4	3	2	1
33.	The stories used in the sermon helped me to understand the Bible better.	5	4	3	2	1
34.	The sermons on church health touched my feelings and emotions.	5	4	3	2	1
35.	The sermons were pleasurable to hear.	5	4	3	2	1
36.	The preacher seemed hesitant to preach on church health.	5	4	3	2	1
37.	I tended to feel discouraged after hearing the sermons on church health.	5	4	3	2	1
38.	The stories in the sermon made the sermon more meaningful.	5	4	3	2	1
39.	I felt like the preacher was talking with me.	5	4	3	2	1
40.	At times, I felt the preacher's sermon and his life were not entirely consistent.	5	4	3	2	1
41.	I would prefer a sermon without stories or illustrations.	5	4	3	2	1
42.	At points, the sermon made me smile, laugh, or chuckle.	5	4	3	2	1
43.	The sermons on church health communicated that the preacher cares about my life.	5	4	3	2	1
44.	I understood how I could act on the sermon in my personal life.	5	4	3	2	1
45.	The sermons were preached confidently.	5	4	3	2	1
46.	It is helpful to have sermons on church health not directly connected with increasing numbers.	5	4	3	2	1
47.	God spoke to me through the sermons on church health.	5	4	3	2	1
48.	The preacher had strong eye contact.	5	4	3	2	1

		Strongly Agree	Moderately Agree	Neither Agree or Disagree	Moderately Disagree	Strongly Disagree
49.	I wish the preacher would stand behind the pulpit to deliver the sermon.	5	4	3	2	1
50.	I was able to follow the logic of the sermons.	5	4	3	2	1
51.	I have gained new insights as a result of hearing the sermons on church health.	5	4	3	2	1
52.	I am glad that I heard the sermons on church health.	5	4	3	2	1

53. Sunday Worship Services Attended:

- March 5 _____
- March 12 _____
- March 19 _____
- March 26 _____

- April 2 _____
- April 9 _____
- April 16 _____
- April 23 _____

Thank you for taking the time to respond.

Appendix H

Post-Sermon Series Questionnaire Follow Up Postcard

Thank You

For completing and returning the final questionnaire you received for my dissertation project. Your participation has been invaluable, and I am very appreciative.

If you have not yet mailed yours back, it's not too late. Please take a few minutes and respond today. I am now working with a tight schedule in order to finish up the work. If I could have your response by Friday, May 19, that will help me stay on target.

John

Appendix I

Post-Sermon Series Interview Questions

1. What have the sermons about church health taught you?
2. How have these sermons impacted you spirituality?
3. In what ways have these sermons impacted your attitudes, behavior, and/or relationships?
4. How has the preaching style affected your response to this series?
5. What other feelings or thoughts would you like to share about these church health sermons?

Appendix J

Church Health Scales

Spirituality Scale	Affect Scale
I pray for my pastor, leaders, and other members (#5).	I feel that my attitudes toward those in my family influence my relationships within the church (#6).
I minister to others through my spiritual gifts (#9).	I feel loved by this congregation (#13).
The compassion of Jesus Christ leads me to reach out to the unchurched (#15).	I feel that the love of this congregation attracts others (#14).
Church health depends upon a passionate relationship with Jesus Christ (#16).	This church shines forth the love of Jesus Christ for one another and for others (#18).
God gives me discernment concerning spiritual warfare attacks upon this church (#23).	I feel free to share my struggles with my fellow church members (#20).
Because of my dedication to Jesus Christ, I attend church activities willingly (#28).	It is as easy for me to say, "I love you" to church members and really mean it as it is for me to say it to my spouse (#24).
I participate in morning worship, Sunday school, Bible study, and prayer to grow closer to God (#29).	I feel this church shines forth the love of Jesus for one another and for others (#30).

Cognition Scale	Behavior Scale	Relationships Scale
The Holy Spirit empowers this church to be Jesus' witnesses (#10).	My personal moral actions have no impact upon the health of the church (#7).	My relationship with my spouse is an important qualification for a church leader in this church (#8).
Teaching and preaching on church health by our pastor is important to our congregation's well-being (#17).	I actively seek to fulfill the responsibilities that I agree to do as a church officer or volunteer (#12).	I try not to let the sun go down on my anger so that the devil does not get a foothold in this church (#11).
Teaching and preaching on church health is important to our congregation's well-being (#21).	I seek to behave myself at work in a way that I am a good Christian witness (#27).	It is important to be so spiritually focused that you worship the Lord and work with the pastor without confusing the two (#19).
Church health should not be discussed in church (#22).		
A healthy church sees itself as a living body of Christ (#25).		I shared a meal with someone in the church so that I could get to know him or her better (#26).

