

## **ABSTRACT**

### **THE EMOTIONAL HEALTH OF SENIOR PASTORS IN THE CHRISTIAN AND MISSIONARY ALLIANCE OF CANADA AND ITS CONNECTION TO THE SPIRITUAL HEALTH OF THEIR CHURCHES**

by

David R. Walls

In many denominations and churches, little emphasis is placed on the emotional health of pastoral leaders. The underlying assumption seems to be that if the spiritual life of leaders is in order, other aspects of their lives will fall naturally into place. Such reasoning subconsciously minimizes the impact that emotions have on leaders' lives. Further, the link between leaders' emotional health and the spiritual health of the church has also been given little, if any, attention.

The purpose of this research project was to describe the relationship between the emotional health of senior pastors and the spiritual health of the churches they lead. The research utilized two instruments for data gathering: (1) a survey that assessed the presence or lack of presence of eight church health characteristics (i.e., intentional evangelism, mobilized laity, transforming discipleship, engaging worship, passionate spirituality, empowering leadership, authentic community, and effective structures), and (2) a temperament analysis that measured nine contrasting personality/emotional characteristics along with a measure of emotional stability (i.e., nervous or composed, depressive or lighthearted, active-social or quiet, expressive-responsive or inhibited, sympathetic or indifferent, subjective or objective, dominant or submissive, hostile or

tolerant, and self-disciplined or impulsive). The temperament analysis was then compared to particular indices of church growth that could be linked most naturally.

A positive relationship between emotional health and church health was discovered.

DISSERTATION APPROVAL

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\_\_\_\_\_  
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by

David R. Walls

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## **CHAPTER 1**

### **PROBLEM**

#### **Introduction**

The movie Forrest Gump contains a heart-wrenching scene where five year old Jenny, Forrest's friend, prays as the two of them are running into a cornfield to hide from her drunken father: "Dear God, make me a bird so I can fly far, far away from here." Her father had been sexually abusing her, and although the next day he was arrested and Jenny went to live with someone else, her struggles over what he did to her had only begun. In fact, she spends the rest of her life trying to recover from the damage.

Years later, Jenny returns to the small town where she grew up to visit Forrest. The two of them, now adults in their thirties, are walking near the abandoned shack where she once lived. As she fixes her eyes on it, painful buried memories of the abuse flood her mind. She bursts into tears and begins to vent her hurt and anger by picking up the rocks around her and throwing them as hard as she can at the shack. When Jenny has no more rocks, she takes off her shoes and throws them, too. Finally, she falls to the ground sobbing. As Forrest reflects on the scene, he says, "Sometimes I guess there just aren't enough rocks."

All people have something in their lives that incites rock-throwing emotions. The reality is that everyone, including pastoral leaders, travels a roller coaster of emotions daily. Despite this fact, many pastors attempt to detach themselves from their own emotional world, assuming that if they simply keep their spiritual and church lives in order, their emotional world will also be ordered. It rarely is. Further, such a conclusion discounts the vital importance of appropriate emotional health or wholeness that must

characterize those who lead. Granted, although a consistent pattern of emotional and personality traits that should characterize all leaders is difficult to produce, still the personality of a leader plays a significant role in the life of the organization with which the leader is associated. One authority, while extolling the importance of pastoral leadership in today's church, suggests that a major concern for such leaders is that they maintain personal health and well-being: "Increasingly, we recognize that mere external knowledge and skills are not enough to ensure the effectiveness of the leader.... [W]ho the leader is—the personhood of the leader—is the central and most critical issue in leadership" (Lewis 108).

Pastoral leadership requires strength and health of character, including emotional health, simply because of the costs involved with leadership, the responsibilities to be shouldered, and the tensions to be endured. Leaders of the present and future must have "the emotional strength to manage their own and others' anxiety as learning and change become more and more a way of life" (Hesselbein, Goldsmith, and Beckhard 68).

Perhaps the significance of the emotional strength of leaders is what prompted Norman Shawchuck and Roger Heuser to state the issue even more strongly:

The inner qualities of the leader are of no small importance in the discussion of leadership. The tone of the congregation's life and ministry is, to a significant degree, a mirrored reflection of the interior qualities and condition of the leader. The congregation reflects the leader's inner secret life. If the leader is broken, duplicitous, angry, then the congregation will reflect those qualities. If the leader is collected, complete, at peace, then the congregation will eventually reflect these qualities. (111)

Invariably an organization, including a congregation, takes on the personality of its top leader, providing of course that the leader is in touch and connected with the membership. If the leader is petty, those working alongside that leader will be petty.

Nevertheless, if the leader is encouraging, optimistic, and courteous, then the vast majority of those connected to this kind of leader will reflect the same qualities (Phillips 62). Anthony Headley affirms this direction when he concludes that “the pastor’s well-being often reflects a church’s health and happiness ... [because] there is a systemic link between church health and the health of its leaders” (1). Richard D. Dobbins, in targeting pastoral leaders of the Assembly of the God churches in North America, also speaks to all pastoral leaders:

Nothing is more critical to the mental health of the church than the mental health of the pastor. Healthy churches are led by emotionally, physically, and spiritually healthy servants of the Lord.... A church is no more healthy than its leader. (1)

Although more is written about the character of pastoral leaders in Chapter 2, primarily “there are three aspects to leadership: who you are inside, what you know, and how you act” (Hesselbein and Shinseki 8). Leaders behave badly because of who they are and what they want:

Leaders are incompetent for various reasons. Some lack experience, education, or expertise. Others lack drive, energy, or the ability to focus. Still others are not clever enough, flexible enough, stable enough, and emotionally intelligent enough. (Kellerman 51)

Although multiple factors influence the competency of leaders, the lack of emotional stability, intelligence, or health is a major contributor to a downward success spiral. “The mastery of the art of leadership comes with the mastery of the self. Ultimately, leadership development is a process of self-development.... The quest for leadership is first an inner quest to discover who you are” (Kouzes and Posner 336).

At the same time, the universe of emotions, having only recently been acknowledged to be a significant part of a leader’s portfolio, is convoluted, complex, and

a short list of emotions that describes emotional health does not exist. Medical professionals, for example, often diagnose their patients according to the syndromes described in the Diagnostic and Statistical Manual (DSM-IV; First). A syndrome is a set of behaviors that consistently appear together: a set of behaviors the patient, the doctor(s), or the patient's friends and family can observe and describe. The challenge is that every person is different. Consequently, the number of syndromes recognized by practicing psychiatrists has multiplied exponentially in the forty years since the first edition of the DSM appeared in 1952. That volume described sixty categories of abnormal behavior. The DSM-II, published in 1968, more than doubled this number to 145 syndromes, and the DSM-III raised the total to 230. The DSM-IV, which appeared in 1994, lists 382 distinct diagnoses, plus an additional twenty-eight floating, or unassigned, diagnoses, which brings the total to 410 different possible diagnostic labels. This multiplication of diagnoses means that a person who comes into a psychiatrist's office with the presenting issue of depression could be categorized as belonging to one of four major categories—bipolar disorder, major depression, “other specific affective disorders,” or “atypical affective disorder”—with several subcategories included within each of these main categories (First 317-19; Ratey and Johnson 10-11). Such differentiation produces a complex science. A report from the National Institute of Mental Health, although somewhat dated, nevertheless underlines this complexity by concluding that one out of every three Americans will experience at least one form of mental (emotional) illness at some time in their lives. Based on a survey of more than 18,500 people in five different locations across the United States, the report also finds that more than 15 percent of the population has mental (emotional) health problems at

any give time (Regier, Boyd, Burke, Rae, Meyers, Kramer, Robins, George, Karno, and Locke 977-79).

Certainly pastoral leaders likely fall within the statistical numbers of those enduring or inflicted with emotional trauma, yet my experience suggests that they may have escaped the statistical reports either because they are not willing to participate when invited or, more likely, because of faulty thinking about emotions. Some of the things Christians believe about emotions are not only inaccurate, they are harmful spiritually. Many Christians believe emotions are neither moral nor immoral. Some believe that spiritually mature people rarely, if ever, experience negative emotions (Allender 33-35). Some believe and teach that once a person embraces Jesus Christ as his or her Savior, emotional balance comes about immediately and automatically. The reality is that growth in the Christian life is a process, and part of that process is emotional growth (Wright, Christian Use 29). Sadly, many pastoral leaders detour around this truth in their own lives. Additionally, some fall off the radar screen of statistical analysis because they are unwilling to become open to and accepting of their own emotional condition. Frequently they drift toward transferring the cause or responsibility for their emotions onto the shoulders of other people or painful circumstances.

Perhaps another barrier to pastoral leaders pursuing emotional health is the propensity not to practice what they preach. This dichotomy is certainly not restricted to clergy, but pastoral leaders are easily caught in this inconsistency. Jeffrey A. Kottler, although addressing his remarks to therapists, inadvertently describes the struggle of many pastoral leaders:

One of the opportunities, perhaps even the mandate, of being a ... [pastor] is the opportunity to apply what we know to our own lives. We have



access to knowledge, skills, and wisdom that have made us extremely sensitive and well prepared to think critically and analytically, to sort out complex situations, to solve problems, to promote growth and learning, even to heal human suffering. Although this training has prepared us to make a difference in others' lives, we are often the ones who are neglected in the process.

Apart from any presenting symptoms that might interfere with the quality of our lives, we [pastors] ... are notorious for taking good care of others but not necessarily taking care of ourselves. Whether due to *denial or benign neglect* [emphasis mine], we often don't apply to ourselves the same standards we hold for others.... We tell people take better care of themselves, even though we don't practice what we preach. (xii)

Every pastoral leader suffers from some degree of personal dysfunction varying from extremely mild to extremely acute. This dysfunction often serves as the driving force behind the pastor's desire to achieve success as a leader. Sadly, as previously noted, many pastoral leaders are simply not aware of, or are unwilling to acknowledge, this side of their personalities (McIntosh and Rima 12).

### **Context of the Study**

Albert Simpson founded the Christian and Missionary Alliance (CMA) in 1887. Although closely associated with Pentecostalism in its earlier days, the CMA distanced itself from that movement as early as 1910 (Niklaus, Sawin, and Stoesz 114-15). The CMA considers itself to be a denomination, although, functionally, many churches operate independently. The purpose of the CMA is to spread what is termed the fourfold gospel of salvation, sanctification, healing, and the second coming of Christ in North America and beyond. In 1981, the United States and Canadian branches of the CMA became nationally autonomous, each having its own General Council Assembly; however, they remained joint partners in terms of overseas ministries (Stoesz 158-60).

The CMA in Canada is a moderate association of 120,507 members and adherents in 423 congregations. The average Sunday morning church service attendance is 205. The

Canadian branch of the CMA supports through their Global Funding 245 missionaries around the world. Currently, although a few large CMA congregations exist in the Eastern provinces of Canada, the majority of churches over 750 people would be found in Western Canada, and nationally, the most rapid growth is occurring in the west.

Each congregation, although it must abide by the national bylaws of the CMA, operates essentially as an autonomous church. While moderately Wesleyan in doctrine, the CMA includes a wide variety of churches from traditional conservative to Willow Creek Association models. The vision of the Alliance is articulated in the vision prayer:

O God, with all our hearts we long to be: a movement of churches transformed by Christ, transforming Canada and the world. By your grace and for your glory: renew and empower us through a fresh encounter with yourself, release us to be strategic in service, kingdom connected in practice, passionate in pursuit of your mission and mercy. Use us to fulfill your purpose for Canada and the world. (Christian and Missionary Alliance 9)

Although well intentioned, like many vision statements and prayers, the CMA churches run aground in terms of the life application of the vision prayer. Since many of the churches are very small, not only is the capacity to live out the vision lacking, but the desire to do so also seems to be absent in many parishes.

The CMA does have most recently one distinctive feature that influences any study or discussion of church health. They have embraced by linkage the Natural Church Development (NCD) movement and have been attempting to utilize the principles of NCD in their churches across Canada.

### **The Purpose and Hypothesis Stated**

The project that follows was designed to explore the impact of the emotional health of senior pastors on the spiritual health of the churches they lead. My hypothesis

was that as the senior or lead pastor's emotional health grows, matures, or develops positively, so too, the spiritual health of the church that pastor leads will also grow, mature, or develop positively. Stated antithetically, as the senior pastor's emotional health declines or develops negatively, so, too, the spiritual health of the church that pastor leads will also decline or develop negatively.

### **Research Questions**

In order to fulfill the purpose of this study, the following questions have been identified:

1. How do CMA churches score on each of the eight Beeson Church Health Characteristics?
2. How do senior pastors of CMA churches score on the Taylor-Johnson Temperament Analysis?
3. Are the results and patterns from the Taylor-Johnson Temperament Analysis consistent with the health of the churches as determined by the Beeson Church Health Questionnaire?

### **Definition of Terms**

In this study several terms require definition.

*Beeson Church Health Characteristics* (BCHC) are the aspects of church health that, when viewed together, can be used to diagnose the spiritual health of a church. The characteristics for the purpose of this study are authentic community, empowering leadership, engaging worship, functional structures, intentional evangelism, mobilized laity, passionate spirituality, and transforming discipleship.

*Taylor-Johnson Temperament Analysis* (TJTA) is a quick and convenient method of measuring important personality (emotional) traits that influence personal, interpersonal, scholastic, and vocational functioning and adjustment. It functions both as a diagnostic device and counseling tool. The brief 180-question test can be administered to individuals in about thirty minutes. The TJTA measures nine personality traits and their opposites:

- Nervous ↔ Composed,
- Depressive ↔ Lighthearted,
- Active-Social ↔ Quiet,
- Expressive-Responsive ↔ Inhibited,
- Sympathetic ↔ Objective,
- Subjective ↔ Objective,
- Dominant ↔ Submissive,
- Hostile ↔ Tolerant,
- Self-Disciplined ↔ Impulsive.

Additionally, one of nine supplemental scales was used to provide a brief interpretive report on the emotional stability of the respondent. Although all nine personality traits and their opposites were considered, focused attention was given to three pairs of traits: nervous or composed, depressive or lighthearted, and hostile or tolerant. Certain trait patterns were also considered in this study, particularly the anxiety pattern, the hostile-dominant pattern, and the passive-aggressive pattern.

*Church health* is defined as the balance or “harmonious interplay” among the characteristics of health identified by the BCHC. Lack of health is defined as a low presence or absence of the health characteristics.

*Emotional health* begins with emotional self-awareness and the capacity to recognize emotions in lives and how those emotions affect relationships and job performance. Emotional health includes aspects of what is popularly known as “emotional intelligence,” insofar as emotional intelligence includes emotional self-awareness, accurate self-assessment, and emotional self-control (Goleman, Boyatzis, and McKee 39, 253).

### **Methodology**

The research model for this study is a descriptive-correlation design that utilizes a standardized personality inventory (TJTA) and a questionnaire (BCHC). The results from these tools provided an indication of the emotional health of each pastor and spiritual health of the church under their leadership. Each church’s health index was then compared to the emotional health of the pastor to test the correlation between church health and the emotional health of the pastoral leader. Any correlations noted emerged from the study of each church as independent units. Although correlations could be drawn from the study as a whole, the focus is on individual pastors and individual churches.

### **Population and Subjects**

The population for this study was a sample of churches within the Christian and Missionary Alliance Church of Canada. Each of the 139 churches in the Central and Eastern Canadian Districts was invited to participate. The samples in each church were

received from the governing board of the church, typically the board of elders and the senior pastor.

### **Variables**

The two variables in this research project are church health and the emotional health of the senior pastor.

Intervening variables that may affect the outcome of the study include primarily personal and church demographics. The personal demographics considered and factored into the study were the willingness and capacity of both the senior pastor and the board of elders to be honest in their responses, given that both health issues can be threatening particularly when provided to an unknown outside source. Further, as noted earlier in this chapter, the subject of emotions in and of itself tends to produce barriers to authenticity. The church demographics considered included the tenure of the pastor, the historical age of the church, and the geographical region of the churches that participated. For purposes of consistency, only those churches where the pastor has served for more than two years were processed. Additionally, churches without a current senior pastor were excluded from the study. The Central and Eastern Districts of the CMA include churches in the provinces of Ontario, New Brunswick, and Nova Scotia. The vast majority of the churches (97 percent) are located in Ontario. This region would be considered more conservative in methodology and philosophy than CMA churches located in Western Canada. Additionally, several of the sample churches are primarily Asian in demographic makeup, which may also impact the survey results.

**Instrumentation**

A questionnaire was used to measure the eight Beeson Church Health Characteristics. The instrument has fifty-five items answered on a five-point Likert scale. Additionally, a standardized assessment instrument and counseling tool, the Taylor-Johnson Temperament Analysis, was given to each pastoral participant. The TJTA functions as a diagnostic device to identify individual strengths as well as areas of needed improvement. Based on data collected from over 27,000 tests, the 2002 TJTA norms contain the most current and comprehensive data available for the most accurate, reliable test results. The church health indicators were compared to the temperament analysis to determine if a correlation between the health of the church and the emotional health of the pastor exists.

**Data Collection**

After contacting the denominational officials within the CMA to gain their support of the project, I sent a letter to each CMA pastor in the Central and Eastern Canadian Districts inviting their participation. In the letter, an assurance of anonymity was provided along with a commitment to share the results of the study upon its completion with each pastor and church that participated. The Eastern Canadian District Superintendent, Doug Wiebe, the Central Canadian District Superintendent, Ron Bonar, and the President of the CMA in Canada, Franklin Pyles, also signed the invitational letter. The initial letter of invitation was sent in mid-July with a requested response date of 31 August. By the middle of September, only fifteen positive responses had been received. During the rest of the month of September, telephone calls were made to all the senior pastors who had not made a commitment to participate in an attempt to encourage

their involvement. As a result of the telephone calls, by the end of September, thirty-seven pastors and churches were committed to the process. The pastors of the churches who responded were provided with the TJTA questionnaire and instructions on how to complete the TJTA profile. To facilitate the return process, each pastor was provided with stamped return envelopes. My administrative assistant, using scoring software purchased from Psychological Publications, processed the scoring of the profiles. The results remained coded, so that the results were available to me but the identities of the respondents were not. Additionally, the churches that responded were provided with the BCHC survey, stamped return envelopes, and detailed instructions regarding the completion of the survey. Each participating pastor was asked to oversee the distribution and retrieval of the church health surveys and return all requested information by 14 October. Telephone reminders were begun early in November when only fifteen completed surveys and inventories had been returned. Another round of telephone calls was made near the end of November and the final ten sets of results were obtained. Although thirty-seven pastors committed to the project, only twenty-seven actually participated.

The completed inventories and surveys were returned to my office through the mail. Upon collation the data was tabulated and processed. The results were analyzed to determine the health of each individual church and the correlation between church health and the emotional health of the senior pastor.

### **Delimitations and Generalizability**

This study focused on a select sampling (32 percent) of the total number of churches of the CMA in Canada. Additionally, this study was dependent on the voluntary



participation of both pastors and church leadership boards. The project is, therefore, limited, and the findings only generalized to those churches that participated. This research certainly adds to the existing studies related to spiritually healthy churches but adds a component that is rarely linked to those studies—the emotional health of the serving senior pastor. These findings have direct implications for the CMA as it seeks a better understanding of its churches and senior pastors and then attempts to formulate effective methods to assist the same. It also may have a bearing on the theological education provided through the Canadian Bible College and Theological Seminary in Calgary, Alberta, specifically in the realm of emotions and personality formation of its students. The research methodology employed in this study may also have transference application to other denominations similar to the CMA.

### **Biblical and Theological Foundations**

This study of emotional and church health was grounded in the biblical understanding that pastoral leaders serve as influencers and models for their congregation. Biblically, a godly leader is one whose life provides an appropriate example for others to emulate. Jesus attracted followers, both individuals and crowds, and set an example for his disciples to follow (John 13:15). A number of Old Testament people of faith are mentioned as examples in the New Testament (e.g., Rom. 4:12; Heb. 11:4-40; Jas. 5:10). The New Testament writers frequently encourage those in their congregations both to imitate good contemporary models of Christian living and set an example themselves, but ultimately they are to lead others to imitate Christ himself (e.g., Acts 20:19-35; Eph. 5:1; 1 Thess. 2:14; 2 Thess. 3:7, 9; Clarke 638). The apostle Paul, repeatedly and to different audiences and contexts, sought to underline this thesis:

“Therefore I urge you to imitate me” (1 Cor. 4:16, NIV);

“Follow my example, as I follow the example of Christ” (1 Cor. 11:1);

“All of us who are mature should take such a view of things.... Join with others in following my example brothers” (Phil. 3:15, 17);

“Whatever you have learned or received or heard from me, or seen in me—put it in practice. And the God of peace will be with you” (Phil. 4:9); and,

“You became imitators of us and of the Lord” (1 Thess. 1:6).

In each of the above verses, with the exception of Philippians 4:9, Paul uses the word μιμηται or Συμμιμηται to exhort his readers “to copy or mimic” his actions and behavior (Rogers and Rogers 356). Paul’s call to imitate him was borrowed from the ancient culture where a father taught his son a trade by modeling it and the son became his father’s apprentice (Blomberg, 1 Corinthians 91). The exhortation in 1 Corinthians 4:16 could be rendered as, “Seeing I am father in the faith to you, I appeal to your feelings, I speak to your heart,” in this matter (Evans 272-73). St. Paul’s words are an appeal to the emotions that anticipates a response to include the emotions. Paul hopes to persuade his readers that in his weakness the true power of the cross is revealed. “To imitate the weakness and power of Christ is to become the recipient of God’s power in one’s own weakness” (Fowl 428-29). Unless one compartmentalizes this imitation to exclude aspects of Paul’s personality that include God-infused emotional health, the circle of emotions is included in the exhortation to imitation. “Christian maturing includes learning how to express emotion appropriately, how to recognize and name the feelings within oneself and how to be able to use feelings creatively” (Atkinson 342). Significantly, the Corinthian converts who were exhorted to imitate Paul had no

precedents or heritage to coach them on how to live out the radical demands of the gospel. They had only Paul's verbal instructions and what they could witness firsthand of his own behavior and attitudes. Paul's appeal for imitation is particularly striking when one traces what Paul expected them to imitate:

They are to give up their hankering for high status and accept the lowliness that Paul models. They are to welcome being regarded as fools for Christ, and as weak and dishonored. They are to return abuse with blessing, slander with conciliation and to endure persecution (4:10-13). They are to recognize that all that they are and have comes to them as a grace-gift from God (3:10) and that they are not inherently extraordinary (4:7). They are to think of themselves as no better than menial field hands (3:5) and servants (4:1) awaiting God's judgment to determine if they were trustworthy (4:5). They are to rid themselves of all resentments and rivalries with co-workers so that they can toil in God's field (3:5-9). They are to resist passing themselves off as wise or elite by using lofty words of wisdom or aligning themselves with those who do and to rely instead on the power of God that works through weakness, fear, and trembling (2:1-4). The ultimate aim is not to be Paul-like, but Christlike (11:1). The Corinthians are to imitate him only insofar as his behavior corresponds to the gospel. (Garland 146-47)

The imitation that is called for is holistic and all encompassing. Paul is careful to approach this subject with a wide enough application brush that makes any attempt to misunderstand the scope of this subject impossible. When Paul invites the Philippian church to imitate him (Phil. 3:17), he strengthens his appeal by using a compound form of the verb that appears only here in the New Testament, in fact, only here in all of Greek literature (Fee, Paul's Letter 363). The concept of imitating a teacher had ample precedent in Paul's Jewish roots, where a student learned not simply by receiving instruction but by putting into practice the example of living that comes from the teacher's model (363-64). To be an imitator of the apostle means laying hold of Christ in the consciousness of one's own imperfection and letting one's life be continually remolded by Christ in obedience to him (Bauder 491). Certainly, one's own imperfection

corresponds to Daniel Goleman’s insistence upon emotional self-assessment and awareness and continually being remolded by Christ could also include emotional self-control (Goleman, Boyatzis, and McKee 39).

In commenting on the subject and with specific reference to 1 Corinthians 4:16-17, E. Larsson summarizes the Pauline notion of imitation:

The imitation can refer to a *characteristic* [emphasis mine] quality or act of the person referred to or can mention the example’s entire way of life.... The imitation refers ... to his entire life. The “ways” of the apostle (v.17) are the prescriptions for the Christian life, which he had given in his instruction and which are organically connected with his exemplary *disposition* [emphasis mine]. (429)

The dictionary defines “Disposition” as a temperament or character, a natural tendency (273). Within the context of Christian sanctification, God by his Spirit desires to sanctify the entire person, including the temperament:

Growth in sanctification will affect our emotions. We will see increasingly in our lives emotions such as love, joy, peace, patience (Gal. 5:22).... In ever-increasing measures we will put away the negative emotions involved in “bitterness and wrath and anger and clamor and slander” (Eph. 4:31). (Grudem 756)

This brief biblical and theological understanding forms the underpinning of this study in that the congregational imitation of an emotionally healthy pastoral leader will indeed move that congregation in the direction of spiritual health.

### **Overview of Study**

Chapter 2 reviews selected literature and pertinent research. The biblical and theological foundations of emotional health for pastoral leaders and their relationship to church health are considered. Current writings on emotional health are examined and a list of quality characteristics of church health is defined.

Chapter 3 presents a detailed explanation of the project's design, the research methods, and the methods of data analysis.

Chapter 4 presents the findings of the study.

Chapter 5 reports the major findings of the study and the practical applications that flow out of the research. It also offers suggestions for further inquiry and study.

## CHAPTER 2

### LITERATURE

#### Pastors and Emotions

Growth in the Christian life, including growth in a pastoral leader's life, is a process, and part of that process is emotional growth. Sadly, many pastoral leaders detour around this truth in their own lives. Some fall off the radar screen of statistical analysis and assistance because they are unwilling to become open to and accepting of their own emotional condition. Frequently they drift toward transferring the cause or responsibility for their emotions onto the shoulders of other people or painful circumstances. Some pastors are clearly wary of the subject of emotion, concluding that emotions can too easily get out of hand, and the resultant loss of rational control over life is considered to be unhelpful if not sinful. "Faith not feelings" may describe their spiritual mantra. Such leaders may deny certain emotions (often anger) within themselves or may repress their true emotions in an attempt to stay in control. "Sometimes their failure to express emotion appropriately can lead to disorders in other areas of life, such as psychosomatic illness" (Atkinson 341-42). Unfortunately, a great majority of corporate and church leaders believe they can disguise or ignore the underlying issues of their lives but end up with far more painful outcomes (Thrall, McNicol, and McElrath 10). Despite the negative outcomes, lurking beneath the surface is the subtle temptation to accept the popular yet mistaken image of a successful leader as one who is aloof, tough-minded, and tough-talking and who operates in a world of untouchable secrecy. If he or she has needs, feels alone, wrestles with very human problems, or lacks the ability to cope with some particular pressure, no one should ever know about it (Swindoll, Start Where You Are

84). Once this pattern of denial or transference is adopted, honest assessment of their emotional health as leaders is virtually impossible.

Additionally, one must acknowledge that deeper issues lie behind the lack of emotional interaction and understanding in the lives of pastors. Undoubtedly, individual differences in people's abilities to represent cognitively their emotions and to exert control effectively over their emotional lives allow some to manage their emotions particularly during "rock throwing" episodes in a more effective way. Ted W. Engstrom goes as far as to state that "true leadership, *even when it is practiced by the most mature and emotionally stable person* [emphasis mine], always exacts a toll on the individual" (95). Nevertheless, when the dust settles, one discovers at one end of the spectrum those pastoral leaders who are consistently hampered by their inability to cope with stress, never quite able to recover from negative life events. When asked about the problem of depression as it relates to pastors, one counselor who devotes much of the day to counseling clergy replied, "What's the problem? Depression is the normal state for clergy" (Hauerwas and Willimon 112). At the other end are those who quickly and efficiently rebound from stressful experiences, being able to move on despite adverse circumstances (Tugade and Fredrickson 324-25). Thus, individuals may differ in how they perceive, express, understand, and manage emotional phenomena. Even with that caveat, "the overall health of any church or ministry depends primarily on the emotional and spiritual health of its leadership. The key to successful spiritual leadership has much more to do with the leader's internal life than with the leader's expertise, gifts, or experience" (Scazzero 20). Many recent voices in the corporate world are at least coming

to terms with the importance of emotions and leadership. Consistently they speak of a better way of leadership—a way that maximizes “emotional intelligence”:

Emotional intelligence emerges not from the musings of rarefied intellect, but from the workings of the human heart. EQ isn't about sales tricks or how to work a room. And it's not about putting a good face on things, or the psychology of control, exploitation, or manipulation. The word emotion may be simply defined as applying “movement” either metaphorically or literally, to core feelings. It is emotional intelligence that motivates us to pursue our unique potential and purpose, and activates our innermost values and aspirations, transforming them from things we think about to what we live. Emotions have long been considered to be of such depth and power that in Latin, for example, they were described as *motus anima*, meaning literally, “the spirit that moves us.” This feedback—from the heart, not the head—is what ignites creative genius, keeps you honest with yourself, shapes trusting relationships, provides an inner compass for your life and career, guides you to unexpected possibilities, and may even save you or your organization from disaster. (Cooper and Sawaf xiii)

Too often within the context of congregational life, pastoral leaders have distanced themselves from emotion that emerges from the heart, content to deal with matters from an academic or intellectual framework.

Bill Hybels acknowledges a prevailing mind-set among many Christian leaders:

I've realized it is possible to fall into the trap of thinking a life of carefully limited emotions, a life without emotional highs and lows, is a life that pleases God most. But that most often results in a tragic loss of vigor in individuals and in the family of God. (qtd. in Talbot and Rabey 43-44)

A mind-set that travels through ministry in a carefully guarded emotional spaceship may seem to be the safest method; however, such an approach accumulates more damage than many leaders are prepared to admit.

Charles R. Swindoll strikes at the heart of this tendency toward a spurious pattern of thinking regarding emotions and calls Christians and leaders to a higher path:

Something else bothers me and that is all the things I have been taught against feelings,... almost as if emotions are spurious, never reliable,



hardly worth mentioning. And even worse, it is as if emotions are never prompted by the Spirit of God, . . . that they are far removed from anything connected with true spirituality.

Where did we get such an idea? Since when is the Spirit's work limited to our minds and our will but not our hearts? Why is it that so many of us evangelicals are so afraid of feelings? What has happened to us? Why must our theology and the expression of our faith be devoid of emotion? After all, God made us whole people; He created us with minds, will, and hearts. And if He created us with the capacity to feel, shouldn't we be free to talk about our feelings, to express them, and to value them in ourselves and in others?

Rather than being unimportant, I have found that my feelings often represent some of the most sensitive areas in my life touched by the Spirit of God. Not infrequently do my emotions play a vital role in how and where the Spirit is guiding me, giving me reasons to make significant decisions, cautioning me to back off, and reproving me for something in my life that needs immediate attention. (Flying Closer to the Flame 154)

A central task of the community called the church and the people called pastoral leaders is to create an environment that is safe enough for emotional honesty. The truth is that emotional brokenness is not a disease; it is a condition—one that is always there, inside, beneath the surface, carefully manicured and hidden for as long as one can maintain the façade. Nevertheless, the reality is that all leaders live in some dimension of emotional brokenness. Pastoral leaders simply do not always see it or wish to acknowledge it. “When we turn our chairs to face each other, the first thing we see is a terrible fact: We're all struggling” (Augsburger 119).

### **Pastoral Leaders in Distress**

Although twenty-first century pastoral leaders may imagine that their world is the first to experience emotional trauma, even a cursory glance through the pulpits of church history suggests a pattern of emotional angst and its fallout. Joseph Parker feared criticism. He lived in constant fear that he would say or do something wrong. He did not believe that people loved him or appreciated his ministry, and he had to be told

repeatedly that his congregation's affections for him were real and lasting (Wiersbe 55). Alexander Whyte, considered one of the finest preachers of the nineteenth century, could not deal with controversies with individuals and would go to almost any length to avoid them (Wiersbe 94). G. Campbell Morgan was often attacked in the press. During a meeting in New York City, he spoke openly in the pulpit about the cruel lies people were spreading about him and it so upset him that he actually fainted (Wiersbe 134).

Charles Haddon Spurgeon, the famous British preacher of the nineteenth century, had an amazing life story. He first started to preach at the age of eighteen and two years later went to London to be the pastor of a large congregation. His effectiveness as a preacher soon elevated him to prominence and culminated in the building of the Metropolitan Tabernacle when he was only twenty-seven years old. Still, he paid a price for his success. Like so many preachers before him and since, he struggled with depression. After being absent from his pulpit and being forced to leave his writing undone, Spurgeon wrote a letter to his congregation in an attempt to put words to his emotional suffering:

Dear Friends,  
 The furnace still glows around me. Since I last preached to you, I have been brought very low; my flesh has been tortured with pain and my spirit has been prostrate with depression. Yet, in all this I see and submit to my Father's hand.... With some difficulty I write these lines in my bed, mingling them with the groans of pain and songs of hope.... You do pray for me, I know. I am as a potter's vessel when it is utterly broken, useless and laid aside. Nights of watching and days of weeping have been mine, but I hope the cloud is passing. Alas! (qtd. in Dallimore 137-38)

The tribe of Charles Spurgeon, Joseph Parker, Alexander Whyte, and G. Campbell Morgan is not extinct. Pastoral leaders before and since their time have found themselves in emotional backwaters. Nearly eighteen million Americans age eighteen and older will

experience a mood disorder in the coming year. Since this number represents almost 10 percent of the adult population, the reality is that mood disorders will affect many in pastoral ministry. The majority of these will be swept under the tide of depression, and for many their depression will be a recurring, lifelong struggle (Hart, “When Healers Hurt” 33). The painful reality is that pastoral leaders live in an age of depression:

Compared with when our grandparents were young, depression is now ten times as widespread in the United States, and the rate is climbing. Nowadays, depression first strikes people ten years younger, on average, reaching into late childhood and early adolescence for its youngest victims. It has become the common cold of mental illness.... For our age, depression and sadness are the dominant emotions. (Seligman 95)

Compounding the apparent commonness of depression in the culture is the fact that depression is a tenacious condition. In one study of over five hundred depressed patients who sought treatment, two years after the initial episode, 20 percent of the patients had not recovered. Ten years later, 7 percent remained depressed. Of those who measured some recovery, the majority experienced subsequent bouts of depression: 40 percent at two years, 60 percent at five years, and 75 percent at ten years (Kramer 162-63).

