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Medical Leave and Unrealistic Ministry Expectations a Study at Zion Lutheran Church

Aaron Flatau
flataua@csl.edu

Aaron G. Flatau
Concordia Seminary - Saint Louis, pastora@goldfieldaccess.net

MEDICAL LEAVE AND UNREALISTIC MINISTRY EXPECTATIONS
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Aaron Flatau
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Approved by:	Rev. Dr. W. Mart Thompson	MAP Advisor
	Rev. Dr. Benjamin D. Haupt	Reader
	Rev. Dr. Gerhard H. Bode	Reader

In January of 2017, my doctors said that my kidney function was ‘at the edge’ of what it takes to live. Then, wonderfully, in August of 2017 my kidney function was very close to normal. This paper is dedicated specifically to my brother Jonathan who gladly donated one of his kidneys in support of my life and family, and generally to all those like him whose personal donation and sacrifice means life and health for another.

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ABBREVIATIONS

BOC	Book of Concord
ESV	English Standard Version
D.Min.	Doctor of Ministry
LC	Large Catechism
SC	Small Catechism
Ap	Apology of the Augsburg Confession

ABSTRACT

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A medical leave of absence due to a kidney transplant resulted in feelings of guilt and failure for a pastor when he was unable to fulfill his desired ministry tasks. These feelings of guilt and failure were speculated to be unwarranted.

To determine if these feelings were unwarranted, this paper researched sickness as presented in the Bible. Biblical research found illness to be a personal reminder of a global fall, found a link between forgiveness of sin and healing of sickness, and examined illness in the context of the Kingdom of God. Historical examination found that illness within the context of the biblical theme of the Kingdom of God helps the modern ill person to understand the illness not as only failing biology, but also illness is set also in the spiritual plane. Theologically, the paper found that during sickness an understanding of theology of the cross is helpful to understand suffering while ill. Theology of glory, and its humanistic tendencies, ultimately prove to be little comfort. The literature review noted a correlation between symptoms of pastoral burnout and illness in a pastor. The researched methodologies for helping pastors in stages of burnout were found to be also helpful to sick pastors on medical leave.

The research project was to qualitatively interview, with a trained interviewer, ten leaders of the congregation asking about their lived experience during the pastor’s kidney transplant. These interviews were contrasted against a similar interview from the perspective of the pastor. A Harrison Assessment added insight into the pastor’s normal mindset.

The findings of this study were that the pastor’s feeling of failure and guilt were unwarranted, as the congregation viewed the illness as a time to exhibit Kingdom of God behaviors. Recommendations are given to other pastors and congregations going through similar illnesses requiring a medical leave of absence.

CHAPTER ONE

THE PROJECT INTRODUCTION

Chapter one of this project will describe the period of medical leave I went through in 2017 when I was diagnosed with kidney failure and subsequently became a candidate for a kidney transplant. As the disease and medical response to the disease was unfolding, I set up, in hindsight, naïve and unrealistic goals for ministry and projected unrealistic expectations for ministry upon myself. These unrealistic expectations will be the focus of this study. To that end, this chapter will outline the research problem, research question, and research purpose. This chapter identifies my unrealistic expectations during a kidney transplant as the problem to be researched in this project.

A Leave of Absence for a Kidney Transplant

In June of 2017 I underwent a live donor[1] kidney transplant at the Mayo Clinic in Rochester, Minnesota and during the transplant was on medical leave from my duties as Senior Pastor of Zion Lutheran Church in Humboldt, Iowa. Medically speaking, the procedure was a success, for which I am incredibly grateful. The transplant was completed with a minimum of difficulty. I returned home in roughly half the time suggested by doctors at the outset of the procedure. The casual observer looking in on the process would see a positive story of medical success and continuity of life over and against a challenge from death. Again, I am very thankful for the procedure's successful outcome. However, viewed from the perspective of my own personal emotional state, the situation was much less serene and optimistic. Indeed, my

[1] The donor kidney was provided by my brother Jonathan Flatau, to whom this work is dedicated. His kidney was a perfect match to mine and this type of match suggests the transplant has good potential for longevity.

experience was stressful both from stress I did not create, and from undue stress I placed upon myself.