Appendix K

Sermon Scales

Use of Illustrations	Conversational Style
The stories used in the sermon helped me to understand the Bible better (#33).	I felt like the preacher was talking with me (#39).
The stories in the sermon made the sermon more meaningful (#38).	At points, the sermon made me smile, laugh, or chuckle (#42).
I would prefer a sermon without stories or illustrations (#41).	The sermons on church health communicated that the preacher cares about my life (#43).
	The preacher had strong eye contact (#48).
	I wish the preacher would stand behind the pulpit to deliver the sermon (#49).
	I was able to follow the logic of the sermon (#50).

Life Application	Positive Emotional Appeal
After I heard the sermon, I thought, "I can do that!" (#32).	The sermons in this series on church health were encouraging (#31).
At times, I felt the preacher's sermon and his life were not entirely consistent (#40).	The sermons on church health touched my feelings and emotions (#34).
I understood how I could act on the sermon in my personal life (#44).	The sermons were pleasurable to hear (#35).
It is helpful to have sermons on church health not directly connected with increasing numbers (#46).	The preacher seemed hesitant to preach on church health (#36).
I have gained new insights as a result of hearing the sermons on church health (#51).	I tended to feel discouraged after hearing the sermons on church health (#37).
	The sermons were preached confidently (#45).
	God spoke to me through the sermons on church health (#47).
	I am glad that I heard the sermons on church health (#52).

Appendix L
Scores by Item Observation

		Measurements			
		O1 (N=26)		O2 (N=26)	
Church Health Items		Mean	SD	Mean	SD
Church Health Scale					
5	I pray for my pastor, leaders, and other members.	4.58	.58	4.65	.56
6	I feel that my attitudes toward those in my family influence my relationships within the church	4.48	.77	4.12	1.28
*7	My moral actions have no impact on the church.	4.04	1.40	4.12	1.42
8	My relationship with my spouse is an important qualification for a church leader in this church.	4.42	.78	4.33	.64
9	I minister to others through my spiritual gifts.	4.27	.60	4.12	.59
10	The Holy Spirit empowers this church to be Jesus' witnesses.	4.69	.68	4.62	.57
11	I try not to let the sun go down on my anger so that the devil does not get a foothold in this church.	4.62	.50	4.46	.51
12	I actively seek to fulfill my responsibilities as a church officer or volunteer.	4.62	.57	4.31	.84
13	I feel loved by this congregation.	4.60	.50	4.46	.58
14	I feel that the love of this congregation attracts others.	4.27	.72	4.19	.80
15	The compassion of Jesus Christ leads me to reach out to the unchurched.	4.54	.51	4.12	.65
16	Church health depends upon a passionate relationship with Jesus Christ.	4.65	.49	4.46	.86

*These negatively worded items were reversed scored.

		Measurements			
		O1 (N=26)		O2 (N=26)	
Church Health Items		Mean	SD	Mean	SD
Church Health Scale					
17	Teaching and preaching on church health by our pastor is important to our congregation's well-being.	4.31	.68	4.15	1.12
18	This church shines forth the love of Jesus Christ for one another and for others.	4.23	.82	4.12	.91
19	It is important to be so spiritually focused that I worship the Lord and work with the pastor without confusing the two.	4.38	.92	4.17	.96
20	I feel free to share my struggles with my fellow church members.	3.73	.92	3.96	.72
21	Teaching and preaching on church health is important to our congregation's well-being.	4.32	.75	3.85	1.26
*22	Church health should not be discussed in church.	4.08	1.29	3.96	1.37
23	God gives me discernment concerning spiritual warfare attacks upon this church.	3.88	.73	3.52	.92
24	It is as easy for me to say "I love you" to church members and really mean it as it is for me to say it to my spouse.	4.04	.84	3.79	1.06
25	A healthy church sees itself as a living body of Christ.	4.88	.33	4.65	.56
26	I shared a meal with someone in the church so that I could get to know him or her better.	3.92	.89	3.60	1.08
27	I seek to behave myself at work in a way that is a good Christian witness.	4.69	.55	4.58	.50

