Savouring Life:

The Leader's Journey to Health and Effectiveness

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A thesis submitted for the degree of

Doctor of Philosophy

Faculty of Health Sciences

The University of Sydney

June 2012

Abstract

‘Savouring Life’ was a participatory action research (PAR) study within a complex living system—the Churches of Christ in New South Wales (NSW). One hundred and eight leaders participated in collaborative qualitative research aiming to help the organisation improve professional practice in the development of healthy and effective leaders. Structured conversations, storytelling and other participatory techniques were used to elicit the leaders’ own tacit knowledge to better understand the systemic health issues that they face.

Viewing the organisation through complex living systems was found to be a useful framework to explore four cycles of action research inquiry. An aspirational state of ‘optimal functioning’ was identified to assist a shift in leadership practice that emphasises the salutogenic (focus on health and wellness) rather than merely responding to the pathogenic (focus on disease and disorder). Participants co-generated their own theories of transformation, making tacit knowledge explicit through the development of six mapping tools that were designed to share newly found knowledge throughout the organisation.

PAR effectively influenced both learning and change, contributing to the launch of three system-wide action interventions: (1) The Centre for Wellness, (2) The Leaders Care Network and (3) Mentoring Training. The result is a holistic approach to leadership development designed to improve the health and effectiveness of leaders across the organisation.

Keywords: spirituality, health, leadership, action research, transformation, wellness, complexity, Christian

Declaration

This thesis contains no material that has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text of the thesis.

I give consent to this copy of my thesis, when deposited in the University Library, being made available for photocopying and loan.

SIGNED:  DATE: 3rd July 2012

Acknowledgements

Special thanks goes to my wonderful family—Della-Lee, Morgan and Avalon—who have allowed a piece of their lives to be taken up with this project. They are my deepest love and concern in the world.

I acknowledge the valuable contribution of my professional colleagues Dr Andrew Ball, John Crowther, David Tolman, Graham Reed and Max Hopkins. This band of brothers helped keep me sane and helped shape and test the ideas contained herein.

Dr Ian Hughes was tireless in his enthusiasm and genuine support of my research. His wisdom added depth and rigour to the development of theory and practice, keeping me focused with his words, ‘Remember, you are researching the action!’ Ian, who passed away in the final submission of this work, has made a significant lifetime contribution to the field of Action Research around the world. He will be missed.

Dr Leon O’Flynn and Dr Vicki Vaartjes provided valuable friendship and insight to the whole journey. Thank you for encouraging me to keep writing.

As for my co-researchers—the many leaders I engaged with—it is their experience and insight that is the real foundation for the contributions to theory and practice reported here. It is my hope that this project will provide them with useful tools for transformation as they go on their leadership journey to health and effectiveness!

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Acronyms

AI	Appreciative Inquiry
CAS	Complex Adaptive System
MBI	Malach Burnout Inventory
NSW	New South Wales
PAR	participatory action research
PWC	Price Waterhouse Coopers
SFBT	Solution-Focused Brief Therapy
UPI	United Press International
UN	United Nations
US	United States
WHO	World Health Organisation

Definitions

Autonomous refers to the independence of a local church.

Church could be used to mean a local church (congregation) or the international organisation as a whole. This will be made clear in its usage.

Conference means the Conference of Churches of Christ in NSW.

Congregation means a local autonomous church, a 'fresh hope community'.

Fresh Hope Community means a group of people choosing to be aligned with the Churches of Christ in NSW. In the local context, this may be a church gathering, a women's refuge, an aged care facility, a prison support group or a welfare mission.

Leader is used to designate a person of influence. This may or may not be part of their professional role, and they may be paid or unpaid for their work.

Minister is a paid professional with at least a Bachelor's degree in Theology, who has been licensed by the Churches of Christ in NSW to work in local ministry and be a religious marriage celebrant.

Restoration Movement is the broad organisational term for the Disciples of Christ, the Christian Church, the Independent Churches of Christ, the International Churches of Christ, the Conference of Churches of Christ and the Non-denominational Churches of Christ.

The Organisation is always the Churches of Christ in NSW.

Transformation is a marked, deep change in appearance and character.

Chapter 1: Introduction

Savouring Life has been my participatory action research (PAR) intervention within the Churches of Christ in New South Wales (NSW). The purpose of my action research was to discover new knowledge and proactively improve the health of leaders within the organisation.

The Churches of Christ in NSW is a network of 100 church communities plus numerous aged care facilities, community projects and refuge centres. Like many organisations, it has a need for healthy leaders (Smith, 2004).

As is the convention with action research, this document is both the record of a personal journey (see McNiff, 2000) and a research project in health science. It records the essential objectives of effective action research: (1) to change your organisation, (2) to change yourself and (3) to make a unique contribution to the body of knowledge. I studied the process of change because the emphasis in my action research was on researching *action* rather than researching the *outcomes of the action.* This distinction is important as the former emphasises the contribution of the research process as well as the results derived from that process. This is, in effect, research *in* action not only research *about* action.

This research was born out of a desire for transformation in my organisation, deep change for its leaders and personal learning for myself. It aimed to test whether PAR would be an effective tool for health promotion in this context and to explore whether complexity theory was a fruitful theoretical framework for change within a religious denomination.

My research captured stories of pain and joy furnished by participants who then, collaboratively, created visual models that allowed them to map their own current status

on a journey to health and effectiveness. Participants used these maps to plot personal strategies for transformation. These models and maps were captured as tools enabling a 'guiding coalition' (Kotter, 1996, p. 21) to empower participants to pursue broad-based action within the Churches of Christ in NSW to improve the health of leaders in strategic, systemic and sustainable ways.

I have written this document in the first person, reflecting my role as both a researcher and participant.

The thesis is divided into eight chapters as follows.

Chapter one describes the organisational background and goals of the research. It introduces the research question, theoretical framework and research approach.

Chapter two outlines the theory and practice of the research approach and the operational process through four action research cycles, describing the actions taken to achieve the research goals.

Chapter three describes the facilitative processes by which tacit knowledge and experience was sought, gathered and shared by participants.

Chapter four, a peer-reviewed book chapter, discusses some major themes in the research and presents two leader health tools.

Chapter five describes the collaborative process undertaken by the participants to develop transformational theories that lead to action. The resulting explicit knowledge was developed into tools enabling knowledge to be shared throughout the organisation.

Chapter six describes the foundational theories behind the research, focusing on complexity, knowledge, health and leadership. This literature review is included late in the thesis as much literature is engaged throughout the thesis at the point of relevance. Chapter six, then, fills in the theoretical gaps after the research process and sensemaking

tools have been revealed.

Chapter seven describes three major organisational interventions undertaken to leverage change within the organisation: (1) The Centre for Wellness, (2) The Leaders Care Network and (3) Mentoring Training.

Chapter eight describes the unique contributions of this thesis to theory and practice, identifying limitations of the approach and opportunities for further research.

Figure 1.1 shows the roadmap of this thesis.

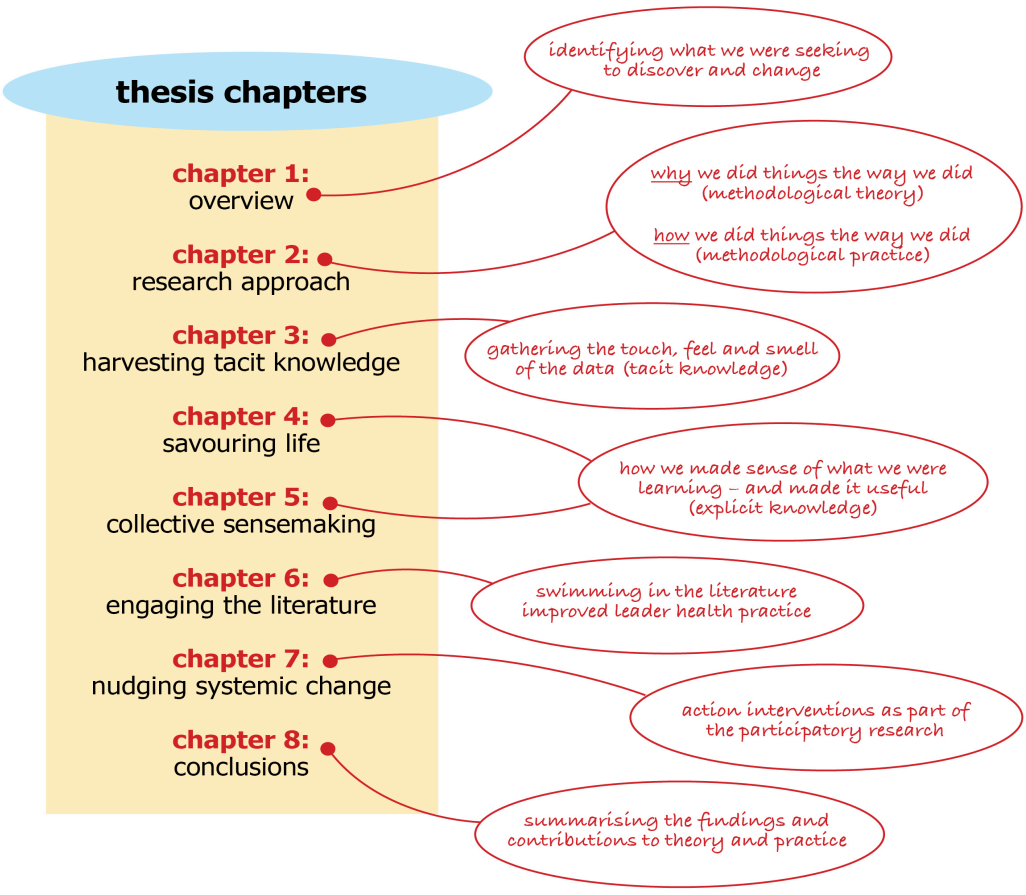

Figure 1.1: Thesis map.

1.1 Background

The Churches of Christ are an association of independent churches located in almost every country in the world. Sometimes referred to as the Restoration Movement or Stone-Campbell Movement, they are a non-profit religious organisation that includes

diverse groups such as the Disciples of Christ, the Christian Church, the Independent Churches of Christ, the International Churches of Christ, the Conference of Churches of Christ and the Non-denominational Churches of Christ. These names have a variety of meanings in different regions in the world. This network is varied, ranging from more legalistic (highly structured) to more permissive (highly unstructured) groups (Foster, Blowers, Dunnavant & Williams, 2004).

There are approximately 40 million members of the Churches of Christ worldwide. The United States (US) has 6.8 million members, including 24 private universities. The Churches of Christ in Australia has about 80,000 members. My action research is focused on one part of this group, the Churches of Christ in NSW, which was incorporated by an act of parliament, the NSW Incorporation Act, 1947. With around 10,000 members across the state, the churches range in size from 10 to 500. In 2007, the Churches of Christ in NSW adopted the vision 'to develop healthy, mission-shaped communities of fresh hope'. This reshaped the concept of church as 'institution' and reframed them as 'communities of fresh hope'.

1.2 My Position as a Researcher

As Director of Health at the Churches of Christ in NSW, I reported directly to the Executive Director and was responsible for the health of leaders and their church communities. There were 280 paid ministry leaders across 100 churches and approximately 500 volunteer leaders responsible for the governance and oversight of the church communities. In my role, I oversaw all projects designed to improve the well-being and effectiveness of these leaders, including:

- the *Professional Standards Unit* (which administer a Code of Conduct for leaders),

- *a team of health consultants* (who provide both proactive care and crisis care for the psychological, emotional, physical and spiritual well-being of leaders),
- the *program of ongoing professional development* (degree level courses, workshops, small group learning sets and networking events) and
- *CareWorks* (the welfare arm of the Churches of Christ with over 30 projects across the state, including women's refuges, crisis centres, crisis accommodation centres, food programs, and chaplaincies for prisons and hospitals). This program included another 60 employees and 500 volunteer workers and helped over 10,000 marginalised people in NSW annually.

As part of this role, I served as a director on the board of the Australian College of Ministries, partly owned by the Churches of Christ in NSW. The college has 1,500 Diploma through to PhD students in theology and is a member institute of the Sydney College of Divinity. I was also part of the executive management team and was influential in the overall vision, strategy and operations of this network of church communities. In the final stage of writing up this thesis, I was appointed as the CEO/ Principal of the Australian College of Ministries. Figure 1.2 shows my areas of responsibility marked in red.

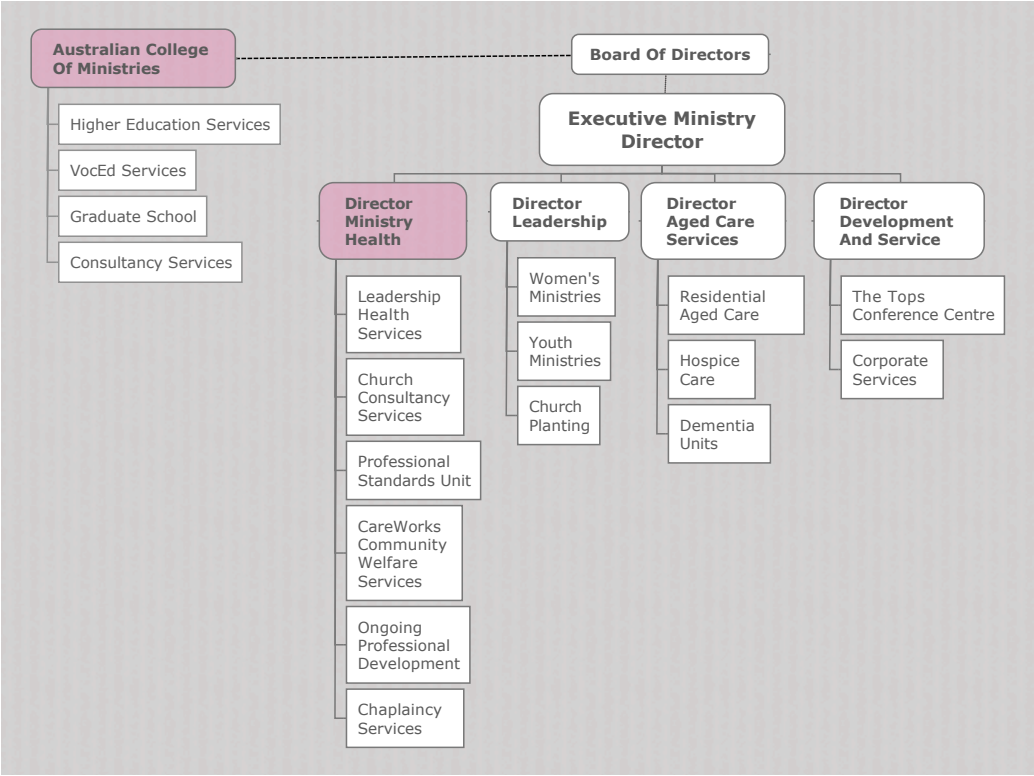

Figure 1.2: Organisational chart of Churches of Christ in NSW.

My research project focused on understanding and promoting systems to improve the holistic health of the 280 paid ministry leaders across the state. I was inside the system I was researching. As an insider-action-researcher, my approach was deliberatively interventionist and aimed to produce change in the way the organisation promoted leadership health and wellness. This was in contrast to insider research that is merely designed to observe and analyse (see Alvesson, 2003). It was also very different to the external researcher approach where the researcher is outside the system and functioning as an external expert (Charles & Ward, 2007; Coghlan & Brannick, 2005). As an insider, I had an understanding of the lived leadership experience of research participants before commencing the research program, knowing taboos, gossip, social mores, tribal preferences, critical framing stories and having 'knowledge, insights and experience' (Gummesson, 2000, p. 57).

While my role had positional power in the system it was limited to those direct

employees who worked under my supervision. Across the broader system the autonomy of local congregations is a deeply held value and organisational dynamic that diffuses positional power. To further ensure safety of participants my research did not involve those who worked directly for me.

1.3 Goals of the Research

The Churches of Christ in Australia has been in numerical decline for the last four decades (Gray, 2007; Randall, 1996; Smith, 2003). This is also true in New Zealand (O'Flynn, 2007; Randall, 1996) and the US (Foster, 2000; Van Rheenan, 2008; Yeakley, 1986, p. 87). With an ageing membership, the 'clock is ticking' (Hampton, 2000) for this movement of interdependent church communities. This stands in stark contrast to the United Press International (UPI) survey that determined that the Churches of Christ were the fastest growing major religious group in the US between 1950 and 1965, growing by 135 per cent over that period (Childers, Foster & Reese, 2001, p. 19). Similar growth was experienced in Australia during that time (Hampton, 2000).

For the last four decades, numbers of attendees in Australia have declined, with Victoria experiencing the steepest membership reduction of 25%. Research also indicates that there has been a decline in the health of leaders. For instance, survey-based research by Phelan and Regan (1991) found that half (50%) of the paid leaders in the Churches of Christ in NSW reported high levels of stress. This led to further research into the health and effectiveness of leadership that found the Churches of Christ in NSW was suffering from a 'deep disease', saying 'we have come to the edge of a cliff or at best an increasingly steep descent . . . [into a] terminal sickness' (Cheal et al., 1992, p. 12).

The issue of leadership sustainability is important in the Churches of Christ in NSW. At a Price Waterhouse Coopers (PWC) risk assessment workshop with senior staff

of the Churches of Christ in NSW in 2008, the participants agreed that attracting, recruiting and retaining of high quality staff is an area of extremely high risk for the Churches of Christ in NSW (PWC, 2008). With the average age of church leaders now over 40, in roles that can be highly stressful, it is essential that the physical, mental, spiritual and social well-being of leaders is improved proactively.

While there has been regular statistical data collection among the Churches of Christ (Gray, 2007), there had been no research to assess the health of leaders within the organisation since 1992. I undertook research in response to the perceived need to improve the holistic health of leaders (Smith, 2004). With 175 years of history in Australia, a decentralised leadership model, an ageing leadership and a changing cultural climate, the organisation required an intervention designed to promote the continuous improvement of leadership health.

This action research was designed to more fully understand these issues and then explore and implement action interventions for organisational change. This research would explore the current state of leader health comparatively to previous assumptions, reports and anecdotes. My strategy was to engage leaders in a participative research process around the challenges of leadership health so that we might better understand factors affecting the health and well-being of those who will be leading churches across NSW. The research learning would better equip me as a change agent to develop processes that can be used to promote holistic leadership health and to highlight my unique contribution to the existing body of knowledge.

1.3.1 Research problem: Leadership health and well-being.

The Preamble to the Constitution of the World Health Organisation (WHO), signed in 1946, defined health as ‘a state of complete physical, mental and social well-

being and not merely the absence of disease or infirmity'. Since that time there has been considerable debate around the definition (Bok, 2004, p. 2), and in 1999 the Executive Board of the WHO changed this definition to 'health is a *dynamic* state of complete physical, mental, *spiritual* and social well-being and not merely the absence of disease or infirmity'. It has been proposed that spirituality is an integral part of health and not merely an influence on health (Fleming & Evans, 2008; Hill & Pargament, 2008; Larson, 1996, p. 181; Oman & Thoresen, 2002). However, this change has not yet become part of the WHO Constitution (Bok, 2004, p. 13). The lack of a constitutional change may be one reason for the lack of focus on the spiritual dimension of health in research publications (Hawke et al., 2008).

The spiritual dimension of leadership is now recognised in the field of management theory as making a profound contribution to both personal and organisational transformation (Bolman & Deal, 1995; Bracey, Rosenblum, Sanford & Trueblood, 1990; Chappell, 1993; Conger, 1994; King & Nicol, 1999; Mitroff & Denton, 1999; Neal, 1997; Renesch & DeFoore, 1996). This is also recognised in education, nursing and social welfare (Hart & Bond, 1995). Agencies with strong links to the WHO, such as the US Department of Health's Center for Disease Control and Prevention, are now developing ways to 'champion a focus on wellness that acknowledges the roles of mental health, spirituality, and complementary and alternative medicine across the lifespan' (Navarro, Voetsch, Liburd, Bezold & Rhea, 2006, p. 2).

The United Nations (UN) (2005) has a similar recognition of the holistic nature of health in their Bangkok Charter for Health Promotion, where the enjoyment of good health is seen as a determinant of the quality of life and encompasses mental and spiritual well-being. Participatory processes have been found to enable and empower effective

health promotion in community groups (UN, 2005). An earlier document by the UN (1986), the Ottowa Charter for Health Promotion, declared that 'health is created and lived by people within the settings of their everyday life' (p. 1), and the role of participation in shaping the determinants of health has been consistently seen in the literature as vital to the promotion of health in any environmental context (WHO, 2009).

In the context of my research, the health of leaders is viewed holistically because it is only in understanding and developing the whole person (physical, mental, spiritual and social) that a leader can be healthy, resilient and effective (WHO, 1998). I regarded participation by leaders in the Churches of Christ in the research project as a vital component in their ownership of the health promotion solutions they helped to develop (Cottrell, Girvan & McKenzie, 2012, p. 27ff).

While it is acknowledged that there is not yet a universally accepted definition of health (Hawkes et al., 2008; Larson, 1996, p. 187), for the purpose of this study I am guided by the following definition by the WHO (1998): 'Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity'.

1.3.2 Health promotion in a complex living system.

Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health (WHO, 1986). The spiritual dimension of health has often been neglected in research in favour of those elements of health promotion that can be easily measured using a reductionist approach (Hawke et al., 2008). In this research, 'spirituality is an emergent property of a complex living system' (Chuengsatiansup, 2003, p. 4).

Complexity theory has provided a framework to make sense of the purposive

wholes that emerge from the interconnection of simpler, interdependent components or, as Phelps and Hase (2002) say, the 'big consequences of little things' (p. 4). The benefits of the complexity framework in improving health systems are significant (Plsek & Greenhalgh, 2001; Plsek & Wilson, 2001; Wilson & Holt, 2001), and my research inquires whether complexity theory and PAR are suitable tools for leadership health promotion in a religious non-profit organisation.

The Churches of Christ is a dynamic system involving large numbers of interacting agents (8,000 members across over 100 communities). The agents are constantly adapting and evolving (people are changing, adjusting, responding and growing). This evolution is irreversible. The system has a history (175 years in Australia), and the present has emerged from the past (shaping culture and world-views). The system has leaders but no single head who can impose choices, direction, culture or change. The agents shift and evolve together in unpredictable non-linear ways, emerging as the parts and the whole respond to the environment, to each other and to the responses of each other. The agents and the system change and restrain each other at the same time. Minor changes can produce disproportionately major consequences that are not necessarily predictable, and conversely, massive effort sometimes produces little change. The environment for the Churches of Christ is constantly changing—complexity is the norm.

Using PAR within a complexity framework for health promotion across a denominational system is not without significant challenges. Such a project is large and emergent in nature, meaning that it can be time-consuming and resource intensive (Boutilier, Mason & Rootman, 1997). PAR is cyclic in nature with iterative processes of planning, acting, observing and reflecting, and each cycle feeds back data that further informs the next cycle of inquiry and action. As a genuinely emergent process, relying on

the cooperation of participants, it is not always obvious when the research ends or the objectives are achieved (Whitehead, Taket & Smith, 2003). Many health promotion researchers are not prepared to give up control to emergent and participatory research processes, and there is often pressure on them to use quick and simple research methods (Sanson-Fisher, Redman, Hancock & Halpin, 1996). However, participatory research lends itself to supporting one of the core values of health promotion, as it enables people to increase control over those factors that determine their own health (Chiu, 2006, p. 535; WHO, 2009).

1.3.3 Research question: Improving leader health.

The research question is broad, loosely bounded and designed to accommodate emerging perspectives arising during the course of the study. The guiding question for this research was: How can our organisation develop healthier leaders?

This question leads to a focus on improving the holistic health of leaders within the organisation and brings together research streams in health promotion, knowledge management, leadership development and complexity theory. The question is designed to fit within the accepted research approach of PAR and is broad enough for a genuinely democratic, emergent process within the unique culture and context of my organisation.

The question allowed participants to engage in an iterative process that (1) allowed issues to emerge, (2) layered different perspectives, (3) built a systemic picture to contextualise issues and perspectives, (4) surfaced undiscussables and (5) had depth and breadth (Wadsworth & Epstein, 1998).

This question sought to engage participants as co-inquirers to (1) initiate action designed for organisational change, (2) inspire reflective learning by the researcher and (3) make a unique contribution to the body of knowledge (Reason & Bradbury, 2001;

Wimpenny, 2010, pp. 89–99). During the research project, the research question was enriched through insights from the literature and participants.

1.4 Research Approach

The core research objective was for research participants to engage in a process of inquiry designed to improve the holistic health of leaders. A research approach was chosen that had proved to be robust in providing both research learning and practical action for organisation-wide change.

1.4.1 Participant engaged and action-oriented.

The research used a PAR approach within a complex living system—the Churches of Christ in NSW. This approach was chosen because of its potential to bring about organisational learning and change for health promotion among church leaders.

PAR has numerous strengths. It is *situational*, involving diagnosis of a problem in a specific context and an attempt to solve it in that context. It is *participatory*, with team members taking part in implementing the research. It is also *self-evaluative* because modifications are continuously evaluated within the ongoing situation to improve organisational practice (Burns, 1996, p. 347). Yoland Wadsworth (1998) describes the effectiveness of the approach as follows:

> Participatory action research is not just research which it is hoped will be followed by action. It is action which is researched, changed and re-researched, within the research process by participants. (p. 23)

PAR is active co-research, a democratic process made by and for those being helped. As such, it is aligned with the WHO's (2009) approach to health promotion, which values the enabling and empowerment of those whose health is to be improved.

I was an essential part of the process of knowledge collection, group facilitation, critical analysis and change management. I invited 108 leaders across NSW to become co-inquirers in the challenge of understanding and improving the health of leaders in the organisation. This involved open forums, semi-structured interviews, e-mail discussions and surveys focused on the central question of improving our practice in developing healthy leaders. Subsequent questions emerged and collaborative techniques were used to harvest stories as sources of tacit knowledge for mutual learning. Participants made observations and asked reflective questions for discovery. The participatory process was cyclic, using repeated action research cycles of planning, acting, observing and reflecting, with each cycle contributing to the research objectives (see figure 2.3).

1.4.2 Emergence in complexity.

The Churches of Christ operates as a diverse, complex, decentralised movement of autonomous yet interdependent church communities. In this context, no simple cause-and-effect modelling would adequately predict and solve health-related issues because the system was not 'constant, predictable and independent' (Plsek & Greenhalgh, 2001, p. 625). From my previous experience and observations, I concluded that the organisation demonstrated self-organising, emergent actions that were sensitive to small changes as new patterns of behaviours were generated by the interaction of the system agents. The church network was viewed as a complex, adaptive system (Axelrod & Cohen, 2000; Eoyang & Berkas, 1998).

This understanding of the organisation provided a paradigm through which leader health could be examined as one part of a much larger dynamic, adaptive living system (Wadsworth, 2010) with the health and effectiveness of each system agent affecting the health and effectiveness of the others. This was integral to the study of leader health as

‘illness and health result from complex, dynamic, unique interactions between different components of the overall system’ (Wilson & Holt, 2001, p. 688).

The term ‘complex living system’ is used throughout the thesis to capture the organic, social, relational aspects of the Churches of Christ organisation. Other researchers have recently wished to express this by using terms like ‘living systems’ (Wadsworth, 2010) or ‘social complex adaptive systems’ (Keshavarz, Nutbeam, Rowling & Khavarpour, 2010). In terms of application to this thesis the terms “complex living system” and “complex adaptive system” are used interchangeably. Complexity, as a key concept throughout the thesis, is further explained, developed and interrogated in sections 1.3.2, 2.4.2, 5.2, 6.2, 6.3.6.4, 6.5, and 6.6.

1.4.3 Research boundaries.

This research was limited by my choice of scope, focus and method. The scope of this research was limited by the boundary of the organisation, the Churches of Christ in NSW. The churches concerned were autonomous, loosely linked together in a network, sharing a common history, set of values and purpose and legally part of an incorporated body. My research included leaders working with both churches and community welfare projects.

My research focused on issues that related to improving the health and effectiveness of leaders. While many other issues arose, I limited myself to dealing with these based on their relationship to my primary research objectives, not as independent research priorities.

My method was a PAR intervention. This approach was used to search for a depth of understanding of organisational issues and to produce tangible results for the organisation. This approach encouraged the evolution and testing of findings that would

contribute to the body of knowledge. The validity of new models generated during the research was tested through active implementation in the organisational situation.

1.5 Significance of the Research

This thesis reports a PAR study to develop a framework for sustainable leadership health in a religious organisation. This study, conducted in a complex living system, is significant in multiple dimensions.

It is a case study of an innovative strategy used by leaders in the Churches of Christ in NSW to transform their leadership practice through ways of working towards health and effectiveness.

The thesis makes a significant contribution to the literature. At the time of writing, it is the only published report of a PAR study focused on leadership health promotion (particularly with an explicit spiritual aspect) in a religious denomination, informed by a complexity theory framework (Wadsworth, 2010). This study demonstrates a significant advance in the practice of action research in health promotion by designing a whole system intervention (Flood and Jackson, 1991), rather than focusing on a defined problem experienced by a narrowly identifiable sub-population (Chiu, 2006).

In health promotion practice, the research is significant as a ‘proof of concept’, testing the effectiveness of co-inquirers defining their own optimal state of leadership health and co-generating a set of tools to map their transformative way towards systemic healthy leadership.

The study produced a set of tools for organisational transformation, which may be useful in other settings. Of greater significance is the innovative method that facilitated the emergence of these tools, which might be used in other settings to produce different, locally relevant tools for transformation towards health.

The significance of a spiritual dimension in holistic health is increasingly recognised at the theoretical level in health promotion and other disciplines. This study makes a significant contribution towards an emerging theory of the relationships between spiritual health and other dimensions of health.

1.6 Summary

This chapter provided a brief introduction to the thesis. It introduced the core research question and summarised the context in which this PAR took place. In addition to an outline of the research, important definitions were noted. The justification for the chosen methodology and reason for the research has been described and limitations explained.

Chapter 2: Research Approach

2.1 Introduction

In this chapter, I discuss how I conducted PAR within the Churches of Christ in NSW to promote leadership health in the organisation. It describes the research approach, gives details of the intervention, the data collection and analysis and discusses the processes used to ensure the trustworthiness and authenticity of the research findings and outcomes.

One hundred and eight leaders within the Churches of Christ in NSW participated in this study as co-inquirers in an emergent process of asking questions, gathering tacit knowledge and sensemaking for practice solutions. This process was used to contribute new knowledge to the field of health promotion. The structure of the chapter is illustrated in figure 2.1.

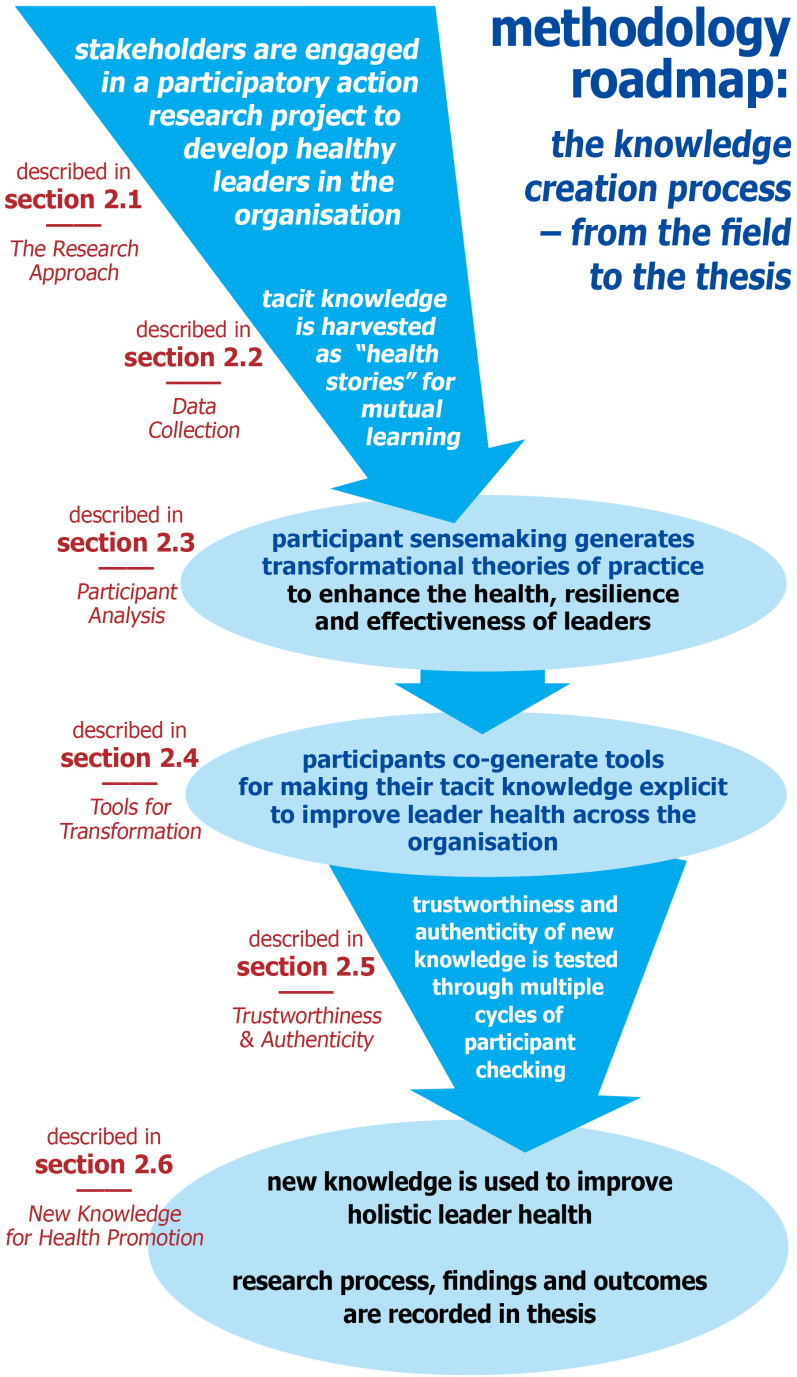

Figure 2.1: Structure of chapter two.

2.2 The Action Research Approach

I chose PAR as an appropriate approach because of its ability to bring about both research knowledge and practical change (Dick, 1998, p. 2). Action research is 'research on the conditions and effects of various forms of social action' (Lewin, 1946, p. 35). I researched action and change by observing change processes that were stimulated by my action and the actions of others. PAR also puts the researcher 'in the position of co-learner and puts a heavy accent on community participation and the translation of research findings into action for education and change' (Wallerstein, 1999, p. 43).

I believed that both participation and action-focused learning were vital to achieve the objectives of my research. I made an assumption that there was a significant depth of knowledge that might be accessed if I could engage with leaders who were currently immersed in dealing with their own health concerns. In this way, leaders could become collaborative partners in the research as 'participatory action research is a systematic investigation, with the collaboration of those affected by the issue being studied, for the purposes of education and taking action or effecting social change' (Green and Tones, 2009).

I wanted this research project to make a genuine difference to the holistic health of leaders—in strategic, systemic and sustainable ways. As McNiff, Lomax & Whitehead (1996) point out, '*doing something about it* is a feature of action research' (p. 12). This practical emphasis is a feature of PAR, which Israel, Schurman and Hugentobler (1992) describe as:

- cooperative, engaging community members and researchers in a joint process in which both contribute equally;
- a co-learning process for researchers and community members;

- a method for systems development and local community capacity building;
- an empowering process through which participants can increase control over their lives by nurturing community strengths and problem-solving abilities; and
- a way to balance research and action. (p. 92)

I knew that there was a flexibility and depth with action research, as it is a 'family of approaches' (Reason & Bradbury, 2001, p. xxii) and has its roots in sociology, social psychology, psychology, organisational studies and education (Hart & Bond, 1995, p. 37). Holter and Schwartz-Barcott (1993, p. 299) identify four characteristics of action research that would be necessary to adequately respond to my research question:

1. Collaboration between researchers and practitioners
2. Solution of practical problems
3. Change in practice
4. Development of theory

2.2.1 Research participants.

Two hundred and eighty leaders were invited to participate in the research. This represented the entire number of paid ministry leaders in Churches of Christ in NSW. Of these, 108 who were currently employed in ministry leadership roles responded to the core question: How can our organisation develop healthy leaders? This group reflected the diverse gender, educational background and ethnicity of leaders in the organisation. It is noted that a gender imbalance exists, but the proportion of males to females is consistent with the current employment ratio within the organisation. Table 2.1 details the demographics of the research participants.

Potential participants were invited to engage by e-mail and informed of the research consent procedures approved by the ethics committee of the University of

Sydney for this research project. Each granted individual written consent.

Table 2.1

Research participants.

Participants
108 leaders employed by the Churches of Christ in NSW
Gender
72% male
28% female
Age
3% under 24 years
18% between 25 and 34 years
42% between 35 and 54 years
37% over 55 years
Employment
42% full-time
33% 3–4 days per week
25% 1–2 days per week
Tenure
19% less than 5 years
27% 5–10 years
21% 10–15 years
33% more than 15 years
Education
86% hold a bachelors degree
21% hold a masters degree or higher
Location
65% live in a city
35% live in a regional town

Participants were well educated (86% with Bachelors and 21% with Masters qualifications), mostly with some form of psychological or counselling training (a usual requirement of ministry qualifications and endorsement of ‘minister’ status by the Churches of Christ in NSW). They were well informed to make observations of behavioural patterns and discuss the holistic health issues that were arising every day in their professional context.

2.2.2 Action research cycles of inquiry.

My action research approach involved engaging with participants in four cycles of inquiry each comprising planning, acting, observing and reflecting (Carr & Kemmis, 1986), as summarised in figure 2.2.

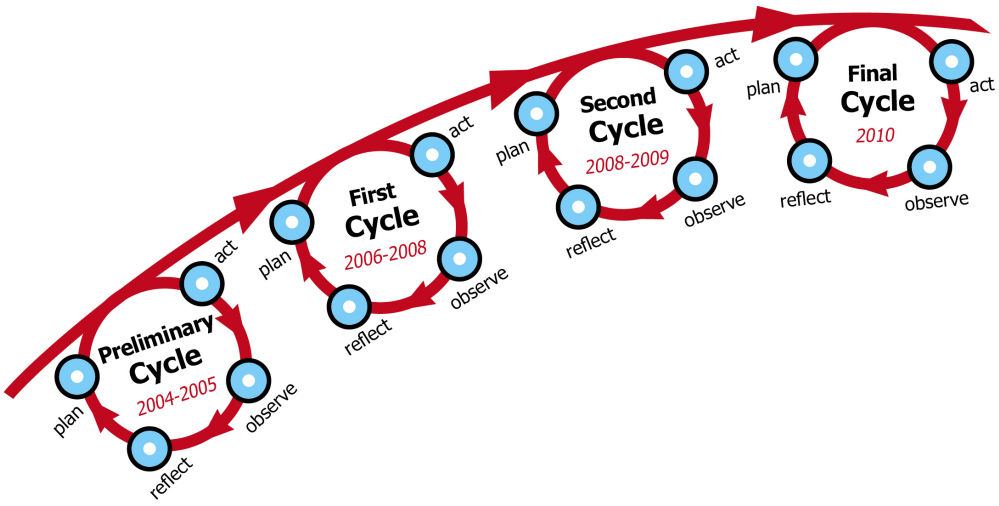

Figure 2.2: Action research cycles of inquiry.

The spiral of cycles involves action and research on that action. These cycles provided opportunities for the participants in the research to discover and create knowledge, and for me, as researcher, to observe and collect data. Bob Dick (2002) articulates the strength of a cyclic method when he describes action research as:

> a flexible spiral process which allows action change, improvement and research understanding, knowledge to be achieved at the same time. The understanding allows more informed change and at the same time is informed by that change. People affected by the change are usually involved in the action research. This allows the understanding to be widely shared and the change to be pursued with commitment. (p. 4)

My research practice was refined through each research cycle as participants and peers tested 'sceptically and rigorously' (Dick, 1997) while I used evidence from the literature and field to challenge the theoretical models and practical strategies that were developing in my mind and evolving in practice.

There is wide support in the literature for this cyclical process of action and reflection leading to further inquiry and action for change (e.g., Burns, 2010; Kolb, 1984; Parkin, 2009; Revans, 1982; Wadsworth, 2010). Rapoport (1970) described it as follows:

> Action research aims to contribute both to the practical concerns of people in an immediate problematic situation and to the goals of social science by joint collaboration within a mutually acceptable ethical framework. (p. 499)

Theories developed using the action research approach are not validated independently and then applied to practice; rather, they are validated through practice (Burns, 1996, p. 346). Lewin's expression 'there is nothing so practical as a good theory', is still used as a guide by action researchers (Cunningham, 1995, p. 516).

The cyclic nature of this research is not a discrete linear process. While planning, acting, observing and reflecting are all occurring the emergent participatory process is more tacit, expressive, diffuse and impromptu. Heron (1996) describes this complexity as follows:

> In each reflection phase group members share improvisatory, imaginative ways of making sense of what went on in the last action phase. The implications of this sharing for future action are not worked out by rational pre-planning. They gestate, diffuse out into the domain of action later on with yeast-like effect and emerge

as a creative response to the situation. (p. 46)

2.2.3 Operationalising the cycles of inquiry.

Each cycle in the research had four movements—planning, acting, observing and reflecting—used to facilitate the kind of participatory dialogue necessary to enable leaders to generate their own transformational theories of practice to promote leadership health.

PAR often does not lend itself to being written up in a linear fashion, which tends to sterilise the multi-layered richness of the process. The cycles are presented here in a linear, chronological fashion, which adds clarity to the details given elsewhere in the thesis. In practice, the cycles were messier. I have referred to these cycles as:

1. Immersed in the Water (2004–2005)
2. Disturbing the Water (2006–2008)
3. Making Waves (2008–2009)
4. Reflections in the Water (2010)

Figure 2.3 identifies the highlights of each research cycle. A dominant movement within each cycle is noted, where the research is most potent in gaining traction towards the research objectives. Please refer to figure 2.3 frequently as you read the remainder of section 2.2, which gives an overview of the research project.

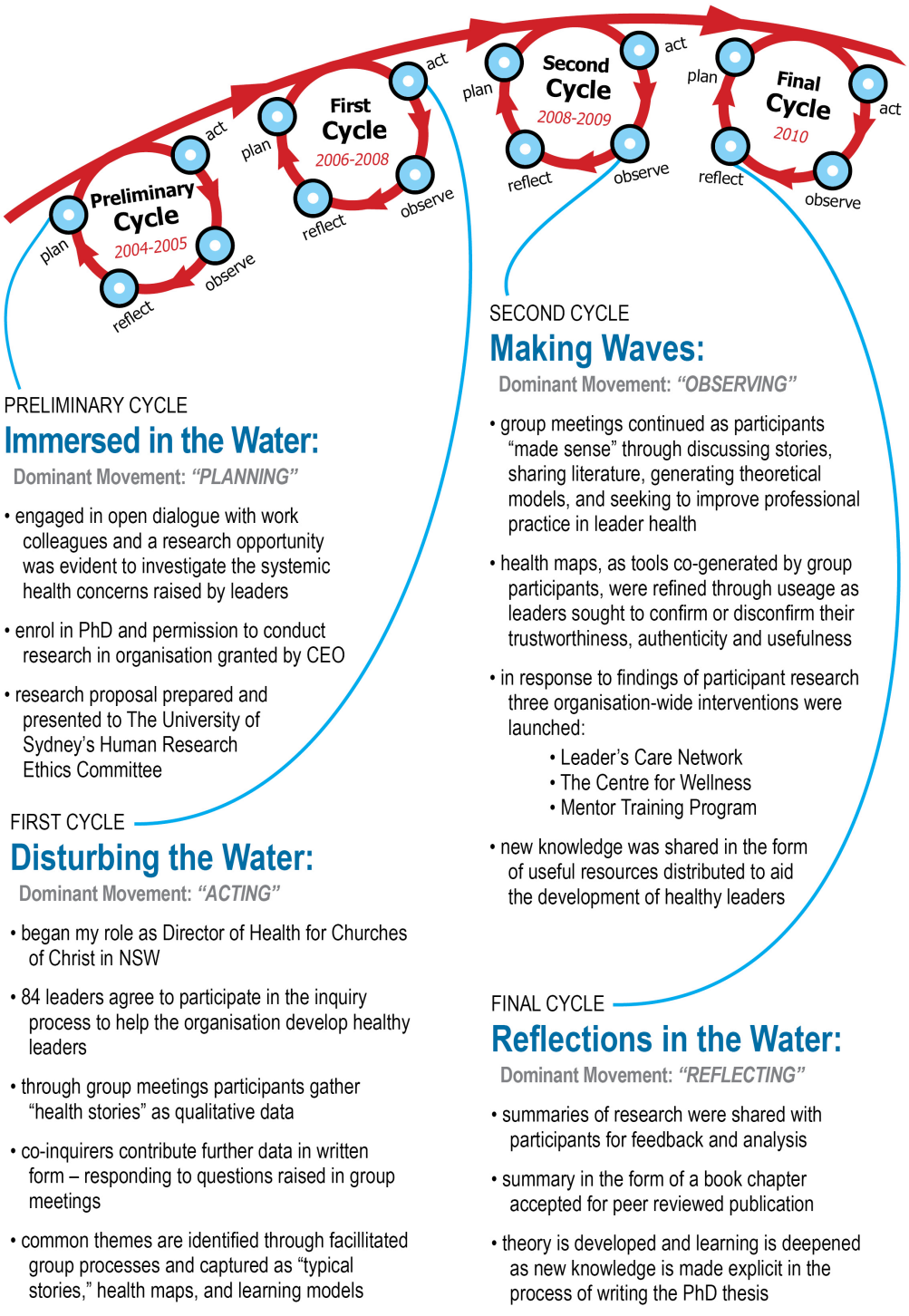

Figure 2.3: Cycles of inquiry.

2.2.3.1 Preliminary research cycle: Immersed in the water (2004–2005).

A summary of the preliminary action research process taken between 2004 and 2005 is shared here as four 'movements' (act, observe, reflect, plan). In the preliminary

cycle, ‘planning’ is the primary movement.

ACT: Listening to the perceptions of leaders and exploring the possibility of research to improve the practice of leader health. In my professional capacity as a leader in the organisation, I engaged in open dialogue with other leaders concerning the existing state of leader health. The following forums and presentations were vehicles for engaging in discussion regarding the health concerns of leaders in the organisation internationally:

- **South Pacific Advisory Panel, January 2004**. I began this e-mail discussion forum for leaders in the Pacific and Australasia to share their concerns and insights.
- **Pepperdine University Lectures, April 2004, Malibu, USA.** A workshop I led to ignite further discussion on the topic of leader health entitled ‘Ministers and Missionaries: A Dying Breed’.
- **World Mission Workshop, May 2004, Nashville, USA.** I led a two-hour workshop with church leaders from across the world to discuss ‘Building Communities of Health and Mission’. This provided an opportunity to gather significant cross-cultural insight to issues of leader health and sustainability.
- **Leadership Forum, June 2004, Taupo, New Zealand.** A forum for discussion I facilitated, entitled ‘Mental Health Issues Facing Ministers’. Leaders were able to workshop their own health challenges that they felt were occupational hazards.
- **Focus Foundation Leadership Forum, July 2004, Sydney, Australia.** I facilitated a one-day open forum for leaders on ‘Healthy Leaders Build Healthy Churches’, which provided an opportunity for ministry practitioners to share their concerns about health issues. Those interested in participating in future research were able to register their interest.

OBSERVE: Organisational leaders expressed significant and varied health concerns. Leaders in the organisation indicated their concern about personal health issues: particularly, stress, burnout and depression, as well as declining physical and spiritual health. These were regarded as possibly both causes and effects of systemic problems in the organisation. Based largely on a review of the literature, the following summaries were presented to leaders to ignite further discussion of issues in the organisation:

- **South Pacific Connections, May 2004**. I wrote an article that summarised the initial information available on leader health entitled 'What are the Issues Faced by Leaders in the South Pacific?'
- **South Pacific Leadership Forum, July 2004, Sydney, Australia.** I presented a paper entitled 'Ministerial Burnout: Psychological Issues in Leadership Health'. This paper was circulated to leaders throughout the organisation and became a pivotal justification for pursuing the research.

REFLECT: An opportunity for research was identified. In discussion with other church leaders, it was determined that action research within the organisation would be an effective approach to improve professional practice in the area of leader health. An integral part of this was commencement of an intensive literature review. I was accepted as a PhD candidate at the University of Sydney, and the CEO of Churches of Christ in NSW gave permission for me to undertake research within the organisation. Due to the complex dynamics of the organisation, 'complex systems' was thought to be an appropriate theoretical framework through which to explore potential research questions.

PLAN: Research proposal was prepared. In consultation with academic supervisors and leaders in my organisation, my research proposal was presented to The

University of Sydney Research Ethics Committee in November 2005 and approved 1 February 2006.

2.2.3.2 First research cycle: Disturbing the water (2006–2008).

A summary of the action research process taken between 2006 and 2008 was shared here as four movements (act, observe, reflect, plan). As this is the beginning of the primary research cycle, 'acting' is the dominant movement:

ACT: I organised groups for participant inquiry and pursued organisational change based on my research plan. From September 2005, a new role as the Director of Health for the Churches of Christ in NSW granted me more leverage to create opportunities for participation, research and learning. Leaders across the organisation were involved as co-inquirers in the process of shaping questions, gathering tacit knowledge and building opportunities for listening, learning and collaborating with a common purpose. The interactions took place as:

- **Group Discussions on Leader Health.** I engaged 108 leaders in four groups over two years. I facilitated a process designed to gather the health stories of leaders and identify common themes. These were then discussed, challenged or confirmed in light of the wider experiences of the groups and literature that was shared. Insights were shared between groups via e-mail, summaries and diagrams to assist understanding and learning. Models were developed as 'health maps' and used in group work to test their usefulness as tools for health assessment and development. Participants were drawn from across NSW. The time and location of groups was:
  - **Group One:** February 2006 (Sydney), May 2006 (Sydney), October 2006 (Wollongong)

- **Group Two:** February 2006 (Nowra), February 2007 (Nowra), May 2007 (Sydney)
- **Group Three:** July 2006 (Sydney), October 2006 (Wollongong), May 2007 (Sydney)
- **Group Four:** November 2006 (Katoomba), July 2007 (Foster)

- **Written Group Discussions on Leader Health.** The 108 research participants were able to provide further input to the health dialogue in written form. Responding to questions of significance (qualitative and quantitative) raised during face-to-face group meetings participants also shared their health stories and concerns. This correspondence took place between October 2006 and December 2008.

OBSERVE: Data was recorded and analysed as change occured. My inquiry disturbed the system, and I continued to collect data about changes I was observing. Observation was participatory, and data was recorded by digital audio, summaries, diagrams, e-mail correspondence, articles and mapping tools. In meeting notes and a reflective journal, I analysed complex issues shared by leaders as these insights were interpreted through the lens of a growing review of the literature. Stories emerged as powerful devices to identify challenges, celebrate strengths, identify recurring themes and cogenerate transformational models for understanding and action.

REFLECT: Critical analysis of observations were developed into new models for understanding and learning. Data was analysed, outcomes recorded and findings tested through group processes and personal critical analysis. Further questions were explored and fed back into the participatory process. I developed greater and deeper understanding of the reality of leader health across the organisation. Complex living systems theory was

a very useful sensemaking framework to challenge interpretations that were simplistic or linear. The monthly Action Research Learning Circle within the Faculty of Health Sciences was a useful environment for further critical analysis adding input from other researchers and increasing academic rigour.

PLAN: The emergent research process was further refined in consultation with co-inquirers. The emergent nature of the research was recognised in the framework of complex living systems, and participants were engaged in revisiting, reviewing and refining the group sensemaking process for increased learning. The process to discover appropriate 'health interventions' to improve professional practice in leader health was established for the next cycle.

2.2.3.3 Second research cycle: Making waves (2008–2009).

A summary of the action research process between 2008 and 2009 is shared here as four movements (act, observe, reflect, plan). In this second action research cycle, observing, is the primary movement:

ACT: Collective sensemaking through group processes and the launch of health initiatives. Ongoing input from leaders helped to sharpen the focus of the inquiry. I facilitated the learning groups to continue to work through the data collected so far and co-create shared models of understanding. This led to production of learning resources as well as the launch of three significant programs to improve practice in the area of holistic leader health.

- **Group meetings continued** as participants made sense of tacit knowledge harvested in previous group work through discussing stories, sharing literature, generating theoretical models and learning to improve professional practice in leader health. This knowledge was made explicit through collaborative group

processes generating mapping tools which were later shared through the organisation. The time and location of groups was:

- **Group One:** May 2007 (Sydney), October 2007 (Wollongong)
- **Group Two:** November 2007 (Sydney), February 2008 (Nowra)
- **Group Three:** October 2007 (Wollongong), November 2007 (Sydney)
- **Group Four:** October 2007 (Wollongong), November 2007 (Lismore)

Based on the explorations of the previous cycles, the nature of the systemic health issues within Churches of Christ was emerging. Knowing that in complex systems small purposeful changes can have far-reaching effects, several action-solutions arose that were considered strategic to leverage change affecting the health of individual leaders and the 'health culture' of the organisation. In response to what we learned through the research, participants shaped and designed potentially significant leverage points to make a positive impact on the sustainable health of leaders. These direct outcomes of the research process were:

- **Mentor Training Program** (launched June 2008) was initiated in collaboration with key stakeholders, as a way to add depth to leader health and multiply the health agents throughout the organisation. The course was launched as a pilot and is currently under review for accreditation as a Graduate Certificate through the Australian College of Ministries. At the end of 2011, there were 36 students enrolled.
- **The Leaders Care Network** (launched August 2008) was designed to help leaders develop their own support networks helping them take responsibility for their own well-being. At the end of 2011, 140 leaders had participated in Leaders Care Network programs.

- **The Centre for Wellness** (launched November 2008) was initiated as both a place and a program. The place is a house for quiet leader retreat (individual or small group) that can accommodate up to eight people comfortably. Located in Stanwell Tops near Wollongong, it is surrounded by beautiful walks and scenery. As well as being a physical retreat, it provides a growing range of wellness programs and resources. By the end of 2011, 120 leaders had participated in retreat opportunities at the centre.

OBSERVE: Salient aspects of the research were documented and were helpful devices for checking usefulness and accuracy. Co-generated tools continued to be shared as leaders tested their authenticity, trustworthiness and usefulness. With changes starting to create 'islands of health', and with the convergence of my observational notes, the review of the literature and the continued critical analysis of the research participants, I was able to see patterns. Summary documents, discussion papers and articles became useful tools to share knowledge across the organisation.

- **Summary Report and Recommendations, February 2008**. A report on leader health based on this research was presented to the Executive Board of the Churches of Christ in NSW with recommendations for action.
- **Research Summary and Resources Distributed, May 2008**. A summary of health concerns and responses was made available to the entire organisation. Tools generated by research participants were made available for use (and further feedback) by leaders across NSW.
- **Magazine Article, May 2008: '**Early Intervention Can Assist Church Leaders to Remain Healthy, Focused and Effective' was an article written for local church

boards to make them aware of their responsibilities for leader health (see appendix 2).

- **Discussion Paper, May 2008**: I wrote an analysis of the literature on leader misconduct, 'Wounded Souls: Ministers and Sexual Misconduct', which was distributed to groups in early 2007. The model, 'Warning Lights: Common Predictors of Sexual Misconduct', was co-generated by the groups, incorporated into a discussion paper and distributed to church leaders and boards across NSW (see appendix 3).

REFLECT: Research findings and learning models for participant comment were summarised and shared. Stories formed archetypes and learning models as they were further shaped by participant researchers. Complex living systems was a useful theoretical framework that assisted the research process. My personal reflections were written in my journal. This was a time of increasing honesty and self-awareness. In the convergence of action and research, tacit knowledge was made explicit through various maps of understanding that were developed as tools for learning (see figures 4.2, 4.3, 5.3/5.4, 5.7, 5.9 and 5.10).

PLAN: Consolidation of action and research through writing process. The task was to collate knowledge of participants and undertake analysis informed by the literature, placing this into a form that would clearly communicate the research process and findings. The challenge of being immersed in complexity and then writing to communicate clearly became evident. Much writing was done in late 2009 that would form the basis for reports in a book chapter and in this thesis. A writing plan was developed to report this complex and living research process in a clear, structured form.

2.2.3.4 Final research cycle: Reflections in the water (2010).

A summary of the action research process taken in 2010 is shared here as four movements (act, observe, reflect, plan). As this final action research cycle, reflecting, is the primary movement:

ACT: Professional action and research reporting. In my role as Director of Health, I shared highlights of my research with participants and continued discussions within the organisation, seeking feedback and analysis. The co-generated 'health maps' were used widely and tested as tools for change.

OBSERVE: Focus on theory and meaning. This phase was less participatory than previous cycles. I reviewed the highlights of the research with more attention on theory and meaning than practice. I grappled with aspects of the knowledge I had gained that were sometimes tacit, vague, fuzzy or abstract. I observed changes that have taken place in myself and in the organisation, consolidating new knowledge into practices that can improve leader health.