Often there is a discontinuity between casual perception, and the reality of what is really happening. For those facing a major medical diagnosis, the lived experience of the process is often very stressful. Major illnesses challenge people to the very core. They seem to rewrite reality around us. They can challenge assumptions. They might challenge who and what we are. Yet, strangely sometimes, they might also build up and equip the afflicted in unexpected ways.

When it was revealed that soon my kidney failure would require a transplant—I was unsettled in many ways. I am not alone in this. In his work *A Bend in the Road,* David Jeremiah speaks of his own medical experience with cancer. His work describes well the experience of those who have been challenged with medical issues. He writes:

> That's when the bomb fell. As the doctor probed the left side of my abdomen, he said, 'Dr. Jeremiah, you have a mass here in your abdomen that causes me some concern. It feels to me as if your spleen is greatly enlarged.' I felt my heart skip a beat. 'What do you think it is?' I asked. 'I can't say,' he replied quietly, 'until we see a CAT scan of that part of your body.' That's it. Two sentences—a handful of words—brought a crowded, thriving life to a screeching halt. As I sat up and dressed myself, I struggled to absorb the doctor's words. My mind launched into 'spin-control' mode, searching for positive angles.[2]

The phrase he mentions, "positive angles," seems to encompass my own search for something good to come out of the diagnosis. There was a struggle not only to accept the diagnosis, but to somehow twist … the horror of disease mentally into a blessing. There is a search for positive angles. However, this mental twist does not cure the disease. This mental twist, this search for 'good' during profound 'bad,' makes the lived experience increasingly horrible.

For myself, the medical prognosis was actually pretty good if a transplant could be acquired. It also seemed likely that someone might be willing to donate a kidney. Yet, my lived

[2] David Jeremiah, *A Bend in the Road* (Nashville: Nelson, 2000), 3.

experience was quite different from what a good medical prognosis and beneficial timely lifesaving transplant might initially suggest. From my perspective it was a period of profound struggle.

Physical health was problematic, and a decline of physical health frequently resulted in strain on mental health. Physical health would decline[3] and that decline warranted a period of rest. However, this needed physical rest came with consequences. Life and ministry continued regardless of the decline of my kidneys, especially difficult were the months before the transplant when I was the only pastor at the church[4]. I wanted to keep all things in order regarding ministry of Zion. This meant there was never really time for the necessary rest. Still, wanting to continue ministry, I tried to persevere.

Night, with its dedicated period of rest, was the worst. Strange dizzy dreams increased in frequency and complexity as the unfiltered toxins invaded my bloodstream. There were many trips to the bathroom trip in the middle of the night as the kidneys worked constantly (but poorly). Headaches became a fixture of the evenings. Every day seemed to find something else failing. Night gives one time to think. There is a lonely comradery at night with the sick. I resonate with Jeremiah's description:

> Three o'clock in the morning. At that darkest and most dismal of hours, there may be no silence deeper than the silence of a hospital corridor. During my stay at Green Hospital, I became closely acquainted with the time and the desolate feeling of it. I also became acquainted with the feeling of morphine. When you reach a point at which you must be involved with such a terrifying medication, you are desperate indeed. My morphine drip was a distinctly uncomfortable all-day, all-night arrangement. Those of you who have experienced this medication know that morphine is a powerful and frightening narcotic,

[3] Physical decline came in many ways. Sometimes it would just be a number shown from a lab. Sometimes it would be a profound exhaustion that sleep would only somewhat remedy. Other times it was swelling in ankles that was painful and made mobility difficult. Other times it was daily headaches. Itchy skin was problematic. And always as time progressed energy and mental focus seemed to be waxing. Strength waned and non-restorative naps became normal.

[4] Associate Pastor Kyle McBee was called from seminary from the graduating class of 2017. In January 2017 I was told that I needed a transplant. I was the only pastor at Zion until he arrived in June 2017.