		Measurements			
		O1 (N=26)		O2 (N=26)	
Church Health Items		Mean	SD	Mean	SD
Church Health Scale					
28	Because of my dedication to Jesus Christ, I attend church activities willingly.	4.64	.49	4.54	.58
29	I participate in morning worship, Sunday school, Bible study and prayer to grow closer to God.	4.50	.65	4.46	.71
30	I feel this church shines forth the love of Jesus for one another and for others.	4.36	.64	4.19	.75

		Measurements	
		O2	
Sermon Items	Mean	SD	
Conversational Style Scale (N=22)		3.95	.92
39	I felt like the preacher was talking with me.	3.78	1.00
42	At points, the sermon made me smile, laugh, or chuckle.	4.17	.89
43	The sermons on church health communicated that the preacher cares about my life.	4.17	.96
48	The preacher had strong eye contact.	4.00	1.00
*49	I wish the preacher would stand behind the pulpit to deliver the sermon.	3.36	1.38
49	I was able to follow the logic of the sermons.	4.00	1.04
Life Application Scale (N=22)		3.72	.80
31	After I heard the sermon, I thought, "I can do that!"	3.48	.99
*40	At times, I felt the preacher's sermon and his life were not entirely consistent.	3.87	1.01
44	I understood how I could act on the sermon in my personal life.	3.92	.93
45	It is helpful to have sermons on church health not directly connected with increasing numbers.	3.88	1.08
51	I have gained new insights as a result of hearing the sermons on church health.	3.88	1.03
Positive Emotional Appeal Scale (N=21)		3.98	.83
31	The sermons in this series on church health were encouraging.	3.92	1.02
34	The sermons on church health touched my feelings and emotions.	4.05	1.09

		Measurements	
		O2	
Sermon Items	Mean	SD	
35 The sermons were pleasurable to hear.	3.79	1.14	
*36 The preacher seemed hesitant to preach on church health.	4.13	1.14	
*37 I tended to feel discouraged after hearing the sermons on church health.	4.00	1.02	
45 The sermons were preached confidently.	4.38	.77	
47 God spoke to me through the sermons on Church health.	3.52	.98	
52 I am glad that I heard the sermons on church health.	4.08	1.21	
Use of Illustration Scale (N=22)	3.97	.92	
33 The stories used in the sermon helped me to understand the Bible better.	4.00	.98	
38 The stories in the sermon made the sermon more meaningful.	3.92	.93	
*41 I would prefer a sermon without stories or illustrations.	4.04	1.12	

Appendix M

Ethnograph Code Words Defined

Code Word	Definition
1. Awareness	Brought the topic to the attention of the respondent.
2. Coaches	Respondent refers to “coaches” sermon.
3. God	Respondent mentions God.
4. Health	Respondent mentions church health in their response.
5. Leadership	Respondent mentions leadership.
6. Love	Respondent mentions love.
7. Mechanics	Respondent mentions something related to the mechanics of the sermon, i.e., length of sermon, where the pastor is standing, volume of pastor’s voice, or pastor’s perceived emotional state.
8. Negative	Response is negative in tone.
9. Neutral	Response is neutral in tone.
10. No Answer	Respondent has no comment on the question.
11. No Impact	Respondent reports no impact from the sermons.
12. Nothing	Respondent replied they learned nothing or were aware of no new ideas.
13. Outreach	Respondent mentions getting others involved, or otherwise reaching to those outside the group.
14. Positive	Respondent is positive in tone.
15. Prayer	Respondent mentions something about prayer.
16. Relations	Respondent mentions need to have good relationships with each other, family, or God, etc.
17. Self	Respondent refers to self.

Code Word	Definition
18. Solidarity	Respondent mentions teamwork, unity, or family more as a workgroup than as a specific relationship.
19. Someimpact	Respondent reports some impact from the sermons.
20. Stories	Respondent mentions something about “stories” in the sermon.