REFLECT: Writing. I gathered together my final reflections: re-analysing data, integrating findings, making meanings and theorising. While the research was participatory, the process of reporting the action research in a book chapter and this thesis was almost like meta-research—having facilitated professional workplace action research to improve leaders' health, I was challenged to present this complex, often messy process, which drew upon my tacit knowledge, professional skills and spiritual awareness in an academic format with clear exposition, rational argument and evidence based conclusions. New knowledge was made explicit in the process of writing. In consultation with my supervisors, I put together drafts of this thesis. A summary of research highlights was presented at the University of Western Sydney Conferral on Spirituality and Human

Flourishing and written up as a peer-reviewed book chapter. This was sent to all participants for feedback. Their input informed the final stage of research, writing this thesis.

- **Book Chapter.** 'Savouring Life: The Leader's Journey to Health, Effectiveness and Resilience' (Smith, 2012) is a peer-reviewed book chapter that summarised highlights of this research presented at the University of Western Sydney Conferral on Spirituality and Human Flourishing (October 14–16, 2009).

PLAN: Further research and action was intentional. The planning of further inquiry is integral to the research approach. This works to ensure that research outcomes are strategic and systemic. Ideas for further research and action were explored to carry the momentum of this process forward. Further action learning cycles are planned where leader health concerns could be continually reviewed and enhanced. This plan includes assessing the impact made by the health initiatives launched as outcomes of this research. While I have served as a catalyst for research and action, it is intended that the future be owned, developed and driven by other members of the organisation.

The cycles of inquiry have been presented here in their chronological form as participatory spirals of planning, acting, observing and reflecting. Through the process, leaders were able to share stories, collect data, and generate and apply their own transformational theories of practice to enhance their health, resilience and effectiveness.

2.3 Data Collection

Participants gathered in 19 group meetings across NSW (Sydney, Nowra, Katoomba, Wollongong and Foster) between February 2006 and February 2008. Meetings varied in size between eight and 30. Most participants were involved in four to five meetings. Leaders also participated in this health dialogue in written form,

responding to questions (closed and open) raised by face-to-face group participants. This provided an opportunity to gather some quantitative data as well as provide another forum for sharing health stories and concerns. This online dialogue took place between October 2006 and December 2008 (see sample in Appendix C).

The meetings focused on gathering tacit knowledge in the form of stories and anecdotes. Through facilitated sensemaking, participants co-generated transformational theories of practice, which finally captured explicit knowledge in the form of tools that could be used to help improve practice in leader health across the organisation.

This group process involved open discussion and consensus-building devices such as post-it notes, butcher's paper, paper and pen, whiteboard and participant presentations. The telling of stories, a form of narrative inquiry, was a most powerful data collection method. Through the sharing of 'health stories', we harvested the experiences of leaders by collecting their comments, insights and stories. Lave and Wenger (1991) describe stories as 'packages of situated knowledge' (p. 108), citing examples of their power in Alcoholics Anonymous saying, 'talk is a central medium of transformation' (p. 85). The role of stories in sensemaking has been given considerable attention by researchers (Weick, 1995, p. 127).

I facilitated all the group meetings and, while they were fluid and flexible, they followed a basic action research format of (1) *observing* what is happening now, (2) *reflecting* on a preferred future, (3) *planning* how it could become a new reality and (4) *acting* on what needs to be done. The timeframe for meetings was between two and eight hours in length. Each group flowed differently but focused on the core question: How can we develop healthy leaders? Participants shared their experiences of health as ministry leaders emphasising the emotional, social, spiritual and physical health of individuals.

In telling stories, participants were encouraged to use four lenses that were designed to help separate observational from interpretive aspects of the stories they shared. They also helped participants ask effective questions for mutual inquiry. The four lenses were:

- What do I *observe* happening? (a focus on data)
- What do I *feel* about it? (a focus on emotional response)
- What do I *think* is going on? (a focus on cognitive analysis)
- What do I *want* to be different? (a focus on action for improved practice)

This process followed its own action research-like cycle allowing participants to separate observed data (observing) from the interpretation of the data using a deeper tacit knowing of feeling/thinking (reflecting). It then directed the emphasis to action for improved practice (plan/act). The story summaries in chapter three were recorded using this method.

2.4 Participant Analysis

The research engaged the stakeholders in a cooperative inquiry process (Heron, 1996) for the purpose of co-generating knowledge to improve leader health. The challenge was to create an environment where the individual's personal knowledge could be developed into organisational knowledge that can be used by the whole organisation (Kim, 1993). This happens more effectively through collaboration, an experience that Hargrove (1998) describes as 'shared creation' (p. 4).

The group meetings provided opportunities for learning and inquiry conversations in which participants sharpened the thoughts and perceptions of others, developing ways to express ideas in a clear way that made sense in their personal and organisational context. As Schwartzman (1987) notes, 'meetings are sensemakers. . . . they are

significant because they are the organisation or the community writ small' (p. 288). This allowed collective sensemaking (Weick, 1995) for which Eckhartsberg (1981) believed needs shared stories:

> Human meaning-making rests in stories. Life making calls for accounts, for story, for sharing. To be human is to be entangled in stories. (p. 90)

A story is 'any event retold from life which appears to carry some meaning' (Reason & Hawkins, 1988, p. 89) and can be used for 'making sense of the experience of the inquiry' (p. 100). Stories are often used to explore, develop and exemplify the culture of an organisation as people engage in storytelling of those who are seen as fools, heroes and villains within the organisation (Reason & Hawkins, 1988, p. 99). Reason and Hawkins (1988) see stories and storytelling as an emerging paradigm of inquiry:

> It tends to be co-operative rather than unilateral; to be qualitative rather than quantitative; to be holistic rather than reductionist; to work in natural settings rather than in artificial laboratories. When we start to see storytelling as an aspect of inquiry we discover an important new dimension: inquiry can work to explain or to express; to analyse or understand. This is part of the realm of presentational knowing. (p. 79)

The gathering of rich, thick data on leader health through gathering stories was a significant part of the process of data collection. Themes were then identified through group dialogue that identified 'touchstone stories' (Boyce, 1995) that capture the essence of leader health issues in the organisation. As Coia and Taylor (2009) comment, 'We

draw on our memories of past experiences in order to make sense of the present' (pp. 7–8).

Shared stories using shared vocabulary were powerful agents of change. The process of multiple cycling as stories were being refined and reshaped created opportunities for learning as images and beliefs captured 'patterns which guide actions, the ends sought, the conceptions of appropriate and effective means to attain those ends, the structures which result from and are maintained by those actions' (Schills, 1981, p. 25).

The following process was used by each group to share and focus their collective wisdom on the salient themes that arose:

1. Divide into groups of three.
2. Each person had three minutes to share a personal story of a critical event that had an impact on their health as a leader (positively or negatively).
3. Each group then chose one story that they feel communicated something powerful about leader health in the organisation.
4. Each group shared their chosen story with the larger group.
5. The larger group chose one story that presented a powerful opportunity for learning to improve practice in leader health.
6. The larger group now freely asked questions, shared reflections, analysed themes, mapped issues, constructed frameworks and made meaning.

The process was used to capture a sense of the health issues in the organisation. Some stories resonated with the mutual concerns and experiences of group members and the process of discussion, selection, sharing and analysis helped the groups to 'collectively centre' (Boyce, 1995) on the salient issues. Some of these stories, a sample

of archetypal themes, and the insights of participants are recorded in chapter three.

Much knowledge was deeply experienced yet difficult to express for leaders. They knew what 'healthy' felt like but found it difficult to describe in words. For too long, they had been focused on responding to health problems rather than building a healthy life. Capturing their tacit knowledge and converting it into explicit knowledge was a vital part of the sensemaking process, so that knowledge could be seen, described, written down, expressed and diagrammed. As such, the newly expressed knowledge could be shared with others in the organisation to change practices that had an impact on leader health. This knowledge creation process (from the field to the thesis) is mapped in figure 2.1.

Figure 2.1 illustrates how stakeholders were engaged in the project for the purpose of developing healthy leaders in the NSW Churches of Christ. It maps the process of capturing inexpressible experience of leaders and working through stages of group work to develop theories for improved practice that were checked for usefulness, trustworthiness and authenticity through multiple cycles of participant engagement. This was a knowledge creation process by participant researchers.

2.4.1 Building a portfolio of collected data.

I used a portfolio of methods to capture data for this research. Hart and Bond (1995) advocate that no one data collection approach is sufficient to capture the depth of information harvested in a complex action research project. Beattie (1991 p.81) says a portfolio is a cumulative 'mixed bag' of information different styles and formats, qualitative and quantitative, that can be accessed, reshuffled, re-edited for different groups and purposes.:

The elements of a portfolio might include: observational diaries, logs, a personal

reflective journal, memos, practice reports, agendas of meetings, letters, action plans, press cuttings, newsletters, conference presentations, journal articles, workshop handouts, guidelines and policies (Beattie, 1991; Stark, 1994; Titchen & Binnie, 1993).

Different methods were used in different stages of the research process as I continued to seek confirmations, refutations or reformulations of the emerging themes. It was of primary importance that insights, interpretations and conclusions were checked in as many ways as possible. I worked to follow the data collection guidelines of McTaggart (1989) who argues that PAR 'allows and requires participants to build records of their improvements' (p. 79). This includes:

- records of their changing activities and practices;
- records of the changes in the language and discourse in which they describe, explain and justify their practices;
- records of the change in the social relationships and forms of organisation that characterise and constrain their practice; and
- records of the development of their expertise in the conduct of action research (McTaggart, 1989, p. 79).

As part of this research project, I recorded data in the following forms as a portfolio of records:

- reflective journals
- personal notes of open forum discussions (in various locations across NSW as well as in New Zealand and the US) and photographs of collaborative process tools used in open workshops (whiteboard diagrams, post-it note brainstorming and butcher's paper mind-maps)

- situational maps (Clarke, 2005) as ‘snapshots’ of the dynamics of power, influence, resources and so forth as well as possible causal links, enmeshment and boundary issues
- observational and reflective notes of learnings based on action interventions dealing with the health of church communities and health of leaders (written up in the form of case studies)
- models of thinking developed as tools for better understanding situational dynamics (prepared for stakeholders and presented as catalysts for open discussion on issues of concern). They were pictures creating heuristics for problem solving (Polya, 1945)
- articles on challenging issues coming out of this research, which I shared with participants who were able to provide insight through multiple cycles of feedback
- records of stories as accessible summaries of the multi-layered knowledge of specific interventions gathered, analysed and applied
- policy documents formulated to help bring about change based on issues arising from this research
- e-mail correspondence of observations, learnings and challenges I have written to stakeholders within the organisation
- notes and copies of historical documents (Churches of Christ Archive) that indicate values, priorities and patterns of behaviour

2.4.2 Sensemaking in complexity.

Historically, PAR has been a good choice for research projects that involve complex and dynamic human problems (Minkler, 2000, p. 191; Perry & Zuber-Skerrit, 1992, p. 199). Stephen Kemmis (1993) believes that anyone who genuinely wishes to

study the complexities of life in the social or educational sciences will encounter action research as a unique space where theory meets practice.

By taking a complex living systems perspective and a collaborative approach, I was able to explore, uncover, debate, and challenge the 'deepest, out-of-awareness assumptions' (Schein, 1983, p. 20) that I and others had made about leader health and effectiveness in Churches of Christ. Complex, constant, change in an uncertain environment is now 'normative' in a complex system (Stacey, 2003; Wheatley, 2005). The variables within my organisational system were numerous and constantly changing. There were patterns of behaviour and response, but no simple cause-and-effect relationships could be identified for much of what was revealed. The complexity of the organisational context was integral to the inquiry process and allowed me to explore folk wisdom and common practices; investigate hidden agendas and stated agendas; and reveal informal social processes. As Ian Hughes (2008) writes:

> Because the researcher is part of the complex adaptive system she or he studies, and because the sources of change are not all available for observation, it is impossible for one person to fully describe or understand a complex adaptive system. We need multiple perspectives, and because the situation may change in unpredicted ways, we need repeated observations and systematic feedback. PAR meets these complex requirements. The collaboration and participation of co-researchers with different perspectives and ways of understanding, as well as iterative cycles of action and reflection, provide a robust model to increase our understanding of complex situations, while designing and

monitoring interventions. (p. 390)

Complex living systems theory was used as a framework for sensemaking in this research and is further discussed in section 5.2.

2.5 Tools for Transformation

The application of knowledge into action was an important element of the research process. Consequently, the participants engaged in developing ways to diffuse knowledge into the wider system—not as simplistic solutions, but as tools to create learning dialogues. There was an evident need for clear strategies to help organisational leaders better understand the need and nature for health reform and then enable them to create and share knowledge in ways that add value and health to the organisation, as 'skillful action often reveals a knowing more than we can say' (Schon, 1983, p. 51). I used mapping as a method to enable participants to put their knowledge into useful action.

Through storytelling, reframing, searching for themes, brainstorming and personal reflections, the participants developed their own models for understanding what they were experiencing in order to improve professional practice. The knowledge sharing that came through stories was so powerful because 'telling stories about remarkable experiences is one of the ways in which people try to make the unexpected expectable, hence manageable' (Robinson, 1981, p. 60). In the groups, when stories were shared they were also mapped by participants on giant post-it notes. Mapping has no hard-and-fast rules; rather, it is a way for participants to capture a rich description of their experience.

Mapping opens up 'knowledge spaces' (Clarke, 2005, p. 30). Maps provide a visual way to see where we are and where we want to go (or, more importantly, who we want to be). This is a simple and powerful form of situational analysis that provokes a

fresh way of looking at our own situation within an organisational context. This process can be transformative, as ‘maps are excellent devices to materialise questions’ (Clarke, 2005, p. 30). Mapping allows us to experience the world through our senses and use this external data to build internal representations of the world (Korzybski, 1935). As Korzybski (1935 p. 748) says ‘the map is not the territory, but if correct, it has a similar structure to the territory’. This perceptual ability we all posses is why maps are so useful as representations that help us move from one place to another.

The mapping tools developed by participants harnessed the power of the stories and allowed leaders to map their own situation. These tools, heuristics for problem solving (Polya, 1945), became individualised ‘maps of reality’ providing constructs whereby leaders could analyse their sustainable health. Maps were further shaped through group processes and online discussion and reference to the literature. They were generalised and sharpened, as participants tested their usefulness and applicability in the workshops.

Four key mapping actions were requested of leaders in the workshops: (1) map on this diagram where you are now; (2) map on this diagram where you want to be in six months; (3) describe what that position on the map is like—feelings, thoughts, actions; and (4) what positive steps are needed to move you there? This mapping process helped leaders see themselves in the stories of others. Participants regularly said, ‘I’ve been there’, or ‘I know what that feels like’ when these tools were used to discuss their health, resilience and effectiveness.

These tools became valuable vehicles for personal and organisational transformation. Each tool provided a way for leaders to map their own experience and journey and dig deeper, through stories, into the issues that were affecting their health,

resilience and effectiveness as leaders. This process was transformative. The tools appeared useful in improving professional practice in leader health. These tools were not empirically tested but were heuristic and found by participants to be trustworthy and authentic in facilitating useful dialogue for transformation. Chapters four and five detail the tools generated through the research process.

2.6 Trustworthiness and Authenticity

Many references in the literature assert that the traditional criteria for research validity and reliability have limited applicability in this type of research (Greenwood & Levin, 2005; Lincoln & Guba, 1989). The important test for validity in this project was whether the practitioners in the field found the research and its outcomes effective and useful. Through this participatory and cyclical research approach, theoretical models were generated and tested through active implementation as health maps for organisational change. Part of my role was to ensure that the research process was rigorous and ethically sound, the findings were authentic and trustworthy, and the action outcomes were useful in improving professional practice in leader health (Lincoln & Guba, 2000).

Lincoln and Guba's (1989) evaluative framework was useful in shaping the rigour of my research process. Responding to the dominance of a positivist approach in most research circles, they found that trustworthiness and authenticity were appropriate tests of the real value of a research project. Table 2.2 details how my research practice was purposefully aligned with Lincoln and Guba's (1989, pp. 233–251) validity framework.

Table 2.2

Trustworthiness and authenticity of this research.

Lincoln & Guba's (1989) Trustworthiness Criteria	Evidence in My Research	Lincoln & Guba's (1989) Authenticity Criteria	Evidence in My Research
Prolonged Engagement	I built trust over the five year research partnership with Churches of Christ in NSW	**Fairness**	I engaged with participants as co-inquirers invited to provide their perspectives to the process
Persistent Observation	I engaged closely with the project participants to add depth to the focus and scope of the project	**Ontological authenticity**	The participants were deeply engaged in improving their own health
Peer Debriefing	My hypotheses were regularly tested with disinterested peers for review	**Educative authenticity**	Multiple participant perspectives were shared & analysed for mutual learning
Negative Case Analysis	Rival propositions were deselected through rigorous dialogue and literature review	**Catalytic authenticity**	My research process generated mapping tools to bring organisation-wide Change
Progressive Subjectivity	Potential bias was reviewed through multiple cycling of data collection and sensemaking	**Tactical authenticity**	Research participants were empowered to affect changes to organisation-wide policy and practice
Member Checks	The participants tested health tools through use *in-situ* and provided timely critical feedback		
Transferability	Participants co-generated tools used and tested for applicability across the organisation		
Dependability	The data and hypotheses were consistent over the time of the research project		
Confirmability	The data were gathered, fed back and analysed in transparent group processes		

During the course of the research project, I worked to align the research with a quality framework I developed from the work of Herr and Anderson (2005, pp. 49–68). The research process, findings and outcomes complied with the following tests of quality in action research:

- Knowledge Quality (new knowledge was generated)
- Outcome Quality (action-oriented outcomes were achieved)

- Change Quality (the researcher, participants and organisation were transformed)
- Practice Quality (the usefulness of the research was tested by participants in organisation)
- Democratic Quality (co-creation and sharing of knowledge owned by stakeholders)
- Process Quality (rigorous and appropriate research methods were confirmed)

In this process, I was not just gathering data but building a collaborative network of 'fellow travellers' who were dissatisfied with the status quo and wanted to bring about systemic change. They were also on a journey searching for their own holistic health and aware of the implications for the church communities in our network.

The stories and other data gathered were analysed by participants until themes emerged. These themes, and the subsequent models and actions that arose from them, were discussed and critiqued in a range of open forums, staff meetings, workshop discussions and retreat settings with organisational stakeholders. This collective sensemaking is detailed in chapter six. I also shared my preliminary findings with a cross-industry group who added depth and rigour through their diverse professional experiences and academic backgrounds. This was another part of the triangulation process as I sought to confirm or disconfirm the findings that had emerged and test the validity of my work.

These co-inquirers became part of a collaborative network that came to live a life of its own: it was fluid, informal and self-organising (Lesser & Prusack, 1999, p. 5). Communication channels were opening. Undiscussables were being discussed (Argyris, 1990, p. 56). Trust was developing. Knowledge was being created and shared. I was immersed in this developing system. I was part of the living system for inquiry.

The research process grew a critical community, comprising leaders from various locations. This critical community checked and rechecked the validity of the emerging data and continued to provide insight, evaluation, foresight and practical solutions. As Argyris (1993) describes:

> Learning occurs when we detect and correct error. Error is any mismatch between what we intend an action to produce and what actually happens when we implement that action. It is a mismatch between intentions and results. Learning also occurs when we produce a match between intentions and results for the first time. (p. 3)

The likelihood of misunderstandings and misinterpretations was reduced (Stake, 2005, p. 454) by triangulation occurring naturally through processes of group work and participants sharing written reflections. This occurred through peer debriefing, which Lincoln and Guba (1989) describe as:

> the process of engaging with a disinterested peer, in extended and extensive discussions of one's findings, conclusions, tentative analyses, and field stresses for the purpose of testing out the findings with someone who has no contractual interest in the situation. (p. 237)

In addition, there was regular 'member checking', where stories, responses and reflections written by participants were shared for review by others to ensure validity (Glesne & Peshkin, 1992; Lincoln & Guba, 1985). Member checking is 'the single most crucial technique in establishing credibility' (Lincoln & Guba, 1989, p. 239). These multiple methods of engagement established an environment where the participants

played a significant role in ensuring the research process, findings and outcomes were trustworthy, authentic and useful in developing healthy leaders in the organisation.

All participants stated that they were involved in the research because they were interested in improving their practice as leaders. This motivation was important because 'we learn more profoundly about our worlds when we are more interested in enhancing them with excellence of action' (Heron, 1996, p. 114). This stakeholder buy-in was essential to achieving the research objective to develop healthy leaders because:

> the key test of validity for action research is not whether research procedures conform to rules established by academics and professional researchers, but whether the knowledge works in practice. Until the knowledge gained in action research is tested in practice, we do not know whether the action research is valid or not. Practical action research projects are not fully completed until the research findings are applied in practice. (Hughes, Ndonko, Ouedraogo, Ngum & Popp, 2004, p. 4)

2.6.1 Ethical considerations

All participants granted written consent to participate in the research project. They were part of the same organisation and knew each other. In these circumstances, complete anonymity was not appropriate or practical, as participants were often choosing to share ideas in open discussion forums. As in any qualitative study, it was important to honour the rights and freedoms of all individuals who are part of the study. Rubin and Rubin (1995) put it simply: 'Research ethics are about how to acquire and disseminate trustworthy information in ways that cause no harm to those being studied' (p. 93).

Pseudonyms are used in this thesis for the names of participants and

congregations. No participant is included in the thesis or related publications without explicit permission. Each participant's welfare, rights and beliefs were respected throughout the research process. Their well-being took priority over the research objectives. Meyer (1993) discuses the limits of informed consent in action research:

> The issue for me concerns the extent to which participants can truly give informed consent, when the nature of the proposed change is unknown and determined by an emerging reality. Consent really centres around the participant's willingness to take part in the project ideas and acceptance of the researcher as a facilitator of change. The proposals for change come from within the group of participants and, as such, is a step into the unknown for individual players. Informed consent is therefore not really possible and once the project is under way it is difficult for individuals to withdraw as they are part of a group committed to working together for change. (p. 1069)

In the open forums and workshops, all participants were invited to discuss any concerns they had for confidentiality. 'The Chatham House Rule' was discussed and agreed by all participants as a suitable operating procedure that would help create a 'safe space' for open discussion. The rule originated at Chatham House in 1927 with the aim of providing anonymity to speakers and to encourage openness and the sharing of information. It is now used throughout the world as an aid to free discussion because it allows people to speak as individuals, and to express views that may not be those of their organisations. People usually feel more relaxed if they do not have to worry about their reputation or the implications if they are publicly quoted. The Chatham House Rule is

widely used in the English-speaking world—by local government and both commercial and research organisations (Chatham House, 2008)—and reads as follows:

> When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.

As in all research, there was the potential for subtle forms of coercion or intimidation to be under the surface. At all times, the participants were invited to disclose any issues of self-interest with a spirit of openness and transparency. These ethical considerations also shaped the potential effectiveness of the research in a way that is not uncommon in PAR:

> We might also challenge the assumption that is often made by review boards that relationships between researchers and community participants necessarily imply coercion and constitute a breach of research ethics. This conflation of caring and coercion grows out of a model of research grounded in notions of objectivity and distance rejected in action research. This is not to say that coercion might not be an issue in action research, but understanding the nature of the problem within the context of the close, committed relationships that typify action research settings requires a more nuanced analysis than is commonly reflected in such a review process. (Brydon-Miller, 2008, p. 202)

As I have described, the Churches of Christ are a complex and adaptive system. This complexity became more and more obvious as I, and participants, visually 'mapped'

the situations (Clarke, 2005) that I engaged from within. With situational maps, relational analysis maps, abstract maps of arenas of influence, project maps and process maps, I recorded the convergence of many factors that had an impact on the health of leaders and church communities. This surfaced the ethical challenges in the research and allowed me to highlight and address these issues as the process emerged. Brydon-Miller (2008) captures this when she writes:

> action research—because it engages real issues and involves community partners—both addresses some of the ethical challenges inherent in more traditional approaches to research, but at the same time also generates a unique set of concerns. These ethical issues, and the often competing sets of values which underlie them are present and compelling at each stage of the research process itself, in all aspects of our lives as action researchers and community activists.
>
> Reader be warned: This is not a neat, tidy grid with clear indications of success and failure. Rather it is an attempt to capture elements of a complex, interconnecting system in which multiple stakeholders operate with sometimes competing sets of interests and moral convictions that influence any attempt to bring about any positive social change. But, acting under the assumption that most action researchers have disciplined themselves to believe that messes can be attractive and even exciting. (p. 203)

A key component of this 'messiness' was knowing where my ethical boundaries and responsibilities for each stakeholder lay. As Director of Health for Churches of Christ

in NSW, as well as a researcher, the well-being of every stakeholder I engaged with for the purpose of this research fell within my area of responsibility for ethical consideration. For the purpose of this research, I considered stakeholders to be anyone who:

- had an *interest* in the outcomes of the research process
- had *information* about anything that was essential to the effectiveness of the research process
- had some *influence* to provide the resources or energy that would link to the emerging research questions
- had made an *investment* (emotional, financial, historical, etc.) in improving holistic leader health in the organisation
- had a high probability of being *impacted* by the results of the research process (adapted from Whitney & Cooperrider, 2000).

In a complex living system, trust was viewed as a lubricant for safe research dialogue. If organisational leaders wish to influence the culture, direction, values and behaviours within the system, being viewed as trustworthy by other independent agents will be necessary if they are to be catalysts for change. Without trust our ability to learn as a group will fail (Nonaka & Takeuchi, 1995, p. 58)

This was a significant issue in my action research if tacit knowledge was to be converted into explicit knowledge to facilitate discussions on leader health (Nonaka and von Krogh, 2009). To bring about change in my organisation meant that leaders must be influenced, not controlled. There are many reasons why individuals may fight against change: giving up control is a threat to people who have fought hard to accumulate it; people do not want to share power with others they look down on; personal losses are viewed as more certain than the possibility of personal gain; predictability is often more

highly valued in organisations than flexibility; fear of losing their privileges in any changes that take place; fear of the unknown; self-interest; lack of trust; resource limitations; different perceptions, goals or values; threats to power and influence; habit; and the need for security (Daft & Steers, 1986; Hellriegel, Slocum & Woodman 1986; Kanter, 1979).

Creating an environment of emotional safety, with no undeclared power-imbalances, was paramount so that genuine participatory research could take place. Consistent with the strategies of Cohen and Bradford (1989, p. 23) this was a collaborative process, genuine co-creation based on *mutual respect* (assume they are competent and smart); *openness* (be honest with them and give them the information that they need to know you better); *trust* (assume that no one will act maliciously, so freely share information that may benefit them); and *mutual benefit* (plan strategies so that all parties win).

The democratic quality of participant research, by its nature, diminishes power imbalances that influence the research process (Hart & Bond, 1995). Participants become co-researchers who are empowered to make make personal choices to be: (1) involved, (2) share their story, (3) provide input to sensemaking, and (4) shape mutual understandings and conclusions. In this way, any positional power the researcher may have is diminished as he/she becomes more of a research guide. These elements were part of the complexity of the system, relevant to ethical choices made by myself as researcher and others as participants.

2.6.2 The messiness of action research

The action research thesis has been described as a ‘messy text’ (Davis, 2007, p. 184) more like a ‘collage (Davis, 2007; Winter, 1996), a ‘quilt or montage’ (Denzin &

Lincoln, 2005), with the thesis having a ‘story-like quality’ (Davis, 2007), more of a ‘portrayal’ (Lincoln, 1998) than a technical report. Davis (2007) citing Dick (1998) and Winter (1996) found the action research thesis demands:

> alternative ways of writing to account for the fact that action research is a continuously changing inquiry, with the understandings that are generated and the actions that are created always being provisional. (p. 187)

In an action research thesis, the researcher has the opportunity ‘to craft compelling narratives which give outsiders a vicarious experience of the community and which give insiders both a deeper understanding of themselves, and the power to act’ (Lincoln, 1998, p. 19).

John Law (2004) asserts that traditional academic methods of inquiry do not capture the ‘mess, the confusion, the relative disorder’ (p. 58) of the research contexts being studied and a researcher has a responsibility to fairly represent these contexts. He acknowledges the dilemma of recognising this ‘messiness’, as it may result in the research method appearing ‘messy’, or poorly done. He found that, in general, researchers want to create the illusion of quantifiable certainty, but in reality, if the world is complex and messy, at least some of the time, we need to give up our desire for simplistic thinking. To capture this messiness and harness it as valid knowledge means learning how to improve our methods of thinking, practice, relating and sensemaking in new ways, ultimately discovering new and innovative ways to search for knowledge in the social science arena. Dadds and Hart (2001) referred to this as ‘methodological inventiveness’ for the purpose of improving professional practice within the research context. This reflects the ‘fuzziness’ of a complex adaptive system where transition and

ambiguity are the only constants (Snowden & Boone, 2007). This is the messiness of humanity, as the human agents are constantly adapting. As Mackay (2008) writes:

> Human relationships are inherently messy because they are driven more by emotional than rational factors—and thank goodness for that . . . Because relationships are unpredictable and ultimately impossible to control, so are families, communities and organisations. . . . We need to shift our focus from control to participation and engagement; from resistance to adaptation; from an unhealthy utopianism to a more realistic acceptance of life's disorderliness, its irrationalities, its unpredictability, its disenchantments, as well as its joys, its gratifications and even its occasional small triumphs. (p. 14)

In this research project, the 'messiness' was captured in the stories of participants. Frequent forums for sharing, analysing and sensemaking provided opportunities for knowledge sharing. Through telling stories, participants were able to develop 'pedagogical content knowledge' (Gudmundsdottir, 1995), helping in problem definition (Goodson & Walker, 1995), aiding in reflection and insight into the issues emerging in the organisation (Burchell & Dyson, 2000), and adapting this knowledge (in light of the literature) into powerful 'transformative tools' (Gudmundsdottir, 1995) for personal learning and organisational change.

Action research 'when compared with the dominant research models emanating from science—is an untidy, evolutionary research process emerging from a particular set of relationships' (Davis, 2007, p. 182). This was found to be an appropriate research approach for learning and change within a complex and adapting organisation.

A truly complex, adaptive inquiry system would appear best suited in semi-turbulent and turbulent environments where change is imminent and frequent. The art of designing such systems successfully is that convergent and divergent forces must be balanced, not in a linear, additive way, but in an organic fashion. Some general guidelines are: (a) create a shared purpose, (b) cultivate inquiry, learning, experimentation, and divergent thinking, (c) enhance external and internal interconnections via communication and technology, (d) instil rapid feedback loops for self-reference and self-control, (e) cultivate diversity, specialisation, differentiation, and integration, (f) create shared values and principles of action and (g) make explicit a few but essential structural and behavioural boundaries (Dooley, 1997).

At times, the complex inquiry system seemed to slip into chaos. The researcher and participants did not know what we did not know, and some elements may be unknowable (Kurtz & Snowden, 2003). The research process was accordingly emergent and non-linear—with stakeholder engagement, knowledge gathering, critical analysis and collaborative sensemaking all intertwining, crossing over in multiple cycles within the research cycles detailed in the thesis.

Given this complexity of the research context, it was important that there was clarity (un-messiness) in purpose, rigour and process. This was evident in the following:

- *There was prolonged engagement and persistent observation*. The research occurred over six years with extensive participant involvement.
- *There was triangulation*. This occurred by using multiple sources of information, multiple methods of gathering knowledge and multiple participant perspectives.
- *There was negative case analysis*. The hypotheses were refined by seeking disconfirming evidence.

- *Peer review*. Selections of this thesis were shared for peer-reviewed critique and publication, seeking an external check on the validity of research process and findings (Smith, 2012).
- *Clarifying researcher bias*. I was within the system and, as such, part of the solution and part of the problem. I entered the research process with perspectives shaped by my own unique experiences of life, inside and outside the organisation. These are acknowledged and were never ignored. In fact, the methodology was selected to ensure that my involvement did not distort the gathering or analysis of knowledge. In particular, three specific strategies are detailed in the methodology chapter that address this bias: member checking, multiple cycling and triangulation. All were designed to check and recheck the trustworthiness and authenticity of the research process.
- *Rich, thick description*. Details of knowledge gathered as stories, assumptions made, analysis facilitated, and actions taken to inform knowledge transferability and applicability.
- *Multiple cycles of member checking*. The trustworthiness and authenticity of the knowledge gathered, developed and shared were tested to confirm the credibility of representation, interpretation and findings.
- *External consultation*. As part of the PhD program, I met regularly with a supervised learning circle, my supervisory team, and shared selections of this thesis to an informal group of cross-discipline academics to help examine the integrity and usefulness of the research product.

These procedures are advocated by John Creswell (1998) for use in qualitative research to validate results and add rigour. He believes that rigorous qualitative research

will utilise at least two of these procedures. In this research project, I have worked to include all eight procedures in varying forms and depth. This often messy, complex process (Davis, 2007, p. 184) does not imply 'messy research' but rather an innovative way of capturing the depth and colour of the research experience. The challenge was then to present this as a thesis in an academic format with clear exposition, rational argument,and evidence based conclusions.

2.7 New Knowledge for Health Promotion

This study sought to develop a framework for sustainable leadership health in a state-wide religious denomination. As is usual in PAR projects, the findings reflect both research discovery and practice discovery (Perry & Zuber-Skerritt, 1992) and reflects an innovative strategy used by leaders in the Churches of Christ in NSW to positively transform their holistic health. As such, the research inquiry became a proof of concept in health promotion practice, testing the effectiveness of participant co-creation of an optimal state of leadership health and then co-generating a set of mapping tools as transformational devices to promote systemic leadership health.

New knowledge is recorded in the thesis in the tools developed for health improvement (see chapter 6). However, the innovative method that facilitated the emergence of these tools is a more significant contribution to the body of knowledge, as this approach may be more transferrable to other settings than the tools and may enable leaders to develop new local tools for health promotion (see chapter 5). The validity of the new models generated was tested through active implementation in the organisational situation.

The framework for sensemaking was complex living system theory (Wadsworth, 2010). Participants were interacting with multiple, constantly adapting elements within

the organisational system, so the emergence of unknown factors was inevitable yet consistent with complexity theory. No attempt was made to reduce complex observations and findings to simple or reductionist causes. The research project did not involve hypothesis testing or prediction. In areas of study as complex as this, statements about causality can sometimes be made in retrospect, but rarely in advance (Snowden & Boone, 2007).

This study seeks to make a contribution towards an emerging theory of the relationships between spiritual health and other dimensions of health. The thesis contributes uniquely to the literature in the field. At the time of writing, it is the only published report of a PAR study focused on leadership health promotion (particularly with an explicit spiritual aspect) in a religious denomination, informed by a complexity theory framework.

2.8 Summary

This chapter has described the research approach I used to learn how the Churches of Christ in NSW can develop healthy leaders. It gives insight into why PAR was a good choice for this project. I summarised methods I used to collect and analyse data, and how I used a complexity living systems theory heuristic framework for sensemaking to achieve the research objective of improving the holistic health of leaders.

I described the practices that were built in to ensure the research was rigorous, trustworthy and authentic. Ethical issues were discussed, and biases and research dilemmas conceded. This research intervention was in alignment with the mission and core values of the organisation. The true test of 'success' will be the sustainable outcomes that complement these core values and mission.

Chapter 3: Harvesting Tacit Knowledge

3.1 Introduction

In order to paint a rich picture of a key research process in this project, this chapter details and explores the way tacit knowledge was harvested as stories by participant co-inquirers. Story telling became an important way for me to record and analyse the cultural context, including critical tensions and learning opportunities in the situations into which we delved. A review of relevant literature comes later in the thesis (chapter 6). Figure 3.1 illustrates how this section fits into the overall thesis.

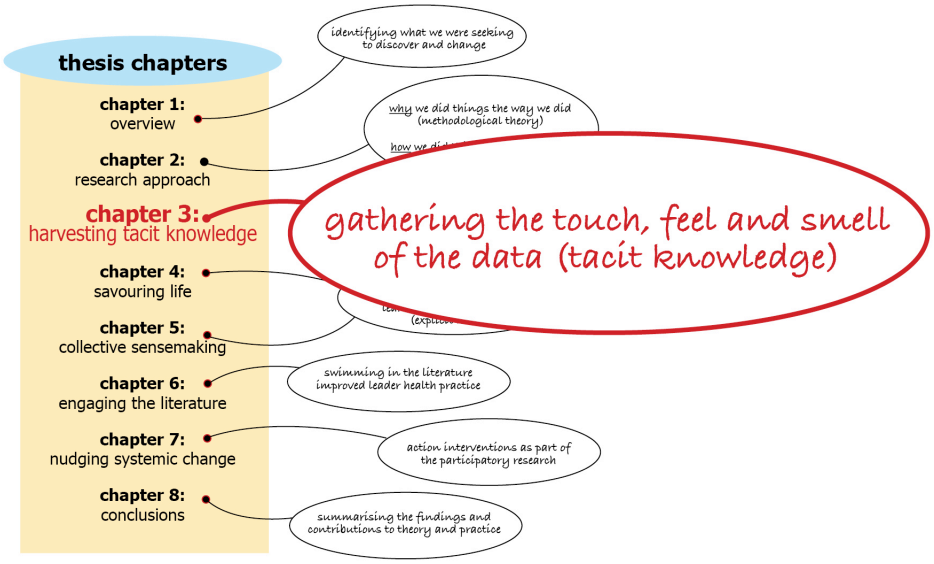

Figure 3.1: Thesis map (chapter 3).

During this project, leaders found it difficult to express some key knowledge. For example, they said they knew what 'healthy' felt like but found it difficult to describe in words. For too long, they had been focused on responding to problems of illness or *dis*-ease rather than building a healthy life. Capturing their tacit knowledge and converting it into explicit knowledge was a vital part of the shared sensemaking process. Explicit knowledge could be seen, described, written down, expressed, diagrammed and discussed

by the participants, so that they 'knew what they knew'. The newly expressed knowledge could then be shared with others in the organisation, influencing practices that have an impact on leader health. The seven stories selected and shared here shed light on the health issues faced by leaders in the Churches of Christ in NSW and on the research method.

The stories gathered in this section are:

- Tom, an *Exhausted* Leader (see section 3.3.1)
- Juliette, a *Reluctant* Leader (see section 3.3.2)
- Nigel, a *Damaging* Leader (see section 3.3.3)
- Justin, an *Unaccountable* Leader (see section 3.3.4)
- Wyatt, a *Conflicted* Leader (see section 3.3.5)
- Sam, an *Impaired* Leader (see section 3.3.6)
- Tyson, a *Distressed* Leader (see section 3.3.7)

3.2 Sharing Experience for Collaborative Learning

Leaders across the organisation were involved as co-inquirers in the process of shaping questions, gathering tacit knowledge and building opportunities for listening, learning and collaborating with a common purpose. Their many years of leadership experience, a life of learning, were harvested through the collaborative process.

An opportunistic sample of 108 leaders, from a population of 280, was engaged as research participants in response to the core question: How can our organisation develop healthy leaders? Leaders were involved as co-inquirers in an emergent process of asking questions, gathering tacit knowledge and sensemaking for practice solutions.

Local theory (Van der Vlist, 1999, p. 70) developed in meetings of various kinds and in communication between groups via e-mail, summaries and diagrams. Models

called ‘health maps’ were developed and used in group work to explore their usefulness as health assessment and development tools in this local context. These models are detailed in chapter six and the changes to organisational practice resulting from the research process and its findings are detailed in chapter seven.

Gathering to share and learn together with stories was uncomfortable for some participants at first. Though they had been briefed and agreed to participate, they expressed some hesitation. To help create a space of emotional safety, leaders agreed to adopt a posture of ‘no fixing, no saving, no advising, no setting anyone straight’ (Hester & Walker-Jones, 2009, p. 82). For participants, this meant a conscious orientation of compassionate listening rather than problem solving. Three ministry leaders expressed their early feelings as follows:

> That first day I was exposed to the reality of my own discomfort in listening to people’s stories. Up until this day I had only liked hearing the positive stories and had never known how to challenge or graciously question somebody who was in grief, trials or frustration. In fact I did not even know how to be with someone in those moments. This was because as my own stuff was brought up I imposed it over their story and either trumped them or redirected them with stories I knew and was comfortable with. (Ref. 1103)
>
> I was not sure what to expect when we first met. I felt I was isolated in my ministry and did not really expect that to change. I felt nervous and vulnerable but very quickly it seemed safe to listen, be open, and then finally share. I found that my situation was not very different to the experiences of others. I was not alone.

(Ref. 1443)

> I don't think we knew what to expect but from the first story shared in our group all the group members knew this experience was something special. The person who shared did so with authenticity, vulnerability, transparency and honesty and set the pattern for the rest of us. Of course none of the group were forced into telling our deepest, darkest secrets however the level of vulnerability shown was unique and different to what I have experienced in the past. The telling of our stories in this way broke through my pre-conceived ideas about how others experienced being a leader. I was shocked at some of things I heard but mostly because I realised we were all wounded people. (Ref. 1202)

The process of meeting together under the rubric of 'no fixing, no saving, no advising, no setting anyone straight' (Hester & Walker-Jones, 2009, p. 82) seemed in itself somewhat therapeutic. A comment from one leader, a minister's spouse, reveals her health condition:

> When I came to the group I knew I was at a point of complete exhaustion. As I look back on my journal I remember feelings of pain, emptiness, loneliness, anger, sadness; my posture was of complete defeat. I felt I had spent nine years pouring myself into ministry and people's lives, but the last two I had fought burnout and feelings of depression. I felt very lonely and misunderstood. I had started giving up on a ministry I loved. Health issues were beginning to rise; the scare of breast cancer and pain in my bladder

> that no one could understand, I was so tired. I had hit rock bottom. I discovered during this time what effect the emotions of a pastor's wife can have on others and friends within the church. There must be so many lonely pastors wives around—desperate for an understanding ear that won't judge them. (Ref. 1108)

Other participants shared this same sense of 'struggling':

> I almost did not come. I have to admit I'm just hanging in there. The emotional pressures of ministry are always present. It is just difficult to manage juggle it all. I feel emptiness in me but I have to get up the front of church on a Sunday and seem like I have it all together. (Ref. 1034)

> I have gotten used to living with the black dog. Depression just sweeps over me. I feel like I'm drowning. (Ref.1312)

One participant wrote to describe their experience:

> I was exposed to many different stories and therefore many different life circumstances that I have not experienced. I have heard the pain and the struggles of my fellow group members as they spoke about things I could have only dreamed of. I hurt for them and knew that my own health would suffer if I did not learn from their experiences. I know I cannot create a story for another person. They have their story and I need to be willing to hear it if they choose to share it. This has given me an understanding of the personal impact of some life situations which I have not personally experienced. (Ref. C.786)

Stories were gathered by the groups as collections that they labelled ‘deep pain’, ‘common struggles’, ‘interesting challenges’, ‘personal triumphs’ or ‘great joys’. They then shared and realigned their stories into common themes discussed below. Through multiple cycles of interaction, the collective wisdom (Briskin, Erickson, Ott & Callanan, 2009) of participants was engaged and developed. This was an integral part of the action research approach.

Participants recognised the value and usefulness of learning from the common experiences as this young leader, just starting his first ministry leadership position, commented on his first group experience:

> As the youngest in our group I quickly adapted to the openness and honesty as people shared their stories. The depth that people shared at and the courage of the people in the group humbled me. I felt shocked at the honesty, as well as dismayed by the pain of the stories. This was an emotionally taxing day and I think it grew me up very quickly. When does a 24-year-old guy hear a dozen, exposed stories of mature Christians who are fighting the good fight? This was a sacred day. (Ref. 1102)

When participants gathered in groups, it did not take long for strong concerns for leader health to emerge. These concerns were holistic covering the physical, psychological and spiritual dimensions of health. It was significant that one third (32%) described themselves as ‘really struggling’ and one third (32%) said they felt stuck and did not know what to do.

3.3 Narratives for Leader Transformation

The purpose of gathering and telling of ‘health stories’ (Miller & Crabtree, 2005,

p. 620) was to deepen our understanding of the issues surrounding the health and well-being of leaders and their impact on the health of the communities they lead. While we created a suitable space for research and to 'trouble the waters and seek change' (Miller & Crabtree, 2005, p. 609) a new, collective understanding emerged. Stake (2005) asserts that a case story can be told in many different ways and still be regarded as a valid academic and learning device. Van Maanen (1988) identified seven ways to present a story in qualitative research: realistic, impressionistic, confessional, critical, formal, literary and jointly told. Under the ethical guidelines agreed with participants (see the Chatham House Rule in section 2.6.1) the names of people and places were altered to preserve anonymity, as the subject matter discussed may be controversial (Yin, 2009, p. 181). However, the power of sharing stories together was powerful and infectious as these participants noted:

> I am excited about the benefits of sharing life stories. There is a depth of relationship that comes from people honestly sharing their life stories that would otherwise take much longer to develop. There is much about a person revealed to someone who is listening to their story with spiritual ears. (Ref. 1105)
>
> Sharing my own story was a powerful moment for me, especially when I received feedback from other group members. I knew then I was not alone in my experiences. (Ref. 1111)
>
> Listening to the stories of others and receiving feedback for my own reminded me again of how our life experiences have the potential to both distort our image of God and his role in our lives. (Ref. 1110)

The gathering of rich, thick description on leader health through gathering stories was a significant part of the process of data collection. These collections of narratives were explored by participants and common themes emerged: shared experiences to form common 'archetypal' stories or what Boyce (1995) describes as 'touchstone stories' that capture the essence of leader health issues in the organisation. As previously mentioned (section 2.4) with so many stories, the following self-selection process helped groups identify the strongest themes:

1. Divide into groups of three.
2. Each person has three minutes to share a personal story of a critical event that had an impact on their health as a leader (positively or negatively).
3. Each group then chooses one story that they feel communicates something powerful about leader health in the organisation.
4. Each group shares their chosen story with the larger group.
5. The larger group now chooses one story that presents a powerful opportunity for learning to improve practice in leader health.
6. The larger group now freely asks questions, shares reflections, analyses themes, maps issues, constructs frameworks and makes meaning.

The process was used to grow a sense of the health issues in the organisation. Some stories resonated with the mutual concerns and experiences of group members and the process of discussion, selection, sharing and analysis helped the groups to 'collectively centre' (Boyce, 1995) on the salient issues.

Hundreds of stories were shared by participants during this research. Some stories were short, some unique. Some represented high levels of complexity. Many repeated similar themes impacting leadership health, resilience and effectiveness. In telling stories,

participants were encouraged to use four lenses designed to help separate the observational from the interpretive. They also helped participants ask effective questions for mutual learning. As noted in section 2.3, the four lenses were:

- a focus on *recording data* (What do I *observe* happening?)
- a focus on *emotional response* (What do I *feel* about it?)
- a focus on *cognitive analysis* (What do I *think* is going on?)
- a focus on *improved practice* (What do I *want* to be different?)

This process followed its own action research cycle allowing participants to separate observed data (observing) from the interpretation of the data using a deeper tacit knowing of feeling/thinking (reflecting). It then directed the emphasis to action for improved practice (plan/act). The story summaries (sections 3.3.1–3.3.9) are recorded using this method.

Each group flowed differently but focused on the core question: How can our organisation develop healthy leaders? Participants shared their experiences of health as ministry leaders emphasising emotional, social, spiritual and physical health of individuals. In alignment with the ethical permissions granted by co-researchers, pseudonyms are used throughout the thesis for the names of participants and their churches. The following seven stories were selected by groups as significant to learning about leader health.

3.3.1 Tom's story: An exhausted leader.

Tom began his church planting experience with great passion, with a strong sense of purpose and a highly engaging personality. The local church grew over five years from one family to 30 families. He and his wife created a mission-focused culture and caring pastoral atmosphere. Within two years, Tom had hired two other ministry staff.

The emotional cost of drawing together this many families in a whirlwind of activity was high. Tom and his family found themselves worn down but with a strong sense of obligation to the families they now led. Tom knew that there was not enough leadership depth in the local church for him to move on, but the weekly grind, Sunday to Sunday, was draining emotionally, physically and spiritually. Some comments by Tom during this time:

> I want to be excited—but I'm not. There is so much more to do but now I feel I have lost my edge. I'm not sure I'm the leader to take this to the next level. (Ref. 282).
>
> My family cannot take much more. Church, work and family all blend together. I feel I need a break from this. But what else can I do? (Ref. 292)
>
> I cannot think straight. I really want to do this but right now the thought of getting up the front and speaking to everyone. . . . I just feel sick when I have to do it. I am leaving things until the last minute because I cannot face the thought of having to do this again and again. I can't see a way forward. (Ref. 298)

Over time, Tom became more and more disconnected, unable to feel motivated or think clearly he left things to the last minute when the rush of adrenaline made it possible for him to get up and speak to the church one more time. He said he fantasised about other jobs, new challenges. He said:

> It's not just exhaustion. I am disinterested. The work is not a challenge, but there is so much of it. It now takes me much longer to do any work that requires thinking. I cannot focus. But truthfully

I don't really want to! (Ref. 285)

Tom admitted to a dryness in his time with God. As someone who has lived with a strong sense of passion and commitment to the things he values, he felt that his connection to God, his spiritual side, was absent. He said:

> I feel spiritually empty. And with that a sort of tired, emotional pit that I cannot seem to escape. In the past I would emphasise the spiritual through times of retreat, prayer, reading and reflection. But right now there is nothing. Is it because I feel so empty? Or am I empty because of this? (Ref. C297)

3.3.1.1 Group reflections on Tom's story.

Tom was most certainly not alone in his desire to seek a way out of their current situation. Almost one third (32%) of participants indicated they are currently looking for a new ministry position, while 33 per cent indicated their intent to get out of ministry altogether when they have another reasonable option. Some comments by Tom's peers added to the picture of leader *dis*-ease in the organisation:

> Lack of achieved results are the biggest internal stress that most leaders put on themselves and are mill stones around their neck, but they cannot talk about it because they don't want to admit that they aren't kicking goals to other leaders, pastors and Conference. (Ref. 005)
>
> What role does Conference have to provide a career path for ministers? Do we just work until we burn out or fall down and then go to the rubbish heap? Healthy leaders—no chance for that—maybe the best we can do is survive until we go broke working for

> a church. Then we complain when a minister does something stupid—no wonder, we burnt them out now we don't want to know them. (Ref. 118)
>
> Starting a new church community is hard. Yeah, about three years in when I was ready to bail. Everyone needs you and there is no relief. There was no one I could talk to. I thought I was not allowed to say it was so hard. I felt guilty and trapped. It's only 10 years later I can talk about it. Now I know I was probably pretty depressed. (Ref. 413)

Many church leaders indicated that they have been there with Tom in wanting some form of relief, but for many different reasons. One said:

> I was done in. I couldn't keep up with everyone's expectations. I mentally checked out. After visits to the doctor I realised I was depressed, and so was my wife. It was a really dark time for us and I didn't know how to escape. But everyone still wanted me to take care of them. I felt worthless. (Ref. 411)
>
> I felt the relational isolation, the loneliness of leadership. A fear of being known as frail by folks in the local church (sadly, with some basis given how vicious some church folks can be!). The weight of expectations of individual leaders and the people they seek to serve. (Ref. M6.13)

The issue of setting personal boundaries and self-managing the occupational hazards of ministry were raised. Many times the expression 'we are our own worst enemy' arose, usually around our predisposition towards serving others more than caring

for self. As two participants noted:

> There's too much to do, not enough time out, and lack of support. We don't manage our boundaries well so just keep pushing and pushing. (Ref. 266).
>
> I know that as a profession we are not very good at self management. We were not really trained for that. My church has expectations of me that I know I cannot live up to. It is hard to find the right balance. (Ref.162).

Depression, burnout, physical ailments, exhaustion or even boredom were all factors that leaders spoke about. Thirty-one per cent of participants described themselves as burnt out and 31 per cent felt they were depressed. They were giving their lives in service to others but the cost was very high. Group participants were encouraged not to diagnose Tom in a clinical way, but to understand his situation as colleagues and fellow leaders.

Burnout, 'a state of physical, emotional and mental exhaustion caused by long-term involvement in emotionally demanding situations' (Pines & Aronson, 1988, p. 9), can result from intense 'people work' (Maslach, 1993, p. 23). The result can be a compassion fatigue (Rothschild, 2006; Figley, 1995) experienced as an emotional numbness, a sense of hopelessness, a decrease in pleasure, apathetic and uncaring, going through the motions. For church leaders, 'routinely, over-functioning in the service of others seems to be encouraged in ministry' (Pfeil, 2006, p. 67) and can result in a 'disintegration of self' (Friedman, 1985, p. 3).

Of particular interest to participants was Tom's combination of overwork and boredom. The possibility of rustout (Leider & Buchholz, 1995; Leung, 2007) was

raised. Leider and Buchholz (1995) see rustout as underbeing, the opposite of burnout, which is overdoing:

> Rustout is the slow death that follows when we stop making the choices that keep us alive. It is the feeling of numbness that comes from always taking the safe way, never accepting new challenges, continually surrendering to the day-to-day routine. Rustout means we are no longer growing, but at best, are simply maintaining. It implies that we have traded the sensation of life for the security of a paycheck. It often signals the death of self-respect. (p. 8)

Tom's desire to 'get out' was not uncommon. A 1991 study of leaders in Churches of Christ in NSW indicated that 13 per cent of leaders would leave any form of paid ministry immediately if a suitable secular job opportunity presented itself (Phelan & Regan, 1991). In comparison, to this previous study when the same question was asked in this action research the rate had increased to 37 per cent.

3.3.1.2 Planning/acting on Tom's story.

Participants felt strongly that the situation illustrated by Tom's story was widespread and not solved simply. Discussion ensued on the complex factors that may contribute to certain occupational hazards for ministry leaders and the need for more research in this area. The need for some form of proactive health supports for leaders who are overwhelmed was also evident.

The following action recommendations to improve leader health were made in the group dialogue:

1. a safe 'rehab'-type place for ministers where they can focus on healing;

2. ’safe, skilled and spiritual’ people for leaders to share therapeutic dialogue with and
3. ‘peer support’ for those starting new church communities.

3.3.2 Juliette’s story: A reluctant leader.

For five years, Juliette and her husband Jack had been ministering at Cross Time Church. Located in a regional centre, the church, established in 1963, had 140 members when they arrived. Viewed as likable and pastoral, they shared the responsibilities for teaching and leading the ministries of the church. The church was bequeathed a property that was sold to provide a trust fund to assist the ministries of the church. With a building, a manse and no debts, the church had a firm financial base for sustainable ministry.

The first four years of Juliette’s ministry seemed to go well. However, in the last 18 months, the church had experienced turbulence. Approximately 100 members had left. Consequently, due to lower financial contributions, the church had lost its other ministry staff because there was not enough money to pay them. Volunteers left ministries. The financial situation had altered considerably. Juliette said she did not know what to do and began asking many different leaders outside of the church for help. She had enlisted the aid of a mentor, a coach, a church consultant, denominational leaders, other ministers and Bible College teachers. Juliette was being challenged by most of these people about whether she should stay. Some comments she shared about that time in her ministry were:

> I know I am not really a very good leader. People keep telling me that. I see myself as a reluctant leader, but I feel God has not released us. He says I am the leader who can lead this group forward. We have done some wonderful things here and God is blessing us. (Ref. 362)

> I think this is all of God. He is reshaping this church into something he is proud of. I believe God has his hand is in this. He told me he will provide for this church. He wants me to lead this church until we retire in eight years. (Ref. 375)
>
> I cannot leave now–there is too much to do. (Ref. 380)

Juliette said her friends told her she seemed very tired. They commented that her ability to think clearly and make good decisions had declined significantly. She said:

> Yes, I know it is probably time to move on—but where do I go from here? (Ref. 372)

Juliette said that she was in conflict with some members of the church. She repeated the words one member told her:

> We love you very much but it just seems like you are going through the motions. Everything just seems the same: the songs, the sermons. People keep leaving but you do not seem to understand that you are a part of the reason why. (Ref. 393)

The church continued to decline. Soon the church could not pay them anymore, reducing her salary to part-time.

3.3.2.1 Group reflections on Juliette's story.

In discussion, the participants were familiar with stories like Juliette's. Older leaders in particular had seen or experienced the pain of closure with a church. What was of particular interest here was the link they saw between the emotional health of Juliette and her impaired effectiveness as a leader. Some comments included:

> A big challenge is knowing when to stay and when to go. When you are exhausted you can no longer do your best, but you do not

> have the energy to make good choices and find a new pathway forward. (Ref.1423)
>
> In my experience, many churches do not seem to be able to negotiate for a healthy closure. When a minister struggles, they seem to be put on the rubbish heap. Of course, we are our own worst enemies as we often want to serve until we drop, even when it is killing us. But the hard discussions just do not seem to happen. I think because no one knows how to have them. (Ref. 1427)
>
> It's often difficult to know the difference between a God-calling and my own preferences. I know [I] find it difficult and can confuse the two. Especially when the decision involves choices I do not like. (Ref. 1431)

The participants felt that Juliette was definitely 'stuck'. She was not alone in this, as, when asked, one in five (22%) agreed with the statement 'feeling stuck and I do not know what to do'. She seemed in denial, failing to accept the nature of the crisis or accept her own role in the situation. This was surprising because prior to this she had a reputation in the network as an effective leader.

In the previous 18 months, something had shifted in the dynamic relationship of leader and church. Participants shared that many of them had experienced this 'something' and found that in hindsight it was usually revealed as a symptom of deeper concerns. They talked about issues that caused considerable leadership dysfunction but were not clearly recognised at the time of an initial crisis, such as physical health, spiritual dryness, ageing parents, sick children, feelings of failure, depression, addiction, boredom, burnout, death in family, financial stress and a reduced sense of meaning.