> one that causes unpredictable reactions for different people. My reaction to the drug was a waking nightmare of confusion and disorientation. I could only manage short periods of sleep punctuated by sudden, startled consciousness—like being shaken violently awake. After this jarring sensation, I would be unsure where I was, what day it might be, or what was happening to me. That was the pattern of my life: moments of sleep, moments of confusion. It lasted for about five days that all blurred together like an unpleasant dream. The nights were worst, of course; they were long and dark and lonely. I remember waking abruptly one night, looking around with grogginess at the bed and the darkened room, and doing the best I could to get my bearings.[5]

This physical struggle, along with the strange nights, sparked an increased decline in my mental health. Mental health is a term that can mean many things. My experience was something not akin to depression or despair, it was rather more that of cognitive dissonance. I struggled with many questions during this time. What does this diagnosis mean for my future? What does it mean for my personal existence? What might it mean for my family? What does this diagnosis mean for the church I serve? Finally, I wondered if God is mad at me and even punishing me.

There is a soul searching that is common to those with illness. In *A Bend in the Road,* the experience of Dr. John Hovey, highlighted my biggest fear—challenges to my identity.

> All this work disruption and soul-searching culminated in a confrontation with reality. A few professional colleagues examined me, and their diagnosis was early Parkinson's disease. I had come to my own bend in the road. I had put in twenty-five years of school and twenty-five years of exhausting and devoted work in the medical field; I had paid fifty years' worth of dues, the way I saw it. After all this time, I'd finally reached the peak years of my professional career. I was ready to enjoy the fruits of the harvest, but instead it seemed as if everything I had trained for was slipping away. Every doctor loves the encouraging comments of his patients, especially those of us who do surgery. How would the loss of that affirmation affect me? Gradually, an important question surfaced: Was my identity as a doctor more important than my identity as His disciple?[6]

During that timeframe I had bad assumptions about the reality of my situation. I wanted ministry and life to continue as normal. Yet, with this diagnosis ministry and life could not continue as normal. Mentally I struggled knowing so many people in the church were not being visited,

[5] Jeremiah, *Bend in the Road*, 30.

[6] Jeremiah, *Bend in the Road*, 56–57.

knowing that long-term planning was on hold at the church, knowing that I was failing when comparted to standards by which I formerly accessed my worth as a pastor.

Certain physical symptoms seemed to stick out. For me the least painful but most obtrusive was that my hands got cold. People commented when shaking hands, "Oh, your hands are cold." Normally cold hands are not a big deal. However, these new frequent comments meant disaster—my kidneys were failing! I normally did not have cold hands. Now, most handshakes brought about a verbal reminder of kidney failure. My hands being cold seemed mentally to be a foreshadowing, a preview of a full final cold to soon take over, not just my hands, but finally all of me. Handshakes foreshadowed death.

Some of the mental struggle could have been avoided. Some not. However, for the effort of this paper, one particularly dangerous[7] assumption was that my service could continue normally in ministry and life despite my health failing. This assumption caused a lot of stress and especially unreasonable avoidable stress. At first glance such a statement might have seemed virtuous as it appeared to indicate a desire to maintain consistency and normalcy for the sake of my family and the fellow Christians at my church. However, as the physical decline of the failing kidneys advanced, this notion of wanting to preserve family and church life proved to be a major cause of avoidable stress. This unreasonable assumption made me the research problem and it makes my mental state the focus of this paper. These unreasonable assumptions resulted in guilt and feelings of failure. And, for the purposes of this paper, my feelings of guilt and failure become the research problem.

[7] This assumption is particularly dangerous because at first it appears to be 'good.' Most ministers do not want harm to come to their ministry even if they are sick. It initially appears 'good' to maintain regular functions of church. However, when the assumption is unreasonable, it becomes dangerous. It is unreasonable to think that all the normal functions of a church continue when a sickness requiring a medical leave of absence required.