As debilitating as depression is in ministry, the scope of emotional trauma and distress in ministry is not limited to depression. “Pastoral ministry is harder now than ever before” (London and Wiseman 35). The following risk factors begin to paint the emotional canvas of the pastoral leader and provide some understanding as to why pastoral ministry is so arduous today:

1. Of all congregations in the United States, 50 percent are either plateauing or declining;
2. Nine out of ten pastors work more than forty-six hours a week;

3. Eight out of ten pastors believe that pastoral ministry affects their families negatively;
4. Approximately one-third say that being in ministry is an outright hazard to their family;
5. Three-quarters report they have had a significant, stress-related crisis at least once in their ministry;
6. Nine out of ten feel they are inadequately trained to cope with ministry demands;
7. Nearly 50 percent report a serious conflict with a parishioner at least once a month;
8. Two out of ten pastors indicate that they had been forced out of ministry at least once during their ministry; another 6 percent say they had been fired from a ministry position;
9. Seven out of ten say they have a lower self-image now than when they started in ministry;
10. Seven out of ten do not have someone they consider a close friend;
11. Between 50 and 80 percent of pastors said their greatest problem is they are sick and tired of dealing with problem people, such as disgruntled elders, deacons, worship leaders, etc. Nine out of ten said the hardest thing about ministry is dealing with uncooperative people;
12. Half of pastors' marriages will end in divorce;
13. The majority of spouses of male pastors said that the most destructive event in their marriage and family was the day they entered the ministry;

14. Seven out of ten pastors constantly fight depression; and,

15. Approximately 50 percent of pastors say they have considered leaving their pastorates in the last three years (London and Wiseman 20, 25, 34; Murphy).

According to estimates by the Alban Institute, at least 17 percent of clergy suffer from stress or burnout. About 1,400 ministers a year call a toll-free hotline of the Southern Baptist Convention, that counsels ministers through its LeaderCare program. Estimates indicate that nearly one hundred Southern Baptist pastors leave the ministry every month. In all denominations nationwide, 1,600 per month are terminated or forced to resign (Tiansay 10). In a broad survey of 1,460 Evangelical Lutheran Church in America clergy, results indicate that “some feel cut off, alone with no one to talk to about stress, and they wonder how much longer they can continue” (Novak 42). The same report noted that in 2002, 16 percent of male clergy and 24 percent of female clergy suffered from depression compared to 6 percent of United States men and 12 percent of women (42).

What exacerbates these risk factors is that often within the parish context failure of whatever nature—emotional or otherwise—either cannot be faced or acknowledged by the pastor and so must be camouflaged forever or it is remembered in a punitive manner for the balance of the pastor’s ministry. Sadly, those in the marketplace have been quicker to see reality and offer balance in this area:

If you feel you must hide your mistakes out of shame, then you are trying to appear perfect—better than anyone else. Of course, you should try to do the best you’re capable of in your career and in your personal life. You should not stop striving to achieve, or settle for something less than you desire. But having to be number one and perfect all the time in everything is a very grandiose aim. You are setting yourself up for disappointment. (Harvey and Katz 228)

The leaders I know, both in the church and without, regularly refer back to some failure—something that happened to them that was personally difficult, even emotionally traumatizing, something that made them feel as if they had no future—as something they now view as almost a necessity. “It is as if at that moment the iron entered their soul; that moment created the resilience that leaders need” (Bennis, Managing People 97).

### **Wholeness and Health**

Too often the emotional lives of leaders are compartmentalized out of existence as if emotions are somehow better understood if they are isolated from the balance of the leaders’ experiences. In that external compartment, leaders may poke at them from time to time, even examine them safely from a distance, but at no point do they allow them to intersect with their understanding of wholeness and health. However prone pastoral leaders are to this propensity, the reality remains that humans are full of unpredictable emotions that logic cannot solve.

The real-world connection between emotions and health is affirmed by the American Institute of Stress, when they report that between 75 and 90 percent of all visits to primary-care physicians result from stress-related disorders (Colbert 6). More than twenty-three million Americans suffer from some form of anxiety disorder, including panic anxiety disorder, obsessive-compulsive disorder, and generalized anxiety disorder (Hart, Anxiety Cure 7). The following recent research findings underline the link between emotions and health:

1. In a ten-year study, individuals who could not manage their emotional stress had a 40 percent higher death rate than non-stressed individuals (Eysenck 57).

2. A Harvard Medical school study of 1,623 heart-attack survivors concluded that anger brought on by emotional conflicts doubled the risk of subsequent heart attacks compared to those who remained calm (Mittleman, Manclure, and Sherwood 1720-25). In 1980, Dr. Redford Williams and his colleagues at Duke University demonstrated that obtaining a high score on a fifty-item hostility test was positively connected with the severity of coronary artery disease (Williams and Williams 34-35). According to Williams, about 20 percent of the general population has levels of hostility high enough to be dangerous to health (3).

3. An international study of 2,829 people between the ages of fifty-five and eighty-five found that individuals who reported the highest levels of personal “mastery”—feelings of control over life events—had a nearly 60 percent lower risk of death compared with those who felt relatively helpless in the face of life’s challenges (Pennix, van Tilburg, and Kriegsman 510-19).

In light of this kind of research, more and more psychologists are rejecting the idea of men and women as simply “thinking machines” and are beginning to view human beings instead as biological organisms whose survival depends upon constant interaction with their environment:

In this interplay ... emotions have a critical role. Far from being trivial, they contain, as one expert put it, “the wisdom of the ages”—warning us of danger, guiding us toward what is good and satisfying, signaling our intentions and our reactions to others. Emotions are the most ... intimate aspect of human experience. (Goode, Schrof, and Burke 55)

Although debate still remains regarding the elements of wellness or health, the consensus is that wellness is multidimensional. The number of dimensions varies from two (mental and physical) to seven or more. The most commonly described sub-dimensions are

physical, social, intellectual, emotional, and spiritual (Corbin and Pangrazi 1-2). In order for pastoral leaders to appreciate and move personally toward wellness, they must begin to come to terms with the context and actions that will produce such wellness:

Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change. (O'Donnell 5)

Pastoral leaders who speak and teach on body, soul, and spirit remain remarkably shortsighted when the integration of emotions into theology and lifestyle are suggested.

A recent report on health and health care states that the perfect or ideal health is a state of complete physical, mental, emotional, social, and spiritual well-being and that neglect of any component of health predisposes one to, or creates, an unhealthy state (Grosel et al. 339). This whole-person nature of health is grounded in biblical wisdom. I write more about the whole-person nature of health later in this chapter, but at this juncture what is important to remember is that Jesus himself fed the hungry, encouraged people with powerful teaching stories, and quieted people's emotions—particularly their fears and anxieties. Jesus' healing was holistic in that he healed persons' suffering from all types of illnesses—physical, mental, emotional, interpersonal, and spiritual (Clinebell 20).

The Inter-Lutheran Coordinating Committee on Ministerial Health and Wellness have developed what they term "The Wholeness Wheel" (see Appendix A). The wheel serves as a visual representation of the multifaceted and interdependent nature of health and wellness. Among other things, the wheel is comprised of five components: physical,



emotional, interpersonal, vocational, and intellectual arenas. These components are integrated into a holistic circle that “rolls” most smoothly when these five elements are well balanced in a person’s life. Each of the components requires nurturing and strengthening in order for a person to remain holistically balanced. If one area is neglected, it will adversely affect one or more of the other components, and, conversely, when one area is strengthened, positive impacts occur on one or more of the other elements. All these elements are surrounded, contained, and supported by a person’s spiritual well-being, for all of creation belongs to God. Every aspect of a person’s life is sustained and supported by God (Halaas 9, 27).

As demonstrated earlier, this approach to health has gained support from research on stress and psychosomatic disorders, which clearly demonstrates the effect of the mind (used in its widest sense to include cognitive, emotional, volitional, and spiritual components) on physical health, especially on person’s vulnerability to disease. “Since optimal health depends on the harmonious integration of many components of life, it follows that most health problems will be relatively complex because they involve several of those components” (Dolph 517).

Dan B. Allender and Tremper Longman, perhaps better than others, offer an appropriate concluding word to this section:

Ignoring our emotions is turning our back on reality; listening to our emotions ushers us into reality. And reality is where we meet God... Emotions are the language of the soul. They are the cry that gives the heart a voice... However, we often turn a deaf ear—through emotional denial, distortion, or disengagement. We strain out anything disturbing in order to gain tenuous control of our inner world... [Yet] in neglecting our intense emotions, we are false to ourselves and lose a wonderful opportunity to know God. We forget that change comes through brutal honesty and vulnerability before God. (24-25)

Pastors of all stripes desire to grow spiritually and to know God. A part of the motivation and call to ministry emerges from a deep passion to meet God and a desire to lead people in the congregation to this same place of spiritual growth. In order to lead people to God, pastoral leaders must embrace their own emotional condition.

### **The Importance of Emotionally Healthy Leadership**

Although both women and men function as pastoral leaders in today's church, no women serve as senior pastors within the Christian and Missionary Alliance.

Accompanying this male majority comes cultural baggage that has been packed carefully into the lives of these pastors as they were brought up to be "men." A scene from the movie Dead Poet's Society shows how a teenage boy, Neil, is conditioned by his dad to hide all of his normal feelings. Emotions are forbidden territory in a male world where achievement and competition are the only goals. (Sadly, this description does not simply describe the corporate world, but also the world of the church in much of North America.) Neil argues passionately that he does not want to be a doctor, but his father responds by telling him not to be so dramatic. Neil, who really wants to be an actor, replies, "I've got to tell you what I feel!" His dad refuses to listen and replies sarcastically, "Tell me what you feel! What is it?" Neil, looking terrified, remains quiet. Finally, Neil mutters, "Nothing." He does the correct thing in his family—he buries his feelings. The father leaves the room, satisfied that Neil has finally said the only right thing in this situation—nothing.

Too many pastors have been raised in that same environment and find themselves in the midst of the pressures of ministry with only one acceptable action—to bury their feelings or to deny their emotions. Such actions can only create havoc among leaders and

those they lead. The reality is that the human personality consists of roughly four-fifths emotions and one-fifth intellect. This fact suggests that decisions are reached on the basis of 80 percent emotion and only 20 percent intellect. To engage in the role of leadership without taking emotions into account is to reduce leadership effectiveness to 20 percent (Osborne 120). To continue to marginalize and minimize the critical importance of emotions in the life of pastoral leaders is to invite diminished performance:

Feelings serve multiple purposes in human affairs. It is likely that feelings play an important role in leadership.... One can construct scenarios in which a leader's effectiveness may be hampered by the experience of certain moods and emotions. Leaders who experience anger frequently may have a difficult time building good relationships with followers and engendering their trust. Similarly, a leader who frequently experiences positive moods on the job may fail to notice and attend to performance shortfalls that are less than apparent. (Johnson 4)

Johnson's conclusions underline the importance of pastoral leaders who begin to comprehend and appropriate the immense importance of their emotions in terms of their behavior and the resulting reactions of those they lead. The evidence suggests that emotionally healthy leaders are key to creating a working climate that nurtures employees and encourages them to give their best. The same is true in terms of the majority of congregants in a church as they look to their pastoral leader for the emotional climate of the parish. Emotional toxicity in an organization or church is often a top-down phenomenon. Heavy doses of toxicity or pain that strips people of their self-esteem and disconnects them from their work can come from a number of sources, including the behavior of immediate bosses, uncooperative employees, or even abrasive customers. Nevertheless, the tone in an organization tends to be set from the top, so toxicity is often a top-down phenomenon. Peter J. Frost is icily forthright in his assessment of the role of leaders in setting the emotional levels or climates in their work environment:

Another manager I interviewed (who wishes to remain anonymous), a senior HR executive in the retail industry, had this to say about the pain-inducing practices of top management: “Fish stinks from the head!” The higher up the toxic person is, the more widely spread is the pain, and the more people there are who *behave in the same way* [emphasis mine]. If you have a CEO who delivers public lashings,... then you will have the lieutenants begin to join in.

The key point here is that top managers influence the attitudes and actions of a wide circle of subordinates.... The CEO sets the tone. When a leader’s behavior is dictatorial, is dismissive of the feelings and value of other people in their organization, that style becomes a model in the culture.

Leaders who do their jobs effectively will always produce a certain amount of toxicity, and even competent leaders have their “off days.” What manager has not been inconsistent or insensitive in some situation during his or her career?... But what distinguishes good leaders is their *response* [original emphasis] to the inevitable pain they create. Good leaders recognize the discomfort they create and construct ways to dissipate toxicity. (57, 49)

Despite the fact that until very recently, little, if any, work has occurred that links emotional health and pastoral leadership, the following definitions of leadership lean toward emotional involvement:

1. The ability to impress the will of the leader on those led and induce obedience, respect, loyalty, and cooperation;
2. An ability to persuade or direct others;
3. An authority spontaneously accorded him or her by fellow group members;
4. Acts by a person that influence other persons in a shared direction; and,
5. An ability to get other people to do what they do not want to do, and like it

(Ciulla 11).

The highlighted terms above all strongly indicate emotional suggestion. Certainly, certain skills, techniques, and even styles of leadership vary from person to person; however, at the most basic understanding, leadership is moving people toward a desired

direction, which includes stimulating their emotions and motivating them to act. People do not leave their emotions at home when they head to work. People are always feeling something. Although the cultures of many organizations, including the church, place a high value on intellect devoid of emotion, emotions are often more powerful than intelligence. Research clearly demonstrates that when people are angry, anxious, alienated, or depressed, their work suffers. In those contexts people do not think clearly; they cannot process information as completely, understand it as thoroughly, and respond to it as effectively. Further, emotions are contagious. If an individual arrives at a meeting upset or angry, and that emotion is not faced and processed, it can quickly spread to the rest of the people in the group. On the positive side of the ledger, a person with a great sense of humor can quickly get a whole room of people laughing. Goleman explains why a simple insertion of humor into a room by one person is so effective:

The emotional system of the brain ... is designed to be regulated not just internally but externally, in our relationships with people.... The leader's fundamental task is an emotional one. The leader in a group, more than anyone else, determines the consensual emotions, the emotions of the group. ("Leading Resonant Teams" 30)

Emotionally healthy leaders are very aware of their emotions but also use these emotions in a variety of functional ways. First, emotions can be useful in terms of directing attention to pressing concerns and signaling what should be the immediate or short-term focus of attention. Second, emotions can be used in choosing among options and making wise decisions. Being able to anticipate how one would feel if certain events took place can help leaders choose a specific action from among multiple options. Third, emotions can be used to facilitate certain kinds of cognitive processes. Research demonstrates that positive moods can facilitate creativity, integrative thinking, and inductive reasoning.

Finally, emotional healthy leaders tend to be more flexible in planning, generate multiple alternatives to challenges, and often have a broadened perspective on problems (Johnson 7).

Emotional health has as much to do with knowing when and how to express emotion as it does with controlling it. For instance, in an experiment conducted at Yale University by S. Barsade, a group of volunteers played the role of managers who came together in a group to allocate bonuses to their subordinates. A trained actor was planted among them. The actor always spoke first. In some groups the actor projected cheerful enthusiasm, in others relaxed warmth, in others depressed sluggishness, and in others hostile irritability. The results indicate that the actor was able to infect the group with his emotion, and good or positive emotions led to improved cooperation, fairness, and overall group performance.

From the opposite perspective, those individuals and leaders who bring a high level of emotional impairment to the workplace find that their lack of emotional health limits their ability to commit or contribute to a team environment or to take full responsibility for tasks that have been delegated to them. These kinds of leaders can be insidiously destructive of teams and the emotional climate of an organization (Maciver 4).

Emotional self-management by leaders is critically important to emotional health and wholeness. Because emotions are so contagious, one of the primary tasks of a leader is the emotional equivalent of good hygiene, or getting their own emotions under control:

Leaders who freely vent their anger, catastrophize, or otherwise let their distressing emotions run amok can't also lead the group into a positive register, where the best work gets done.... Leaders who can stay optimistic and upbeat, even under intense pressure, radiate positive

feelings. By staying in control, they create an environment of trust, comfort and fairness. And that self-management has a trickle down effect from the leader. (Goleman, Boyatzis, and McKee 46-47)

Pastoral leaders who find themselves at less than optimal emotional health frequently demonstrate what Goleman labels as catastrophizing. Catastrophizing is most clearly seen in how they view and respond to the negative voices within their parish. In my consulting work with congregations and leadership teams, I regularly present what I term *a typical congregational profile*. In it I divide the congregation into three major groups: (1) the inhibitors (10 percent), (2) the influenceable (80 percent), and (3) the initiators (10 percent). The inhibiting group is characteristically negative, gloomy, pessimistic, inflexible, critical, and very vocal. Unlike the other two groups, this group has an inordinate desire to be heard. They demand attention and are not concerned whether it is positive or negative, as long as heads turn their way. Furthermore, they are tenacious in their attack and are very unlikely to change their perspective. Nevertheless, due to the level of the vocal attacks, pastoral leaders sometimes assume, even though this group represents a very small minority, that, in fact, they are the majority of the parish. They tend to exaggerate (catastrophize) the size and impact of this group and focus the bulk of their attention on them, while ignoring the balance of the congregation, some 90 percent, who are positive and eager to be led into the future. This common but unhealthy approach fails to understand that “as a leader you usually cannot make these people happy by acceding to their demands. Their real demand has nothing to do with your conciliation. Their selfish need for recognition and attention is the problem” (Miller 104). Only emotionally mature pastoral leaders are able to discern this reality and deal with it in an appropriate manner.

Related to this type of damage and misapplied leadership is the leader who is clueless, who tries to resonate a positive tone but is out of touch with the fact that those who work with him or her are stuck in a negative or unhealthy emotional register. This organizational reality makes people angry, anxious, or otherwise unhappy, but the leader remains oblivious and continues to send an upbeat message that resonates with no one (Goleman, "Leading Resonant Teams" 25).

Having spent time working in such an environment myself, I have experienced the debilitating effects of working alongside others who either are incapable of assessing the true emotional climate around them because of their own emotional impairment, or worse, are unwilling to confront the reality of the environment lest it reflect badly on their leadership. Only after people exit such contexts can they realize the high levels of toxins to which they have been exposed and how damaging the toxins have been to their own system. I find from my experience that even though I am removed from such a context, I still need regular transfusion from healthy emotional peers simply in order to function at the level of normalcy that I experienced prior to entering the radiation zone of dysfunctional emotional leadership.

Emotionally unhealthy leaders often do not see or do not want to see the impact their volatility has on their ministry. They may be made aware of their mood swings, and they may even subconsciously acknowledge how they impact others, but they really do not grasp how seriously this lack of health undermines their effectiveness and the effectiveness of those they pretend to lead.



## **A Biblical and Theological Framework**

Despite the overwhelming evidence of the importance of emotionally healthy leaders, within certain circles of the church and among a number of clergy a clear distancing from the subject remains, and, in some cases, an outright distaste for it. As noted earlier, emotional health certainly must include aspects of what is currently termed “emotional intelligence” insofar as emotional intelligence includes emotional self-awareness, accurate self-assessment, and emotional self-control. Of the three, experience suggests that for pastors self-awareness may be the primary stumbling block or, at the very least, their unwillingness to be self-aware:

Scripture regards the emotions of the heart as of great importance. Yet the place of emotions has been misunderstood by the evangelical Christian community. At best, emotions are merely tolerated. More often, they are treated as wrong or sinful. Indeed, much Christian theology has somehow gone awry on this key matter.... According to the Bible emotions and feelings have a clearly defined role in the Christian frame of reference.... Facts and feelings are part of the same process. The brain does not separate feelings from facts or facts from feelings. There is little distinction between the two: all feelings are psychological and neurological arousal attached to facts. Nor does the Bible make a distinction between facts and feelings.... We deal not with facts or feelings, but with facts and feelings. By seeing emotions or feelings as a key aspect of the heart we see that they are also a key part of one’s being. As a key to being, they are of vital importance in the life of the Christian. (Seamands 119-20)

The tendency toward a self-awareness blind spot in pastoral leaders tends to launch leaders and congregations toward a very unhealthy relationship with the subject of emotions, so much so that often pastoral leaders hear remarks such as, “If a person is a new creation in Christ, doesn’t that cure all his or her emotional problems?” or “Don’t Christians have nervous breakdowns because Satan is trying to ruin their ministry?” or “I was told that if a Christian has emotional problems there must be sin in their life.”

Comments like these have prompted me to examine my own thought processes regarding emotions and health. Over the course of several years, I have earmarked four statements that I call the flaws of Christian thinking. They are worth noting at this juncture.

Flaw 1 says that because someone is a Christian, all their problems, including their emotional ones, are solved. By teaching such myths, teachers do a great disservice to Christians by suggesting to them, “Come to Christ and all your problems will be over.” The Bible does not offer that panacea. The Bible promises that individuals will become new creatures. It assures people that they have an eternal destiny, but it does not guarantee an easy life once Christ comes into a person’s life. On the flip side, many people who are confirmed agnostics and atheists are well-adjusted and contented psychologically speaking. If lack of a religious conversion were at the root of emotional problems, then all atheists and agnostics should be deeply troubled, but obviously such is not the case.

Flaw 2 explains that all the problems people will ever encounter have been addressed directly in the Bible; they have not. To make broad, sweeping statements in areas where the Scriptures do not speak is unwise. Many times one does not find an explicit answer in Scripture for a particular problem, especially in the area of emotions.

Flaw 3 says that if people are having emotional problems, they are unspiritual. Having a problem simply proves people are human. All people have problems and all people carry baggage. Individuals are not unspiritual because they are wrestling with emotional issues. Many Christians with a vital Christian experience have deep-seated emotional problems and may be found in psychiatric hospitals. If Christianity was the

emotional cure-all some represent it to be, then any emotionally disturbed Christian is, in fact, a contradiction of identity:

Preachers have often given people the mistaken idea that the new birth and being “filled with the Spirit” are going to automatically take care of emotional hang-ups. But this just isn’t true. A great crisis experience with Jesus Christ, as important and eternally valuable as this is, is not a shortcut to emotional health. It is not a quickie cure for personality problems. (Seamands and Funk 22)

Pastoral leaders, who teach the Bible, make an important contribution to the spiritual growth of their parishioners. Unfortunately, their teaching sometimes reflects their own personal bias as opposed to the clear instruction of the Bible itself.

Flaw 4 states that being exposed to sound Bible teaching automatically solves problems. Bible instruction alone will not result in instant solutions to emotional problems. No matter how reliable the teaching or how gifted the teacher, the declaration of truth does not provide for the removal of difficulties. A more helpful approach is to think of the Scriptures as an accurate map. A map tells someone how to arrive at a certain destination, but simply reading the map or hearing directions will not automatically transport a person to New York or London. Getting to those destinations means the individual has to make the effort, pay the cost, and take the time for travel. The Bible, God’s map, is reliable and accurate; however, no hocus-pocus exists in its pages that sends the reader by way of a magic carpet.

Many Christians today hold to an emotional health gospel. This gospel assumes that if people have repented of their sins, prayed correctly, and spent adequate time in God’s Word, they will have sound minds and be free of emotional problems. Usually the theological thinking behind an emotional health gospel redefines emotional mental illnesses as spiritual or character problems, which the church or the process of

sanctification can resolve. Sadly, the emotional health gospel is a patently false gospel, one that needlessly adds to the suffering of those already in turmoil (Dwight Carlson 30).

The Scriptures do not teach directly why people are created with the capacity to feel or experience emotions. Biblical theology affirms that emotionality is grounded in the character and nature of God. God has described himself in the Scriptures as having emotions such as anger, jealousy, and joy; however, God does not experience other emotions such as fear, anxiety, or guilt. The latter three emotions, perhaps the most uncomfortable and debilitating of human emotions, are apparently experienced by humankind as a result of the Fall and would not be experienced otherwise. The Scriptures also record that when God created humanity, he said, “Let us make man in our image, in our likeness.... So God created man in his own image, in the image of God he created him, male and female he created them” (Gen. 1:26-27). Bearing the image of God means, at least in part, that humankind reflects certain transferable aspects of the personhood of God:

Both the Hebrew word for “image” (*tselem*) and the Hebrew word for “likeness” (*demut*) refer to something that is *similar* [original emphasis] but not identical to the thing it represents or is an “image” of. The word *image* [original emphasis] can also be used of something that *represents* [original emphasis] something else.... When we realize that the Hebrew words for “image” and “likeness” simply informed the original readers that man was *like* [original emphasis] God and would in many ways *represent* [original emphasis] God, much of the controversy over the meaning of “image of God” is seen to be a search for too narrow and too specific a meaning. When Scripture reports that God said, “Let us make man in our image, after our likeness” (Gen. 1:26), it simply would have meant to the original readers, “Let us make man to be *like* [original emphasis] us and to *represent* [original emphasis] us.” (Grudem 442-43)

The emotionality of humankind describes in some manner an attribute of God that people are capable of understanding and reflecting. Individuals are created with emotions

because they are made in God’s image and because emotions are part of his plan for everyone. In the area of emotions, humanity’s likeness to God is seen in the complexity and degree of emotions they experience as compared with the rest of creation (Grudem 447).

None of the ancient peoples, including people in the biblical eras, considered the “seat” of a person to be the brain. To the Greeks and the writers of Scripture, the seat of a person’s identity was in the heart—the soul, the emotions, the will, and the feelings of a person. Jesus taught, “A good person produces good words from a good *heart* [emphasis mine], and an evil person produces evil words from an evil *heart* [emphasis mine]” (Matt. 11:35, NLT). The following verses describe the heart as capable of thinking, feeling, remembering, and prompting outward behavior: “A happy heart makes the face cheerful, but heartache crushes the spirit (Prov. 15:13, NIV); “The discerning heart seeks knowledge” (Prov. 15:14); and, “The wise in heart are called discerning and pleasant words promote instruction” (Prov. 16:23).

O. R. Brandon best articulates the biblical understanding of the word “heart”:

In the English versions several Hebrew expressions are translated “heart.” In a general sense, heart means the midst, the innermost or hidden part of anything.... In the physiological sense, heart is the central bodily organ, the seat of physical life.... But, like other anthropological terms in the Old Testament, heart is also used very frequently in a psychological sense, as the center of focus of man’s inner personal life. The heart is the source, or spring, of motives; the seat of the passions; the center of the thought processes; the spring of conscience.

In the New Testament the word is *kardia*. It, too, has a wide psychological and spiritual connotation. Paul’s use of *kardia* is on similar lines. According to H. W. Robinson, in fifteen cases heart denotes personality, or the inner life in general (e.g., 1 Cor. 14:25); in thirteen cases, it is the seat of emotional states of consciousness (e.g., Rom. 9:2); in eleven cases, it is the seat of intellectual activities (e.g., Rom. 1:21); and in thirteen cases, it is the seat of volition (e.g., Rom. 7:5). (499)

Even without an appreciation of the aforementioned linguistic evidence of Scripture that captures personhood as more than a cerebral orientation, a cursory glance at the Scriptures demonstrates that they are replete with examples of emotions and human beings. In the Old Testament, Moses, Elijah, Job, David, and Jeremiah suffered from depression, often to the point of being suicidal.

“I cannot carry all these people by myself,” Moses cried, “the burden is too heavy for me. If this is how you are going to treat me, put me to death right now” (Num. 11:14-15). Elijah’s miraculous victory over the prophets of Baal is followed in the next chapter with Elijah being overwhelmed with discouragement and fear: “Elijah was afraid and ran for his life.... He came to a broom tree, sat down under it and prayed that he might die” (1 Kings 19:3-4). Job cried out in the teeth of his suffering and pain:

For sighing comes to me instead of food; my groans pour out like water.... My days are swifter than a weaver’s shuttle, and they come to an end without hope.... I despise my life; I would not live forever.... Surely, O God, you have worn me out, you have devastated my entire household.... But if I go to the east, he is not there. If I go to the west, I do not find him.... And now my life ebbs away; days of suffering grip me. Night pierces my bones; my gnawing pains never rest.... I cry to you, O God, but you do not answer; I stand up, but you merely look at me. (Job 3:24; 7:6, 16; 16:7; 23:8; 30:16-17, 20)

Facing similar circumstances and laments, today’s pastoral leaders, without a complete view of emotional health, and often in a negative reaction to the painful extremities they have encountered, slide into patterns of sinful behavior. In the biblical narrative of Job, however, even with his depression and emotional despair, the text declares: “In all this, Job did not sin” (Job 1:22).

David’s lament is played in a similar minor key: “O Lord, heal me, for my bones are in agony. My soul is in anguish” (Ps. 6:2-3). David goes on to describe his chronic

agony in these honest and transparent words: “I am worn out from groaning; all night long I flood my bed with weeping and drench my couch with tears. My eyes grow weak with sorrow; they fail because of all my foes” (Ps. 6:6-7). David felt physically dull and prematurely old because he was so discouraged and drained. David’s emotional depression was a normal response to prolonged threats on his life. He was neither mentally ill nor spiritually bankrupt. He was simply responding from his emotional makeup. Unlike many current pastoral leaders, David openly and transparently acknowledged and recorded his true emotions, which undoubtedly was a part of the therapeutic process that led him back to emotional equilibrium. The transparent and authentic acknowledgement of their emotional state is the significant lesson that emerges from these Old Testament examples. The presence of derailing emotions in their lives is not presented as unusual or abnormal. Quite the contrary, their emotions are part and parcel of the leader’s life. Additionally, the Scripture at no point suggests that their emotions are sinful but elements of life that must be faced and processed (self-awareness and self-control).

One of the remarkable truths of the New Testament is the honest manner in which it portrays the humanity and emotion of Jesus. Jesus was able throughout the Gospels to express his emotion with unashamed, unembarrassed freedom. The Gospels demonstrate that Jesus experienced hunger (Matt. 4:2; 21:18), thirst (John 19:28), and fatigue (John 4:6). Further, Jesus rejoiced at the end of the sending out of the seventy-two (Luke 10:21), marveled at the faith of the centurion (Matt. 8:10), and felt love for the rich, young ruler (Mark 10:21). Jesus’ most frequent emotion was compassion, which is recorded eleven times in the Gospels. Anger also surfaced as part of the life of Christ,

particularly when he responded to the hardened cruelty of the Pharisees (Mark 3:5). Zeal for God's honor caused him to cleanse the temple (John 2:17). Jesus also expressed what many consider to be more painful emotions. He wept (Luke 19:41; John 11:35) and was deeply troubled in his spirit (John 13:21). "The word *troubled* [original emphasis] represents the Greek term *tarasso*, a word that is often used of people when they are anxious or suddenly very surprised by danger" (Grudem 533). He underwent extreme emotional distress to the point of death (Matt. 26:36-41) and prayed with loud cries and tears (Heb. 5:7). Clearly, Jesus had a full range of human emotions. "Jesus was anything but an emotionally frozen Messiah" (Scazzero 33). For whatever reasons, the complete picture of Jesus as seen in the gospel narratives is dismissed or ignored too often, leaving a very incomplete and inaccurate picture of Jesus:

To ignore, repress, or dismiss our feelings is to fail to listen to the stirrings of the Spirit within our emotional life. Jesus listened. In John's gospel we see Jesus wracked by the deepest emotions over the death of a friend (see 11:33). In Matthew we see his anger erupt: "Frauds! Isaiah's prophecy of you hit the bull's-eye: These people make a big show of saying the right thing, but their heart isn't in it" (15:7-9). He felt deeply for ordinary people: "When he looked over the crowds, his heart broke. So confused and aimless they were, like sheep with no shepherd" (Matthew 9:36). Jesus expresses grief and frustration in Luke 19:41; irritation in Mark 14:6; frustration in Matthew 17:17; extraordinary sensitivity in Luke 8:46; and outrage in John 2:16.... We have spread so many coats of whitewash over the historical Jesus that we scarcely see the glow of his presence anymore. Jesus is a man in a way that we have forgotten men can be: truthful, blunt, emotional, nonmanipulative, sensitive, compassionate.... Underneath all our cover-up, the gospel portrait of the beloved Abba is a man exquisitely in touch with his emotions and uninhibited in expressing them. (Manning and Hancock 106-07)

When Jesus is viewed as someone who is in touch with his emotions and uninhibited in expressing them, a completely different picture of Christ begins to emerge. In fact, if Hebrews 4:15 were rephrased as a positive statement, it could read, "For we have a High



Priest who is touched with the feeling of our infirmities.” In the New Testament, the word “infirmities” refers to mental, moral, and emotional weakness or lack of strength (Seamands and Funk 55). What this verse teaches is that Jesus Christ does not simply understand the fact of infirmities:

He even understands the feeling of our infirmities—not just the crippling, not just the weakness, not just the emotional hang-ups and the inner conflicts, but the pain that comes from them. He understands the frustration, the anxiety, the depression, the hurts, the feelings of abandonment and loneliness and isolation and rejection. He is touched with the feeling of our infirmities and experiences the whole ghastly gamut of emotions that goes along with our weakness and our crippling.... He knows. He’s been through it, and feels with you. He hurts along with you. (57)

Although tacit approval is often given to the fact that Jesus understands and sympathizes with humanity’s pain, at the same time, that pain is limited to that which is physical, leaving the trauma of emotional pain in the closet. The emotional and physical pain people experience in life indicates that they are not home yet. Emotional pain is part of God’s maturing design. Recognizing a maturing design to one’s life is not a statement of defeat or resignation, in the sense that people have no responsibility to deal with, confront, and work through their emotions. Certainly, healthy emotional leaders do exactly that type of work through the empowering presence of the Holy Spirit. As followers of Christ limp toward home, they also understand that God does not condemn them because of their emotional struggles but, in fact, loves them in spite of and through all of them.

### **A Theological Conundrum**

At the same time, if the harsh findings related to ministerial duress mentioned earlier in this chapter are correct, and if indeed pastoral leaders in the twenty-first century

church are in emotional and psychological pain, the extent or dimension of the work of the Holy Spirit in the emotional lives of pastoral leaders remains an area of investigation and question.

None of the pastoral leaders participating in this study would question their personal salvation, nor should that salvation be questioned. Nevertheless, the distance between salvation and emotional health still seems to be great.