Sometimes the anxiety or discomfort of dealing with any of these issues led to reduced health, resilience and effectiveness that others would see simply as ‘something’ was wrong.

This situation was not uncommon, and participants, on hearing this story, reflected that this was a stage that happened to all leaders when their old ways of operating no longer seemed to be working effectively for them. This was an opportunity to adapt and grow or, alternatively, to remain stuck and struggling until the rush of events took control and choices were removed from them. Of concern to the group was the prevalence of leaders who were stuck, either blaming God or using the deity as an excuse. Juliette seemed to find it difficult to align her experience of the current situation with her expectation of God. To others there was ‘something’ wrong, but to Juliette God was leading her to continue down the same path.

As employers, the local church board seemed ill equipped to have the difficult conversations with Juliette. She needed help and support in some form; whether that was counselling, coaching, mentoring or professional supervision was unknown. However, while she stayed in the mindset that all was well and ‘God has his hand in this’, the group felt she was unlikely to get unstuck and would eventually leave this position wounded and questioning the call to ministry.

3.3.2.3. Planning/acting on Juliette’s story.

As this was a common story, the participants made the following action recommendations to improve leader health:

1. high quality mentoring and coaching of leaders to help sharpen their self-awareness and ability to make wise decisions

2. external leadership supervision contracted for ministers when the church board/ elders lacks governance and leadership depth to handle challenging issues
3. training and resources on the dynamics of leadership that get leaders 'stuck' and the impact of this on health and effectiveness

3.3.3 Nigel's story: A damaging leader.

After 30 years of ministry in four churches, Nigel is a much-loved pastor. He used to have a great deal of enthusiasm and energy but now he is tired and, in general, quite disconnected from most church members. A year ago, he found that some activities energised him more than others. His pastoral counselling sessions enabled him to help people and to be personally validated by others. One particular client made him feel energetic again. He found himself wishing to be with her more and more. At some point, the relationship switched to being more about his needs rather than hers. Some comments made by Nigel at this time:

> I find that I have to store up emotional energy for Sundays—
> retreating from others during the week. (Ref. 1084)
> Being with her I felt alive. It was boyish, a crush I wanted to just
> see her and be near her. Nothing sexual but certainly sensual. I
> daydreamed about ways to touch her hand or her hair. The rest of
> my life seemed dull. She looked up to me, admired me. (Ref. 1089)

Nigel found his counselling sessions with her were becoming longer and more unstructured. They ended up phoning each other nearly every day. Nigel told himself that her unique situation warranted this special attention, that he was being professional and attentive to her needs. Nigel was thrilled when they were together. He told her that counselling was best done while cuddling on the couch—this would help her know she

was valued.

3.3.3.1 Group reflections on Nigel's story.

Nigel's story revealed what constituted poor judgement in any professional relationship. He had slipped into the world of being emotionally over-connected and romantically daydreaming about someone who respects and looks up to him. Sadly, being overly attached emotionally is not uncommon in any helping profession. However, the literature confirms that of those ministers who had inappropriate sexual intercourse, 68 per cent were with congregants they were counselling (Thoburn & Whitman, 2004, p. 498). Rutter (1989) describes this type of pastoral relationship as 'the most susceptible to abuse' (p. 32) and reports that 96 per cent of sexual misconduct by professionals (whether they be ministers, doctors, counsellors or psychologists) occurs between a man in power and a woman under his care. Co-inquirers expressed a range of concerns in hearing Nigel's story:

> We need some kind of Christian compassion towards those who fall out of ministry, in other words let's close the gate before the horse is bolted. We fail to recognise and encourage the front line leaders. (Ref. 169)
>
> I understand that as leaders wear out they are more prone to have improper sexual relationships. This is a risk for all churches, since we seem to wear leaders out very often. (Ref. 158)
>
> Sex, money and power—this sounds a little cynical but sometimes it seems that if you avoid the abuse of these three areas over the long haul, you will succeed. We need to do better, none of us are immune to these things (and others) but authentic spiritual

> leadership and ministry is possible. In the 10 years plus that I have been involved in Churches of Christ a large proportion of its higher profile leaders have fallen into some form of sexual sin—I am somewhat paranoid about this. (Ref. 145)

Participants openly recognised their own holistic health was a factor that contributes to their ability to make wise decisions in this area. 48 per cent recognised that their healthy boundaries were starting to blur, while a third (35.4%) said they are doing things (or thinking things) that are usually out of character for them. Almost a quarter (24.4%) felt like they have a secret life.

The literature revealed that emotional exhaustion or burnout can result in aberrant behaviours that, under healthier circumstances, would be out of character for the leader (Berglas & Baumeister, 1993). Loneliness can also be a driver, as the needs of minister and church member collide in 'an offending moment' (Friberg & Laaser, 1998, p. 11) of sexual intimacy. In other cases, an emotionally unhealthy leader may be driven by a desire to fill certain personal inadequacies when a needy church member holds the leader up to near adoration due to their own inner needs (Fortune, 1989). This can result in romanticism, where the leader convinces him or herself that their infatuation is love and may be drawn into a sexual relationship (Grenz & Bell, 1995).

The concept of power imbalance was discussed in relation to the idea that they are two consenting adults. We agreed that this was an area where much education was needed. Particularly when misconduct has occurred and the defence of consent is made. It was brought to light that the Commonwealth, in dealing with professional misconduct, found that 'a professional disciplinary tribunal would be misguided if it allowed itself to place too much weight on the issue of consent' and 'consent must be seen in the light of

the power imbalance' because this is an 'exploitation of the therapeutic relationship' when counselling a vulnerable person (HCCC, 2007, p. 31).

3.3.3.2 Planning/acting on Nigel's story.

When asked, 61 per cent of participants said they wanted help learning how to manage personal boundaries. This related to all areas of work and life and not limited to the area of poor judgement in this story. There was considerable dialogue around the multiple factors that may come into play to lead to sexual misconduct. It was agreed that more resources and education on this would be helpful. The following action recommendations to improve leader health were made in the group dialogue:

1. Review and revise the Leaders' Code of Conduct to incorporate global best practice in the areas of handling complaints and responding to misconduct.
2. Introduce training initiatives to assist ministry leaders manage their own boundaries in relation to all areas of life that have an impact on leader health.
3. Identify and share the predictors of misconduct for discussion and mutual accountability.
4. Train and make available leaders who can facilitate supervisory relationships that foster transparency, accountability and reflection.

3.3.4 Justin's story: An unaccountable leader.

Justin was employed as the senior minister in Corona Community Church (the Church). The group of 130 members had a small unaccredited leadership training program (the School), and Justin became involved as a teacher.

The Church set up an Education Trust Fund (the Trust) and solicited donations from Christians in the US to support the School as a missionary training program. The Trust had a windfall gain from one large foreign donor and within three years had a

balance of more than one million dollars. Justin was appointed to the board of the Trust and became both administrator and board chairman. He was appointed as an elder (board member) in the church. He was then given the role of principal of the School, which now established its own board of which Justin was the chairman. The School was now funded by both the Church and the Trust.

In administering the Trust, the board chose to invest in buying, renovating and selling real estate as their primary investment strategy. Justin was a director (receiving director's fees) in a building renovation business co-owned with a family member. The Trust decided that this company would be the sole provider of property development services. Justin shared:

> I can only talk about this in hindsight. I know it looks bad but you need to realise that there was no one else to do this stuff. (Ref. 511)
>
> The whole thing was really my baby. If others could have done it then I would have used them. I can see how I did not set it up in the best way, but we were more focused on raising money than accounting for it. (Ref. 513)
>
> At the time this just seemed right. And truthfully I did not think I could trust anyone else to do it properly. Or worse, they might cut me out of my role as leader. (Ref. 520)

3.3.4.1 Group reflections on Justin's story.

Like doctors, lawyers, nurses, teachers, politicians, accountants and psychologists, ministry leaders have fiduciary responsibilities. They are considered to have expert knowledge and therefore have a professional responsibility to look out for the best interests of those they are helping. They should not be enriching themselves through the

exploitation of vulnerable persons. When this happens, it is a betrayal of their fiduciary trust (Jorgenson, 1995, p. 239).

This poor governance would not stand the test of community expectations for any organisation. The conflicts of interest are clear. The situation developed slowly seeming fair and just. To question it within that local church community could have been viewed as an act of disloyalty (White, 1997, p. 75).

Justin was very open in sharing his story. He acknowledged that he did feel a sense of entitlement because of all the hard work he had put into making the situation work. He had felt he was the only one who could do these things competently and was entitled to the financial rewards. The dynamics developed slowly over time with limited accountability and, in hindsight, obvious conflicts of interest. Participants commented:

> The job of a leader is to make things work. We pay for so many things ourselves, when we do not have the money for it. Then later someone dissects the transactions and says we were not transparent enough and did the wrong thing! I do not think people realise just how difficult it is to get things done when the resources are not there and the leaders are not around you to make it happen. Sure we wear too many hats. But that is not our fault. We do it out of necessity to make things happen! (Ref. 561)
>
> We have to be so careful with our ethical dealings. As leaders we need to be above reproach. This one seems an absolute mess! (Ref. 567)

Feelings of entitlement (Jacobs, 2000) can accumulate over time as some organisational environments enhance narcissistic tendencies (Steinke, 2006) in leaders

that give rise to overconfidence and a sense of entitlement (Lyons, 2002, p. 16). Entitlement is the belief that the individual is owed a certain amount of admiration and attention regardless of his or her behaviour (Meloy, 1986, p. 53) and has been expressed as 'these people after all expect so much of me, I deserve to get something back' (Laaser & Adams, 1997, p. 232). Over time, these features can turn into a sense of entitlement and an inability to learn from mistakes (Hogan & Kaiser, 2005, p. 178). A Duke University study of US church leaders by Hoge and Wenger (2005) found that this is a growing problem, as 'pastors today have a stronger feeling of entitlement and independence than in the past' (p. 172). Sally Morgenthaler (2006) writes about this dark side of leadership:

> Entitlement is not an attitude becoming of a pastor, so he does not express it openly, not even to his spouse. It is his little but oh-so-acidic secret. Gradually, the acid eats into his motivation and into his soul: 'I have given the best years of my life to this congregation. I have no time for family, much less myself. My kids are growing up without me. I am at church 70-plus hours a week, and I still make 25 per cent less than the average Joe in my congregation. If no one else is going to take care of me, I am going to care for myself!' At this juncture any addictive behaviour begins to look really good. After everything he is done for his congregation, the people-pleasing pastor gives in to the feeling that he more-than-deserves the little piece of pleasure he is beginning to nurse on the side. (p. 60)

Data illustrated that these arrangements often do not happen overnight. Driven by

feelings of entitlement there can be a slow entropy that slips towards a breach of fiduciary trust (Jorgenson, 1995). That breach of trust may be abusive when it takes advantage of the vulnerability, gullibility or lack of knowledge of those under the leader's care (Jacobs, 2000); in short, when a leader puts their own personal interests above the interests of the organisation or community.

Participants said that entitlement was often closely linked with narcissistic tendencies. This seemed consistent with the literature (Twenge & Campbell, 2009) as well as a growing concern among church leaders globally that church ministries can encourage narcissistic qualities (Steinke, 2006) as desirable leadership traits. The poor governance and accountability structures of some religious ministries have allowed selfish or narcissistic leaders to use church communities as personal fiefdoms rather than centres of spiritual flourishing.

Participants agreed that while leaders do not usually plan to act in inappropriate ways, through inexperience they can be foolish in making decisions if they operate where there is little transparency and inadequate accountability systems in place. Local church communities can be breeding grounds for poor governance, especially when there is little oversight and few leaders. Over time, motivations can become skewed (Jacobs, 2000; London & Wiseman, 2003; Morgenthaler, 2006) by midlife issues, poor stress management, poor organisational accountability systems, insufficient remuneration, overwork, poor physical health and unresolved family of origin issues (to name a few). Church leadership is a breeding ground for these issues, and the poor health of leaders can lead to poor decisions or even misconduct. This sort of inappropriate action (malfeasance) falls into three forms (Shupe, 2007, p. 22): sexual exploitation, economic exploitation, and authority exploitation. Anson Shupe (1998) comments that 'while there

always seems to be more media attention on sexual misconduct, clergy financial exploitation affects a larger number of individuals and institutions' (p. 7). This economic exploitation usually has a 'white collar crime' feel to it and often involves misrepresented missions, embezzlement or investment scams. Shupe (2008) found this to be a growing phenomenon, and *Christianity Today* revealed more than two billion US dollars of religious fraud between 1998 and 2001 (Moll, 2005). This included skimming off funds from humanitarian aid projects, false reporting to donors and promising everything from healing to forgiveness for cash donations.

3.3.4.2 Planning/acting on Justin's story.

Participants agreed that, without premeditated planning, Justin had ended up in a situation that would breach community expectations for good governance. This seemed to have evolved over time and was supported by feelings of entitlement. There was a leadership void (he was surrounded by weak leaders) in a system that lacked accountability and transparency. Self management of boundaries was noted as an important part of ethical behaviour:

> Boundaries are a big issue. When you are underpaid and under appreciated it is so easy to think you're entitled to certain extra things and that the rules don't really apply to you. I've slipped in the past and felt justified by 'poor me'. Now I see that as just sin. Why do I think I'm not the only one of us who has had this struggle? (Ref. 114)

The following action recommendations were made by participants to improve leader health:

1. Training for board members and church leaders in healthy governance.

2. Issues relating to appropriate governance should be included in the Leaders Code of Conduct and therefore subject to complaint process by the community.
3. Advisory or consultancy services for non-profit management.
4. More experienced board members available.

3.3.5 Wyatt's story: A conflicted leader.

Wyatt was at the Trinity Church for two and a half years. It was a rural church with 50 members, 70 per cent of whom were over 55 years old. He felt caught in a trap: the church hired him to 'change things' and grow the church, but they seemed to resist every change that he proposed. There were two people, Joan and Beryl, who were central to the conflict and had a great influence with the wider church. Wyatt felt they wanted to be in control, and within weeks of his arrival he feels they were working against him. He described the situation as follows:

> I could not believe the tactics. Two older members just made things up about me. They seemed nice enough but they were working against me all the time. When I tried to talk to them, they just denied having any problems, but I know they have described me to others in the church as deceptive, dishonest and controlling. (Ref. 432)
>
> I could not sleep at night. My wife felt betrayed and lonely. I think we were both depressed. We had sacrificed so much to come to this church and now they were ripping out our heart by not supporting us. No one seemed interested in helping me deal with these divisive people. They had been doing this before I arrived and so people just thought this was normal. (Ref. 444)

Wyatt believed the previous minister had fallen prey to the same poor behaviours. In his mind, history seemed to be repeating itself for the church as these patterns of behaviour continue. Wyatt shared a glimpse of his daily experience:

> I think Joan has turned passive-aggressive behaviour into an art form. At a meeting I spoke at last week, Joan stood at the back and rolled her eyes, grunted, muttered and started moving tables around. Everyone in the room knew she was unhappy—but she was not going to actually talk about the issues. (Ref. 479)

The conflict had become so heated that Wyatt and his wife were emotionally ready to leave. Wyatt's wife, who had immersed herself in the ministries to children and women, was feeling the strain. He described them both as emotionally exhausted. He felt ill equipped to deal with the situation and was not coping. He said:

> I am putting on weight, feeling tired, and feel like I am just going through the motions. I am certainly not passionate about this anymore. Why don't these people listen and think about the future? My wife is finding excuses to avoid being at church. I do not blame her. We feel like we are on our own. (Ref. 468)

3.3.5.1 Group reflections on Wyatt's story.

In every story of leading organisational change, the leaders talked about their difficulties in managing conflict. Thirty-one per cent of participants said that learning how to deal with conflict effectively was an urgent concern for them. While it was agreed that conflict was not necessarily a negative thing (some level of conflict seemed necessary for healthy change to occur), it was agreed that there seemed to be certain levels (or intensity) of conflicts (Osterhaus, Jurkowski & Hahn, 2005) that were

unhealthy. Some were manageable, some extremely difficult and others intractable.

The loneliness of being a leader was raised as significant. Forty-four per cent of participants felt that they lacked any real leaders in their church they can rely on and many expressed the need for a confidant, advisor, coach or mentor that they could talk things through with to help them work through their emotional struggles as a leader. A significant issue raised was the expectations often placed on spouses. They were unpaid but carried an expectation to be smiling and supportive regardless of the turmoil that may be going on in the church community around them.

While dealing with conflict is a 'constant' in the process of managing an organisation (Lewin, 1948; Pettigrew, 2003), in a church context family systems are often drawn into church-related conflicts. Participants agreed that for a church leader the realms of work, family and church are enmeshed, and this was very different to being a leader in other types of organisations. The implications of this enmeshment for leader health meant that there was often no part of the complex living system into which someone could escape on a daily or regular basis to be renewed. All layers of the system were interconnected, with each part being both a cause and effect for other parts that would affect leader health, resilience and effectiveness in some way. As participants expressed:

> When I say it is not sustainable, it isn't because I don't feel called. I really want to continue in this service to God. But I am torn. Ministry has damaged me, and my family has paid a great spiritual, emotional and financial toll for this. Am I really called if it is hurting my family? Or is that just me being selfish? That's what I'm praying about. (Ref. 096)

> I remember this sweeping feeling of being trapped. It was like a dark cloud. We were in pain because we were being treated so shabbily. I still do not believe Christian people can act the way they did. I did not know how to resolve things but I needed to put on a smile and care for everyone else. (Ref. 321)
>
> We need greater emotional support. It is very hard to stay in ministry for the long haul. Sometimes I have stayed because I'm stuck with no other options. I want to do a good job. It's very frustrating when you work so hard but feel unappreciated and the ministry dreams do not seem to bear fruit. There are many temptations in ministry. Help dealing with them would be good. (Ref. 166)

Participants agreed that dealing with negative (often passive-aggressive) personalities was a stressful challenge that could be found in most ministry settings. This was supported in the literature that showed it is extremely unusual for passive-aggressive people to rise to leadership positions in a commercial workplace (Kets de Vries, 1994; Lowman, 1993). However, Lowman (1993, p. 194) notes that passive-aggressive behaviour is more prevalent in non-profit organisations or very large bureaucracies where low levels of performance, poor accountability and blaming others is tolerated. Sperry (2000) found that ‘passive-aggressive behaviour is much more common among ministry personnel than it is among personnel in most other work settings’ (p. 24) because ‘religious organisations with certain kinds of cultures . . . tend to reinforce passive-aggressivity’ (p. 6). McIlduff and Coghlan (2000) also found that it is not uncommon for passive-aggressive people to rise to positions of authority in non-profit organisations.

Participants felt this posed a likely risk to the emotional health and well-being of leaders.

3.3.5.2 Planning/acting on Wyatt's story.

Church conflict was a significant stressor for leaders and their families. Thirty-two per cent said that learning how to deal effectively with conflict was an urgent concern for them, and 20 per cent indicated they were currently in conflict with some church members. Some leaders recommended:

> The constant fighting has worn me down. But what is worse is the silent treatment that goes with it. I wish we had a professional mediator, or at least some training in conflict resolution. Probably more than that it's the emotional strength you need, being resilient to the anger and anxiety that goes with it. (Ref. 698)
>
> We need initiatives that demonstrate that Churches of Christ really care about the health of pastors and churches. Do we send a message that we are serious about taking care of leaders? (Ref. 073)

The following action recommendations to improve leader health were made in the group dialogue:

1. Training for church boards and elders to equip them with the skills of effective governance, managing staff, strategic thinking, having difficult conversations, conflict resolution and pastoral care.
2. Consultants to assist in building positive relationships and resolving workplace conflicts.
3. Pastoral support for leader and their families in times of stress and difficulty.

3.3.6 Sam's story: An impaired leader.

Sam was 32 years old and working in his first senior church leadership role. He felt the first two years had gone well and he was liked and respected. His wife and two young children had settled in, and the work had been challenging and enjoyable. However, Sam started to feel that the expectations of those around him were intense. He had worked long, hard hours without break to bring things together for the church:

> This is a great church. I just wish I had more people around me I could rely on. I have to do most everything myself to get things right. Lots of willingness here, just not much talent. (Ref. 438)

Sam says his wife thinks he is getting more and more negative about people. He disagrees, but acknowledges that he does not enjoy being with people the way he used to. After a busy Sunday, he says he is 'all peopled out' and just wants to switch off for a couple of days but not sleep: sleeping has become difficult so he stays up late at night working. It seems to take him a long time to do things that he used to do so quickly. He is always tired and finds that he is disconnected even from his wife and children, but Sundays keep coming and he has to perform. As Sam said:

> Sometimes I go through the day in a fog. Like going through the motions. It is harder to be intimate with my family as I always face the pressing needs of the job. I go from my office at the church building to my office at home. There really is a lot to do. (Ref. 463)
>
> I am needed here. People are facing all kinds of difficulties. When they call me I know I am needed so I just go. Yes, I am tired but I am also a servant of God so I do it. Sometimes I am not happy about it but I have to respond. (Ref. 451)

Sam kept serving until he began to manifest physical symptoms of ill health. When the headaches began, times of anxiousness and shortness of breath, Sam knew it was time to do something about it.

3.3.6.1 Group reflections on Sam's story.

All participants expressed their personal identity with this story. Thirty-one per cent felt limited by their own physical health. Approximately one third of the participants (31%) described themselves as burnt out and one third (31%) thought they were depressed. While this rate of depression was not clinically tested, it would seem significantly higher than the national average of 20 per cent (SANE, 2007). One third (32%) also believed that their spouse was depressed.

When leaders experience burnout, the combination of cynicism, depersonalisation and emotional exhaustion (Maslach & Leiter, 1997) can lead to some angry responses by leaders caught in this trap. As three leaders commented:

> There's a real fear of intimacy and peer proximity. We place position over potential, swap intimacy for security, adopt simplicity in complexity, use political process to obfuscate genuine action and purpose, over promise and under-deliver, think management is leadership, think position impresses, think others care, over cook our importance and under cook our responsibilities, avoid the central issues and piss around in the peripheries, settle for entrée and skip the mains, love a new thing and fail to address the old thing properly, always have answers but not many on the ground solutions. (Ref. M6.12)
>
> On the transformation thing . . . I am not going to give you any

> grief on this but just for the record I have been lied to by the church for 30+ years (e.g., revival is coming; Christianity will change your life; going to church builds your faith) and I know how much those lies hurt me. I am not going to lie anymore. Given the church has an appalling track record over the past 50+ years I do not know how Christians can make even relatively modest claims to transformation. (Ref. C.083)
>
> A lack of understanding, awareness and support from people within the church to ministry leaders. How will the church ever really understand the pressures that are on a Pastor and their family? The belief that because the Church pays the Minister, they own them, yet often aren't willing to listen to them—only everyone else. An unrealistic expectation that a Minister will be everything to everyone, rather than using a Minister in their God-gifting strengths and areas. A Pastor's belief that they need to be constantly available or they aren't meeting the needs of the Church (lack of boundaries). (Ref. M.712)

One participant shared his insight into the burnout phenomenon in the Churches of Christ in NSW:

> Actually I think one of the major contributors to burnout is that ministry leaders create their own work, much of it unnecessary and not actually a contribution to their vision or cause, because we are often reactive in our decision making, rather than proactive, and we also decide short term but dream long term. We don't build a

> strategy from the ground up, we get trapped into reacting to problems, rather than getting our hands off people's lives and creating something that will actually help to transform them. As a result the pathway/road between the horizon and what's under our shoes is not often built. So we end up dreaming of what's possible but compromising all that we could do to get there to live in/deal with the immediate because we haven't been taught that our vision is not about what we will be doing in five years time, but who we will be in five years time. It shifts the focus of a Ministers work from what they do to who they are and the culture they create not the work they generate. If we could help ministers understand the simple truth that vision is connected to culture not to programs I think we would eliminate a great deal of burnout. (Ref. C.901)

In my personal journal at the time, I wrote the following:

> When they are worn out some leaders may seek to feel valuable by 'rescuing' everyone around them. They enjoy being the hero who saves victims from pain and struggle. This becomes unhealthy when that rescuing enables people to continue in their own destructive patterns of behaviour. We call this co-dependency because the minister needs them to be weak so he/she can feel valuable—and the other person needs to be weak so that they will be rescued by the minister (thus also feeling valued). These relationships are unhealthy but not uncommon in churches. It is a continual dance of wounded souls. (Ref. J.110808)

Participants felt that this was a widespread problem, regardless of what it was called or the specific diagnosis. With 40% of participants describing themselves as 'overworked', this does not seem likely to disappear because without much support leaders are getting exhausted physically, emotionally and spiritually.

3.3.6.2 Planning/acting on Sam's story.

The following action recommendations to improve leader health were made in the group dialogue:

1. Safe places to stop to be renewed, therapeutic places.
2. High quality mentors, coaches, supervisors available to come alongside leaders.
3. Easy-to-use health diagnostics so ministry families can see how they are faring in being healthy and effective.
4. A peer support network for leaders so they can sharpen each other and continue to recognise common health problems.

3.3.7 Tyson's story: A financially distressed leader.

Tyson and Michelle are married, in their early thirties, with two small children. Tyson has worked at City Church for almost three years. When they arrived, the church paid them according to the salary recommended by the state office. At first, moving from the country to the city, they thought this was quite a generous wage, but the realities of renting a house, paying the bills and raising a family soon caught up with them financially. The church, while sensitive to these pressures, was struggling to pay the existing salary, but if its financial situation did not improve, it would need to reduce Tyson's role from a five-day position to four days a week.

Tyson described his feelings as follows:

> I need to push the church harder in their financial giving . . . but

> that is difficult because I know it is really about my own salary. I am torn between the needs of my family and the needs of my church. It is eating me up inside. (Ref. 437).
>
> I have a degree in theology and a large education debt. I am not really qualified to do anything else. I feel trapped and do not have the emotional energy to find a way out. (Ref. C.342)
>
> I lie awake at night knowing I cannot pay the bills. But somehow you are not allowed to say that the money is not good enough because apparently that's being worldly and greedy. So I stress out, do not sleep and get further into debt. (Ref. C.332)
>
> I feel empty and exhausted. Michelle has had enough. She can see what it's doing to me and our family. She just wants to move away, anywhere, and get a new start. But I know we cannot afford to do it! I feel called to this work and this place but I still have a responsibility to provide adequately for my family. (Ref. C.339)

With the ever-present demands of ministry, Tyson felt overwhelmed. He expressed that the value conflict between serving God and taking care of family was an enormous stressor. He said that in the last three months he had experienced regular headaches, insomnia and a loss of weight. He consulted with his General Practitioner who informed him of an increase in blood pressure and had recommended more exercise, a change in diet, and taking some time off to relax. Tyson felt that taking time off was the last thing he could do, as this would only make the financial matters worse.

3.3.7.1 Group reflections on Tyson's story.

Participants identified with Tyson, and there was strong emotion and frustration

about the issues he raised. Remuneration was said by many to be one issue affecting their ability to stay in ministry. In general, finances were not mentioned as a factor that made ministry more attractive but rather as a barrier that, if unresolved, may lead to leaders exiting paid ministry roles. Participants expressed a value conflict between two responsibilities: (1) a calling to ministry work, competing with (2) a calling to take responsibility for family needs. This value conflict was reported as a source of high dissonance and emotional stress.

Financial stress among leaders was widespread, with 58 per cent stating they did not have enough financial support to live on. Fifty-two per cent indicated they were worried about the financial cost of staying in ministry. In discussion, leaders found sympathy with Tyson's story. Those who were older shared their concerns that this was a typical experience that threatened the retirement prospects of many:

> Many churches still have a 'keep them poor' mentality towards their leaders. I'm not saying we should be like the Assemblies of God and get rich. I just would like to be treated fairly without having to fight for the basics. I can put up with it but it demoralises my spouse who is outraged at the disrespect shown to myself or any leader in this position. (Ref. 067)
>
> Over a lifetime of ministry the only pay increased we get are the CPI. You can't get a promotion, or get more pay because your church is in an expensive area, or receive better remuneration because you have a good track record or more qualifications. Why do we think ministers are undervalued and we are finding it hard to attract and retain effective ministers? (Ref. 052)

> I doubt we will be able to continue to afford to be in ministry. Three kids and living in the city is so expensive. I am lying awake at night worried about how to take care of my family. (Ref. 033)
>
> Paying a 25-year-old graduate with no experience the same pay as a 55-year old with two degrees, lots of experience and a good track record with a solid reputation is NOT appropriate. I know this is a calling and not a career but in every other place of work that would be seen as 'taking advantage' of the employee. This is not a God honouring practice and I believe contributes to our lack of leaders who can afford to stay in ministry for the long haul. We have often just declared those who leave ministry as 'unspiritual' and continue on in our unjust practice. (Ref. 071)
>
> I am torn. Ministry has damaged me, and my family has paid a great spiritual, emotional and financial toll for this. Am I really called if I'm seeing that it is hurting my family? Or is that just me being selfish? (Ref. 096)

Participants believed the stress they experienced over their financial situation affected their physical, emotional and spiritual health as leaders. This was consistent with the literature on stress (Blonna, 2005; Lee & Iverson-Gilbert, 2003; Seyle, 1976; Severinsson, E. (2003), particularly in ministry leadership (Hoge & Wenger, 2005).

3.3.7.2 Planning/acting on Tyson's story.

The issues raised in Tyson's story were seen as urgent concerns. The following action recommendations to improve leader health were made in the group dialogue:

1. Recommend a review of the organisation-wide policies regarding the attraction, retention and remuneration of leaders, particularly in the need for a recognition of the increasingly high costs of living in city locations.
2. Provide opportunities for free financial counselling to leaders.
3. Incorporate adequate proactive health responses to these issues into degree training for ministers.

3.4 Summary

One hundred and eight leaders discovered themselves in the stories being shared, identifying with some of the attitudes, emotions and behaviours expressed. This enabled them to discover their individual story acknowledging how this shapes who they are and how they see the world. The insight from participants, informed by literature in the field, revealed some powerful insights that were playing out in multiple situations across the network.

This story telling and discussion in workshops following the Chatham House Rule and a rubric of 'no fixing, no saving, no advising, and no setting anyone straight' was experienced by many participants as a spiritual experience that affirmed and promoted their spiritual health.

Capturing stories for learning was a valuable way for action researchers to gather in-depth knowledge from a specific context. This storytelling became a valuable way for me to record and analyse the cultural context, critical tensions, spiritual concerns and learning opportunities, as 'action research is fundamentally about telling the story as it happens' (Coghlan, 2002, p. 63). My process was not uncommon for action research, as McNiff et al. (1996) write:

> People do research on themselves rather than on others; they do

> research with others in order to understand and improve their social practices. People offer stories of their own improved understanding as outcomes. They share these stories, not competitively but collaboratively. This shared learning leads to the construction of collective knowledge. (p. 106)

Each person who shared has helped me to empathise more with people in situations that my own life journey has not equipped me to fully understand or appreciate. Alternatively, someone telling a story similar to mine may allow me to process my story differently and learn new ways of acknowledging the impact of my own story.

The stories are not neat packages of knowledge to be clinically analysed and categorised. Rather, participants shared common observations about systemic health issues in the organisation. These stories do not fit neat categories of content but rather fuzzy themes permeate. One such theme was labelled 'woundedness', which is evident in the following positive responses to these statements by the participants:

- 53% —'I am wounded'
- 47% —'I am wounded but able to heal others'
- 23%—'I am wounded and unable to see myself being healed'

With more than half (53%) seeing themselves as wounded and a quarter (23%) feeling they are so wounded they are unable to see themselves being healed, the sustainability and effectiveness of leaders was seriously affected. Other issues that permeate the stories are seen in these responses:

- 48% —'I know my healthy boundaries are starting to blur'
- 46% —'I am struggling with my own inner personal stresses'
- 50% —'My ministry life is NOT sustainable if things stay as they are'

These issues were clearly evident and widespread during the research process, generating a culture of curiosity and inquiry. Participants were searching for a way forward. As one writes:

> We need help. We deal with the emotional pressures of ministry with little support or preparation. . . . then the financial pressures of ministry, . . . the physical strain which can lead us astray into sinful sexual or prideful situations [and] the spiritual strain which can leave us empty and dry. (Ref. 068)

While this chapter focused on harvesting the knowledge of participants to improve practice in leader health, in chapter four I focus on making sense of the tacit knowledge gathered and making it explicit in the form of leader development tools to improve leader health.

Chapter 4: Savouring Life

4.1 Introduction

Apart from the Introduction and Summary, this chapter was published as a peer-reviewed book chapter (Smith, 2012) as part of this research. It was a contribution to the University of Western Sydney's Conferral on Spirituality and Human Flourishing in October 2009.

As well as giving insight into the overall research process, the chapter includes two tools for transformation that form part of the collective sensemaking process:

- Health Map 1: Savouring Life—Challenges and Capability
- Health Map 2: Adapt or Derail—from Struggling to Savouring

Four other tools developed collaboratively are included in chapter five which extends and deepens the analysis presented in chapter four. The four additional tools, part of this collection, are:

- Health Map 3: Leadership Health Check
- Health Map 4: Leadership Health and Sustainability Map
- Health Map 5: Conflict Response Styles
- Health Map 6: Warning Lights

For an overview of the six tools see chapter 5.1. Chapter 4 was distributed to participants and more widely in the organisation to encourage dialogue and reflection (sensemaking) on the issues of the research. As such, it was feedback for systemic change. Figure 4.1 shows how it fits into the overall thesis:

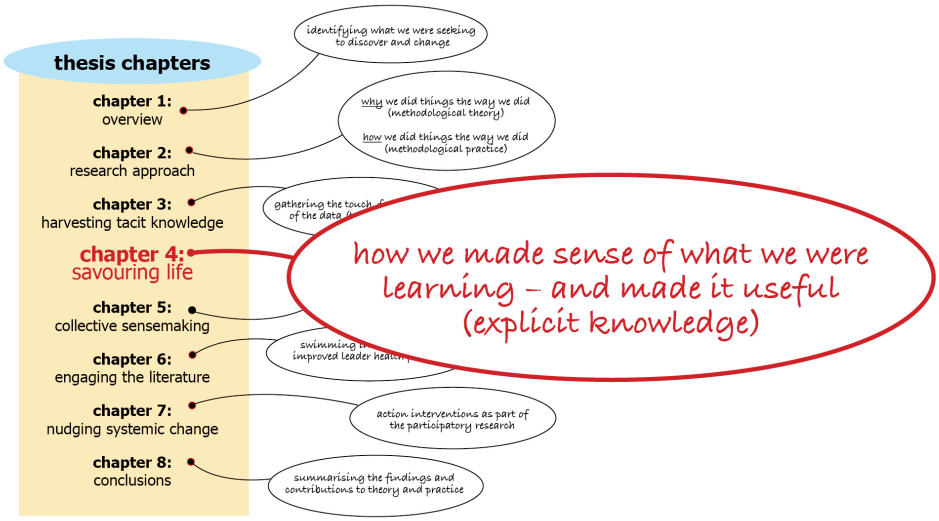

Figure 4.1. Thesis map (chapter 4).

This chapter shares some of the findings of a PAR study undertaken by the Churches of Christ in NSW, Australia. In forming a framework for sustainable leadership health, five streams of current literature (burnout, stress, coping, mindfulness and flow) were found to add insight to the shift from the *pathogenic* to the *salutogenic.* A dynamic state of 'optimal functioning' was seen to enhance leadership health, resilience and effectiveness—this was referred to in the study findings as 'savouring life'. This helped to identify a needed shift in organisational practice from reactive to proactive—an emphasis on *holistic wellness* rather than merely the absence of disease (for further development see sections 1.3.3, 4.5 and 6.3). The result is a transformative approach to sustainability that calls ministry leaders to an inner spiritual journey, going deeper, discovering self, seeking discernment to result in greater energy, resilience and purpose. Two leadership mapping and development tools are shared, which are designed to help leaders explore their own journey—moving from struggling to savouring. These elements were foundational in an organisation-wide change initiative to change your corner of the world by changing yourself.

In 1580, the Archbishop of Canterbury stood before Queen Elizabeth I and

defended his inability to provide quality leaders in 1,300 Anglican parishes across Great Britain:

> 'Jesus!' broke in the Queen, 'Thirteen thousand! We cannot possibly find that many'. Then she added, 'But if they cannot be properly educated they can at least be honest, sober and wise.' (Neale, 1934, p. 302)

Almost 500 years later, this dilemma of attracting, developing and retaining high quality leaders remains a challenging issue for organisations across every sector of industry, government and not-for-profit (Bradach, Tierney & Stone, 2008, p. 96). This is certainly true in the Churches of Christ in NSW, a network of 100 church communities plus numerous aged care facilities, community projects and refuge centres. Research conducted within this organisation (Smith, 2009) found that the current ministry leadership is ageing with approximately seven-out-of-ten over 40 years old. One third indicate that they are seriously wounded in some way and this is impairing their life and ministry. One third are operating at their peak—connecting to God and feeling they are being used powerfully. One third are somewhere in the middle—struggling at times, functional but not necessarily excelling—wounded healers.

4.2 Searching for Fresh Hope

In the search for ways to develop sustainable, healthy leaders, there is growing support for the idea that spirituality is *integral* to health and not merely an *influence* on health (Larson, 1996, p. 181). In 1999, the Executive Board of the WHO adopted changes to their definition of health as 'a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity' (Bok, 2004, p. 13). Agencies with strong links to the WHO such as the US Department of Health Center for

Disease Control and Prevention are now developing ways to ‘champion a focus on wellness that acknowledges the roles of mental health, spirituality, and complementary and alternative medicine across the lifespan’ (Navarro et al., 2006, p. 2). While Chuengsatiansup (2003) sees the inclusion of spirituality in the definition of health as merely a shift from a structured reductionist approach to health that is limited to those elements that can be measured easily using the scientific approach, he advocates a more ontological approach where ‘spirituality is an emergent property of a complex living system and exists only when such a system is examined in a holistic manner’ (p. 4).

The Churches of Christ are such a system, a diverse, complex, decentralised movement of autonomous yet interdependent communities of fresh hope. The health of the movement and the leaders in it are woven together with ever-shifting complexity—each affecting, and being affected, by the other. Ian Hughes (2008), in the context of action research in healthcare writes:

> Complex adaptive systems include a large number of autonomous agents (who adapt to change) and a larger number of relationships among the agents. Patterns emerge in the interaction of many autonomous agents. Inherent unpredictability and sensitive dependence on initial conditions result in patterns which repeat in time and space, but we cannot be sure whether, or for how long, they will continue, or whether the same patterns may occur at a different place or time. The underlying sources of these patterns are not available to observation, and observation of the system may itself disrupt the patterns. (pp. 389–399)

Examples of complex adaptive systems are the financial market, the human

immune system, a colony of termites or any collection of humans (Plsek & Greenhalgh, 2001, p. 625). The lessons from complexity science suggest that 'illness and health result from complex, dynamic, unique interactions between different components of the overall system' (Wilson & Holt, 2001, p. 688) and these unpredictable agents are (1) within each human body, (2) within the choices made by each individual, (3) affected by (and affecting) the web of relationships between individuals, and (4) influencing the wider social, political and cultural systems. As such, there is no simple cause-and-effect modelling that adequately predicts and solves health-related issues when relying on a system to be 'constant, predictable and independent' (Plsek & Greenhalgh, 2001, p. 625).

Spirituality is now recognised in the field of management theory as making a profound contribution to both personal and organisational transformation (Conger, 1994; King & Nicol, 1999; Mitroff & Denton, 1999; Neal, 1997; Renesch & DeFoore, 1996). This is also true in education, nursing, and social welfare (Hart & Bond, 1995) perhaps because 'spiritual people have a sense of inner calm which helps them stay focused and hopeful in troubled times' (Blonna, 2005, p. 11). Action research is an appropriate methodology to explore matters of health and spirituality because 'contemplating our spiritual purpose and human flourishing are seen as characteristics of action research' (Reason & Bradbury, 2001).

For both leaders and community, this holistic view of health is intertwined. The Churches of Christ in NSW have adopted the vision 'to develop healthy, mission-shaped communities of fresh hope'. The word 'church' was removed and the ideas of 'health' and 'community' were added. The vision statement was the result of a review that focused on reframing what it means to be Christians in community. This reshaped view of church is focused on health: for individuals and the group as a whole. Notice the

comment by the Hebrew prophet Samuel around 3,000 years ago:

> God puts poor people on their feet again; he rekindles burned-out lives with fresh hope. Restoring dignity and respect to their lives—a place in the sun! (1 Samuel 2: 6—The Message)

This verse is now the art feature in the reception area of the Churches of Christ office in Sydney. This indicates a shift in thinking: a challenge for those who claim to be God's people to focus on bringing life, centred on being a restorative, life-giving community. Christian community is not merely an institution, but a place of belonging; not only a gathering, but a place for genuine close-knit relationships; not limited to membership, but united in shared purpose and values. In short, it is a healthy community that brings fresh hope to burned-out lives.

This reshaping from a focus on 'church institution' to being a 'healthy community' reflects a significant shift in ecclesiology. It recognises that health is a central quality desirable for the organisation as a whole and reflected by the leaders who convene the dialogues of change and future building. In his book, *Community: The Structure of Belonging*, Peter Block (2008) defines the core elements of a healthy community:

> Community . . . is the experience of *belonging.* We are in community each time we find a place to belong. The word belong has two meanings. First, it means to be related to and a part of something. It is membership, the experience of being at home in the broadest sense of the phrase... To belong is to know, even in the middle of the night, that I am among friends. The second meaning has to do with being an owner: something belongs to me. *To*

> *belong to a community is to act as a creator and co-owner of that community.* What I consider mine I will build and nurture. The work, then, is to seek in our communities a wider and deeper sense of emotional ownership; it means fostering among all of a community's citizens a sense of ownership and accountability.
>
> Belonging can also be thought of as a longing to be. Being is our capacity to find our deeper purpose in all that we do. It is the capacity to be present, and to discover our authenticity and whole selves. Community is the container within which our longing is fulfilled. Without the connectedness of a community, we will continue to choose not to be. I have always been touched by the term beloved community. This is often expressed in a spiritual context, but it is also possible in the secular aspects of our everyday life. (p. xii)

The need for belonging and community is universal. We are social beings: the need to belong is a sign of health. Community is important for everyone, in religious or secular contexts. The religious context is not dissimilar to the secular when dealing with matters of health—whether emotional, social, physical or spiritual. However, all communities are complex. M. Scott Peck (1991), author of *The Different Drum: Community-Making and Peace*, describes complex community thus:

> *Community* can be one of those words—like God, or love, or death, or consciousness—that's too large to submit to any single, brief definition. . . . we consider community to be a group of people that have made a commitment to learn how to communicate

> with each other at an ever more deep and authentic level. One of the characteristics of true community is that the group secrets, whatever they are, become known—they come out to where they can be dealt with . . . a group that deals with its own issues—its own *shadow*—and the shadow can contain any kind of issue. Within an organization, community represents a forum where the tension can be surfaced out in the open and made known. You can't develop a *tensionless* organization. To the contrary, one of the conclusions at the conference was that you wouldn't *want* to develop a tensionless organization. Creating community in the context of an organization permits those tensions to be surfaced and dealt with as best they can, rather than being latent or under the table. (p. 26)

The process of redesigning the concept of community in the context of our research reported below was not without tension. However, stakeholders' redefining of the terms of reference from 'churches' to 'healthy, fresh hope communities' enabled the organisation to recognise the legitimacy of groups and settings such as refuges, aged care facilities, welfare groups, and chaplaincy settings as stakeholders in our organisation. This was an intentional move towards organisation-wide health:

> Our communities must support our individual freedom as a means to community health and resiliency. And, as individuals, we must acknowledge our neighbours and make choices based on a desire to be in relationship with them as a means to our own health and resiliency. (Wheatley & Kellner-Rogers, 1998, p. 14)

It became evident in our research that the Churches of Christ is not sustainable unless significant changes are made to its structure. The organisation does not exist to serve itself—rather, it exists to serve a purpose. However, without a depth of healthy, mission-focused leadership that is able to build healthy, purpose-driven community, it will become irrelevant over time.

The issue of sustainability is important for leadership. At a risk assessment workshop run by PWC with senior staff from the Churches of Christ in NSW in 2008, the participants agreed that the second-highest area of risk for Churches of Christ is the attraction, recruitment and retention of high quality staff (PWC, 2008). With an ageing leadership, in roles that can be highly stressful, it is essential that the physical, mental, spiritual and social well-being of leaders is dealt with proactively and as a high priority. Without a steady stream of healthy leaders making a continuous positive impact on their churches, there will not be 'fresh hope communities'; but rather, 'life draining gatherings'.

4.3 The Leadership Journey: From 'Struggling' to 'Savouring'

Our research within the Churches of Christ in NSW took the form of a PAR project under the supervision of the Faculty of Health Science at the University of Sydney. The project was designed to improve professional practice in the area of leadership health and intended to 'generate transformational theories' (McNiff, 2000, p. 56) as leaders produced 'their own theories of practice' to bring about personal and organisational change. Jean McNiff (2000) writes:

> I continue to make the case for generative transformational processes of real life. Organization practices are always changing. Organization theory needs to develop a form that embodies

> change. Knowers and their knowledge are changing phenomena in a changing world; people change their practice as they try to develop their lives. This means studying their own changing work, and telling the stories of their own learning processes as they tried to make a difference for good. (pp. 56–57)

Harvesting the experiences of leaders through the collection of their comments, insights and stories was a powerful form of data collection. Lave and Wenger (1991) describe stories as ‘packages of situated knowledge’ (p. 108), citing examples of the power of stories in Alcoholics Anonymous, saying that ‘talk is a central medium of transformation’ (p. 85). The role of stories in sense-making has been given considerable attention by researchers (Weick, 1995, p. 127). ‘Telling stories about remarkable experiences is one of the ways that in which people try to make the unexpected expectable, hence manageable’ (Weick, 1995, p. 127). Whitehead (2009) stresses that recording stories in any creative forms:

> communicates the values that give meaning and purpose to their lives and that are expressed in their professional practice. I think of such values as ontological in that they are at the heart of the individual’s sense of themselves and their ways of being. Their values are expressed with a life-affirming energy in what they are doing. The ontological significance of the explanatory principles of living theories is that these are the values used by individuals to give meaning and purpose to their lives. These values can be clarified and developed in the course of the action research. The expression of the meanings of the embodied values can be formed,

> in the process of clarification, into the communicable standards of judgement that can be used to evaluate the validity of the contributions to knowledge in the production of the living theories. (pp. 93–94)

These 'living theories' took the form of 'cogenerative inquiry' built on 'professional researcher-stakeholder collaboration that aims to solve real life problems in context' (Greenwood & Levin, 2005, p. 54) as questions were raised, problems identified, data analysed and resolutions found to bring about effective social change. Theory was iterative and evolving through multiple forms of stakeholder engagement. Forums for participant storytelling, knowledge sharing, brainstorming and reframing created a shared analysis for the challenges to leadership health. In constant dialogue, participants made posters of their thoughts, feelings and reflections to help understand the present and co-create a preferred future.

In other areas of health research, these non-linear forms of learning have been found to increase the *capability* of doctors and nurses to meet their role requirements (Fraser & Greenhalgh, 2001, p. 799). McNiff (2006) found that:

> As we practise we observe what we do and reflect on it. We make sense of what we are doing through researching it. We gather data and generate evidence to support our claims that we know what we are doing and why we are doing it (our theories of practise), and we test these knowledge claims for their validity through the critical feedback of others. The theories are our living theories. (p. 32)

The resulting models were tested and refined in multiple cycles of co-generative

dialogue. A broad range of research literature was shared with participants to help inform these research conversations and develop real world models that would improve professional practice. Gareth Morgan (1983) highlights the power of this kind of research for individual and organisational transformation, noting that:

> In conversation, as in research, we meet ourselves. Both are forms of social interaction in which our choice of words and action return to confront us. . . . When we engage in action research, thought and interpretation, we are not simply involved in instrumental processes of acquiring knowledge, but in processes through which we actually make and remake ourselves as human beings. (p. 373)

As this research aimed to improve professional practice in the area of health, the question 'How do we improve our practice?' was central. Creating a toolkit for individual and organisational transformation was important as this provided a way for ideas to be tested repeatedly by practitioners. It was also a way to seep transformational knowledge into the wider system by holding up a mirror for participants to see themselves and where they are in relation to their own health and well-being. Stories were gathered as collections of deep pain, common struggles, interesting challenges, personal triumphs and great joys. They were then shared and realigned into common themes. Through multiple cycles of interaction, the wisdom of participants was engaged and developed:

> The value of collective and interactive research cycling is that the individual's own learning can be fully drawn out and acknowledged; shared and put side-by-side, with the 'knowing' of others, so that individual meaning is enriched, enhanced and extended by interaction with others; and evaluated and

> constructively challenged by others. This concept is fundamental to the process of action learning. (Cherry, 1999, p. 85)

The central interpretive apparatus was adapted from the work of Herr and Anderson (2005, pp. 49–68), providing a benchmark for the research against other established processes, and providing the following tests of valid action research:

- generating new knowledge *(knowledge quality)*
- achieving action-oriented outcomes *(outcome quality)*
- transforming researcher, participants and organisation *(change quality)*
- testing of research value and applicability by participants in organisation *(practice quality)*
- co-creating and sharing knowledge owned by stakeholders *(democratic quality)*
- confirming rigorous and appropriate research method *(process quality)*

The approach worked in cooperation with participant stakeholders to harvest their knowledge and make it available for sharing with others. As improving practice was the chief goal, it was the usefulness of these tools that dictated the validity of the themes and models. These models had been further shaped by the literature in the field, but their usefulness was determined by the stakeholders. As Greenwood and Levin (2005) write:

> Validity, credibility, and reliability in action research are measured by the willingness of local stakeholders to act on the results of the action research, thereby risking their welfare on the 'validity' of their ideas and the degree to which the outcomes meet their expectations. This cogenerated contextual knowledge is deemed valid if it generates warrants for action. The core validity claim centres on the workability of the actual social change activity

engaged in, and the test is whether or not the actual solution to a problem arrived at solves the problem. (p. 54)

4.4 Images of Wounded Leaders

Images of leadership health in the Churches of Christ in NSW were collected through dialogues conducted around the state and confirmed by a survey of 108 ministry leaders (Smith, 2009). The participants were predominantly male (73%), 32 per cent were regionally located, and two thirds were over 40 years old. Their responses yielded the following descriptions of leaders as wounded but with some strengths.

One half (50%) believe that their ministry life is not sustainable if things stay as they are. Our leadership is ageing with approximately seven out of 10 being over the age of 40. Most of our ministers (58%) are working part-time. Forty per cent believe they are overworked and 44 per cent feel they lack leaders in their church they can rely on. Almost three-out-of-five (58%) feel they do not have enough financial support to live on and 44 per cent lack the financial resources to do their ministry.

One third (32%) say they are really struggling. Over half (53%) describe themselves as ‘wounded’. Of these, 47 per cent say they are ‘wounded but are able to heal others’, and 23 per cent feel ‘wounded and unable to see themselves being healed’. One third (35%) are doing or thinking things that are usually out of character for them, while almost half (48%) feel their healthy boundaries are starting to blur.

One third currently feel stuck and do not know what to do. Meanwhile, 37 per cent are looking for work outside of ministry now, 32 per cent are looking for other ministry options now, and 33 per cent will leave ministry altogether when they have another reasonable option. Approximately one third feel they are burnt out (31%) or depressed (31%). One third (32%) believe their spouse is depressed. One third (31%) feel

limited by their own physical health and almost half (46%) are struggling with their own inner personal stresses.

One half (49%) say their marriage relationship continues to grow deeper. Almost one half (48%) believe their ministry is very effective. One third (34%) believe God is using them powerfully and similar numbers feel very connected to God (33%), God-empowered (29%), very healthy emotionally and spiritually (29%), they are doing quite well (35%) and their faith is stronger than ever (34%). Further, two in five (40%) have no plans to leave their ministry position and most (55%) feel supported and encouraged by their church leadership team.

Almost one half (47%) wish to find God's agenda for their life, while 57 per cent would focus on their own spiritual formation. Others were concerned with coping with stress (43%), becoming a spiritual leader (39%), dealing effectively with conflict (31%) or managing boundaries (61%).

This research project garnered the ideas and feelings of ministry leaders in multiple dialogues across the state. Common threads were identified and with participant dialogue, testing, validating and reshaping, various models were developed. Two of these models are shared here: (1) *Adapt or Derail: the Leader's Journey from Struggling to Savouring;* and (2) *Savouring Life: The Leadership Journey to Health, Resilience and Effectiveness*. The power of these tools was that they were *co-generated* by the participants in the system but they were also created for *personal mapping.* Mapping opens up 'knowledge spaces' (Clarke, 2005, p. 30) that provide a visual way to see *where we are* and *where we want to go* (or, more importantly, who *we want to be*). This is a simple and powerful form of situational analysis that provokes a fresh way of looking at our own situation within an organisational context. The process can be transformative, as

‘maps are excellent devices to materialise questions’ (Clarke, 2005, p. 30).

Leaders were asked to identify four key mapping actions for their lives in their ministry contexts: (1) map on this diagram where you are now; (2) map on this diagram where you want to be in six months; (3) describe what that map position is like—feelings, thoughts, actions; and (4) what positive steps are needed to move you there? The mapping process helped leaders see themselves in the stories of others. Participants regularly said, ‘I’ve been there’, or, ‘I know what that feels like’, when these tools were used to discuss their health, resilience and effectiveness.

Leaders were asked to share their images of their own experiences of ‘struggling’. Their stories often spanned a lifetime of different situations and contexts. The information was organised by participants into the following themes:

1. **Drained:** decreased energy and increasing difficulty in staying focused and keeping up to speed with all that’s going on.
2. **Demoralised:** feelings of failure in vocation and questioning the call to ministry.
3. **Devalued:** reduced sense of reward (feeling unappreciated) in return for giving so much to the ministry.
4. **Defeated:** a sense of helplessness and inability to see a way out of current problems.
5. **Denial:** failing to accept the nature or depth of a crisis, or own role in contributing to current situations.
6. **Dogmatic:** demonstrating black-and-white thinking, holding to positions in an unreasonable manner that demeans others for thinking or feeling differently.
7. **Demanding:** feelings of being entitled to special treatment because of position, divine will or recognition of sacrificial service.

8. **Disconnected:** detachment from important relationships and an inability to develop closeness.
9. **Disillusioned:** cynicism and negativism about self, others, work and the world in general.
10. **Derailing:** rationalised choices that break previous boundaries and are self-destructive, adventure seeking, addictive or otherwise out of character.
11. **Duty:** ministry service is driven by obligation and responsibility, rather than joy, meaning, faith and love.
12. **Dryness:** spiritual wilderness, feelings of emptiness, going through the motions, no sense of God's 'presence'.
13. **Driven:** an obsession with seeking their own personal agenda (for significance and/or security) rather than humbly pursuing God's agenda.
14. **Depression:** feelings of overwhelming sadness, disturbed sleep, low energy, loss of ability to experience pleasure, and poor concentration.

These themes are consistent with issues arising out of the current literature on leadership impairment (Berglas & Baumeister, 1993; Hoge & Wenger, 2005; Millon, Grossman, Millon, Meagher & Ramnath, 2000; Smith & Vaartjes, 2008; Sperry, 2002). It should be noted that these images are messy and fuzzy, crossing over in multiple ways and may be coloured by other issues such as burnout, acute stress, stage of life issues, Secondary Post-Traumatic Stress Disorder (compassion fatigue) (Rothschild, 2006; Joinson, 1992), or neurotic dysfunction (Baumeister & Scher, 1988; Kets de Vries, 2001; White, 1997).

The journey of leadership through times of personal woundedness is depicted in the mapping tool *Adapt or Derail* (figure 4.2).