Research Problem

During a time of a medical leave of absence the senior pastor at Zion Lutheran Church had unrealistic expectations resulting in feelings of guilt and failure from not being able to perform normal ministry functions.

Zion Lutheran Church in Humboldt, Iowa during 2017 reported 1163 baptized members, 865 confirmed members, and 265 members in weekly worship attendance. To fulfill the spiritual needs of the membership base, Zion has been a multi-staff ministry. Since 1991 the multi-staffed need has been filled by two pastors. The ministry needs of the congregation are more than what one person can fulfill.

In 2016–17 this congregation experienced a ministry struggle and challenge that resulted from a medical leave of absence for the senior pastor of the congregation. This leave of absence was necessitated because of a kidney transplant for the senior pastor.

The project will investigate the impact of the senior pastor's time away from his duties in the lived experience of the leadership of the congregation. In particular, the research proposes to study how the lived experience of the congregation and the lived experience of the pastor compared during the medical leave of absence.

Before, during, and after the kidney transplant the senior pastor was burdened by inability to fulfill ministry expectations. Over time as his physical ability decreased, more ministry tasks were left undone. Ministry tasks left undone translated not into reasonable feelings of acceptance, but instead into unreasonable feelings of guilt and failure.

Research Question

What is the lived experience of the leaders of Zion Lutheran Church and the lived experience of the senior pastor of Zion Lutheran Church, before, during, and after the medical leave of absence?

A year after the transplant happened it was hard to know if the kidney transplant had an impact on the ministry of Zion. At that time most ministry functions had returned to normal. Ministry was once happening as it typically had, people were being seen, Sacraments administered, and ministry at Zion looked largely as it had before time of medical absence. It would then be easy to assume the transplant and leave of absence had no impact upon the membership of Zion.

However, for my own personal experience I know the transplant to have had a major impact on my life. It was challenging, very painful, and involved much physical and mental suffering. It brought about a wide range of soul searching. Conversely, the transplant also brought a great deal of trust in God and a great deal of gratitude for my family. The time of the transplant somehow even now sustains me and gives my life renewed meaning and purpose. My brother donating a kidney on my behalf seems to have great Christian inroads to love, and even helps me to understand what love is better, "Greater love has no one than this, that someone lay down his life for his friends" (John 15:13 ESV).[8]

[8] All biblical references cited are English Standard Version (ESV) unless otherwise cited. Admittedly my brother did not sacrifice his life for me. However, during the transplant as both surgeries were happening at the same time. For my mother, it was two sons, both undergoing dangerous surgeries. For me, the surgery was more dangerous than normal as I have a bleeding disorder. For my brother, he was even if the surgery went well, still losing a part of himself. The risk to undertake the donation procedure involves the ability to set aside your own life. Now after the surgery and recovery when we are together, both living, this shared experience manifests as a strange joy I did not previously know existed. I do not know, but I imagine it to be foreshadowing of the joy of the resurrection. Those who journey through death and arrive together physically alive share a certain unique type of joy bound by love.

The transplant has also given me credibility for ministry. When visiting the sick, people assign to me now an understanding and ability to empathize, they did not as quickly assign before. After the transplant (if they know I had a transplant), no matter what people were suffering, a strange refrain emerged in hospital visits. Sick people would say to me, "Well, I guess you understand." They would be describing their sickness, their disease, their trouble, and none of them would have had a kidney transplant, but their sickness and struggle resonates with the transplant. Somehow, I had joined a group of those who suffer, and my former disease became my credibility, my strength, and for some members it seemed to give them hope.

I know, reflecting upon my own life, that the transplant had an impact on my life. If the transplant impacted me in such a significant way, then it seems also true that the kidney transplant might also have had an impact on the congregation and Christians whom I serve. This research paper assumes the kidney transplant has had an impact on the congregation and the research is an attempt to ascertain how it impacted the lived experience of the congregation.