Appendix N

Outlines of Church Health Sermons

Sermon # 1

“Spiritual Body Building”

1 Cor. 15: 1-5, 12-19, 32b

- I. Opening story about Bill and his attempts at bodybuilding.
 - A. First, he tried the wrong way based on unsound teaching.
 - B. Then, he finds the right way based on sound teaching.
- II. Continuing story about Bill and his church Bible study group.
 - A. Bill came to see that Paul wrote about spiritual body building in 1 Corinthians.
 - B. As the group studied 1 Cor. 15, it became clear to them that the Corinthian church lacked so much health because it lacked a real healthy grasp of the doctrine of Jesus’ resurrection.
 - C. With this insight, the Bible study group began to discuss how sound teaching could contribute to the spiritual bodybuilding of their particular congregation.
- III. Concluding story about Bill, the Bible study group and pastor Fisher.
 - A. Pastor Fisher was very excited to hear what they were learning for he was tired of various canned church vitality fads.
 - B. Pastor Fisher perceived God leading him to preach biblically sound spiritual body building principles for a healthier church.
 - C. He prayed these sermons would provide a new vision for his congregation much like Christ’s transfiguration upon the mountaintop did for Peter, James and John.
 - D. He concluded his opening sermon by inviting the congregation to join him in this sermon series journey for the sake of the church’s sound spiritual bodybuilding by Jesus’ free and transforming grace and his resurrection power.

Sermon # 2.

“A Headless Body?”
Ephesians 1:18-23

- I. Opening story about a West Coast church.
 - A. Dale Galloway and his wife obeyed the call that God had given them.
 - B. They trusted God for the resources to build New Hope Church in a part of the country that is a very, very difficult area in which to start a church.
 - C. The Lord Jesus Christ led them to focus on creating small group ministries for hurting people who had lost hope.
- II. Continuing story about an East Coast church.
 - A. Jim Cymbala obeyed God’s call to pastor a downtown, struggling, urban church in the middle of New York City on Atlantic Avenue.
 - B. He realized that without God, the Brooklyn Tabernacle Church was doomed.
 - C. The Lord Jesus Christ led them to focus mainly on the Tuesday night prayer meeting.
- III. Continuing story about a church down south.
 - A. John Ed Mathison obeyed God’s call to lead Frazer Memorial in Montgomery, Alabama into a new day.
 - B. He and his Joel Committee from the church trusted God to lead people in making commitments about their praying, attending, giving, serving, and outreach for the upcoming year.
 - C. Under the Lordship of Christ that church probably has the highest percentage of members involved in some ministry.
- IV. Continuing story about a church in northern Middle America.
 - A. Bill Hybles obeyed God’s call to creatively reach out with a young church to seek the unchurched in Palatine, Illinois.
 - B. His passion was to lead a church that answered the questions of the spiritual seekers, addressed their needs, and introduced them to Jesus.
 - C. That church continues to follow the Lord Jesus Christ in seeking ways to reach people who think church is irrelevant, but need it so desperately.

- V. Concluding story about a church in Middle America.
 - A. Young Mike Slaughter obeyed God's call to preach on the Lordship of Christ to a struggling, declining Ginghamburg UMC in Tipp City, Ohio.
 - B. At first several people left the church, but later they began to grow as they kept focused on their first love, Jesus Christ, not only as Lord of their lives individually but also as Head of their church as a body.
 - C. While each of these pastors and churches is different in the ways God leads each of them to be church, they all are the same in their common devotion to Jesus Christ as Lord. These churches are not headless bodies.

- VI. Application
 - A. Church health improves as "the fullness of Christ fills everything (speaking of the church) in every way" (Eph. 1:23).
 - B. A church that abandons its first love, Jesus Christ, will become unhealthy and fall apart like a headless body.
 - C. Without the foundation of a current devotion to Jesus Christ as Head of the church based upon the doctrinal truth of Jesus' resurrection, the other principles of healthy spiritual body building will contribute little.
 - D. So, during this season of Lent and following, let us as a congregation draw nearer to our first love through spiritual disciplines of self-examination and repentance, prayer, fasting and self-denial, as well as reading and meditating on God's Holy Word that we might be the body fully connected to our living resurrected head, Jesus Christ, that his resurrection fullness might fill us as a church in all the glorious ways that he can fill us.