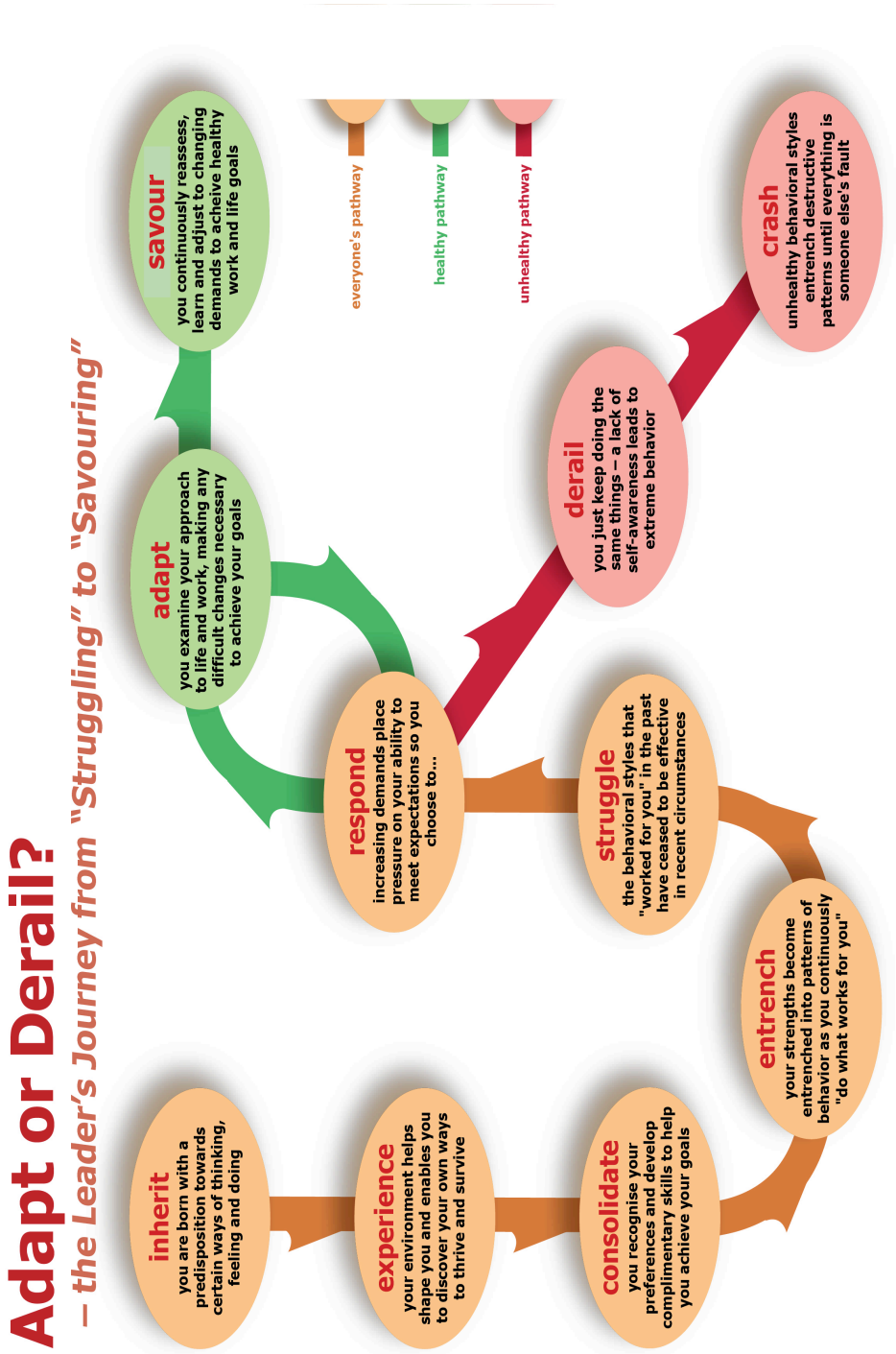

Figure 4.2: *Health map 1—Adapt or derail*

The map is described as follows: when you are born you may have predispositions towards different ways of thinking and feeling *(inherit);* your environment helps to shape you and enables you to discover your own ways to thrive and survive *(experience);* you recognise your preferences and develop complementary skills to help you achieve your goals *(consolidate);* your strengths become entrenched into patterns of behaviour as you continuously do what works for you *(entrench);* at some point the behavioural styles that worked for you in the past ceased to be effective *(struggle);* increasing demands place pressure on your ability to meet expectations so you have to make a choice *(respond)*. At this, you do one of the following:

1. Just keep doing the same things, but try harder—a lack of self-awareness leads to extreme behaviour *(derail);* this eventually manifests in unhealthy behavioural styles that entrench destructive patterns until 'everything is someone else's fault' *(crash)*.
2. You examine your approach to life and work, making any difficult, deep changes necessary to achieve your goals *(adapt);* you continuously reassess, learn and adjust to changing demands, transforming and thriving to achieve healthy life goals *(savour)*.

The model in figure 4.2 is consistent with the literature on life transitions (Fowler, 1981; Gould, 1978; Hagberg & Guelich, 2005; Levinson, 1978, 1996; Rohr & Martos, 1990; Sheehy, 1974) where, particularly in midlife, a leader hits a 'crisis of limitation' (Rohr & Martos, 1990, p. 166) and realises that the story of their life where they featured as 'the hero' (Campbell, 1949, p. 245) has not come to fruition. This is the point where doing what has worked for you is no longer effective and the leader is at a crossroads—to *adapt* (find a new role in their story—redefining what a hero really is and

changing accordingly) or *derail* (remaining stuck, like a rabbit in the headlights, afraid to act and afraid to do nothing until their soul is eroded and destructive behaviours manifest). In our research, participants felt that struggling will likely continue until a leader can reconcile their heroic dream with their current reality—this requires a journey of deep personal transformation.

4.5 Shifting from Pathogenic to Salutogenic

Responding to the holistic health needs of leaders within the Churches of Christ has required a significant shift from being *reactive* to *proactive*. The shift reflects a changing emphasis across industries and disciplines to health and well-being. In the emerging field of positive psychology, Seligman and Csikszentmihalyi (2000) challenge the traditional therapeutic approach by saying that 'psychologists have scant knowledge of what makes life worth living' (p. 5), and 'psychology . . . has become largely a science about healing. It concentrates on repairing damage within a disease model of human functioning'. They urge a shift from the traditional emphasis on weaknesses and malfunctioning towards a focus on human strength and optimal functioning.

The need for a switch in focus from the negative to the positive is evident in recent searches of psychological journals where Myers (2000) reported that negative emotions outnumber positive emotions by 14 to 1. In a similar study, Diener, Suh, Lucas and Smith (1997) found that the number of articles examining negative states outweighed those focusing on positive states by 17 to 1, while Schaufeli and Bakker (2004) found a similar ratio (15 to 1) in literature on occupational health psychology. The imbalance is underscored by George Vaillant (2008):

> Consider that in 2004 the leading American text *The Comprehensive Textbook of Psychiatry,* half a million lines in

> length, devotes 100 to 600 lines each to shame, guilt, terrorism, anger, hate, and sin, thousands of lines to depression and anxiety, but only five lines to hope, one line to joy, and not a single line to faith, compassion, forgiveness, or love. (p. 42)

The promise of the shift from *negative diagnosis* to *positive reinforcement* is not limited to issues of mental health but all aspects of human health (Seligman, 2008). Examples are found in therapeutic approaches to people helping such as Solution-Focused Brief Therapy (SFBT) in which 'problem talk' is laid aside for 'solution talk' (DeShazer, 1994, p. 80). The solution-focused approach is viewed as more likely to produce positive outcomes in a shorter period of time (Lipchick, 2002, p. 47) and forms a growing basis for much of the literature on performance coaching—executive, sport and life (Berg & Szabo, 2005). This is similar to approaches to organisational change such as Appreciative Inquiry (AI) (Cooperrider & Srivastva, 1987; Watkins & Mohr, 2001). Both SFBT and AI denounce a problem-solving approach to change and rely on developing a dialogue that identifies what has worked well (the positive) and encourages participants to do more of that. This is a shift from *pathogenic* (focus on disease or disorder) to *salutogenic* (focus on health and well-being) (Antonovsky, 1987, 1996; Charlton & White, 1995).

In literature depicting this shift from pathogenic to salutogenic, (see sections 1.3.3 and 7.1 for further development) there are five streams of thought of particular relevance to the holistic health of ministry leaders. The five streams are *burnout* (Hakanen et al., 2006; Maslach & Leiter, 1997; Schaufeli, Martinez, Marques Pinto, Salanova & Bakker, 2002; Webster & Hackett, 1999), *stress* (Nelson & Simmons, 2004; Quick et al., 1997; Seyle, 1976), *coping* (Bryant & Veroff, 1984); *mindlessness* (Brown & Ryan, 2003;

Kanh, 1992; Kabat-Zinn, 1994; Weick & Sutcliffe, 2001) and *apathy* (Csikszentmihalyi, 1990, 1998). In each of these streams, for each state of negative health there is a positive counterpart, a state of 'optimal functioning'.

In these five streams *engagement* is the positive counterpart of burnout (Hakanen et al., 2006; Maslach et al., 2001; Schaufeli, Salanova, Gonzalez-Roma & Bakker, 2002), *eustress* is the positive counterpart of distress (Nelson & Simmons, 2004; Quick et al., 1997; Seyle, 1976), *thriving* is the positive counterpart of coping (Bryant & Veroff, 1984), *mindfulness* is the positive counterpart of mindlessness (Brown & Ryan, 2003; Kanh, 1992 Kabat-Zinn, 1994; Weick & Sutcliffe, 2001) and *flow* is the positive counterpart of apathy *(*Csikszentmihalyi, 1990, 1998*).* Research supports linkages between the five positive concepts and between each concept and positive outcomes such as holistic health, resilience and effectiveness (all of relevance to the sustainable well-being of leaders):

1. They all recognise a positive state of being 'fully present' (Brown & Ryan, 2003; Kahn, 1992; Senge et al., 1994) that has the effect of 'optimal functioning'.
2. There are positive correlations between these states of optimal functioning and positive health and well-being (physical, psychological, social, spiritual).
3. The state of optimal functioning has positive spillover to the emotional well-being of the family.
4. Significant positive correlations exist between being optimal functioning and positive business outcomes in the following areas: employee productivity, shareholder return, customer retention, employee retention, client satisfaction, personal well-being and workplace health and safety.

5. They all recognise that the ‘spiritual’ aspects of personal wholeness contribute positively to the state of optimal functioning.
6. There is a positive correlation between the state of optimal functioning and leadership health, resilience and effectiveness.

The state of optimal functioning is referred to in our research as ‘savouring life’. Leaders who feel swamped, stressed or bored will find that they easily slip into automatic pilot, a kind of sleepwalking, where daydreaming, ‘zoning out’ or ‘black-and-white thinking’ all seem to make life a little easier. This is not a new phenomenon, as almost 100 years ago William James (1911) wrote that ‘compared to what we ought to be, we are only half awake’ (p. 237).

The state of being stuck can drain the life of passion related to work. It may manifest itself as depression or, as Kets de Vries (2001, p. 107) suggests, a *quasi-anhedonia* (a mild form of mood disorder) where an individual can no longer find pleasure in a previously pleasurable activity. This emotional numbness is also characterised by the loss of ability to concentrate and enjoy living. He writes, ‘While hedonism reveres pleasure, its obverse, anhedonia, negates it. Anhedonia is characterised by a sense of apathy and loss of interest in and withdrawal from pleasurable activity’ (Kets de Vries, 2001, p. 106). These potential challenges increase during midlife.

In contrast, savouring life is about being fully present in the moment (Hanh, 1976), single-minded, focused and highly engaged (Langer, 1990, p. 24). This dynamic state is ‘not so much about doing as about being’ (Kabat-Zinn, 1994, p. 112). The whole person—*head* (cognitive, thinking) *heart* (emotional, feeling) and *hands* (physical, doing)—is fully absorbed in what they are doing. The state of savouring has a positive effect on physical health, psychological well-being, workplace safety, personal resilience,

cognitive functioning and life satisfaction (Brown & Ryan, 2003; Hopkins, 2002; Langer, 1990; Segal, Williams & Teasdale, 2002; Weick & Sutcliffe, 2001), as the capacity for savouring life supports the many attitudes and actions that contribute to overall human flourishing.

The five literature streams discussed above provide insight into the state of health, resilience and effectiveness of leaders within the Churches of Christ in NSW. Bodies of research related to the five streams were introduced into the dialogues, workshops and resources shared with ministry leaders, allowing them to help co-create a mapping tool Savouring Life: the Leader's Ongoing Journey to Health, Resilience and Effectiveness (figure 4.3).

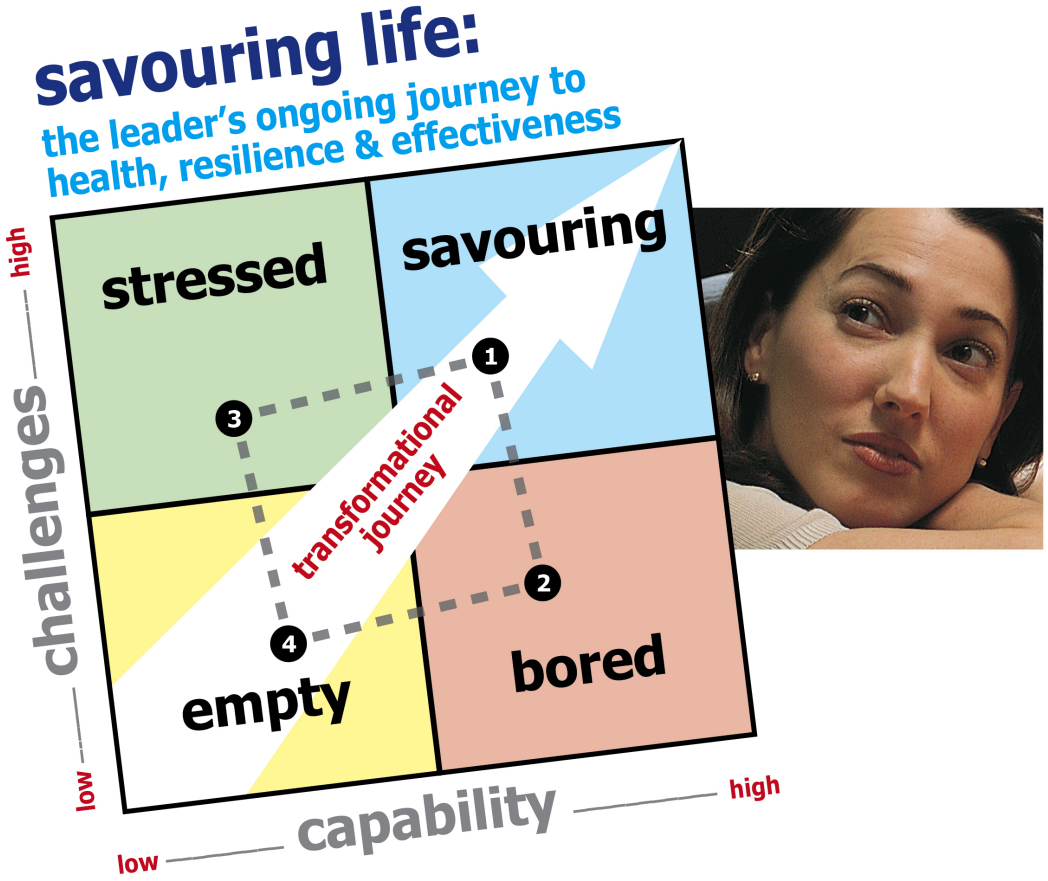

Figure 4.3: Health map 2—Savouring life.

The two dimensions of this model (see figure 4.3) are *challenges* and *capability.*

Challenges represent the range of issues that potentially drain inner resources (this is not necessarily positive or negative). They may be external (situational) or internal (psychological/spiritual). Capability is essentially the inner resources people use to learn and adapt to the challenges they face. Capability is more than competence. Leaders within the Churches of Christ in NSW (a complex adaptive system) have largely been equipped through traditional education and training focused on enhancing competence (skills, knowledge and attitudes). In a world where complexity is now normative, equipping leaders for *competency* does not appear to be enough. Fraser and Greenhalgh (2001), in the classic *British Medical Journal* series on complexity, emphasise the need for educating for capability:

> In today's complex world we must educate not merely for competence, but for capability—the ability to adapt to change, generate new knowledge, and continuously improve performance. . . . Reflective learners transform as the world around them changes: poor learners simply complain about it. (pp. 799–800)

The need to continuously adapt, *savouring life,* rather than merely *enduring work,* is exhibited in the following story. Participants experienced many similar feelings on their own journeys, and these experiences are shared here in one story. Savouring Life was developed to reflect the common themes of these stories—a co-created mapping tool designed to aid personal transformation. When shared with people in other industries, the essential elements of leadership health, resilience and effectiveness remained the same. Participants were encouraged to find their own stories within the story and map their current position, owning their own role and making a learning space to explore their own

situation, a challenge to savour life.

4.6 A Leadership Journey

John takes a job in ministry. He is excited about the new adventure—it will be a fresh experience, stretching his capabilities as he faces new and unknown challenges. He has the ability to try creative ideas, apply things he has learned from different contexts and build relationships with a congregation who, by and large, are looking to him to be a significant leader who can help them move ahead. Expectations are high. John is absorbed in this new role—it is fun and energising. He knows he is making a real difference in the lives of people he encounters. He is focused, fully engaged, healthy, resilient and effective. This is the *Savouring Quadrant (1)*.

Being in the *Savouring Quadrant (1)* is not merely being happy in what you are doing. Aristotle argued that there were two forms of happiness: *hedonia* (the life of pleasure) and *eudaimonia* (the life of purpose). *Hedonic well-being* is about maximising pleasure through indulging in the pursuit of appetites and desires. *Eudaimonic well-being* is optimum functioning based on the pursuit of goals and meaning. Aristotle viewed this as the higher pursuit. Each needs the other for holistic wellness. Pleasure without purpose is empty and meaningless. Purpose without pleasure is sterile and joyless. Seligman (2002) explores this duality:

> The good life consists in deriving happiness by using your signature strengths in every day in the main realms of living. The meaningful life adds one more component: using these same strengths to forward knowledge, power or goodness. A life that does this is pregnant with meaning, and if God comes at the end, such a life is sacred. (p. 260)

Being in this quadrant is a meaningful experience for John. It is reflected in his overall wellness and effectiveness. Over time, John hits some limitations in his ability to keep going. For some reason, the role is no longer energising him and projects do not have the same excitement. They are now just regular events and start to have a feel of sameness (to him and others). To remain in the *Savouring Quadrant* there must be discovery and growth, being stretched to find inner strength and resources that were previously untapped. If he does not continue to learn, adapt proactively and remain connected to the God-purpose that brought him to the role, he will start to slide into the *Stressed Quadrant* (not having enough leadership abilities to deal with the significant challenges he faces) or the *Bored Quadrant* (having high capability but low challenges to face). At this point, the 'honeymoon' is over.

In the *Bored Quadrant*, the ministry leader simply does not have enough challenges to keep the role interesting. One minister in this situation commented, 'I can do what they expect of me in about two days a week'. The leader may create other ancillary roles to alleviate this state, focusing on those things that provide them with some form of energy—perhaps writing, social activities, creative expression, research study or service projects. Many para-church organisations have been effectively established by ministry leaders who were bored in their local ministry setting and redirected their energies into a new challenge. However, remaining in this state for an extended period will likely shift the leader into the *Empty Quadrant.*

In the *Stressed Quadrant,* the ministry leader does not have the capability to meet the challenges he faces. He may never have been up to the challenge, or he may have been effective in leading the church to its current state but now feels somewhat lost, not knowing what to do next. Situational context is important—there may be a range of

issues that now limit the capability or capacity of the leader (such as lack of work resources, shift in health status, change in family situation and lack of personal finances). As this realisation mounts in the leader and in those around him, the stress is significant and, if unchecked, will push the leader into the *Empty Quadrant.*

In the *Empty Quadrant,* the ministry leader has mentally and emotionally 'checked out'. Unresolved, chronic boredom and/or stress have a natural entropy towards living on 'automatic pilot'. Often depressed and burned out, he is now barely hanging in there. Preoccupied with coping, he is unfocused, apathetic and disconnected from those around him. His resilience is low and he is no longer professionally effective at all. To ease the pain, he may 'adventure seek' in ways that would normally be out of character for himseeking small reprieves to an inner woundedness. These activities may be self-destructive as he moves to a point beyond caring. Derailing activities may involve addiction or pleasure seeking. With a lowered ability to experience pleasure, he is robbed of joy and feels an emptiness within. While it is obvious to many it is time to stop, have a break and move on to something else, issues of financial security become significant and ministers sometimes hang on beyond the point of healthy closure. An inability to think clearly, process emotionally and limited options can result in feelings of being trapped.

Every leader moves through these quadrants, sometimes quickly, sometimes slowly and not necessarily in a particular sequence. One participant said, 'I can go through all of these in a day!' However, it is the chronic states of these areas that can prove troublesome with *stressed* or *bored* sliding over time into *emptiness.* This was confirmed by multiple participants as something they had experienced in their leadership journey.

4.7 The Leader's Journey of Deep Transformation

This research into the health of leaders indicates that the leadership depth within Churches of Christ in NSW is 'winding down'. It is growing older, getting tired, and not attracting, developing and retaining healthy, high-calibre spiritual leaders. Without leaders who are safe people, skilled people or spiritual people, there is a significant risk to the effectiveness and sustainability of this movement.

Many of the issues raised are systemic. They are entrenched and interconnected. While 'quick fixes' are tempting, real change lies in deeper transformation. It is important for leaders to acknowledge their role and responsibilities in moving forward. Edwin Friedman (1985) responds to this idea:

> A comment needs to be made in this systems context about martyrdom. There are a number of clergy of all faiths who, rather than burning out, almost seem to relish abuse, either emotionally or in their physical surroundings. If they are Christian, they might see themselves as emulating Jesus on the cross. If they are Jewish, they might justify their suffering by recalling the martyrs of Jewish history. In both cases this is sheer theological camouflage for an ineffective immune system. In any family, taking the suffering for others, or being willing to suffer because of the suffering of others, is absolutely irresponsible if it enables others to avoid facing their own suffering!. . . . As one minister's spouse put it, 'I used to believe a martyr was someone who went around taking everyone else's pain without complaint and refusing praise for his actions. I now realise that is not a martyr; that's a saint. A martyr is someone who is willing to live with a saint. (p. 218)

Recognising that ministry leaders can be their own worst enemies when it comes to self-care is vital to this discussion. It encourages leaders to seek a form of change that helps them learn to set their own boundaries, build their own support networks, and strengthen their personal resilience (spiritual, emotional and physical). This work of change cannot be done *to* them or *for* them if sustainable solutions are to be developed.

In the context of this research, the health of leaders is viewed holistically because the whole person shapes their health and effectiveness as leaders within the church community they are serving. Their effectiveness is affected by the way they: (1) cope with stress, (2) have processed their family of origin issues, (3) manage relationships around them, (4) manage their physical health and (5) possess a sense of spiritual peace. In short, there are links between the health of the leader and the health of the organisation in which they are immersed (Tetrick, 2002).

The research process—using qualitative and quantitative methods with a participative approach—helped to identify the need for a shift in organisational practice from reactive to proactive. This means an emphasis on *holistic wellness* rather than merely the *absence of disease* and an emphasis on *savouring life* as the dynamic state of *optimal functioning.* The result is a transformative approach that calls ministry leaders to an inner spiritual journey, going deeper, discovering self and seeking discernment in order to result in greater health, resilience and effectiveness. There is an emphasis on spiritual transformation and wellness rather than merely the absence of illness.

Spiritual transformation is about going deeper. The focus on spiritual formation and spiritual mentoring are ways to help in this journey. The pursuit of personal transformation through formation, meditation and discipline will increase physical, emotional and spiritual resilience. Inspiring healthy life-shaping patterns (of thinking,

feeling, doing and being) is another pathway to spiritual transformation.

Wellness is about being able to live a healthy, joyous life. Ministers can savour life, enjoy their calling and learn how to minister safely and effectively. This should be a strength of spiritual leaders—if they cannot model this, their influence on others will be limited. Wellness is about balancing the whole of life (spiritual, emotional, relational and physical) —transformed lives surrendered to God and aligned with His agenda.

These elements are key in helping leaders move from struggling to savouring. The idea of savouring the moment to the extent of being totally absorbed in God (Mulholland, 2006, p. 99) is not new and involves 'being fully conscious and aware in the present moment' (Senge et al., 1994, p. 13). The 18th-century French Jesuit priest Jean Pierre de Caussade encouraged people in *The Sacrament of the Present Moment* to recognise God in every moment; savouring God in the small things of everyday life, not fighting it but surrendering:

> To discover God in the smallest and most ordinary things, as well as in the greatest, is to possess a rare and sublime faith. To find contentment in the present moment is to relish and adore the divine will in the succession of all things to be done and suffered which make up the duty to the present moment. (Muggeridge, 1982, p. xx)

The pathway to savouring life requires an emphasis on deep transformation. This journey of formation requires:

- Going deeper through *awakening:* Opening a doorway between God and self—a space of comfort (feeling the closeness of God) and threat (confronted by our lack of alignment with God).

- Going deeper through *cleansing:* Bringing our motives and behaviours into harmony with the character of God. No longer avoiding discipline—the spiritual disciplines are pursued to engender constant integration of God-values into everyday life as we learn to genuinely trust in God.
- Going deeper through *illuminating:* Shifting from God as 'out there' to a deep sense of God within our being. Renouncing our false self, we are responsive to God's touch as the heart of our life, constantly reshaping our approach to the world around us.
- Going deeper through *savouring:* Experiencing absorption with God's presence in the soul. A transforming union with God, the wholeness of a spiritual marriage with Him as God's agenda is pursued with passion and humility. Self is defined by God, not the impressions of others.

Going deeper through awakening, cleansing, illuminating and savouring are elements of spiritual formation reflected in various forms within Christian literature, including: Jean Pierre de Caussade (1675–1751), St. John of the Cross (1542–1591), Pseudo-Dionysius (sixth century), Teresa of Avila (1515–1582), Francois Fenelon, (1651–1715) and more modern writers (Barton, 2006; Foster, 1978; Groeschel, 1984; Kabat-Zinn, 1994; Merton, 1962; Muggeridge, 1982; Mulholland, 1993; Nouwen, 1981; Rolheiser, 1999; Willard, 1991).

It is important to recognise the emerging patterns in a complex adaptive system (Stacey, 2003). In leadership within Churches of Christ in NSW patterns of behaviour impact the health, resilience and effectiveness of leaders—and the health and effectiveness of the 'fresh hope communities' they lead. The two development tools described in this chapter capture indicators of these patterns, enabling leaders to identify

their situation through visual mapping, self-reflection and peer feedback.

Leaders who savour life are sustainable. They are not ‘running on empty’ and are recharged by who they are, how they live, what they do and why they do it. There is a whole-of-life balance of spiritual, psychological, social, intellectual and physical health, which constitutes a genuine flourishing of human life. This approach has helped to shape the understanding of healthy leaders and healthy ministries within the organisation. Through this process of mutual sensemaking, participants identified the patterns of daily life, which they believed characterised and assisted optimal functioning in leaders. Healthy, sustainable leaders:

1. Seek personal integrity through transparency, accountability and reflection (this is about growing in self-awareness).
2. Set personal boundaries that encourage self-discipline, renew energy and build resilience (this is about setting appropriate limits).
3. Build the capability and capacity of other leaders and delegate to them efficiently (this is about building effective teams).
4. Adapt to improve personal fulfilment and professional effectiveness (this is about pursuing deep change).
5. Live the values they espouse (this is about knowing who you truly are).
6. Nourish close relationships that challenge personal attitudes and actions (this is about belonging in community).
7. Seek depth: balancing spiritual, intellectual, social, emotional and physical priorities (this is about growing in wisdom).

4.8 Summary

This chapter shares some of the findings of a PAR study within a complex

adaptive system—the Churches of Christ in NSW. It illustrates action research as a formulation of living theory (Whitehead, 2009), a transformational process. The chapter described a journey from deep tacit knowledge through transformative practice to explicit awareness (McNiff & Whitehead, 2000, p. 51). Theories were developed that contribute to human flourishing and help leaders to contemplate their spiritual purpose, helping to inform and reshape their daily practices (Reason & Bradbury, 2001, p. 2). A dynamic state of optimal functioning enhanced leadership health, resilience and effectiveness—this was referred to as 'savouring life'. This helped to identify a needed shift in organisational practice from reactive to proactive—an emphasis on holistic wellness rather than merely the absence of disease. The result is a transformative approach that calls ministry leaders to an inner spiritual journey, going deeper, discovering self and seeking discernment—to result in greater health, resilience and effectiveness. Two mapping tools were shared that are designed to help leaders explore their own journey—moving from struggling to savouring. These elements were foundational in an organisation-wide change initiative—to change your corner of the world by changing yourself.

Chapter 5: Collective Sensemaking

5.1 Introduction

This chapter extends and deepens the analysis presented in chapter four. It explores some of the issues arising in the process of constructing meaning and creating knowledge to promote healthy leadership in a complex living system. Constant change in an uncertain environment is 'normative' in complex adaptive systems (Stacey, 1993; Wheatley, 2005). The Churches of Christ in NSW, like many organisations, have embarked on significant change management projects for many years. Most leaders in this study had been involved in several organisational change projects over the years revealing some recurring patterns of similarity across their stories. During the course of this action research project, leaders shared their stories of adapting to, and managing, change in their contexts.

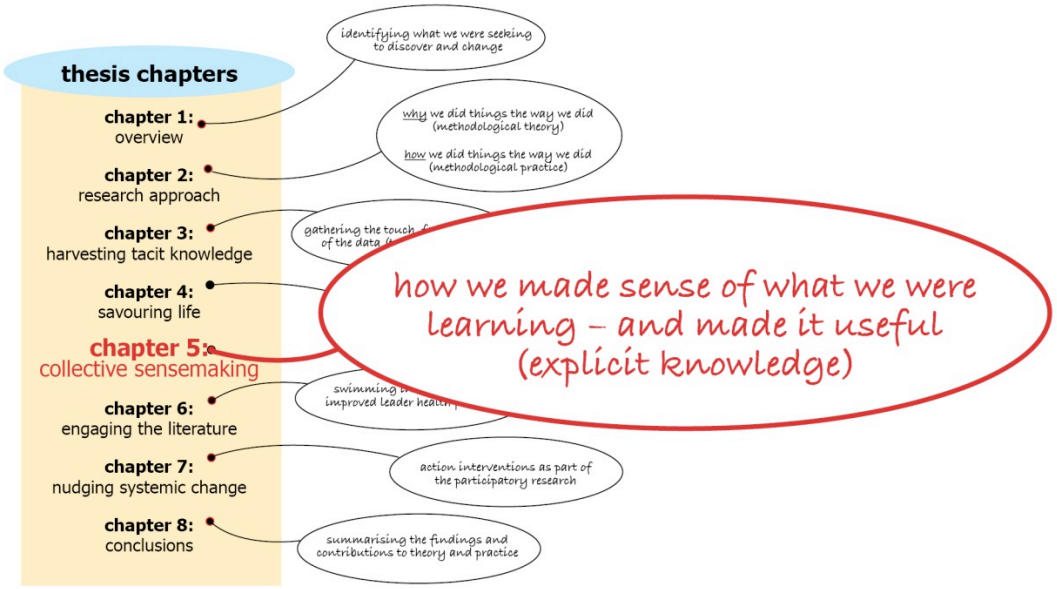

Figure 5.1: Thesis map (chapter 5).

This research provides proof-of-concept that participant researchers were capable of capturing health stories (parcels of tacit knowledge) and co-creating transformational

theories to convert this knowledge into development tools (parcels of explicit knowledge) for improved professional practice. This health knowledge was then shared and applied across the organisation. The six leader health tools highlighted in this thesis are:

- **Adapt or Derail** (section 4.4). Built on literature in the field, this tool was useful in helping participants discuss and map their life journey and understand the emotional and behavioural patterns that sometimes result in a sense of 'being stuck'. Leaders found the tool helped them make self-development plans for holistic health designed to move from 'struggling' to 'savouring'.
- **Savouring Life** (section 4.5). This tool is based on stories of participants along two dimensions—challenges and capability—that were illustrated in four quadrants (empty, bored, stressed or savouring) used to express common journeys of leadership health. Savouring life expressed an aspirational state of wellness for leaders and was useful as a tool to explore and map personal development.
- **Leadership Health Check** (section 5.4.1). This is a Likert-style self-test device that reflected the range of health concerns of participants. The tool was useful in helping leaders identify life priorities that affected the sustainable wellness of leaders.
- **Leadership Health and Sustainability Map** (section 5.4.2) Participants shared value conflicts of 'care of self' versus 'care of others', which they diagrammed in a 2x2 matrix. This co-created tool was useful to map self-destructive, healthy and sustainable actions. Leaders found it useful to develop personal action plans for holistic wellness and effective ministry.
- **Conflict Response Styles** (section 5.4.3). In this 2x2 matrix, leaders mapped conflict response styles across two dimensions: active-passive and healthy-

unhealthy. Most participants reported that getting ‘caught up’ or ‘enmeshed’ in relational conflicts was a common occupational hazard. This tool helped participants identify ways they were responding to conflict and develop ways to move towards honest, open conversations. Co-inquirers saw conflict response style as positively correlated to their level of professional stress.

- **Warning Lights** (section 5.4.4). This model emerged through a survey of significant literature in the field and was co-created by leaders to clarify the factors that may contribute to the likelihood of sexual misconduct. Leaders found this tool was useful in discussion of issues such as unresolved family of origin issues, a shame-based psyche, patterns of building co-dependent relationships, poor boundary management and working in situations lacking transparency and accountability.

These tools were especially significant because they represented salient views of leaders participating in the research. The tools are all heuristic devices designed to ignite discussion, challenge thinking and build self-awareness to improve ways the organisation can nurture healthy leaders.

5.2 Complexity-Based Sensemaking

Sensemaking was vital for knowledge creation as this research project grew through swirls of discussion and storytelling. Sensemaking is a well-established theoretical framework (Gioia & Chittipeddi, 1991; Patriotta, 2003; Taylor & Van Every, 2000; Weick 1995; Weick & Sutcliffe, 2001) whereby people give meaning to experience. It is a way we deal with ambiguity and uncertainty. In our personal lives, we all do it intuitively every day. To become a method for formal research, it must be intentional and explicit. As Weick and Sutcliffe (2005) found, ‘to deal with ambiguity interdependent

people search for meaning, settle for plausibility, and move on. These are moments of sensemaking' (p. 419). We use sensemaking in the process of creating understanding and knowledge in situations of high complexity or uncertainty, in order to make decisions (Klein et al., 2006). In this research project, sensemaking was collaborative, creating shared understanding and awareness from the various experiences, narratives and perspectives of leaders. This awareness was an evolving product of conversations, as 'sensemaking is a way station on the road to a consensually constructed, coordinated system of action' (Taylor & Van Every, 2000, p. 275). In sensemaking, we talk mutual understanding into existence.

According to Weick (1995) and Weick, Sutcliffe & Obstfeldt (2005), effective sensemaking is grounded in certain core ideas:

- *Identity.* Who people think they are (self-awareness) in their context shapes how they interpret events and choose to act: Who I am is revealed in what and how I think.
- *Retrospection.* How we view the present is shaped by our past thoughts, feelings and experiences: To learn what we think we look back on the patterns of thinking, feeling and acting in the past.
- *Enactment.* People weigh up, assess and give weight to their construction of reality through the use of recalled stories in dialogue. I select my narrative to reveal perceived reality as I construct it.
- *Social*. Shared meaning is created through shared narrative based on shared experience: What we say is influenced by how we were socialised and who the audience is for what I am saying.

- *Continuous.* Individuals simultaneously shape and are shaped, by the relational forces around them: My dialogue is ongoing, emerges over time. competes for attention, is reflected upon in hindsight and is subject to change.
- *Focused.* People notice and extract cues from the environment and interpret those cues in light of values, beliefs, experiences, narratives and mental models. My thoughts follow familiar patterns that shape what I notice to comply with my wider framework for understanding my world.
- *Plausibility.* Sensemaking seeks plausibility more than accuracy, a workable, useful level of understanding that can guide action rather than a search for an empirical universal truth. As Weick (1995) writes, 'in an equivocal, postmodern world, infused with the politics of interpretation and conflicting interests and inhabited by people with multiple shifting identities, an obsession with accuracy seems fruitless, and not of much practical help, either' (p. 61).
- *Knowledge for action.* The role of conversation, stories and social processes are vital to the process of discovery. As E. M. Forster commented, 'How can I know what I think until I see what I say?' (cited in Weick, 2001, p. 226). Similarly, Bateson (1972) wrote, 'an explorer can never know what he is exploring until it has been explored' (p. xvi).

Sensemaking processes in this research were used to create knowledge for action. Knowledge that involves tactile experiences, intuition, values, emotions, rules of thumb or unarticulated mental models is tacit. Tacit knowledge is not usually consciously accessible. Polanyi was first to use the term *tacit* (1966) with the assertion "we can know more than we can tell". Knowledge that is spoken, structured in sentences and captured in writing or drawings is explicit. Explicit knowledge is accessible and transferrable.

Nonaka and Takeuchi (1995) sees tacit and explicit knowledge as dimensions on a continuum. In the context of this research, sensemaking is a process whereby tacit knowledge is converted into explicit and useful knowledge (Polanyi, 1945, Nonaka, 1991). Leader health practices improved as knowledge became explicit and deeply owned. More on sensemaking and knowledge creation is included in chapter six.

The sensemaking processes detailed in the previous chapters were used heuristically to navigate through unknowns and uncertainty in the complex living system that is Churches of Christ in NSW. Zack (1999) describes this uncertainty and complexity as:

- uncertainty (insufficient information or lack of confidence in the information),
- complexity (more information than can be adequately processed or understood),
- ambiguity (lack of a conceptual framework for interpreting information) and
- equivocality (several competing or contradictory conceptual frameworks).

In a classic parable (Shah, 1982), three blind men came upon an elephant in the jungle. Not being able to see, they each manually inspected different parts of the elephant to determine what they had found. One grabbed the tail and was sure the animal resembled a rope. One wrapped his arms around a leg and was sure the animal was like a tree. One grabbed the trunk and thought the animal was more like a big snake. It was only through dialogue the blind men could determine how an elephant really looked, smelled and sounded. Together the blind men's analysis of the parts could be turned into synthesis of the whole.

A sensemaking framework was developed by adapting the work of Snowden (Kurtz & Snowden, 2003; Snowden & Boone, 2007), whose original model, a decision-making framework is detailed in chapter six. Through emergent and collective

sensemaking, the research team adapted this model to one useful for sensemaking in the complex living system that is Churches of Christ in NSW. This was a way of making tacit knowledge explicit and the adaptation was useful in adding depth to participants understanding of themselves, their role as leaders and their organisation. It helped recalibrate an understanding of the spiritual and transcendent aspects of knowing, particularly those unknowable elements that are central in a religious organisation. The model ‘Sensemaking in a complex living system’ is presented in figure 5.2.

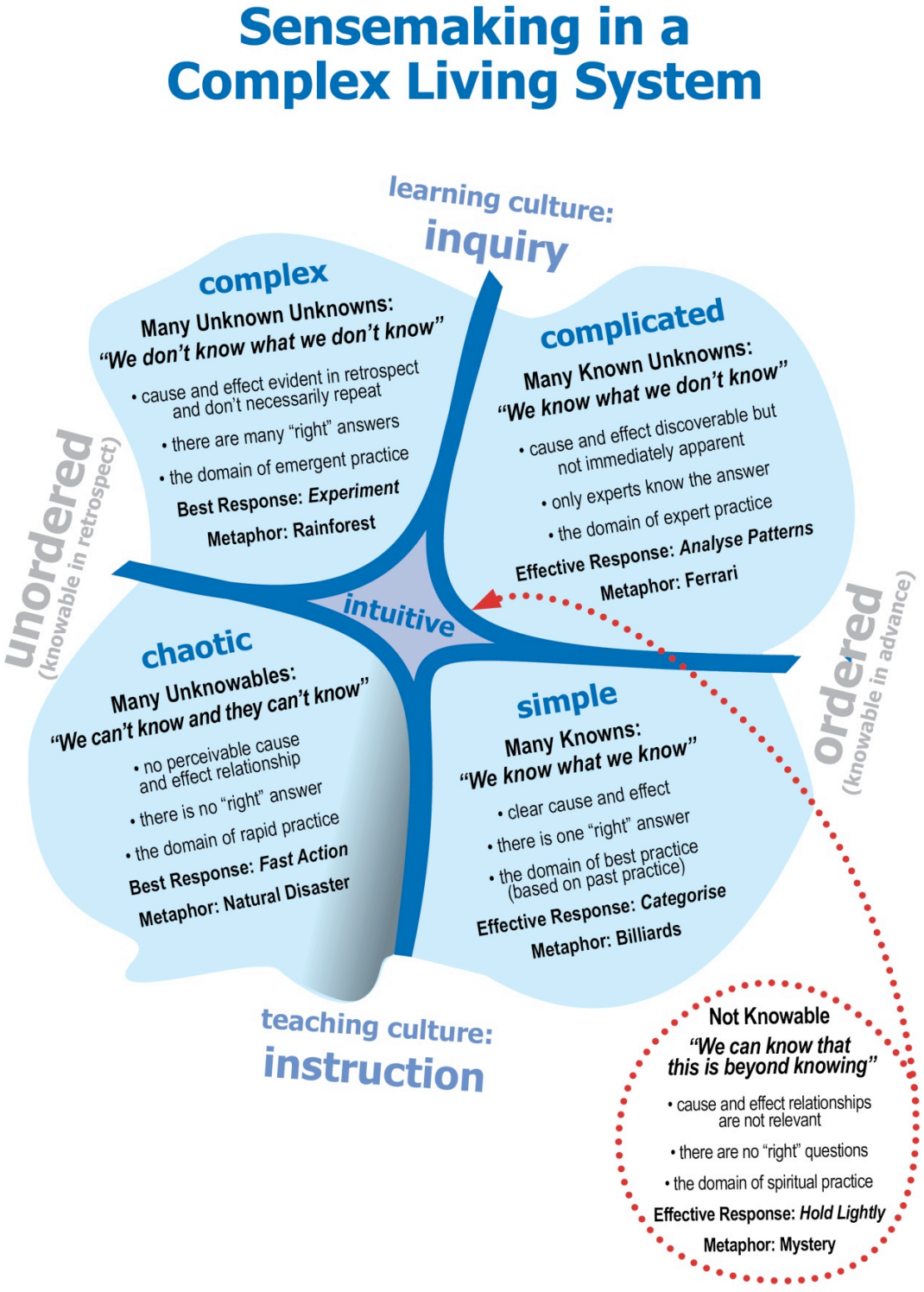

Figure 5.2: Sensemaking in a complex living system.

In this model, there are four domains of knowledge within the complex living system, as well as a fifth area, a grey zone, where the unknowable seems to reside. The domains are not shown as neat shapes, as in practice they are not clearly defined like a

2x2 matrix. They were useful for collective sensemaking and a growing appreciation of issues concerning leaders across the movement. The domains are:

1. ***The simple domain*** contains knowledge with many knowns. Cause and effect is understood clearly, and there is one 'right' answer. A metaphor for this is billiards, where simple and accurate mathematical precision will result in the same result every time, as all the relevant variables are knowable in advance. Effective leadership in this domain is to categorise. Policy and compliance systems work well because this is the domain of best practice (based on past practice). Teaching and instruction are more effective than exploration or discovery.
2. ***The complicated domain*** is where we know what we do not know. Here, cause and effect are discoverable but not immediately apparent and only experts, people with special knowledge skills, know the answer. A metaphor for this is a Ferrari, where all the variables are knowable but an expert mechanic is required as the system is complicated, but still able to be fully described in a manual. Effective leadership or management in this domain is to analyse patterns. Professional consultants work well because this is the domain of expert practice. The most effective learning culture is one of inquiry (ask effective questions).
3. ***The complex domain*** contains many unknown unknowns. In this knowledge domain, cause and effect are discoverable in retrospect but not knowable in advance, and do not necessarily repeat. There are many 'right' and many 'wrong' answers. A metaphor for this is the rainforest, where significant variables are knowable, but only in hindsight. The possible ramifications of any change is unpredictable, as there are living systems within living systems, within living systems—all interconnected and influencing each other. Effective leadership in

this domain is to experiment. Collaboration and co-creation work well in this domain of emergent practice. Small, leveraging changes may affect the system in unpredictable ways in a web of responding actions and interactions. Experiment, assess, nudge, do more, do less and experiment again. The most effective learning culture is one of inquiry (ask creative questions).

4. ***The chaotic domain*** has many unknowables. Here there are no perceivable cause-and-effect relationships, and there is no single 'right' or 'wrong' answer. A metaphor for this is a natural disaster, where many variables operate too rapidly for causal analysis to be useful. Change happens quickly, abruptly, surprisingly and unexpectedly, and any attempts to do a 'quick fix' may be useless or have unanticipated side effects. Effective leadership in this domain is fast action: taking charge works well, as this is the domain of rapid practice. Doing almost anything decisively is usually better than doing nothing in chaos. The most effective learning culture is instruction (teach the known**,** providing certainty).
5. ***The fifth domain*** is drawn in the middle of the two-dimensional diagram but would be better placed above the page or below it. This is the domain of the fundamentals that underpin knowledge as well as transcendent awareness of something bigger than we are. It includes an unknown number of unknowables. Spirituality, theology and intuitive experiences point to the larger existentialist meanings of life. This zone is beyond sure knowing, so cause-and-effect relationships are not relevant. There are no 'right' questions. This is the grey zone of spiritual practice, a mystery. There are many metaphors for this zone, none of which conveys much useful information. Effective leadership in this domain involves holding assumptions lightly: observation, curiosity, silence and reflection work well in this zone of suspended judgement. The

most effective learning culture is one of intuition and discernment (setting aside assumptions and developing a greater sense of self-awareness, awareness of others and comfort with the uncertainty of not knowing).

These domains provided a framework for discussion and sensemaking with participants. Complexity was embraced as a paradigm that was helpful to them in their learning about a world moving from certain truth (modernity) to emerging truth (post-modernity). The framework helped them towards deeper understanding and self-awareness in their leadership health promotion practice in the organisation.

Of particular use to participants was the implications for leadership action in the different domains. That analysing patterns can be effective in the complicated zone (where cause and effect may be discoverable but not immediately apparent) but not the complex zone (as cause and effect are discoverable in retrospect but is not usually knowable in advance and does not necessarily repeat). Understanding this distinction was helpful in managing their personal stress and anxiety when things were happening in their context that was uncertain or ambiguous. Participants found discussing the domains gave them insight into how they might respond: to analyse patterns (complicated domain) or experiment (complex domain).

In their knowledge management framework, Kurtz and Snowden (2003) imagined a large cliff between the simple and chaotic domains (illustrated by shading in figure 5.2). This is because if a leader operates as if he is in the simple domain when the situation is in fact complex or chaotic, the likelihood is that the organisation will have a crisis and fall (over the 'edge of chaos') into the domain of chaos (Pascale, Milleman & Gioja, 2000). As they learned about, and started to use this framework, participants saw it could be applied to individuals (leader health) and the organisation (organisational health).

Literature on complexity, sensemaking and knowledge creation is explored further in sections 6.2 to 6.6.

5.3 Co-generating Transformational Theories of Practice

In various gatherings, leaders shared experiences that had affected their personal health and discussed the impact this had on the communities they led. They saw a key component of health, resilience and effectiveness was the ability to adapt. With the complexity of the system, no one could possess enough knowledge to maintain absolute certainty about the constantly changing elements around them (whether or not others expected this, or leaders expected it of themselves). In sharing their experiences they were able to collectively and continuously learn to adapt. The knowledge sharing that came through stories was powerful because, 'telling stories about remarkable experiences is one of the ways in which people try to make the unexpected expectable, hence manageable' (Robinson, 1981, p. 60).

The action research forums became opportunities for leaders to build trust, share mutual support and collaborate. A hot topic that affected their health was the impact (physical, emotional, spiritual) of managing change in their work context. Through personal reflections, storytelling, reframing, brainstorming and searching for themes, participants developed their own models for understanding their own experience and improving professional practice.

5.3.1 Optimal functioning of a sustainable healthy leader.

A 1991 survey of the health and well-being of leaders within the Churches of Christ in NSW identified symptoms of 'deep disease' (Phelan & Regan, 1991, p. 72). The 2009 Leadership Health and Sustainability Report of Ministering Persons within the Churches of Christ in NSW found that the leadership depth is 'winding down, getting

older, getting tired and not attracting, developing and retaining healthy, high-calibre leaders' (Smith, 2009, pp. 2–3). This research was undertaken to investigate the validity of the previous (18 years old) research, to re-analyse their findings and explore any comparative issues that arose within the context of leadership in 2009.

In this research, it became evident that almost one half of the participants (49%) say their marital relationship continues to grow deeper. Almost one half (48%) believe their ministry is very effective. About one third (34%) believe God is using them powerfully; others feel very connected to God (33%), feel God-empowered (29%), feel very healthy emotionally and spiritually (29%), feel they are doing quite well (35%) and feel their faith is stronger than ever (34%). Two in five (40%) have no plans to leave their ministry position and most (55%) feel supported and encouraged by their church leadership team.

Almost one half (47%) wish to find God's agenda for their life, while 57 per cent would focus on their own spiritual formation. Others are concerned with coping with stress (43%), becoming a spiritual leader (39%), dealing effectively with conflict (31%) or managing boundaries (61%). Participants felt that these issues for leaders have an impact on the organisation as a whole, as one participant commented:

> I think that most of the very talented ministers do not stay in ministry (although some very talented ones do). They don't leave because they want to or because they are greedy or unspiritual. I think they just can't survive emotionally and financially in ministry. The greatest risk is that we end up being led by the mediocre who are stuck and feel they can't leave. Lovable, godly people—but not leaders. When people who aren't leaders end up

leading a denomination then we will go nowhere. (Ref. 151).

With these issues in mind, participants, through mutual sensemaking, identified the personal life patterns they believed contributed significantly to the health and sustainability of a leader. These patterns include growing in self awareness, setting personal boundaries, building effective teams, pursuing deep change, living the values they espouse, belonging in community and growing in wisdom (spiritual, intellectual and emotional). This is described as 'savouring life' and is explored in section 4.7.

5.4 Co-generating Frameworks for Improving Leader Health

Heuristic tools are useful in organisational systems to make learning explicit (Senge, Kleiner, Roberts, Ross & Smith, 1994). We developed and used personal 'mapping' tools and other devices to assess holistic health and map proposed action plans. Mapping allows us to experience the world through our senses and use this external data to build internal representations of the world within us (Korzybski, 1935). The real situation and the internalised perception are different because:

> a map is not the territory it represents, but if correct, it has a similar structure to the territory, which accounts for its usefulness. What this means is that our perception of reality is not reality itself but our own version of it, or our 'map'. (Korzybski, 1935, p. 91)

The tools described in this chapter and chapter four are individualised 'maps of reality', providing constructs leaders used to analyse their sustainable health. These tools were used in group settings to develop follow-up systems and accountability relationships to support one another in the further development of healthy patterns of behaviour. There was significant support in the groups for the idea that these tools each made a significant contribution towards a leader health, resilience and effectiveness**,** enabling them to savour

life.

The resulting models were tested and refined in further co-generative workshops. Literature was shared with participants to help inform and merge with the wisdom that comes with accumulated experience. It was not the purpose of this research to empirically test these models. Rather, the maps were heuristic tools generated by participants as a representative model of their understanding of leader health in their experience. This is appropriate in action research, as I was researching the action rather than the outcomes of the action.

5.4.1 Health map: Leadership health check.

In developing these tools for health, the following reflective statements were suggested and selected by group participants as priority issues that were concerning them in their own ministries and contexts. The following statements, developed during the project in the participants' own words indicate possible signs of diminishing leadership health:

- My ministry can negatively affect the well-being of my family.
- I feel tired—emotionally, physically and spiritually.
- I'm teaching things about walking with God that I'm not currently experiencing in my own life.
- I find myself avoiding social contacts—distancing myself because I don't have the energy to connect with others.
- I feel 'stuck' in aspects of my ministry that are draining or unfulfilling.
- I find myself doing, thinking or saying things that would otherwise be out of character.
- I am easily frustrated and irritated by little things.

- I find myself faking it—pretending to care about someone because I lack the emotional energy to really care.
- I lack close spiritual friendships that combine deep confession, prayer and spiritual discernment.
- I find it difficult to switch off and stop working.
- I find my personal ministry driven by obligation (not joy).

The following statements made by participants indicate possible signs of increasing leadership health:

- My work and family balance is healthy and evident through my observation of personal boundaries.
- I allow a spiritual mentor to deeply challenge my spirit-surrender and God-alignment.
- I feel strongly, intimately connected with the presence of God.
- I pursue the spiritual disciplines like prayer, solitude, retreat and reflection.
- I take care of myself (healthy eating, regular exercise, medical checkups, adequate sleep).

These statements, provided by participants, were refined to align with issues raised in the literature. A method of scaling was selected according to common practice in health assessments (Converse & Presser, 1986; DeVellis, 2003; Fowler, 1995; McDowell & Newell, 1996; Spector, 1992; Streiner & Norman, 1989). The questions were regarded as having face validity and content validity (Streiner & Norman, 1989, p. 5) in the eyes of these participants. As improving practice was the chief goal, it was the usefulness of these tools that dictated the validity of the themes within the questions, and their usefulness was determined by the stakeholders.

The statements were used to design a self-examination tool to assist ministry leaders to make sense of their experience (see figures 5.3 and 5.4) and were used to help 'map' their current leadership health with the following instructions:

> On a continuum of 'never', 'rarely', 'sometimes', 'often' and 'always', the participants would map their current health by placing 'X' where they thought others might perceive them; by placing 'O' where they saw themselves right now and by placing '√' where they would like to see themselves in one year.

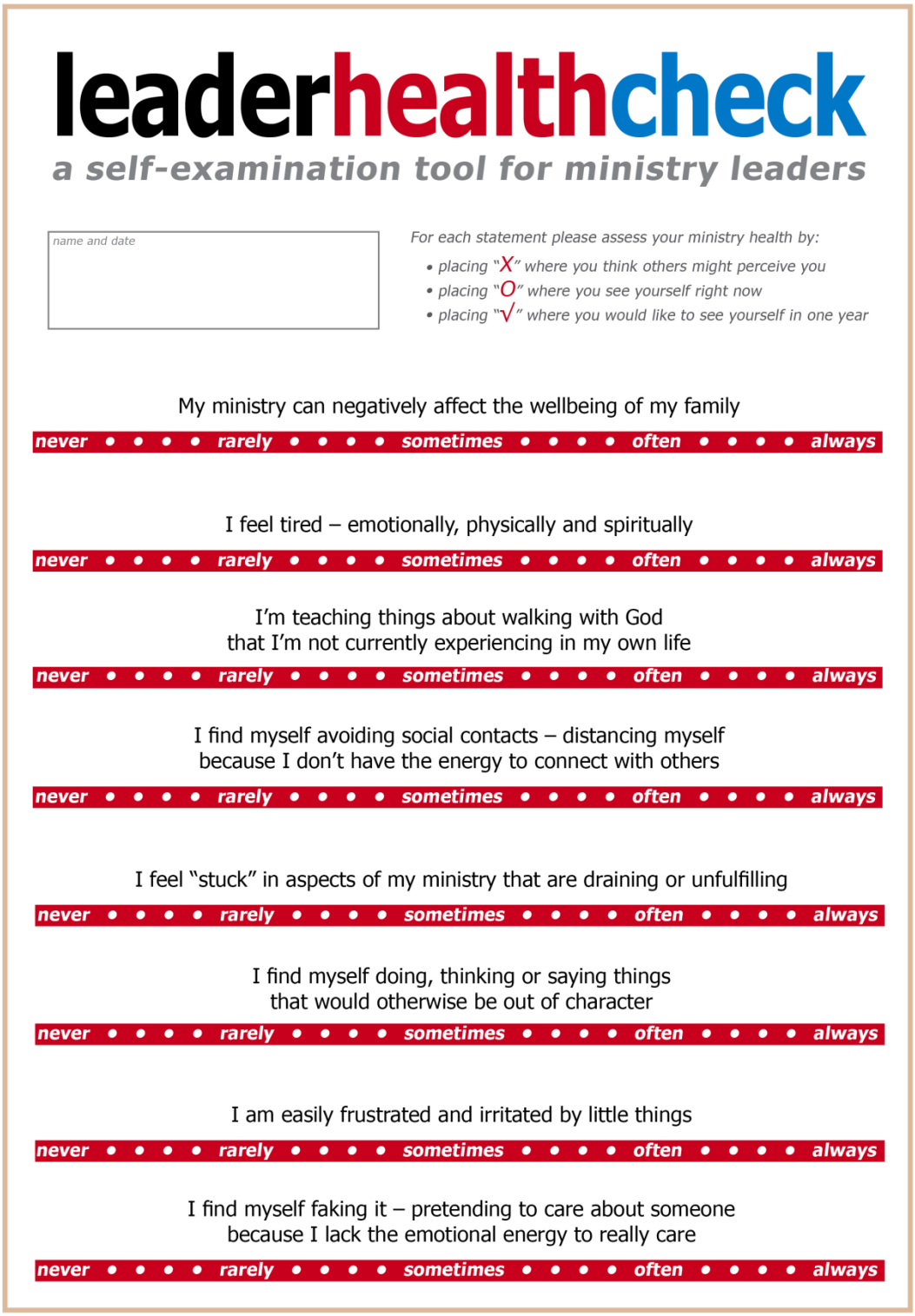

Figure 5.3: Health map 3—Leadership health check (page 1).