The most common word for salvation in the New Testament (σωτηρια) normally signifies deliverance with profound spiritual significance. Additionally, the Scripture also uses salvation to indicate health, well-being, and healing (Arnold 701). The word carries the idea of wholeness and soundness. Jesus' description of himself as physician (Mark 2:17) and "the illustrative value of the healing miracles in defining his mission show how readily physical and spiritual healing unite in salvation" (White 967). Salvation, as described in the Bible, is not presented as a minor reordering of life but as the most radical and transforming action that a person can experience in this life and the life to come. William T. Arnold describes this all-encompassing salvation:

Salvation encompassed both the physical and spiritual dimensions of life, having relevance for the whole person so that the physical and spiritual dimensions are held very close together. Forgiveness of sins and physical healing frequently coexist.... Other healings done in Jesus' name call attention to the intimate connection among spirit, mind, and body. In these examples salvation means not only forgiveness of sin but also mitigation of its effects.... The New Testament articulates salvation in terms of past, present, and future time.... For Paul, the past dimension of salvation is generally conceived as justification, redemption, and reconciliation, while its present dimension is depicted in terms of the Spirit's sanctifying work. (702-03)

Salvation is not presented in the Scripture as an action that occurs at a single point of time in the past experience of a person and then ceases to have impact on that person

from that point forward, nor is σωτηρια understood as only salvific in terms of sin, or specifically the forgiveness of sins. At some level, salvation begins something in the life of a follower of Christ that begins to transform the entire person.

John Wesley, in his description of this process, uses the metaphor of a house. Followers of Jesus advance from the porch of prevenient grace, through the door of justification and the new birth, and into the welcoming rooms of sanctification where they are called to the fullness of their faith. The fullness of faith begins with justification but does not stop there:

Continuing to build on the foundation of grace provided in justification, and regeneration inaugurates the process of sanctification, the process of perfecting the image of God and extending the new birth into every aspect of human existence, into every room in the house, so that life becomes a consistent whole. That is why, from Wesley's standpoint, this process normally takes time and growing maturity. (Runyon 82)

The growth process begun in sanctification is intended to impact every aspect of a person's existence. Sanctification, as a process, is not thought of as ignoring certain elements of one's life or focusing on only certain primary aspects of a person's life. "God not only justifies, thereby providing the foundation for the new life, but opens up unimagined possibilities for growth in grace. God's goal is to create us anew, to transform us, to restore us to health, and to our role as the image of God" (83-84). The Holy Spirit must be recognized as the power of God that transforms an individual into the image of God, that makes the Christ follower more like Christ.

The general meaning of the word sanctification is the state of proper functioning. To sanctify a person is to set that person apart for the use intended or designed by its creator. The cross does not merely address humanity judicially with a formal declaration of pardon and forgiveness, the cross intends to reshape each person actually and

behaviorally toward the way or path of holiness. “The work of grace would be incomplete if it did not make provision for the holiness of the believer” (Oden 215).

Although not foreign to the knowledge base of pastoral leaders, the powerful provision for holiness that comes through the Holy Spirit, seems to have eluded their experience base. When dealing with the Holy Spirit, pastoral leaders must reacquaint themselves with the fact that they are “dealing with none other than the personal presence of God himself” (Fee, God’s Empowering Presence 6). The presence of God himself cannot be overstated:

The Spirit is the transcendent, omnipresent spiritual and localizable presence of God’s personality and power; living in and divinely empowering all of God’s true people in diverse and incomplete ways that foreshadow their complete, future renewal at the end of the age. (Blomberg, “Holy Spirit” 348)

Absolutely critical to Paul’s theology of the Holy Spirit is that the eternal God indwells followers of Christ. “The gathered church and the individual believer are the new locus of God’s own presence with his people; and the Spirit is the way God is now present” (Fee, God’s Empowering Presence 7). In Ephesians 4:30, Paul addresses his audience with a word of exhortation regarding the presence of the Spirit among them: “And do not grieve the Holy Spirit of God, with whom you were sealed for the day of redemption.” Gordon D. Fee, in commenting on this verse, offers this cogent word:

By *seal of the Spirit* [original emphasis] God has placed his divine imprint on our lives indicating that we are his—for now and forever. But inherent in this imagery is also the notion of “authentication,” and that seems to be the primary referent here. Granted, the final emphasis is on our eschatological future, but in this context Paul is probably urging that by “sealing” us with his Holy Spirit so as to walk in ways that are “like God,” God has authenticated us as those who are truly his own. To put that in another way, it is as we live the life of God empowered by the Holy Spirit that we demonstrate ourselves to be the authentic people of God. As

always in Paul, the Spirit is the singular identification mark of believers. (716)

The identifying mark of the Holy Spirit in the life of the believer is at the same time the transforming power in the life of that same believer. While some within Protestant circles would say, “I am being sanctified,” some within a Wesleyan tradition would say, “I have been sanctified,” referring not to the initial break with sin that comes with regeneration but to a subsequent experience in which they begin to know the freedom from conscious sin in their lives (Grudem 748). Donald G. Bloesch crystallizes Wesley’s teaching in this area:

John Wesley went further in claiming that any believer through faith in Christ can attain Christian perfection, understood as freedom from inward sin. This is not an absolute perfection, where people are spotless and faultless before the throne of God, but a relative perfection, which reflects the glory and radiant love of Christ and which admits of a greater degree. “Scriptural perfection,” he wrote, “is pure love filling the heart and governing all the words and actions.” Insofar as he is motivated by pure love, the Christian can be free from the impulsion to sin. Yet because of ignorance he can never be free from sins of omission and therefore must constantly depend upon God for forgiveness. Christian perfection means freedom from sin as a conscious transgression of a known norm but not escape from the error and frailty that are part of the human condition. (49-50)

For pastoral leaders, the frailty of the human condition includes damaged and mismanaged emotions. For these same pastoral leaders, some measure of wholeness and healing must enter the realm of their emotions through the empowering presence of the Holy Spirit. Certainly God the Holy Spirit works within Christians to change and to sanctify them. Peter speaks of the “sanctifying work of the Spirit” (1 Pet. 1:2), and Paul speaks of “sanctification by the Spirit” (2 Thess. 2:13). If followers of Christ “walk by the Spirit” and are “led by the Spirit” (Gal. 5:16-18; Rom. 8:14), they are becoming more and more responsive to the desires and promptings of the Holy Spirit in life and

character. Being led by the Holy Spirit implies an active personal participation by the Holy Spirit in guiding Christians. “This is something more than our reflecting on biblical moral standards, and includes an involvement by the Holy Spirit in relating to us as persons and leading and directing us” (Grudem 643). At some point in time, those Holy Spirit desires and promptings will transform the emotions of leaders:

Moreover, growth in sanctification will affect our emotions. We will see increasingly in our lives emotions such as “love, joy, peace, and patience” (Gal. 5:22). We will be able increasingly to obey Peter’s command “to abstain from the passions of the flesh that wage war against your soul” (1 Peter 2:11). We will find it increasingly true that we do not “love the world or things in the world” (1 John 2:15), but that we, like our Savior, delight to do God’s will. In ever-increasing measures we will become “obedient from the heart” (Rom. 6:17), and will “put away” *the negative emotions* [emphasis mine] involved in “bitterness and wrath and anger, clamor and slander” (Eph. 4:31). (756)

The above-mentioned negative emotions have a striking resemblance to Goleman’s big three emotions of anger, anxiety, and sadness, although Goleman knows nothing of the empowering presence of the Holy Spirit as an effective power to manage those emotions. The reality for Christian leaders is that God’s sanctifying work in Christians cannot be reduced to their work on moral exercises. No one is sanctified by his or her own power. “Though sanctification elicits and requires discipline, it is not limited or acts of discipline. It is from beginning to end a work of free grace” (Oden 215). From beginning to end, the work of the Holy Spirit is also a work of transformation:

By the Spirit we are being enabled to *reshape our doing* [original emphasis] in response to what God has done, to reform our loves in relation to God’s incomparable love, to allow God’s redeeming work to touch every aspect of our broken lives. With this pivot, our own decisions and actions now become a crucial part of the salvation story, the history of the body of Christ.... God not only forgives sin through the Son but through the Spirit works to overturn the power of sin in actual daily interpersonal behavior in the community. (4)

The realm of daily interpersonal behavior in the community is where the emotional health of pastoral leaders will most often have an impact, positively or negatively. Through the power of the Holy Spirit, pastoral leaders become more aware of their emotional condition. Furthermore, through the power of the Holy Spirit pastoral leaders are able to manage more effectively their emotional condition:

Christians who were formerly alienated from God have not simply entered into the heavenly register of the redeemed; the Spirit indwells them and empowers them to live a life pleasing to God.... To walk in the Spirit and please the Lord is really possible in the present time. The Spirit provides new possibilities for humanity, and the Spirit's powerful presence characterizes the new existence. (Paige 409-10)

The present tense reality of the power of the Holy Spirit dominates the teaching of the New Testament. Even a casual reading of the New Testament underlines such a perspective. Sanctification, according to one writer, "is the restoration of the image of God in man, the gradual assimilation of the believer to Christ and 'the mind of Christ,' and the 'demonstration of the Spirit and of power' (2 Cor. 2:4)" (Bockmuel 616).

Another authority on the matters of the Spirit insists, "the Spirit is to be recognized as the power of God that transforms the individual into the image of God, that makes the believer like Christ" (Dunn 990). The same author offers a further very strong word about the Holy Spirit:

One cannot know Jesus apart from the Spirit or other than through the Spirit. One cannot experience the Spirit other than as that of power which bears the character of Christ and impresses that character on those who submit to it. Any other spiritual experience is to be discounted by the Christian, entirely disregarded and avoided. (990)

The presence of emotional difficulties in the life of the pastoral leader could lead to the conclusion that his or her spiritual experience must be discounted, disregarded and avoided. Although this study is not intended to be a theological treatise on the work of

the Holy Spirit, the dissonance between the reality of the trauma of emotional dysfunction among pastors and the indwelling work of transformation by the Holy Spirit requires some reflection.

None of what I have written about the ministry of the Holy Spirit is biblically or theologically inappropriate. As pastoral leaders, a clear and powerful theology of the Holy Spirit stands as a minimal requirement in their understanding and management of their emotions. Nevertheless, the following observations must also be made:

1. Many people who are confirmed agnostics or atheists are well adjusted, happy, and contented, from a psychological point of reference. If lack of a wholesome religious experience was at the root of emotional disability, then all agnostics and atheists should demonstrate emotional dysfunction.

2. Many Christians with a vital experience of Christ and a persistent devotional life have deep-seated emotional problems that require therapy, medication, or both. If Christianity is viewed as an emotional cure-all, then any emotionally challenged Christ follower should be viewed with skepticism. Some Christians are confused when the same self that believes has emotional problems. The result is that some Christians sometimes imply that if an emotionally troubled person had enough spirituality they would be cured of their emotional problems.

3. The reality is that spiritual conversion is an act of faith and repentance that emerges from the conviction of the gospel truth by the Holy Spirit. Often, however, by the time conversion occurs in an individual's life, that person has developed patterns of handling emotional problems. By the time individuals choose to follow Christ, they may have already had many years of developing and learning mechanisms to handle emotional



trauma. Frequently those mechanisms are unhealthy and include denial, repression, and transference. The act of conversion faith comes to a person at a higher, more profound level than simply a level of emotional integration. Although the Holy Spirit sometimes miraculously repatterns ingrained emotional responses, more often transformation takes many years of growth and spiritual maturity. Eugene H. Peterson offers a balanced word on this difficult subject:

The Holy Spirit, however miraculous in the conception of life itself, doesn't seem to shortcut or skip anything that is human. There is nothing in a Holy Spirit-conceived life that exempts that life from the common lot of humanity. It didn't skip anything in Jesus, "who in every respect has been tested as we are" (Heb. 4:15), and it doesn't skip anything in us. And that means, of course, that there is absolutely nothing in us that is inaccessible to or incapable of holiness. Humanity itself is divinely precious. The long, complex, danger-filled, often painful process of growth from fetus to infancy to adulthood to parenthood and then on into old age is embraced and given meaning and dignity as God in Christ continues to be present in and for us by His Holy Spirit.... The Holy Spirit is God's way of being present and active among us in the same way he was in Jesus.... "Power" is a critical word for understanding what we can expect as the Holy Spirit "clothes us" and "comes upon us." Whatever the power of the Spirit means, bullying force isn't part of it. It is certainly not what takes place when a fuse ignites a stick of dynamite (named after the Greek word for power, *dynamis*). The power of God is always exercised in personal ways, creating and saving and blessing. It is never an impersonal application of force from without. (269-72)

From a purely practical point of reference, I would also suggest that a number of pressures facing pastors today intensify their struggle in the emotional realm. First of all, the church in North America is preoccupied with success that invariably relates to numbers or the size of the congregation. When that preoccupation infects pastoral leaders, their emphasis tends to shift from what is right (a proper biblical theology) to what works in terms of bringing more people through the doors. That shift, viewed as inconsequential in many minds, moves the pastoral leader away from being (character

and theology) to simply doing (activity and results). Such a shift invariably intensifies the emotional angst the pastor may be facing, but in no way does this shift address the emotional issues. Closely associated with this drive toward numerical success, the “successful” North American local church tends to work against an environment where acknowledgement of weakness or personal struggle is considered appropriate. Whether real or imagined, the image of a successful church in the minds of many pastoral leaders does not allow for any chinks in the armor. The result is that many pastors who run this path internalize their struggles and some attempt habitually to hide those problems. What ultimately emerges from that internalization or camouflage of those negative emotions is a problem that is often not easily remedied.

In order for these two issues to be resolved and for the conundrum of the Holy Spirit to be clarified, the church of the twenty-first century must be liberated from the success syndrome and led to the place of faithfulness in ministry. Further, in the journey to wholeness that comes through the empowering of the Spirit, a renewed focus on spiritual disciplines could also be accompanied with an emphasis on what one could designate as emotional disciplines. Part of wholeness (spiritual and emotional) must include an understanding that all people are flawed individuals. Every person enters the realm of faith with emotional baggage that must be carefully unpacked and laundered with grace. In the increasing dysfunction of the culture, some pastoral leaders enter the church with deep scars that will require a deeper level of healing from the Holy Spirit. No shortcuts should be injected into the healing ministry of the Spirit. Finally, although programs, techniques, and technology are part of the life of the church, equal emphasis

on the sanctifying grace of the Holy Spirit should become a baseline for beginning to measure “success” in the life of congregations and pastoral leaders.

### **Self-Worth, Emotional Health, and Leadership**

As noted earlier, emotionally healthy leaders operate with a high degree of self-knowledge. Leaders know their strengths and their weaknesses and never lie to themselves about these qualities. From my vantage point, any understanding of these qualities must include a correct understanding and appreciation of self-esteem. Successful leaders “have proved not only the necessity but the efficacy of self-confidence and self-esteem” (Bennis, On Becoming a Leader 111). Self-aware leaders do not dismiss the importance of self-esteem in their lives; rather, they underline the value of self-esteem:

We often speak of the imperative of self-esteem. Certainly self-esteem is imperative in the life of every really secure leader. But what is self-esteem? Stanley Coopersmith defines self-esteem as “the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy.” For the real leader, this evaluation is not only important, it is essential. (Miller 23)

Although some pastoral leaders acknowledge self-esteem as an element of a healthy life, very few raise the self-esteem bar to the level of importance that is required.

### **Toward an Understanding of Self-Worth**

Self-esteem or self-worth has been variously understood in terms of a definition and also in terms of its importance. The scope and purpose of this dissertation is not to argue the importance of self-worth nor attempt to pronounce a final verdict on its definition. My underlying assumptions are that self-worth is essential to being human and vital for functional and emotionally healthy leadership:

There is one need so fundamental and so essential that if it is met everything else will almost certainly harmonize in a general sense of well-being. This need is a true and deep appreciation of oneself, a genuine and joyful self-acceptance, an authentic self-esteem. (Powell 13)

One of the unique characteristics of human beings is their ability to describe and evaluate themselves. Self-worth could then be defined as the degree of positive or negative feelings that one has as a result of such an evaluation (Ellison 1045). Although helpful, perhaps the following definitions will provide a more complete understanding of self-esteem. One authority, who has written widely on the subject of self-esteem, defines self-esteem in terms of confidence:

Self-esteem is confidence in our ability to think, confidence in our ability to cope with the basic challenges of life; and confidence in our right to be successful and happy, the feeling of being worthy, deserving, entitled to ... achieve our values, and enjoy the fruits of our efforts. (Branden 4)

Maurice E. Wagner, out of his many years of clinical experience, offers some additional insights related to self-esteem that are helpful at this point:

Self-esteem is self-love—that good feeling of worth which a person has when his inner sense of satisfaction approaches the memories of omnipotence he once had during the first days of life. These memories he has forgotten as specific experiences, but they abide as fundamental desires. The original, reflexive sense of omnipotence which is lost from awareness as an actual experience lays the foundation for self-esteem. We are always desiring and gravitating toward a feeling of self-love which feels very comfortable. Anything which causes self-love to feel less omnipotent lowers our self-esteem, and we tend impulsively to react negatively to retrieve that loss. (Put It All Together 72)

Pastoral leaders, of course, instinctively retreat from conversations or thoughts about omnipotence, leaving a term such as that in the realm of the divine where it indeed belongs. Nevertheless, a healthy and non-deified understanding of omnipotence bodes well for a healthy self-esteem for leaders of churches.

In terms of human behavior, Wagner sees omnipotence as those times when people assume an all-powerful or all-knowing attitude. He goes on to suggest that “it is not the unusual manifestations of omnipotent thinking that deserve our attention, but the everyday feelings of omnipotence one considers to be normal” (Put It All Together 71). In other words, appropriate self-esteem carries with it a sense that “I can do this,” or “I am competent enough to understand and deal with this challenge or context.” Such an attribute is essential to emotionally healthy pastoral leadership. In fact, a balanced and healthy self-esteem, generally speaking, enhances the impact of a person’s leadership. Research repeatedly demonstrates that people with appropriate self-esteem are less likely to be affected by various types of stress and more apt to work harder in response to negative feedback. For people with relatively high self-esteem, engaging in a new and challenging opportunity seems like less of a risk and more of an opportunity. Additionally, and most importantly, is that high self-esteem leaders seek more feedback because they believe they have less to fear from it and, at the same time, something to learn in their own personal and leadership development (Van Velsor and Guthrie 247-48).

Emotionally healthy pastoral leaders, as part of their personal self-assessment, have come to grips with the issue of esteem in their life and ministry.

### **A Biblical Perspective on Self-Worth and Emotional Health**

A primary source of self-esteem for pastoral leaders is their faith in God through Jesus Christ. Although many variable factors contribute to a sense of self-esteem, this factor is stable. “The only variable is our own ability to release our sense of independent prerogative to Him. When we find our self-esteem in our relationship with God, we are

moving toward a more stable sense of inner security” and emotional health (Wagner, Put It All Together 107). Additionally, one of the first steps in building biblical self-esteem is the conscious recognition that people have been created by God the Father. The human body is the showcase of his omniscient and omnipotent skill (Ps. 139:13-16).

Contemplating, even momentarily, the wonder of human creation, builds value and worth into a person’s life:

You are the product of the skillful hand of God Himself. Even as an embryo in your mother’s womb, you were known, cared for, and designed by God the Father. The vast complexity of our bodies teaches us that we are of great worth to our God. Furthermore, not one single detail of our lives escapes His notice or is beneath His concern.... Our bodies bear the signature of God Himself. We have worth because He has not only made us, but He continues His loving concern for us as well. That is the basis of the believer’s confidence in life—a realization of God the Father’s design and concern for him. (Inrig 41)

Biblical self-esteem means to see individuals as worthwhile people who are valued and loved by God, gifted members of the body of Christ, and bearers of the divine image, which, as previously noted, included emotional templates. Throughout its pages the Bible affirms that human beings are valuable in God’s sight. Having been created in the image of God, people have intellectual and emotional capabilities, the capacity to communicate, the freedom to make choices, a knowledge of right and wrong, and the responsibility to care for and rule over the rest of creation (Gen. 1:26-28). Even after the fall of Adam and Eve, the Bible declares, “What is man that you are mindful of him, the son of man that you care for him? You made him a little lower than the heavenly beings and crowned him with glory and honor” (Ps. 8:4-5). Consequently, one authority defines self-esteem as “the willingness to give up being the center of my world and accept myself as God’s creation: loveable, valuable, capable, forgivable, and redeemable” (David Carlson 21).

Given the biblical perspective on human worth and dignity, disdain for the subject of self-esteem seems to run counter to biblical theology, and, consequently, this disdain leaves people with a perspective on their value that is demeaning and dishonoring:

Compared with secular perspectives, the Christian view of self-esteem is in a category by itself. It alone elevates man above the animals. It alone provides a solid foundation on which to build self-esteem. The biblical view of man acknowledges our sin and failures, but it doesn't demean our deepest significance as creations of the living God. Because we are created in the image of God, we possess great worth, significance and value. We are loved by God and deserving of the love of ourselves and others. (B. Narramore 29)

Leaders who operate from a foundation of worth, significance, and value will, in turn, treat those they lead with the same triad, and the result will be healthier leaders and healthier followers.

A biblical self-concept is an accurate perception of self, God, and others based on the truths of God's Word. An accurate biblical self-concept contains an appreciation of both strengths and weaknesses, coupled with a deep sense of need for God's grace and an equal sense of the reality of that grace.

Self-love involves an acceptance of oneself, yet it is not complacency. It involves being comfortable with one's being, but it does not relinquish the desire to grow and change. Arrogance and conceit are not elements of true self-love and, in fact, often are a reflection of low self-worth. Individuals who are self-assured do not need to advertise, "We are the best." The insecure declare their greatness. Those with good self-image simply move forward and focus on their ministry. Trying to demonstrate or prove greatness to others is often an attempt to provide it to oneself. At the same time, humility is not synonymous with low self-worth. True humility "implies a good self-image, good enough to realize one's finiteness and to be able to be self-forgetful" (Skoglund 998).

The tragic bottom line is that pastoral leaders who fail to lead and inspire others in the long run, do so first of all because they fail to inspire themselves with a proper self-esteem. Obviously, the Bible makes many statements about the human condition, both positive and negative. The problem is that many leaders are quick to accept the negative and have a propensity to ignore or downplay the positive. Both responses work against emotional health and stability. The following summary offers a positively cogent perspective on self-esteem:

The biblical building blocks of positive self-esteem are divine creation, redemption, confession, servanthood, and community. The act of divine creation contains several indications of the positive value God placed on his creation. First, he evaluated what he had made and said it was “very good” (Gen. 1:31). In addition, he assigned the major responsibility of administering his creation to Adam and Eve (Gen. 1:28). Significant responsibilities are not normally delegated unless the one charged is highly valued. God also cared for the man and woman by providing food for them (Gen. 1:29-30). Such provision is an act of love. Further, according to Psalm 139, God has special concern for each he creates, and he gives each a special purpose in his plan (Rom. 12:3-6). God did not stop treating human beings as worthwhile when sin entered the world. Instead he gave his most valuable possession as a sacrifice (Rom. 5:6-8) in order to redeem each person. When Adam and Eve sinned, they immediately began blaming, denying, and hiding. These ego defense mechanisms were and are automatically invoked to protect the sense of self-esteem. None of them are effective, however. Unconfessed sin brings depression, disease, and guilt (Ps. 38). Instead of leaving a person without a way for the restoration both of spiritual communion and of self-worth, God provided confession as a means of cleansing, restoration, and renewed affirmation from God and others.

The key to positive self-esteem on a daily basis is to act with God’s purposes and evaluation in mind. Such an orientation of servanthood (Col. 3:17, 23) frees a person from much of the anxiety and damage of social comparison and negative comments by others. Work and relationships are freed to be more caring and constructive, which in turn encourages reciprocated affirmation. The inner satisfaction of God’s approval becomes a stable source of self-worth. (Ellison 1046-47)

Pastoral leaders, unless unusually blinded by self, desire to contribute to work and relationships that are caring and constructive. Nevertheless, what often drives pastoral



leaders today is not so much a conscious awareness of acting within God's purposes and evaluation; rather, they are driven by inner demons that demean rather than build up. Consequently, even with the plethora of support for the concept of a biblical view of self-worth, the malady of poor self-worth remains common among pastoral leaders. Even the counsel of Jesus himself does not seem to dispel the problem: "Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: 'Love your neighbor as yourself'" (Matt. 22:37-39). These two commandments, some suggest, "are best understood in reverse order. People are capable of love in proportion to their love of themselves. That does not imply false pride but rather a genuine love of self or acknowledgment of self-worth" (Meier, Minirth, and Wichern 346). David Seamands suggests that in these verses "we do not have two commandments, but three: to love God, to love yourself, and to love others. I put *self* [original emphasis] second, because Jesus plainly made a proper self-love the basis of a proper love for neighbor" (70-71). Pastors are able to give to others and, I would submit, lead others only as they have a healthy opinion of themselves. If pastors develop a low opinion of themselves, they tend to be overly self-absorbed, and as a result, they do not have anything left to give to others.

The phrase, "Love your neighbor as yourself," occurs in the Bible nine times, including twice by Moses, five times by Jesus, twice by the apostle Paul, and once by James (Lev. 19:18, 34; Matt. 19:19; 22:39; Mark. 12:31, 33; Luke 10:27; Rom. 13:9; Gal. 5:14; Jas. 2:8). The plain inference in each of these verses is that a proper kind of self-love is the normal basis of relating to others. "The Scriptures *everywhere* [original emphasis] assume that an appropriate self-love, self-care, and self-appreciation is normal,

and *nowhere* [original emphasis] tell us to hate or neglect ourselves, or to indulge in self-depreciation” (Seamands 141-42). The apostle Paul offers a balanced perspective:

For by the grace given me I say to every one of you: Do not think of yourself more highly than you ought, but rather think of yourself with sober judgment, in accordance with the measure of faith God has given you. (Rom. 12:3)

The counsel provided in Romans 12:3, if applied consistently to life, offers a wonderfully balanced approach to the subject of self-esteem. Paul does not say that individuals should not think highly of themselves. He says people should not think more highly of themselves than what they really are. In other words, Christians should be realistic and biblical in their opinions and thoughts of themselves. An appeal to realism is why Paul adds that people are “to think of yourself with sober judgment.” The verb “to think” means “to think or feel a certain way about a person.” In this verse it means to form an opinion, a judgment, or a feeling about self. Paul’s point is that individuals are to form this opinion or self-concept as a result of a realistic appraisal of themselves. “Paul’s purpose in this passage was not to encourage people to avoid having a positive self-image. Rather, we are to develop a healthy self-image, or self-evaluation, that coincides with what God says about us” (McDowell 32).

Paul is urging his audience to evaluate themselves with honesty—a mark of emotional wholeness or health. What is intriguing is the specific word he chose that is translated with the phrase, “Do not think of yourself more highly than *you ought* [emphasis mine]”. The word translated as “ought” is the Greek word “*dei*,” and it means “that which is necessary, or giving a logical necessity” (Rogers and Rogers 339). The very same Greek word appears in the precise form in the Gospel of John where Jesus says, “You must [*dei*] be born again” (John 3:7). In terms of an individual’s personal

salvation, the correct imperative is to be born again. In terms of an individual's personal self-esteem, the correct imperative is to think accurately regarding oneself, and the warning of the apostle Paul is not that people underestimate their worth but that they avoid an improper overestimation. When pastoral leaders overestimate themselves, they may attempt to do tasks for which they are not equipped or gifted. Additionally, they may feel they do not need others to minister to them or they may despair when they finally realize they cannot live up to the unrealistic expectations they place upon themselves. True self-worth comes when leaders accept who they are in Christ and understand that God loves them as they are. The essential components of a healthy self-esteem include a sense of belongingness or of being loved, a sense of worth and value, and a sense of being competent or significant (Wagner, Sensation 32-37). Wagner expands on his understanding of what a whole person looks like:

The meaning of the equation of self-identity, *God + Me = a Whole Person*, is this: My belongingness is secured and reaffirmed by my love for God my Father and validated by His love for me. My worthiness is secured and reaffirmed by my love for Jesus Christ His Son and validated by His love for me. My competence is secured and reaffirmed in daily situations of life through the ministry and love of the Holy Spirit as He used the Word of God to instruct, correct, and reassure me; my competence is validated as I live by the Word of God. (167)

The involvement of the trinity in a leader's self-identity signals the importance of the subject and reminds leaders that dismissing or denying the subject of self-identity as not vital or critical is, in certain ways, a dismissal of the full ministry of the Trinity.

### **Impact of Self-Worth and Emotional Health on Pastoral Leadership**

Before discussing the impact of self-esteem (both positive and negative) on pastoral leadership, the salient characteristics of leaders should be stated succinctly. The mythical look of a pastoral leader is, of course, precisely that—a myth. Pastoral leaders

come in all sizes, shapes, and dispositions. What they share in common, however, are several basic ingredients.

Leaders, first of all, are fueled by a guiding vision. Effective leaders have a clear idea of what they want to do in both their professional and personal lives. They also possess the strength to pursue this vision despite the inevitable setbacks and failures.

Secondly, effective leaders are recognized by their passion. Leaders love what they do, love to do it, and communicate their passion in ways that inspire others.

Thirdly, the lives of leaders are dominated by integrity. This facet of a leader has three elements. The first is self-knowledge. Leaders, as noted repeatedly, know their strengths and weaknesses. They understand what they want to do and why. They never lie to themselves. The second is candor, a dedication to honest thoughts and actions. Honesty in thoughts and actions is the key to self-knowledge. The third is maturity. Rather than simply showing the way or giving directives, pastoral leaders learn by following. They earn their status through dedication, observation, and working with and through others successfully and honestly.

Fourthly, effective leaders value trust. Although in some sense trust is more a product of leadership than an ingredient of it, still, trust is the one quality that cannot be acquired; it must be earned.

Lastly, effective leaders are marked by curiosity and daring. Leaders want to learn as much as they can, and they are willing to take risks, experiment, and innovate in the process. They wring knowledge and wisdom from every mistake and learn from adversity (Bennis, On Becoming a Leader 39-41).

Inherent in quality leadership is not only an underlying self-awareness but also a strong sense of self-appreciation or self-worth. In order to function with the above-listed characteristics, pastoral leaders must be internally anchored and stable. Without that anchoring, their leadership runs the tremendous risk of becoming dysfunctional. In fact, individuals who operate out of a base of poor self-worth tend to demonstrate that lack in the sphere of their leadership.

The examples of poor leadership behaviors that stem from a negative self-worth are many. Often, the person suffering from poor self-worth is characterized by feelings of incompetency and a lack of personal adequacy (C. Narramore 129). These characteristics themselves work against a leader leading others with a guiding vision that is not derailed despite setbacks and failures. Furthermore, poor self-esteem undercuts leaders' capacity for satisfaction in their spheres of influence:

This is a painful reality well known to many high achievers. "Why," a brilliantly successful businessman said to me, "is the pain of my failure so much more intense and lasting than the pleasure of my successes, even though there have been so many more successes than failures?" (Branden 20)

With such a perspective, pastoral leaders will not love what they do, love to do it, and be able to communicate their passion in ways that inspire others. In other words, the second characteristic of leaders, cited above, will not appear in leaders' lives. In its place, leaders with low self-esteem will always be trying to prove themselves. They will have an unusually high need to be right in every situation in order to inflate their continually sagging self-worth. Rather than having a passion that will inspire others, their preoccupation will be with themselves, and they will become extremely self-centered (Seamands and Funk 72). The fallout from such an approach to leadership will be one of

two extremes: either leaders will retreat into an introspective shell in which they stop learning and daring, or the leaders will overextend themselves and those they are attempting to lead in a futile attempt to validate their identity by doing more and more. Such a tendency is often what fuels program-driven leaders who have long lost sight of the higher purposes of church ministry:

The person who has a poor self-image ... does not trust himself and is usually apprehensive about expressing his ideals for fear of attracting the attention of others. He may withdraw and live in the shadow of others or his social group. He is overly aware of himself and often has a morbid preoccupation with his problems.

Because he is so preoccupied with himself, he does not correctly perceive the attitudes others have toward him. He believes that other people must feel the same about him as he feels about himself. ... Since he feels other people do not want to include him in their group, he is hesitant to become honestly and openly involved with them. His avoidance of others has the effect of reinforcing his low self-image.

This individual is overly sensitive to criticism. He often attaches hidden meanings to conversations and situations. It is no wonder that people never get to know him or realize that he feels so badly about himself. (Wright, "Self-Image" 1, 10)

Without a true appreciation of the importance of self-esteem, pastoral leaders can unconsciously build blind spots in their lives and ministries that quietly reduce their ministry effectiveness. The catalog listing of the most common symptoms of those whom are plagued by poor self-worth or inferiority feelings is all encompassing.

Those who are plagued by poor self-worth often involve themselves in attention-getting behavior. Individuals continually seek to gain the attention of others, even when the attention garnered is negative. Ironically, with the attention-getting behavior comes a serious self-consciousness. Subjects are easily embarrassed and upset. This embarrassment and upset are likely connected to another symptom of low self-worth—over-sensitivity. Individuals cannot stand criticism or comparison with others, but at the

same time, they themselves suffer greatly from envy. They are jealous or envious of the personal qualities or possessions of others. Once infected with envy, individuals suffering from poor self-worth sometimes drive themselves toward perfectionism, desperately afraid that their performance is unsatisfactory. The fallout of unrelenting perfectionism is often domination. These persons may attempt to dominate those whom they view as inferior to them. Although the symptom of domination suggests involvement with people, those who suffer from poor self-worth normally adopt a pattern of seclusiveness.

Individuals with poor self-worth do not like to engage in social activities and, given the choice, sometimes prefer to be alone. Certain individuals suffering from low self-worth also work toward compensating for their sense of inferiority. Compensatory people hide their feelings of inferiority by concentrating on developing one trait that will gain the attention and respect of others. These compensatory individuals are also fueled in that direction because of their deep fear of criticism. Subjects may habitually criticize others in an effort to create and maintain a more adequate self-image (C. Narramore 129).