Sermon #3

“All in the Family”

Ephesians 4:1-3

- I. Opening story about a visit to McDonald’s whose hostile atmosphere reminded me of the TV show “All in the Family.”
 - A. Described the TV show characters in detail.
 - B. In that verbally abusive home, surely no one including Archie himself felt loved.
- II. Continuing story about Pastor Fisher visiting his aged grandmother to talk about her experiences in churches.
 - A. She had noted that people tend to relate with others at church like they did at home.
 - B. She told her grandson about one man who was very angry.
- III. Concluding story about two churches in a winter crisis.
 - A. Pleasant View Church became engulfed in a conflict much like the TV show.
 - B. Fourth Church faced a similar crisis but worked together in Christ like love.
- IV. Application
 - A. Today’s Scripture passage calls us to have healthier and more loving relationships in the church than we see on the TV show “All in the Family.”
 - B. One of the strongest evidence of love in a church is the joyful humor and laughter that is in a church body.
 - C. Christian love is the virtue which binds everything together in perfect unity.
 - D. Closing story about a little orphan boy, Ralph, who walked four miles to church where he had found true Christian love.

Sermon #4

“Coaches and Players” Ephesians 4:7-13

- I. Opening story.
 - A. The continuing saga of pastors Fisher and his spiritual body building sermons for the season of Lent.
 - B. As he prepared his sermon for the third Sunday in Lent, pastor Fisher reflected on the three different coaches he noticed in various basketball games on TV.
 - C. As he thought about those coaches, he reflected upon the role of the pastor to coach the body of Christ.
- II. Continuing story.
 - A. First of all, he thought about the coach at Indiana, Bobby Knight.
 - B. When pastor Fisher thought of “Duke’s coach K” he thought of his own first high school football coach.
 - C. He also recalled another high school coach as he thought of another coaches he had seen on TV. UNC’s Bill Guthridge’s high relationship, grandfatherly style had not inspired a lot of confidence in the team.
 - D. He pondered how much similarity there is between coaching and pastoring.
 - E. He also pondered how he had often heard today’s Scripture in terms of “Onward Christian Soldiers” programs, emphasized numerical growth only.
- III. Concluding application and story.
 - A. When a church is equipped with healthy relationships as well as skills for accomplishing tasks, both the church and its leadership team can resist being blown around by any person or any teaching that would come to us like a Trojan Horse.
 - B. A healthy well coached team is evidenced by a clear and confident identity; people working together in love; unity among the spiritual leaders; focus on ministry in church meetings; a relationship of trust between the pastor and the church’s board; lay involvement in ministry; a good attitude toward change; and a vital prayer life.
 - C. The formation of such a healthy team can occur only when the relationship

between a pastor and the church's leadership conforms to the biblical description of ministry as we read in today's text.

- D. Pastor Fisher concluded his sermon with a humorous story from Bishop William B. Oden about how pastors loose their teeth for the wrong reasons.

Sermon #5

“No Star Player” 1 Corinthians 12:1-11

- I. Opening story about a basketball team without a single star player but went to the championship.
 - A. While no one player was outstanding, they did have great teamwork.
 - B. Together Every One Achieves More.
- II. Continuing story about the Corinthian church.
 - A. They thought that they were star players but they lacked teamwork.
 - B. They boasted in themselves instead of in the Lord Jesus.
 - C. Paul’s body analogy illustrates for us how spiritual gifts contribute to the healthiness of a church.
 - D. 1 Corinthians chapter 12 turns upside down the cultural view of the body.
- III. Application
 - A. While each person’s spiritual gifts and service are different, each person also makes his or her own special contribution to the teamwork of the congregation.
 - B. Some churches help people discover their SHAPE.
 - 1. S stands for spiritual gifts.
 - 2. H stands for head and heart.
 - 3. A stands for abilities.
 - 4. P stands for personality.
 - 5. E stands for experiences.
 - C. We seem in this day to be in a time of a second reformation that is calling all Christians to be active in ministry.
 - D. Story of a church whose teamwork improved when people were given a chance to volunteer instead of being put on a guilt trip.
 - E. Closing story of the Ford Church in Ohio. Over a period of several years, they moved from “doing church” to being a healthy body—a “church doing ministry.”