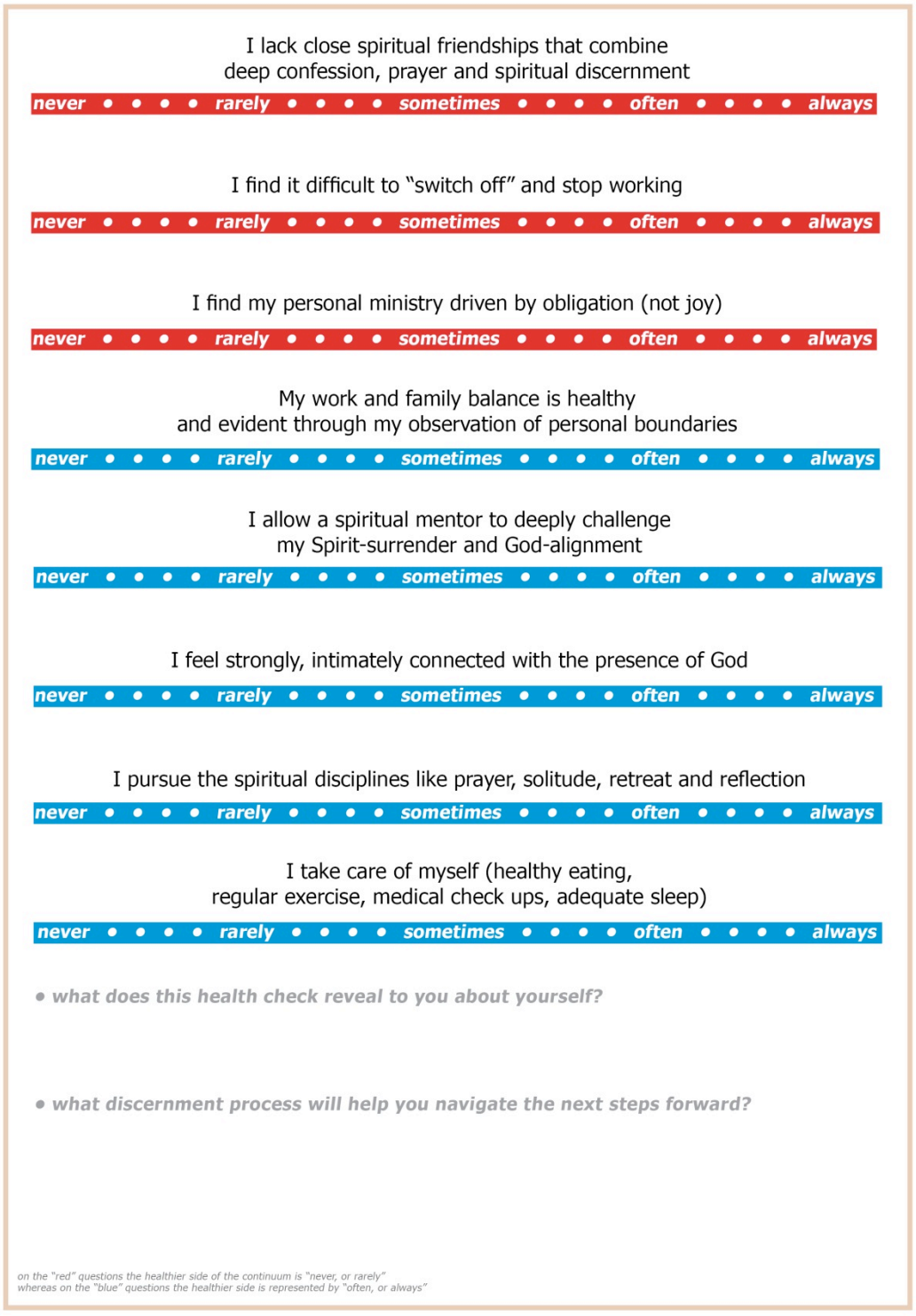

Figure 5.4: Health map 3—Leadership health check (page 2).

This tool was designed to be used with two supplementary questions:

- What does this health check reveal to you about yourself?
- What discernment process will help you navigate the next steps forward?

It is noted that in the questions in red in figure 5.3, the healthier side of the continuum is indicated by ‘never, or rarely’, whereas in the blue questions in figure 5.4, the healthier side is represented by ‘often, or always’.

An example of this mapping process is shown in figures 5.5 and 5.6.

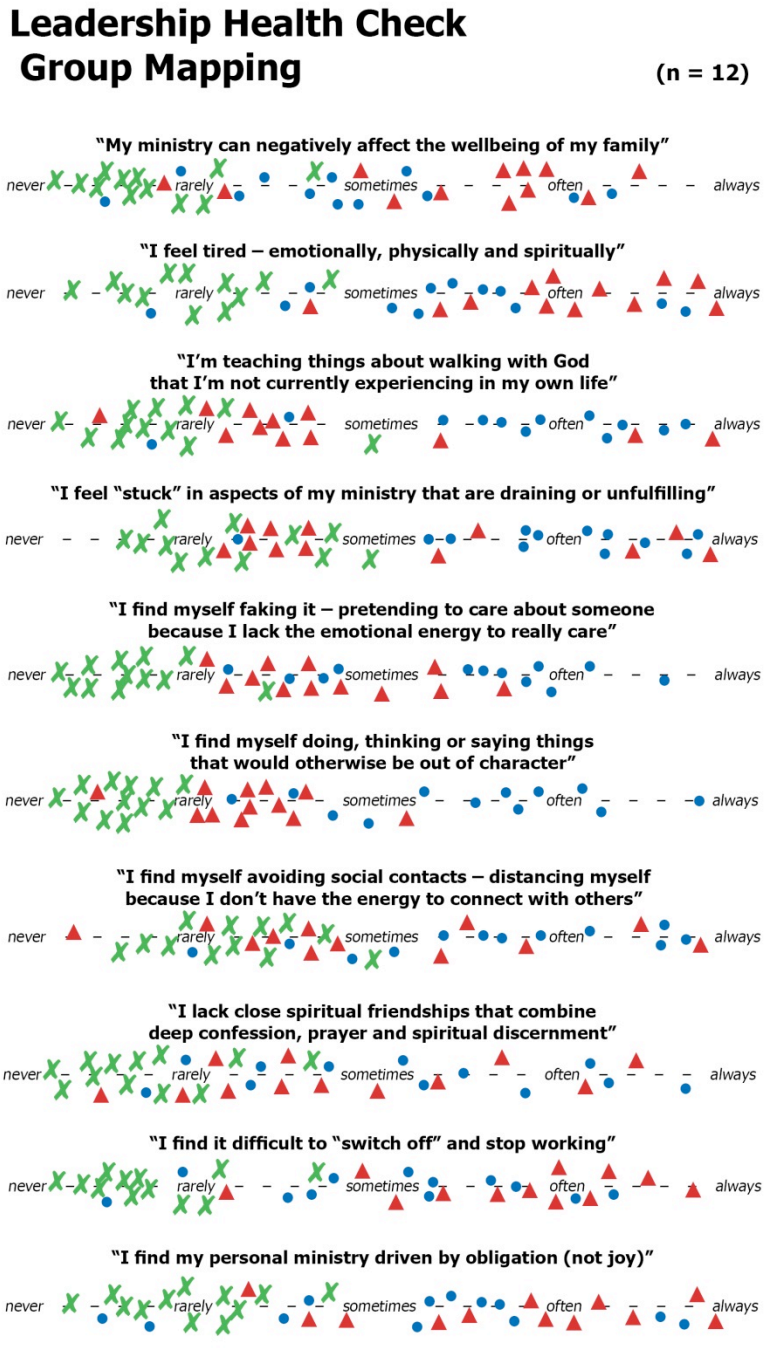

Figure 5.5: Health map 3—Group mapping (page 1).

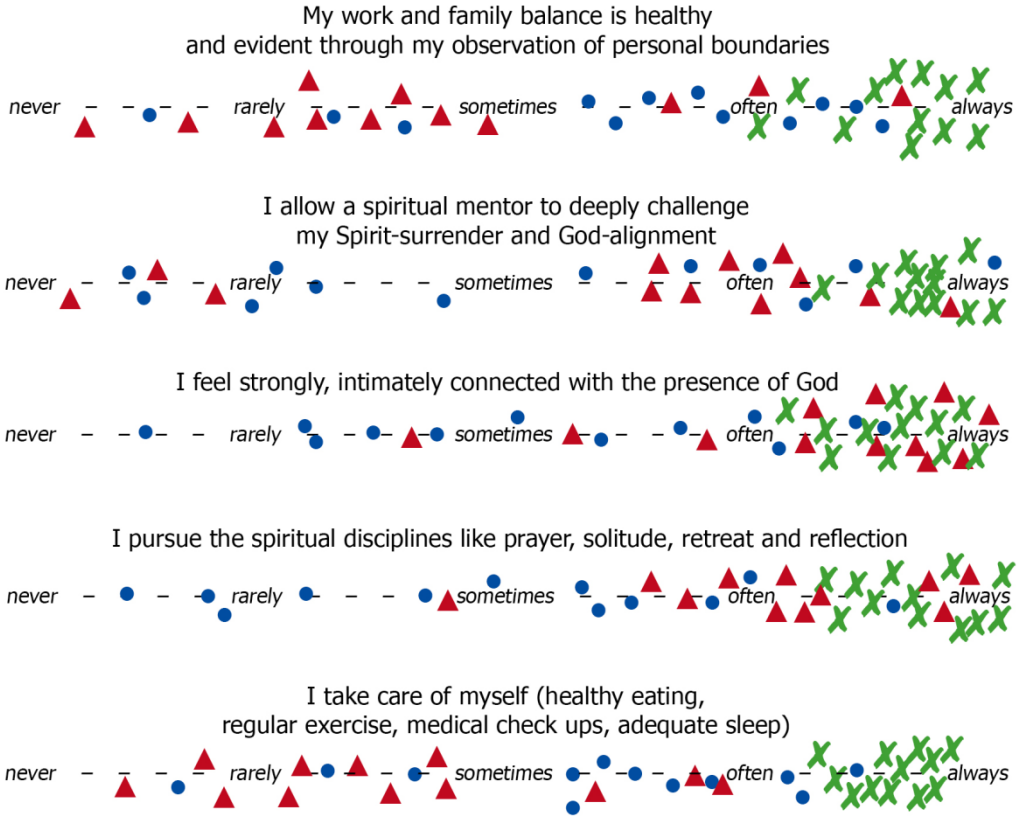

Figure 5.6: Health map 3—Group mapping (page 2).

This shows the data contributed by one of the participant small groups (12 participants). Participants' mapping is indicated by the following symbols:

- ● Where do you currently see yourself on the map?
- ▲ Where do you think those closest to you would see you?
- ✗ Where would you like to see yourself in one year?

Of particular note in figures 5.5 and 5.6 is the gap between 'Where do you currently see yourself?' and 'Where would you like to see yourself in one year?' These were found to be powerful questions and triggered robust sensemaking and personal discovery. The analysis of this gap between their *current state* and *desired state*

encouraged the development of individual action plans designed to improve their holistic health. To aid in this personal action planning were the questions ‘What does this health check reveal about yourself?’ and ‘What discernment process will help navigate you for your journey ahead?’

5.4.2 Health map: Leader health and sustainability matrix.

Providing pastoral care for people in the community or church is a primary function of a ministry leader. My research revealed there was a high level of concern expressed by participants over the tension between ‘care of others’ versus ‘care of self’. This was evidenced in the stories told and the responses to specific questions: 39.7 per cent felt they were overworked with too much to do, 30.8 per cent felt burnt out, and 61 per cent said that ‘managing my boundaries’ was an urgent concern. This concern was also evident in the literature in the field (Hart, 1984; Kets de Vries, 2006; Steinke, 2006). As one participant said:

> I think that how I take care of myself is challenging for me. It’s hard for me to say ‘no’, and I really believe this is a what God is calling me to. My wife seems much more attuned to it than me. It’s really hard to let the phone ring or have real time for just us. But what do you do? The church needs its shepherd to take care of the sheep. There is always much more work to do than I have time for. (Ref. 302)

Some leaders expressed deep pain over this issue:

> What is Conference doing about caring for pastors? Churches take and take until finally they take your soul and with no thanks they move you on. But who picks up the pieces of your life and helps

you? No, you're on your own then! No one to pastor the ex-pastor!! (Ref. 513)

I know I can't keep this up. Everyone wants me to be what they want and I can't stop myself from caring. I feel an emptiness about it. I know it's hurting my marriage. (Ref. 528)

Participants diagrammed this tension on a two-by-two matrix developed in this project with two dimensions: care of self and care of others. Four quadrants were developed and described. This sensemaking process took place over multiple group iterations using whiteboards and giant post-it notes. These descriptions in group sessions were consistent with states of health in the literature cited below. The quadrants are:

1. *The Sustained Servant (High Care of Self and High Care of Others).* This leader is willing to 'give all' for what he or she believes in but knows that without healthy balance this is short-term and selfish. He or she is self-aware, listens to others and builds their own accountability systems. Through positive modelling and healthy choices, this leader can help develop sustainability in others. This is the zone of personal 'balance' (see Howe, 1998; Kets de Vries, 2006; Minirth, Meier, Hawkins, Thurman & Flournoy, 1997; Quick, Cooper, Quick & Gavin, 2002; Reivich & Shatte, 2002; Richardson, 2005; Rohr, 2005; Seligman, 2002; Swenson, 1998, 2004).
2. *The Self-Focused Spectator (High Care of Self and Low Care of Others).* This leader is a constant survivor who thrives in situations where apparent care for others aligns with self-interest. They always gain in some way when serving others. They avoid transparency, their espoused values do not always match actions, and they will tend to create situations where this seems normal. This is

the zone of ‘narcissism’ (see Bernstein, 2001; Cavaiola & Lavender, 2000; Hotchkiss, 2002; Kets de Vries, 1984; Meloy, 1986; Millon, et.al., 2000; Simon, 1996; Sperry, 1995; Stout, 2005).

3. *The Self-Destructive Martyr (Low Care of Self and High Care of Others)*. This leader is usually driven to ‘martyrdom’ due to an unresolved inner drive (maybe guilt, obligation, inadequacy or perfectionism). They lack self-awareness and avoid accountability, actively working against their espoused goals by not modelling healthy behaviour. They tend to rescue and create co-dependent relationships. This is the zone of ‘drivenness and compulsion’ (see Cermack, 1986; Embleton, Axten, Blandford & Lavercombe, 1996; Friedman, 1985; Herrington, Creech & Taylor, 2003; Horney, 1937; Kets de Vries, 2001; Sperry, 1991).
4. *The Wounded Slave, (Low Care of Self and Low Care of Others)*. 0his leader feels numb, possibly depressed or burnt out, has disconnected from people around them and lacks energy or motivation to help self. They feel trapped and stuck in pattern of thinking and behaviour with no way out. They need professional counselling to take healthy next steps. This is the zone of ‘burnout and depression’ (see Demerouti, Bakker, Nachreiner & Schaufeli, 2001; Grosch & Olsen, 2000; Hart, 1984; Leiter & Maslach, 2005; Maslach, 1998, 2003; Rothschild, 2006; Somech & Miassy-Maljak, 2003; Virginia, 1998). The matrix is presented in figure 5.7.

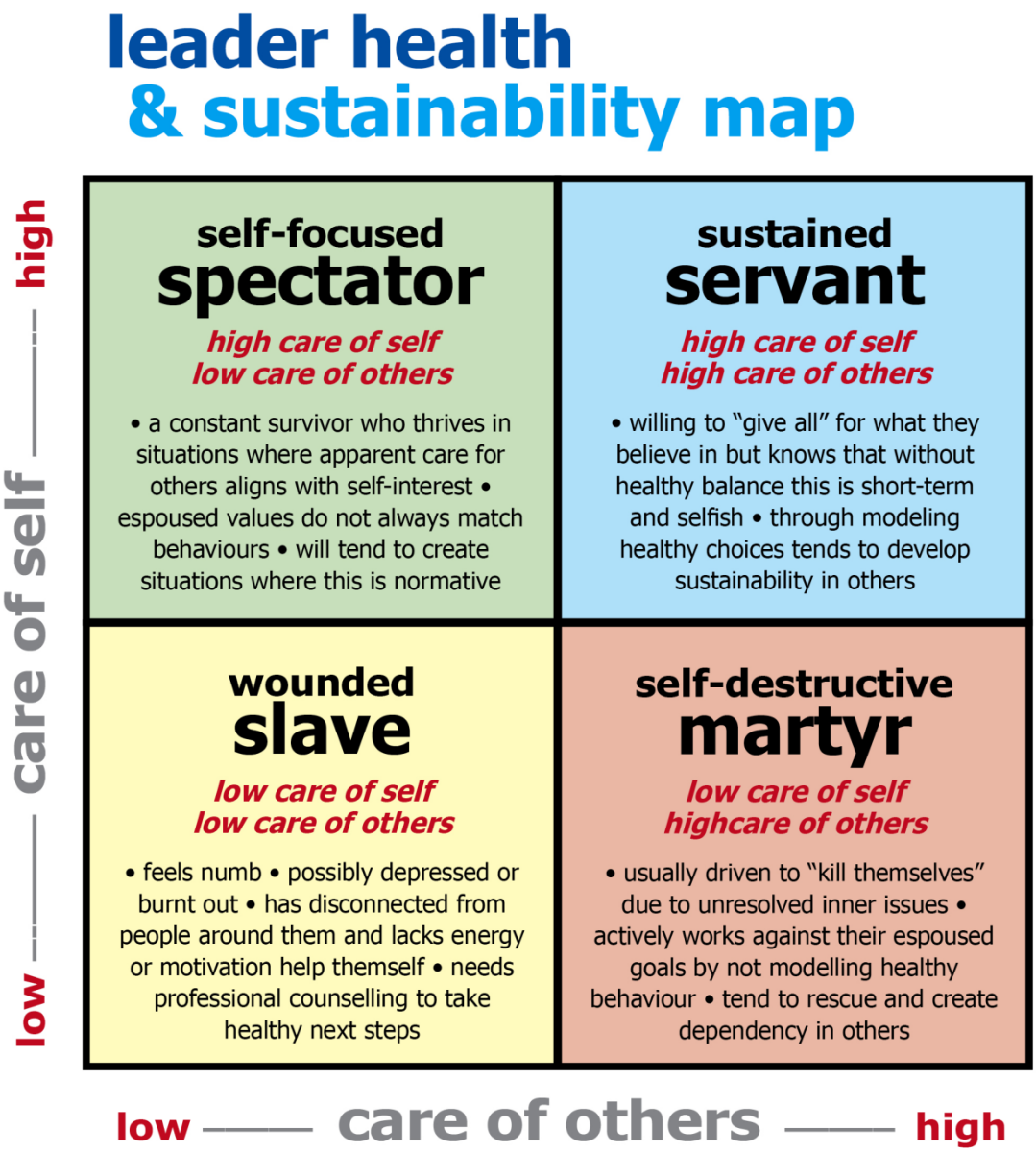

Figure 5.7: Health map 4—Leader health and sustainability map.

In the process of developing this tool, group members engaged in formulating theories based on the sense they made of their personal experiences. They reported that this had therapeutic value for them, which was not anticipated. After drawing the initial diagram and working on descriptions for each quadrant, the participants asked four key mapping actions of each other:

1. Map on this diagram where you are now;
2. Map on this diagram where you want to be in one year;

3. Describe what that map position is like (feelings, thoughts, actions);

4. What action steps are needed to move you there?

The individual positioning by 72 participants is shown in figure 5.8.

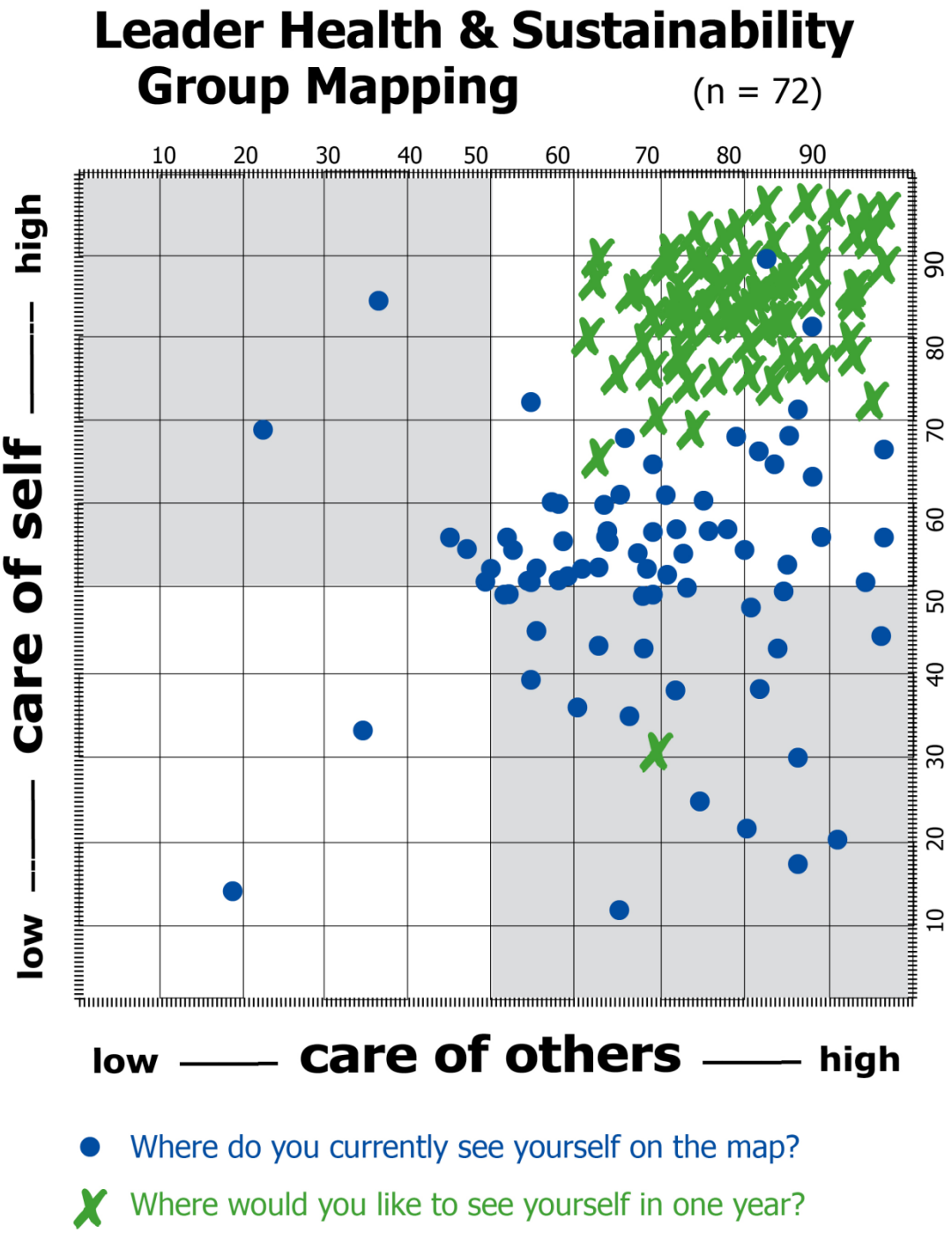

Figure 5.8: Health map 4—Group mapping.

Participants found a significant gap between their current state of self-care and

their desired state of self-care. There was a general sense that these co-researchers believed that they prioritised care for others more than care of self. The mapping process helped leaders see themselves in the stories of others and many made statements like, 'I've been there', or 'I know what that feels like'.

Participants were encouraged to write their personal reflections on their care of self versus care of others. Below are my personal reflections that were shared with participants to model transparency and ignite discussion on the care of others and of the self.

- I feel driven to help people and serve.
- In my genuine desire to 'serve' and 'do right', I have sometimes robbed people of the opportunity to grow and serve.
- I would rather 'over-serve' than have a conflict about someone else 'under-serving'.
- I tend to 'overfunction' when others 'underfunction' (work, practice, time, effort, money).
- Because I do more and more, I 'enable' others to do less than they could or should.
- I am helping to create unhealthy systems around me (at work, church, family, personal).
- Just because I can do something, it does not mean I should.
- I want to 'fix' things, but I cannot take responsibility for other people's needs, wants, anxiety or conflicts.
- My heart, wallet, time, knowledge and energy cannot fulfil the needs of all the people around me that I want to help.

- When I serve in this way (overfunctioning), I send ripples through the system around me (some take advantage and take more, others resent the underfunctioners, others try to defend or protect me, others feel I have stolen time/resources from them, some feel I haven't fixed it so should do more and some are more enabled in their own dysfunctions, making this a true co-dependent relationship).
- I think my sense of 'right' has been misplaced and taken out of balance.
- My emotional compass needs to be calibrated by God and the mission he has for me, not by the needs and demands of those around me.
- I am responsible for this situation—no one else is to blame.
- I play the central role in keeping this problem in place.
- I cannot control everyone or every circumstance around me, but I can choose to change my role.
- I can only change the choices I make.

Based on my work with participants, I was able to set the following questions as guides for my own learning. These questions that I referred to as 'Where to play—How to win', were formed to help me decide which projects I should take on and which I should avoid:

- Will this activity be a worthwhile, tangible and effective way to impact my personal mission?
- Would this be good or bad for the health of my family relationships?
- Am I able to place enough limits on this project to ensure it does not adversely affect my family's well-being?
- Is this activity likely to result in my overfunctioning?

- Am I able to place enough limits on this project to ensure it does not enable others to underfunction?
- Am I obviously gifted/trained to do this? Can someone else do this project adequately (am I really the only one who can do this?)
- Is it consistent with my ethics and values?
- Is there a healthy connection/consistency between this project and other projects I have committed to?
- Does this energise or drain me?
- Is there negative or positive consequences in doing this that will affect people around me (relationally, financially, politically, emotionally)
- Can I train someone else to do this?
- Will it pay for the real full costs of doing this, or am I donating my time and money as a gift?
- Will it take away necessary energy and resources from essential areas of my life?
- Who is the 'client' if I take this on (e.g., the lost, potential leaders, institution, youth, families or church) or is there a 'shadow client' to deal with?
- Am I in 'debit' or 'credit' if I take on this project?
- Who can I count on to help me stay accountable to this—keeping focused on my limits and objectives?

5.4.3 Health map: Conflict response styles.

In their stories of change experiences, participants identified dealing with conflict as constant in the process of managing their communities (Lewin, 1948; Pettigrew, 2003). While they was agreed that conflict was not necessarily a negative thing (some conflict seemed necessary for change and adaptation to occur), they agreed that in their

experience certain levels (or intensities) of conflicts (Osterhaus et al., 2005) seemed manageable, some were extremely difficult and others intractable.

In the experience of participants, the highest levels of conflict often resulted in 'lose-lose' outcomes; moderate levels of conflict often resulted in 'win-lose' outcomes and the mildest levels of conflict often resulted in 'win-win' outcomes (Fisher & Ury, 1981). While acknowledging the importance of conflict in community life, co-researchers recognised that it carried with it a negative connotation in the mind of many. They preferred the concept of differing 'degrees of dialogue' that could be used as pathways to change; sometimes healthy and sometimes harmful.

Conflict was ever-present in the experiences shared by participants, was and they recognised that different people responded to conflict with different patterns of behaviour (personal conflict styles). This concept is not new. Karen Horney (1945), a later contemporary of Freud and Jung, saw three significant behavioural response patterns when people experienced conflict or anxiety:

1. *Moving towards people (helplessness):* attempting to win the affection of others and leaning on them; attaching themselves to the most powerful person in the group as a means of feeling less weak and isolated.
2. *Moving against people (hostility):* distrusting the motives of others; choosing to fight; wanting to be stronger and to defeat the opponents for self-protection and self-justification.
3. *Moving away from people (isolation):* not wanting to fight or belong but rather preferring to distance self from those who do not understand or appreciate. (Horney, 1945, pp. 42–43)

Conflict was regarded by leaders in the organisation as a significant occupational

hazard (Ury, 1999). In these workshop sessions, there was consensus that there were two significant dimensions in the responses people took in conflicted situations: responses could be seen as healthy or unhealthy, or as active or passive. In this context, an unhealthy response was viewed as being unconstructive and *moving away* from a positive resolution and healthy community; whereas a healthy response was considered to be constructive and *moving towards* a resolution and healthy flourishing. On the other dimension, a passive response describes the *inwardly focused* response designed to process the conflict, whereas the active response is *outwardly focused* and engaging with others to move towards or away from resolution.

When these issues were placed in a two-by-two matrix, there were four quadrants of differing conflict styles:

1. **Actively Unhealthy Behavioural Responses:** This may be demonstrated by *demeaning actions* (displaying contempt or disrespect for others in a sarcastic manner), *retaliating actions* (hitting back in anger or with a mean spirit to hurt the other party) or *bullying actions* (doing whatever it takes to be victorious over the other party at all costs).
2. **Passively Unhealthy Behavioural Responses:** This may be demonstrated by *resenting actions* (giving in to avoid conflict but promoting opposition whenever a supportive audience is found), *ignoring actions* (disconnecting from dialogue and avoiding the other party to indicate disagreement) or *stifling actions* (pretending that there is no disagreement and concealing true views and feelings).
3. **Passively Healthy Behavioural Responses:** This may be demonstrated by *pausing actions* (choosing not to react when emotions are volatile, waiting to calmly be engaged), *adjusting actions* (changing thinking patterns to adapt to the

change in relationships or circumstances) or *reflecting actions* (thinking through the various perspectives and determining an effective way to move forward).

4. **Actively Healthy Behavioural Responses:** This may be demonstrated by *expressing actions* (honest, open conversations with other party to express thoughts and feelings), *initiating actions* (making the first move to reach out and restore a healthy relationships), or *creating actions* (searching for solutions that respect the values and concerns of all participants).

These styles are depicted in figure 5.9.

Figure 5.9: Health map 5—Conflict response styles.

Four key mapping actions were requested of leaders in this context: (1) map on this diagram where you are now; (2) map on this diagram where you want to be in six months; (3) describe what that map position is like—feelings, thoughts, actions; and (4) what positive steps are needed to move you there? This mapping process helped leaders see themselves in the stories of others. Participants regularly said, 'I've been there', or 'I know what that feels like' when these tools were used to discuss their health, resilience and effectiveness. Two other questions that proved helpful in analysing and developing a healthy team dynamic were 'Where would you map the conflict styles of those around you?' and 'What actions need to occur for these people to move into the healthy active response quadrant?'

The tool was powerful for making sense around issues of concern for the holistic health of leaders. This was a priority as leaders often discussed the role of conflict, and their own conflict styles, as being factors that took a significant toll on their emotional, spiritual and physical health and well-being. This tool enabled discussions to take place that focused leaders on being proactive in making sense of and managing conflict rather than being reactive.

5.4.4 Health map: Warning signs for misconduct.

Research participants were greatly concerned about the possibility of professional misconduct by leaders. Shupe (2007, pp. 22–36) describes three kinds of misconduct by ministry leaders: sexual exploitation, economic exploitation and authority exploitation. In general, the community has high expectations that religious organisations will be proactive in dealing with this issue (Shupe, 2008).

Others have written about adequate responses to leader misconduct (Benyei, 1998; Grenz & Bell, 1995; Laaser & Hopkins, 1995; Horst, 1998, 2000; Shupe et al.,

2000). Our concern in this project was to shift our focus as leaders from being reactive (crisis) to being proactive. This may be understood in the terms of figure 5.2 as shifting the domain of knowledge from near the boundary between chaos and complexity towards the boundary between complex and complicated. In the Churches of Christ NSW, previous efforts at proactivity led to a Professional Standards Unit and a Code of Conduct. What captured the interest of participants in this project was identifying the holistic health factors that help shape leaders personal proclivity to inappropriate behaviour.

The discussion of sexually inappropriate thoughts and actions by participants was laden with potential professional risk. Participants were open in sharing concerns around issues of healthy sexual behaviour. Any personal disclosure was given with informed consent under the Chatham House Rule.

While all forms of misconduct were of concern, the participants chose to focus on an issue of special concern to them: sexual misconduct. They perceived a link between poor emotional and spiritual health and higher likelihood of misconduct. This was expressed by some:

> I know that when I feel tired and distant from my wife, that is when I am in trouble. Sexual fantasy is an escape from parts of my life that seem dull. Especially when I feel depressed and trapped. (Ref. 416)
>
> No one really knows me or understands. But every week I have to stand up, smile, and speak for God. I feel like the louder I speak the more I can cover my shame. (Ref. 454)
>
> When I saw her I felt alive. I would daydream about her and

> fantasise until I saw her at church again. Meanwhile I sunk deeper into a dark cloud where I was angry at my wife, my church, and God (at this point I was unsure he even existed—if he did I did not care). (Ref. 471)

In discussion, participants felt that sexual misconduct by a leader does not just happen overnight. It is not an accident and does not occur in isolation from other life events. There is a 'long journey' (Grenz & Bell, 1995, p. 62) with contributing factors in the life of the offender, in the life of the victim, in the organisational system and the local situation. The effects of sexual misconduct on victims, spouses and churches were considered a source of significant trauma. As participants shared:

> When the church found out about what he had done it was a mess. Some felt like they were consenting adults and we should just forgive and forget. Others wanted him sacked. But most were just in shock and deeply hurt feeling that everything they had been told by him had been false, a lie. That shock turned to anger that seemed to go in every direction. Ten years later and I do not think the church has healed yet. (Ref.711)

> When I found out what happened it changed my life. I felt betrayed and hurt. That a man of God, MY man of God, could behave in this way. . . . it shook my faith. Now I can forgive but for many years it robbed me of the joy I had in my church community. (Ref.749)

The health map shown in figure 5.10 emerged from the group sensemaking process. It was informed and shaped by group experience and group engagement with the

literature in the field. There was a quiet urgency on this issue for participants, as ‘unfortunately, the very traits that make good religious professionals also can lead to sexual acting out’ (Benyei, 1998, p. 41), and almost all had experienced the pain that leader misconduct can inflict on family, church and community. The health map was developed to give ‘warning lights’ to leaders of the common predictors of sexual misconduct.

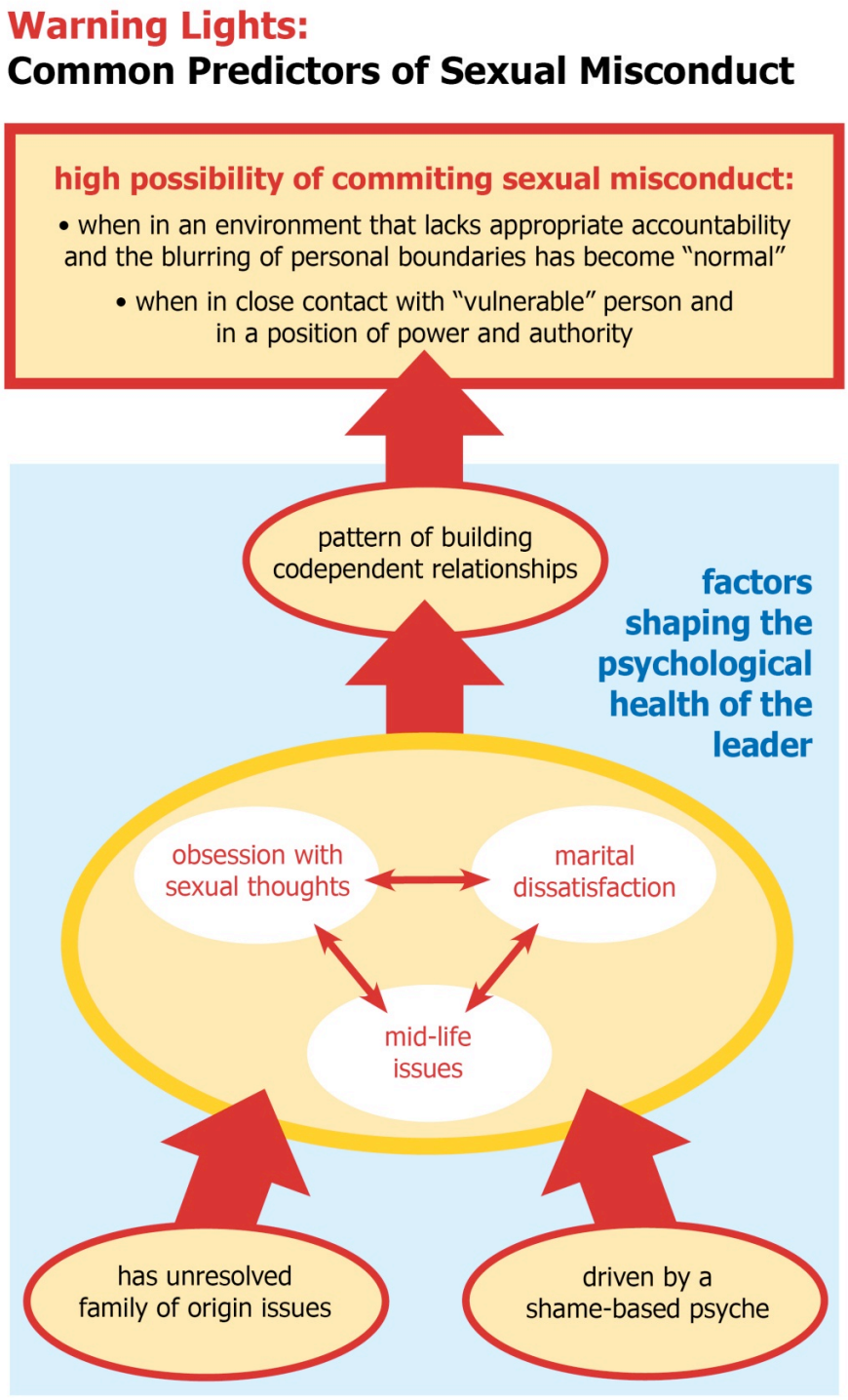

Figure 5.10: Health map 6—Warning lights: Common predictors of sexual misconduct.

The participants were well educated (86% with Bachelors and 21% with Masters degrees, mostly with some sort of psychology or counselling training) and were able to discuss their experience and engage the literature competently. Much of the literature in

section 6.4 was distributed to inform this discussion, and it influenced their sensemaking. The major themes of the literature identified by participants are illustrated in figure 5.10.

This map was not intended to deal with all the complexities of the subject but is a heuristic tool intended to give warning of risk of severe misconduct or sexual addiction. It was derived from issues raised by participants in light of their engagement with the literature and their own experience as professionals.

5.5 Summary

This chapter (and chapter four) has described the six health maps, developed as part of this PAR project, which became valuable tools for sensemaking and for personal and organisational transformation. Each heuristic tool provided a way for leaders to map their own experience and personal journey, to dig deeper, through stories, into issues affecting their health and effectiveness as leaders and to make sense of their shared experience. This process was transformative. The tools were useful in improving professional practice helping to shift discussion from an emphasis in the *pathogenic* (focus on disease or disorder) to *salutogenic* (focus on health and well-being). While the broader epistemological and ontological status of these tools was outside the scope and purpose of this research these heuristic tools, in the eyes of their co-creators, were useful, trustworthy and authentic in facilitating dialogue for transformation.

Chapter 6: Engaging the Literature

6.1 Introduction

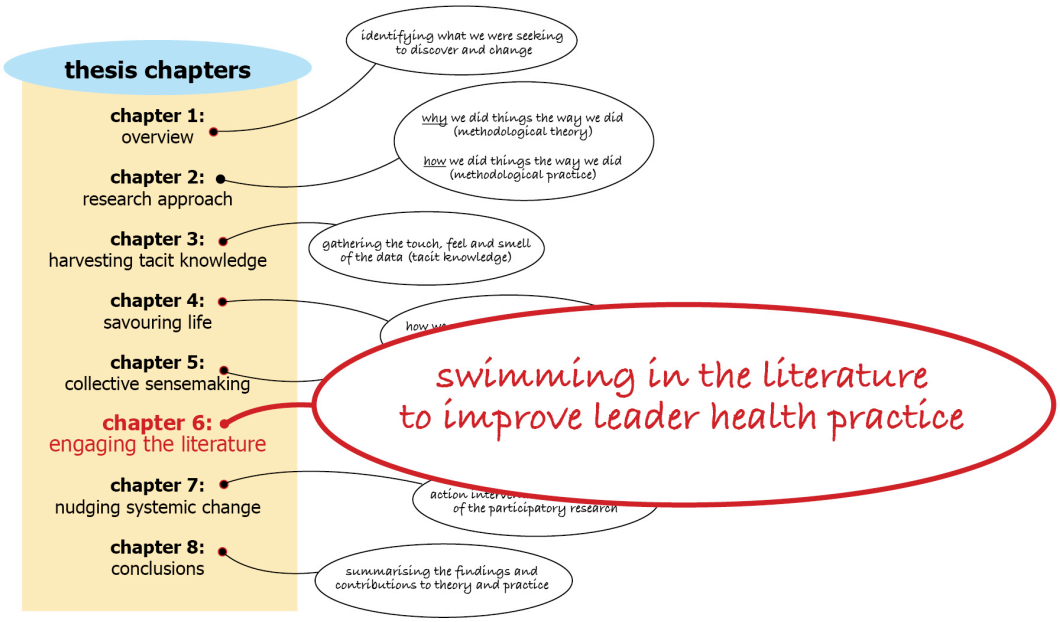

Figure 6.1: Thesis map (chapter 6).

A comprehensive literature review adds depth to this thesis by highlighting key areas of relevant literature across disciplines. McNiff and Whitehead (2006) urge researchers to 'engage the literature in their action research and this does not necessarily mean writing a literature review chapter' (p. 123). However, it is vitally important that the literature be used to challenge, support or disconfirm interpretations that arise from the research (Hart, 1999). Assumptions can also be tested throughout the project, as the literature adds a depth of understanding and a richness to the quality of the research findings. As Coghlan and Brannick (2005) note:

> This is what we call emergent literature. As you are progressing through the story and making sense of the story you will find that you are being drawn into more specific or even new areas of content, whose literature you now need to read and review. In

> action research projects specific relevant content areas emerge as the project progresses, so you often do not quite know what the focus of your synthesis is until the project is well in progress. Content literature becomes more focused through the story and directly relates to what is being framed in the story. (p. 130)

In this thesis, the literature is engaged throughout the entire document— weaved through the introduction, method, analysis and conclusion. On occasion, fuller quotations are used to capture the thicker meaning, sense, and tone of the author, capturing their story if it adds depth to the research journey. This intertwining of action reflection and academic learning is consistent with Dick's (1991) insight that 'the best place for most of the content literature is in the later chapters'.

Herr and Anderson (2005), in their book *The Action Research Dissertation,* write that:

> researchers should expect that as the cycles of research illuminate the issues being studied, new literature will be incorporated as part of this growing understanding. We find that, typically, there is a sense of unearthing the real issues or questions for study, and this often leads researchers to read in directions that they had not previously anticipated. (p. 84)

Accessing the relevant literature is part of the interpretation during the research process, widening the dialectic, providing opportunities to test assumptions critically and rigorously, seeking agreement, exceptions, confirmation or disconfirmation. In action research, this is interlaced through the multiple cycles of participatory engagement with stakeholders and literature. As Bob Dick (1998) comments:

> In many studies you do not know the relevant literature until data collection and interpretation are under way. This is an important part of being responsive to the situation. . . . the appropriate literature is whatever proves to be relevant as the study proceeds. (p. 6)

The content of the research was informed by the literature but not limited to it. Learning through reflection occurred in multiple ways. *Content reflection* is focused on what is happening. *Process reflection* is focused on how things are being done. *Premise reflection* is focused on critiquing underlying assumptions (Mezirow, 1991). Coghlan and Brannick (2005) write about this as follows:

> When content, process and premise reflections are applied to the action research cycle they form a meta cycle of inquiry. The content of what is diagnosed, planned, acted on and evaluated is studied and evaluated. The process of how diagnosis is undertaken, how action planning flows from that diagnosis and is conducted, how actions follow and are an implementation of the stated plans and how evaluation is conducted are critical foci for inquiry. There is also premise reflection, which is inquiry into attitudes and behaviour. (pp. 25–26)

In the course of this research project, the processes of engaging stakeholders and participants, learning together, shaping the tacit into the explicit, testing and reshaping through multiple cycles of participation plus engaging the literature did not happen in a neat, linear fashion. Reflecting this, rather than try to separate the thesis into discrete sections it is appropriate that these chapters bleed together somewhat, particularly the

review of the literature, which is enmeshed into the entire document. The purpose of this chapter is to highlight areas of significance arising in the research that were worthy of note, influenced the research findings and were necessary to include as an integral part of the journey of discovery for researcher and participants.

The themes explored in this chapter reflect the issues arising again and again through the conversations of participants:

- the system is complex and adaptive (quick fixes seem to create their own unseen problems and patterns are only evident in hindsight);
- the effectiveness of leaders is linked to their holistic health (physical, mental, social and spiritual well-being);
- the health of a church community is complex and linked to the health of its leaders;
- the theological mindsets of leaders can contribute to, or cover for, patterns of thinking, feeling and behaving that may be healthy or unhealthy;
- certain psychological patterns of thinking, feeling and behaving are evident in unhealthy and ineffective leadership such as: feelings of entitlement, building co-dependent relationships, narcissistic manipulation, passive-aggressive avoidance and poor systems of accountability;
- the processes involved in sensemaking, knowledge creation and change management were of great concern (how do we improve our practice?).

These themes, raised by participants, are factors that form a background to this review of literature. Their inclusion is intertwined into the chapter sections shown in figure 6.2.

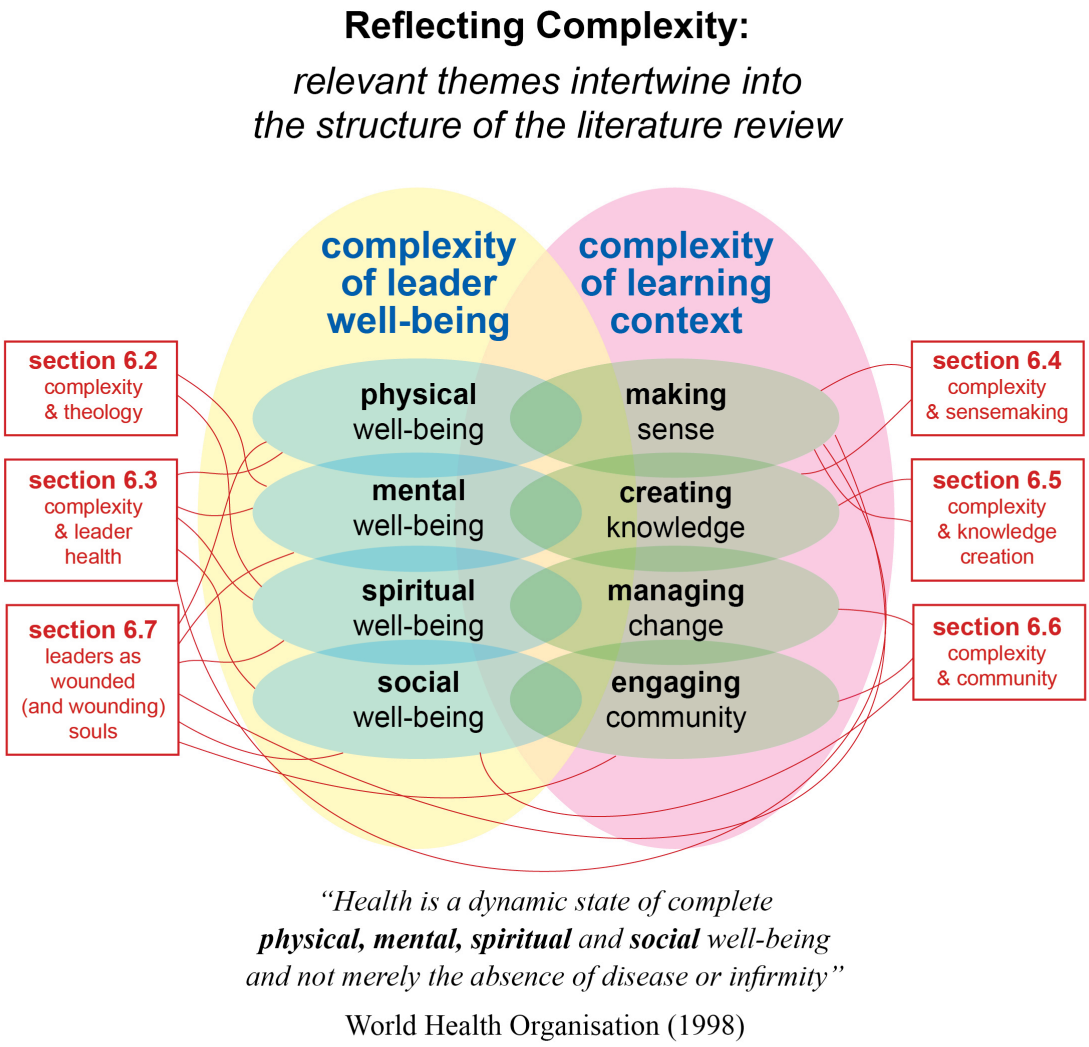

Figure 6.2: Engaging the literature in chapter six.

6.2 Complexity and Theology

A brief look at the history of Churches of Christ gives insight into factors that have shaped the culture and mindset of leaders and their church communities. There has been much historical research into the role the Enlightenment played in shaping the way humans see, interpret and make sense of their world, particularly the idea that knowledge can be known, categorised and ordered (Gay, 1996). Thus, the distinction between order and chaos emerged as a pervasive worldview. Sociology emerged from philosophy as a 'science of society' with the view that, like physics, mathematics, engineering and biology, there is a presumption of order and that human behaviour and social change are

controllable and predictable (Zafirovski, 2010).

Enlightenment thinking shaped the ideology and culture of the Churches of Christ as they formed across the world in the 1700s to 1800s (Allen, 2004; Foster et al., 2004; Holloway & Foster, 2001). At the close of the seventeenth century, the world was going through significant shifts as the Age of Enlightenment brought reason and rationality to business, religion and politics. A new mechanistic, scientific, humanistic approach to seeing the world was launched. The Churches of Christ were formed in this rapidly changing context where reason ruled (Allen & Hughes, 1988). In the sixteenth century, Bibles were translated into different languages, printed and distributed at affordable prices, people realised that they did not need to have the Bible read and interpreted by a priest to intercede on their behalf with God. At the same time, the presumption that people must be ruled by a King with no representation was being challenged (Hatch, 1989). The world was being reshaped by living documents like the English Bill of Rights (1689), the American Bill of Rights (1789) and the French Rights of Man (1789). New ideas—that we can think for ourselves, read and study for ourselves and we can govern ourselves—were revolutionising Europe and America (Gay, 1996; Hughes, 2002; Zafirovski, 2010).

This period shaped the mental models (Senge, 1990) used in the Churches of Christ. As Allen and Hughes (1988) found:

> The eighteenth century Enlightenment, then, shaped Churches of Christ in two fundamental respects: First, the Enlightenment taught our fathers that the surest way to Christian union was to reduce Christianity to a set of essentials upon which all reasonable persons could agree. And for our Fathers those essentials were found in the

> outlines of the primitive church; Second, the Enlightenment taught our fathers the importance of rational faith, rationally formed, rationally defended, and predicated on the 'facts' of a rational Bible. (pp. 85–86)

Philosopher John Locke in 1690 summed up this age of reason when he wrote, 'reason must be our last judge and guide in everything' (Locke, 1836, p. 317). Margaret Wheatley (1999), in *Leadership and the New Science,* refers to this approach as similar to Isaac Newton's perception that nature is a huge machine with distinct, isolated parts. Their operation could be easily seen and assessed as a series of cause-and-effect relationships that could then be adjusted and realigned like a cosmic game of billiards to achieve the desired outcomes. She writes:

> Scientists in many different disciplines are questioning whether we can adequately explain how the world works by using the machine imagery emphasised in the seventeenth century by such geniuses as Sir Isaac Newton and Rene Descartes. This machinery imagery leads to the belief that studying the parts is the key to understanding the whole. Things are taken apart, dissected literally or figuratively (as we have done with business functions, academic disciplines, areas of specialisation, human body parts), and then put back together without any loss. The assumption is that the more we know about the workings of each piece, the more we will learn about the whole. (Wheatley, 1999, p. 10)

The simplistic, black-and-white theology and sociology of the Churches of Christ was a product of this thinking. The term 'pattern theology' was popularised on the

American frontier (Campbell, 1839) to describe the view that the Bible was simply a 'blueprint' given by God to build his vision of the world. Cause and effect: if we do *this,* God will do *that.* In the same way, the complexity and mystery of an unpredictable God and often, seemingly erratic human behaviour, were not consistent with these views (Hughes, 2002).

There was a presumption of order in this simplistic theology. It was strangely humanistic in its assumption that there is a cause and effect in markets and human interaction, which can be discovered, known and empirically verified. This resulted in an ecclesiology of prescriptive and predictive models where the right church method will automatically produce the right results. Past success, when duplicated, will result in future success and there is always an ideal (or right) way of doing things. When the old patterns no longer seem to be working then there has been a theological, as well as organisational, crisis. Why has God stopped listening? Or more realistically, why has God stopped doing what we want?

This strong foundation in the thinking of the Enlightenment shaped a theological and pragmatic mindset in the Churches of Christ that perceived God and people functioning in simple and predictable patterns. The linear, cause-and-effect approach is evidenced in the often-used Church of Christ five-finger Plan of Salvation (Krause, 2004): (1) hear, (2) believe, (3) repent, (4) confess and (5) be baptised. It is of note that God has no role in this process. This is referred to in table 6.1 as a linear theological perspective.

Krause (2004), in discussing the impact of history on the Churches of Christ, writes:

> Enlightenment rationalism was the hallmark of the modern era.

> Rationalism taught that all things are basically reasonable; that reason is capable of supplying an accurate and comprehensive picture of reality. Reason could even answer religious questions, and, therefore, religious questions could be reduced to logical syllogisms. Postmodern thinking is non-foundational non-sequential, and post-rational. (p. 239)

The Churches of Christ in NSW (and the rest of the world) has been slowly shifting from a linear to a complex mindset (Hughes, 2002). This is part of a broader shift from modernism to postmodernism that is affecting religious organisations around the world (Grenz & Franke, 2001). Examples of this divergent thinking are presented in table 6.1.

Table 6.1

Divergent theological perspectives.

Linear Theological Perspective	**Complex Theological Perspective**
God seen as a policeman and judge	God seen as a loving parent
Punish the wicked	Forgive the sinner
Strong need for black-and-white certainty	Comfortable with uncertainty
Focus on differences	Focus on similarities
Conditional love	Unconditional love
Faith is about what you believe	Faith is about who you are
Presumes being right on everything is essential to salvation	Knows we can never be right about everything
Saved because we are right	Saved because God is righteous
Salvation earns the right to get to heaven	Salvation is an honour to live as part of God's family
Acting out of fear of hell	Acting out of love of God and his kingdom
Modernist thinking	Post-modernist thinking

These categorisations are simplifications of a complex social dynamic (Borgmann, 1992). This is an attempt to clarify the shift that is taking place, but it is acknowledged that these changes are emergent and any classification is fuzzy. As a researcher, it was important to acknowledge these fuzzy areas of the inquiry, as they represented a very real part of the context in which the participants engaged with each other. As Stringer (1999) notes, the process of inquiry means that the researcher 'enters cultural settings that are interactional, emotional, historical and social' (p. 80).

These challenges have been part of a global phenomenon for religious organisation. Church historian Gailyn Van Rheenan (2008), in his analysis of this decline in Churches of Christ globally, says western Christians have segmented their Christianity from the rest of life, becoming merely church attenders. They are pragmatic westerners who attend a church that provides them religious goods and services. A fraternity that hires staff to attract followers who will get their religious and social needs met – or leave if they are not met.

A decline in membership was evidenced in a 1992 report to leaders of Churches of Christ in NSW where the Assemblies of God was seen as a desirable model to emulate (Cheal et al., 1992; Phelan & Regan, 1991). This was linear thinking, cause-and-effect thinking, in action.

6.3 Complexity and Leader Health

There has been a growing paradigm shift in health-related thinking with an old paradigm, emphasising illness and disease, being replaced with a new paradigm, emphasising healthy functioning and well-being (Greenfield & Nelson, 1992). This is indicative of the complexity of health, which was described by Dubos (1961) as a 'receding image' that from a distance appears to be clear concept but, as we get close to

it, the clarity becomes cloudy and ill-defined. The ‘science’ of health would like to measure, assess and quantify all of the component parts of this system. However, it contains many elements that defy easy measurement, such as spirituality, which is an important component of well-being, as ‘individuals with a strong religious faith report a higher level of life satisfaction, greater personal happiness, and fewer negative psychosocial consequences of traumatic life events’ (Ellison, 1991, p. 80). They also live longer (George, Larsons, Koeing & McCullough, 2000, pp. 107–108). Health was a significant element in the complex nature of this research study.

There is a growing volume of references in healthcare literature regarding the value of complexity theory, in particular complex adaptive systems, in understanding and improving health services in aged care services (Henriksen & Rosenqvist, 2003), healthcare management (McDaniel & Driebe, 2001), medical education (Fraser & Greenhalgh, 2001), clinical leadership in mental health (Minas, 2005), health promotion (Wilson & Holt, 2001), nurse management (Clancy & Delaney, 2005) and a general application to managing change in healthcare organisations (Redfern, 2003). Researchers are now willing to see healthcare organisations such as the British National Health Service (Kernick, 2002); College of Occupational Therapists (Creek, Ilott, Cook & Munday, 2005) and the Australian mental health system (Minas, 2005) as complex adaptive systems (McDaniel & Driebe, 2001).

In contrast, there is very little literature applying complexity theory to religious network organisations like the Churches of Christ in NSW. However, there is considerable evidence presented in this thesis establishing the movement is complex and the use of literature in the field of health is relevant to this context.

6.4 Complexity and Sensemaking

An appreciation of complexity theory has been fundamental in this research, not only to understand the dynamics of the organisational system but also to help prepare for an emergent theology that allows for views of God, church, and the human condition that are less simplistic and more nuanced with the unknown. God can be mysterious, unpredictable and complex, yet still be God.