Such patterned leadership ultimately will find negative expression in the tone and health of the congregation being led. Although remnants of church health may be present, simply because of the strength of other leadership associated with the congregation, sooner or later, the long-term negative impact of unhealthy pastoral leadership will metastasize into the body of the church. Even a casual reading of the above descriptions underlines the fact that those who suffer from a constant self-worth problem will demonstrate that issue in poor leadership patterns. The earlier noted fact that leaders share in common the ingredient of integrity, which is marked by self-knowledge and maturity, will obviously not be a characteristic of pastoral leaders marked by low self-

esteem. Oversensitivity, a recurring habit of criticizing others and self-consciousness, will inhibit, if not completely block, the manifestation of integrity in people's lives.

When the behavior patterns of leaders degenerate into the self-serving pursuits itemized above, the characteristic of trust that is so vital to quality leadership will vanish from the horizon of those being led. Certainly they have every reason to be suspect of leadership that has entered the twilight zone of narcissism.

What compounds the problems already detailed is that a chronic poor self-image often degenerates into issues of anger:

People who have a poor self-image are guaranteed to have problems with anger. They will have either open, biting anger or passive-aggressive anger.... Depression and anxiety can be included as expressions of anger. Usually when people have problems with controlling anger, it is a signal that their self-image is maladjusted.... One of the most embarrassing experiences for any human being is for that person to lose a grip on himself in the midst of an emotional experience, particularly when the emotion is anger. (Carter, Good 'n' Angry 152-53)

Certainly all pastoral leaders will experience anger in the course of their ministry and undoubtedly will express that anger, sometimes inappropriately. Nevertheless, those who operate out of a positive self-image are not in a constant state of rage, nor are they unwilling to apologize or make amends for their errors in judgment. Those leaders who wallow in the low tide of inferiority are angry most of the time and unable to do anything about it. Sooner or later, as a result of their constant emotional state and outbursts, their credibility is eroded to the point where others simply cannot follow. "All effective leaders learn to handle the internal world of feeling, particularly the big three: anger, anxiety, and sadness. Managing one's emotions is a matter of controlling one's impulses—and that turns out to be a decisive life skill" (Goleman, "Emotional Intelligence" 21-22).



Obviously, those pastoral leaders whose lives are dominated by a sagging self-esteem will fail to model this decisive life skill.

My personal observations and experience suggest that low self-esteem affects a wide variety of actions, attitudes, and emotions in pastoral leaders' lives. I would submit that individuals with chronic low self-esteem feel isolated and unlovable and, therefore, have difficulty connecting with those they are to lead. They feel too weak to overcome their deficiencies, and often do not lead with courage, or have the capacity to take the risks needed for change in the organizations they lead. Additionally, as noted earlier, they are angry a great deal of the time but most often go underground with their anger, knowing that overt outbursts would quickly sabotage their job security. Nevertheless, while their anger moves underground, it is not less destructive. Often that destruction takes longer to observe and frequently affects the individual more than the people with whom the leaders interact. Finally, I would suggest that individuals suffering this syndrome are very easily hurt and offended, and, as a result, those who are supposed to be following them, or working with them, are never quite sure how the leader is going to react. Consequently, those who surround this type of leader soon learn to do their work quietly and without conflict. If their personalities are more directive, they simply pursue other venues where the emotional life of the leader is not so fragile.

Although the following observations are intended as a general description of anyone who attempts to live with a low self-esteem, I believe the words take on a heightened application when applied to pastoral leaders:

Many people struggle throughout their lives with the debilitating effects of this damage to the self. It creates low self-esteem because these people have taken into themselves the message that they are not adequately loved. They are impaired in their ability to be comfortable within themselves,

always needing approval and reassurance from outside. They are unsure about decision-making and activities which they would like to pursue. They may have a constant need to prove themselves to be better than others, or they may display a compulsive striving for power. Their overriding need to please people and to be liked interferes with their ability to love spontaneously and openly; their ability to accept themselves is severely hampered. (Chave-Jones 774)

What is so striking about the above observations is that pastoral leaders, by biblical injunction, are not to lead from a power base but are to serve as positive examples for those they lead (1 Pet. 5:2-3).

When viewed from the opposite perspective, individuals who operate with a healthy self-esteem function more capably as leaders. Whereas persons with low self-esteem tend to conform passively to the influence of others, groups whose members possess high self-esteem tend to be more productive because members “pool” information, but they are less likely to be co-opted while making a decision. Furthermore, persons with positive self-esteem demonstrate consistently higher work than persons with low self-esteem. The difference in production is primarily due to the fact that individuals with a high level of self-esteem think of themselves as competent and able. They are motivated to perform and are satisfied with those tasks or jobs they perceive to be consistent with the image they have of themselves:

Individuals who show anxiety, neurosis or social inadequacy and report illnesses attributed to psychosomatic causes also tend to negatively assess their self-worth. Those who negatively assess their self-worth are more likely to be approval-oriented and sensitive to criticism, fear arguments, report that they are unable to overcome their disabilities, engage in dependent relationships and feel unlovable.

Individuals who are nonconformists, intellectually curious and goal-oriented, *aspire to leadership* [emphasis mine] and generally find life more satisfying tend to positively assess their self-worth. Those who positively assess their self-worth also exhibit less defensiveness and more trust in relationships and are less likely to be depressed and report a more positive relationship with God. (Nichols 870-71)

Effective leadership qualities, as described in the above paragraph, exude from those leaders who know their strengths, their limits, and their weaknesses. These leaders consistently model patterns of self-awareness:

If you are sure in your heart that you are pursuing the right course of action, based on what your inner voice tells you, then you will have self-confidence. You will be able to lead assertively, with strength. That is the source of courage in leadership. (Goleman, “Emotional Intelligence” 21)

Pastoral leadership in today’s culture requires immense courage. Unfortunately, contrary to the counsel of Goleman, pastoral leaders frequently search for the base of courage in program, methods, and seminars. Rarely, do pastoral leaders build the foundation of courage on the base of positive self-worth.

### **Implications for and Connections to Church Health**

Although the discussion to this point implicitly links to the subject of church health, this section of the project briefly and directly makes the link between emotional health and the characteristics of church health as defined by the Beeson Church Health model. A great deal has been written recently surrounding the subject of church health. Multiplied and varied checklists exist detailing what constitutes a healthy church. The purpose and boundaries of this dissertation do not allow an investigation into the plethora of church health inventories. The wisdom of one consultant suggests that each church must define health for itself, seeing it as a process of “comparison, consultation and self-evaluation” (Anderson 128). Nevertheless, at some point a template needs to be appropriated that allows a degree of appropriate measurement. The template chosen for this project is known as the Beeson Church Health Characteristics and results from the work of a group of Doctor of Ministry students at Asbury Theological Seminary (McKee 32). The health measurements of this instrument are delimited to eight characteristics:

effective structures, authentic community, transforming discipleship, engaging worship, mobilized laity, wholehearted spirituality, empowering leadership, and intentional evangelism. “Note that each characteristic is identified by a noun and a modifying adjective. The adjectives help to identify the qualitative aspect of each of the areas” (33).

In order to see the implicit connection between these characteristics and the emotional health of the pastoral leader, the following brief descriptors of each characteristic are important.

The first characteristic of church health is authentic community. One recent study shows that continuous multiplication of small groups is a universal church-growth principle. Such groups, however, must be *holistic* groups that go beyond simply discussing Bible passages to application of the message to daily life (Schwarz and Schalk 32). Woven throughout the fabric of these groups is an environment of safety and biblical love where people are free to be honest with each other about their joys and their sorrows—they move in the direction of experiencing life deeply with each other. They become a community of kindness.

Emotional unhealthy leaders, as described earlier, tend to be overly absorbed in themselves and have little left to give to others. Typically, they tend to be isolationist in terms of relationships. Their self-protecting mechanisms dominate their personal lives to the point that close relationships with others are infrequent, and, in some cases, impossible. The result is that these leaders constantly limp in terms of relationship wholeness. Further, this weak relationship model tends to percolate downward through the leadership of the church and, assuming the church is not large (under five hundred adults), the model of the pastoral leader will, in fact, negate the level of community

within the congregation. Although groups may be present, they will not be places of true community.

Empowering leadership is the second demonstrated characteristic of church health. The dominant ethos of this characteristic is that the leaders and the members of the church enjoy and trust one another and that the leadership of the church articulates vision clearly and openly. Additionally, empowering leadership suggests that leaders need to be developed and trained within the context of the local church. Empowering leadership in the church is certainly biblical. Delegation and training is modeled in many contexts. Jethro exhorted his son-in-law, Moses, to delegate the responsibility of judging Israel to men who could be trusted (Exod. 18:13-23). Both David and Solomon structured their kingdoms with solid delegation (2 Sam. 20:23-26; 1 Kings 4:1-19). Nehemiah delegated many responsibilities in rebuilding the city of Jerusalem (Neh. 3). In the early history of the Jerusalem church, the potential of division was mediated through an apostolic decision to appoint seven wise, spiritual men to address the problem (Acts 6:1-6).

Pastoral leaders who are not moving toward emotional wholeness have increased difficulties engendering trust from among the congregation and, in some cases, other staff. Lack of trust is primarily due to the inconsistencies of their pastoral leadership behavior. Because of their constant oversensitivity and critical spirit, whatever progress made toward trust is frequently undermined by their verbal sabotage. The propensity to say one thing and do another produces hesitancy from people in that they are never quite sure where the truth lies. Additionally, because of their inherent insecurities, often masked by competence in a dominant and visible ministry area, this type of pastor simply

struggles to lead in any clear fashion. Leaders who operate within this struggle muddle whatever vision exists or dismiss such focused leadership because of their fear of failure.

A third characteristic of healthy churches is engaging worship. The measure of a healthy church is not whether the church holds worship services but whether or not the people are actually worshipping. The difference between going to church and engaging in worship is immense. A pronounced difference also exists between singing and engaging in worship. Engaging worship is all that I am responding to all that God is. The style or form of worship service is not the key to measuring church health: “Whether the services are so-called seeker services, or are liturgical, or in-between, the key issue for true church [health] is whether the Holy Spirit is at work in the services (Schwarz and Schalk 30-31).

Pastoral leaders, struggling with emotional maturity, often major in self-deception or in a limited self-understanding. They tend, therefore, to lack transparency and openness in their preaching. Vulnerability is not something they model unless it is done in such a way as to invite pity or sympathy. The invitation for pity or sympathy is consistent with their desire to be at the center of things, and even though the invited attention is not healthy, the fact that attention is garnered is sufficient for them to continue down this path. Their preaching, because of their own emotional dysfunction, will drift towards being cognitive or intellectual. Rarely in this type of preaching is any emotional passion or connectedness made with the listeners. Sadly, many listeners who sit under this kind of teaching for a protracted period may begin to believe that they are in good hands, but the reality is that the teaching has little or any life-changing impact. In terms of the Beeson Church health measurement, the sermons would not produce conviction or challenge. Depending on the depth of the emotional impairment in the

pastoral leader, sermons will most frequently be described as encouraging, simply because the pastoral leader cannot deal with criticism and so tends to front-load sermons with information that is cognitive or produces a warm response.

Functional structures describe the fourth characteristic of church health.

Functional structure does not reflect a lack of order because its emphasis is on flexibility:

A church's structure must be flexible enough to support the mission of the church through rapidly-changing environments. The structure must be decided based upon the work that needs to be accomplished. Healthy churches continually evaluate and change their structures to operate in a productive manner. (McKee 59)

Obviously, functional church structures are continually evolving and in constant need of review. When Christian A. Schwarz and Christoph Schalk use the same nomenclature of functional structures, he makes three key points. First, structures need to reflect function, and they need to be easily changed to meet functional needs. Second, structures should enhance the selection and training of leaders and thus promote ongoing multiplication of the ministry. Third, traditionalism, a major hindrance to church growth and health, needs to be minimized in its control of a church. According to Schwarz and Schalk, more than 50 percent of those churches marked by declining attendance and poor quality ministries were strangled by traditionalism versus only 8 percent of high-quality, vibrant, growing churches who said they had problems with traditionalism (28-29).

My experience suggests that pastoral leaders whose emotional health is leaking struggle in a variety of ways with the subjects of structural change that support the mission, the multiplication of ministry, and the controlling the influence of traditionalism. A clear communication of the mission is often lacking simply because of the inability of these kinds of leaders to articulate or even know the vision of the organization. Typically

they are very muddled in this area, which obviously then leaks into the communication of well-defined core values. Pastoral leaders who operate out of a base of inferiority are reticent to be too specific on vision and values lest in their inability to lead the church in those directions they will be viewed negatively or as less than effective. Emotionally hindered leaders will fight off contexts that have potential to leave them in a bad light. Additionally, an effective and efficient decision-making process in churches led by emotionally handicapped leaders is visibly absent simply because of an amazing propensity to avoid making decisions in this context out of fear of criticism or not being able to please everyone. Again, this lack of action reflects an incredible narcissism that is not only unhealthy, but unspiritual.

The fifth characteristic of church health is intentional evangelism. Intentional evangelism suggests that clear direction and priority is given to the subject. Evangelism is not something that naturally occurs among congregants. Additionally, evangelism, in order to be effective, must be directed evangelism. “Healthy churches are intentional about evangelism. To be missional is to be concerned about and engaged with people outside the church. Missional churches recognize their own community as a fertile mission field” (McKee 37). Churches that are passionately intentional about evangelism maintain a priority of teaching their attendees to have a part in carrying out the Great Commission, using their strengths and relationships as the springboard for meeting pre-Christians where they are. Intentional evangelism can have a variety of looks:

Church members are present at the hospital when a neighbor’s child is sick. Church members provide a safe and fun place for the neighborhood kids to play. They spend time playing (tennis, golf, bunko, etc.) with their neighbors and are active in groups like Big Brothers or the Scouts. They tutor in public schools and minister to the homeless, to the hospitalized, to the unemployed, to those addicted to alcohol or drugs, and to immigrants



who cannot speak English well. The church provides childcare for single mothers, training in child rearing, and exercise and weight-loss classes. It also provides a ministry to those whose marriages are struggling and to single parents. What an impact these ministries can have, when accompanied by a clear communication of the gospel. (Getz and Wall 105)

Although less obvious, emotionally hampered pastoral leaders often struggle with evangelism—first of all in their personal lives and then in the corporate culture of the congregation. The tendency, as in preaching, is to view evangelism as too emotional. Although intellectually the church and leadership consistently acknowledge Jesus Christ as the only way to heaven, the practical demonstration of this belief is frequently muted, particularly if the church has degenerated into a posture of taking care of the needs of the Christians as their primary default mode. Ironically, evangelism is often viewed as risky and daring, and risk and daring are not operational principles toward which emotionally damaged leaders gravitate. As noted earlier, emotionally unhealthy leaders frequently struggle with personal anger and the proper expressions of anger. When explaining the gospel, these types of leaders do not exude warmth or compassion in their presentation but, in fact, come across as judgmental and hostile. The result is that a climate for safe evangelism is eroded and, subsequently, because few results are visible, the church then determines that evangelism is not an avenue they wish to pursue in any significant manner.

A mobilized laity describes the sixth characteristic of healthy churches. Healthy churches understand that Christ designed the Church as a body, and the result is that each part of the body has a specific and vital ministry function to perform. The role of church leadership is to help its members identify their gifts and integrate them into appropriate ministries. Connected to gift identification is the understanding that passion for areas of

ministry often change during the course of Christians' lives, even though their giftedness may not. The result is that the application or delivery area of their gifts may change over time, and healthy churches refuse to lock a person into a particular gift application but instead encourage the adjustment of ministry emphases based on passion. Ironically, the adjustment of ministry emphases is one area of church health that may not be negatively impacted by emotionally unhealthy pastoral leaders. Part of the reason for a lack of negative impact is that some pastoral leaders withdraw from a lot of visible social and ministry areas in an effort to pursue single areas of ministry with excellence—all in an attempt to bolster their sagging self-worth. The vacuum left by such an approach invariably forces individuals to step forward to involve themselves in ministry. Consequently, churches can have very emotionally immature leaders and high lay participation in ministry. What will be lacking, however, is the positive encouragement for these ministries from the leaders. Due to their emotional distancing, they may not appreciate such ministries, or they may simply find them too threatening to acknowledge in any positive manner. Another dimension that sometimes surfaces in this area is that although the leaders may encourage lay involvement in ministry, they are very careful about who is involved particularly in certain ministries that they consider vital. Their inclination is to dominate and manipulate others to their point of reference, so certain categories of ministry over which they do not wish to lose control or influence remain intact. These ministry categories will be carefully monitored and will very often be reflective of an introspective and insecurity point of reference as opposed to a releasing, risk-taking point of view.

The seventh characteristic of healthy churches is passionate spirituality.

Passionate spirituality in churches is found through an ongoing and unapologetic emphasis on the person and presence of the Holy Spirit and an attendant focus on prayer and a spirit of generosity. Passionate spirituality starts with the humble recognition that God is the one who builds the church and empowers it. As an understanding of the empowerment of God in the church is translated into the lives of the members, they become people on fire who are committed to living out their faith with joy and enthusiasm. Certainly the Scriptures concur. God used St. Paul as a model of this kind of passion (see Phil. 1:21; 3:7-11). He urged all followers of Christ to exercise this kind of passion for God and for their relationships with others in the church (Phil. 2:1-2).

Schwarz and Schalk observe that spiritual passion is evidenced in two major ways: by church members being enthusiastic about their church and by their having an “inspiring experience” in the prayer life of the church. Insecure and emotionally limited pastoral leaders, although certainly orthodox in their theology, often practice a theology that is not trinitarian. Because of their deep insecurities, a sense of dependence on anyone is something to be avoided at all costs. Dependence only increases a sense of inadequacy and self-consciousness; therefore, although prayer and the leading of the Holy Spirit are creedal emphases, they are rarely practiced disciplines from those who demonstrate emotional dysfunction. Further, as noted earlier, one of the marks of emotionally damaged leaders is attention-getting behavior. Attention-getting behavior usually manifests itself in seeking an inordinate number of compliments, in constantly seeking affirmation for any ideas of direction that may come from their leadership and in manipulating congregations to feel sorry for them if their churches encounter any

turbulence because of their inadequate leadership. Consequently, an appeal to the Holy Spirit and a devotion to prayer are subconsciously avoided in that they are viewed as drawing positive attention away from the leaders. Additionally, emotionally damaged leaders view passionate spirituality as suspect because it cannot be controlled rationally. Passionate spirituality may be labeled as “weird or unusual” and, therefore, to be avoided. Leaders will distance themselves from passionate spirituality because control is what they are about and the loss of control represents failure in their minds.

Transforming discipleship is the eighth characteristic of healthy churches. Healthy churches declare that the Christian life is one of transformation, and, as a result, these churches are diligent in helping people through a process of growth toward Christlikeness. This process ultimately results in life change, not simply a change of beliefs. Critical to the process of transforming discipleship is the notion that one’s spiritual life is growing. Emotionally unhealthy leaders usually cannot demonstrate growth in their spiritual lives. Those who accurately assess them will often use words such as inconsistent, arbitrary, and hypocritical to describe the leaders. Whatever else these terms mean, they do not mean consistent spiritual growth. Concurrent with this evaluation comes the unspoken belief that since leaders of the church can live with invisible spiritual transformation, then the same standard applies to my life and the result is that transformation of life in the congregation is limited. Certainly cognitive changes occur, but cognitive changes regularly do not bridge the gap to behavioral changes. Another characteristic of this dimension is an emphasis on tithing or stewardship within the church; however, emotionally handicapped leaders are very reticent to discuss finances because of their insatiable fear that such conversation will invoke criticism and

resistance. Consequently, little, if any, emphasis is placed on this subject, which further stifles transformational growth within the congregation.

Having briefly identified the linkage between emotional health and the characteristics of church health as defined by the Beeson Church Health model, a similar linkage with the Taylor-Johnson Temperament Analysis will be established and briefly described. As noted earlier, although all nine contrasting traits of the TJTA have a bearing on pastoral leadership and ultimately church health, this study focuses carefully on three of these traits: anxiety (nervousness), depression, and hostility.

In order to see the implicit connection between these traits and church health, the following descriptors of each trait are important.

First, high scores on the anxiety or nervous scale generally describe a person who is tense, high-strung, and apprehensive. Anxiety can be induced by external or internal stimuli, but anxiety prompted by internal stimuli often demonstrates itself in external symptoms such as an inability to concentrate, restlessness, worry, an inability to relax, distractibility, and general lack of composure (Taylor and Morrison 38). Anxious people are unable to concentrate, obsessively return to the latest crisis, and are often unable to follow the flow of conversation (Frost 93). Individuals suffering from high anxiety are often continually concerned about their futures. They become upset over small errors they have made. Additionally, they worry about problems that they feel are certain to overtake them in the future (C. Narramore 41). Some pastoral leaders are prone to such long periods of intense worry and concern that they begin to manifest somatic symptoms:

These times are accompanied by a variety of physical symptoms such as breathing difficulties, excessive perspiration, headaches, dizziness, tremors, palpitations of the heart, restlessness, and inability to sleep. Anxiety attacks may become extremely severe and medication is

sometimes necessary to relieve physical symptoms. The person may come to fear some great catastrophe which he believes will occur.... An anxious person is subject to feelings of apprehension and tension in situations where a well-adjusted person experiences little or no anxiety. The slightest stress is often sufficient to provoke serious feelings of impending danger in the individual. (41)

One leader in attempting to describe her responses to stress and anxiety at work said, “I didn’t actually sleep very much, and often felt terribly depressed. The worst part, though, was the panic attacks, which would come on so suddenly. My heart would pound, and I would lose my breath” (Frost 93). Individuals who suffer from high anxiety are in constant motion, and have difficulty relaxing or unwinding. Frequently they bounce their legs, play with their hands, and putter about with a clear goal in mind. Additionally, they have difficulty focusing on tasks at hand, are often tired and irritable during the day, feel put down by others, and overwhelmed by expectations (Hicks 22).

In developing an anxiety symptom checklist, Archibald D. Hart includes the following emotional symptoms as marks of high anxiety:

- A feeling that one is full of fears that will not go away,
- A feeling that something terrible is going to happen,
- An excessive pattern of worry,
- A feeling of uneasiness a lot of the time,
- A feeling of isolation, loneliness, and depression.
- A feeling of no control over what is going to happen,
- A feeling of embarrassment and a sense of rejection, and/or
- A feeling of internal rage ([Anxiety Cure 7](#)).

The characteristics listed above, if not dealt with, will not only hamper the effectiveness of pastoral leaders, but will no doubt negatively impact the spiritual health of their

churches. The reality is that unchecked anxiety is not an emotional weakness that can be ignored without dire effects on those associated with the pastoral leader who is dominated by anxiety:

Anxiety is closely related to fear but involves a diffuse sense of foreboding. Unlike fear, which is associated with a specific object, person, situation, or event, anxiety is by nature vague, amorphous, and generalized. It is akin to what we mean by insecurity and apprehension, only the source for it remains unclear.

It is this insecurity, this apprehension that often prompts people to prevent or destroy intimacy. Anxiety is so unpleasant that we all develop strategies to reduce it. For some people, their anxiety reduction maneuvers make emotional closeness difficult if not impossible, and they repeatedly choose comfort over closeness. It is this choice that often sets the stage for toxic relationships. (McLemore 30)

Since one of the primary marks of high anxiety is that it often prompts people to prevent or destroy intimacy, pastoral leaders struggling with high anxiety likely will not value or be able to model authentic community within their congregations. Given the option, they will distance themselves from community and friendships, pursuing instead opportunities that allow only surface relationships. Observers can describe what the pastoral leader may do, but they will have great difficulty describing what the pastoral leader is like as a person.

Pastoral leaders who suffer from anxiety may tend to mask their malady by moving at a frenetic pace much of the time. On the surface a frantic pace may appear to indicate busyness in their life and ministry, yet the reality is their schedule is more a by-product of distractibility than focused ministry efforts. As described in the previous pages, anxious leaders are preoccupied with problems they believe will overtake them in the future. Pastors gripped with this mentality will not be able to engender an empowered leadership or produce functional structures within their congregations. Both aspects of

church health are demonstrated in part by a clear purpose and well-defined core values. While a purpose may appear in print, from an operational standpoint anxious leaders have great difficulty moving the church toward the fulfillment of the purpose or mission. Anxious leaders are frozen with worry much of the time, which includes a fear of failure. Focusing or articulating clearly a future direction for the church is not possible for these leaders because they fear not being able to lead the church to the destination of the future. The result is the majority of the congregation has no clear idea of where the church is heading. Additionally, anxious leaders are marked by a general lack of composure, which in my experience demonstrates itself in a defensive posture much of the time. Major recommendations of change are met with skepticism and scoffing. New ideas are viewed as disruptive, and in the extreme, seen as statements of disloyalty. Such a defensive posture breeds a climate of distrust within staff and leadership and works against the cultivation of an empowering leadership base.

Pastoral leaders who suffer from high anxiety frequently do not enjoy a passionate spirituality. Their fears, insecurities, and apprehensions overpower any emphasis on prayer and power and presence of the Holy Spirit in their lives. Although tacit acknowledgment of the Holy Spirit occurs through a doctrinal or creedal statement, rarely if ever do anxiety-dominated pastoral leaders evidence a regular and life-changing dependence on the Spirit. Additionally, anxious pastoral leaders will struggle moving their churches toward spiritual health as demonstrated by transforming discipleship. Transforming discipleship assists in helping people through a process of growth toward Christlikeness. Anxious pastoral leaders, because of their tendencies toward restlessness, distractibility, and lack of composure, have difficulty personally practicing spiritual



disciplines. Although most would argue that they spend quality time in Bible study, the emphasis of that study degenerates toward information overload but rarely moves in the direction of life change or transformation. Transformation is far too threatening for pastors who struggle with high anxiety.

Second, high scores on the depressive scale generally describe a person who is pessimistic, discouraged, or dejected in terms of their attitude or manner. Depression often demonstrates symptoms of apathy, despondency, or disillusionment. Depressed people are preoccupied with certain life problems or difficulties, often are emotionally exhausted, and may have a tendency to contemplate suicide (Taylor and Morrison 38-39). Individuals who score high on the depressive scale often feel unwanted, unimportant, or unappreciated. Additionally, they have a tendency to be easily disheartened by criticism and driven by a lack of self-confidence or a sense of inferiority. Clyde M. Narramore offers a full description of the characteristics of depressed individuals:

Depression is a condition marked by feelings of worthlessness, dejection and worry. The depressed person is an unhappy individual with a pessimistic outlook on life. He is vulnerable to threats, and even minor frustrations may cause increased feelings of depression. This individual thinks that all he does results in failure. He feels inadequate and unworthy of the love and respect of others. In short, he has an inadequate self-concept. In its more severe forms, depression may result in suicidal attempts.

The person suffering from depression often has feelings of strong guilt. He feels sinful and unworthy and thinks that he is in need of punishment because of his failures, sins and inadequacies. He may worry constantly over some deed committed many years before but is unable to remove the feelings of guilt and concern. (81)

Pastoral leaders who suffer from depression are often not aware of their condition, or if they are, they are unwilling to acknowledge the negative effects of their depressed leadership. Depressed leaders, regardless of their ministry context, feel worthless, lack

confidence, and operate out of a base of low self-esteem. Consequently, depressed pastoral leaders find it difficult to take risks in ministry, to try new things, and to move people toward change. In some cases their willingness to engage people socially decreases as does their desire to go to work. Reminding these leaders of past accomplishments or their strengths fails to restore their dissipated self-esteem (Barrett 20). Individuals who suffer from depression describe their emotional state variously: I have descended into a dark hole, or I have an empty hole inside me. Others lament that they feel trapped in a dark place and they do not feel as if they are truly alive (Greenspan 117). “The depressed person often feels that on his job he just does not measure up and simply can’t do his job. Depressives often report that they can’t think and solve problems” (Barrett 22). Individuals who do not feel comfortable expressing sadness, especially men, may channel their feelings of depression into anger. Someone who used to be easygoing and friendly may become sullen, cancel plans, or argue over minor issues. Depression may cause a person to feel emotionally and physically empty inside (Hicks 93). Pastoral leaders who suffer from depression can easily come to the conclusion that they are worthless and the cause of their problems:

When you are depressed, sadness also colors all of your thoughts. You feel like the world has defeated you. You feel that you can do nothing right. You feel that nothing can be solved. You feel like your life is a waste. If you are a religious person, you may feel that you have let God down, or that God has forsaken you. You feel that you are to blame for everything, even your depression. You feel that if you were a better person you would be able to overcome your lethargy and sadness. After all, other people have hard lives but do not give up. You wonder why you are so weak. (93)

Pastoral leaders, if described in the above paragraph, will have an excruciatingly difficult time attempting to inspire and lead a congregation toward a positive vision of the future.

Frozen in the moment of despair, their preaching will tend to be clouded with a negative

perspective or filled with anger and frequent imperatives. At other times, their preaching will be theologically accurate but only in the cognitive sense, in that depressed individuals will be unable to draw practical and positive applications from their theology.

One authority, in developing a depression symptom checklist, includes the following emotional symptoms as marks of high depression:

- I feel sad or discouraged more than I would like,
- I tend to dwell on what might go wrong. I can be pessimistic,
- Socially, I would prefer to withdraw rather than to be in groups.
- I have a low interest these days in sexual activity,
- Others might describe me as moody or irritable,
- I have regrets about the past that will not fade easily,
- Sometimes I struggle with feelings of inadequacy and low self-esteem,
- Recently the thought of dying has seemed appealing,
- Laughter and joviality do not come as naturally as they once did,
- My sleep patterns have been irregular; either I want to sleep too much or I cannot sleep enough,
- My appetite has changed; I eat either too much or too little,
- I cannot seem to sustain my motivation to complete tasks,
- My concentration level is just not what it should be,
- I cannot seem to get over feelings of grief or loss,
- I feel on the verge of crying more than I normally should be,
- Recently I have been thinking more about things I resent,
- I have difficulty with being fully open in disclosing my deepest feelings and

needs,

- Lately I have felt trapped by a sense of duty and obligation,
- I have had a hard time handling feelings of rejection or abandonment,
- I am not really sure that many people would care if I told them how I feel

(Carter and Minirth, Freedom from Depression Workbook 5-6).

The characteristics listed above, like the characteristics of high anxiety, if not dealt with will hamper the effectiveness of pastoral leaders and negatively impact the spiritual health of their churches.

My experience with the Taylor-Johnson Temperament Analysis suggests that individuals suffering from high anxiety also tend to suffer from high levels of depression. As a result, some of the observations noted in the previous section apply to this current section. Depressed leaders who are pessimistic, discouraged, or dejected in terms of their attitude or manner will struggle to lead their churches to any measure of spiritual health. Specifically, depressed pastors have great difficulty engaging personally in authentic community. With a tendency to withdraw from groups and because of difficulty in disclosing feelings and needs, community is not a personal priority with depressed leaders. Additionally, the spiritual health component of authentic community will be less viable under depressed leadership because depressed leaders are easily disheartened by criticism. Coupled with their propensity to avoid being vulnerable and open, depressed pastoral leaders are unlikely to lead their congregation toward anything they perceive as threatening to them personally. Small groups may exist in the church but only as a program, not as a passion. Whatever involvement the pastor has with small groups will be at a surface level. Being preoccupied with themselves, pastoral leaders who score high on

the depressive scale are not capable of honest and transparent disclosure with other people. Their tendency is to avoid situations where such disclosure is more likely, hence their avoidance of small groups. The only type of group depressive leaders are comfortable in are those groups that validate and affirm them without holding them accountable. Pastoral leaders who suffer from depression rarely would discount small groups for reasons of their own depression, if they were even aware of the condition. The tendency is to criticize small groups at other levels (e.g., not enough qualified teachers exist; small groups may become splinter groups; false teaching will flourish in small groups).

Empowering leadership, which is the second demonstrated characteristic of church health, will also suffer under depressed pastoral leadership. Open and trusting relationships will prove to be most difficult for depressed pastors. Driven by insecurities, depressed pastors have difficulty, as noted earlier, taking risks in ministry, trying new initiatives, and moving people toward change. The result is that new ministries are viewed negatively and with suspicion. Pastoral leaders who suffer from depression sift new ideas through a darkened personal grid and wonder what they have done that is so wrong that new ideas or programs must now be entertained. One pastor, in responding to change initiatives, lashed out by saying, "What is wrong with all I have done here for the past twenty years?" Leadership, in attempting to field responses of defensiveness must tread very lightly when moving through the minefields of change within the church lest they invoke the wrath of the pastor. Sadly, some leaders have come to the conclusion that unless they introduce change and present it in such a way that the senior leader thinks the change is his or her idea, the ownership and application of the idea has little or no future.

Depressed pastoral leaders are incapable of modeling the third characteristic of healthy church, which is engaging worship. Engaging worship involves, among many things, “connecting” with other worshippers, listening to sermons that convict, challenge, and encourage, and feeling as if I have had a meaningful experience with God.

Depressive pastoral leaders may connect with their audiences from the pulpit but beyond that have little energy or inclination to connect on a more personal level. Conversations with pastors struggling with depression are marked by little if any eye contact and a sense from the parishioner of being ignored or dismissed. Additionally, sermons from depressed pastors will tend to be high on information and low on life change or transformational elements. Additionally, depressed pastors tend to use sarcastic humor much of the time in their preaching. Sarcasm allows them to express their anger in what has become a socially acceptable manner. However, sarcasm often mutates into open criticism of other organizations and people that the pastor disagrees with or is threatened by.

Intentional evangelism, which is another characteristic of church health, also suffers under the leadership of depressed pastoral leaders. Since depressed individuals often have feelings of strong guilt because of their failures, sins, and inadequacies, declaring the good news of salvation personally becomes very difficult for them. As individuals, although they believe in salvation and the gospel, their personal experience continues to denigrate their belief, resulting in a confliction that reduces their inclination to share such a faith. Certainly all pastoral leaders in this study believe in the gospel and affirm the need for the church to be involved in evangelism. Nevertheless, these same pastoral leaders are fearful of sharing their own faith other than to the corporate audience

of the church and very few, in fact, have introduced anyone to faith in Jesus Christ in the last several years.