Research Purpose

The purpose of the effort is to better understand the lived experience among the leaders of Zion Lutheran Church and the lived experience of the senior pastor before, during, and after the medical leave of absence. The project will reflect on how the senior pastor's experience aligned with the congregational leaders' experiences. This exploration will give insight to pastors and congregations in similar situations where a leave of absence is also necessary.

As mentioned above the lived experience of the congregation during the transplant was unknown, but it seemed likely that there was an impact to the congregation from the transplant and the leave of absence. The question was how to capture the lived experience of the congregation? For this research it was decided that qualitative interviews with leaders of the

congregation would the best way to determine the significance of the transplant. Quantitative data gathering methods were rejected. These methodologies would produce less significant insights into the congregations lived experience. It was thought that the process of the interviews would allow the participants, through their memory, to assign meaning to a situation. Significantly and helpfully this methodology, it was felt would allow participants to assign their own meaning to a situation. This insight, from the participants own minds could give a more comprehensive, holistic, and synthesized view to the time of the kidney transplant. The design was to allow those interviewed to assign meaning personally and give this qualitative study a broader depth than would quantitative methodology.

Toward this goal, it was planned to do ten interviews with leaders of the congregation who were actively leading the congregation during the period of the kidney transplant. The interviews with leaders of the congregation would then be compared with my own personal interview. To provide an atmosphere for the leadership to talk openly about their experience during the interviews, it was determined that the best avenue would be to have all the interviews conducted not by me but by a trained interviewer.

Projected Findings

The projected findings of the study were that the lived experience of the pastor and the lived experience of the congregation would differ. My experience had been one of difficulty, guilt, and feelings of failure. The congregation's experience was yet unknown, but it was postulated that the experience of the leave of absence, and the pastor's weakness, allowed the congregation to exhibit virtue and grace in supporting and helping the pastor.

Moving toward a final purpose, this study seeks to help other congregations and pastors going through a similar period of medical leave. It is statistically unlikely that a congregation

will need to support a pastor going through this specific and rare procedure, a kidney transplant. However, a greater possibility is that a congregation could go through a similar experience where their pastor undergoes, for any number of medical reasons, a medical leave of absence from ministry. The research found here is to provide insight into what was helpful and what was harmful for ministry during a medical leave of absence. Such insight will be given to pastors who pastors who may hold the mistaken belief their journey through an illness should not significantly affect ministry. Also, this research project will give congregations guidance to help their own pastors going through similar situations.

Conclusion

This chapter began by describing the process of the kidney transplant that happened to the senior pastor at Zion Lutheran Church in Humboldt during 2017. The timeframe was unsettling for the pastor and the congregation. The pastor held the mistaken belief that ministry at the church would continue as normal with only a brief interruption during the kidney transplant. This mistaken idea, assumed to be common for some pastors, caused this pastor to project unrealistic expectations upon himself. Thereby, the pastor had feelings of guilt and failure when ministry did not continue as normal during a much longer time related to the kidney transplant. It is now believed these negative feelings are unwarranted and unreasonable. Ministry, and all the duties a pastor performs, cannot reasonably continue as normal during the span of kidney failure, a transplant, and its aftermath. This study will investigate the leaders of the congregation to see if the congregation was sympathetic to and realistic about the situation of the kidney transplant. The expected findings are that the congregation better understood the impact of the medical leave of absence and was willing to help the pastor, and even overlook failures, in his time of sickness.

CHAPTER TWO

THE PROJECT IN THEOLOGICAL PERSPECTIVE

Summary of the Biblical and Theological Foundation

Chapter one argued that pastors going through a period of medical leave of absence can tend to project unrealistic expectations upon themselves. It was determined that these expectations can be damaging to both pastors and congregations, and these attitudes can hamper both health and ministry. Also, in general, it was felt that the congregation seemed to understand the ramifications of the illness better than the senior pastor. In chapter two this paper will discuss cases of biblical sickness, examining specific cases of illness in the Bible and will show that illness can point to the Kingdom of God. Theologically, the paper will explore the theology of the cross and theology of glory. The argument will be made that the best guidance for the suffering is found by finding sufficiency in Christ, and this sufficiency in Lutheran theology is exemplified by the notion of theology of the cross. Also, the paper will look at the two powers for guidance in ministry as these terms encompass principles of what ministry is. The two powers provide a basis between the congregation and pastors to prioritize ministry tasks. Additionally, the paper will look at the Fourth Commandment and find there is an obligation, not just to parents and children, but also between congregation and spiritual fathers.