Since the turn of the twenty-first century, healthcare researchers have begun to use complexity theory, including the theory of complex adaptive systems, to the effective management of healthcare systems. A full explanation of complex adaptive systems in healthcare is outside the scope of this paper (but see, for example, Axelrod & Cohen, 1999; Fraser & Greenhalgh, 2001; Plsek & Greenhalgh, 2001; Plsek & Wilson, 2001; Wilson, Holt & Greenhalgh, 2001). However, action research has been found to make a significant contribution to this emerging field of inquiry (Hart & Bond, 1995; Hughes, 2008).

The journey to appreciating complex living systems involves taking on a new way of thinking (Pina e Cunha, Vieira da Cunha & Kamoche, 2001), standing back from detailed analysis of system 'parts' and taking 'a crude look at the whole' (Gell-Mann, 1994), from analysis to synthesis. Complex systems are non-linear (Doolittle, 2002) with cause and effect often distant in time and space (Brodnick & Krafft, 1997). Gregoire and Prigogine (1989) notes that the roots of complexity are found in non equilibrium physics where the prevalence of instability means small changes may lead to large, amplified changes.

Modern management theories were, for the most part, built on Newtonian assumptions of a 'clockwork universe' (Olsen & Eoyang, 2001; Plsek & Greenhalgh,

2001; Wheatley, 1999). As Shelton (1999) writes:

> Newton's thinking had enormous impact, not only on science, but on organizations as well. The founding fathers of industrialism were greatly influenced by his worldview. Newton frequently characterized the universe as a great clock-like machine and his machine metaphor was transferred to the workplace. Organizational charts were designed to look like the schematics of a great machine and managers attempted to create results by managing employees as if they were mechanistic cogs—parts to be manipulated, controlled, and replaced when broken or worn out. Data were collected and analysed (reductionism); prediction was highly valued (determinism); and what could not be measured simply did not exist (positivism). (p. 2)

American management theorist Frederick Taylor (1911) aimed to bring more predictability and control through 'scientific management'. Meanwhile, French industialist Henri Fayol (1917) formulated a set of management skills designed to create stable, linear, predictable, logical organisations through planning, organising, commanding, coordinating and controlling. Margaret Wheatley (1999), in writing about management theorists who adopted this 'scientific' approach, comments that:

> I still find this early literature frightening to read. Designers were so focused on engineering efficient solutions that they completely discounted the human beings who were doing the work. They didn't just ignore them, as had been done more recently with contemporary reengineering efforts. They disdain them—their task

was to design work that would not be disrupted by the expected stupidity of workers. (p. 159)

To reflect these changes in understanding organisations as complex adaptive systems, Olson and Eoyang (2001, pp. 1–2) developed the following comparison table of the traditional models of organisational change with a complex adaptive model of change (see table 6.2).

Table 6.2

Organisational change in complexity.

Traditional Model of Organisational Change	Complex Adaptive Model of Organisational Change
Few variables determine outcomes	Innumerable variables determine outcomes
The whole is equal to the sum of the parts (reductionist)	The whole is different from the sum of the parts (holistic)
Direction is determined by design and the power of a few leaders	Direction is determined by emergence and the participation of many people
Individual or system behaviour is knowable, predictable and controllable	Individual or system behaviour is unknowable, unpredictable and uncontrollable
Causality is linear: every effect can be traced to a specific cause	Causality is mutual: every cause is also an effect, and every effect is also a cause
Relationships are directive	Relationships are empowering
All systems are essentially the same	Each system is unique
Efficiency and reliability are measures of value	Responsiveness to the environment is the measure of value
Decisions are based on facts and data	Decisions are based on tensions and patterns
Leaders are experts and authorities	Leaders are facilitators and supporters

Dooley (1996) describes a complex adaptive system (CAS) as behaving according to three principles: (1) order is emergent as opposed to hierarchical; (2) the system's history is irreversible and (3) the system's future is often unpredictable. John Holland (Waldrop 1992) discusses complex adaptive systems as 'a dynamic network of many agents'. Where each agent within the system acting and interacting in concert with what

other agents are doing. The system behaviour is the result of a multitude of decisions being made every moment by every agent.

Plsek and Greenhalgh (2001), writing in the context of healthcare, define a CAS as ‘a collection of individual agents with freedom to act in ways that are not always totally predictable, and whose actions are interconnected so that one agent’s actions changes the context for other agents’ (p. 625). Conversely, Snowden and Boone (2007) describe a complex system as:

- involving large numbers of interacting elements.
- interactions are non-linear, and minor changes can produce disproportionately major consequences.
- the system is dynamic, the whole is greater than the sum of its parts, and solutions cannot be imposed; rather, they arise from the circumstances. This is frequently referred to as emergence.
- the system has a history, and the past is integrated with the present, the elements evolve with one another and with the environment and evolution is irreversible.
- though a complex system may, in retrospect, appear to be ordered and predictable, hindsight does not lead to foresight because the external conditions and systems constantly change.
- unlike in ordered systems (where the system constrains the agents), or chaotic systems (where there are no constraints), in a complex system the agents and the system constrain one another, especially over time. This means that we cannot forecast or predict what will happen. (p. 3)

Using the literature, particularly Snowden and Boone’s (2007) framework, it is evident that the Churches of Christ in NSW fit the description of a complex and adaptive

system. This understanding is vitally important to this research because the traditional, linear systems of modern management (Newtonian framework) are not suitable approaches to bring about the level of learning and change required for the organisation not to account for spirituality and spiritual health as emergent properties. This project establishes that complex living systems theory is an appropriate framework to improve the practice of leadership health, resilience and effectiveness in the Churches of Christ in NSW.

6.4.1 Moving from 'linear mechanistic thinking' to 'living systems thinking'.

As part of the understanding of complexity, the move from 'modern', mechanistic thinking to postmodern adaptive, complexity thinking may be compared by moving from a view of organisations as *a game of billiards* (Holland, 1998, p. 177; Wheatley, 1999, p. 152; Zohar, 1997, pp. 100–107) to *a living swarm* (Fisher, 2009; Goldstein, 1994; Holland, 1995; Plsek & Greenhalgh, 2001). Wheatley (1999) describes this as follows:

> Nothing described by Newtonian physics has prepared us to work with the behaviour of living networks. We were taught that change occurs in increments, one person at a time. We not only had to design the steps; we also had to take into account the size of the change object. The force of our efforts had to equal the weight of what we were attempting to change. But now we know something different. We are working with networks, not billiard balls. We do not have to push and pull a system, or bully it to change; we have to participate with colleagues in discovering what is important to us. Then we feed that into our different networks to see if our networks agree. (p. 152)

This billiard-ball type thinking is built on key assumptions about the dynamics of the system: reality is objective; effects are predictable; and knowledge is acquired solely through the senses—data collection and analysis (Shelton & Darling, 2003, p. 353). In contrast is the view of an organisation as a CAS, more like a swarm of bees, flock of birds, colony of ants or school of fish (Goldstein, 1994; Holland, 1995; Plsek & Greenhalgh, 2001). Goldstein (1994), in *The Unshackled Organisation,* discusses this complexity through the image of a school of fish in that:

- a school does not have a single leader
- control is distributed through the school
- each independent agent is capable of responding, learning and adapting
- the school is able to react to threat (stimulus) faster than any single leader could react
- if there was a single 'leader' fish, the reaction time would be slower
- the school, as a whole, has capabilities that are not explainable by the capabilities of any individual fish (p. 88)

Wadsworth (2010) describes research in a CAS as 'human inquiry for living systems'. She describes the system complexity as being like a woman (complex living system #1) riding (complex system #2), a bicycle, who is pregnant (complex living system #3), all interacting in constant motion to ride down the street. Wadsworth's image describes multiple layers of system relationships, while Miller (2010) builds a similar picture of complex systems in his research on swarms, flocks, schools and colonies.

Kurtz and Snowden (2003) introduce a framework, which they refer to as Cynefin, for perceiving the different degrees of organisational complexity. This model is intentionally 'fuzzy' and not designed to be read in the positivist, linear fashion. It is,

however, a map for understanding and action, dividing areas of knowledge into four 'domains' (see figure 6.3).

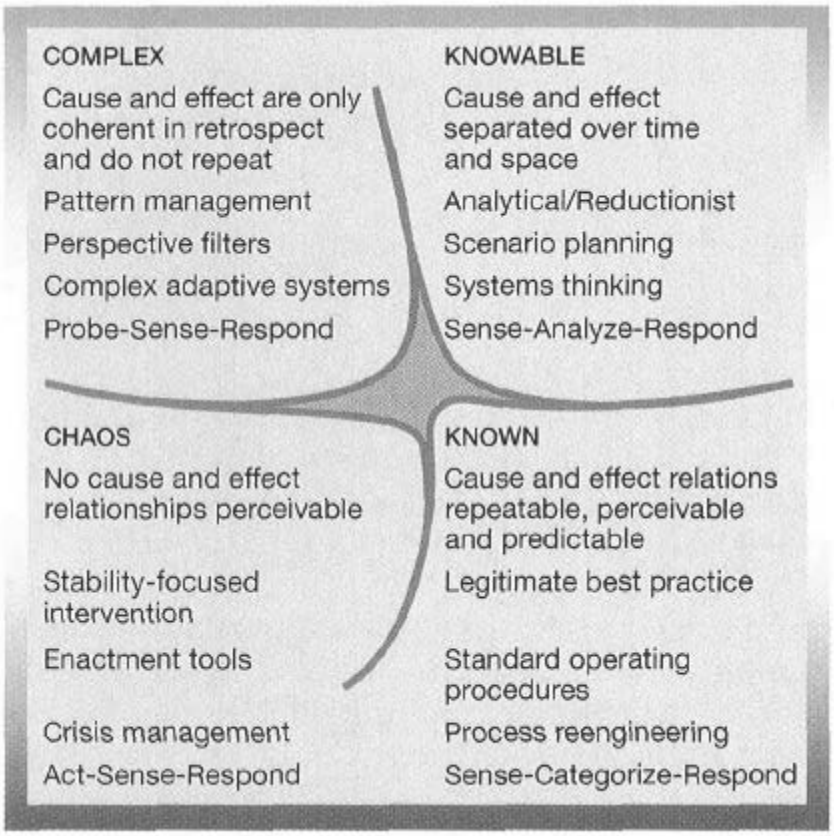

Figure 6.3: The Cynefin framework (Kurtz & Snowden, 2003, p. 468).

For Kurtz and Snowden (2003), the 'known and 'knowable' spaces are within the domain of 'order'—where knowledge is relatively discoverable and certain—while the 'complex' and 'chaotic' spaces are within the domain of 'unorder'—where knowledge is less discoverable and uncertain. Amid these 'fuzzy' (Snowden & Boone, 2007) spaces is 'disorder'—where transition and ambiguity are the only constant, a space where an organisation may display elements of more than one 'space' at the same time or things may be unknowable.

In the known space, conditions are predictable. There are clear causes and effects, as patterns repeat themselves obviously. With established rules and procedures, leaders

can determine how to best handle situations that develop because they can regularly predict the outcome. ‘Best practice’ simply means to do what has been effective before.

In the knowable space, a leader knows what they do not know. They understand that there are experts who, through proper analysis, will be able to determine a pathway forward with proper expertise, skill or scenario planning. Identified historical patterns are useful, as cause and effect are discoverable even if not immediately obvious.

In the complex space, cause–and-effect relationships exist but are often only evident in hindsight. Systematic analysis and planning will be problematic as the basis for foundational assumptions is unstable. After probing, patterns may emerge but will not be repeatable or based on simple or stable rules. Historical patterns may not be useful, and history does not always repeat in this domain.

In the chaotic space, cause-and-effect relationships can be perceived with the time and other resources available. There is a high level of turbulence with patterns shifting in unknowable and unpredicted ways. Expertise based on previous experiences may not prove effective, as the system is inherently unpredictable.

Stacey (2003) viewed the challenge of complexity using a matrix with two dimensions: ‘degree of agreement’ v. ‘degree of certainty’. Simple situations have high levels of agreement and certainty from stakeholders and decision-makers, whereas chaotic situations have low levels of agreement and certainty from stakeholders and decision-makers. In the zone of complexity, there is ‘insufficient agreement and certainty to make the choice of the next step obvious (as it is in simple linear systems), but not so much disagreement and uncertainty that the system is thrown into chaos’ (Plsek & Greenhalgh, 2001, p. 627).

The immunity (resistance) of an organisational system to change has been

discussed widely in the literature (Baum, 2002; Bertalanffy, 1969; Bunker & Alban, 1997; Burns, 2010; Minas, 2005; O'Connor & McDermott, 1997; Oshry, 1996, 1999). Some authors (Axelrod & Cohen, 2000; Peat, 2008; Prahalad & Ramaswamy, 2004; Scharmer, 2009; Senge, 1990; Senge et al., 2004; Snowden & Boone, 2007; Stacey, 2003; Wadsworth, 2010; Wilson & Holt, 2001; Zimmerman, Lindberg & Plsek, 1998) have generated principles to help navigate through organisational complexity. A summary of the salient ideas in the literature has been gathered here:

- *Remain curious*—staying poised as the learner rather than the expert creates a learning culture conducive to adaptive thinking and behaviour.(Scharmer, 2009)
- *Ask provocative questions*—asking questions that challenge basic thinking assumptions and patterns of behaviour (Wadsworth, 2010).
- *The harder you push, the harder the system pushes back*—most systems have a built-in defence mechanism that will work against change. Special interests, motives, comfort zones and traditions all contribute to pushing-back against efforts to change. Usually the stronger the resistance, the more unhealthy the system (Stacey, 2003; Olson & Eoyang, 2001).
- *Realigning to the big picture goal*—not being bogged down in details that do not move the most significant strategic priorities ahead (curing the cancer but destroying the heart; rather, focusing on winning the main game) (Peate, 2004).
- *Yesterday's solutions often cause today's problems*—many supposed solutions just move the problem from one part of the system to another. Those who inherit the new problem are often not the same people who 'solved' the original problem, so the link between the two is often undetected (Senge *et.al.* 2004).

- *Use intuition*—decisions based on deeper experience and insight rather than merely the gathering of measurable data (Scharmer, 2009).
- *The link between cause and effect is not always obvious*—the complexity of systems reveals a mismatch between our ability to observe what is going on and the reality of the situation. This means that the consequences of actions may not be closely connected to the cause by time or location (Snowden & Boone, 2007).
- *Listening to the shadow system*—identifying the informal, relational systems of power, fear and influence that are driving system responses (Oshrey, 2009).
- *Gathering stories*—personal narratives capture the tacit experience of individuals and group processes and, as such, are powerful data gathering tools (Stacey, 2003).
- *Chunking challenges*—solving multiple challenges at a time (rather than one at a time). Using these chunks to establish new patterns adaptive learning and change (Stacey, 2003).
- *Using metaphors to learn and adapt*—common language, stories and images help create shared meanings to build collaborative behaviours and deep change (Axelrod & Cohn, 2000).
- *The power of co-creation*—when generating solutions, experimenting and initiating change we will go further when we go together (Prahalad & Ramaswamy, 2004).
- *Developing heuristic models*—gathering ideas in the form of 'rule of thumb' diagrams to further ignite sensemaking discussions and develop deeper group understanding (Wadsworth, 2010).

- *The cure can be worse than the disease*—short-term solutions can create a need for more and more of the same. A quick fix in one part of a system can 'shift the burden' and create new dependencies as people in other parts of the system, increasing the number of problems and the volume of stress in the system (Burns, 2010).
- *Experiment to nudge change*—testing, trying and piloting are all ways to explore what might work and what might not. Small, well-focused actions can produce a ripple effect (leverage) that may produce enduring improvements. If it works, do more of it. If it does not work, stop doing it (Snowden & Boone, 2007; Wilson & Holt, 2001).

These navigation principles derived from the literature have all been at work through this research project: in the ways participants engaged and in the responses to 'nudges' to change the organisational system.

6.4.2 A therapeutic modality and complex living systems.

The family systems of leaders were enmeshed into the organisational system. This linked leader health to family health and vice versa. Family Systems Theory (Bowen, 1985) makes a significant contribution to making sense of human organisations as complex living systems. Murray Bowen (1985) saw the family as a living system composed of biological organisms. Friedman (1985) applied the same thinking to organisations where individuals are connected in a system of swirling, emotional processes—an emotional field, much like a magnetic field (Wheatley, 1999). This represented a shift from more traditional models of therapy, focusing on a symptomatic family member, to members functioning in a relational system.

The premise of this approach is that each person plays a role in the functioning of

the people around them (whether in a family or an organisation). An organisation, as a living system, has leaders and followers who are connected through intimate emotional fields they have created. These relationships have an impact (positive or negative) on the effectiveness and health of the organisation and its members (Friedman, 2007).

As living systems, organisations can be considered as emotional organisms. Feelings such as anxiety are present and contagious. Anxiety is the response of the system to threat (whether real or perceived). When anxiety rises, the members of the system react to each other emotionally. As Herrington et al. (2003) write:

> Our thinking becomes less clear and more reactive. Some of us withdraw; others engage in conflict. We begin to place or accept blame in an effort to avoid taking responsibility for making personal changes. We begin to see ourselves as the victims of others' actions. We assign motives to others behaviour, or we take it personally. Demand for conformity in thinking increases. We look for a quick fix to the symptoms that develop. (p. 31)

In this context, it is naive to think and operate in terms of simple cause-and-effect relationships affecting individuals or corporate groups. In the emotional field, all the elements are 'wired' together: 'In a living system, whenever the problem is chronic, just about everyone has a part to play in keeping it going' (Herrington et al., 2003, p. 31). This can lead to unhealthy organisational systems in which anxiety overrides thinking, people start taking sides, creativity is diminished, fun disappears, and a 'treadmill effect' occurs where working harder and harder doing the thing that didn't work last time over and over, is hoped to produce better outcomes (Friedman, 1985).

Understanding the organisation as a complex living system requires a different

way of thinking about managing change. For leaders, rather than focusing on fixing things and doing stuff, their role is to function like the immune system of the organisation (Friedman, 2007, p. 182), being a calming, non-anxious presence. Key to this is the ability to be self-differentiated; to differentiate between themselves and the emotional processes whirling around them.

Resistance to change is a natural element of systems (Senge, 1990). A living system has a natural tendency to keep itself in homeostasis. A self-differentiated leader knows that change cannot take place without disturbing the status-quo. A significant amount of emotional energy is required to nudge systemic change beyond the tipping point (Friedman, 2007). However, the nature of change in a complex living system is that one change may trigger other, unintended changes (Wadsworth, 2010).

Gilbert (2006) claims that people who lack self-differentiation in an anxious system react with patterned responses designed to self-protect and alleviate anxiety. A summary of Gilbert's observed patterns are:

- Conflict pattern: *'If only you would change' or, 'You are the problem'*
- Distancing pattern: *'I am getting as far away from you as I can'*
- Overfunctioning pattern: *'Let me do it for you' or , 'Let me tell you what to do'*
- Underfunctioning pattern: *'I am not sure what to do—can you help?'*
- Triangling pattern: *'Do you know what I heard about?'*

Leaders can lower the level of system anxiety by effectively managing their own anxiety and staying connected to individuals in the system. This is not about telling people to calm down but being a calming presence. This 'presence' is the focus, attitude, bearing, gentleness and strength of the leader. Friedman (2007 p. 35) writes that it is the spirit and essence of a leader. The affective impact that has to do with emotional maturity

that permeates an organisation.

A self-differentiated leader is able to stay connected with others (being fully present), in spite of disagreement, as they do not need their approval, affirmation or agreement to feel self worth. The leader might like to be liked but does not *need* to be liked. This can be called spiritual presence.

A characteristic of the anxious system is the relationship between *overfunctioning* and *underfunctioning* (Bowen, 1985). Those who overfunction feel stuck with the responsibility of taking care of someone else's problems. This is not uncommon in leaders of churches or synagogues (Bowen, 1985). Leaders who see themselves as 'expert' have the potential to overfunction. In a living system when a leader is overfunctioning, someone else is underfunctioning. The more a leader works to fix the problem and overfunctions, the more followers underfunction and fuel an exhausting co-dependent (Mellody et al., 1989) treadmill of 'trying harder'. The unintended consequences are a self-defeating cycle of learned helplessness (Seligman, 1990) as underfunctioners are slow to build their competence or capacity in the presence of overfunctioners. According to Friedman (2007), a leader cannot make someone else more responsible, but they can make themselves less responsible. This is why the systems approach often seems counter-intuitive and somewhat paradoxical.

A sign of a well-differentiated leader is one who can be fully 'present' in the middle of any emotional turmoil yet maintain a strong sense of their own self and direction. Gilbert (1992, page 100) notes that a differentiated person engages freely with others and does not become 'fused'. Able to stay closely connected but also able to remain calm use logical reasoning to make the challenging decisions necessary for the health of the family, church, or organisation.

A poorly differentiated leader is one who is enmeshed in relationships so they lose their sense of self, something Gervase Bushe (2009, p. 66) calls ‘fusion’. Friedman (2007) sees this as both a cause and result of ‘stuckness’. When relational harmony wins out over goal attainment as ‘a system of defensive routines develop that hides errors because to reveal them usually exposes a more extensive network of camouflage and mistakes’ (Smith, 2002, p. 93). Too much enmeshment can become an anxiety ‘snowball’ that continues to grow as it takes on a life of its own and the players find it increasingly difficult to act for themselves.

Bowen saw healthy self-differentiation as leadership (Kerr & Bowen, 1988). This was built on a therapeutic modality (Friedman, 1985) focused on three fundamental concepts:

1. People change according to the functioning of the people around them.
2. A leader’s best chance of changing others is by changing self.
3. When a leader positively changes their emotional functioning, the whole system will improve its functioning in response to that change.

The idea of therapeutic change in family systems has been useful in this action research project. While exploring it deeply is outside the parameters of the research project, family systems change has been a useful model that contributed to research participants’ understanding of the complexity of living systems as they were dealing with leader health in theory and practice to influence the functioning of the Churches of Christ as a complex living system. Family systems approaches were widely read by research participants, so the language and ideas influenced the stories and models they presented.

6.5 Complexity and Knowledge Creation

Gathering useful data in the complexity of a living organisational system, with

swirling interacting relational fields, was a challenge in this research project. Kurtz and Snowden's (2003) action research approach, particularly the gathering of stories, was effective in understanding the depth of culture and dynamics within an organisation. Merely gathering stories as data for analysis is not enough, but converging stories for synthesis can be a powerful process for sensemaking (Cherry, 1999; Reason & Hawkins, 1988; Weick, 2001, the formation of new and tested knowledge:

> Rather than pulling items directly from anecdotes discussed, we might go through one of several convergence methods in order to integrate much disparate material and achieve a stronger set of sense-making items. For example, we might ask people to construct composite fables from anecdotes by using one of a variety of fable templates, working from either the narrative database or their own experiences as source material.
>
> This exercise is especially useful when we need to bring people into the realm of fiction so that they can more freely express their true opinions on sensitive subjects. It is also a useful integrator of diverse sources. In a room of 50 people constructing fables in small groups, several hundred anecdotes may be considered as material for creation of each group's fable. Items are then drawn from aspects of the integrated fables (characters, events, situations) for sense-making. (Kurtz & Snowden, 2003, p. 471)

6.5.1 Developing and sharing organisational knowledge.

Acknowledging the difference between data, information and knowledge (Davenport & Prusak, 1998) was important in this project because the usefulness of what

was discovered depended on knowing which of these was needed in what context, and ensuring it was available when needed. Furthermore, an understanding of how one is transformed into another was part of managing the knowledge creation process.

6.5.1.1 Data.

Data is perhaps most simply seen as a structured record of transactions. It is the set of objective facts recorded about events. When a customer makes a credit card purchase at a department store, the transaction is recorded as data. It tells us what was purchased, and the date, time and cost of the purchase. However, it does not reveal why the customer purchased the item, why the customer chose that store to make the purchase, or if he or she will use that store again. There is no inherent meaning in data recorded in computer files or sheets of paper:

> Data . . . provides no judgement or interpretation and no sustainable basis for action. While the raw material of decision making may include data, it cannot tell you what to do. Data says nothing about its own importance or relevance. (Davenport & Prusak, 1998, p. 3)

Data is, however, important to most organisations because it 'is essential raw material for the creation of information' (Davenport & Prusak, 1998, p. 3).

6.5.1.2 Information.

Unlike data, information has meaning. The etymology of the word has the meaning 'to shape' (like a form that a concreter might use). Information is data that has been shaped so that it gives a message. This message should give some meaning to the recipient.

Peter Drucker (1989) once said that information is 'data endowed with relevance

and purpose' (p. 72). In this way, data is transformed into information when its user adds meaning. This can happen when the data is contextualised: knowing why the data was gathered; calculated: data analysed statistically; categorised: data divided into relevant units for analysis; or condensed: data summarised into a concise, understandable form (Davenport & Prusak, 1998, p. 4).

6.5.1.3 Knowledge.

Knowledge is richer, broader and deeper than information. In the context of knowledge management for organisations, perhaps the best working definition is that:

> Knowledge is a fluid mix of framed experience, values, contextual information, and expert insight that provides a framework for evaluating and incorporating new experiences and information. It originates and is applied in the minds of knowers. In organisations, it often becomes embedded not only in documents or repositories but also in organisational routines, processes, practices, and norms. (Davenport & Prusak, 1998, p. 5)

This definition displays the complexities of knowledge in an organisation. It is intrinsically linked to the human element of the organisation. Whereas data may reside in a computer file, and information can be transmitted without human awareness, knowledge exists only in living minds. Unlike other assets that are definable and 'concrete', knowledge is as unpredictable and complex as the human mind; it is intuitive and difficult to capture completely in words. However, it is to be noted that 'knowledge derives from information as information derives from data' (Davenport & Prusak, 1998, p. 6).

6.5.1.4 Wisdom.

Ackoff (1989) adds a fourth element, wisdom, as the evaluated understanding of knowledge. Zeleny (1987) describes it in this way:

Data = know nothing

Information = know what

Knowledge = know how

Wisdom = know why

Wisdom adds human values to knowledge, requiring soul, discernment and judgement. Where knowledge involves understanding and communicating patterns, wisdom involves understanding principles (Rowley, 2007). Wisdom contextualises know-how to include the deeper understandings of culture, history, social interaction and spirituality. A leader must be self-differentiated and personally self-aware to access wisdom (Friedman, 2007; Hagberg & Guelich, 2005; Rohr & Martos, 1990).

The process of transforming information into knowledge and wisdom involves humans at every stage (Nonaka, 1991). This happens through communication and relationship: the connection between various types and sources of information; comparison: contrasting information to other situations; implications: the consequences of this knowledge for decisions and actions; and feedback: the involvement of others in evaluating the quality and usefulness of the information. The challenge in this research was to create an environment where an individual's personal knowledge could be developed, through group sensemaking, into organisational knowledge and wisdom to improve leader health (Kim, 1993).

6.5.2 Learning to create knowledge.

An example of the process of creating explicit knowledge from the tacit is found at Matsushita, an Osaka-based electrical company where, in 1985, a home bread-baking

machine was being developed. Despite the best efforts of developers, their prototypes could not knead dough correctly (the bread was burnt on the outside and uncooked on the inside). Considerable analysis was carried out including comparison x-rays of the machine-kneaded dough and dough kneaded by bakers. However, they were at a dead end.

Finally, one of the software developers, Ikuko Tanaka, proposed that they use the best bread baker in Osaka as a model. Tanaka trained with the Osaka International Hotel's head baker to study his kneading technique. She learned the sight, smells, insights and techniques of stretching the dough in the baker's distinctive way. After a year of further development with the project engineers, Tanaka produced product specifications (including new ribs inside the machine) that reproduced the kneading techniques of the master baker. The result was a unique 'twist dough' home bread maker that, in its first year, broke the record for sales of new kitchen appliances.

Nonaka (1991, p. 3) cites this as an example of two very different types of knowledge. He believes that organisational knowledge creation involves a continuous interplay between tacit and explicit knowledge (Nonaka & Takeuchi, 1995). First, there is explicit knowledge, which is formal and systematic. It can be easily communicated and shared in the form of a computer program, scientific formula or product specifications. Then there is tacit knowledge, which can be highly personalised and experience based. It is therefore difficult to communicate with others. Tacit knowledge is the art, insight and craft that is perhaps captured best in the term 'know-how'. Tacit knowledge has an important cognitive dimension. It consists of mental models, beliefs, and perspectives so ingrained that we take them for granted, and therefore cannot easily articulate them' (Nonaka, 1991, p. 4). Inkpen (1996) notes that 'often there will be a strong tacit

dimension associated with how to use and implement explicit knowledge' (p. 126).

Nonaka and Takeuchi (1995) identified four dimensions in this knowledge conversion process:

1. *From tacit to tacit (socialisation).* This dimension recognises the power of face-to-face interaction (for example, conversations, meetings, brainstorming, sharing experience, living together, apprenticeship, and hands-on-experience) in sharing deeply known, difficult to express, personal knowledge..
2. *From tacit to explicit (externalisation).* This dimension recognises the power of developing images, models, frameworks, recipes and examples to articulate tacit knowledge in a form that can be captured.
3. *From explicit to explicit (combination).* This dimension recognises the power of organising and integrating knowledge to fit with other parcels of captured knowledge, recognising patterns and building new systems of knowledge, in modes that can be published and disseminated throughout the organisation
4. *From explicit to tacit (internalisation).* This dimension recognises the power of individuals receiving captured knowledge and, through action and reflection, internalising the experience to be deeply personal knowledge that is difficult to articulate.

Nonaka (1991) sees in examples like this what he calls a 'spiral of knowledge'. With innovation moving from individual tacit knowledge through to a higher level of group tacit knowledge that can be applied in other areas of the organisation. In the Matsushita example, this was evident in the following stages (Nonaka, 1991):

- *Stage 1.* Tanaka learns the tacit knowledge of the master baker. Like an apprentice, she learns 'hands on' her new craft.
- *Stage 2.* She translates this into explicit knowledge that she can communicate with her coworkers.
- *Stage 3.* The team standardises the knowledge by putting together manuals, product descriptions and finally a finished product.
- *Stage 4.* Through the experience of creating a new product, the team has enriched its own tacit knowledge of developing quality standards in new products that can be applied to kitchen appliances, video equipment or any other new Matsushita product.

The spiral then starts all over again but begins with a higher level of knowledge. It should be noted here the waste in the common practice of staying in stage 1. Yes, the apprentice learns the mentor's skills, but neither the learner nor the teacher gain any systematic insight into their craft. Moreover, because the knowledge never changes from *tacit* to *explicit,* it cannot be used by the whole organisation. Nonaka (1991) writes that:

> Articulation (converting tacit knowledge into explicit knowledge) and internalisation (using that explicit knowledge to extend one's own tacit knowledge base) are the critical steps in this spiral of knowledge. (p. 5)

This 'spiral of knowledge' approach taken by Nonaka to convert tacit to explicit knowledge is somewhat reminiscent of action research methodology used in my research —where the continuing cycles of planning, acting, observing and reflecting are used to translate implicit knowledge to explicit knowledge. This sense that tacit knowledge is the look, feel, smell, sense, experience and wisdom of deep knowing and that it can be

'captured' in some way (see chapter 3) in the form of explicit knowledge (see chapters 4 and 5) is core to this research (see figure 6.4).

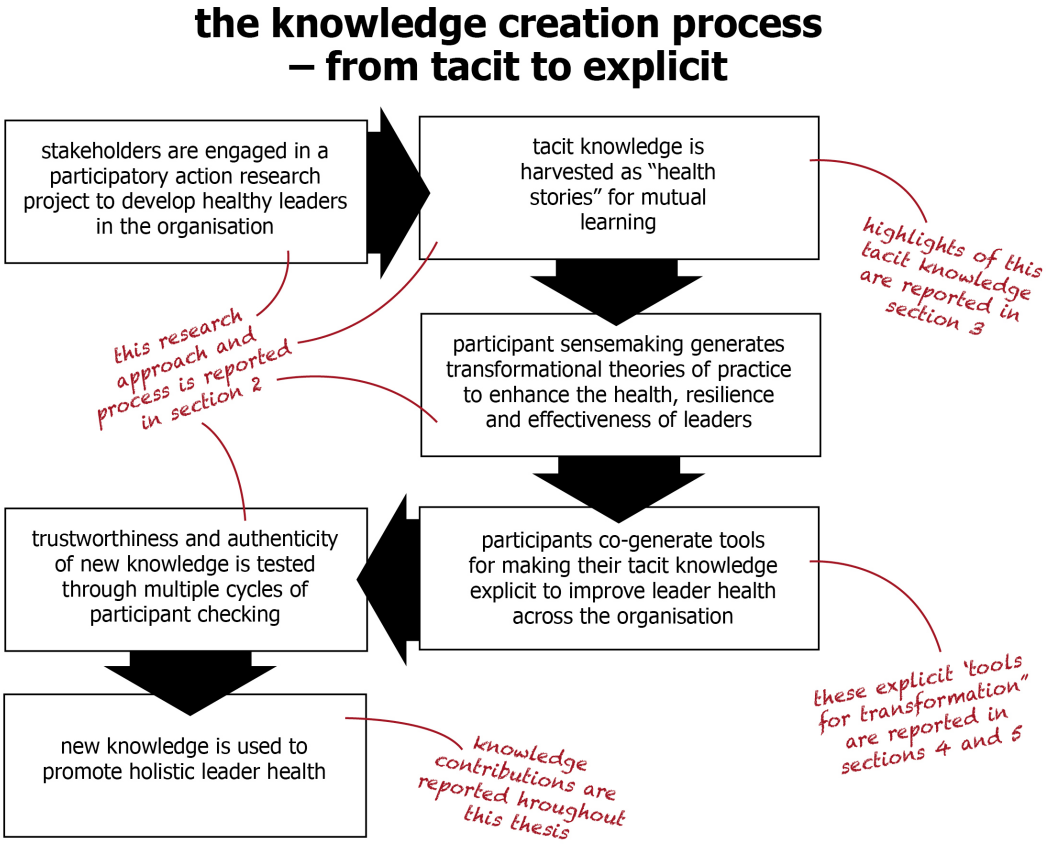

Figure 6.4: Knowledge creation process—From tacit to explicit.

6.6 Complexity and Community

In attempting to bring about change in the Churches of Christ in NSW, the concept of healthy community was deemed a powerful support to leader health. Many leaders felt that the word 'church' had come to have a negative connotation for some. In 2008, the Churches of Christ in NSW removed the word 'church' from their mission statement and replaced it with 'healthy, mission-shaped communities of fresh hope'. This recognised that the gatherings of groups across the network were not only in the form of churches but communities, people gathered in groups because of a need, similarity or purpose. These took the form of aged care centres, women's refuges, hostels, crisis

accommodation and other groups. These groups are semi-autonomous, and self-organising, interdependent communities. The change was also more descriptive of the aspirational nature of the organisation: that the church ministries were all communities that could be described as healthy groups who bring fresh hope to their corner of the world. Cohen (1985) defines community as:

> a largely mental construct whose objective manifestations in locality or ethnicity give it credibility. It is highly symbolised, with the consequence that its members can invest it with their selves. Its character is sufficiently malleable that it can accommodate all of its member's selves without them feeling their individuality to be overly compromised. Indeed, the gloss of commonality which it paints over its diverse components gives to each of them an additional referent for their identities. (pp. 108–109)

The word 'community' conjures up images of warmth, harmony and goodwill (Bauman, 2001, pp. 1–3; Wenger, McDermott & Schneider, 2002, p. 144). Dave Ulrich (1998) identifies six practices that build community: (1) forge a strong and distinct identity, (2) establish clear rules of inclusion, (3) share information across boundaries, (4) create serial reciprocity, (5) use symbols, myths, and stories to create and sustain values, and (6) manage enough similarity so that the community feels familiar (pp. 157–158).

M. Scott Peck (1987, p. 61), in *The Different Drum: Community-Making and Peace,* believes that community has three essential ingredients: inclusivity, commitment and consensus. Peck (1987) sees exclusivity as the great enemy of community. At some level, a true community will absorb and be transformed by the differences of individuals without succumbing to the trap of excluding others (I will deal with differences by

keeping others out of the group) or excluding self (I will deal with differences by leaving the group). When this happens, it is a commitment to the group that enables coping with diversity. In this transformation, consensus is found as the product of moving beyond democracy to genuine connection through honest communication and collaboration.

The concept and reality of community is vital to the organisation. It is through groups that things get done. As Larry Crabb (1999) notes:

> In unspiritual community we hide conflict behind congeniality. We rechannel it into cooperation on worthy projects where ugly drives become commendable zeal. We soothe the pain we feel because of conflict, using consolation to make our pain less pressing. If the conflict is particularly severe, we work through our issues in counselling. Or we let conforming pressures try to contain our ugliness within renewed efforts to do better. (p. 41)

However, community offers great opportunity for health and positive growth. Community offers the hope and promise of belonging (Block, 2008). This human 'quest for community' (Nisbet, 1953) is built into most people as a part of their psychological makeup. Yet, Robert Putnam's (2000) research found that people are becoming more and more disconnected from family, friends, local associations and neighbours. He refers to the deep fabric of our connectedness as 'social capital'. His research showed that in recent years (due in part to changing technologies, longer commutes, longer working times, increased two-worker families, and changes in generational values) this cohesiveness has plummeted in Western society and impoverished individual lives and whole communities.

Peck (1987, p. 83ff) argues that while a form of community can exist during times

of crisis, in general, community building requires intentional design. Tonnies (1887/2006) explored these complex layers of living together in his classic *Gemeinschaft and Gesellschaft:*

> All intimate, private, and exclusive living together, so we discover, is understood as life in *Gemeinschaft* (community). *Gesellschaft* (society) is public life—it is the world itself. In Gemeinschaft with one's family, one lives from birth on, bound to weal and woe. One goes into Gesellschaft as one goes into a strange country. . . . One becomes part of a religious Gemeinschaft; religious Gesellschaft, like any other groups formed for given purposes, exist only in so far as they, viewed from without, take their places among the institutions of a political body or as they represent conceptual elements of a theory; they do not touch upon the religious Gemeinschaft as such. (pp. 35–36)

Discussing Tonnies work, Delanty (2003) describes community as 'living' and society as 'mechanical'. In this way community is more natural and society is more rational. One hundred years later, Bauman (2001) continues to develop this distinction:

> If someone is miserable, suffers a lot and is consistently denied a dignified life, we promptly accuse society—the way it is organised, the way it works. Company or society can be bad; but not the community. Community we feel is always a good thing. (p. 1)

This complexity of community is interwoven throughout the system that is the Churches of Christ in NSW. This participatory inquiry engaged leaders and their communities as stakeholders in the process of learning, creating and shaping their own

future. This process for the leaders and their communities was emergent as:

> the best way to learn is through experience. That is why it is better to let groups struggle toward community without giving them a detailed road map at the beginning which will guide them through the various stages, telling them all the pitfalls to avoid. The next best way to learn is through stories, whose meanings may be particularly useful for leading groups toward community. (Peck, 1987, p. 131)

The process of redesigning the concept of community in the context of our research was not without tension. However, seeing the establishment of healthy, fresh hope communities enabled us to recognise the legitimacy of groups such as refuges, aged care facilities, welfare groups, prison support and chaplaincy as stakeholders in our organisation. The value of this mutual support as a core quality of healthy community and healthy leadership is not new. In probably the oldest biblical writing that exists, Job, a 'man of God', is described as going through considerable personal trauma. His friend Eliphaz from Teman says to him:

> Would you mind if I said something to you? Under the circumstances it's hard to keep quiet. You yourself have done this plenty of times, spoken words that clarify, encouraged those who were about to quit. Your words have put stumbling people on their feet, put fresh hope in people about to collapse. But now you're the one in trouble—you're hurting! You've been hit hard and you're reeling from the blow (Job 4, 1–3).

This story illustrates that God's people (in this case, Job) provide significant help

to others and in turn will need to be helped by others. This is a core idea of community. Eliphaz says that Job ‘put fresh hope in people about to collapse’, as he, in turn, attempts to provide fresh hope to Job. Thus, healthy community is mutually supportive. It recognises that there is pain and joy mixed together. As Peck (1991) comments:

> Being in community in an organization isn't a panacea. Reality still exists. And as is characteristic of a healthy individual life, there's actually more pain *in* community than outside of it. But there's also more *joy*. To me, what characterizes a true community is not that it's less painful, but that it's more *alive*. (p. 28)

This linked to the promotion of health among leaders in the organisation. Wheatley and Kellner-Rogers (1998 page 14) believe that healthy and resilient communities support individual freedom. This connectedness then mutually supports the health and resiliency of the individual within their community.

6.6.1 Neurotic communities.

Unhealthy leaders often establish collusive, or co-dependent, relationships (White, 1997) with members of the community within which they function. This is a by-product of closed systems that disrupt the health of both leaders and organisation, impairing health and effectiveness (White, 1997, p. 82). As White (1997) found:

> The pressured isolation of the closed system can, during different periods, elicit the best and the worst from each of us. We all have particular weaknesses of character awaiting the right petri dish and growing medium. The centralisation of power in the leadership role of a closed system can transform a minor quirk of character into a fatal flaw. (p. 82)

Participants, in their experience, saw the presence of collusive and/or co-dependent relationships as rife in this context. In the network, some church communities are distinctly closed in nature. Kets de Vries (1999) sees collusion as 'an out-of-awareness, repetitive pattern of interaction between people, instigated and maintained in such a way as to manage and master anxiety about certain past conflictual experiences', while Willi (1982) describes it as 'the unconscious interplay of two partners who are looking for each other in the hope of coming to terms with together with those conflicts and frustrations in their lives which they have not yet managed to resolve' (p. 62).

These church communities have history of reinforcing unhealthy, maladaptive thinking and behaviours as this goes hand-in-hand with the linear theological perspective (see table 6.2). This kind of mindset reinforces rigid 'black-and-white' ways of thinking and seeing the world. These maladaptive thinking patterns result in what McKellar (1957) referred to as 'knight's move thinking' where the point and the conclusion do not seem connected or obvious to other people. Kets de Vries (1980) referred to this as a contagious participation, a *folie a deux*, the sharing of a delusional system by two or more individuals (pp. 84–105). These situations are marked by a 'moral disorientation that makes this corruption of founding values possible and rationally justifiable' (White, 1997, p. 75).

Hirschorn (1990) refers to this as a sibling horde and asserts that followers take on a 'tribal' functioning that can result in blaming their leaders to avoid taking responsibility for their role in contributing to the pain the organisation is facing:

> When groups face stress, they may induce behaviours in their leaders that stimulate failure rather than success. For example, followers wishing to avoid difficult and uncertain work may

> elevate an old or new leader to the position of a messiah. They feel protected in such a dependency role, believing that they no longer need to face the hostile environment that made them anxious in the first place. If the leader fails, as most false messiahs must, followers who trusted the leader and took no personal risks can blame their leader rather than themselves. Here the immature group and the immature leader together produce organisational failure. (p. 75)

For leaders from these groups, it was difficult to maintain a healthy system of ethical values in an environment where there were few 'checks and balances' from people outside of their own group. Andrews (1999) believes that openness and trust are essential to building ethical behaviour in organisations. When someone is doing something unethical, it is done in secret, covered up, or rationalised and defended as ethical. Just because someone talks about ethical behaviour, it does not mean they are behaving ethically. It is not uncommon for people to talk one way and walk another. Armour and Browning (2000) observe that patterns of behaviour are the best indicator of true thinking. In other words, believe what you see rather than what you hear.

Groups with this mindset were dominated by defensive reasoning that was used by leaders to continue their control of the situation. Argyris (1990, p. 10) defines defensive reasoning as occurring when individuals, (1) hold to premises with questionable validity that they will not question, (2) make inferences that they say are based on these premises, yet there is no logical link between the two, and (3) reach conclusions that they believe they have tested carefully, but they have framed them in such a way that they are, in fact, untestable. This sort of reasoning rarely allowed any sort

of real ‘self-examination’ or thinking outside the box.

The health of the leader, and the health of the community they lead are intertwined (Gallos, 2008; Tetrick, 2002). Co-dependent, collusive and maladaptive relationships can result in what Kets de Vries (1984) refers to as a *neurotic organisation* with psychological functioning affecting the patterns of thinking and behaviour (Steinke, 1996) that reinforce maladaptive patterns contributing to leadership: derailment (Hogan & Hogan, 2005; Leonard, 1997), addictive behaviours **(**Morgenthaler, 2006) and/or sociopathic behaviours (Stout, 2005).

6.6.2 Health in church community.

Participants considered the health of a community as elusive to define, whether it is called an organisation, a church or a fresh hope community. In the literature, there is a wide variety of descriptions of the elements that make up a healthy church. Whether it is described as ideal, effective, growing, missional or dynamic, there are positive characteristics that many authors consider are essential for the well-being of groups known as church communities. When reviewing the literature with the question ‘What does a balanced and whole church community look like?’ 26 sets of characteristics were found (see Appendix A).

In this literature, 230 different descriptors were used to describe elements of a healthy church community. There was both diversity and overlap in these elements. The research participants engaged in the process of assembling themes across the literature. As participants were professionals in this field, mostly holding Bachelors or Masters degrees in Theology, their insight added depth to the process of analysis and synthesis. They identified five core themes expressed as aspects of healthy church community:

1. **Focused on Training, Teaching and Discipleship—*an Equipping Community*** (Anderson, 1992; Barna, 1986, 1998; Barrett, 2004; Dever, 2004; Guder, 1998; MacArthur, 1990; MacNair, 1999b; McIntosh, 2003; Millwood, 2002; Powers, 2002; Ryken, 1993; Scazzero, 2003; Schwarz, 1998; Stott, 1954; Wagner, 1986, 2001; Warren, 2004)
2. **Focused on Compassion, Service and Ministry—*a Benevolent Community*** (Barna, 1998; Barrett, 2004; Callahan, 1987; Guder, 1998; MacArthur, 1990; Ryken, 1993; Scazzero, 2003; Stott, 1954)
3. **Focused on Witnessing, Conversion, and Mission—*a Soul Winning Community*** (Barna, 1998; Barns, 1986; Barrett, 2004; Dever, 2004; Galloway, 1997; Guder, 1998; Macchia, 1999; MacNair, 1999b; National Church Life Survey, 2001; Powers, 2002; Russell, 2000; Ryken, 1993; Schwarz, 1998; Stott, 1954;Van Engen, 1991; Wagner, 1986; Warren, 2004; Werning, 2001)
4. **Focused on Caring, Belonging and Relationships—*a Fellowshipping Community*** (Barna, 1998; Barrett, 2004; Callahan, 1987; Galloway, 1997; Guder, 1998; Macchia, 1999; Millwood, 2002; National Church Life Survey, 2001; Powers, 2002; Russell, 2000; Ryken, 1993; Schwarz, 1998; Spader, 1991; Warren, 2004; Werning, 2001)
5. **Focused on Presence, Worship and Gifts—*a Worshipping Community*** (Anderson, 1992; Barna, 1998; Barrett, 2004; Callahan, 1987; Galloway, 1997; Guder, 1998; MacArthur, 1990; Macchia, 1999; McIntosh, 2003; Millwood, 2002; National Church Life Survey, 2001; Powers, 2002; Russell, 2000; Ryken, 1993; Schwarz, 1998; Stott, 1954; Wagner, 1986; Werning, 2001)

This process of engaging the specialist literature in the field and interpreting significant themes through the insight and experience of participant researchers provided a greater level of understanding of the issues of health at play in these communities. This dialogue was an important change agent to help participants cogenerate their own theories of transformation to improve professional practice, in relation to the health of their church communities, across the organisation.

6.7 Leaders as Wounded (and Wounding) Souls

Of great concern to participants was the ability of a minister of religion to be involved in misconduct. This is evident in the stories in chapter three. While misconduct always includes an imbalance of power (Shupe, 2007), it may be demonstrated in sexual exploitation, economic exploitation or authority exploitation (Shupe, 2008). While this may be driven by the leader's own 'woundedness', there is also a significant capacity to wound others in a way that can be devastating for those involved.

Emotional turmoil can escalate through the victim, their family, church leaders, church community and the minister's family as they all struggle to make sense of actions in conflict with the values espoused by a respected individual in a position of moral influence and authority. In participant stories, the area of most concern was sexual misconduct. This section (6.4) summarises literature considered by groups in their sensemaking process, contributing to the formulation of Health Map 4: Common Predictors of Sexual Misconduct (figure 4.10).

Sexual contact between church leader and church member is often dismissed as an affair between consenting adults (Horst, 2000). The power imbalance usually makes this a misnomer (Grenz & Bell, 1995). It is always the responsibility of the leader to establish and maintain professional boundaries (Gonsiorek, 1995; Irons & Schneider, 1999).

Church leaders carry professional power as well as moral authority (Shupe, 1998). This means they have a special responsibility, a duty of care, to use their knowledge and skills for the benefit of those they have been appointed to care for, not for the gratification of their own emotional or physical needs (Weiser, 1994).

The full extent of misconduct by ministers is difficult to ascertain as 'no private religious or state agency holds a firm sense of how much clergy malfeasance is occurring' (Shupe, 2007, p. 7). However, research studies indicating the percentage of ministers engaging in sexual intercourse with a congregant include 16 per cent (Thoburn & Balswick, 1998); 13 per cent (Blackmon, 1984); 12 per cent (Muck, 1988) and 10 per cent (Conway & Conway, 1993; Hadman-Cromwell, 1991; Lebacqz & Barton, 1991; Seat, 1993). These studies were based in North America and involved Lutheran, Baptist, Episcopal, Methodist, Presbyterian and Assemblies of God organisations. Additional research has revealed the percentage of ministers who engaged in what they considered 'inappropriate sexual behaviour': 37 per cent (Conway & Conway, 1993), 25 per cent (Muck, 1988) and 14 per cent (Seat, 1993).

Certain elements of religious life are reported to heighten the opportunities for abuse in relationships. The culture of some church groups and the presence of vulnerable people can provide more opportunities for abuse than in the community at large. Shupe (2007), in his research into clergy misconduct, described certain basic assumptions inherent in religious life that make it conducive to potential abuse:

1. (Most importantly) religious groups and institutions can be understood as hierarchies of unequal power.
2. (As a consequence of the first assumption) those in elite positions possess a greater power of moral persuasion (at a minimum) and in some institutions (at a

maximum) theological authority to deny laity access to privileges of membership, including the ultimate spiritual trump of withholding the hope of salvation.

3. Churches represent a unique type of hierarchy in which those occupying lower statuses in religious organisations are encouraged and perhaps even taught to trust or believe in the benevolent intentions, fiduciary reliability, selfless motives and spiritual insights/wisdom of their leaders.
4. (And most significantly for victims), trusted hierarchies provide special 'opportunity structures' for potential exploitation, abuse, and mismanagement of church organisation resources (particularly finances and members) by leaders for their own purposes.
5. The nature of trusted hierarchies systematically (i.e., in predictable, and even inevitable ways) provides opportunities and rationales for such deviance. (pp. 6–7)

It is of interest to note that Candace Benyei (1998) found that the idea of leading a church ministry may be attractive to some people who have a propensity to wound others, and 'unfortunately, the very traits that make good religious professionals also can lead to sexual acting out' (p. 41). This may be for a variety of reasons: Laaser and Adams (2002) concluded that sexually addicted pastors have unconsciously chosen their vocation to cover up or work through childhood and trauma issues; Hadman-Cromwell (1991) believe that ministers who violated sexual boundaries with members of their congregation were more likely to have been victims of sexual abuse than other ministers; and Benyei (1998) found that 'clergy, like most members of the helping professions come from dysfunctional families' (p. 37).

Of those ministers who had sexual intercourse, 68 per cent were with congregants

they were counselling (Thoburn & Whitman, 2004, p. 498) and Rutter (1989) describes this type of pastoral relationship as 'the most susceptible to abuse' and that 96 per cent of sexual misconduct by professionals (whether they be ministers, doctors, counsellors or psychologists) occur between a man in power and a woman under his care. In his research, Davies (2003 p.100) found that the work of a pastor can be highly ambiguous with a great deal of discretionary time and personal autonomy with little supervision. This is a high risk environment for sexually inappropriate choices as the boundaries between pastor and church member often do not have the same clarity as in other professions.

Religious organisations do not have a reputation for always dealing with these issues transparently and fairly. Offending ministers have often learned from the system not to be honest. Muck (1988) noted that 96 per cent of those pastors involved in sexual indiscretion had told no one. Based on their research, Balswick and Thoburn (1991) believe that pastors do not keep quiet because they think they have done nothing wrong; rather, they keep quiet precisely because they do believe their behaviour has been inappropriate and are afraid of the consequences of being found out.

Participants sought to recognise patterns that may be predictive of sexual misconduct so that preventative measures can be taken by individuals, church communities and professional bodies (Friberg & Laaser, 1998). Muck (1988) found that 78 per cent of ministers who engaged in sexual misconduct were searching for emotional as well as physical attraction, while Butler and Zelen (1977) determined that the primary drive for inappropriate sexual intimacy by psychologists was loneliness or neediness. Sexual misconduct is a part of a long journey (Grenz & Bell, 1995, p. 62) that very often includes the following milestones:

- a dysfunctional family of origin;
- an unreasonable expectation from the spouse;
- a severe marital disappointment;
- a habit of blaming others and not taking personal responsibility;
- an attraction to pornography and fantasy as a refuge and substitute;
- the formation of counselling relationships without safeguards;
- seeing sex as an opportunity to gain intimacy;
- seizing the perceived opportunity;
- experiencing the consequences of the misconduct.

Peter (1989), in his research, found the following characteristics in ministers who have affairs:

- Pastors underestimated the power of attachment needs;
- In most cases the sexual affair was preceded by an emotional affair of three to six months duration;
- The targets of affairs were people with whom the pastor was in close contact;
- The majority of the pastors who acted out were between the ages of 35 and 50;
- About three fourths of the pastors who acted out had troubled marriages;
- Marital dissatisfaction may have led pastors to create an environment for unconscious displacement in another relationship;
- Many clergymen had unresolved childhood issues that affected their sense of self-worth.

Meanwhile, Thoburn and Balswick (1994, 1998 listed the predictors of pastoral sexual misconduct as (1) difficulty trusting others, (2) fears of rejection, (3) feelings of

shame, (4) obsessive thinking about sex, (5) marital dissatisfaction, (6) sexual dissatisfaction with spouse and (7) consumption of pornography. Moreover, Pamela Cooper-White (2004) believes the internal factors that contribute to the sexual misconduct of a minister include (1) an abusive childhood, (2) low self-esteem and fear of failure, (3) deeply held traditional values about male and female roles, (4) poor impulse control, (5) a sense of entitlement or other narcissistic traits, (6) difficulty accepting responsibility for mistakes and (7) difficulty establishing appropriate intimate relationships and friendships with their same sex.

There is a growing body of literature on the role of sexual addiction (Carnes, 1989) in professional misconduct, particularly among clergy (Irons & Schneider, 1999; Laaser, 1991, 1992; McClintock, 2004; Schoener et al., 2003). Davies (2003) summarises much of the literature when he states that, in general:

> clergy sex addicts have the following characteristics as other sex addicts, (1) they are victims of abuse (sexual, physical, emotional), (2) they come from rigidly disengaged families, (3) they see themselves as shameful, bad, unworthy persons, (4) they are codependant and believe no one would love them as they are, (5) they see sexual activity as the most important way of taking care of their emotional needs, and (6) they engage in a variety of sexual behaviours. (p. 104)

Research participants were concerned that the organisation should be proactive in addressing the health needs of leaders to help them address wounds they may have sustained. Unhealthy patterns of behaviour do not appear without warning and, unresolved, these health issues make a leader ‘at risk’ (Weiser, 1994, p. 30) of wounding

others through forms of professional misconduct (Cooper-White, 2004; Thoburn & Balswick, 1999).

6.8 Summary

In this thesis, the literature is engaged throughout the entire document—weaved through the introduction, method, analysis and conclusion. The purpose of this chapter was to add depth to the significant areas of leader health and complexity in the context in which this research was conducted, the Churches of Christ in NSW. Understanding and managing these issues became an important part of my action research process to engage in a process of health transformation within a CAS. The interplay of literature themes in the context of this section of the thesis is seen in figure 6.2.

The purpose of this chapter was to highlight areas of significance arising in the literature that were worthy of note, had an impact on the research findings and were necessary to include as an integral part of the journey of discovery for researcher and participants. This was reflected in the themes that were explored:

- the system is complex and adaptive;
- the effectiveness of the leader is linked to their holistic health;
- the health of a church community is linked to the health of its leaders;
- the theological mindsets of leaders can contribute to, or cover for, patterns of thinking/feeling/behaving that may be healthy/unhealthy;
- certain psychological patterns of thinking/feeling/behaving are evident in unhealthy and ineffective leadership; and
- the processes involved in sensemaking, knowledge creation and change management are necessary to promote the health of leaders.

These themes were discussed in this chapter in pursuit of our core concern: How

can our organisation develop healthier leaders? In chapter seven, I describe how the meanings constructed in making sense of participant experience and knowledge from relevant literature was used to ‘nudge’ systemic change.