As noted earlier under the impact of anxiety on leaders and church health, passionate spirituality and transforming discipleship, which are further characteristics of church health, will suffer greatly under the leadership of a chronically depressed pastor. The dark cloud that surrounds depressed leaders will ultimately cover the congregation and keep that group of people in a spiritual deep freeze.

Third, high scores on the hostility scale generally describe a person who is critical, argumentative, and punitive. Hostility often demonstrates symptoms of thoughtlessness, inconsiderateness, impatience, sarcasm, and unreasonableness. Additionally, those with high hostility scores demonstrate intolerance of weakness in others and tend to adopt a superior, overbearing attitude and manner. Such patterns of behavior inevitably alienate others and are damaging to relationships (Taylor and Morrison 42). Hostile individuals are difficult to get along with. If they do not get their way, they often become very unpleasant and obstructive. In the context of the church hostile people often become engaged in personality conflicts and seek to have their views become the center of attention (C. Narramore 117). Individuals who have a generally hostile attitude are likely to perceive threats and feel a need to defend themselves in situations where others would remain calm. Hostile people tend to leap to conclusions and misinterpret the intentions of others (Hicks 9-10). Anger is a powerful emotion that has destructive potential:

Anger destroys our relationship with ourself, others, and God. Instead of moving us toward loving God with all our heart, mind, and soul, and our neighbor as ourself—creating loving relationships, breaking down barriers, promoting peace, and bringing about reconciliation—destructive

anger moves us in the opposite direction—toward disunity, estrangement, hostility, and alienation... Chronically angry people pay a physical price for their unresolved anger. Chronic anger that has become resentment, bitterness, hostility, or hatred negatively affects the immune system—making those persons more vulnerable to disease.

Anger can also be misdirected at one's self. Rather than expressing anger outwardly toward the threat, we turn it back onto ourselves, because of guilt, fear, or embarrassment about being angry. This internalized anger can be expressed in physical symptoms including headaches, high blood pressure, nervous stomach, and irritable bowel syndrome; through mental states such as depression; and in self-mutilating behaviors such as cutting. Anger is often destructive to intimate relationships, creating chaos between spouses, partnerships, parent and child, and extended families. Anger can make relationships painful and shorten their life span. (Lester 4-5)

Although the above paragraphs detail some of the negative effects of anger, the following checklist includes additional markers or symptoms of high levels of anger in an individual's life:

- Impatience comes over me more frequently than I would like,
- I nurture critical thoughts easily and for protracted periods of time,
- When I am displeased with someone, I tend to shut down any communication with that person or simply withdraw from the person,
- Tension mounts within me when I am faced with a difficult and demanding task,
- Sometimes I turn around and walk in another direction to avoid seeing or meeting someone I do not like,
- When I talk about people and circumstances that irritate me, I do not want to hear an opposing point of view,
- I do not quickly forget when someone does me wrong,



- I struggle emotionally with the things in life that seem unfair, particularly if the unfairness affects me directly,
- Although I may not be right, I tend to blame others for my problems,
- Sometimes I speak slanderously about a person, not really caring how it may harm his or her reputation,
- Sarcasm is the manner in which I most often express humor,
- I have been known to take an “I don’t care” attitude toward the needs of others,
- When I am in a role or position of authority, I frequently speak sternly or harshly to others (Carter and Minirth, Anger Workbook 5-6).

Anger is the twin sister of depression in that anger that does not demonstrate itself externally through verbal outbursts or negative behavior tends to be internalized by the sufferers. Therefore, the correlations between anger and church health are likely to be similar to the correlations noted earlier between depression and church health. Given the pervasive toxicity of anger, most if not all the church health characteristics will be impacted negatively by leadership that is dominated by high scores of hostility. For the sake of example, my experience suggests that passionate spirituality, transforming discipleship, and engaging worship are easily detonated by a pastoral leader who is constantly angry and who verbally alienates people through sarcasm, criticism, and judgments. Sooner or later, congregants and other leaders will either confront the pastoral leader, or, in some cases, they will ignore the negative pattern of behavior, saying, “Oh, that is just the way he is,” and proceed to move forward positively in their own spiritual development while ignoring the hypocrisy of the leader. Angry leaders, because of their

alienating personality, will find themselves surrounded by people but enjoying few if any deep friendships. Their capacity to model authentic community is nil. Furthermore, angry pastoral leaders experience difficulty engendering trust among those with whom they work. Lay leaders who serve alongside an angry pastor find are reluctant to trust him or her with decisions or directions. Unless the lay leadership is composed of mature and spiritually sensitive people who can lead the church in positive directions despite the senior leader's hostility, the likelihood is that the lay leadership team will become hostage to the senior leader's anger and accompanying threats.

Although the above section represents only a cursory review of the implications of emotional health and the spiritual health of the church, even from such a cursory vantage point the implications are immense and should not be ignored. Nevertheless, in many circles, the emotional health of the leadership of the church is sacred territory—never to be invaded. In that failure, the spiritual health of the congregation is then hinged to a model of leadership that can never be holistic and that produces a tragedy within many church contexts that is simply not acknowledged.

Although writing to a non-church audience, and in an extended section, Warren Bennis and Burt Nanus accurately describe a better approach, an approach that needs priority attention in the body of Christ today:

Positive self-regard is related to maturity, but we'd prefer the phrase "emotional wisdom" to maturity. Maturity sounds too much like the point where one outgrows childish behavior. But our leaders seemed to retain many of the positive characteristics of the child: enthusiasm for people, spontaneity, imagination and an unlimited capacity to learn new behavior. Emotional wisdom, as we've come to understand it, reflects itself in the way people relate to others. In the case of our ninety leaders, they used five key skills:

1. The ability to accept people as they are, not as you would like them to be. In a way, this can be seen as the height of wisdom—to "enter the skin" of

someone else, to understand what other people are like on their terms, rather than judging them.

2. The capacity to approach relationships and problems in terms of the present rather than the past. Certainly it is true that we can learn from past mistakes. But using the present as a takeoff point for trying to make fewer mistakes seemed to be more productive for our leaders—and certainly was more psychologically sound than rehashing things that are over.
3. The ability to treat those who are close to you with the same courteous attention that you extend to strangers and casual acquaintances.... We tend to take for granted those to whom we are closest. Often we get so accustomed to seeing them and hearing from them that we lost our ability to listen to what they are really saying or to appreciate the quality—good or bad—of what they are doing.
4. The ability to trust others, even if the risk seems great. A withholding of trust is often necessary for self-protection. But the price is too high if it means always being on guard, constantly suspicious of others. Even an overdose of trust that at times involves the risk of being deceived or disappointed is wiser, in the long run, than taking it for granted that most people are incompetent or insincere.
5. The ability to do without constant approval and recognition from others. Particularly in a work situation, the need for constant approval can be harmful and counterproductive. It should not really matter how many people *like* [original emphasis] leaders. The important thing is the quality of work that results from collaborating with them. The emotionally wise leader realizes that this quality will suffer when undue emphasis is placed on being a “good guy.” More important, it is a large part of the leader’s job to take risks. And risks by their very nature cannot be pleasing to everyone. (61-63)

Emotionally wise leaders cannot be restricted to the corporate world. Emotional wisdom, empowered with “wisdom that comes from heaven” (Jas. 3:17) is the divine resource that can invade and dominate the lives of pastoral leaders and the congregations they lead.

### **Conclusions and Applications**

Leaders and leadership are two words that seem to be on everyone’s lips these days. The corporate world is inundated with new seminars and books that extol the value of leadership in organizations. The Church, usually light-years behind the culture, has joined the parade (and rightly so) with no less number of versions of the same. Leaders, of course, leap from the pages of the Bible: Abraham, who trusts God enough to lead his

family to a new country; Moses, who leads God's fledgling nation out of slavery; David, whose leadership shadow stretches to today; Peter, James, and John, all of whom led among the apostles; and, Paul, whose leadership gave the Christian Church the first and most important missionary movement. While skepticism, even cynicism, still exists in the culture regarding leaders and leadership, the present era is starved for responsible, energetic, and wise leaders.

Only recently, however, alongside the word leaders could one find words such as emotionally intelligent or healthy. This dissertation attempts to present in broad strokes the immensity of this problem, specifically as it relates to pastoral leaders. The scope of this project is not intended to provide detailed solutions for this challenging subject; however, in this section some general areas of assistance and tools for the pastor who is serious about emotional health are presented. As a theological caveat, the complexity of human emotions should be emphasized:

Passions [emotions] that ... [are] ugly and demanding can never be fully tamed. They cannot be fully hidden, nor can they be weakened by understanding their roots. They can for a time be disguised but they can never be either improved or controlled. Our only hope is that another passion arises within us that is stronger and better. Only the resources of the Spirit are adequate to move us through [emotional] confliction.... Only good passions supplied by the Spirit can replace the bad ones as the foundation for community and withstand the assault of confliction. (Crabb 39)

For pastoral leaders, the subject of emotional health and church health cannot be reduced to analysis and measurement alone. The empowering presence and power of the Holy Spirit in the lives of leaders remains a valuable reminder.

Larry Crabb does go on to insist that emotional transformation can only ultimately occur for the Christian in a setting of spiritual community, which is characterized by "the

presence of conflicted relationships met by spiritual friendship (Care of the soul) and, as needed, spiritual direction (Cure of the soul), characterized by dependence on the Spirit (listening to God through Word and Spirit)” (41).

My assumption is that pastoral leaders understand and underline Crabb’s words in their own lives and ministries; however, those same leaders often need assistance in practically unpacking what, for example, the spiritual direction mentioned above looks like. Experts insist that “leaders high in emotional self-awareness are attuned to their inner signals, recognizing how their feelings affect them and their job performance.... [They] can be candid and authentic, able to speak openly about their emotions or with conviction about their guiding vision” (Goleman, Botatzis, and McKee 253).

In order to move toward self-awareness, at some point in their lives leaders need instruction and assistance in many areas:

- Establishing inner peace with a balance of true humility;
- Determining when to be assertive with anger, even among difficult people;
- Responding appropriately to the rejecting messages others give;
- Maintaining a balance between being accepting and being principled;
- Knowing the difference between true guilt and false guilt;
- Responding appropriately when feeling hurt or disappointed by others; and,
- Determining the ingredients necessary to keep worry and fear from gaining a

stronghold (Carter, People Pleasers 75-76).

Now, then, if self-awareness is the key starting point, the following two brief diagnostic questions should assist pastoral leaders in taking the first step toward a more accurate understanding of their emotional condition: (1) Am I able to sense the slow broil of

emotions like anger, irritation, frustration, and the dark cloud of depression? (2) Can I sense when I am feeling out of control, when a flight/fight response is kicking in, or when despair hits so hard I simply want to hide? The ability to sense the slow rise of negative emotions is the first step toward emotional health and maturity (Martoa 81).

Additionally, I would submit two more characteristics of healthy leaders before attempting to become more specific.

Healthy leaders lead from their own spiritual and emotional health. Healthy leaders are moving toward spiritual and emotional wholeness. Leadership out of health does not mean that one has to be a superhero in order to be a good leader in the church. Spiritual wholeness is rooted in a true estimation of self in relation to God; it is reverent, humble, and open to criticism.

Healthy leaders are capable of providing non-anxious and emotionally well-differentiated leadership. Both of the terms “non-anxious” and “self-differentiation” come from family systems theory and both require considerable skill and understanding. One of the greatest qualities of an emotionally healthy leader is the capacity to speak for him or herself. “I believe,” “I think,” “I hope,” are statements from a leader who maintains self-differentiation. “I believe this; now what do you believe?” or “I think this; now what do you think?” are questions raised by a leader who respects others. The tendency of some leaders to speak in the “royal we” consistently reveals a degree of anxiety. Anxiety is toxic to good leadership.

One highly regarded Christian therapist indicates that people are understood to be mentally healthy to the degree that their personalities have the following interrelated characteristics:

They have self-acceptance, self-esteem, accurate self-perception, inner security, and joy;

They are committed to develop their God-given possibilities;

They have an integrated sense of who they are and what their important values are as these reflect God's intention for them and the world;

They see the reality of the world and other people accurately, undistorted by their subjective needs;

They have "emotional intelligence" characterized by empathy, social skills, self-awareness, control of impulses, and motivation to persist with optimism in the face of setbacks;

They relate to other people and God in constructive ways and are aware of being supported by the divine Spirit; and,

They are able to cope with life's miserable downside and yet continue to enjoy loving and working, laughing and playing (Clinebell 64).

Howard Clinebell then adds that "if these criteria seem psychologically heavy, remember that everyone's mental wellness is a matter of degree and also an ongoing process that has its downs as well as ups" (64). Over the course of thirty years of ministry and as a result of research related to this dissertation, my own understanding of emotionally mature leaders is best summarized in the following list:

1. Have overcome idealization, accept the good and the bad mixed;
2. Have overcome excessive expectations from situations and take responsibility for what they want;

3. Have overcome excessive need to be in control of life situations and can follow as well as lead;
4. Have overcome an excessive need to excel so that their sense of being special is not diminished by mediocrity, performance, or status recognition;
5. Have overcome self-centered love and feel as loved in giving as in receiving;
6. Have overcome grudges by being forgiving and are humble enough to admit their own faults and are gracious in allowing for the mistakes of others;
7. Have overcome the need to punish self and have accepted God's forgiveness and grace not simply in theory, but in practice;
8. Have overcome the tendency to be greedy and have come to a place of true gratitude; they do not give simply in order to receive but give because of apparent need; and,
9. Have overcome the love of things more than people and see the utility value in things and do not manipulate people.

Pastoral leaders must constantly head toward these directional targets. Inattention to any or all of these marks of emotional maturity will certainly restrict and limit their effectiveness as a person and a leader. Again, without attempting to be redundant, pastoral leaders need to recognize the signals that their emotions are becoming more ragged than they should and require immediate attention. Those signals can include the following: when ministry becomes a chore and not a joy; when people are viewed as interruptions instead of divine appointments; when they become angry with their spouses and families; when they feel weak morally; when the marketplace looks more appealing



than ministry; when they prepare sermons and not messages; and, when they go through the motions of ministry with little or no passion.

When pastoral leaders encounter these kinds of signals, the first step toward balance is to acknowledge that they have hit an emotional wall. After such an admission, pastoral leaders must recognize that emotional trouble will not disappear on its own; therefore, they must attend to it. Facing emotional black holes and replenishing emotional empty zones sometimes requires help that is professional in nature. Based on three decades of research, one authority identifies an effective process of leadership development called self-directed learning that a pastoral leader can utilize to become a more emotionally healthy leader. This self-directed learning includes five steps.

Self-directed learning begins by describing the person's ideal self. This description is the vision of the self that will keep the person motivated to change during difficult times instead of relying on old ways of doing things.

Self-directed learning includes identifying the person's real self. This identification begins with strengths and developmental areas. The identification attempts to see self as others do. Once individuals discover those aspects of themselves that match the ideal, they have realized their strengths, and everything else represents the gap between who they are and who they want to be.

Self-directed learning, as a third step, creates a development plan for how to build on strengths while lessening the gap between the actual and ideal self. The plan should involve things individuals can do on a daily basis that meet their style of learning and development, as well as their lifestyle.

Self-directed learning also experiments with, practices, and works towards mastery of more emotionally intelligent thoughts, feelings, and behaviors.

The fifth step in self-directed learning moves toward developing supportive relationships that facilitate these desired changes. Throughout this process individuals need to have people around them whom they trust to provide feedback, encouragement, and a different perspective on things to help them see what they cannot see alone. Such a perspective is often the role that an executive coach plays in helping someone further develop and excel in his or her professional life (Callahan 2).

Over twenty years ago, while I was doing graduate work at Trinity Evangelical Divinity School, I enrolled in the class “The Pastor’s Emotional Health.” It was a subject that was rarely addressed in those days, but one that I was confident would help me. I was one of only seven students who flew to Chicago to spend a week with the teacher, who also happened to be a therapist. During the class I began to grasp the immense importance of this area in my own life. Since that class, I have formulated specific thoughts regarding ministerial health, and as I close this chapter, perhaps these thoughts will serve as a concluding word.

Emotional health is a relational/social product that involves my relationship with God, self, and others. In terms of my relationship to God, I am able to love God with all my heart, soul, mind, and strength. I can trust God’s unconditional love and acceptance for me. In terms of my relationship with myself, I am able to establish and maintain a sense of personal worth and competence. I can see, hear, and feel myself as one created in God’s image. In my relationships with others, I am able to establish and maintain meaningful interpersonal relationships. I am learning to love my neighbor as myself.

Emotional health is also an historical, relational/social product that finds its beginnings in my connection with my parents. When I am loved, valued, wanted, and belong, then I will begin life with emotional health. When I believe I am viewed as significant by my parents, then I will be emotionally healthy. When I am able to balance self-interest with care and attention for others, then I will be emotionally healthy. When I am able to establish and maintain meaningful interpersonal relationships, then I will be emotionally healthy.

Emotional health is a personal/identity issue in that how I personally view myself is critical to my ongoing health. Consequently, as I learn to accept myself as a damaged image of God who is being restored by Christ to the original glory of God, then I will begin to be emotionally healthy. As I learn not to confuse who I am as a person with my roles, then I will begin to be emotionally healthy. As I become comfortable with myself and willing to disclose myself to others, then I will begin to be emotionally healthy. When I learn to love, value, and affirm myself, then I will begin to be emotionally healthy. When I develop my ego strengths, then I will begin to be emotionally healthy.

Emotional health is a spiritual/mental maturity issue (holiness and wholeness). When I begin to accept God's meaning and purpose for my life, then I will be emotionally healthy. When I value what God values, accept and live by God's commandments with God's gracious help, then I will be emotionally healthy. When I do not confuse God with my parents, then I will be emotionally healthy.

Emotional health for pastoral leaders is a critical and all-encompassing subject that ultimately probes the deepest areas of pastoral leaders hearts and minds:

Since growth in character includes affective as well as volitional and cognitive development, it also affects a person's emotional intelligence

and relational ability. It does this through generating a greater understanding within a leader of how he or she operates at these levels. (Banks and Ledbetter 97-98)

Pastors in leadership must be committed to grappling with changing deeply ingrained emotional habits and patterns of behavior. In a word, character counts. A focus on character understands that personal transformation precedes as well as accompanies good choices and actions. Character not only gives the leader a greater capacity to implement a decision but also shapes the kind of decision and, ultimately, the actions that emanate from the decision.

## **CHAPTER 3**

### **METHODOLOGY**

This study was designed as a descriptive, correlational project utilizing a standardized personality inventory (TJTA) and a questionnaire (BCHC). The purpose of this study was to describe and explore the relationship between the emotional health of the senior pastor and the spiritual health of the church that he or she leads. This study focused on this relationship within churches of the Eastern and Central Canadian districts of the Christian and Missionary Alliance Church. This purpose was accomplished by correlating the nine personality traits and their opposites from the TJTA with the eight scales of health that make up the BCHC. The anticipated outcome was the demonstration that as the senior pastor's emotional health grows, matures, or develops positively, so, too, the spiritual health of the church that pastor leads will also grow, mature, or develop positively. Observed correlations focused on individual pastors and the churches they lead, as opposed to correlations from the entire sample of participating churches and pastors.

#### **Research Questions**

Three primary research questions guided the scope of this study.

##### **Research Question 1**

How do CMA churches score on each of the eight Beeson Church Health Characteristics?

A questionnaire was used to measure eight health characteristics in a congregation. These characteristics are authentic community, empowering leadership, engaging worship, functional structures, intentional evangelism, mobilized laity,

passionate spirituality, and transforming discipleship. Integral to this study is the assumption that healthy congregations do exist, but they do not come into being independent of emotionally healthy pastoral leadership. This research question attempts to identify through the questionnaire the healthy congregations that exist within the CMA.

### **Research Question 2**

How do senior pastors of CMA churches score on the Taylor-Johnson Temperament Analysis?

The TJTA test is essentially a set of standardized questions designed to quantify or measure certain personality traits. As in research question 1, the assumption of this study is that emotionally healthy senior pastors do exist and that their health ultimately impacts the congregations they serve and assists those congregations in moving toward church health. This research question attempts to identify through the TJTA that emotionally healthy pastors exist within the CMA.

### **Research Question 3**

Are the results and patterns from the Taylor-Johnson Temperament Analysis consistent with the health of the churches as determined by the Beeson Church Health Questionnaire?

As demonstrated in Chapter 2, the interplay between pastoral leadership and congregations is strong. That interplay is rarely neutral in effect but most often demonstrates itself either positively or negatively. In the context of this study, that interplay would be demonstrated through positive pastoral emotional health and positive church health or through negative pastoral emotional health and negative church health.

The degree of church health (or lack thereof) should be directly linked to the degree of emotional health of the pastor (or lack thereof). Although the TJTA is a standardized inventory that has been used widely and effectively for decades, it does not appear to have been used in a linkage study with the BCHC.

### **Population and Sample**

The population for this study was a sample of churches within the Christian and Missionary Alliance Church of Canada. Each of the 139 churches in the Central and Eastern Canadian Districts was invited to participate. The population includes urban, suburban, and rural churches. Additionally, it covers a wide range of congregational sizes from fifty adults to over a thousand in attendance at worship. The population further includes a wide range of worship styles from traditional to contemporary praise and worship. Each senior pastor in the sample population was invited to complete a TJTA profile, and each board member (up to a maximum of four) was invited to complete the BCHC. Due to the sensitive nature of the subject, particularly the emotional health aspect, the congregation at large was not included in the population study.

### **Instrumentation**

This study was a descriptive, correlational design that utilized a standardized personality inventory (TJTA; see Appendix B) to measure emotional health and a questionnaire (BCHC; see Appendix C) to measure church health. The first instrument was a self-administered test comprised of 180 questions related to temperament and emotions and was directed to the senior pastor. The second instrument was a self-administered questionnaire comprised of seventy-one church health questions and was directed to the church governing board.

**Church Health Characteristics**

The BCHC was previously researched and developed by a team of doctoral students at Asbury Theological Seminary. In addition to pretests, the questionnaire has since been used in the General Association of Baptist Churches, the West Ohio Conference of the United Methodist Church, the Western Canadian District of the Christian and Missionary Alliance Church, and the Evangelical Presbyterian Church (McKee 65).

**Taylor-Johnson Temperament Analysis**

When the TJTA was being developed, personality traits that are especially important and influential in personal adjustment and in interpersonal relationships were examined. Nine traits (and their opposites) were chosen. A determination was made that each trait category would consist of twenty questions showing the strongest relationship—highest correlation—with each test score.

The responses to the TJTA items are weighted 0, 1, or 2, depending on the scale and the valence of the question relative to the trait description. The total of the weights of all the responses obtained for each of the traits is called a raw score. In order to evaluate TJTA raw scores, conversion scores were derived. The conversion scales derived from administering the test to a population sample are called the norms for that sample. Since age, gender, education, and environments influence the way in which a person will answer the questions, separate norms have been derived for a variety of groups, such as adolescents, young adults, general adults, and senior adults.

Two types of scaled scores are used to compare TJTA raw scores to the standardization sample: percentile rank, or percentile score, and sten. For the nine TJTA



traits, a percentile scale is based on the notion of a continuous set of numbers running from a hypothetical raw score of  $-0.5$  to a hypothetical  $40.5$ , rather than a discrete scale of  $0$  to  $40$  with no numbers on the scale other than whole numbers or integers (i.e.,  $0, 1, 2, 3, 4, 5$ , etc.). Thus, if a testee is a general adult female who receives a raw score of thirteen on Trait A, Nervous, the Female General Adult Norm table will indicate that this score falls at the 53rd percentile (close to median) when compared to the 7,630 females in the General Adult standardization sample. This percentile score means that 53 percent of the standardization sample fell below the midpoint of  $12.5$  to  $13.5$  for the trait Nervous.

The second type of scaled score used to compare TJTA raw scores to the standardization sample is the sten. A sten scale is composed of ten numbers, ranging from one to ten, each of which is one-half standard deviation in width, except for stens one and ten. A sten of one ranges from two standard deviations below the mean to infinity; a sten of ten ranges from two standard deviations above the mean to infinity.

### **Reliability and Validity**

As used in psychological measurement, the term reliability refers to consistency. Test reliability is the consistency of scores obtained by the same individuals when retested with the identical test, or an alternate form of the same test, within a short span of time. This type of reliability is called test-retest. Test-retest was determined by administering the TJTA to eighty-one subjects twice, with two weeks intervening. The two sets of results were correlated and the correlations derived were of respectable magnitude.

A second type of reliability is called internal consistency. One method used to estimate consistency is the split-half method. The split-half method consisted of splitting

the items on each scale into two equal half scales and then scoring the half scales separately. These scores were correlated, and the results demonstrated that the scales of the TJTA are internally consistent.

Test validity concerns the degree to which a test actually measures what it is designed to measure. One method of determining a test's validity is called content validity. Content validity involves the systematic examination of test items to determine whether they cover a representative sample of the behavior domain measured. Content validity was built into the TJTA through the choice of appropriate questions. Another validating method is face validity. It pertains to whether a test is valid to the professionals who use it, in terms of confirmation of both the counselor's clinical evaluation and the respondent's own self-evaluation, as well as effective practical application of the results. The TJTA has found such application in individual, premarital, and marital counseling, educational and vocational guidance and counseling, drug and alcohol abuse programs, and rehabilitation counseling (Taylor and Morrison 151-55).

As noted in Chapter 1, although all nine contrasting personality traits from the TJTA were considered, more focused attention was given to the three major traits of anxiety, depression, and hostility. Additionally, specific trait patterns (i.e., anxiety, hostile-dominant, and passive aggressive) were examined carefully in terms of their correlation to church health.

The choice of the TJTA instrument for this study was not an arbitrary or capricious one. Since 1983 I have been accredited and licensed with Psychological Publications to utilize, interpret, and teach the TJTA. I have used it extensively in

counseling and teaching environments and, in fact, required the completion of the TJTA from all my Beeson Pastors during my teaching tenure at Asbury Theological Seminary.

The BCHC has been used successfully as noted earlier in this chapter. Prior to such use, this instrument was pretested in two churches in the Lexington, Kentucky, area in order to affirm the validity of the instrument. “The results were processed, and the reliability coefficients were measured. Reliability was determined with split-half reliability analysis and factor analysis” (McKee 68).

### **Data Collection**

Before formal contact with the pastors and churches, announcements regarding the project were made at both regional and district meetings of the CMA in April and May 2005. Doug Wiebe and I did the announcements in an attempt to encourage participation and also to give me an opportunity to answer any questions. Subsequent to the regional and district meetings, a letter, signed by myself and endorsed by the President of the CMA along with a letter of approval from the district superintendent of the Eastern Canadian District was sent by electronic mail to each pastor in the sample population inviting their participation. A positive response was encouraged and contact information was provided to indicate such a response. Upon notification of participation, and in order to facilitate the process, the Beeson Church Health Questionnaire was then sent by direct mail with instructions as to its completion, along with the TJTA profile and instructions as to how to complete the profile. Each BCHC questionnaire and TJTA were coded so as to be able to link the pastor and church data together, while at the same time protecting the anonymity of the process.

Although initially the BCHC was intended for a broad-based congregational response, I determined that a tighter response circle was needed. This determination was made primarily because of the linkage to pastoral emotional health. A survey distributed to even 10 or 20 percent of a congregation would require a full explanation of the project and given the sensitivity of the subject, I concluded that such an approach would discourage pastoral participation. Consequently, the BCHC responses were limited to the governing board of the church, with the expectation that they hold highly both the good of the church and their pastor. At the same time, this group, given their leadership roles in the church, would likely represent the best barometer of church health from among the many subgroups of the congregation. Further, this group should be counted on for confidentiality, which is critical to this project in terms of honest and accurate assessment.

Completed BCHC surveys were returned to my office for data entry and processing. The completed online TJTA inventories were scored and interpreted by my assistant, Lorna Tunney, utilizing appropriate software purchased from Psychological Publications in California. These results were then passed on to me for my own review and evaluation. I was assisted through the process by a team of three individuals from my congregation who have experience with statistical data.

### **Data Analysis**

After computer tabulation of the BCHC surveys and the TJTA profiles by my statistical team, the results were returned to me. I analyzed and interpreted the results with the assistance of research assistants from my congregation and Dr. Leslie Andrews. The data was analyzed utilizing Microsoft Excel data analysis software and the Statistical

Package for the Social Sciences software (SPSS), with particular attention given to the Pearson correlation coefficient.

Part of the data analysis for the TJTA includes an awareness of the meaning and interpretation of Mid and Attitude scale scores. The total Mid count provides an assessment of the validity of the test results. A Mid response is given when the respondent is unable to answer a question with a definite “yes” (+) or “no” (-) response. The test-taking instructions on the front of the question booklets clearly instruct individuals to avoid as much as possible Mid responses. In adult testing, more than thirty Mids are considered excessive and render the results to be less than definitive in that the profile cannot be considered an entirely accurate portrayal of the person being described (Taylor and Morrison 33).

The Attitude scale provides another validity check for the TJTA profile. The Attitude scale measures test-taking bias, demonstrating how the respondent’s attitude at the time of the testing influenced the way he or she answered the questions, thereby affecting the outcome of the test. A high Attitude scale sten score (stens 8, 9, or 10) suggests that the respondent tended to provide self-favoring answers to the questions, thereby tending to deny the existence of faults or problems. As a result, he or she may not be as well adjusted, as his or her TJTA results would seem to indicate. A high attitude score commonly reflects “a defensive posture and a disinclination to give an honest or objective self-rating, a tendency to give “socially desirable” answers, anxiety concerning what others might think, and a desire to make a positive impression” (Taylor and Morrison 35).

No validity checks are available for the BCHC as they are for the TJTA.

**Generalizability**

This study was delimited to include only churches of the Central and Eastern Districts of the Christian and Missionary Alliance churches in Canada. The purpose of this study was to describe and explore the relationship between the emotional health of the senior pastor and the spiritual health of the church that he or she leads. Although short-term pastoral tenures were excluded from the study along with any churches that are deemed to have a dysfunctional past, extenuating circumstances in the life of the individual church or the pastor may exist that are beyond the control of this study. Findings may be applicable to comparable evangelical groups. Results of the study are summarized in Chapter 4.

## **CHAPTER 4**

### **FINDINGS OF THE STUDY**

Churches have struggled to find quantifiable ways to measure the spiritual health of the church. The BCHC is an effective and comprehensive tool that measures the strength of healthy traits in a church. This study utilized the BCHC in an attempt to ascertain a big picture view of the health of individual churches; however, as helpful as this information is, further reflective input was needed. Just as churches have struggled to find quantifiable ways to measure their spiritual health, so individuals, and particularly pastoral leaders, have struggled to find quantifiable ways to measure their emotional health. The TJTA is one tool that effectively measures, through self-assessment, an individual's emotional temperament. The purpose of this study was to describe the relationship between the emotional health of senior pastors and the spiritual health of the churches they lead.

Three questions have guided this study: How do CMA churches score on each of the eight Beeson Church Health Characteristics? How do senior pastors of CMA churches score on the Taylor-Johnson Temperament Analysis? Are the results and patterns from the Taylor-Johnson Temperament Analysis consistent with the health of the churches as determined by the Beeson Church Health Questionnaire?

#### **Profile of Subjects**

BCHC surveys and TJTA profiles were distributed to the pastors of participating churches with instructions for the pastor to complete and return the TJTA and to invite up to four elders to complete and return the BCHC survey. Twenty-seven pastors and churches from 139 churches participated (19.6 percent). The low percentage of response

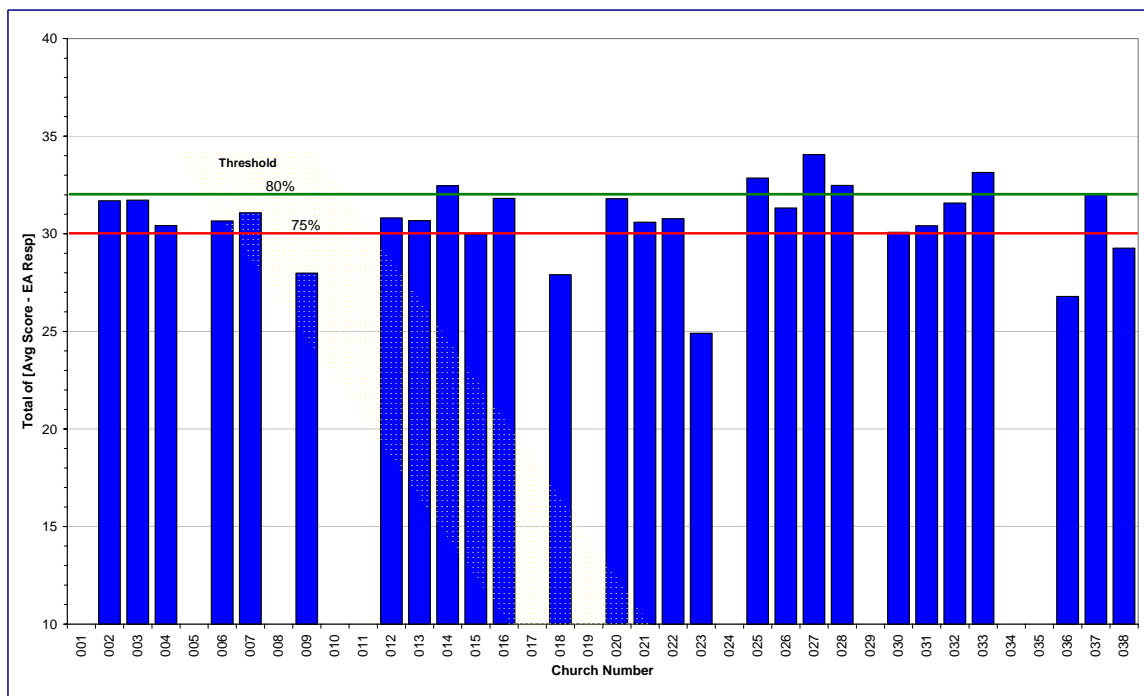
may affirm the inherent resistance among pastoral leaders to participate in studies that explore their emotional health in any fashion, or the low percentage of response may demonstrate reluctance among pastoral leaders to participate voluntarily in studies that attempt to link the spiritual health of their churches to their own personal emotional health. Evaluating the spiritual health of the church is one thing, but suggesting a connection between the emotional health of the pastor and his or her church is quite another thing.