Sermon #6

“Messy Morality” Ephesians 4:17-24

- I. Opening stories about four different churches that are experiencing four different messy moral situations
 - A. The treasurer of a small group within a church committed line crime by illegally using an authorized name to transfer money from one account to another.
 - B. A gifted youth worker stops being their leader and starts being their buddy when her husband goes on a very long business trip.
 - C. A man is confronted by the church’s elders about his misbehavior with some women in the church’s singles ministry and young girls in the church.
 - D. It is a quite moment during a church’s spiritual freedom workshop and a man is crying over past hurts in dealing with gifted but overly domineering people.
- II. Continuing stories about these four different churches.
 - A. In each case, the person was confronted about their life being out of order.
 - B. In each case, the person was offered the opportunity and support to get help.
 - C. In one case, the church had to contact the police and have the person restrained from their property.
 - D. In that case, the feedback from visitors was positive for they had never felt so safe at a church.
- III. Application
 - A. Although each story was different, God led each church to deal with the moral boundaries that were broken.
 - B. The breaking of these moral boundaries hurt the life and ministry of each of these churches.
 - C. Ephesians 4:17-24 calls for churches to live above the “Messy Morality” problems.
 - D. The healthy unity of the church is hurt not only by unholy relationships but also by unholy behavior.
 - E. Story of the Korean Elder who confessed to being like “Achan.”

- F. To the degree that any church ignores the Bible's call to holy living, a church's health is hindered.
- G. Concluding story of a church where people rebelled when ongoing sin was pointed out.

Sermon #7

“Overcoming the Dark Side”

2 Timothy 3:1-7

John 12:12-19

- I. Opening Story
 - A. Sidney Poitier keeps his integrity at a cost.
 - B. He overcame the dark side of playing parts that he considered out of character.
- II. Continuing Story
 - A. Unlike Sidney, the crowd in Jerusalem did not maintain their integrity.
 - B. By Palm Sunday, those who earlier shouted “Hosanna” now shouted “Crucify him.”
 - C. A dark and unholy triangle of fear developed between the chief priests, the people and Pilate
 - D. This story demonstrates how much darkness there is in the human condition.
- III. Concluding Story and Application
 - A. Recently Episode I has started fans of Star Wars on a journey to understand how cute little Anikin became Darth Vader.
 - B. Whatever Episode II and III tell us about Anikin, we do know that he failed to overcome his dark side—his fear.
 - C. The good news of the biblical story about Holy Week is that Jesus Christ went to the cross to destroy the ruler of the spiritual domain of darkness. He went to the cross to set us free, to give us the power to overcome the dark side of life for us who have been held in slavery by our fear of death.
 - D. Scripture about the dark side of life, i.e. 2 Timothy 3:1-5.
 - E. Jesus encouraged us to watch our hearts.
 - F. Asked some questions about what is in our hearts.
 - G. Closed with the affirmation that greater is he who is in us, Jesus Christ by the Holy Spirit, than all the darkness that surrounds us in the world.

Sermon #8

“The Empire Strikes Back”

Matthew 28:1-7

Revelation 12: 1-5, 7-9, 12b, 17

- I. Opening story about a Christian puppet show at the North Carolina State Fair.
 - A. It’s Easter morning and devil is all worried about Jesus staying in the grave.
 - B. The stone rolls away and an angel announces Jesus is risen.
- II. Continuing story
 - A. Tied in Revelation 12 to the Easter story.
 - B. The devil lost his immediate attack upon God’s plan so he strikes back.
 - C. He struck back at God’s plan by the lie told in Matthew 28 about the disciples stealing Jesus’ body.
 - D. Tied in Revelation 12 to the Easter story and the Star Wars movie “The Empire Strikes Back.”
- III. Application and Conclusion
 - A. Ephesians 6 informs us that our struggle to be and function as a healthy church is not a matter of flesh and blood. It is a matter of a spiritual war that is going on.
 - B. Whenever a church makes any progress in what Christ calls us to, we can always expect the empire of evil to strike back.
 - C. Churches need biblical teaching about who we are in Christ and walking in victory over the evil empire.
 - D. Churches need a stronger prayer life for one another.
 - E. Churches can often benefit from participating in a spiritual freedom workshop.
 - F. Closed with a story about a church that benefited from going through a spiritual freedom workshop and one that only went through the motions but did not benefit from the experience.
 - G. We can go forth this Easter rejoicing not only in Christ’s resurrection but also that his resurrection power offers the Church his power to overcome when the empire of evil strikes back. As Jesus said, even the gates of hell shall not

prevail against his Church.

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