Chapter 7: Nudging Systemic Change

7.1 Introduction

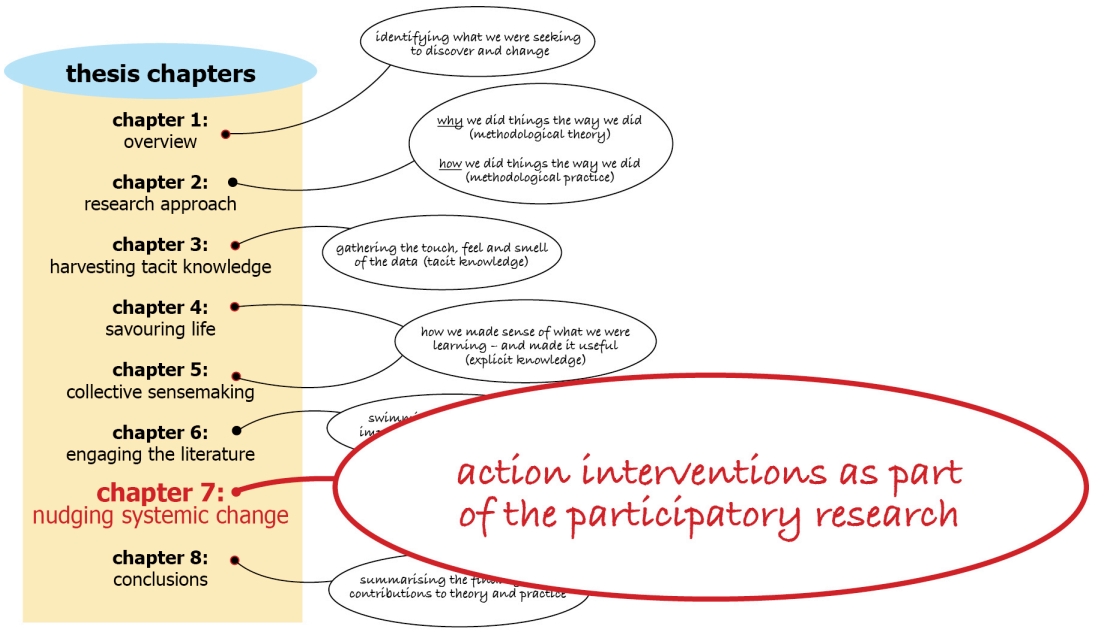

Figure 7.1: Thesis map (chapter 7).

This chapter highlights three specific organisational interventions that were co-created, proposed and implemented as part of this research project. This was the second cycle 'Making Waves' of the emergent research process (see figure 2.1). Consistent with the nature of a complex living system, these interventions were not attempted as 'quick fixes' or simple cause-and-effect responses but rather as leverage points designed to 'nudge' systemic change in the organisation in response to the research question: How can our organisation develop healthier leaders?

The health of leaders was part of the complexity of the system that is the Churches of Christ in NSW. Leader health is enmeshed with the health of the church communities they serve, their families and the wider community. Historically, much energy has been devoted to diagnosing dysfunction and managing the crises and conflict that are symptomatic of unhealthy leadership in the system. Following lessons learned

during and from this research, the organisation is making a significant shift from a focus on disease and disorder (pathogenic) to a focus on health and wellness (salutogenic) (see sections 1.3.3, 4.5 and 6.3): helping church leaders learn how to live, pursuing the ongoing journey to health and effectiveness—*savouring life!*

The three interventions, which were designed and initiated as part of this research, are:

- The Fresh Hope Leaders Care Network (section 7.2.1)
- The Fresh Hope Centre for Wellness (section 7.2.2)
- Spiritual Mentor Training (section 7.2.3)

7.2 Interventions for a Complex Living System

Through the lens of complex living systems, participants engaged in collaborative sensemaking of data generated through group questioning, listening and robust discussion. Together, they converted tacit knowledge to explicit knowledge, in the form of leadership development tools and co-generated their theories for transforming leader health. The critical review of the literature (chapter 6) served to inform my interpretations of the data, helped me learn about the participants and my organisation at some theoretical depth, and contributed to action interventions. This literature review, and to a greater extent literature discussed in other chapters, informed participant sensemaking.

The group sensemaking process provided insight into thoughts, fears, frustrations and passions of the participants. In the research process, it became evident that approximately one half of paid ministry leaders in the Churches of Christ in NSW believe their ministry life is not sustainable if things stay as they are, and 37 per cent were looking for other work options outside of ministry at the time they were surveyed. Approximately a third described themselves as being ‘seriously wounded’ in some way,

claiming that this was impairing their life and ministry, a third indicated they were operating at their peak, connecting to God and feeling they were being used powerfully, and roughly one third saw themselves as struggling at times, functional but not excelling (Smith, 2009).

These findings were consistent with the literature in the field (Kets de Vries, 1989; Quick et al., 2002; Richardson, 2005), where it is now a well-observed phenomenon that ministers can be their own worst enemy when it comes to self-care (Friedman, 1985, p. 218). Participants identified the following as strong themes that needed an intentional response by the organisation:

1. Desire for mentors and accountability relationships.
2. Struggling with fatigue (spiritual, psychological, physical) and frustration (with lack of resources, lack of support and lack of recognition).
3. Concerns over financial viability of retirement after a lifetime of service.
4. Seeking more opportunities for personal and professional development.
5. Concern for the impact of ministry on their families (emotionally, financially, spiritually).
6. Desire for retreat accommodation for ministers and/or their families to get away from the church for a break.
7. Role and value conflicts (e.g., family v. church; parent v. pastor; spouse v. work; ministry passion v. family provision).
8. Desire for help with boundaries and self-development issues to challenge their spiritual and intellectual growth.

These themes were identified in the data and then shared with participants for confirmation (Smith, 2009). Many of the issues raised are systemic, that is, entrenched

and interconnected, reflecting the complexity of the organisational system. Leaders determined that to seek sustainable and effective change, they needed to learn three things:

- to set their own healthy boundaries
- to build their own support networks
- to strengthen their personal resilience (spiritual, emotional and physical)

While 'quick fixes' were tempting, it was determined by participants that real change lies in deeper personal and organisational transformation. In moving forward, participants agreed that there were two key cultural and theological philosophies that would need to permeate all that they do and are, if they were to truly respond to the health issues raised. They said:

1. 'We should emphasise spiritual transformation in everything we do.'
2. 'We should emphasise *wellness* rather than merely respond to *illness.*'

Spiritual transformation is about going deeper (Mullholland, 2006). Spiritual formation and spiritual mentoring are ways to help in this journey towards individual and collective spiritual depth. Three essential elements in enabling these changes are transparency, accountability and reflection. It is evident in the Churches of Christ movement that there is tension between calling and career. Some ministry leaders are shocked when ministry is painful, but there are no biblical examples to indicate that ministry would be a comfortable career. Calling is understood as relying on God within the pain of servant ministry. Faith is about following him when it does not make sense. The pursuit of personal transformation through formation, meditation and discipline should increase physical, emotional and spiritual resilience. We tried to inspire healthy life-shaping patterns (of thinking, feeling, doing and being) and not merely initiate

programs.

Wellness is about being able to live a healthy, joyous life (Seligman, 2008). Ministers can savour life, enjoy their calling and learn how to minister safely and effectively. This should be a strength of spiritual leaders. If they cannot model this, their influence on others will be limited. Wellness in this spiritual tradition is about balancing the whole of life (spiritual, emotional, relational and physical), bringing lives in surrender to God and in alignment with His purposes.

Spiritual transformation and wellness are complex and messy ideas. They are easy to talk about, difficult to do well and hard to measure. However, for leaders willing to go deep and take the journey, they can be life changing. They provide the organisation with opportunities to develop healthy, sustainable leaders with spiritual depth, emotional resilience and effective ministry.

Three action interventions emerged during the research and were proposed by me in a report on *Leadership Health and Sustainability* presented to the Executive Board of the Conference of Churches of Christ in NSW in February 2009. These were not presented as a whirlwind of activity designed to fix a problem with new ideas and expenditures but rather, as an intentional spiritual challenge and philosophical change using leverage points to help the organisation realign its approach to health promotion:

- focused on proactive (rather than reactive)
- focused on wellness (rather than disease)
- focused on deep transformation (rather than broad competency)
- focused on spiritual leadership (rather than pragmatic management)

These focus points form the keys of the three organisational interventions developed in this research: They are formed around the idea that we build character first,

and competence and capability will follow. The learning approach emphasises:

- *Hot-house experiences*, in which engaging learning communities are established to create an environment conducive to personal growth.
- *Action learning experiences*, with challenging on-the-job projects used to ground the learning experience into everyday practice and integrate theoretical learning.
- *Formation experiences,* where spiritual self-awareness exercises and opportunities for deep personal formation, form the foundation for ethical, well-grounded and self-differentiated leader development (see figure 7.2).

Figure 7.2: Model of learning: Competence, capability and character.

This model of learning was designed to build the whole person, emphasising health as a dynamic state of being. The theme was savouring life as an optimum functioning of the healthy leader designed to build leader resilience and vigour seen as:

- *Resilience:* Summed up as, 'I have the personal strength to withstand my environment'. A resilient person knows who they are and can differentiate between self and environment. Personal resilience is the maintenance of a positive disposition and personal well-being despite an adverse situation or environment (Davidson, 2000). Resilient individuals are able to minimise the emotional and physical effects of negative experiences (Schaufeli, Martinez et al., 2002; Schaufeli, Salanova et al., 2002). They can persevere and continually learn from their situation, whereas someone who lacks hardiness and has an external locus of control, poor self-esteem or an avoidant coping style is more likely to be immobilised by stress (Semmer, 1996).
- *Vigour:* Summed up as, 'I have the personal energy to push against my environment'. An individual's vigour enables optimal psychological functioning (Katwyk, Van Fox, Spector & Kelloway, 2000) and flexible, creative thinking (Fredrickson & Joiner, 2002). It facilitates goal-directed behaviour (Carver & Scheier, 1990) and indicates a high level of energy coupled with motivation to invest that effort enthusiastically to engage with the work environment (Kahn, 1992).

Bachay and Cingel (1999) found three factors that enhance resilience: (1) self-efficacy, (2) well-defined faith lives and (3) the ability to reframe obstacles, while an Australian study by Edward (2005) found that resilience was more likely when leaders were in a caring environment as well as to having a sense of self, faith and hope, personal insight, and self-care.

The leverage points mentioned in this chapter, and the six heuristic tools in chapters four and five, were tools to build health, effectiveness and resilience. Building

on findings in early cycles of this research, participants shaped and designed potentially significant leverage points to make a positive impact on the sustainable health of leaders. These three interventions were large in scope and influence. They were adopted and fully funded by the Churches of Christ in NSW.

7.2.1 Leverage point 1: Fresh Hope Leaders Care Network

The first leverage point focused on moving from reactive to proactive leader health care. The organisation had over 250 paid ministry leaders around the state and prior to this project there was one person, referred to as the Pastor to Pastors, responsible for providing them with emotional, spiritual and pastoral support. This system was not functioning well and could not be scaled to meet changes in demand. Increased calls for support simply made it less effective. It was driven by the urgency of crisis and was therefore a reactive response to leadership health crises.

A new model, the Fresh Hope Leaders Care Network, focuses on encouraging ministers to build their own peer support networks, take responsibility for self-care, and build personal resilience (spiritual, emotional, physical). The Leader of the Leaders Care Network has a more proactive role. This position is a catalyst for ministry gatherings, co-ordinator of crisis support systems and facilitator of resource sharing opportunities.

Initiating regional groups of leaders who would be engaged in mutual mentoring, the model is consistent with what we were learning about complex living systems. It was designed to be organic (Morgan, 1997, pp. 72–73), self-organising, with multiple points of contact taking on a life of their own. It (the whole) was able to grow large, while small groups (parts) that were healthy would naturally grow and groups that were unhealthy were likely to die. It was reproducible and scaleable. Each part contributed to the whole, and the whole contributed to each part. See figure 7.3 for a comparison of the old model

(reactive) and the new model (proactive).

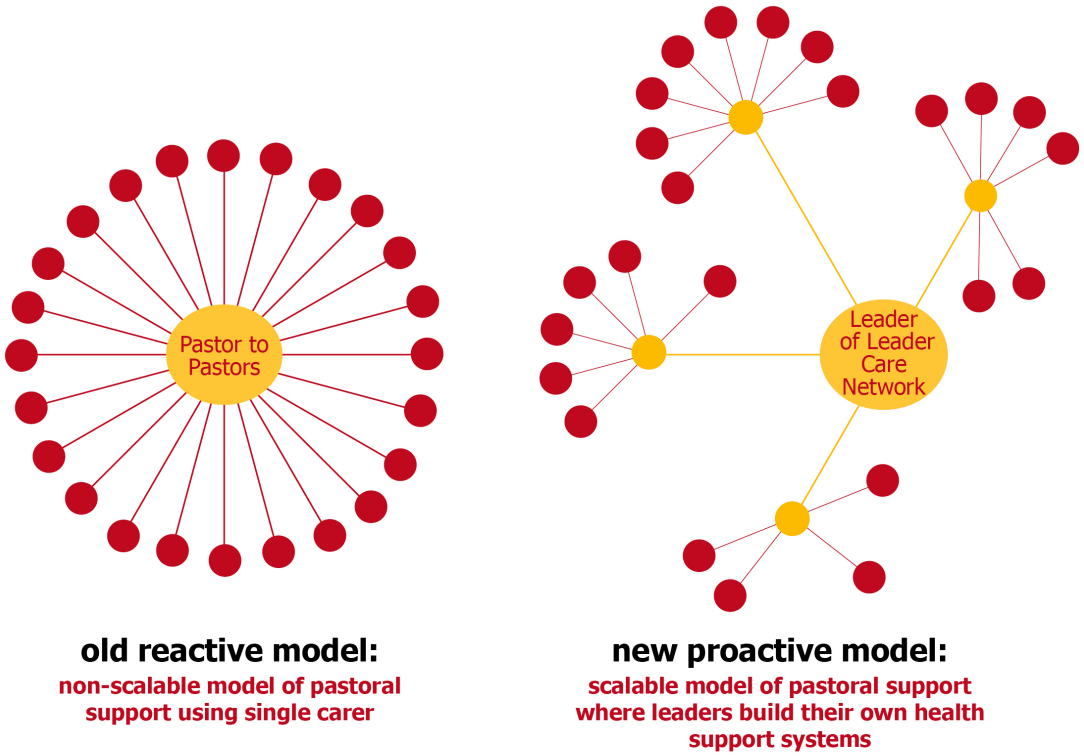

Figure 7.3: Model of care: Leaders care network.

The model encouraged participants to co-create their parameters, goals, questions and solutions. The Leader of the Care Network uses other resources in the wider Churches of Christ system to add value and support to the network: Care Works chaplains and project staff, conference venues and facilities, and local church resources. Small groups of leaders were gathering in a variety of ways (based on whatever they felt was needed) to build leader health, resilience and effectiveness. This took the form of short-term retreats, monthly regional gatherings, phone and e-mail support and mutual mentoring.

The Churches of Christ in NSW has funded this project for approximately $120,000 per year since its inception (2010–2011). At the end of 2011, 180 leaders had participated in the Leaders Care Network programs.

7.2.2 Leverage point 2: Fresh Hope Spiritual Mentoring Training program.

Participants shared that the Churches of Christ in NSW had a range of activities under the label of mentoring or coaching, but these had not previously provided substantial support for the health of ministry leaders. Based on the findings of the first cycles of this research, the Fresh Hope Spiritual Mentoring Training program was developed to train mentors to affect deep change for individual and organisational health.

The pedagogy for spiritual mentoring training was built for transformation on the idea that some things are caught more than taught. The training emphasis was 70 per cent directed towards personal spiritual formation and 30 per cent towards skill development, as 'followers cannot rise above the maturity level of their mentors no matter what the mentor's skill and knowledge base' (Friedman, 2007, p. 203). This process, referred to as 'going deep', is illustrated in figure 7.4. Training also utilised an action learning approach, grounding group learning into daily practice by on-the-job application and reflection within the context of a local church or ministry. The approach also provides continuous learning for ministers with an emphasis on the development of whole-person health through spiritual disciplines, peer support, equipping for personal resilience, and personal reflection.

Research participants felt strongly that only those who are involved in their own personal process of surrender and transformation will have the discernment to be effective spiritual mentors to help others pursue a journey of spiritual transformation. As Sue Whiteley, who was contracted to lead the pilot program expressed:

> Mentoring is not about getting the technique right. It is about being

me, but being the best me I can be. It is about journeying with the mentoree, but letting the mentoree know in different ways that I am journeying with him. The mentoree has an incredible capacity to achieve clarity by talking things through and having thoughts and feelings reflected back. He can lay down that set of thoughts like the base of a Lego tower, and then start to build the next level on top of that. (Ref. 1113).

The Churches of Christ in NSW funded the development and launch of this program (approximately $100,000 in 2010 and 2011) with the intention that it promote the health, resilience and effectiveness of leaders throughout the organisation.

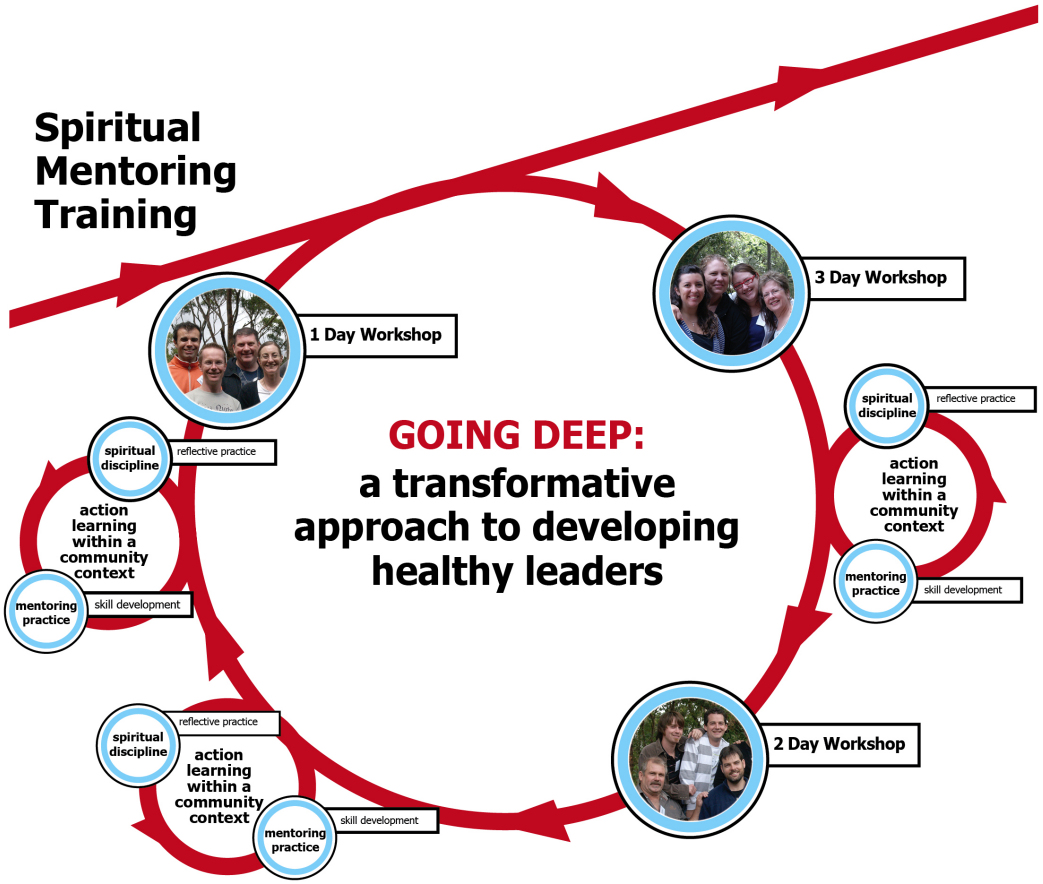

Figure 7.4: Model of care—Spiritual mentoring training.

The training was piloted in 2009 with 12 participants engaged in 20 days of experiential learning through a residential program. Subsequent student intakes occurred in 2010 and 2011, and student feedback has helped track the learning process to desired graduate attributes. The course is now being developed at post-graduate level as a Graduate Certificate in Arts (specialisation in Spiritual Mentoring) through the Sydney College of Divinity. This has been developed by myself (as the CEO of the Australian College of Ministries) with Sue Whiteley (Associate Dean of Formation, Australian College of Ministries), John Crowther (Director of Leadership Development, Churches of Christ in NSW) and Dr Andrew Ball (Executive Ministry Director, Churches of Christ in NSW). The course unit outlines are currently undergoing peer review before approval by the Academic Board of the Sydney College of Divinity for use in 2013.

At the end of 2011, there were 36 students enrolled in Spiritual Mentoring Training.

7.2.3 Leverage point 3: Fresh Hope Centre for Wellness.

The third leverage point is designed to help ministry leaders learn how to live well. It is a place of rest and renewal for leaders who are in need of a retreat. It was started as both a place and a program. The Fresh Hope Centre for Wellness is safe physical space to create opportunities for transformational moments; for renewal, for reflection, for formation and for transformation. This may be for one person, a small group or a family.

The centre takes two forms:

1. As a physical retreat where leaders can stay at a location conducive to emotional refreshment and spiritual formation, a place to get away from being on call 24/7, a place that enables deep reflection to find God's purpose.

2. As a learning lab, gathering research and resources and holding events that encourage sustainable health and pastoral excellence of ministry leaders.

Both aspects of the centre are all about deep personal transformation and living well. The development of the centre was funded by an initial sum of $80,000 by the NSW Churches of Christ. An old house on a 40-acre property 'The Tops' at Stanwell Tops near the coast south of Sydney was refurbished and dedicated to this use. It is a conference venue owned by the Churches of Christ in NSW. The house has been beautifully redesigned and furnished in an idyllic location conducive to reflection, renewal and learning. Catering, cleaning, maintenance and laundry is taken care of by staff at The Tops.

The Centre for Wellness exists to:

- provide a 'safe space' where leaders can be valued and encouraged,
- promote the health and wellness of leaders,
- demonstrate personal spiritual disciplines that assist in establishing a 'sacred rhythm' of life (Haley-Barton, 2006) that is conducive to building personal resilience,
- provide resources and teaching new skills that empower leaders to discern and discover God's purpose,
- build support networks that challenge a leader towards continuous growth and
- help leaders learn the skills necessary for their own healthy boundary setting and self-care regime,

This approach is holistic, working with the whole person focusing on their emotional, physical, social, intellectual and spiritual development as a leader. At the end of 2011, 120 leaders had participated in retreat opportunities sponsored by the Centre for

Wellness.

7.3 Summary

An emergent theme from research by participants was that the Churches of Christ in NSW needed to develop ‘safe people, skilled people, spiritual people’, or there was a significant risk to the effectiveness and sustainability of the organisation. Based on explorations in the research cycles, it was evident that leaders were getting older and getting tired, and as a group we were not attracting, developing and retaining healthy, high-calibre spiritual leaders.

Leaders who savour life are sustainable. They are not ‘running on empty’ and are recharged by who they are, how they live, what they do and why they do it. There is a whole-of-life balance of spiritual, psychological, social, intellectual and physical health, which constitutes a genuine flourishing of human life. This approach has helped to shape the understanding of healthy leaders and healthy ministries within the organisation.

Knowing that in complex systems small purposeful changes can have far-reaching effects, three action-solutions were considered levers for potential change affecting the health of individual leaders and the ‘health culture’ of the organisation as a whole. As points of leverage, they are subtle experiments in change. Coupled with the sensemaking and problem-solving heuristic tools described in this thesis, they may, over time, prove to be useful and effective in promoting the health, resilience and effectiveness of leaders in the organisation.

The three leverage points discussed here are intended as catalysts for the development of sustainable leader health in the organisation. However, any tool requires the consistent use of safe, skillful, hands to be therapeutic and helpful. While methods of assessment and improvement have been discussed specific evaluation and improvement

processes are outside the purpose and timeframe of this research project. The organisation remains committed to ongoing professional development and continuous improvement to ensure these initiatives provide sustainable opportunities for the development of healthy leaders.

Chapter 8: Summary and Conclusions

8.1 Introduction

In this chapter, I discuss the conclusions that arose from this action research. I highlight the core findings, note the outcomes, identify opportunities for further research and discuss the contributions to theory and practice.

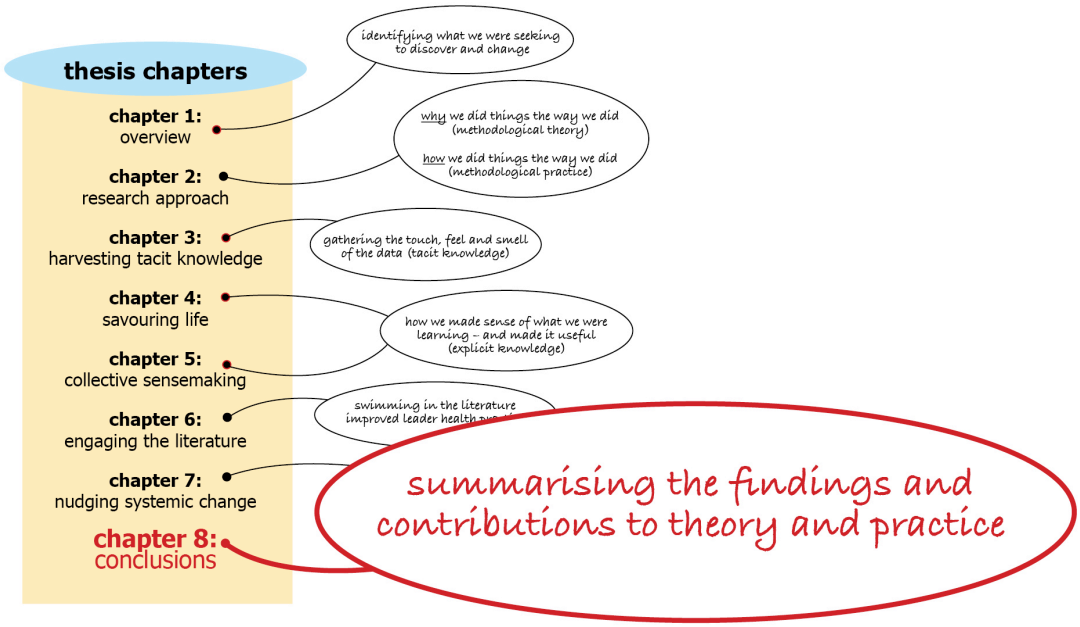

Figure 8.1: Thesis map (chapter 8).

8.2 Purpose of the Research

The purpose of this action research was to learn how the Churches of Christ in NSW can develop healthy leaders. With others, I was keenly aware that, alongside some inspiring examples of leadership, many current leaders in the organisation showed practices and qualities ranging from sub-optimal to unhealthy, or even dangerous. To address this perceived gap between existing standards of professional practice and the high ideals of the organisation, I engaged in PAR because I believed (and still believe) that this is the most effective way to inquire, learn and implement change in a complex

living system, as noted by Snowden and Boone (2007). The deep experience of participants, along with insight from the literature, yielded both transformative change during the project and transferable explicit knowledge in the form of leadership development tools and research findings.

The aim was to facilitate transformation of the holistic health of the researcher, participants and organisation. The hope was that collaborating in inquiry would build a community of leaders who could demonstrate improved professional practice through holistic health; not merely reacting to dysfunction but learning to live—savouring life!

We undertook this collaborative action research in response to emerging needs for improved health amongst leaders in the organisation. We understood health, in this study in terms of the holistic stance of the WHO, defined as 'a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity'. By engaging with stakeholders in a participative process, we hoped that we might better understand the system, its situation and context, the systemic dynamics and factors that affect the well-being of leaders who constitute the leadership subsystem of the organisation as a whole.

In order to change leadership by changing leaders, it was necessary to change myself. An integral part of the project was learning to be a better change agent within the system, stimulating and facilitating processes that simultaneously effect change, generate knowledge of that change and contribute to the body of knowledge in this area of inquiry.

This action research was a journey of discovery for myself and others. Reading and reflection contributed to my understanding of what was going on in this system of which I was a part.

8.3 Research Findings

The findings of this research journey grew out of the practical process of trying to develop ways to answer the primary research question: How can our organisation develop healthy leaders? As is usual in action research projects, the findings reflect both research discovery and practice discovery (Zuber-Skerritt, 1992). This section summarises the unique contributions of this thesis to the body of theoretical knowledge and practice knowledge.

8.3.1 PAR was an effective approach for change in this complex living system.

PAR, in the theoretical framework of complex living systems, was demonstrated to be an effective approach to organisational change, systemic learning and research within a religious organisation. The literature review revealed no other published work in the field of leader health where this approach was utilised across a whole religious denomination.

8.3.2 Co-inquirers found 'Savouring life' to be an optimal state for the health and effectiveness of leaders.

A seven-dimensional image of a healthy leader was developed by participants and aligned with the significant literature in the field. This aspirational picture of the optimal functioning of healthy sustainable leaders (section 4.7) was developed and owned by participants, proving to be an effective transformational device. The concept of the optimal functioning of leaders was evident in the merging of five literature streams in section 4.5 (that *engagement* is the positive counterpart of burnout, *eustress* is the positive counterpart of distress*, thriving* is the positive counterpart of coping**,** *mindfulness* is the positive counterpart of mindlessness, and *flow* is the positive counterpart of apathy) and was seen to positively contribute to the participant's understanding of leader health

and effectiveness. In my research, this optimal state was referred to as ‘savouring life’.

8.3.3 Mapping tools co-generated by participant-inquirers proved useful for the development of systemic leadership transformation.

This research provides ‘proof of concept’ that participant researchers were capable of capturing ‘health stories’ (parcels of tacit knowledge) and co-creating transformational theories to convert this knowledge into development tools (parcels of explicit knowledge) for improved professional practice. This health knowledge was then shared and applied across the organisation.

These tools were especially significant because they represented salient views of the leaders participating in the research. The tools are all heuristic devices designed to ignite discussion, challenge thinking and build self-awareness to improving the ways in which the organisation can develop healthy leaders. The six leader health tools are:

- **Adapt or Derail** (section 4.4). Built on literature in the field, this tool was found to be useful in helping participants discuss and map their life journey and understand the emotional and behavioural patterns that may result in a sense of *being stuck.* The tool helped leaders make self-development plans for holistic health designed to move from ‘struggling’ to ‘savouring’.
- **Savouring Life** (section 4.5). Based on stories of participants in two dimensions —challenges and capability—this was illustrated as four quadrants (empty, bored, stressed or savouring) and used to express common journeys of leadership health. Savouring life was found to be an aspirational state of wellness for leaders and a useful discussion tool to map personal development.
- **Leadership Health Check** (section 5.3.1). A Likert-style self-test device that reflected the range of health concerns of participants. The tool was found to be

useful in helping leaders identify life priorities that affect the sustainable wellness of leaders.

- **Leadership Health and Sustainability Map** (section 5.3.2). Participants shared their concerns about the pressing value conflict of 'care of self' v. 'care of others' and diagrammed this in a 2x2 matrix. This co-created tool was useful to map self-destructive and healthy and sustainable actions. Leaders could then develop personal action plans for holistic wellness and effective ministry.
- **Conflict Response Styles** (section 5.3.3). This 2x2 matrix maps conflict response styles across two dimensions: active-passive and healthy-unhealthy. This was found to be useful and applicable because most participants reported that getting 'caught up' or 'enmeshed' in relational conflicts was a common occupational hazard. This tool helped participants identify ways they were responding to conflict and develop ways to move towards honest, open conversations. Co-inquirers saw conflict response style as being positively correlated to their level of professional stress.
- **Warning Lights** (section 5.3.4). This model emerged through a survey of the significant literature in the field and was co-created by leaders to clarify the factors that may contribute to the likelihood of sexual misconduct. Leaders found this tool was useful in discussion of issues such as unresolved family of origin issues, a shame-based psyche, a pattern of building co-dependent relationships, poor boundary management and an environment lacking transparency and accountability.

These tools were seen as valuable vehicles for personal and organisational transformation. Each tool provided a way for leaders to map their own story, identify

their current state and make their own action plans for further personal development. As these tools were co-created using the knowledge of participants, they were useful in sharing practice knowledge across the organisation.

8.3.4 Participants found complex living systems a useful theoretical framework.

We referred to the theoretical framework for observing, understanding and decision making in this research as 'complex living systems'. This was built on the literature on complexity theory and CASs, particularly Snowden and Kurtz's (2003) Cynefin model, which was adapted in 'Sensemaking in a Complex Living System' (see section 4.2), which was found to be useful in making sense of the learning and knowledge creation taking place in the research.

These findings have contributed to the body of knowledge through conference presentations (Smith, 2010), research publications (Smith, 2012), professional and church journals and periodicals (Smith, 2004, 2005, 2008, 2009), this thesis and proposed or forthcoming publications. The findings also contributed to improving professional practice within the organisation in developing healthy leaders directly through the outcomes listed here, and in less direct ways. Certain elements of this research may have general application to other organisations. The approach and broad method, if adapted to the specific needs, situations and contexts of other systems, may be of more value than straightforward application of the findings, and reproduction of specific tools. The extent to which findings can be generalised into other systems will not only vary with similarities of the context and limitations of the research, but also with the manner and style in which they are applied. These findings were developed in detail in chapter four.

8.4 Action Outcomes

As a direct result of this participant action research, three system-wide action interventions were designed to contribute positively to the health and effectiveness of leaders in the system. These three interventions were leverage points intended to help realign our approach, focused on being proactive (rather than reactive), wellness (rather than disease), deep transformation (rather than broad competency) and spiritual leadership (rather than pragmatic management). The three major interventions were:

- **Leaders Care Network** (section 7.1.1). In response to this action research, a leaders care network was established to encourage leaders to build their own peer support networks, take responsibility for self-care and build personal resilience (spiritual, emotional, physical). This was designed to enable members of the network to be proactive and to promote leadership gatherings, crisis support systems and facilitation of resource sharing.
- **Centre for Wellness** (section 7.1.2). In response to this action research, the Fresh Hope Centre for Wellness was established to help ministry leaders learn to live well. The centre focused on building the sustainable, holistic health of leaders in two ways: (1) as a physical retreat, where leaders have a location conducive to emotional refreshment and spiritual formation and (2) as a learning lab with resources, research and organised events to share the findings of this research and to support the sustainable health and effectiveness of ministry leaders.
- **Mentoring Training** (section 7.1.3). In response to this action research study, mentoring training was developed as a key transformational strategy for the development of healthy leaders. It provided continuous learning for leaders with an emphasis on holistic wellness through spiritual disciplines, peer support,

equipping for personal resilience and application on the job. Participants said that only those leaders who are involved in their own personal process of surrender and transformation could have the discernment required of effective mentors who can help others pursue a journey of spiritual transformation.

These action outcomes directly resulted from the emerging findings of my research. The impact was observed and reflected upon for continued cyclic learning in accordance with the research approach. These were developed further in chapter seven.

8.5 Theoretical Implications: Complex Living Systems and Spiritual Health

Participants, who were leaders in the Churches of Christ in NSW, held a range of theological positions along a spectrum from relatively literal biblical interpretation to a liberal position, interpreting much of the Bible as metaphorical. This diversity and lack of theological agreement was a background to but not a focus in discussions or workshops during this action research project.

As discussed in section 4.4 and elsewhere, participants constructed images of spiritually wounded leaders, and pointed to a vision of spiritual health they labelled ‘savouring life’ (figure 4.2). This state of optimal functioning included six broad characteristics listed in section 4.5. As noted in section 1.3.1, a spiritual dimension in leadership and in health is widely recognised, but ‘spiritual health’ is a notion that resists precise definition. Participants in this study were professionals in the field of religion and spirituality, almost all with tertiary qualifications in theology. They had a ‘intuitive’ understanding of what spiritual health is, but used diverse words or personal metaphors to describe it. Although we all knew what we meant when we talked about ‘spiritual health’, an agreed definition did not emerge, and different participants used different language to

describe it.

In a seminal article, in what was to later become complex living systems theory, Kenneth Boulding (1956) arranges theoretical systems and constructs in ‘a hierarchy of complexity, roughly corresponding to the complexity of the “individuals” of the various empirical fields’ (p. 202). Hughes (1997) adapted Boulding’s hierarchy, adding a level of ‘ecologies’ (whole environment systems) above human societies, reflecting the expansion of knowledge and theoretical systems about ecology during the second half of the twentieth century.

The levels in Boulding’s hierarchy of complexity, with Hughes’s addition, are:

1. Frameworks (static structures)
2. Clockworks (simple dynamic systems)
3. Thermostats (cybernetic systems)
4. Cells (self-maintaining open systems)
5. Plants (genetic-societal systems)
6. Animals (autonomous, mobile, self-aware systems)
7. Humans (self-reflexive autonomous systems)
8. Societies (human cultural and social systems)
9. Ecologies (whole environment systems)
10. Unknowables (transcendental systems).

This hierarchy locates spiritual systems in relation to other types of systems. In transcendental or spiritual systems, we simply perceive or intuit knowledge beyond what is known, and try to extend our knowing and understanding ‘above’ and ‘beyond’ the limits of our awareness. In the language of complex living systems, sub-systems are ‘nested and recursive within a greater environmental network of related self-organising

systems' (Wadsworth, 2011, p. 20), so each level in Boulding's hierarchy includes all the levels below it. Using the same principles, we could arrange a 'hierarchy of health' with increasing complexity at each level, like this:

1. Physical health
2. Psychological health
3. Social health
4. Spiritual health

Each level in the hierarchy includes all of the levels below it, plus additional, or emergent properties. Physical health is necessary for psychological health, both of which contribute to social health. Spiritual health incorporates all three plus an additional emergent dimension. This integration of spirituality and science within a complex living systems framework is , as historically 'science found it had no need of God in its explanations. Theology found it had no need of science in its explanations' (Birch, 2008, p. 101). We are perhaps moving towards what Whitehead (1933) called, 'a more subtle science and deeper religion' (p. 229) or what Heron (2003) refers to as 'sacred science'.

Boulding arranges theoretical systems in a hierarchy. In the 'Cynefin framework' (figure 6.6) and the adaptation that emerged through this action research project (figure 5.2 'sensemaking in a complex living system'), Snowden arranges knowledge into five domains, 'known', 'knowable', 'complex', chaos' and 'unknowable'. Listed in this order, each of the Cynefin domains includes the domains listed previously. Thus, a complex situation includes things that are knowable and known, chaos includes bits which are complex, knowable and known. The theory constructed in this project allows us to tentatively extend this to suggest that systems in the unknowable domain include sub-systems that are in chaos: complex, knowable and known.

In the next paragraph, I acknowledge the contributions of participants in this project, including Dr Ian Hughes among others, to this emerging theory of complex living systems.

We are now able to make suggestions to extend complex living systems theory by making some statements about spiritual systems. We suggest that:

1. Spiritual systems can be theoretically located in Boulding's systems hierarchy at the level of unknowable or transcendental systems, and in the unknowable domain of the Cynefin framework.
2. Spiritual systems are cultural constructs or knowledge systems plus emergent properties that are experienced as transcendental systems or awareness of something unknown beyond what is known.
3. Spiritual systems include all levels of Boulding's hierarchy, including transcendental systems that extend beyond the hierarchy; and include knowledge in all the Cynefin domains, including non-knowledge in the unknowable domain.

8.6 Significance of the Research

This thesis reported a PAR study conducted in a complex living system to develop a framework for sustainable leadership health in a religious organisation. It investigated a significantly innovative strategy used by leaders in the Churches of Christ in NSW to transform their leadership practice through ways of working towards health and effectiveness.

The thesis made a significant contribution to the literature. At the time of writing, it is the only published report of a PAR study focused on leadership health promotion (particularly with an explicit spiritual aspect) in a religious denomination, informed by a

complexity theory and living systems framework (Wadsworth, 2010).

This study demonstrated an advance in the practice of action research in health promotion by designing a whole system intervention (Flood and Jackson, 1991), rather than focusing on a defined problem experienced by a narrowly identifiable sub-population (Chiu, 2006).

In health promotion practice, the research is significant as a 'proof of concept', testing the effectiveness of co-inquirers defining their own optimal state of leadership health and co-generating a set of tools to map their transformative way towards systemic healthy leadership.

The study produced a set of tools for organisational transformation, which may be useful in other settings. Of greater significance, however, is the innovative method that facilitated the emergence of these tools, which might be used in other settings to produce different, locally relevant tools for transformation towards health.

The significance of a spiritual dimension in holistic health is increasingly recognised at the theoretical level in health promotion and other disciplines. This study makes a significant contribution towards an emerging theory of the relationships between spiritual health and other dimensions of health.

8.7 Limitations of the Research

This research process was limited in scope and focus to the area of leader health within the Churches of Christ in NSW; that is, approximately 340 employed leaders working with churches and community welfare projects as well as 500 volunteer leaders in a state-wide system.

The framework for sensemaking was that of a complex living system. As such, the research encountered spaces of complexity and chaos where some aspects where

unknown or unknowable. With multiple agents constantly changing and the system adapting to these changes, the presence of unknown factors was inevitable yet consistent with complexity theory. The research took place in a diverse religious system in which participants consciously centre their lives and careers on a mystical and unknowable presence they call God. No attempt was made to reduce complex observations and findings to simple or reductionist causes. The research project did not involve hypothesis testing or prediction. In areas of study as complex as this one, statements about causality can sometimes be made in retrospect but rarely in advance (Snowden & Boone, 2007). These ideas were further developed in chapter three.

The research approach was qualitative and participatory. It was action research both in the sense of being action-oriented, and in that action was stimulated so that change processes could be observed (Reason & Bradbury, 2001). The process was designed to be academically rigorous, trustworthy and authentic (Lincoln & Guba, 2000). This participatory and cyclical approach encouraged the emergence and observation of change, and the testing of findings to make a unique contribution to the body of knowledge. The research process operated within the ethical guidelines of generally accepted best-practice in participatory in action research (see section 2.6.2) and was approved by the University of Sydney Ethics Committee (see Appendix A). The validity of new models generated was tested through active implementation in the organisational situation.

The traditional criteria for validity and reliability have limited applicability in this type of research. The important test for validity in this project is whether something is effective and useful in the field. We have rich observation and anecdotal evidence, but not statistical tests of validity. We do not make high claims of reliability or generalisability of

research findings in this complex arena. Rather, the research process was academically rigorous and ethically sound, the findings are authentic and trustworthy, and the action outcomes are useful (Lincoln & Guba, 2000).

8.8 Opportunities for Further Research

It is unlikely that any research project could be truly considered complete. This is certainly true in my action research intervention. During the course of the research, learning was continual and many additional questions arose as solutions were devised. As solutions were developed, we experienced a need for a greater depth of understanding to enhance and broaden our outcomes. Opportunities exist to build on the findings of my research by:

- further examining the trustworthiness and authenticity of the findings in other organisational contexts (both within and outside religious and non-profit settings).
- further developing the mapping tools to increase their applicability to situations outside the scope of this research, as well as developing guidelines for the development of new mapping tools in other situations. This may include exploring deeper theoretical, epistemological and ontological issues raised by the tools themselves.
- further exploring how a complex living system framework may impact a traditional theological understanding of the nature of spirituality, God and humankind.
- further exploring and testing the validity and usefulness of *Savouring Life* as a construct to enhance the functioning of leaders.

8.9 Personal Reflections on the Research Process

In this research, I was fully engaged with the organisation—intellectually,

psychologically, emotionally and spiritually. I was an instrument for organisational learning, discovery and change. As an instrument, I repeatedly immersed myself in the systemic culture, emerged to reflect, theorise and plan, then re-immersed myself, acted back upon the system, stimulating the system to adapt and change. During this whole process, I and others observed, recorded and learned from and reported these change processes. I felt I was part of both the solution and the problem, as I struggled with the organisation's complexity and grappled with its inconsistencies.

At a personal level, the decision to undertake participant inquiry was both wonderful and terrible. Added to this, the challenges of conducting action research within my own organisation, to which I have both spiritual and career ties, were significant. To progress the research at each stage was not simply a matter of 'finding the time' but involved facilitating engagement with stakeholders at multiple levels with different time constraints and priorities to coordinate. To launch an action initiative under these circumstances was itself a complex task, as each project had to have merit enough to satisfy due diligence process, which included finding financial resources, writing proposals, hiring staff and getting approval from a board of directors. Each step of this research required me to function as a catalyst and at the same time listen, wait and allow the participants to function as genuine co-researchers—asking their own questions, developing their own processes and driving their own solutions. The entire process taught me a great deal about facilitating major transformation in a complex system and doing it with research rigour and leadership integrity.

This research process was an expression of my own spirituality. It contributed to my personal spiritual journey particularly the sense of going deeper through awakening, cleansing, illuminating and savouring (see section 4.7). I felt this improved my own

health and wellness. It was also a way that I could contribute to the development of my religious community, an outpouring of my spirituality.

The research project took on a life of its own at times, as co-inquirers became fully engaged in the process of understanding and dealing with issues relating to leader health the research project took on characteristics of an autonomous complex living system. This was vital to the usefulness of the research and the effectiveness of the action interventions—they were emergent elements within the system owned by the participants. Participants helped gather the data, build the understanding and develop strategies to improve professional practice in leader health. While this was often slow, it increased the value and effectiveness of what we were creating together.

The process of gathering stories as parcels of tacit knowledge was not only an effective way of collecting data but became therapeutic for the participants. They felt they were not alone as they discovered common themes in their stories that allowed them to share commonality. This helped build community and trust, and created a momentum as participants began to sense that it was possible to change their emphasis from a reactive focus on disease to a proactive focus on wellness. ‘Savouring life’ became more than a model or tool. It became a way of thinking, then a cultural theme that acted like a virus for organisational transformation.

The review of the literature was continuous. I shared books and articles with participants, who also informed the discussion by sharing their own reading and reflection. The framework of complex living systems was useful in accommodating diverse fields of literature from physics to theology, which added to the sensemaking process. However, as the range of literature grew, so did the theoretical complexity. The more we learned, the more questions kept arising.

My findings were integrated by their practical use, with each element shaping and reforming as they continued to change and be changed by the system. As a part of this system, I was changed. My perceptual and analytical skills were sharpened, my character and values were refined, and my emotions were tested. Capturing the depth and colour of the messy research experience and presenting it as a clear, rational thesis in academic format was challenging.

My contributions to theory were grounded firmly in the literature review and were refined in the heat of their practical application within the system. My theoretical reflections were shaped by my practice and then shaped my practice in turn. The practical application of theory brought value to my organisation as together
we learned and improved leader health and effectiveness.

8.10 Concluding Remarks

This thesis is the end phase of a journey of discovery. The emergent nature of this systemic action research intervention has provided a process of continual observation, recording, reflection and writing that has benefited the health of leaders, the organisation as a system and myself.

Writing this thesis has involved both joy and pain. This process has forced me to articulate my journey clearly to bring closure to this part of my learning experience. Sections of this document have already found their way into collaborative activities and workshops. I expect the theoretical findings and practical strategies to be published in various forms among the Churches of Christ, as well as in research literature. This is a way to share knowledge, provoke discussion and invite critical analysis: all of which are an essential part of ensuring that the learning process continues, as along with other leaders I pursue a journey to health and effectiveness— *savouring life!*

Appendix A

Healthy Church Communities

Section 6.6.2 discusses the literature attempting to define healthy church communities. In this review health was sometimes defined as *ideal, effective, growing, missional or dynamic* but all reflect positive characteristics the authors consider ed were essential for the well-being of groups known as church communities. The following 26 sets of characteristics (a total of 230 different descriptors) were found.

1. ***Men with a message*** **(Stott, 1954)**

1. Love
2. Suffering
3. Holiness
4. Sound Doctrine
5. Genuineness
6. Evangelism
7. Humility

2. ***Nine marks of a healthy church*** **(Dever, 2004)**

1. Expositional Preaching
2. Biblical Theology
3. Biblical Understanding of the Good News
4. Biblical Understanding of Conversion
5. Biblical Understanding of Evangelism
6. Biblical Understanding of Church Membership
7. Biblical Understanding of Church Discipline
8. Biblical Understanding of Church Leadership

9. Concern for Promoting Christian Discipleship and Growth

3. *The emotionally healthy church* (Scazzero, 2003)

1. Look Beneath the Surface
2. Break the Power of the Past
3. Live in Brokenness and Vulnerability
4. Receive the Gift of Limits
5. Embrace Grieving and Loss
6. Make Incarnation Your Model for Loving Well

4. *City on a hill* (Ryken, 2003)

1. Making God's Word Plain: Expository Preaching
2. Giving Praise to God: Corporate Worship
3. Growing Together in Groups: Fellowship
4. Shepherding God's Flock: Pastoral Care
5. Thinking and Acting Biblically: Discipleship
6. Reaching the World: Missions and Evangelism
7. Serving with Compassion: Mercy Ministry
8. Why the Church Needs the Gospel: Repentance and Renewal

5. *Biblical church growth* (McIntosh, 2003)

1. The Right Premise: God's Word
2. The Right Priority: Glorifying God
3. The Right Process: Discipleship
4. The Right Power: The Holy Spirit
5. The Right Pastor: A Faithful Shepherd
6. The Right People: Effective Ministers

7. The Right Philosophy: Cultural Relevance
8. The Right Plan: Target Focused
9. The Right Procedure: Simple Structure
10. Mix it Right

6. *Twelve pillars of a healthy church* (Werning, 2001)

1. Empowering Leadership
2. Gift-Oriented Service/Ministry
3. Passionate Spirituality
4. Functional Structures/Administration/Servant Leadership
5. Inspiring/High Impact/God-Exalting Worship Services
6. Multiplied Small Groups/Intentional Disciple Making/Growing in Community
7. Witnessing/Personal Evangelism/Missions
8. Loving Relationships
9. Centrality of God's Word
10. Mission and Vision Driven
11. Biblical Financial Stewardship
12. Church Planting

7. *Twelve central keys an effective church* (Callahan, 1987)

1. Specific Concrete Missional Objectives
2. Pastoral/Lay Visitation in the Community
3. Corporate, Dynamic Worship
4. Significant Relational Groups
5. Strong Leadership Resources

6. Solid, Participatory Decision Making
7. Several Competent Programs and Activities
8. Open Accessibility
9. High Visibility
10. Adequate Space and Facilities
11. Solid Financial Resources

8. ***Marks of an Effective Church*** **(MacArthur, 1990)**

1. Godly Leaders
2. Functional Goals and Objectives
3. Discipleship
4. Penetrating the Community
5. Active Church Members
6. Concern for One Another
7. Devotion to the Family
8. Bible Teaching and Preaching
9. A Willingness to Change
10. Great Faith
11. Sacrifice
12. Worshipping God

9. ***Treasure in clay jars*** **(Barrett, 2004)**

1. Missional Vocation
2. Biblical Formation and Discipleship
3. Taking Risks as a Contrast Community
4. Practices that Demonstrate God's Intent for the World

5. Worship as Public Witness
6. Dependence on the Holy Spirit
7. Pointing Towards the Reign of God
8. Missional Authority

10. *Growing a healthy church* (Spader, 1991)

1. Create an Atmosphere of Love
2. Build a Relational Ministry
3. Communicate Christ Clearly
4. Build a Healthy Ministry Image
5. Mobilise a Prayer Base
6. Communicate the Word

11. *Ten principles for growing a dynamic church* (Russell, 2000)

1. Truth: Proclaim God's Word as Truth and Apply it to People's Lives
2. Worship: Worship God Every Week in Spirit and in Truth
3. Leadership: Develop Christ-Centred Leaders who Lead by Example
4. Excellence: Do Your Best in Every Area of Service
5. Faith: Be Willing to Step Out with a Bold Faith and Take Risks
6. Harmony: Maintain a Spirit of Harmony
7. Participation: Expect the Congregation to Participate in Every Ministry
8. Fellowship: Continually Practice Agape Love for One Another
9. Stewardship: Give Generously of God's Resources as a Church and as Individuals
10. Evangelism: Commit Enthusiastically to Evangelism as Your Primary Mission

12. ***Becoming a healthy church*** **(Macchia, 1999)**

1. God-Exalting Worship
2. God's Empowering Presence
3. An Outward Focus
4. Servant-Leadership Development
5. Commitment to Loving/Caring Relationships
6. Learning and Growing in Community
7. Personal Disciplines
8. Stewardship and Generosity
9. Wise Administration and Accountability
10. Networking with the regional church

13. ***Natural church development*** **(Schwarz, 1998):**

1. Empowering leadership
2. Gift-oriented ministry
3. Passionate spirituality
4. Functional structures
5. Inspiring worship service
6. Holistic small groups
7. Need-oriented evangelism
8. Loving relationships

14. ***Empirical indicators of a missional church*** **(Guder, 1998)**

1. The Missional Church Proclaims the Gospel
2. The Missional Church is a Community Where All Members are Involved in Learning to Become Disciples of Jesus

3. The Bible is Normative in this Church's Life
4. The Church Understands itself as Different from the World because of its Participation in the Life, Death and Resurrection of its Lord
5. The Church Seeks to Discern God's Specific Missional Vocation for the Entire Community and for All its Members
6. A Missional Community is Indicated by How Christians Behave Towards One Another
7. It is a Community that Practices Reconciliation
8. People within the Community Hold Themselves Accountable to One Another in Love
9. The Church Practices Hospitality
10. Worship is the Central Act by Which the Community Celebrates with Joy and Thanksgiving both God's Presence and God's Promised Future
11. This Community has a Vital Public Witness
12. There is a Recognition that the Church Itself is an Incomplete Expression of the Reign of God

15. *Three vital signs of a healthy church* (MacNair, 1999b)

1. Individual Members are Growing in Spiritual Maturity
2. The Church is Actively Seeking to Help Unbelievers Come to Christ
3. The Absence of Major Divisions

16. *God's missionary people* (Van Engen, 1991)

1. Proclaiming
2. Reconciling
3. Sanctifying

4. Unifying

17. ***7 ways to rate your church*** **(Anderson, 1999)**

1. Sensing the Presence of God
2. Others Centred
3. Understandable Terminology
4. People Who Look Like Me
5. Healthy Problem Handling
6. Accessibility
7. Sense of Expectancy

18. ***Making church relevant*** **(Galloway, 1999)**

1. Clear-Cut Vision
2. Passion for the Lost
3. Shared Ministry
4. Empowered Leaders
5. Fervent Spirituality
6. Flexible and Functional Structure
7. Celebrative Worship
8. Small Groups
9. Seeker-Friendly Evangelism
10. Loving Relationships
11. Evangelism

19. ***Habits of Highly Effective Churches*** **(Barna, 1998)**

1. Rely on Strategic Leadership
2. Organised to Facilitate Highly Effective Ministry

3. Emphasise Developing Significant Relationships Within the Congregation
4. Invest themselves in Genuine Worship
5. Engage in Strategic Evangelism
6. Get their People Involved in Systematic Theological Growth
7. Utilise Holistic Stewardship Practices
8. Serve the Needy People in their Community
9. Equip Families to Minister Themselves

20. ***A church for the 21st century*** **(Anderson, 1992)**

1. God is Glorified
2. Disciples are Produced
3. Exercising Spiritual Gifts
4. Incarnational
5. Reproducing
6. Incorporating Newcomers
7. Open to Change

21. ***Seven vital signs of a growing church*** **(Wagner, 1986)**

1. Dynamic Leadership
2. Gift Centred Lay Ministry
3. Big Enough Church
4. Celebration+Congregation+Cell+Church
5. Homogeneous Unit
6. Effective Evangelistic Methods
7. First Things First—Give People God

22. ***Ten great ideas from church history*** **(Shaw, 1997)**

1. Truth (Luther)
2. Spirituality (Calvin)
3. Unity (Burroughs)
4. Assurance (Perkins)
5. Worship (Baxter)
6. Renewal (Edwards)
7. Growth (Wesley)
8. Love for the Lost (Carey)
9. Justice (Wilberforce)
10. Fellowship (Bonhoeffer)

23. *The healthy church* (Powers, 2002)

1. The Entreating Principle (Acts 1, 14): A Praying Church
2. The Empowering Principle (Acts 2, 4): A Church Empowered by the Holy Spirit
3. The Equipping Principle (Acts 2, 4): Leaders Equipping and People Finding and Using their Spiritual Gifts
4. The Evangelising Principle (Acts 2, 40–42): The Purpose of Power was Proclamation
5. The Enriching Principle (Acts 2, 42): Enriching through the Word of God
6. The Encouraging Principle (Acts 2, 42): People Involved in *koinonia*
7. The Exalting Principle (Acts 2, 46–47): The Worship of God
8. The Ensembling Principle (Acts 2, 32): The Gathering and Unity of the Church
9. The Example Principle (Acts 6, 2–4): Leaders Exemplifying Health to

Church Members

10. The Expanding Principle (Acts 6,1–7; 1, 8): Growth Follows Naturally from Health

24. *Vital signs of a healthy church* (Millwood, 2002)

1. One Task: Disciple-making
2. One Strategy: Servant-Leadership
3. One Vehicle: Small Groups
4. One Atmosphere: Community
5. One Authority: Jesus
6. One Function: Worship

25. *Core qualities of a healthy church* (National Church Life Survey, 2001)

1. An Alive and Growing Faith
2. Vital and Nurturing Worship
3. Strong and Growing Belonging
4. A Clear and Owned Vision
5. Inspiring and Empowering Leadership
6. Open and Flexible Innovation
7. Practical and Diverse Service
8. Willing and Effective Faith Sharing
9. Intentional and Welcoming Inclusion

26. *Healthy churches* (Warren, 2004)

1. Energised by Faith
2. Outward-looking Focus
3. Seeks to Find Out What God Wants

4. Faces the Cost of Change and Growth
5. Operates as a Community
6. Makes Room for All
7. Does a Few Things and Does Them Well

Appendix B

University of Sydney Ethics Documentation

The University of Sydney

NSW 2006 Australia

Human Research Ethics Committee
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2 February 2006

Dr I Hughes
School of Behavioural and Community Health Sciences
Faculty of Health Sciences
Cumberland Campus – C42
The University of Sydney

Dear Dr Hughes

Thank you for your correspondence dated **1 December 2005** addressing comments made to you by the Committee. After considering the additional information, the Executive Committee approved your protocol entitled **"Engaging Heads, Hearts and Hands: An Action Research Study on Holistic Health Issues in Learning and Leadership Development in an International Network of Communities"**

Details of the approval are as follows:

Ref No.:	***02-2006/2/8697***
Approval Period:	***February 2006 – February 2007***
Completion Date of Project:	***1 December 2007***
Authorised Personnel:	***Dr I Hughes***
	Dr A Campbell
	Dr S Smith

To comply with the *National Statement on Ethical Conduct in Research Involving Humans*, and in line with the Human Research Ethics Committee (HREC) requirements this approval is for a 12-month period. At the end of the approval period, the HREC will approve extensions for a further 12-month, subject to a satisfactory annual report. The HREC will forward to you an Annual Progress Report form, at the end of each 12-month period. **Your report will be due on 28 February 2007.**

Conditions of Approval Applicable to all Projects

(1) Modifications to the protocol cannot proceed until such approval is obtained in writing. (Refer to the website www.usyd.edu.au/ethics/human under 'Forms and Guides' for a Modification Form).