### **Church Health Characteristics**

The Beeson Church Health Questionnaire measured eight indicators of health in each church: authentic community, empowering leadership, engaging worship, functional structures, intentional evangelism, mobilized laity, passionate spirituality, and transforming discipleship. The purpose of this study was to describe the relationship between the emotional health of senior pastors and the spiritual health of the churches they lead rather than to focus on the health of individual markers within the church and how they compared to the other characteristics. The scoring grid allowed for five possible answers to each question: 1 = strongly disagree, 2 = moderately disagree, 3 = neither agree nor disagree, 4 = moderately agree, and 5 = strongly agree. For the purpose of this study, and because the respondents were the elders of the church, the responses were considered healthy if the answers were scored as either a four or a five. Anything less than a four was considered not to represent moderate health, as per the definitions on the scoring grid. No accounting for possible bias in the answers was included in the results; however, one set of results (Church 28) was corrupted due to an excessive number of mid answers (ninety-eight) in the TJTA portion of the tests and was, therefore, eliminated

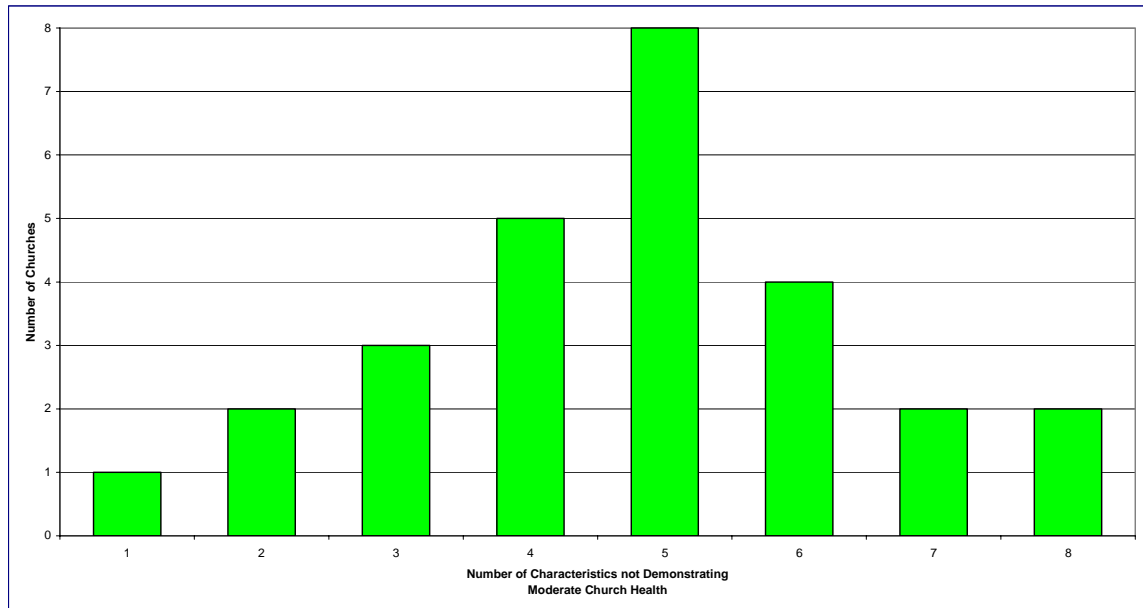


from any study. The remaining twenty-six churches were considered and evaluated. In the Beeson study, twenty-one out of twenty-six churches (80.7 percent) averaged a score of less than 4.0 on the church health questionnaire, thereby indicating that from the point of reference of the contributing elders, although some health exists, moderate spiritual health does not exist in their respective churches (see Figure 4.1).



**Figure 4.1. Beeson church health (overall scores by churches).**

Of the twenty-six churches, two churches reflected lack of moderate health in all eight characteristics; two churches reflected lack of moderate health in seven characteristics; four churches in six characteristics; eight churches in five characteristics; five churches in four characteristics; three churches in three characteristics; two churches in two characteristics; and one church in one characteristic (see Figure 4.2).



**Figure 4.2. Church health characteristics and churches.**

Further, when evaluating the participating churches using the average score of 4.0 or less, twenty-one out of the twenty-six churches (80.7 percent) did not reach the threshold set for moderate spiritual health in a minimum of four out of eight church health characteristics (see Figure 4.4). When evaluating the participating churches using the average score of 3.75 or less, nine out of the twenty-six churches (34.5 percent) did not reach the threshold set for moderate church health in a minimum of four out of eight church health characteristics, while fourteen (53.8 percent) did not reach the threshold set for moderate church health in a minimum of three out of eight church health characteristics (see Figure 4.3).

Beeson Church Health vs Taylor Johnson Temperament Analysis

2005/12/29

Church#	Beeson Target 3,750 of 5,000 75.00%								#Char	%		
	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0				
001	3.5	4.5	4.1	3.8	4.1	4.1	3.7	31.7	2	25%		
002	4.1	3.6	3.9	4.3	3.8	4.2	4.2	3.6	31.7	2	25%	
003	4.0	3.3	4.4	4.0	3.6	3.9	3.8	3.4	30.4	3	38%	
004	3.8	3.4	4.4	3.7	3.8	3.8	4.2	3.7	30.7	3	38%	
005	4.2	3.5	4.0	3.9	3.6	3.9	4.2	3.7	31.1	3	38%	
006	3.4	3.1	3.6	3.4	3.7	3.8	3.6	3.4	28.0	7	88%	
007	4.0	3.5	4.3	4.0	3.6	3.9	3.7	3.8	30.8	3	38%	
008	4.4	3.1	4.3	3.5	3.9	3.6	4.2	3.6	30.7	4	50%	
009	4.4	3.5	4.9	4.2	3.6	4.1	4.2	3.5	32.5	3	38%	
010	4.1	3.4	4.3	4.3	3.5	3.6	3.4	4.1	3.6	30.0	5	63%
011	3.7	3.7	4.7	4.1	3.9	4.0	3.9	3.8	31.8	2	25%	
012	3.5	3.1	4.0	3.4	3.5	3.8	3.5	3.1	27.9	6	75%	
013	4.3	3.6	4.2	4.0	3.9	4.1	4.4	3.4	31.8	2	25%	
014	4.3	3.5	4.3	3.8	3.8	4.0	3.1	30.6	2	25%		
015	4.0	3.4	4.0	4.0	3.9	3.9	3.7	30.8	2	25%		
016	2.7	3.2	3.4	3.4	2.8	2.3	2.9	4.3	24.9	7	88%	
017	4.2	3.7	4.4	4.1	4.0	4.1	4.2	4.1	32.8	1	13%	
018	4.0	3.5	4.0	4.0	3.8	4.0	4.1	4.0	31.3	1	13%	
019	4.7	4.1	4.5	4.1	3.9	4.3	4.7	3.9	34.1	2	25%	
020	4.3	3.6	4.7	4.0	3.7	4.0	4.1	4.0	32.5	2	25%	
021	4.2	3.3	4.1	3.6	3.6	3.6	4.0	3.8	30.1	4	50%	
022	4.2	3.5	4.4	3.7	3.8	3.7	3.7	3.4	30.4	5	63%	
023	4.5	3.4	4.2	3.6	4.1	4.1	3.9	3.9	31.6	2	25%	
024	4.4	3.9	4.6	4.1	3.9	4.1	4.4	3.8	33.1	0	0%	
025	3.1	3.0	3.1	3.3	3.9	3.6	3.4	3.3	26.8	7	88%	
026	4.3	3.6	4.3	3.8	3.8	4.1	4.4	3.7	32.0	2	25%	
027	4.0	3.1	3.6	3.2	3.8	3.8	4.0	3.7	29.3	4	50%	

No Data Returned  
 Excessive MD scoring - data integrity impaired - excluded from analysis  
 XXXX Unhealthy  
 XXXX Healthy

Compare

By  
 >=3 & <=3

Healthy>	#Trails	%	Taylor Johnson Temperament Analysis (TJTA) - Traits   Percentile										MIDs	Altitude
			A	B	C	D	E	F	G	H	I	J		
2	22%	21	12	51	99	76	11	34	13	98	0	10		
2	22%	54	70	84	81	76	40	48	13	87	27	6		
5	56%	11	70	45	14	98	71	14	13	15	30	6		
5	56%	11	30	21	3	24	27	14	13	35	27	7		
8	89%	57	60	4	26	7	79	88	88	35	4	4		
3	33%	32	12	54	84	46	50	25	29	33	17	10		
5	56%	67	30	71	95	13	37	97	51	4	30	5		
3	33%	11	60	74	93	76	37	28	13	11	13	7		
5	56%	73	30	61	99	27	14	98	89	2	6	6		
4	44%	87	70	71	81	27	37	95	80	51	3	6		
1	11%	24	12	90	99	90	24	71	13	7	3	10		
5	56%	73	88	45	95	61	71	14	25	1	24	3		
1	11%	4	14	65	68	90	14	37	13	98	11	10		
5	56%	54	76	61	81	61	62	68	80	4	0	1		
1	11%	32	30	74	81	38	40	48	37	95	5	8		
6	67%	21	60	54	46	51	65	13	69	35	12	4		
3	33%	11	47	42	81	24	3	18	13	51	0	9		
6	67%	47	81	21	20	81	65	8	41	33	53	5		
5	56%	47	63	61	44	46	90	55	81	73	21	6		
8	89%	82	88	36	28	19	86	14	61	26	98	3		
6	67%	54	88	19	46	81	65	44	67	79	5	4		
7	78%	54	76	33	35	81	62	79	74	4	1	2		
5	56%	35	63	71	58	38	79	94	76	15	30	3		
5	56%	64	76	28	44	51	53	34	16	60	24	4		
7	78%	64	93	4	5	5	95	5	37	79	1	2		
3	33%	21	30	36	35	46	24	44	4	99	7	10		
4	44%	67	70	36	44	66	37	44	37	98	7	5		

Figure 4.3. Beeson church health vs. Taylor-Johnson Temperament Analysis I.

2005/12/29 Beeson Church Health vs Taylor Johnson Temperament Analysis

Church#	Beeson Target - 4,000 of 5,000 80.00%								Total	32.0	#Chr	%
	1	2	3	4	5	6	7	8				
001	4.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	32.0	32.0	0%	
002	4.0	3.5	4.5	4.1	3.8	4.1	4.1	3.7	31.7	3	38%	
003	4.1	3.6	3.9	4.3	3.8	4.2	4.2	3.6	31.7	4	50%	
004	4.0	3.3	4.4	4.0	3.6	3.9	3.8	3.4	30.4	5	63%	
005											0%	
006	3.8	3.4	4.4	3.7	3.8	3.8	4.2	3.7	30.7	6	75%	
007	4.2	3.5	4.0	3.9	3.6	3.9	4.2	3.7	31.1	5	63%	
008											0%	
009	3.4	3.1	3.6	3.4	3.7	3.8	3.6	3.4	28.0	8	100%	
010											0%	
011											0%	
012	4.0	3.5	4.3	4.0	3.6	3.9	3.7	3.8	30.8	5	63%	
013	4.4	3.1	4.3	3.5	3.9	3.6	4.2	3.6	30.7	5	63%	
014	4.4	3.5	4.9	4.2	3.6	4.1	4.2	3.5	32.5	3	38%	
015	4.1	3.4	4.3	3.5	3.6	3.4	4.1	3.6	30.0	5	63%	
016	3.7	3.7	4.7	4.1	3.9	4.0	3.9	3.8	31.8	5	63%	
017											0%	
018	3.5	3.1	4.0	3.4	3.5	3.8	3.5	3.1	27.9	7	88%	
019											0%	
020	4.3	3.6	4.2	4.0	3.9	4.1	4.4	3.4	31.8	4	50%	
021	4.3	3.5	4.3	3.8	3.8	3.8	4.0	3.1	30.6	5	63%	
022	4.0	3.4	4.0	4.0	3.9	3.9	3.9	3.7	30.8	5	63%	
023	2.7	3.2	3.4	3.4	2.8	2.3	2.9	4.3	24.9	7	88%	
024											0%	
025	4.2	3.7	4.4	4.1	4.0	4.1	4.2	4.1	32.8	1	13%	
026	4.0	3.5	4.0	4.0	3.8	4.0	4.1	4.0	31.3	4	50%	
027	4.7	4.1	4.5	4.1	3.9	4.3	4.7	3.9	34.1	2	25%	
028	4.3	3.6	4.7	4.0	3.7	4.0	4.1	4.0	32.5	2	25%	
029											0%	
030	4.2	3.3	4.1	3.6	3.6	3.6	4.0	3.8	30.1	6	75%	
031	4.2	3.5	4.4	3.7	3.8	3.7	3.7	3.4	30.4	6	75%	
032	4.5	3.4	4.2	3.6	4.1	4.1	3.9	3.9	31.6	4	50%	
033	4.4	3.9	4.6	4.1	3.9	4.1	4.4	3.8	33.1	3	38%	
034											0%	
035											0%	
036	3.1	3.0	3.1	3.3	3.9	3.6	3.4	3.3	26.8	8	100%	
037	4.3	3.6	4.3	3.8	3.8	4.1	4.4	3.7	32.0	4	50%	
038	4.0	3.1	3.6	3.2	3.8	3.8	4.0	3.7	29.3	6	75%	

Healthy >	# Traits	%	A	B	C	D	E	F	G	H	I	MIDs	<=50
2	22%	21	12	12	51	99	76	11	34	13	98	0	10
2	22%	54	70	84	81	76	40	48	13	87	27	6	6
5	56%	11	70	45	14	98	71	14	13	15	30	6	6
5	56%	11	30	21	3	24	27	14	13	35	27	7	7
8	89%	57	60	4	26	7	79	88	88	35	4	4	4
3	33%	32	12	54	84	46	50	25	29	33	17	10	10
5	56%	67	30	71	95	13	37	97	51	4	30	5	5
3	33%	11	60	74	93	76	37	28	13	11	13	7	7
5	56%	73	30	61	99	27	14	98	89	2	6	6	6
4	44%	87	70	71	81	27	37	95	80	51	3	6	6
1	11%	24	12	90	99	90	24	71	13	7	3	10	10
5	56%	73	88	45	95	61	71	14	25	1	24	3	3
1	11%	4	14	65	68	90	14	37	13	98	11	10	10
5	56%	54	76	61	81	61	62	68	80	4	0	1	1
1	11%	32	30	74	81	38	40	48	37	95	5	8	8
6	67%	21	60	54	46	51	65	13	69	35	12	4	4
3	33%	11	47	42	81	24	3	18	13	51	0	9	9
6	67%	47	81	21	20	81	65	8	41	33	53	5	5
5	56%	47	63	61	44	46	90	55	81	73	21	6	6
8	89%	82	88	36	28	19	86	14	61	26	98	3	3
6	67%	54	88	19	46	81	65	44	67	79	5	4	4
7	78%	54	76	33	35	81	62	79	74	4	1	2	2
5	56%	35	63	71	58	38	79	94	76	15	30	3	3
5	56%	64	76	28	44	51	53	34	16	60	24	4	4
7	78%	64	93	4	5	5	95	5	37	79	1	2	2
3	33%	21	30	36	35	46	24	44	4	99	7	10	10
4	44%	67	70	36	44	66	37	44	37	98	7	5	5

Healthy >	# Traits	%	A	B	C	D	E	F	G	H	I	MIDs	<=50
2	22%	21	12	51	99	76	11	34	13	98	0	10	10
2	22%	54	70	84	81	76	40	48	13	87	27	6	6
5	56%	11	70	45	14	98	71	14	13	15	30	6	6
5	56%	11	30	21	3	24	27	14	13	35	27	7	7
8	89%	57	60	4	26	7	79	88	88	35	4	4	4
3	33%	32	12	54	84	46	50	25	29	33	17	10	10
5	56%	67	30	71	95	13	37	97	51	4	30	5	5
3	33%	11	60	74	93	76	37	28	13	11	13	7	7
5	56%	73	30	61	99	27	14	98	89	2	6	6	6
4	44%	87	70	71	81	27	37	95	80	51	3	6	6
1	11%	24	12	90	99	90	24	71	13	7	3	10	10
5	56%	73	88	45	95	61	71	14	25	1	24	3	3
1	11%	4	14	65	68	90	14	37	13	98	11	10	10
5	56%	54	76	61	81	61	62	68	80	4	0	1	1
1	11%	32	30	74	81	38	40	48	37	95	5	8	8
6	67%	21	60	54	46	51	65	13	69	35	12	4	4
3	33%	11	47	42	81	24	3	18	13	51	0	9	9
6	67%	47	81	21	20	81	65	8	41	33	53	5	5
5	56%	47	63	61	44	46	90	55	81	73	21	6	6
8	89%	82	88	36	28	19	86	14	61	26	98	3	3
6	67%	54	88	19	46	81	65	44	67	79	5	4	4
7	78%	54	76	33	35	81	62	79	74	4	1	2	2
5	56%	35	63	71	58	38	79	94	76	15	30	3	3
5	56%	64	76	28	44	51	53	34	16	60	24	4	4
7	78%	64	93	4	5	5	95	5	37	79	1	2	2
3	33%	21	30	36	35	46	24	44	4	99	7	10	10
4	44%	67	70	36	44	66	37	44	37	98	7	5	5

Figure 4.4. Beeson church health vs. Taylor-Johnson Temperament Analysis II.

No Data Returned  
 Excessive MID scoring - data integrity impaired - excluded from analysis  
 XXX Unhealthy  
 XXX Healthy

Table 4.1 views some of the data from Figure 4.4 in a slightly different manner. When the lack of moderate health percentage of all the Beeson characteristics throughout all twenty-six participating churches is ranked, five out of eight characteristics are marked by a lack of moderate health, while three demonstrate spiritual health. Engaging worship and authentic community ranked as the healthiest of the eight characteristics, followed by passionate spirituality. Every church except one, ranked empowering leadership as the unhealthiest characteristic, followed closely by intentional evangelism and transforming discipleship.

**Table 4.1. Beeson Church Health Characteristics Ranking**

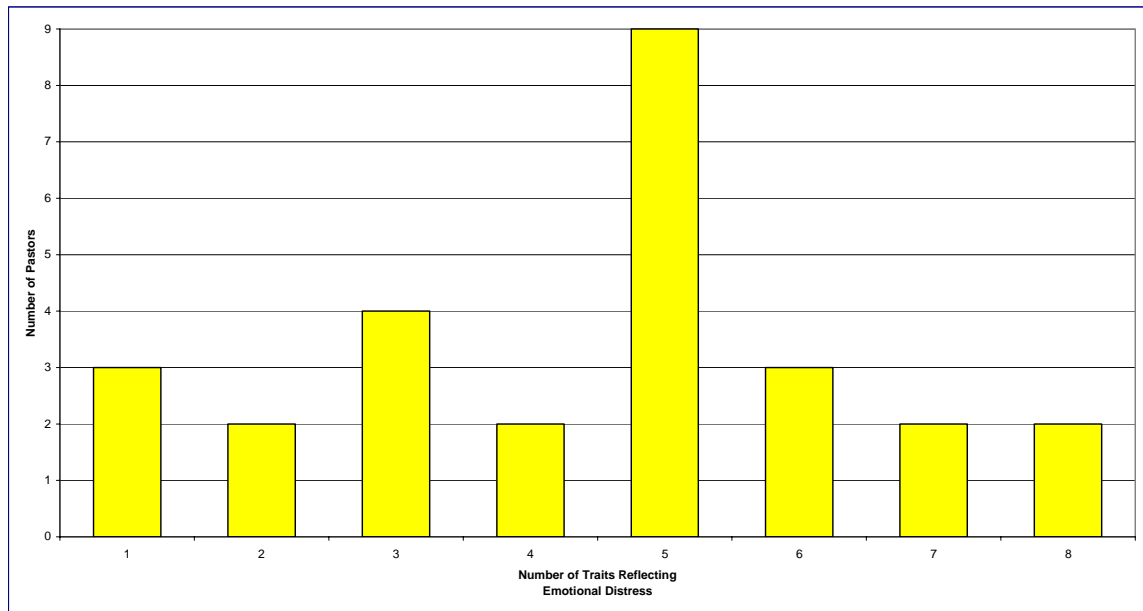
Beeson Church Health Characteristics	Healthy	Unhealthy	Failure %	(Healthy)
Empowering leadership	1	25	96.1	(3.9)
Intentional evangelism	2	24	92.3	(7.7)
Transforming discipleship	3	23	88.4	(11.6)
Functional structures	10	16	61.5	(38.5)
Mobilized laity	11	15	57.6	(42.4)
Passionate spirituality	15	11	42.3	(57.7)
Authentic community	20	6	23.0	(77.0)
Engaging worship	21	5	19.2	(80.8)

### Emotional Characteristics of Pastors

The Taylor-Johnson Temperament Analysis measures eighteen emotional characteristics, grouped in nine contrasting pairs. An important reminder when reviewing the results of the TJTA is that the test scores represent the way in which the pastor has

described himself. The results in no way reflect the test administrator's point of reference. In processing the test results for the TJTA shaded profiles were used (see Appendix D). The TJTA shaded profiles are set up so that the percentile scores on the nine TJTA scales can be plotted in graph fashion and evaluated according to their placement within four shaded zones. The clinical designations for the zones are excellent, acceptable, improvement desirable, and improvement needed. As the shadings become lighter—from dark gray to white, poorer and poorer adjustment is indicated (Taylor and Morrison 29). Although all individuals have strengths and weaknesses, profiles that score three or more temperament traits in the improvement desirable or improvement needed zones indicate some degree of personal dysfunction or distress that may benefit or improve with continued counseling or therapy (49). Of the twenty-six participating pastors, two pastors reflected emotional distress in eight TJTA traits; two pastors reflected emotional distress in seven TJTA traits; three pastors reflected emotional distress in six TJTA traits; nine pastors reflected emotional distress in five TJTA traits; two pastors reflected emotional distress in four TJTA traits; four pastors reflected emotional distress in three TJTA traits; two pastors reflected emotional distress in two TJTA traits; and three pastors reflected emotional distress in just one TJTA trait. Overall, seventeen pastors (65.3 percent) reflected emotional distress in four or more TJTA traits, while twenty-one pastors (80.7 percent) reflected emotional distress in three or more TJTA traits (see Figure 4.5). When the TJTA traits are ranked in order of the highest to the lowest percentage of distress among all pastoral participants, the trait that ranked first in distress was the self-disciplined/impulsive trait (Trait I). The distress rate in this trait included those pastors who were either overly self-disciplined, to the point of rigidity,

and those who were very impulsive. The second highest distress rate occurred for the depressive/lighthearted trait (Trait B), followed by the dominant/tolerant trait (Trait G), and the nervous/composed (Trait A), expressive-response/inhibited (Trait D), and sympathetic/indifferent traits (Trait E) (see Table 4.2).



**Figure 4.5. Taylor-Johnson Temperament Analysis pastoral health.**

Two out of the three emotions that Goleman considers to be significant markers in terms of emotional intelligence (anxiety and depression) were ranked in the top five characteristics in terms of distress or lack of emotional health. The third trait (hostility) was ranked next to the bottom, indicating more emotional health in this area than in anxiety and depression. The better than anticipated results in the area of hostility does not mean, however, that the issue of hostility was not significant in this study. Ten out of the twenty-six pastors indicated distress in the area of hostility (38.4 percent). Significantly, seven out of the ten pastors who registered distress in the area of hostility recorded

unusually high scores for anger. Of the ten pastors who identified hostility as an area of concern, five of these same pastors also scored in the unhealthy zones for nervousness and depression. Furthermore, depression and anger are often described as twin emotions. Individuals who do not handle or process the emotion of anger will often repress or deny their anger. As this repression or denial occurs, their anger does not dissipate but is reborn as depression. Many pastoral leaders would fit this pattern, which would explain the anger and depression results.

**Table 4.2. TJTA Traits Distress Ranking**

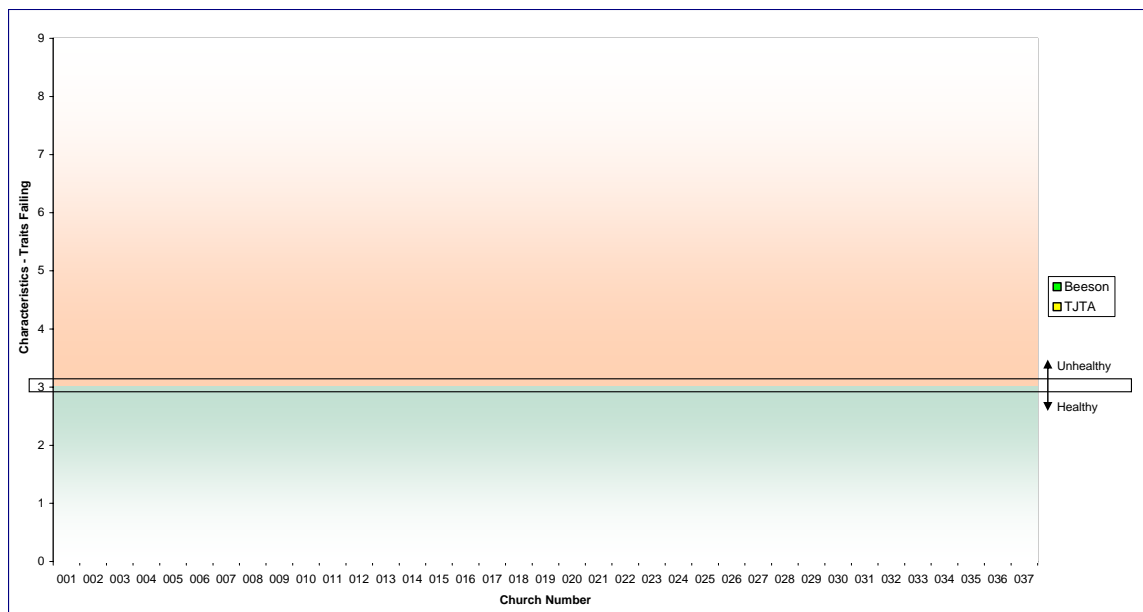
<b>TJTA Characteristics</b>	<b>Unhealthy</b>	<b>Healthy</b>	<b>Distress%</b>	<b>Healthy%</b>
Self-disciplined/Impulsive	18 (19)*	8	69.2 (73.07)	30.8 (26.93)
Depressive/Lighthearted	17 [16]	9 [10]	65.3 [61.5]	34.7 [38.4]
Dominant/Submissive	14 (15)	12 (11)	53.8 (57.6)	46.2 (42.4)
Expressive/Inhibited	12 (13)	14 (13)	46.1 (50.0)	53.9 (50.0)
Nervous/Composed	12	14	46.1	53.9
Sympathetic/Indifferent	12	14	46.1	53.9
Subjective/Objective	11 (12) [9]	15 (14) [17]	42.3 (46.15) [34.6]	57.7 (53.8) [65.3]
Hostile/Tolerant	10	16	38.4	61.6
Active/Quiet	7 (10) [6]	19 (16) [20]	26.9 (38.4) [23.0]	73.1 (61.6) [76.9]

*\* The parenthetical numbers ( ) represent adjustments in the TJTA profiles based on high attitude scores of nine and ten by six of the pastoral participants. The bracketed numbers [ ] represent adjustments in the TJTA profiles based on low attitude scores of one and two by two of the pastoral participants.*



### Church Health and Emotional Health of Pastors

When viewed together, fourteen of the twenty-six participants (53.8 percent) demonstrated lack of moderate health in both the BCHC and the TJTA profiles. Additionally, five participants demonstrated lack of moderate health in either the BCHC or the TJTA profiles, resulting in a 73.07 percent distressed or lack of moderate health reading when combined with the initial fourteen participants. Eight of the twenty-six participants do not demonstrate lack of health in both the BCHC and the TJTA profiles (30.7 percent). Two of the twenty-six participants demonstrated health in both the BCHC and the TJTA profiles (7.69 percent) (see Figure 4.6).



**Figure 4.6. Beeson characteristics and Taylor-Johnson traits.**

In ten of the twenty-six participants (38.4 percent), distress was demonstrated in both the depressive and nervous traits of the TJTA. When using the 4.0 threshold as a

measure of health in the BCHC, nine of the ten participants who demonstrated distress in the depressive and nervous traits of the TJTA also demonstrated overall lack of moderate health in the BCHC, ranging from four to eight characteristics that failed to meet the spiritual health threshold (34.6 percent). In seven of the twenty-six participants (26.9 percent), emotional health was demonstrated in both the depressive and nervous traits of the TJTA (see Figure 4.3, p.120). At the same time, all seven of these twenty-six participants also demonstrated lack of moderate spiritual health in the BCHC, ranging from three to eight characteristics that failed to meet the spiritual health threshold. When using the 3.75 threshold as a measure of health in the BCHC, seven out of ten participants who demonstrated distress in both the depressive and nervous traits of the TJTA also demonstrated overall lack of moderate health in the BCHC, ranging from three to seven characteristics that failed to meet the spiritual health threshold (26.9 percent). As noted above, seven of the twenty-six participants demonstrated emotional health in both the depressive and nervous traits of the TJTA. Of these seven, only two demonstrated overall lack of moderate health in the BCHC, with either two or seven characteristics failing to meet the spiritual health threshold (see Figure 4.4, p. 121).

As noted earlier in this chapter, in ten out of the twenty-six pastors, distress was demonstrated in the hostile trait of the TJTA. Although the hostile trait was scored as the second healthiest trait in the overall results, nevertheless, the results for the hostile trait represent only two additional pastors who recorded health in this area when compared to the nervous trait of the TJTA, which was one of the top five least healthy traits overall. Five pastors from this group of ten also registered high scores for anxiety and depression. The churches these five pastors lead also demonstrated lack of moderate spiritual health

in either five or six Beeson characteristics (4.0 threshold) or in two to five Beeson characteristics (3.75 threshold). Six of the twenty-six participating pastors registered health in anxiety, depression, and hostility (23.07 percent). With one exception, the churches these six pastors lead measured lack of health in only two or three Beeson characteristics (3.75 threshold). The one church exception demonstrated lack of health in seven Beeson characteristics; however, the pastor of this church registered the maximum attitude score (10) in his TJTA profile. An attitude score of this nature suggests defensiveness when taking the test. A connection between the pastor's high attitude score and the high failure scores on the BCHC may exist.

Finally, five out of the twenty-six pastors demonstrated overall health in the TJTA profiles (e.g., two traits or less needing improvement). Significantly, the churches they lead demonstrated only two scores in the BCHC that failed to reach the threshold set for moderate spiritual health (see Figure 4.3, p. 120).

### **Correlation Analysis**

A correlation analysis was performed to quantify the strength of association between two numeric variables. The most commonly used measure of correlation is the Pearson product-moment correlation coefficient, designated by lowercase  $r$  (Kranzler 95). In this study the Pearson correlation analysis (one-tailed) was performed given the fact that this study had direction in terms of its prediction, that is, the relationships among the variables. The Pearson correlation is a measure of straight-line association between two variables. The Pearson correlation measures the degree and direction of the linear relationship between two variables. The correlation coefficient,  $r$ , provides both the strength and direction of the relationship between the variables. Values of  $r$  range

between -1.0 and +1.0. When  $r$  is positive, the relationship between the variables is positive, and when  $r$  is negative, the relationship is negative. A correlation coefficient close to 0 demonstrates no relationship between the variables (Donnelly 296). Correlation coefficients indicate both the direction of the relationship and its magnitude. If a correlation is negative, it indicates that the high values on the first variable are related to low values on the second variable, and low values on the first variable are related to high values on the second variable. If the correlation is positive, then low values on the first variable are related to low values on the second variable, and high values on the first variable are related to high values on the second variable. This direction is given by either a + or – sign. Magnitudes are measured by comparing the pattern the data makes with a straight line. If the pattern perfectly matches a straight line, then the magnitude of the correlation is either a +1.0 or -1.0 depending on the direction. If the pattern of the relationship does not fit a linear pattern at all, then the magnitude of the correlation is zero (0). Negative correlations indicate a downhill linear relationship, while positive correlations indicate an uphill linear relationship (Rumsey 288). In this study several assumptions were made: (1) each sample of scores was drawn from a normal population and the resulting distributions would follow a normal bell-shaped curve, (2) the populations producing the scores have the same variance, and (3) the variable was measured on an interval scale.

In the results that follow only the significant correlations were included (see Tables 4.3 and 4.4). In these two tables the Pearson correlation is the correlation coefficient. The p value indicates the degree of likelihood that any given correlation is due to chance. Normally, the significance level is set at 0.05 and 0.01. P values that are

less than 0.05 indicate that the probability of the correlation could be caused by chance is 5 percent or one in twenty. P values that are less than 0.01 provide more confident findings. For example, in the data that follows, the Beeson characteristic of functional structures when correlated with the depressive/lighthearted characteristic of the TJTA produces a correlation coefficient of -0.362 ( $r$ ), and a p value of 0.035. The p value indicates that the probability of the correlation being caused by chance is 3.5 percent or 3.5 in 100 or 35 in 1,000. The results demonstrate a significant correlation between the functional structures of the church and the pastor's depressive/lighthearted trait. Since the correlation coefficient is a negative value, the conclusion can be drawn that as the depressive score of the pastor increases the functional structure score or health of the church decreases. The reverse is also true, that as the depressive score of the pastor decreases the functional structure score or health of the church increases. Additionally, in the results that follow outliers have been accounted for in the correlations. Outliers refer to values in the data set that are not typical relative to the other values. In this analysis the church number identifies the outliers. In the first correlation, two outliers were identified that reduced the N value from twenty-six to twenty-four. Although determining accurately the causes of outliers in this study is not possible, I have assumed they have occurred either because participants misunderstood or misinterpreted certain questions or have fabricated or misrepresented certain answers either positively or negatively.

Table 4.3. Correlations and Regressions Summary I

Health Characteristics	Active-Social/		Expressive/		Sympathetic/		Subjective/		Dominant/		Self-disciplined/	
	Quiet	Inhibited	Inhibited	Indifferent	Objective	Submissive	Impulsive					
Authentic community	0.142	0.108	0.114	0.114	-0.151	0.482**	0.045					
Empowering leadership	0.211	0.059	0.010	0.010	-0.220	0.444*	0.136					
Engaging worship	0.305	0.311	0.194	0.194	-0.436*	0.422*	-0.284					
Functional structures	0.360*	0.253	0.142	0.142	-0.451*	0.252	0.051					
Intentional evangelism	0.083	0.029	0.046	0.046	-0.162	0.072	0.211					
Mobilized Laity	0.084	0.141	0.029	0.029	-0.234	0.213	0.169					
Passionate spirituality	0.037	0.016	0.049	0.049	-0.543**	0.230	0.464*					
Transforming discipleship	0.019	-0.110	-0.126	-0.126	-0.150	-0.046	0.172					

\*  $p < 0.05$ ; \*\*  $p < 0.01$

**Table 4.4. Correlations and Regressions Summary II**

<b>Health Characteristic</b>	<b>Anxiety</b>	<b>Depression</b>	<b>Hostility</b>
Authentic community	0.074	0.018	0.159
Empowering leadership	-0.085	-0.476**	0.036
Engaging worship	-0.117	-0.394*	-0.005
Functional structures	-0.161	-0.578**	-0.166
Intentional Evangelism	-0.169	-0.104	-0.443*
Mobilized laity	0.008	-0.391*	-0.251
Passionate Spirituality	-0.041	-0.153	-0.100
Transforming discipleship	-0.285	-0.140	0.031

\*  $p < 0.05$ ; \*\*  $p < 0.01$

### **Summary**

The study produced some significant findings.

1. A majority of participating churches did not demonstrate moderate spiritual health using either score (4.0 or 3.75) as a threshold for lack of health.
2. All participating churches demonstrated some lack of moderate spiritual health.
3. Engaging worship and authentic community ranked as the strongest of the church health characteristics.
4. Empowering leadership ranked as the least healthy of the church health characteristics.
5. Every pastor demonstrated needed areas of growth in the TJTA profile. Areas of growth are normal parts of the lives of leaders.

6. Slightly more than one-third of the pastors (34.6 percent) demonstrated some measure of a lack of self-worth in the TJTA profile, based on their attitude scores.

7. The traits of depression and nervousness in the TJTA ranked second and fourth in terms of most frequently scored areas of emotional distress.

8. The trait of hostility in the TJTA did not appear to be as great an area of distress among the participating pastors as did the traits of depression and nervousness.

9. A majority of participants demonstrated lack of moderate spiritual health in the BCHC and emotional distress in the TJTA. A very small percentage of participants demonstrated health in both the BCHC and the TJTA.

10. The Pearson correlation analysis demonstrates both negative and positive correlations between certain TJTA traits and church health characteristics as explained in this chapter.

In the following chapter, observations, implications, applications, and limitations of these findings are explored in greater detail.



## CHAPTER 5

### SUMMARY AND CONCLUSIONS

This project originated out of a desire to see if the emotional health of senior pastors can be correlated with the spiritual health of the local congregations they lead. Two test instruments were utilized in this project. The first instrument, the Taylor-Johnson Temperament Analysis was used to identify the emotional health of the pastors. The Beeson Church Health Questionnaire was used to identify the spiritual health of the churches.

In Chapter 2, emotional health was discussed in relationship to the larger picture of wholeness and health in the lives of pastors. Although emotions contribute to wholeness, rarely is the subject of the emotional health of pastors given specific attention. Consequently, pastors tend to dismiss their emotions as unimportant, or, because places of refuge or help seem unavailable, pastors repress or deny their emotional tensions. The hope of this project was that I would be able to measure the individual and overall emotional health of the participating pastors from the CMA, identifying specific areas of emotional distress. This data can be used to educate denominational officials regarding emotional health and also may be helpful in designing strategies and vehicles that would assist pastors in their emotional health. Another hope of this project was that I would also be able to measure the individual and overall spiritual health of participating CMA churches, identifying specific areas of strength and weakness. By correlating these two streams of data, I hoped that both pastors and denominational officials would see the connection between the emotional health of pastors and the spiritual health of the churches they lead and subsequently design strategies that would take seriously the need

for pastoral care in the denomination. The need for pastoral care is a particularly poignant point because at the time of writing this project the national direction of the CMA in Canada is to eliminate the pastoral care funding from the global or national ministry budget and insist instead that each district of the CMA fund pastoral care from their own finances. The tragedy of this action is that several districts, including the two districts in Ontario, are operating under financial duress, so that any funding directed toward pastoral care will likely not come from the Ontario districts. This lack of funding will certainly intensify the lack of pastoral care in the districts and as a result, restrict the opportunities to assist pastors and churches that are in distress.

Although in recent months the CMA denomination in Canada has given attention to resources such as Natural Church Development, the emphasis simply encourages participation but in no way mandates such involvement. Further, since much of the literature on the condition of the church in North America focuses on methods, programs, and problem solving, the Natural Church Development approach is viewed as simply one more program and garners little participation from local congregations. My conviction is that until the church across North America emphasizes the emotional health of their pastors to the degree that they emphasize methods and programs, the church as a whole will continue to limp along far removed from its true potential in Christ.

### **The Health of the CMA (Ontario Districts)**

The overall health of the CMA as measured by the Beeson health tool is below the level described as moderate spiritual health. Nearly 81 percent of the churches demonstrated from the point of view of their elder leadership that although some spiritual health exists, moderate spiritual health does not describe their current spiritual condition.

Even if the churches that failed to meet the threshold of moderate spiritual health in three characteristics or less are removed, seventeen of the twenty-six churches (65.38 percent) demonstrate lack of moderate health in five or more characteristics. This finding by itself sounds an alarm. Although churches may continue to exist and contribute financially to the CMA district and national ministries, their existence and contributions do not define them as spiritually healthy. Their participation in the district and national ministries may reflect an obligation, but not necessarily a spiritually healthy base of operations. The fact that only two of the participants recorded health in both the BCHC and the TJTA is noteworthy. Since these tests are self-appraisals, the results do not reflect the perspective of an outside consultant such as a district superintendent. The results reflect the perspectives of the pastor and elders of the respective churches. Although denominational officials can provide assistance when they draw conclusions about pastors and churches based on limited or cursory observations and contact; the greater help comes when those who are leading the church provide the conclusions. Although the Pearson correlation studies demonstrate positive and negative correlations of individual TJTA traits and Beeson characteristics, in the larger picture, the link between the emotional health of pastors and the spiritual health of their churches is strong and obvious and supports the point of view described in Chapter 2 that the overall health of any church depends primarily on the emotional and spiritual health of its pastoral leadership.

### **The Emotional Health of the Pastors of the CMA**

As noted in Chapter 4, of the twenty-six participating pastors, two pastors reflected emotional distress in eight TJTA traits; two pastors reflected emotional distress in seven TJTA traits; three pastors reflected emotional distress in six TJTA traits; nine

pastors reflected emotional distress in five TJTA traits; and, two pastors reflected emotional distress in four TJTA traits. These results clearly indicate that the majority of pastors who participated in this study are experiencing emotional distress in a variety of areas of their lives. The results also underline the emphases articulated in Chapter 2 that all leaders live in some dimension of emotional brokenness whether they see it or wish to acknowledge that fact and that simply because people are Christians does not mean that all their emotional problems will be solved. If the emotional condition of the participating pastors was the only data retrieved from this study, it is significant enough data to indicate that the pastors of the Central and Eastern Districts of the CMA are in need of immediate assistance in terms of their capacity to understand and deal with their emotional needs. At the same time, the lack of greater participation from the Ontario churches affirms that although assistance is needed, the majority of the district pastors may not at this juncture or through this type of study feel free to participate or to seek help. The lower than anticipated participation underscores the propensity among pastors, as noted in Chapter 2, to examine their emotions only from a safe distance.

The results from the TJTA profiles demonstrate that pastors in this study struggle with depression and anxiety. In fact, the percentage of pastors from this study who struggle with depression (65.3 percent) is very close to the percentage cited in chapter 2 relating to national numbers (70 percent). The percentage of pastors from this study who struggle with anxiety (46.1 percent) is significantly higher than the percentage estimates provided by the Alban Institute (17 percent) and noted in Chapter 2. As described earlier, my experience with the TJTA suggests that individuals suffering from high anxiety also

tend to suffer from high levels of depression. The results of this study demonstrate the linkage between depression and anxiety.

Consistent with the theological foundation established in Chapters 1 and 2, this study affirms that the presence of derailing or distressed emotions in the lives of pastors is not to be viewed as unusual or abnormal. The biblical characters who suffered from depression, for example, are not presented as mentally ill or spiritually bankrupt.

In Chapter 2 I discussed at length the importance of healthy self-esteem in terms of leadership effectiveness. This study demonstrated that nearly 35 percent of the participating pastors struggle with feelings of inferiority. This result was evidenced in the attitude scores of the TJTA profile. As explained in chapter 2, pastors who struggle with a sense of inferiority will tend to stop learning and daring, or they will overextend themselves in an attempt to validate their identity by doing more and more. The overextension of pastoral leader's schedules helps explain in some measure why the trait of impulsiveness ranked as the first emotionally distressed characteristic in the TJTA profiles and why the characteristic of empowering leadership was so dominant in terms of lack of moderate health in the BCHC. Pastors suffering from poor self-esteem tend impulsively to pursue activities and programs in their pursuit of busyness. Regrettably, the pursuit of busyness exacerbates the anxiety present in the pastoral leader's life. Additionally, the pursuit of busyness tends to distract the pastoral leader from the capacity to train and empower his leaders in the church. Connected to the subject of self-esteem and empowered leadership, and as noted earlier in this study, effective leaders place a high value on trust. Nevertheless, leaders who suffer from poor self-esteem struggle with issues of trust in the sense that they do not trust themselves in terms of their

competence, and, further, they do not trust others, especially those more gifted than themselves. Distrust of themselves and others adds to the conclusion that as the self-esteem of a leader declines so will the leader's capacity to influence and empower others. The results related to anxiety also affirm my earlier emphasis that pastors who suffer from high anxiety are unlikely to engender an empowered leadership or produce functional structures with their congregations.

Initially the results of this study point to healthier levels of hostility than expected. In fact, on the surface the percentage of pastors who evidenced distress in this area (38.4 percent) seems to contradict the apparent prominence of anger among leaders, as described in Chapter 2; however, upon further reflection, this level of hostility should not be interpreted as a contradiction in that anger that does not demonstrate itself externally tends to be internalized by the sufferers and ultimately manifests itself through depression. The pastoral participants in this study, who suffer from high degrees of depression, probably are hiding their submerged anger. This submergence is consistent with the fact that most pastoral leaders do not know how to process their anger and do not think they have enough support from their church leadership to ask for help in this area.

### **Church Health and Emotional Health**

Significantly, every participating church except one (96.1 percent) ranked empowering leadership as the unhealthiest characteristic. In the Beeson Church Health Characteristic scales, several descriptions appear to define this characteristic:

- The leaders and members of our church enjoy and trust one another;
- The leaders of our church seem to be available when needed;
- The leaders of our church seem rather defensive;

- Our church is led by individual(s) who articulate vision and achieve results;
- New ministry ideas are normally appreciated and encouraged;
- There are few training opportunities in our church; and,
- The laypeople of our church receive frequent training.

Whatever else may be discerned from this study, certainly the overwhelming majority of scores indicate that the leadership of the church, which obviously includes the senior pastor, is in crisis. Distrust, unavailability, defensiveness, and an inability to articulate vision dominate the landscape of these churches. The lack of empowering leadership within these churches is consistent with the Taylor-Johnson Temperament Analysis scores related to depression among pastors. When correlating the depression scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) was  $-.476$  and the  $p$  value was  $< 0.01$  (see Table 4.4, p. 132) when related to the empowering leadership characteristic. The  $r$  value for depression/empowering leadership was the second highest correlative score among the TJTA traits of anxiety, depression, and hostility. The correlation is a strong indicator that as the depression of a pastor increases, empowering leadership in the church declines. Among the participating pastors, seventeen out of twenty-six (65.4 percent) demonstrated depressive tendencies. Because not all the participating pastors suffer from depressive tendencies, yet all the churches except one registered empowering leadership in the lack of spiritual health category, other factors outside of this study have led to lack of spiritual health in those churches. Nevertheless, as described in Chapter 2, depressed pastors will experience excruciating difficulty in inspiring and leading a congregation toward a positive vision of the future; however, the correlative data also affirms that when pastoral leadership is marked by health in terms of

the dominant trait described by the TJTA profile, empowering leadership tends to improve within the church. When correlating the dominant/submissive scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) was .444 and the  $p$  value was  $<0.05$  when related to the empowering leadership characteristic (see Table 4.3, p. 131).

Dominant leaders, unlike their depressive counterparts demonstrate confidence and assurance in their leadership, which has a ripple effect in terms of the congregation appropriating a sense of direction and vision from the leaders. The dominant absence of empowering leadership among the participating churches confirms the notion explained in Chapter 2 that pastoral leaders whose emotional health is leaking will struggle in a variety of ways including the multiplication of ministry through other leaders in their congregations.

The second weakest church health characteristic was intentional evangelism, which is consistent and supportive of the articulated notion in Chapter 2 that emotionally hampered pastoral leaders often struggle with evangelism personally and corporately. Twenty-four of the participating churches (92.3 percent) indicated lack of health in this area. Several ingredients characterize intentional evangelism:

- This church teaches that Jesus Christ is the only way to heaven;
- This church shows the love of Christ in practical ways;
- In our church the importance of sharing Christ is often discussed;
- Our church has very few programs that appeal to non-Christians;
- People rarely come to know Jesus Christ as their savior in our church;
- My local church actively reaches out to its neighborhood; and,
- I share my faith with non-believing family and friends.



This study does not pursue how many of the above characteristics are not present within the responding churches, only that from an overall point of reference this area demonstrates significant weakness. That intentional evangelism is considered to be lacking in moderate spiritual health in the majority of participating churches is consistent with the TJTA correlative data particularly as it relates to high scores of anger or hostility. When correlating the hostility scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) was  $-.443$  and the  $p$  value was  $< 0.05$  (see Table 4.4, p. 132). The  $r$  value for hostility/intentional evangelism was the third highest correlative score among the TJTA traits of anxiety, depression, and hostility. The correlation is a strong indicator that as the hostility of the pastor increases, intentional evangelism in the church decreases. Effective and intentional evangelism requires compassion, empathy for people and a genuine interest in others. Increased levels of hostility frequently work against these expressions in that often-angry leaders inherently operate out of an “I don’t care” attitude.

The third weakest church health characteristic was transforming discipleship. Twenty-three of the participating churches (88.4 percent) indicated lack of health in this area. Although ranking in the top three weakest areas, no correlative data emerged in this study. Although correlation was anticipated, perhaps some of the earmarks of this characteristic may help explain the lack of correlation:

- I regularly practice the spiritual disciplines;
- My prayer life reflects a deep dependence on God;
- I would describe my personal spiritual life as growing;
- I rarely consult God’s word to find answers to life’s issues; and,
- Our church has a clear process that develops people’s spiritual gift(s).

Unlike empowering leadership and intentional evangelism, the majority of the above markers focus more on the individual in the church than on the congregation as a whole. The results may indicate less connection to pastoral leadership and more of a connection to the individual as a Christ follower. Whether a pastor is present or not, transformational discipleship falls more directly into the area of personal obedience and discipline than to modeling or teaching by the pastor. Although direct correlations were not seen in the statistical studies, nevertheless the lack of transforming discipleship among the participating churches was anticipated in Chapter 2.

The fourth weakest church health characteristic was functional structures. Sixteen of the participating churches (61.5 percent) indicated lack of health in this area. When correlating the depression scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) was  $-.578$  and the  $p$  value was  $< 0.01$  when related to the functional structures characteristic (see Table 4.4, p. 132). The  $r$  value for depression/functional structures was the highest of all the correlative coefficients obtained in the data. Additionally, when correlating the active/social scores and the subjective/objective scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) was  $+.360$  and the  $p$  value was  $< 0.05$  when the active/social trait was related to functional structures, and the Pearson coefficient ( $r$ ) was  $-.451$  and the  $p$  value was  $< 0.05$  when the subjective/objective trait was related to functional structures (see Table 4.3, p. 131). This data indicates that as the depression of the pastor increases, functional structures decrease in the church. Further, as a pastor moves from being quiet and withdrawn to active and social, the functional structure of the church increases. Finally, this data indicates that as a pastor becomes more subjective

or emotional and self-absorbed, functional structures within the church will show decline.

Functional structures are characterized by the following descriptions:

- Excellence is an important value in how we accomplish ministry;
- I have confidence in the management and spending of our church's finances;
- We have an effective and efficient decision-making process;
- Our church has a very clear purpose and well-defined values;
- Our church clearly communicates our mission statement; and,
- I do not know my church's plans and direction for the years ahead.

Functional structures are tightly connected to the characteristics of empowering leadership; therefore, the fact that both empowering leadership and functional structures are two of the least healthy Beeson church health characteristics is not surprising. Both characteristics are negatively impacted by depression in pastoral leaders.

The fifth and last characteristic of the Beeson health survey that demonstrated failure was mobilized laity. Fifteen of the participating churches (57.6 percent) indicated lack of health in this area. When correlating the depression scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) was  $-.391$  and the  $p$  value was  $<0.05$  when related to the mobilized laity characteristic (see Table 4.4, p. 132). This result indicates that as the pastor moves increasingly toward depression, the church will demonstrate less health in the area of mobilized laity. Some of the descriptions for mobilized laity include the following:

- I enjoy the tasks I do in the church;
- I feel that my role in the church is very important;
- My church affirms me in my ministry tasks; and,

- The teaching ministry of this church encourages my involvement.

Depressed leaders are guided by an introspective viewpoint and tend to look for validation and affirmation from others, but they are not emotionally equipped to validate, affirm, or encourage others. Depression in pastoral leaders is often linked to poor self-esteem, which drives the need for positive affirmation from others but does not allow the pastor to reciprocate in any sincere manner. Depressive pastoral leaders find gifted individuals in the congregation very threatening; therefore, even if they understand cognitively the importance of encouraging others, they will instead resist that inclination.

Three Beeson Church Health Characteristics demonstrated spiritual health: passionate spirituality (57.7 percent), authentic community (77.0 percent), and engaging worship (80.8 percent). Passionate spirituality demonstrated correlation with two Taylor-Johnson Temperament Analysis traits. When correlating the subjective/objective scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) was  $-.543$  and the  $p$  value was  $<0.01$  when related to the passionate spirituality characteristic (see Table 4.3, p. 131). When correlating the self-disciplined/impulsive scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) was  $.464$  and the  $p$  value was  $<0.05$  when related to the passionate spirituality characteristic (see Table 4.3, p. 131). These correlations are strong indicators that as pastoral leaders become more subjective, that is, they demonstrate increased tendencies to behave emotionally, illogically, and with a self-absorbed perspective, passionate spirituality within the congregation will decrease. Additionally, as pastoral leaders move toward objectivity and away from impulsive tendencies, passionate spirituality within the congregation will increase. Passionate spirituality is demonstrated in part by the following characteristics:

- Prayer is a highlight of the worship service;
- Our church rests upon the power and presence of God to accomplish ministry;
- There is an atmosphere of generosity within our church;
- Our church emphasizes the person and presence of the Holy Spirit; and,
- This church operates through the power and presence of God.

Pastors who demonstrate health in terms of the subjective/objective and the self-disciplined traits of the TJTA, communicate to their congregations a sense of direction and an attitude of perseverance. They are less likely to communicate neither self-absorption nor a sense that they are ready to give up or perhaps leave the church. These pastoral leaders communicate an understanding and reliance not so much on themselves, as upon the power and the presence of God's Holy Spirit, which assists the congregation in moving toward spiritual health in the area of passionate spirituality.

The strongest characteristic as demonstrated by the data was engaging worship. Twenty-one of the participating churches (80.8 percent) indicated spiritual health in this area. A majority of this degree was a surprise. As detailed in Chapter 2, my conviction is that pastoral leaders who struggle with emotional maturity will not lead churches where engaging worship is a dominant characteristic of health; however, the data reveals that although pastors may struggle with depression and subjectivity, and although these traits negatively impact passionate worship, apparently the impact is not debilitating. When correlating the depression and subjectivity scores of the TJTA with the BCHC, the Pearson coefficient ( $r$ ) for depression was  $-.394$  and the  $p$  value was  $<0.05$  when related to the engaging worship characteristic (see Table 4.4, p. 132), while the Pearson coefficient ( $r$ ) for subjectivity was  $-.436$  and the  $p$  value was  $<0.05$  when related to the

engaging worship characteristic (see Table 4.3, p. 131). These correlations serve as indicators that as pastoral leaders become more depressed and more subjectively self-absorbed, the characteristic of engaging worship in their churches will suffer negatively. Since seventeen of the participating pastors (65.3 percent) demonstrated lack of health in terms of depression, and since eleven of the participating pastors (42.3 percent) demonstrated lack of health in terms of subjectivity, I would have expected the Beeson Church Health Characteristic of engaging worship to have been negatively impacted. Other factors beyond the scope of this study seem to have a stronger influence on the characteristic of engaging worship than the emotional health of the pastor.

The second highest health characteristic seen in the results was authentic community. The high level of health for community contradicts my earlier declarations in Chapter 2. I suggested that emotionally distressed leaders do not often reflect relationship wholeness. Further, this weak relationship model tends to percolate downward through the leadership of the church and the result will be that the pastor's model will negatively impact community within the congregation. This study does not support that conclusion.

Five pastors demonstrated overall health in the TJTA profiles. Overall health is defined as two or less TJTA traits that need improvement. Although overall health in five pastors represents a small percentage of the participating pastors, what is significant is that the churches these pastors lead also recorded overall health in the BCHC. Each of the corresponding churches demonstrated moderate spiritual health in six out of the eight Beeson characteristics. The presence of moderate spiritual health in these five churches along with emotional health among the pastors who lead them suggests a strong correlation between overall pastoral health and church health.

### **Implications of the Study**

This study provides some good groundwork for expanding the existing body of knowledge regarding church health and the emotional health of pastors. This study also provides denominational officials who are concerned with the health of their pastors, specific data that may have application to their specific contexts. Further, the tools utilized have application across denominational boundaries, and this study may provide impetus for additional work in different denominational settings.

The greatest contribution of this study was the correlation work completed between pastoral emotional health and church health. Pastoral emotional health was shown to have an effect on church health. Although the individual correlation results are not as defined as expected, the study demonstrates that emotional traits in pastors do have an impact on the spiritual health characteristics of the church.

### **Limitations and Weaknesses**

As has already been stated, emotional health is a complex subject. Further, it is a subject that is met with some resistance among pastors. This study did not and could not take into account all the complexities of emotional health and how those complexities intertwine with church health. This study is limited to certain aspects of emotional and church health that I have attempted to quantify.

The limited participation of pastors and churches with the context of the study suggests a potential weakness and also underlines the reluctance of pastors to face the issue of emotional health. In the initial inquiries for participation, 139 pastors were contacted. Although initially thirty-seven pastors agreed to participate, only twenty-seven actually did participate. What is more disconcerting, however, is that after the initial

contact with the 139 pastors, ninety-three of these pastors (66.9 percent) chose not to respond in any way to the inquiry. One wonders what results would have been generated from a larger cross section of participating churches and pastors.

The method of distributing the BCHC questionnaires and the TJTA profiles may also be a potential weakness. Although assurances of anonymity were provided, because of the sensitive nature of the subjects, the impersonal appeal for information may have been less effective than a more personal approach. Although I am an ordained pastor in the CMA, my affiliation with the denomination is very recent. As a result, although the church I pastor is well-known, I am not well-known. This lack of recognition may have proven to be a barrier to participation. If I were to repeat this study, I would approach the introduction of the TJTA profiles from a different point of reference. Since I am a licensed trainer for Psychological Publications, Inc., another variation in approach would have been to offer all the pastors in the two districts the opportunity to be trained in the use of the TJTA profiles. The training could have been offered at any number of regional gatherings sponsored by the CMA district offices. With participation in training, more pastors would have come to appreciate and understand the TJTA testing process and, as a result, may have been more willing to participate in the study.

In all correlative studies, the limitations of the correlations must not be forgotten. “If two variables are found to be either associated or correlated, that does not necessarily mean that a cause and effect relationship exists between the two variables” (Rumsey 291). Correlation indicates tendencies, inclinations and directions, but correlation does not mean cause and effect.



### **Suggestions for Further Studies**

The Beeson Health Questionnaire and the Taylor-Johnson Temperament Analysis tools were shown to be effective and sound instruments in measuring the spiritual health of the church and the emotional health of the pastor. Using both instruments in larger populations would help validate the tools and create more data for denominational use.

While this study attempted to examine the health of churches and pastors in two districts of the CMA in Canada, a broader application to all the districts of the CMA would also prove helpful to the denomination. Such coverage might detail regional or geographic differences across the country, which would be helpful as strategies are designed to improve the health of both pastors and churches. Upon implementation of these strategies, both instruments could be used again to measure what progress has been made.

The nature of emotional health is a complex subject and further studies and measurements need to be conducted among clergy, not simply to describe their condition but, more importantly, to assist them in moving from emotional distress to emotional health.

### **Recommendations**

This study has generated a great deal of information that could be helpful to the Christian and Missionary Alliance in Canada. In order to maximize the positive potential of the study, a number of recommendations may be appropriate.

The first recommendation is that the president of the CMA and all the district superintendents form a subcommittee to begin the process of assimilating the results and making further suggestions for additional investigations across the country with an

emphasis on positive solutions that address the areas of need. This recommendation ensures that national attention be given to the areas of pastoral health and church health.

The second recommendation is that regional meetings of each district in the CMA provide forums for the purpose of hearing directly from the pastors. These forums might be designed so that pastors throughout the CMA are able to discuss and disclose safely their personal concerns. Furthermore, the denomination could consider allowing the issues of emotional health and church health to be discussed in the setting of the national assembly.

A third recommendation is that each district of the CMA could host some sort of gatherings of elders from the churches for the purpose of communicating the results of this study and dialoguing on how church leaders and congregations can work proactively toward positive solutions. Gatherings of elders for dialogue would assist individual churches in embracing the issues of pastoral care in a positive manner. A subcommittee might emerge from such gatherings to plan further and work towards solutions.

The fourth recommendation is also an attempt to make entire congregations aware of the issues raised in the study. The CMA could begin to dialogue with their churches through the denomination's magazine, Web site, and other electronic vehicles. Perhaps special meetings of congregations could be facilitated by denominational officials with the intent of educating churches in the areas of the pastor's emotional health and church health.

The final recommendation would be to publish in church and theological magazines and journals excerpts of this study with the hope that a wider readership will foster further discussion and assistance.

### **Personal Reflections**

This study has been the culmination of twenty years of reflection on the subjects of leadership and emotional health. During my fourteen-year tenure as the senior pastor of a large church in Ohio, I personally met sixty-five pastors during that time that arrived at our church broken, defeated, and displaced from church ministry. Although the reasons for their displacement were varied, all of these pastors suffered emotional distress, and very few, if any, were aware of places of refuge where they could obtain help. The pressure from their denominations to see statistical increases in annual reports only intensified the burden they were carrying. Very little attention was given to aspects of church health beyond the typical reports on attendance, baptisms, conversions, and finances. As a result of interaction with pastors such as the ones just described, my heart and passion for the last two decades has been to minister to these pastors and to assist their churches in moving toward spiritual health. This study has underlined in my mind and heart the importance of these two dimensions of parish life.

Having served in pastoral ministry for over thirty years, I am grateful to God that whatever emotional limitations have existed and continue to exist in my life, he, through the power of his Spirit, has allowed me to remain faithful to him. For the contribution this study makes to the church, I am honored to have played a small part. I applaud all of the pastors and church leaders who continue to serve a great God and his still imperfect Church. My prayer is that the Church and pastors together will continue to move toward health and wholeness.

My deep hope, as noted in Chapter 2, is that churches and pastoral leaders will recognize and internalize the fact that every person enters the realm of faith with

emotional baggage that must be carefully unpacked and laundered with grace and that as pastoral leaders limp toward their eternal home, they understand that their God does not condemn them because of their emotional struggles but, in fact, loves them in spite of and through them all.

To God be all the glory.

## APPENDIX A

### The Wholeness Wheel



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**APPENDIX B**

## Taylor-Johnson Temperament Analysis Sample Report

REGULAR EDITION  
QUESTION BOOKLET  
Code QB

# Taylor-Johnson Temperament Analysis®

**INSTRUCTIONS**

Do not open this booklet until you have read all of these instructions.

1. **Fill in carefully** the personal information asked for in the upper right-hand corner of the answer sheet.
2. **Please do not write or mark on this booklet.**  
Indicate your answers on the answer sheet as explained below.
3. **Please answer every question**, even if you feel uncertain about the answer. Do not think too long about any one question.
4. **The blank space . . .** in each question applies to yourself, unless you are describing another person. As you read each question, insert mentally the appropriate name in the space . . . indicated.
5. **On the answer sheet** you are given three columns in which to mark your answer.
 

+	Mid	-	
1. —			Plus (+) means "decidedly yes" or "mostly so."
2. —			Mid means "undecided."
3. —			Minus (−) means "decidedly no" or "mostly not so."
6. **Decide how each question applies** to you or to the person you are describing. Record your decision by making a heavy pencil mark in the column which best indicates your answer. If you change an answer, please erase your first mark completely.
7. **Try to give a definite plus (+) or minus (−) response.**  
Avoid MID responses when possible.

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## Taylor-Johnson Temperament Analysis

## QUESTIONS

Mark your answers on the answer sheet. Do not mark on this booklet.

Please answer every question.

1. Is . . . by nature a forgiving person?
2. Does . . . take an active part in community affairs or group activities?
3. Is . . . relatively calm when others are upset or emotionally disturbed?
4. Can . . . put himself or herself sympathetically in another person's place?
5. Does . . . have a marked influence on the thinking of family or associates?
6. Does . . . prefer a restful, inactive vacation to an energetic one?
7. Does . . . have difficulty concentrating while reading or studying?
8. Does . . . prefer to be a follower rather than a leader in group activities?
9. Does . . . lead a quiet life, without becoming involved in many relationships outside of home and work?
10. Does . . . take the initiative in making arrangements for family outings and vacations?
11. Does . . . make many unrealistic plans for the future, which later have to be abandoned?
12. Does . . . feel compassion for people who are weak and insecure?
13. Does . . . enjoy belonging to clubs or social groups?
14. Does . . . seek to keep peace at any price?
15. Is . . . easily bothered by noise and confusion?
16. Does . . . avoid physical exertion and strenuous activity?
17. Does . . . usually appear composed and serene?
18. Is . . . seriously concerned about social problems, such as poverty and unemployment, even when not directly affected by them?
19. Does . . . like to keep on the move in order not to waste time?
20. Is . . . a well-organized person who likes to do everything according to schedule?
21. Is . . . sensitive to the feelings and needs of any member of the family who is ill?
22. Does . . . act deliberately rather than impulsively?
23. Is . . . highly competitive in games, business, or personal relations?
24. Does . . . prefer to be alone rather than with people?
25. Does . . . feel uneasy when riding or driving in traffic?
26. Does . . . exercise regularly in order to keep in condition?
27. Is . . . more excitable than most people?
28. Does . . . like to entertain guests at home?
29. Does . . . like to be in charge of and supervise others?
30. Is . . . extremely neat and orderly?
31. Is . . . so self-assured that at times it is annoying even to friends?

32. Does . . . quickly recover composure after an accident or other disturbing incident?
33. Does . . . move briskly and with energy?
34. Would . . . prefer to accept an unfair situation rather than complain?
35. Do noisy, active children get on . . . 's nerves?
36. Is . . . quick to know when someone needs encouragement or a kind word?
37. Is . . . the kind of person one might call a "self-starter" or a "go-getter"?
38. Does . . . often allow tension to build up to the point of feeling "ready to explode"?
39. Does . . . need encouragement and approval in order to work effectively?
40. Does . . . frequently use medication to aid in relaxation?
41. Does . . . stand up for his or her rights?
42. Does . . . have a wide range of interests?
43. Does . . . like to let people know where he or she stands on issues?
44. Is . . . relatively free from worry and anxiety?
45. Does . . . like to have plenty to do?
46. Is . . . deeply concerned about the welfare of others?
47. Does . . . worry a great deal about health?
48. Is . . . self-confident in most undertakings?
49. Is . . . too soft-hearted to be a strict disciplinarian?
50. Does . . . tend to rely on others when there are decisions to be made?
51. Do many people consider . . . to be incapable of deep feeling?
52. Does . . . find it easy to give way to wishes of others?
53. Is . . . a sympathetic listener when someone needs to talk about himself or herself?
54. Is . . . always trying to convert someone to a particular point of view?
55. Is . . . considered an industrious and tireless worker?
56. Does . . . have any nervous mannerisms such as nail-biting, foot-tapping, etc.?
57. Is . . . the kind of person to whom others turn in time of distress or trouble?
58. Does . . . find it difficult to follow a definite plan?
59. Does . . . insist on prompt obedience?
60. Does . . . believe that everyone is entitled to a second chance?
61. Does . . . get into difficulty occasionally because of some impulsive act?
62. Does . . . suffer from indigestion or loss of appetite when worried or under tension?
63. Is . . . easily taken advantage of by others?
64. Does . . . limit himself or herself to one or two friends?
65. Does . . . find it difficult to relax because of a restless need to be constantly busy?
66. Is . . . easily tempted by a bargain?
67. Does . . . like to speak in public and enjoy the challenge of a debate?
68. Does . . . seek release from tension by excessive smoking, eating, or drinking?
69. Is . . . easily moved to pity?