(2) The confidentiality and anonymity of all research subjects is maintained at all times, except as required by law.

(3) All research subjects are provided with a Participant Information Sheet and Consent Form, unless otherwise agreed by the Committee.

(4) The Participant Information Sheet and Consent Form are to be on University of Sydney letterhead and include the full title of the research project and telephone contacts for the researchers, unless otherwise agreed by the Committee.

(5) The following statement must appear on the bottom of the Participant Information Sheet. ***Any person with concerns or complaints about the conduct of a research study can contact the Manager, Ethics Administration, University of Sydney, on (02) 9351 4811.***

(6) The standard University policy concerning storage of data and tapes should be followed. While temporary storage of data or tapes at the researcher's home or an off-campus site is acceptable during the active transcription phase of the project, permanent storage should be at a secure, University controlled site for a minimum of seven years.

(7) A report and a copy of any published material should be provided at the completion of the Project.

Yours sincerely

Associate Professor J D Watson
Chairman
Human Research Ethics Committee

cc Dr Steve Smith, 7 Howard Place, Castle Hill, NSW 2154

Encl.
Participant Information Sheet
Participant Consent Form
Interview Topics

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27 November 2005

UNIVERSITY OF SYDNEY
HUMAN ETHICS COMMITTEE
APPROVED
DATE: 1 Feb 06

PARTICIPANT CONSENT FORM

I, ..., give consent to my participation in the research project

Research Project Title: "Engaging Heads, Hearts and Hands: An Action Research Study on Holistic Health Issues in Learning and Leadership Development in an International Network of Communities"

In giving my consent I acknowledge that:

1. The procedures required for the project and the time involved have been explained to me, and any questions I have about the project have been answered to my satisfaction.
2. I have read the Participant Information Sheet and have been given the opportunity to discuss the information and my involvement in the project with the researcher/s.
3. I understand that I can withdraw from the study at any time, without affecting my relationship with the researcher(s) now or in the future.
4. I understand that my involvement is strictly confidential and (while audio and/or written records may be kept) no information about me will be used in any way that reveals my identity.

Signed: .....

Name: .....

Date:.....

The University of Sydney

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27 November 2005

PARTICIPANT INFORMATION SHEET

Research Project Title: "Engaging Heads, Hearts and Hands: An Action Research Study on Holistic Health Issues in Learning and Leadership Development in an International Network of Communities"

(1) What is the study about?

The objective of this research is to learn more about and to improve the leadership development process in our organisation. Through collaborative methods new ways of learning will be developed. These will be practical and will take account of whole systems and the current knowledge of health.

(2) Who is carrying out the study?

The study is being conducted by Dr. Steve Smith will form the basis for the degree of Ph.D at The University of Sydney under the supervision of Dr. Ian Hughes of the Faculty of Health Science.

(3) What does the study involve?

You will have the opportunity to express your experiences, insight and ideas in one or more: discussion forums, focus groups, one-on-one interviews, audio taped discussions, e-mail discussion forums or other similar activities.

(4) How much time will the study take?

As this research is gathered across four countries it is unlikely that you will be able to participate in all of the research gathering process. However, it is expected that you will need to allocate 1 - 3 days of your time to participate in the forums in your country.

(5) Can I withdraw from the study?

Being in this study is completely voluntary - you are not under any obligation to consent. You may withdraw at any time.

(6) Will anyone else know the results?

Much of the data collection involves discussion among small groups of people belonging to Churches of Christ who are likely to know each other. You cannot be sure that anything you say will not be discussed outside the meeting. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

(7) Will the study benefit me?

This study should provide you with a forum to express your experiences and observations about the organisation. The outcomes of this may result in more quality resources allocated to the area of leadership development. It is hoped that through this study your voice will be heard and will help shape new systems to support you.

(8) Can I tell other people about the study?

Feel free to discuss this research, however, please have respect for any personal information that others may disclose.

(9) What if I require further information?

When you have read this information, Dr. Steve Smith can discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact *Dr. Steve Smith stevewsmith@mac.com or Dr. Ian Hughes I.Hughes@fhs.usyd.edu.au*

(10) What if I have a complaint or concerns?

Any person with concerns or complaints about the conduct of a research study can contact the Manager, Ethics Administration, University of Sydney on (02) 9351 4811.

The University of Sydney

NSW 2006 Australia

Human Research Ethics Committee
www.usyd.edu.au/ethics/human
Senior Ethics Officer:
Gail Briody
Telephone: (02) 9351 4811
Facsimile: (02) 9351 6706
Email: gbriody@usyd.edu.au

Human Secretariat
Telephone: (02) 9036 9309
(02) 9036 9308
Facsimile: (02) 9036 9310
Room L4.13, Main Quadrangle - A14

19 January 2007

Dr Ian Hughes
School of Behavioural and Community Health Science
Faculty of Health Sciences
Cumberland Campus - C42
The University of Sydney

Dear Dr Hughes

Title: **Engaging Heads, Hearts and Hands: An Action Research Study on Holistic Health Issues in Learning and Leadership Development in an International Network of Communities**

Student/Co-investigators: Smith, Steve - PhD Student

Ref. No.: **8697**

The Committee advised you in its letter of approval for the above study that to comply with the *National Statement on Ethical Conduct in Research Involving Humans*, and in line with the Human Research Ethics Committee (HREC) requirements, approval is only for a 12-month period. At the end of this approval period the HREC may approve extensions for further 12-month periods, subject to satisfactory annual reports.

Please complete the appropriate Form that you will find on the Human Research Ethics Committee website: **http://www.usyd.edu.au/ethics/human** under **"Forms and Guides"**. The following table will assist you in determining how to approach the HREC requirements to comply with the National Statement.

	Type of Documents
Continue the study	An **Annual Report**
Once the research has been completed	A **Completion Report**
If the study has been abandoned / withdrawn	A **Completion Report**

Please return the appropriate Form to the Ethics Office by **9 March 2007.**

Yours sincerely

[redacted]

Gail Briody
Senior Ethics Officer, Ethics Administration

Feb/Monitoring

The University of Sydney

NSW 2006 Australia

Human Research Ethics Committee
www.usyd.edu.au/ethics/human
Senior Ethics Officer:
Gail Briody
Telephone: (02) 9351 4811
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Email: gbriody@usyd.edu.au
Room 313A, Level 3, Old Teachers College – A22

Human Secretariat
Telephone: (02) 9036 9309
(02) 9036 9308
Facsimile: (02) 9036 9310

13 June 2008

Dr. I Hughes
School of Behavioural and Community Health Science
Faculty of Health Sciences
Cumberland Campus - C42
The University of Sydney

Dear Dr. Hughes

Title ***Engaging Heads, Hearts and Hands: An Action Research Study on Holistic Health Issues in Learning and Leadership Development in an International Network of Communities***

Reference: 02-2006/8697

Thank you for forwarding the Annual Report Form, as requested, for the above referenced study. Your protocol has been renewed to **28 February 2009**.

NOTE:
Any changes to the authorised personnel a Modification Form (www.usyd.edu.au/ethics/human under "Forms and Guides") must be submitted to the Ethics Office.

Yours sincerely

[redacted]

Professor D I Cook
Chairman
Human Research Ethics Committee

cc: Dr. S. Smith, 30 Linden Way, Bella Vista NSW 2153

Address for correspondence:
OFFICE OF ETHICS ADMINISTRATION
LEVEL 3, ROOM 313
OLD TEACHERS' COLLEGE – A22
THE UNIVERSITY OF SYDNEY NSW 2006

THE UNIVERSITY OF SYDNEY
HUMAN RESEARCH ETHICS COMMITTEE
COMPLETION REPORT FORM

RESEARCHERS MUST COMPLETE ALL SECTIONS

Project Number	Project title	Approval Date	Completion Date
02-2006/2/8697	Engaging Heads, hearts and Hands: an Action Research Study on Holistic Health Issues in Learning and leadership Development in an International Network of Communities	2 Feb 2006	2 Feb 2009

SECTION 1

Researchers current contact details		
Chief Investigator		
Title: Dr	**Name**: Ian Hughes	
Department or Full postal address: Discipline of Behavioural & Social Sciences in Health, Faculty of Health Sciences.		
Phone 1: (20)4367 6922	**Phone 2**: 0414 966 427	**Fax:**
Email: I.Hughes@usyd.edu.au		

Co-investigator / Student Researcher		
Title: Dr	**Name**: Stephen Smith	
Department or Full postal address: 82 Linden Way, Bella Vista NSW 2153		
Phone 1: 0414 989 401	**Phone 2**: 02 8004 1802	**Fax:**
Email: stevewsmith@mac.com		

Please copy, paste and complete table for additional researchers.

Number of Subjects
100

Location where the project was conducted
Various locations mainly in Sydney region

Please advise if any publications resulted from this study.
None

Was the approval subject to certain conditions? Have these conditions been met? If not, please give details.
All conditions were met.

[redacted] **Please provide details of any unanticipated issues that have emerged in the course of the project. For example, serious or unexpected adverse incidents, or effects on participants.**
None

[redacted] **Have you received any complaints concerning the conduct of the research? If YES please give details.**
No

[redacted] **Have the approved procedures for confidentiality and security of data been followed? Please give details. Please describe the current arrangements for the storage of data**
Yes. Data is currently held off-campus for continuing data analysis in digital and paper form in locked filing cabinet. It will be securely stored on Cumberland Campus for 7 years after completion of the thesis.

SECTION 2

[redacted] **Please provide brief details on the outcomes or benefits resulting from the research and any further avenues of research, which may have opened up as a result. The Committee is particularly interested in your comments on ethical issues.**
Data analysis and discussion is continuing. We expect benefits to include a framework or set of models to guide healthy leadership and community life in local church communities, with specific reference to identified church leadership problems. This project opens up several lines of inquiry into application of complex adaptive systems theory to church and community leadership.

[redacted]

.....12 March 2009

Chief Investigator/Supervisor's Signature **Date**

[redacted]

..... 12 March 2009

Co-Investigator/Student Researcher's Signature **Date**

SYDNEY

Research and Innovation Office
Faculty of Health Sciences

APPLICATION FOR CHANGE OF THESIS TITLE

SECTION 1: STUDENT DETAILS

Student ID:	200490630	**Title:**	Dr
Family name:	Smith	**Given name:**	Stephen
Course enrolled:	☑ SB019 Doctor of Philosophy (Health Sciences) ☐ SC108 Master of Applied Science ☐ Other _____		
Pattern of candidature:	☐ Full-Time ☑ Part-Time	**Mode of study:**	☐ On-Campus ☑ Off-Campus
Correspondence address:	6A Bronte Place, Winston Hills	**State:** NSW	**Postcode:** 2153
University email address:	ssmi3166@uni.sydney.edu.au	**Phone/Mobile:**	0414 989 401

SECTION 2: CHANGE OF THESIS TITLE REQUEST DETAILS

I wish to change my thesis title:

From	Cross-Cultural Learning and Leadership Development among Churches of Christ in the Pacific
To	Savouring Life: The Leader's Journey to Health and Effectiveness

SECTION 3: DECLARATION

I declare that I have read and understood all [redacted] on submitted in this application is correct and complete

Student' Signature: _____ **Date:** 11 July 2012

SECTION 4: FACULTY RECOMMENDATIONS

Supervisor's Comments: ☐ I approve ☐ I disapprove _____

Signature: _____ **Name:** _____ **Date:** _____

Research Group Convenor's Comments: ☐ I approve ☐ I disapprove _____

Signature: _____ **Name:** _____ **Date:** _____

Associate Dean, Research Students, Comments: ☐ I approve ☐ I disapprove _____

Signature: _____ **Name:** _____ **Date:** _____

Research and Innovation Office
Faculty of Health Sciences
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Appendix C

Sample of Data Collection

The following data sample is a small representation of responses to email questions with participants following their engagement in group sessions (section 2.3). The four questions shared here are:

1. Please share some insight into the challenges you feel are relevant to your life and ministry?
2. If the Churches of Christ in NSW are to attract and retain effective ministers in our local churches and ministries what issues must be urgently addressed?
3. What areas do you think pose the greatest risk to the long-term health, effectiveness and sustainability of our church leaders?
4.. What are three things that would help you to develop depth and resilience on your journey to be a healthy, spiritually-led, mission-focused leader within Churches of Christ in NSW?

Responses are referenced for storage and retrieval. This data was collected between October 2006 and December 2008 (as noted in section 2.3).

1. Please share some insight into the challenges you feel are relevant to your life and ministry?

Ref. BE.101

Keeping fresh spiritually, it would be helpful to have a mentor who understands the issues of working as a welfare service and Church mission. We are constantly facing the strain of not being able to cover admin though programs are covered for implementation. I feel this could be alleviated by sponsorship in the christian community. I would be prepared to share in Churches regarding our work could this happen. My personal growth is dependent on my seeking time with God, conferences etc but the costs add to training I need professionally so I do not attend, though I would love to.

Ref. BE.102

I'm overworked, but only because when the pressure is on, every commitment looms large. My real concerns at present are how to adequately lead and encourage those around me. We have reached a point in the life of the church where 90+% are involved in ministry so to develop any new thrusts into the community require more people!

Ref. BE.103

For me I think it is a time issue, that puts a drain on me. Each week there is the constant expectation to deliver a message that is relevant and uplifting and challenging. we do not have the people here to share that load. Along side that is the ongoing demands of people, if they haven't got a problem with me it is a problem with each other. There are constant meetings and external demands from other sources, eg, schools and bible studies. We also have to be exceptional leaders, that are training up others, finding places for them to use and develop their gifts. All of this takes time and effort. As a single Pastor time management is crucial.

Ref. BE.104

I still struggle with switching off! Time out and away is not easy to maintain. At times it feels like work is ever present...particularly so when I am tired.

Ref. BE.105

Lack of achieved results are the biggest internal stress that most leaders put on themselves and are mill stones around their neck, but they can not talk about it because they don't want to admit that they aren't kicking goals to other leaders/pastors/conference.

Ref. BE.106

I personally am doing OK. I am happy doing my job. My position is funded sufficiently to operated successfully. I am satisfied with my rate of pay.

Ref. BE.107

I have come to understand that the church needs to grow and develop its self, it will go through stages that i cant rush or push, i can plan strategize, dream big and place all my hope in Jesus and i do, but still the church needs to develop and grow through these stages if it is to last far beyond me. if i rush to bolster the church with outside resources which i have done in the past, I rip the church off, because outside resourcing doesn't last forever, we need to have good planning, good strategy, solid and wise policy that allows us to work with in the frame work of our current season and at the same time gives us the freedom to dream and step out in faith, with these in place we can rest in the knowledge that God builds his church, it is our privilege to invited to be the vessels he chooses to do that through.

Ref. BE.108

The unexpected conclusion of a part time ministry has left me financially challenged but i still feel called here. but hopefully that should be resolved soon.

Ref. BE.109

Christian ministry is poorly remunerated and has a low value in society at large, the inner turmoil thing relates to the ever increasing degree of insularity and irrelevance the church bears to the rest of mainstream society

Ref. BE.110

I feel I'm not doing a good enough job

Ref. BE.111

I love ministry, but it does become all-consuming. I forget to maintain healthy boundaries because I'm so very interested in what I'm doing. In the end it does leave me worn out, but along the way I'm enjoying myself. The church comes to accept this as normal - which I guess creates a codependent situation.

Ref. BE.112

We just had our first child, this is very exciting, yet stressful. Spouse's sibling is giving us some cause for concern

Ref. BE.113

Concerned for my spouses ability to cope with the pressure of ministry

Ref. BE.114

Working with Government funded services auspiced by our Church, the main concern is the amount of work involved in maintaining funding and/or accreditation.

Ref. BE.115

The work I do for the church is in addition to having a full time job. I am a single man, do all my own cooking, washing and house cleaning as well as holding several leadership positions in the church. I enjoy the work I do and the responsibilities I have and delegate where I can, but it generally results in my not getting enough shut eye

Ref. BE.116

Probably insufficient volunteer help causes concerns and head-aches for me. Although those who are involved in my part of Ministry are great, effective and highly appreciated.

Ref. BE.117

Probably, spouse overloaded with church work because we need some others to share the workload with. Paying spouse from church would help!

Ref. BE.118

I am acting as a chaplain. The rest of the time I am retired! I find the physical limitations somewhat distressing. As I reach towards 70 I want to look at my goals and not just vegetate. My current ministry is rewarding as our older citizens need to be filled with hope.

Ref. BE.119

I am particularly challenged by what is emerging as leadership incompetency of one of our staff and the energy it takes to continually guide them in growing as a leader. I am also drained by the lack of action taken by our senior pastor in various areas of ministry. At times I feel like I am the one who has to initiate things because he just doesn’t either see the necessity for doing something or won’t do it.

Ref. BE.120

It is difficult to talk about my inner feelings regarding the presence of God because there are few safe places to talk about it without sounding like my faith is disappearing. I don't think it is but who do i talk to about it?

Ref. BE.121

The greatest stress for me is concern for the health of my spouse. My spouse has been experiencing physical and mental illness for many years, much of which has come about due to the stresses that come through being involved in ministry and church life. Thankfully, my spouse is getting better, through good treatment. Unfortunately, the illness places added financial strain on us due to the fact that my spouse is unable to work at all, and treatment can be expensive.

Ref. BE.122

Managing up is an ongoing challenge when working under a dysfunctional leader

Ref. BE.123

My health problem is that my most creative time is during my dozing hours, sometimes at 2.00 - 4.00am. Last year, I averaged one refreshing night's sleep per month. Sometimes the lack of sleep is caused by seeking to sort our relationship problems within the church during this night time. Towards the end of the year, I was at exhaustion point.

Ref. BE.124

Ministry may be my calling but it can be very difficult (and often unfair) to a spouse who wants to be supportive but has to pick up the pieces from my choices. I would love to stay in ministry but a deep respect for my wife means I probably won't. She does come first and I think that's a biblical choice.

Ref. BE.125

My spouse pays a heavy price for our choice to be in ministry. its not fair and it may limit how long we can do this.

Ref. BE.126

My original renewal retreat group was terrific. Now they seem to have gotten lost. l hear that some are really good but mine is now just one more emotional drain. Is there any other program that might be helpful.

Ref. BE.127

I just need a break. I'm not good at setting limitations on how much access people have to me.

Ref. BE.128.

How does ministry fit in to the whole life? Is is a calling or a career? Let me know when we figure this one out.

Ref. BE.129.

My church has had a difficult time this year. People I was close to left so some grief issues. Combined with health issues I developed depression but have received treatment. I am recovering. The issues in the church actually had a long history but were not recognised by most as most had no experience outside this church.

Ref. BE.130

Conference provide cheap car loans for ministers - this would take a lo of stress off us

Ref. BE.131

I can't get everything done and seem to be continually swamped. The church treats me like I'm lucky to have a job.

Ref. BE.132

I am now 63 years old and still keen for ministry however sometimes in more recent times I feel that physical restriction leaves me frustrated and that is now a priority of management. I also feel that from a 'brotherhood' level anyone over the 'indelible age' is no longer a valued person. This is not a point of depression for I am determined to get on with the Lord's work anyway.

Ref. BE.133

I doubt we will be able to continue to afford to be in ministry. 3 kids and living in the city is so expensive. Lying awake at night worried about how to take care of my family.

Ref. BE.134

I'm studying full time and doing 2 days paid youth ministry plus 1 days paid work to support my life as a student. Financial concern is the biggest difficulty for me. Lack of synergy grant was a particular add to stress for 2009.

Ref. BE.135

I think that I was burnt out and needed time out from paid ministry. It was very difficult getting back into ministry as I felt that people did not believe in me and what I could offer a church. I was very well supported by Robert Hough during that time as Pastor to Pastors.

Ref. BE.136

The greatest concern for me (and therefore stress source) has been discovering that the church's motives for calling me as an Intentional Interim Minister were quite different to what I had believed at the time of the call. During the first 12 months this was clarified and I am expecting that this year will be less stressful. Should I consider a future IIM I would want to spend a lot more time with the church elders/leaders or call group calling me clarifying that there is a realistic expectation of what an IIM is about. Having now done this for the first time I think I could devise a "tool" to be more sure that the church does desire (and that would mean the whole church community - not just the leaders) an IIM and conversely isn't really wanting an interim minister.

Ref. BE.137

I don't particularly feel like I am overworked, but there seems to be much more that needs to be done than the limits of time would allow.

Ref. BE.138

I am currently enduring Post-Polio syndrome and have stepped down from ministry as I am too exhausted to continue.

Ref. BE.139

Health concerns. Cerebrovascular Accident Impaired Glucose Tolerance Pulmonary Fibrosis {known as asbestos lung disease, terminal} Severe Sleep Apnoea Recent back surgery failure caused increased back pain s

Ref. BE.140

It often feels our family is the life blood of this church and ministry. The problem is: 1. our eldest is pursuing her own career choices away from this area ...so we are down one member....and 2. I would love to earn an income but I feel if I took on paid employment outside the church right now, all the hard work we had done so far would quickly begin to unravel!

Ref. BE.141

Lack of support to independent extension ministries within the Churches of Christ however I do understand that with the non-existence of a linked ministry opportunity such community focused missional ministries are not within the big picture even though they could offer great insights into the community understanding and trends that would assist churches in their community contact and outreach.

Ref. BE.142

Division and lack of unity in the eldership is impacting the church and the ministries.We are in change as a church but I am hopeful that this unsettled time is part of the readjustment and realignment that will precipitate change and growth.

Ref. BE.143

As a church leader the responsibilities are complex and huge. Having highly competent Conference staff around this year was great. I don't think our eldership would have made it through the turmoil without them. Good to know that there is good help just a phone call away.

2. If the Churches of Christ in NSW are to attract and retain effective ministers in our local churches and ministries what issues must be urgently addressed?

Ref. BE.201

Financing adequately the admin when government funding not stretching there. Also training and spiritual nurture would be helpful though need to be relevant and cutting edge. Preparing leaders for 21st century

Ref. BE.202

You can't make leaders, you can help grow ministers who want to grow, who have a love of people and don't mind being servants.

Ref. BE.203

Providing individual support through personal communication not just emails, websites, etc

Ref. BE.204

I would say that a support network of pastors would would be available to come in and give the single Pastors a break every now and then would be a huge help in retaining pastors over a long period. We do not have the resource to pay such a person and those kind of people are hard to find.

Ref. BE.205

1. continue to address Leaders leading. It seems to me there is often the mentality the church leaders/elders are there to check on the minister and keep minister/ministry team in check. It seems this is receeding

thankfully but the power/control issue is one we need to constantly address. 2. The strengthening of process in appointing of appropriate people to ministry...assessment and input into appointment of the "match" of ministry personnel/church. (I am aware of two disasters that were complete misfit and undid much preceeding good work) 3. Is there an appropriate ministers wives network?...to provide ongoing support/ nurture etc etc

Ref. BE.206

Strong support for the leaders in the churches.

Ref. BE.207

Higher standard of education & training for new & existing ministers. I've come from another denomination and have observed that there isn't the same standard of excellence & professionalism across the ministers in Churches of Christ.

Ref. BE.208

Their ability to scope out ministry that relates to the community at large, the freedom not to simply deal with historically invested issues and agenda's that relate to entrenched churches and congregations. most ministers I think are dealing with some of societies most recalcitrant and stubborn people, who are master consumers with no intent to grow change or be challenged. Ministers need to know how to bring change and invest in those that are interested in being disciples of Christ.

Ref. BE.209

Role clarity and effectiveness of church elderships Personal health measures Mentoring for role effectiveness

Ref. BE.210

Ah, that's a good question! I think it would take a change in the leadership culture of the whole network, so that leaders were both highly respected and genuinely, positively accountable. Does anyone have a magic wand?

Ref. BE.211

Financial support and more feedback from leadership

Ref. BE.212

Better resources and support available to assist in doing ministry better Retreat, holiday, or sabbatical accommodation for ministry families. More flexibility on rental and car allowances and FBT allowances (to alleviate financial pressures) Finance options for pastors on cars and houses Provide great mentors and spiritual leaders

Ref. BE.213

Remuneration should reflect the responsibilities, effectiveness, qualifications, and costs of living in the area. Over ten years in ministry and we still get base pay. That's not God honouring and will hurt us in the long run.

Ref. BE.214

Over a lifetime of ministry the only pay increased we get are the CPI. You can't get a promotion, or get more pay because your church is in an expensive area, or receive better remuneration because you have a good track record or more qualifications. Why do we think ministers are undervalued and we are finding it hard to attract and retain effective ministers?

Ref. BE.215

I'm looking for vision and inspiration. Not a denomination or church brand name. Great leaders attract great leaders.

Ref. BE.216

Elders and potential elders need to be trained in how they can support ministers, in what is detrimental to the ongoing ministry and what is helpful. As a minister, I was trained in self care, but it is much more difficult to put it into practice. The more I needed help, the less likely I was to seek help. It was hard to know who to approach who could actually meet my needs. I had difficulty in finding a mentor who would meet with me regularly

Ref. BE.217

Not sure about urgently however I am often encouraged and helped by meeting with other Church Leaders in our district. Generally each Friday morning 4-6 meet for a tea/coffee and toast and a chat and prayer. Without writing an essay I'd just say this is a significant time in my week in sorting out issues and building friendships.

Ref. BE.218

Real pastoral care (pastor to pastor) specific and organised semesterly. QT

Ref. BE.219

College students need to be trained in things specifically related to Churches of Christ and be encouraged to look at ministry as a career option. Ministers need to have a sense of commitment and calling to their work.

Ref. BE.220

Education that is about our whole life - not just academic and not just practical - real life ministry stuff. My ACOM degree is nice but has not really prepared me to minister to others for the long haul.

Ref. BE.221

More flexibility with how we are paid. AOG are much more flexible so you spend less time worried about money - a huge distraction to ministering

Ref. BE.222

A greater level of grassroots relating from conference leadership.

Ref. BE.223

Momentum / movement, a positive group image, a change in the culture and ethos of the movement (this has been emerging in Churches of Christ in NSW over the last 5+ years). Leaders who take personal responsibility in pursuing appropriate OPD type activities and experiences - the 2 days with Dallas Willard were excellent. We need leaders who are passionate about God and are on a growth edge. In addition to this we need to continue to pursue strategies for leaders when they struggle with issues of life and ministry at every level (we need to take care of our wounded and hurting cause they can often emerge as mature leaders)

Ref. BE.224

Ministries such as Pastor to Pastors and the Chaplain Coordinator are essential to the health of ministers. Development of these support structures and encouragement for ministers to use them would be very effective. Issues such as isolation, lack of support and encouragement, and having no one to talk too, are issue that can have devastating effects upon ministers, especially in regional areas.

Ref. BE.225

The identification and resourcing of new leaders and church plants. There is much in our movement we can't fix, and some we need to allow to die. We need a movement culture rather than a denominational culture, we need the people in the pews, to not be in the pews but to be embarking upon the great adventure that a transformational life of following the way of Jesus Christ brings. It's time to stop investing in those churches/people who are Christian by name only, but are not really following and find those who will. We need leaders (and I believe in conference we have several, who have a generational approach to leadership, who are cultural architects, who are able to operate proactively and refuse to live in reactive space.

Ref. BE.226

Selection of appropriate people in the first place, support structures and accountability.

Ref. BE.227

I think we should be more professional about HR issues across the board for ministers. Terms and conditions. Retirement. Etc. Clear policy for churches on what is the way to fairly honour their pastor. Too many churches still have a "keep them poor" mentality toward their ministers. I'm not saying we should be like the Assemblies of God and get rich. I just would like to be treated fairly without having to fight for the basics. I can put up with it but it demoralizes my spouse who is outraged at the disrespect shown to myself (or any Godly leader in this position). We certainly need leadership from Conference in this area.

Ref. BE.228

Our leadership culture....where ministers are supported, not undermined, in their authority. But also where ministers don't abuse that authority, but lead with sensitivity and wisdom and servant spirit. Spiritual

passion...how to gain and maintain The minister's personal lifestyle issues...integrity, family, physical and psychological health.

Ref. BE.229

Can we provide a highly professional mentoring or spiritual direction service to churches. There is a void of good mentors . Can we provide them. Our churches should pay for this as a way to care for their ministers. Maybe it can also supplement the income of some of our more experienced ministers to inspire them to take up the challenge of mentoring those who need it. We would be buying their insight and experience.

Ref. BE.230

We need great mentors - really good ones that are properly trained to be working across our churches. We have Steve Smith, John Crowther, Andrew Ball etc but I'm not sure how much they're used for this. My involvement with them over the last few years has really added depth to my ministry and life to my mission. We need to spread their influence across more people.

Ref. BE.231

Paying a 25 year old graduate with no experience the same pay as a 55 year old with two degrees, lots of experience, a good track record with a solid reputation is NOT appropriate. I know this is a calling and not a career but in every other place of work that would be seen as 'taking advantage' of the employee. This is not a God honouring practice and I believe contributes to our lack of leaders who can afford to stay in ministry for the long haul. We have often just declared those who leave ministry as 'unspiritual' and continue on in our unjust practice 1 Co 9:8-14

Ref. BE.232

My last denomination had very cheap retreat/holiday accommodation for ministers. This would be of great advantage to keeping leaders refreshed and sane if we want them to remain healthy and focused on the mission of God

Ref. BE.233

We need initiatives that demonstrate that Churches of Christ really care about the health of pastors and churches. Do we send a message that we are serious about taking care of leaders?

Ref. BE.234

We need to demonstrate that we genuinely care for and value those who lead. Not just work hard until you are worn out. Better superannuation? Access to cheap places to go on holiday/retreat? Adequate pay for those who live in more expensive areas (this is an unspoken requirement of the job). No ministers I know expect all that much. But it's abusive for churches to expect them to go broke (financial, emotional, spiritual) serving the needs of the church and just watch it happen, again and again.

Ref. BE.235

Value talent -- some are God Gifted, spirit-empowered and well qualified and highly skilled. We need to value them with encouragement, respect and financial security.

Ref. BE.236

Many of the issues which cause stress/conflict seem to be related to lack of training experience in the local leadership - elders/boards etc. Pastors also need more management training - especially in leading volunteers (too high in their expectations of them) More objective assessment tools for pastors in understanding their churches. More objective tools for assessing the pastors (360 degree stuff). More training for team - especially in understanding the role of team leader (senior) as it differs to associate pastors. Awakening was great last year. Loved having the counsellors there. Be great if conference leaders were more accessible - not always surrounded by the "stars" or speakers etc. Training of/availability of mentors would be helpful. More encouragement to be part of Renewal groups.

Ref. BE.237

Issues of self management in church work

Ref. BE.238

This is just too much stress on my family. Too many bosses who don't listen. The financial strain, we can't live on this kind of money. I have a master's degree and other qualifications in this stuff -- yet I'm treated like a junior boy

Ref. BE.238

I didn't start out in Churches of Christ. Good ministry opportunities with fair pay and benefits are always attractive. If a church is unhealthy they will never attract anyone decent. The most effective ministers will leave if we don't value godly hard working leaders

Ref. BE.239

As we get older there doesn't seem to be anywhere to go other than to a cheaper area to live or get out of ministry altogether. What does ministry look like for an older person? It seems we are meant to just go quietly.

Ref. BE.240

It is hard because I am not Church of Christ trained but Bible Colleges need to teach students how to be ministers not just knowledgable Christians. We also need to do better at the education concerning what a minister is/should be to a congregation and what a congregation should be in reality. There is probably a lot more.

Ref. BE.241

A sense of belonging. Since returning from Queensland to NSW I sense that only a certain range of churches are valued from the top. In the last three years I have never been contacted or invited by our brotherhood leaders on a personal level to share or express how I feel. When Robert Hough was around I did feel slightly connected but now that he has moved on I am not sure what will happen. There is no real sense of belonging.

Ref. BE.242

More pay for city jobs. I did fine working for a country church.

Ref. BE.243

Ongoing networking meetings, church size based or mission size based gatherings to address similar issues.

Ref. BE.244

Lack of support for the minister by the congregation at times. Minister having to be all things to all people. Meaning lots of people think that singularly, which then makes it everyone. When a minister isn't allowed to lead due to a few powerful people.

Ref. BE.245

I felt the loss of ten years of accumulated sick leave when I had only taken about 7 days in 10 years on leaving my former church. now that I'm approaching 60 it would be comforting to know I had a bit of accumulated sick leave - just in case! Help with financial planning/provision that includes retirement, study leave, (e.g. Check out our brothers and sisters in ministry in the Uniting Church of Australia) sabbaticals after each 6 years on the OT model. For IIM's and longer term ministries I think housing is crucial. I think churches should be encouraged to provide quality housing with study and guest accommodation or a far better house allowance. I have also felt that a Renewal Retreat group type support network for Preachers Kids could be a great concept. They are a unique bunch - often misfits - in the sense of being very politically and theologically astute and also seeing the worst side of church politics and sometimes a sense of betrayal or "being used"

3. What areas do you think pose the greatest risk to the long-term health, effectiveness and sustainability of our church leaders?

Ref. BE.501

That I don't exercise consistently and spend enough time reflecting in God as the year unfolds time is busy.

Ref. BE.502

the old business adage " we hire based on capacity but fire based on integrity" We need to see both ministers, & wives, and leadership teams, encouraged not by "how to" speakers but by "who to" developing the art of waiting on God (a lost art for a lot of us!) The development of husband & wife teams committed to the same vision, and both active in church life, even if the wife works outside of the church as well.

Ref. BE.503

Too many expectations without support and encouragement

Ref. BE.504

Burnout

Ref. BE.505

1. the sense of clear calling. My experience has been where guys don't have this they don't sustain ministry through the rough times. ensuring partner is committed and actively growing 2. Keeping boundaries/ balance in regard to personal and family life....including switch off time. Family being aware of the risk factors 3. to continue to grow...ie study/reading consistently for personal growth especially (this may well be aside from the likes of courses etc that endorsement requires)

Ref. BE.506

To understand and develop the habits of healthy spiritual formation and on going self feeding.

Ref. BE.507

The greatest risk I think comes from churched people not willing to change or move from their comfort zone.

Ref. BE.508

Ourselves, we are our own worst enemy. we really need to unlock our lives to those around us who we trust, i believe that my elders and myself must have the most open relationship of all(except that of my wife) this gives me strength in ministry to know that men of God are loving me, rebuking me, praying for me, protecting me, taking on the responsibility of the church beside me, together we are the pillars and not just me. this only will work in the framework of a Godly eldership team and that is not the case in all churches. but the accountability factor is huge, i have often said that Pastors can be the most insecure people, when in fact we need to open to those appropriately placed around us. if there is nothing to hide from the Devil will not get his foot in the door of the leadership of your church.

Ref. BE.509

Lack of professional development, support, accountability and spiritual formation. A healthy balance of these provide safe checks to individuals.

Ref. BE.510

Feeling like your working at something valid and engaging and worthwhile. When you take away the drive to define yourself by church growth you actually need to have a strong spiritually formed worldview and this you normally don't get from church or the community that surrounds church. It's a paradox that the place you go to to learn the ways of the kingdom actually do a very poor job at plugging you into kingdom distinctives.

Ref. BE.511

Lack of deep accountable relationships. We really need an effective approach to mentoring that isn't top-down or institutional.

Ref. BE.512

Isolation, lack of support

Ref. BE.513

I like it when we are exposed to top notch learning experiences. They don't have to be people from overseas. Just people who have been on this journey. I'm impressed with the calibre of some of the new conference staff we need to get them doing more for our churches.

Ref. BE.514

The health of their churches. The lack of holistic ministry training. The lack of guidance and support in the field.

Ref. BE.515

We need help: The emotional pressures of ministry with little support or preparation The financial pressure of ministry (God-given parental responsibilities) will push some out. The physical strain which can lead us astray into sinful sexual or prideful situations The spiritual strain which can leave us empty and dry.

Ref. BE.516

Can we retain the best people at a conference level who can help raise us to the next level of health and effectiveness. would hate to go back to where we were five years ago.

Ref. BE.517

I believe that "the Church" is experiencing the effects of a "long term" change in that the changes of the status of the minister create a potential inability of the membership to accept the spiritual guidance and direction that comes from pastors. There is a decline in the Western world to accept authority from any source, let alone a Spiritual one. I believe that the Church (in general) has been trying to "pull the minister out of the pulpit" (bring him/her down to our level) and now that this has occurred, we do not know what to do with the authority of this office.

Ref. BE.518

When there are breakdowns in relationships with folk is the congregation which take time to resolve.

Ref. BE.519

Sexual sin

Ref. BE.520

Do we have the will as a movement to be serious about the long-term sustainable health of our ministers? We are at risk if we don't.

Ref. BE.521

Little wisdom for handling stresses and conflicts inherent in leading a community. Education and training is important, but experience is the best source of wisdom. However, in the process, there is much danger for the naive (read "me").

Ref. BE.522

We don't seem to hear anything from the Bible College. When it is weak I think we are at risk as a brotherhood.

Ref. BE.523

Lack of support from the elders and head pastor for the emerging generation.

Ref. BE.524

I need opportunities for further professional development. There do not seem to be many ministry jobs available for women where you can learn from effective pastors, even if you are trained. This may mean that I eventually cannot be a pastor but just a church member (nothing wrong with that but a waste of my training and abilities). I'm sure there are other young leaders who will be looking for opportunities but can't find them

Ref. BE.525

A lack of strategic planning that involves clear discipleship pathways that permeate the whole church ministry life. Not spending time with the team in conversing about significant ministry formation and direction due to seeing it as not time well spent.

Ref. BE.526

Sex, money and power - this sounds a little cynical but sometimes it seems that if you avoid the abuse of these three areas over the long haul, you will succeed. We need to do better, none of us are immune to these things (and others) but authentic spiritual leadership and ministry is possible. In the 10 years plus that I have been involved in Churches of Christ a large proportion of its higher profile leaders have fallen into some form of sexual sin - I am somewhat paranoid about this.

Ref. BE.527

Lack of prayer and Bible reading; not relying on God for daily strength and guidance; doing ministry in your own strength; not having realistic personal boundaries; not being able to say no; not developing and maintaining strong, healthy relationships with family and friends; lack of spiritual and emotional support from others in ministry.

Ref. BE.528

Our ability/inability to develop quality leaders and resource them effectively, as well as our leaders own capacity/incapacity to ask for help.

Ref. BE.529

Isolation

Ref. BE.530

I feel like as you get older your experience is not valued in churches of Christ

Ref. BE.531

Being optimistic with high Kingdom expectations and integrating present realities with denial or cut offs. Disciplines to continue to Re refreshed to develop practical ways to deal with JOY killers.

Ref. BE.532

I think that most of the very talented ministers do not stay in ministry (although some very talented ones do). They don't leave because they want to or because they are greedy or unspiritual. I think they just can't survive emotionally and financially in ministry. The greatest risk is that we end up being led by the mediocre who are stuck and feel they can't leave. Too many of those. Lovable, godly people - but not leaders. When people who aren't leaders end up leading a denomination then we will go nowhere.

Ref. BE.533

Burnout...too few doing too much Motivation...not seeing enough progress to be encouraged

Ref. BE.534

Our greatest risk is forgetting what our mission is. We seem to hear more about Living Care and financial information from head office that any vision for churches and leaders. Living Care is a valuable but tiny part of our mission. Lets focus more and more on helping churches grow and having more ministers with spiritual depth. Also training younger ministers. Not sure what ACOM is doing in regards to this.

Ref. BE.535

The risk is simply that we have weak leaders. Then we will return to the wilderness. Let's do all we can do to retain good strong leaders. It's very expensive NOT to do that.

Ref. BE.536

I don't think Churches of Christ can survive a return to the dark old days of good hearted mediocrity. We're not in the Living Care business. We're in the Kingdom business so we need to be lead by Kingdom leaders -- and they are rare and hard to come by. Let's not lose the good ones we have.

Ref. BE.537

Not enough time for peace, relaxation, family time and spiritual reflection

Ref. BE.538

I think our whole system seems to burn out our full-time leaders by the time they're around 50. If they can survive that long. Without seasoned leaders our churches are in real trouble. Without healthy churches we're just another aged care business - and we're only that because we seem to be able to make money doing it.

Ref. BE.539

I understand that as leaders wear out they are more prone to have have improper sexual relationships. This is a risk for all churches, since we seem to wear leaders out very often.

Ref. BE.540

The lack of evangelism is our greatest risk. We are not here to build aged care centres (which is where most of our joint assets seem to be). Our mission is to share the good news. Any distraction from that is the biggest risk of all.

Ref. BE.541

It's been great to have some strong and talented Conference staff around. What happens if they leave? Do we go back to the way things used to be? I think that is a big risk.

Ref. BE.542

Unclear boundaries - being too accessible - mobile phones, internet etc. A culture of activism. Isolation. Lack of accountability for whole of life.

Ref. BE.543

Self management in the ministry - balance - expectations

Ref. BE.545

The area of divorce in marriages - Divorce is becoming an acceptable realistic solution. Understanding the commission of Jesus Christ to all disciples - Doing God's agenda.

Ref. BE.546

Lack of relevant ministry training that produces 'real world' ministers who can survive and thrive -- we need to do better if we want to have a future

Ref. BE.547

Our Theological training seems to have vanished --- who are we now?

Ref. BE.548

We need greater emotional support. It's very hard to stay in ministry for the long haul. Sometimes I've stayed because I'm stuck with no other options. I want to do a good job. It's very frustrating when you work so hard but feel unappreciated and the ministry dreams do not seem to bear fruit. There are many temptations in ministry. Help dealing with them would be good.

Ref. BE.549

Its very hard to get people with a servant heart that are good at their jobs people seem unprepared for real ministry work. they just have lots of ideas Churches seem to be disconnected from real ministry

Ref. BE.550

The integrity and morals of our leaders The ability of leaders to stay in ministry for life -- what a blessing to our movement that would be! Suitable pay and retirement benefits for ministers that reflect their training and experience (we're not all the same!)

Ref. BE.551

I think that we have been in the past well trained as theologians but poor on the ground as leaders who can deal effectively with the pressures of conflict and management of our churches. Real and not just theoretical leadership like trained in the military and corporate world. Over the years I have seen and know of good people who have been pushed out of Ministry because they lack this skill. Also some kind of Christian compassion towards those who step/fall out of ministry, in other words let's close the gate before the horse is bolted. Failure to recognise and encourage the 'front line' ministers/ pastors.

Ref. BE.552

Unless you've inherited some money or something it's just too expensive to live on what you get paid in ministry

Ref. BE.553

Depression people who love to get too busy. divorce - unhealthy marriages.

Ref. BE.554

Lack of encouragement and support that is ongoing Lack of understanding by the elders of the need for self care, training, support groups for minister The only beneficial support is from the spouse, who is also needing support - not provided by anyone.

Ref. BE.555

Unrealistic expectations of the church on the minister. Minister dependent churches. Financial stability in the local church. Unhelpful criticism.

Ref. BE.556

Theological narrowness and absence of simple Biblical guidelines for: elders, deacons, overseers in terms of qualifications, gift ministries, boundaries, Gal 6:2, basis and terms of appointment, mandatory sabbaticals Covenants for employment etc Assistance with knowing and meeting legal requirements especially for small churches. The Stanwell Tops Training planned for Aug sounds great!!

Ref. BE.557

Lack of affirmation from people within the church community. The "Lone Ranger" syndrome - feeling that you have to do it all yourself; no one esle wants to get involved. Lack of pastoral support.

Ref. BE.558

Lack of capacity to care for themselves

Ref. BE.559

Too much too do, not enough time out, unhealthy boundaries, lack of support, unrealised dreams and goals (ie. hope deferred makes the heart sick!)

Ref. BE.560

Ability to do all that is required to run a church now-a-days. Not competent in all areas (nor should they be!) but they (senior minister) feel they need to do it~!!

Ref. BE.561

Isolation of leaders, lack of meaningful Christ centered working relationships that are based on honesty, acceptance and grace.

Ref. BE.562

It is very hard for our church to attract a suitable good leader to live in our town on limited funds. Without his our church will die. And already is. It would be good if the Brotherhood could support us to get someone really good.

Ref. BE.563

Opportunities to deal with the stress of a ministry marriage - retreat and a decent break

Ref. BE.564

We must be sustained through great resources; we must be challenged through quality relationships; we must be inspired by great leadership from Conference. We want to hang in there but give us a great vision to follow and we're on board.

Ref. BE.565

1. Pressure applied by those who want things done THEIR way. 2. Lack of members in the 20-50 years age group.

Ref. BE.566

The biggest risk to me is leadership. Not having great leaders (pastors and board) will finish us. We seem to burn the great ones out and keep the mediocre ones who can survive anything. Then we get what we created. Mediocre churches.

Ref. BE.567

Feelings of not being heard by conference at times. In my observation some individuals have an unhealthy (and I believe unfounded) suspicion of conference.

Ref. BE.568

I fear for others around me who are doing the work of two, who are constantly trying to fit in more things, and also doing training, and re-training. (Personally, I could not cope with that kind of stress, and am very grateful that I don't have to.)

Ref. BE.569

Stress not being valued for their sacrifice leaving ministry because of poor pay and lack of support.

Ref. BE.570

Burn out.

Ref. BE.571

Emotional/spiritual support from leaders mentoring and support for the leaders

4. What are three things that would help you to develop depth and resilience on your journey to be a healthy, spiritually-led, mission-focused leader within Churches of Christ in NSW?

Ref. BE.601

Networking with other leaders. Sharing experience and mentoring younger leaders. Participating in training but being asked to give input as I have worked in Welfare and missions for a while now.

Ref. BE.602

Prayer. sense of knowing it was from God. Trusting in God for His provision.

Ref. BE.603

Unstructured unforced, but forced & structured, relational meetings of/with encouraging people.

Ref. BE.604

Regular time out with God, because of the schedule there is no time to stop and spend time with God.

Ref. BE.605

1. Maybe conference provide an annual check list for each person in ministry...and be strongly encouraged to work thru same with mentor. (signs and symptoms of disfunction/lack of health) Something along the lines of an appraisal...especially for those outside of ministry teams. 2. Promote 2 or 3 days of prayer a year in clusters of 3 or 4. 3. continue.. two or three days like "ministers day at Conference", where there is great input, upskilling, info exchange etc from a "practitioner"

Ref. BE.606

Sorry no ideas at this stage

Ref. BE.607

Right now: 1: I would like to be able to access some deeper theology courses, to strengthen that side of my ministry. I do a lot of study and have just started doing some in depth Greek stuff, but it is very hard to fit into a college system, and oversee the running of the church. 2: the Pastors to pastors connection point i have always found valuable, i am not sure what is happening with that but I think it is definitely needed, I always enjoyed those times of encouragement, and felt it kept me connected to the overall body of churches of Christ. 3: you guys do some great things already, continue to be creative in what you are offering ministers and pastors, I know iI have often lacked the time to be there, but am definitely going to prioritise a lot of the ongoing development stuff in 2009.

Ref. BE.608

1. Overcoming personal health concerns 2. Increased revelation of the character of Christ 3. Greater relationship with others serving in a similar position to myself

Ref. BE.609

Examination of success schedules - what do we really believe success to be. Remuneration beyond entry level salary More time spent with people who are reading from a different script than "How to build a big church"

Ref. BE.610

1. Help to keep in good relationship with God 2. Encouragement to take the time to nurture deep Christian friendships 3. Easily accessible forums for swapping ideas and stories of mission through local church communities

Ref. BE.611

I find it really difficult to read, so teachings in an audio form would be great Less pressure from all sides More of a plan

Ref. BE.612

Would like to do more in depth study ACOM does not seem to offer anything relevant to my further journey. Not interested in just another degree and another huge education debt.

Ref. BE.613

As a brotherhood we need a real vision beyond what we've seen before. Things are a LOT better than they were but we need to focus more on building sound churches and leaders who are mission minded. Aged care services are good but they are not worthy of being the lion share of our finances as a movement. Its not our mission. I believe God will use churches to change the world, if that's true then we are in big trouble. Lets invest in leaders and churches

Ref. BE.614

Accountability. Continuing education. Better prayer life.

Ref. BE.615

Guidance and support in the field. Networking and retreat opportunities with other ministers and input from dynamic church leaders. A sense of calling and belonging.

Ref. BE.616

It would be good if ACOM was shaped to actually provide what we really need, resilient spirit led and talented church leaders.

Ref. BE.617

Resources on health and effectiveness of ministry - life balance, stress, depression, saying no etc

Ref. BE.618

I "retired" from my previous (Government Welfare Agency) employment about 3 years ago and since then commenced 'part time' ministry employment with the Church by invitation and choice. I feel that due to my age, I am more inclined to be open to listening and hearing from others and empowering others as I do not feel the need to be "protective" of my role and ministry area. I am very active in encouraging, training and developing others in the ministry areas that I am currently employed to do. I am at a place where I believe that my role is to mentor, encourage and support others into ministries rather then having to do things myself. I do believe that there is a real need for the pastoral role to be more defined, with a consequence of the work load being more controllable by the pastors. Todays Church has a much greater expectation of the role of the pastor then previous generations, far broader and beyond the skill level of a number of the current incumbents. The ability of the Church membership to be exposed to the teaching and preaching of other ministers (Television, Conferences etc.) brings about a dissatisfaction with those in ministry who do now have the same skill level in these areas. I say this of the Church in general, not only specific to the Churches of Christ in NSW, as I do have a number of fairly active relationships with pastors from other denominations as well as siblings and other relatives in full time ministry.

Ref. BE.619

1. Love God 2. Trust His Word - be inspired by the Spirit of God 3. Follow Jesus Proverbs 3: 5-6

Ref. BE.620

We need to talk about accountability - what does it really mean to be men and women of God. We are on this journey together. Let's be a community of God.

Ref. BE.621

I am keen for training that is deep, personal and challenging. What ACOM offers does not seem relevant to the ongoing development of our leaders.

Ref. BE.622

Lets get really serious about the emotional and spiritual health of our ministers and put some serious money towards it. Let's be leaders in this area instead of just following other denominations. I think we can do it.

Ref. BE.623

ACOM needs to truly prepare dynamic leaders to grow a church and change lives. I don't see it doing that and I never see anyone from there at our church. Also, do they help leaders be healthy? Is that part of their ministry preparation?

Ref. BE.624

We need training with real depth. Not just degree learning but face to face contact with real visionary leaders. How can our next generation change lives if they have not rubbed shoulders with real leaders. I don't think the Bible College does that anymore.

Ref. BE.625

Mentor for my husband and I Personal mentor An opportunity once a term to just soak in the Lord.

Ref. BE.626

We need a way to really learn and be challenged to give our life to serving . But while acknowledging the issues of family, finances etc. We cannot ignore these things or we will only ever have talented people who will minister for a short while, and then be forced to move on.

Ref. BE.627

A very strong accountable mentoring relationship.

Ref. BE.628

Priority on prayer, Bible reading and study to strengthen my spiritual life. Keeping my relationships with family and friends strong and vibrant. Having good,encouraging support structures through such things as mentoring, pastoral support from Churches of Christ, and attending activities such as Ministry Refresher and relational groups.

Ref. BE.629

1) A complete reshaping of the ministry I work in, including either a change in the leadership or a transformation from God in their lives. 2) A growth in resourcing for the cause we have embarked upon 3) Assistance in identification of further key staff team to keep building the vision and resourcing it's incredible growth.

Ref. BE.630

1. Support 2. Professional development 3. More peer contact

Ref. BE.631

Spiritual mentoring Caring and accountable relationships on going high end learning opportunities

Ref. BE.632

Please provide really competent mentors. Not just cups of coffee and a pat on the head. I need to be challenged.

Ref. BE.633

1. An effective mentoring relationship 2. Ongoing training and learning opportunities, that are relevant to my ministry (especially exposure to inspiring models) 3. Regular personal retreat time

Ref. BE.634

more resources and access to professionals who can help coach us through healthy boundaries, work choices and to work out our inner demons that can lead us astray

Ref. BE.635

Send out challenging resources. Do workshops in our churches on the difficult issues the local pastor can't touch. Help us remember who we are and what our values are. Otherwise we can get lost along the way.

Ref. BE.636

provide me with small group opportunities to be challenged -- really challenged at a level I have not been challenged at before. I need to be invited to participate in the great journey again -- I'm tired. Revive me!

Ref. BE.636

I need to be led with great and challenging thoughts and ideas. Share great teaching and visions with me. Help me learn with great resources and workshops that stretch me and inspire me. Don't let me get lazy - challenge me to be more transparent and honest. Have the difficult conversations with me. Help me grow. ACOM cannot do these things (leadership?) and Conference has really experienced staff now so let me have it!!! I'm ready to be helped or I know I'll end up like so many other wounded warriors in the past.

Ref. BE.637

More access to those who know about leadership health in our ministry context More recognition for the value of ministers as leaders (not merely hirelings) More financial help for ministers for education, medical, vehicle costs, sabbatical

Ref. BE.638

More access to Conference staff. We have some really good people there now but we need to hear them more. Not just when we're in a crisis (although I have found they were great when our leaders were stuck)

Ref. BE.639

I'm not sure ministry is a lifetime career anymore. How can we be helped to serve while God is calling us, but also change to another career at a different stage of life (at least without going broke along the way).

Ref. BE.640

Mentor/spiritual director. Better time management

Ref. BE.641

Connection to others Self management in the ministry - balance - expectations Healthy ministry model

Ref. BE.642

Connectedness at leaders level - developmental teaching - sensitivity to the Holy Spirit's voice

Ref. BE.643

Scholarships for further studies short-term loans for cars or holidays grants for special projects (that benefit the development of leaders)

Ref. BE.644

Help us build genuine relationships Help us have honest conversations Help us rediscover our first love

Ref. BE.645

As above, a sense of belonging to a worthwhile movement with direction. An occasional recognition of service, to feel that I am making a worthwhile contribution ... [28 years plus military chaplaincy and now SES Chaplaincy]. A Conference that we could discuss ministry matters without being told what we are to do.

Ref. BE.646

Talk about boundaries regularly. Build a great retirement plan for ministers (more than doing the minimum). Encourage confession

Ref. BE.647

More time surfing long term planning (e.g. 5 years) for leadership development on kra's. experience in different ministry team contexts (short term basis)

Ref. BE.648

I have just moved from living in NSW, but am not supported by the state where I live and still need a mentor.

Ref. BE.649

(1). Training in how to deal confidently with conflict situations. Sometimes I make a decision not to take a particular course based on the emotional cost to me. (2).Leadership training, I have leadership roles but don't always give leadership, mostly because I'm uncertain of how to. (3). Spiritual as well as practical leadership skills.

Ref. BE.650

A pastor to pastor type person available to me on a regular, say quarterly basis, to listen, encourage and pray. Even though I have renewal group I still think some kind of area mentor who has a pastoral heart and concern for me and my spouse, would be wonderful.

Ref. BE.651

A quality personal spiritual journey Interest and support of my peers Personal pastoral support

Ref. BE.652

Time to relax. Enough money not to worry about paying for essentials. Mentors who can guide my own ministry direction.

Ref. BE.653

I think I am pretty resilient...otherwise I would have already left ministry a long time ago, would also have left this church some time ago....probably not long after we got here! :) However having support is a big thing, if you have someone you can whinge to, share the load with....a burden shared is a burden halved, that's why we need a team of people in difficult situations rather than a single unit and having quality, regular pastoral care!

Ref. BE.654

Prayer Prayer Prayer

Ref. BE.655

How to ask for help from others (not be so autonomous) . understanding what needs to be done and what can be left undone in terms of running a church

Ref. BE.656

A way for ministry families with kids to take a cheap holiday away from the church.

Ref. BE.657

1. Deeper faith. 2. God-inspired leadership.

Ref. BE.658

Perhaps leaders (especially ministers and their wives) need a retreat place where they can have a decent break. We don't pay them enough to have a real holiday.

Ref. BE.659

Things that are already happening - Knowing I'm loved, accepted and being prayed for.

Ref. BE.660

Fairer pay for different locations (we've worked in four churches and the costs are very different in every location) we're sick of being stressed about getting enough to just survive and provide for the children and retirement.

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