70. Does . . . sleep well, and find it easy to relax when sitting or lying down?
71. Would . . . take a special interest in helping young people who are frequently in trouble?
72. Is . . . regarded as a "high-strung" person?
73. Is . . . quick to sense another person's feelings and moods?
74. Is . . . very emphatic and forceful in voice and manner?
75. Does . . . often have "the jitters" for no particular reason?
76. Does . . . prefer to read or watch television after a day's work, rather than go out or engage in social activities?
77. Does . . . make plans well in advance of the event and carry them out?
78. Does . . . prefer to listen and observe rather than take part in discussions?
79. Does . . . enjoy taking chances?
80. Does . . . get tense and anxious when there is much work to be done in a short time?
81. Does . . . think our nation concerns itself too much with the needs and suffering of people in other countries?
82. Does . . . enjoy activity and excitement?
83. Does . . . prepare a budget and make every effort to stay within it?
84. Would . . . do everything possible to protect an animal from neglect or cruelty?
85. Does . . . find it difficult to say "no" to a persuasive salesperson?
86. Does . . . have little interest in other people's emotional problems?
87. Is . . . interested in people and in making new friends?
88. Is . . . considerate and understanding when dealing with an elderly person?
89. Would people refer to . . . as a person who is "always on the go"?
90. Does . . . think it unnecessary to apologize after hurting someone's feelings?
91. Is . . . able to express affection without embarrassment?
92. Is . . . apt to make thoughtless, unfeeling remarks?
93. Is . . . thought of as a warm-hearted, outgoing person?
94. Does . . . often feel left out or unwanted?
95. Does . . . have a place for everything and everything in its place?
96. Is . . . free from racial and religious prejudice?
97. Does . . . feel disillusioned about life?
98. Is . . . openly affectionate with members of the immediate family?
99. Does . . . sometimes become so emotional as to be unable to think or act logically?
100. Does . . . find it difficult to express tender feelings in words?
101. Is . . . hopeful and optimistic about the future?
102. Does . . . tend to analyze and dwell on inner thoughts and feelings?
103. Is . . . understanding when someone is late for an appointment?
104. Does . . . have phobias or a deeply disturbing fear of any object, place, or situation?
105. Does . . . tend to be reserved in manner?
106. Does anyone ever complain that . . . is "bossy" or unreasonable?

107. Do people sometimes accuse . . . of being illogical?
108. When . . . offers a suggestion, is it apt to be more helpful than critical?
109. Does . . . reach conclusions only after looking at all sides of a question?
110. Does . . . find any discussion of sexual matters difficult or embarrassing?
111. Does . . . have a quick temper?
112. Does . . . express appreciation and pleasure when looking at beautiful things?
113. Is . . . inclined to be argumentative?
114. Does . . . sometimes get the uncomfortable feeling of being stared at or talked about?
115. Does . . . like to stick to one job until it is finished?
116. Are there times when . . . feels discouraged or despondent over lack of progress or accomplishment?
117. Is . . . inclined to "tell people off"?
118. Does . . . feel that life is very much worth living?
119. Does . . . tend to be suspicious of people's motives and actions?
120. Is . . . apt to be too hasty in making decisions?
121. Does . . . find it difficult to be friendly and responsive in contacts with people?
122. Does . . . have a deep respect for all human beings?
123. Is . . . easily embarrassed?
124. Is . . . inclined to stop and think before acting?
125. Does . . . tend to be impatient with someone who is frequently ill?
126. Is . . . always working toward some future goal?
127. Is . . . bothered at times by feeling unappreciated or by the idea that "nobody cares"?
128. Does . . . readily show tenderness to children?
129. Is . . . apt to be sarcastic when annoyed with someone?
130. Does . . . often dwell on past misfortunes?
131. Is . . . apt to keep feelings "bottled up inside"?
132. Does . . . feel contempt for men who seem unable to make a living?
133. Is . . . very methodical about keeping records of personal and business affairs?
134. Is . . . likely to be jealous?
135. Is . . . often so low in spirit as to be close to tears?
136. Does . . . find it hard to accept criticism or blame?
137. Is . . . frequently depressed because of personal problems?
138. Does . . . speak with animation, enthusiasm, or frequent gestures?
139. When deeply disturbed about something, has . . . ever contemplated suicide?
140. Is . . . inclined to carry a grudge?
141. Does . . . have many friends and acquaintances?
142. Is . . . often troubled by a lack of self-confidence?
143. Does . . . find it difficult to express sympathy to someone in sorrow?
144. Is . . . logical in thinking and speaking?

145. Is . . . considered lenient and easy-going?
146. Is . . . easily disheartened by criticism?
147. Does . . . frequently tend to dominate people around him or her?
148. Does . . . feel a bit uncomfortable when expected to express enthusiasm over a gift?
149. Is . . . quick to forgive a mistake and overlook a discourtesy?
150. Is . . . a fair-minded, reasonable person?
151. Is . . . a talkative person?
152. Does . . . often have "the blues" or feel downhearted for no apparent reason?
153. Does . . . work methodically and deliberately?
154. Does . . . frequently misinterpret what others do and say?
155. Does . . . at times suffer extreme physical exhaustion resulting from emotional conflicts?
156. Is . . . overly critical of some member of the family?
157. Does . . . feel self-conscious with most people?
158. Does . . . often make such blunt, cutting comments that someone's feelings are hurt?
159. Does . . . smile or laugh a good deal?
160. In voting, does . . . study personalities and issues, sometimes supporting a candidate of another party?
161. Is . . . superior or overbearing in attitude toward others?
162. Is . . . thought of as being overly sensitive?
163. Does . . . feel free to discuss personal problems as well as joys with close friends?
164. Is . . . slow to complain when inconvenienced or imposed upon?
165. Is . . . inclined to daydream about things that can't come true?
166. Does . . . often do things on the spur of the moment?
167. Does . . . find it difficult to get over an embarrassing situation?
168. Does . . . find it hard to break a habit such as smoking or overeating?
169. Does . . . often feel discouraged because of a sense of inferiority?
170. Is . . . inclined to be shy and withdrawn?
171. Does . . . have periods of idleness when it is difficult to find any reason for either physical or mental effort?
172. Does . . . maintain that most people are "out for all they can get"?
173. Does . . . avoid letting emotion influence sound judgement?
174. Does . . . find it difficult to be complimentary to members of his or her family?
175. Is . . . especially self-conscious and concerned about what others might think?
176. Does . . . often feel depressed by memories of childhood or other past experiences?
177. Does . . . 's interest often shift from one thing to another?
178. Does . . . feel restrained and inhibited in a love relationship?
179. If called upon, would . . . be fair and impartial in helping others to settle their differences?
180. Does . . . have periods of depression without apparent reason which last for several days or more?

## APPENDIX C

### Beeson Church Health Questionnaire

#### BEESON CHURCH HEALTH QUESTIONNAIRE

**INSTRUCTIONS:** Listed below are 54 statements that describe characteristics of your church and your relationship to it followed by 13 personal questions. Please rate your perceptions of the strength of each characteristic by using the scale provided and writing the appropriate number in the box to the right of the statement.  
**Your responses will be treated confidentially.**

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>STRONGLY AGREE</b>	<b>MODERATELY AGREE</b>	<b>NEITHER AGREE OR DISAGREE</b>	<b>MODERATELY DISAGREE</b>	<b>STRONGLY DISAGREE</b>

1. I enjoy getting together with other people from my church outside of church events.....
2. The leaders of our church seem rather defensive.\* .....
3. I find the sermons convicting, challenging, and encouraging to my walk with God. ....
4. Our church has a very clear purpose and well-defined values.....
5. My local church actively reaches out to its neighborhood through spiritual and community service. ....
  
6. My church affirms me in my ministry tasks.....
7. I regularly practice the spiritual disciplines (prayer, Bible study, fasting, and meditation). ....
8. I have a close enough relationship with several people in my church that I can discuss my deepest concerns with them.....
9. Our church is led by individual(s) who articulate vision and achieve results.....
10. I find the worship services spiritually inspiring.....
  
11. Our church clearly communicates our mission statement. ....
12. Prayer is a highlight of the worship service.....
13. Tithing is a priority in my life. ....
14. New ministry ideas are normally appreciated and encouraged. ....
15. The music in the church services helps me worship God.....

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 204 N. Lexington Ave., Wilmore, KY 40390  
 O: 859.858.2301, F: 859.858.2371  
 Version 02.02.03

5	4	3	2	1
STRONGLY AGREE	MODERATELY AGREE	NEITHER AGREE OR DISAGREE	MODERATELY DISAGREE	STRONGLY DISAGREE

- 16. I do not know my church's plans and direction for the years ahead.\*.....
- 17. I am actively involved in a ministry of this church. ....
- 18. Our church relies upon the power and presence of God to accomplish ministry.....
- 19. My prayer life reflects a deep dependence on God concerning the practical aspects of life. ....
- 20. I have experienced a lot of joy and laughter in our church.....
  
- 21. There are few training opportunities in our church.\* .....
- 22. The worship at this church is so inspiring that I would like to invite my friends. ....
- 23. This church teaches that Jesus Christ is the only way to heaven. ....
- 24. I do not know my spiritual gift(s).\* .....
- 25. There is a sense of expectation surrounding our church.....
  
- 26. Our church has a clear process that develops people's spiritual gift(s). ....
- 27. I experience deep, honest relationships with a few other people in my church. ....
- 28. The lay people of our church receive frequent training. ....
- 29. Excellence is an important value in how we accomplish ministry. ....
- 30. This church shows the love of Christ in practical ways.....
  
- 31. I enjoy the tasks I do in the church. ....
- 32. There is an atmosphere of generosity within our church.....
- 33. I would describe my personal spiritual life as growing. ....
- 34. The love and acceptance I have experienced inspires me to invite others to my church.....
- 35. I look forward to attending worship services at this church. ....

5	4	3	2	1
STRONGLY AGREE	MODERATELY AGREE	NEITHER AGREE OR DISAGREE	MODERATELY DISAGREE	STRONGLY DISAGREE

- 36. I have confidence in the management and spending of our church's financial resources. ....
- 37. In our church the importance of sharing Christ is often discussed. ....
- 38. I feel that my role in the church is very important.....
- 39. Our church emphasizes the person and presence of the Holy Spirit.....
- 40. My church needs to place more emphasis on the power of prayer.\* .....
  
- 41. The leaders and members of our church enjoy and trust one another.....
- 42. When I leave a worship service, I feel like I have "connected" with other worshippers.....
- 43. My church is open to changes that would increase our ability to reach and disciple people.....
- 44. Our church has very few programs that appeal to non-Christians.\* .....
- 45. I share my faith with non-believing family and friends.....
  
- 46. This church operates through the power and presence of God. ....
- 47. I rarely consult God's word to find answers to life's issues.\* .....
- 48. The leaders of our church seem to be available when needed. ....
- 49. We have an effective and efficient decision-making process in my church. ....
- 50. When I leave a worship service, I feel I have had a meaningful experience with God. ....
  
- 51. People rarely come to know Jesus Christ as their savior in our church.\* .....
- 52. The teaching ministry of this church encourages me to be involved in ministry. ....
- 53. I currently enjoy a greater intimacy with God than at any other time in my life. ....
- 54. I believe that interpersonal conflict or misconduct is dealt with appropriately and in a biblical manner.....

**PERSONAL INFORMATION**

- 55. Your age .....
- 56. Gender
  - 1. Female .....
  - 2. Male.....
- 57. Marital status
  - 1. Single.....
  - 2. Married .....
  - 3. Widowed .....
  - 4. Other: \_\_\_\_\_
- 58. Number of children.....
- 59. The following are a regular part of my spiritual life. **Check all that apply.**
  - 1. Bible Study .....
  - 2. Devotional times.....
  - 3. Family devotional time.....
  - 4. Ministry .....
  - 5. Prayer .....
  - 6. Sharing my faith with others .....
  - 7. Other spiritual disciplines (fasting, etc.).....
- 60. Which best describes your current involvement with the local church you attend most? **Check only one.**
  - 1. Attendee only .....
  - 2. Leadership board member .....
  - 2. Ministry leader/teacher .....
  - 3. Pastoral Staff .....
- 61. Are you a member of this church?
  - 1. Yes.....
  - 2. No.....
- 62. Approximately how many years have you been involved with this particular church? .....

63. Which of the following best describes how often you attend weekend worship services? **Check one.**
- 1. Visitor .....
  - 2. 1-2 times a month .....
  - 3. 3 or more times a month .....
64. In the past year, what percentage of your total income from all sources did you give to your local church (approximately)? .....
65. Our current church staff is \_\_\_\_\_ for the ministries of our church. **Check one.**
- 1. understaffed .....
  - 2. adequate .....
  - 3. overstaffed .....
66. I actively participate in a small group or ministry team.
- 1. Yes .....
  - 2. No .....
66. How would you describe the community within which your church is located? **Check one.**
- 1. Growing and thriving .....
  - 2. Plateaued .....
  - 3. Declining .....
67. The size of our church facility is adequate for our current ministries.
- 1. Yes .....
  - 2. No .....
68. I would describe my personal spiritual life as...
- 1. growing .....
  - 2. plateaued .....
  - 3. declining .....

*Thank you very much for your participation in this important study of our church!*



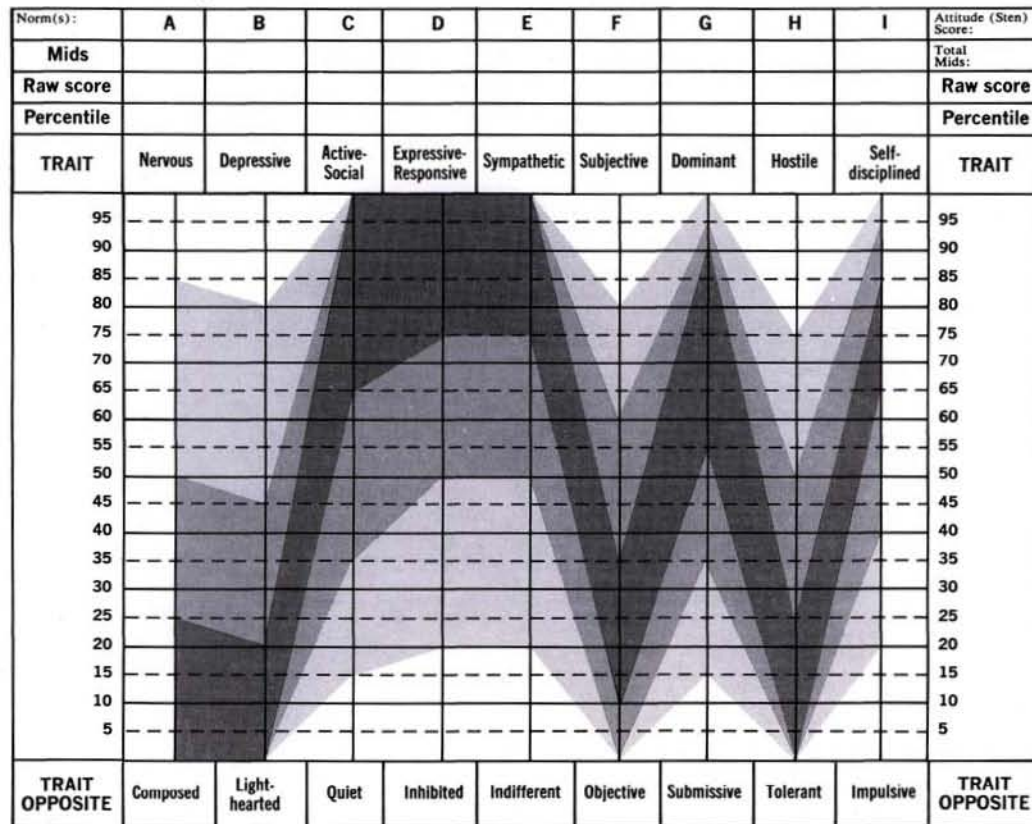
## APPENDIX D

### Taylor-Johnson Temperament Analysis Profile Sample

Code PR

#### TAYLOR-JOHNSON TEMPERAMENT ANALYSIS® PROFILE Profile Revision of 1984

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_ Occupation \_\_\_\_\_ Counselor \_\_\_\_\_  
 Single \_\_\_\_\_ Years Married \_\_\_\_\_ Years Divorced \_\_\_\_\_ Years Widowed \_\_\_\_\_ Children: M \_\_\_\_\_ Ages \_\_\_\_\_ F \_\_\_\_\_ Ages \_\_\_\_\_  
 Answers made by: SELF <sup>and</sup>/<sub>or</sub> husband, wife, father, mother, son, daughter, boyfriend, girlfriend or \_\_\_\_\_ of the person described.



**TRAITS**

**Nervous** — Tense, high-strung, apprehensive.  
**Depressive** — Pessimistic, discouraged, dejected.  
**Active-Social** — Energetic, enthusiastic, socially involved.  
**Expressive-Responsive** — Spontaneous, affectionate, demonstrative.  
**Sympathetic** — Kind, understanding, compassionate.  
**Subjective** — Emotional, illogical, self-absorbed.  
**Dominant** — Confident, assertive, competitive.  
**Hostile** — Critical, argumentative, punitive.  
**Self-disciplined** — Controlled, methodical, persevering.

**OPPOSITES**

**Composed** — Calm, relaxed, tranquil.  
**Light-hearted** — Happy, cheerful, optimistic.  
**Quiet** — Socially inactive, lethargic, withdrawn.  
**Inhibited** — Restrained, unresponsive, repressed.  
**Indifferent** — Unsympathetic, insensitive, unfeeling.  
**Objective** — Fair-minded, reasonable, logical.  
**Submissive** — Passive, compliant, dependent.  
**Tolerant** — Accepting, patient, humane.  
**Impulsive** — Uncontrolled, disorganized, changeable.

**Note:** Important decisions should not be made on the basis of this profile without confirmation of these results by other means.

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## APPENDIX E

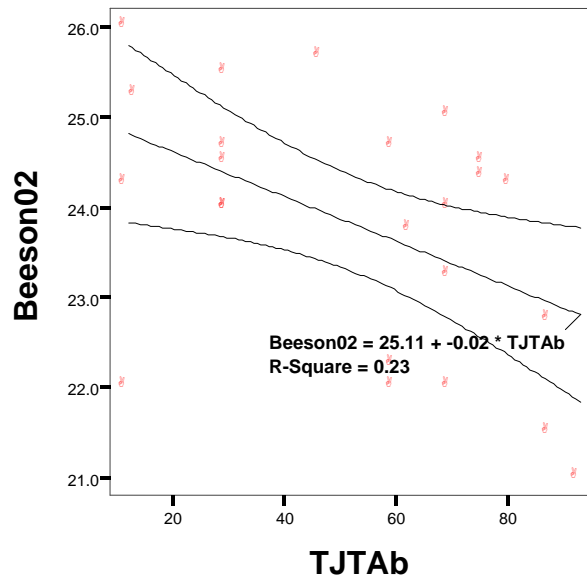
### Detailed Correlations and Regressions

#### Empowering Leadership (Beeson 02) vs. Depressive/Lighthearted (TJTab)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson02	23.795	1.3942	24
TJTab	53.00	26.817	24

Correlations			
		Beeson02	TJTab
Beeson02	Pearson Correlation	1	-.476(**)
	Sig. (1-tailed)		.009
	N	24	24
TJTab	Pearson Correlation	-.476(**)	1
	Sig. (1-tailed)	.009	
	N	24	24

\*\*Correlation is significant at the 0.01 level (1-tailed).



*Linear Regression with  
95.00% Mean Prediction Interval*

#### Notes

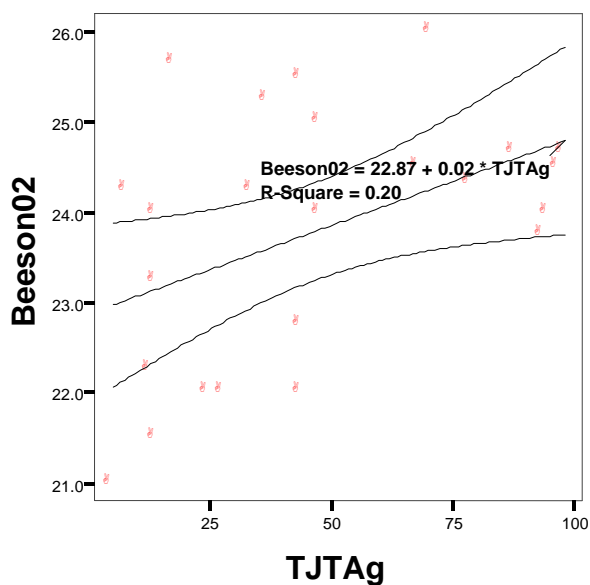
Outliers: Church 027 & Church 033  
Thus, ↑ Lighthearted ↑ Empowering leadership  
And, ↑ Depressive ↓ Empowering leadership

Empowering Leadership (Beeson02) vs. Dominant/Submissive (TJTAg)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson02	23.795	1.3942	24
TJTAg	47.00	31.642	24

Correlations			
		Beeson02	TJTAg
Beeson02	Pearson Correlation	1	.444(*)
	Sig. (1-tailed)		.015
	N	24	24
TJTAg	Pearson Correlation	.444(*)	1
	Sig. (1-tailed)	.015	
	N	24	24

\*Correlation is significant at the 0.05 level (1-tailed).



Linear Regression with  
95.00% Mean Prediction Interval

Notes

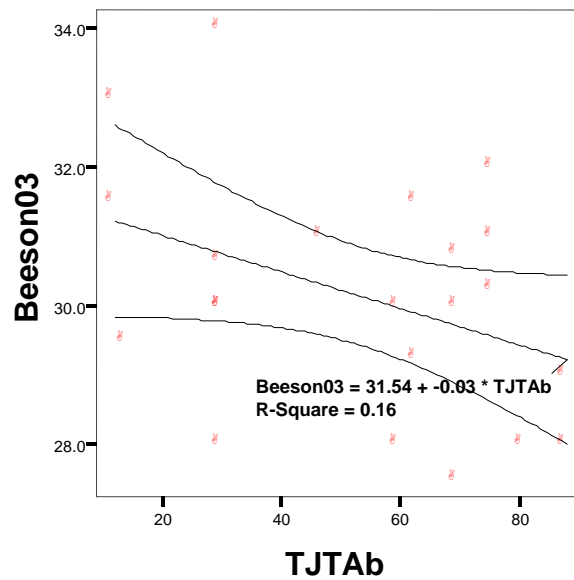
Outliers: Church 027 & Church 033  
 Thus, ↑ Dominant ↑ Empowering leadership  
 And, ↑ Submissive ↓ Empowering leadership

Engaging Worship (Beeson03) vs. Depressive/Lighthearted (TJTab)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson03	30.133	1.6938	22
TJTab	53.45	25.397	22

Correlations			
		Beeson03	TJTab
Beeson03	Pearson Correlation	1	-.394(*)
	Sig. (1-tailed)		.035
	N	22	22
TJTab	Pearson Correlation	-.394(*)	1
	Sig. (1-tailed)	.035	
	N	22	22

\*Correlation is significant at the 0.05 level (1-tailed).



Linear Regression with  
95.00% Mean Prediction Interval

Notes

Outliers: Church 009, Church 023, Church 036 & Church 038

Thus, ↑ Lighthearted ↑ Engaging Worship

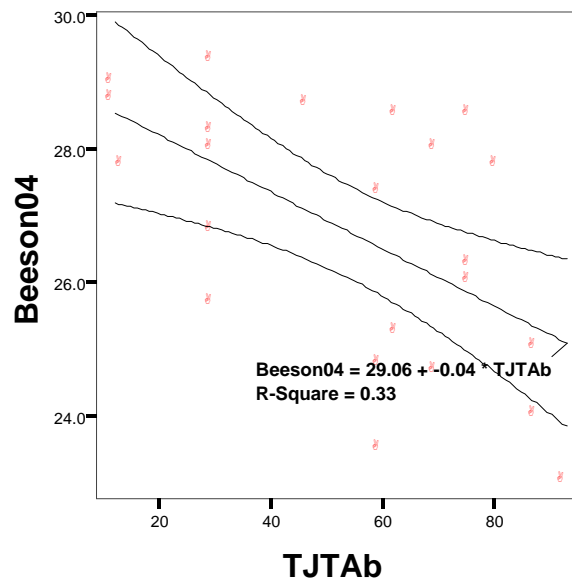
And, ↑ Depressive ↓ Engaging Worship

Functional Structures (Beeson 04) vs. Depressive/Lighthearted (TJTab)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson04	26.725	1.9195	23
TJTab	54.74	25.972	23

Correlations			
		Beeson04	TJTab
Beeson04	Pearson Correlation	1	-.578(**)
	Sig. (1-tailed)		.002
	N	23	23
TJTab	Pearson Correlation	-.578(**)	1
	Sig. (1-tailed)	.002	
	N	23	23

\*\* Correlation is significant at the 0.01 level (1-tailed).



Linear Regression with  
95.00% Mean Prediction Interval

Notes

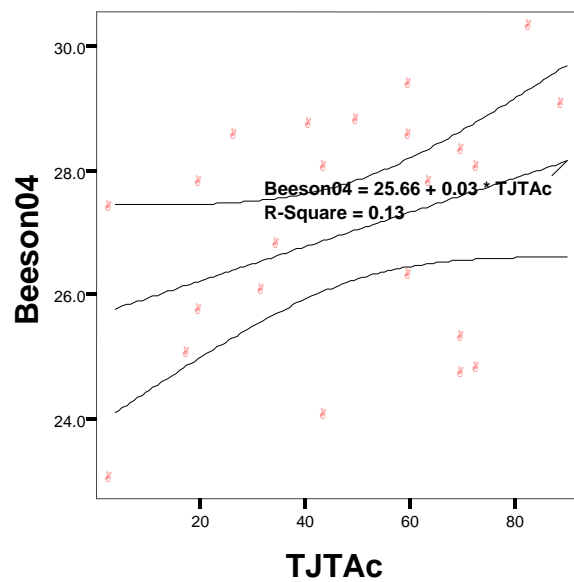
Outliers: Church 003, Church 009 & Church 038  
Thus, ↑ Lighthearted ↑ Functional Structures  
And, ↑ Depressive ↓ Functional Structures

Functional Structures (Beeson04) vs. Active-Social/Quiet (TJTAc)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson04	27.018	1.9201	23
TJTAc	49.22	25.013	23

Correlations			
		Beeson04	TJTAc
Beeson04	Pearson Correlation	1	.360(*)
	Sig. (1-tailed)		.046
	N	23	23
TJTAc	Pearson Correlation	.360(*)	1
	Sig. (1-tailed)	.046	
	N	23	23

\*Correlation is significant at the 0.05 level (1-tailed).



Linear Regression with  
95.00% Mean Prediction Interval

Notes

Outliers: Church 009, Church 023 & Church 038  
Thus, ↑ Active-Social ↑ Functional Structures  
And, ↑ Quiet ↓ Functional Structures

Functional Structures (Beeson04) vs. Subjective/Objective (TJTaf)

Descriptive Statistics			
	<b>Mean</b>	<b>Std. Deviation</b>	<b>N</b>
Beeson04	26.597	1.9784	24
TJTaf	48.96	26.330	24

Correlations			
		<b>Beeson04</b>	<b>TJTaf</b>
Beeson04	Pearson Correlation	1	-.451(*)
	Sig. (1-tailed)		.014
	N	24	24
TJTaf	Pearson Correlation	-.451(*)	1
	Sig. (1-tailed)	.014	
	N	24	24

\*Correlation is significant at the 0.05 level (1-tailed).

Notes

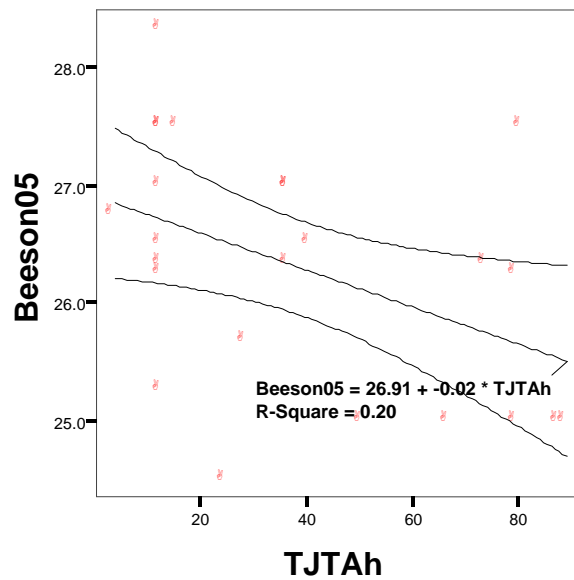
Outliers: Church 003 & Church 038  
 Thus, ↑ Objective ↑ Functional Structures  
 And, ↑ Subjective ↓ Functional Structures

Intentional Evangelism (Beeson05) vs. Hostile/Tolerant (TJTAh)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson05	26.292	1.0394	24
TJTAh	39.17	29.232	24

Correlations			
		Beeson05	TJTAh
Beeson05	Pearson Correlation	1	-.443(*)
	Sig. (1-tailed)		.015
	N	24	24
TJTAh	Pearson Correlation	-.443(*)	1
	Sig. (1-tailed)	.015	
	N	24	24

\*Correlation is significant at the 0.05 level (1-tailed).



Linear Regression with  
95.00% Mean Prediction Interval

Notes

Outliers: Church 023 & Church 032  
Thus, ↑ Tolerant ↑ Intentional Evangelism  
And, ↑ Hostile ↓ Intentional Evangelism

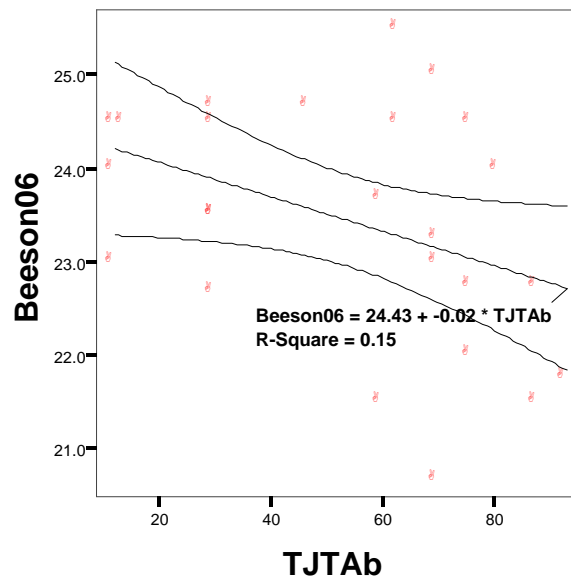


Mobilized Laity (Beeson06) vs. Depressive/Lighthearted (TJTab)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson06	23.433	1.2601	25
TJTab	54.04	26.687	25

Correlations			
		Beeson06	TJTab
Beeson06	Pearson Correlation	1	-.391(*)
	Sig. (1-tailed)		.027
	N	25	25
TJTab	Pearson Correlation	-.391(*)	1
	Sig. (1-tailed)	.027	
	N	25	25

\*Correlation is significant at the 0.05 level (1-tailed).



Linear Regression with  
95.00% Mean Prediction Interval

Notes

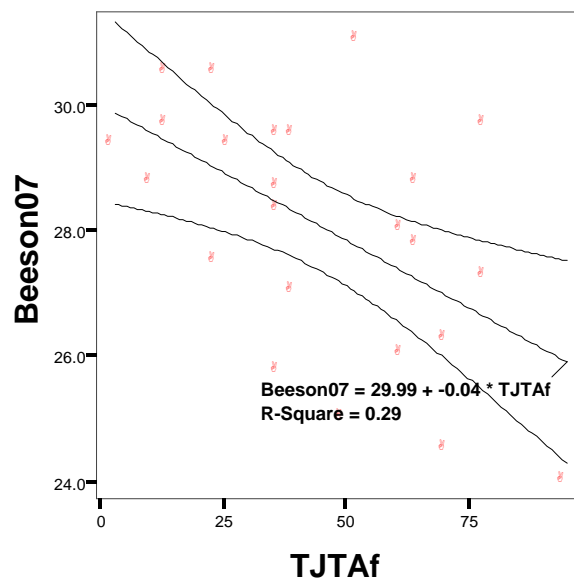
Outliers: Church 023  
Thus, ↑ Lighthearted ↑ Mobilized laity  
And, ↑ Depressive ↓ Mobilized laity

Passionate Spirituality (Beeson07) vs. Subjective/Objective (TJTaf)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson07	28.021	1.9564	24
TJTaf	45.71	24.648	24

Correlations			
		Beeson07	TJTaf
Beeson07	Pearson Correlation	1	-.543(**)
	Sig. (1-tailed)		.003
	N	24	24
TJTaf	Pearson Correlation	-.543(**)	1
	Sig. (1-tailed)	.003	
	N	24	24

\*\*Correlation is significant at the 0.01 level (1-tailed).



Linear Regression with  
95.00% Mean Prediction Interval

Notes

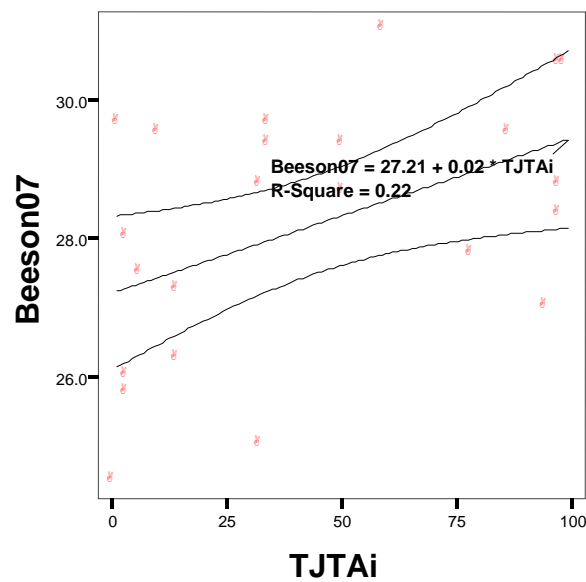
Outliers: Church 023 & Church 027  
Thus, ↑ Objective ↑ Passionate spirituality  
And, ↑ Subjective ↓ Passionate spirituality

Passionate Spirituality (Beeson07) vs. Self-disciplined/Impulsive (TJTAi)

Descriptive Statistics			
	Mean	Std. Deviation	N
Beeson07	28.196	1.7985	23
TJTAi	44.13	37.391	23

Correlations			
		Beeson07	TJTAi
Beeson07	Pearson Correlation	1	.464(*)
	Sig. (1-tailed)		.013
	N	23	23
TJTAi	Pearson Correlation	.464(*)	1
	Sig. (1-tailed)	.013	
	N	23	23

\*Correlation is significant at the 0.05 level (1-tailed).



Linear Regression with  
95.00% Mean Prediction Interval

Notes

Outliers: Church 023, Church 027 & Church 036  
Thus, ↑ Self-disciplined ↑ Passionate spirituality  
And, ↑ Impulsive ↓ Passionate spirituality

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