Biblical Foundation

The Bible itself is a rich resource for people in times of sickness, and those comforting the sick often use quotes from the Bible to encourage, support, bless, and minister to the infirm. During the time after the kidney transplant and recovery back to health, congregation members and loved ones sent me many cards. Some were a quick note or a kind word. Some though, used Scripture as the basis for their writing. When people based their message on the Bible, their

message seemed to have more meaning, more authority, and more power to encourage. If I am honest, during normal times I like the personal messages better. But when sick, tired, or in despair, the Bible and the comforting words of God found there seem to help ease my sufferings like nothing else. And so, in my illness I joined a long chorus of believers who have turned in time of trouble to the themes of restoration and healing found in God's Word.

When sick, there is perhaps a better understanding of the consequences of the biblical fall. This world, the people found here, and the physical mechanisms of the earth fail and fall frequently. Conversely, if life and health are unchallenged, then one does not see as clearly the profound truth of the difficulty of fallen existence. Sickness seems to draw people into a reality that is not initially comfortable. Frederick Gaiser notes this in his work *Healing in the Bible,* saying:

> The world is not supposed to be in the shape that it is. That assumption runs throughout the Bible. God did not create the world with the intention that there would be sickness and suffering. After each step in the process of creation, God paused, looked at what he had made, and pronounced that it was good. God's desire for human beings is peace, wholeness, health, well-being. That was the way it was meant to be at the beginning, and that is the promise of how it will be at the end.[1]

Illness and the Fall Made Personal

If the world was good at the beginning, and one day will be good at the end for Christians, then it is in the middle where there is tribulation. Sickness as an academic construct is something one can study and know with the mind, but theoretical sickness is not personally challenging. Sickness and disease are another thing entirely when illness is personal, and suffering is real for the person. Being sick is challenging. The biblical account of the fall can take on new relevance and provide new meaning for one who is ill. Extreme introspection frequently happens during an

[1] Frederick J. Gaiser, *Healing in the Bible: Theological Insight for Christian Ministry* (Grand Rapids: Baker Academic, 2010), 330.

illness, and it can challenge one's existential view of the world with simple questions like, "Why is this happening … to *me*?"

When sick, people often speculate as to the cause. Christians often cite the cause of disease as sin. Gaiser says, "Very often the biblical traditions make a connection between human sickness and human sin. Many biblical texts interpret the disruption of health as a consequence of disobedience, idolatry, sin."[2]

The realization that sin is the cause of disease, while true, often seems quite unsatisfactory. People in their own struggle are often looking for more specific answers than the general fact they are a sinner and according to God's judgment sinners deserve punishment. They are sinners. God punishes sin. Simplistic statements like this are true but are frequently unsatisfying.

New questions for the sufferer might involve the timing of the affliction. The afflicted could rightly acknowledge that they were a sinner for many years, but this illness is new. Why is it happening now? Other questions could be regarding a specific cause for the affliction. Was there a specific sin that brought all this about? Is that sin now responsible for this new affliction? Mad speculations could ensue: If I went to church more, would I now be sick? If I had helped my neighbors move last weekend, would I not have broken my arm this week? If I had given more to the poor, would I not have cancer now? This list can go on.

However, this examination of a specific sin causing a specific malady is frequently unsatisfactory. Automatic causality between specific *sin* and a specific *sickness* is not biblically valid.[3] Ancient people also grappled with unsettling sickness in their lives. For example, Jesus'

[2] Gaiser, *Healing in the Bible*, 331.

[3] Scripture teaches that illness and calamity are not necessarily punishments for specific sins. This concept will be brought out in the biblical texts discussed hereafter. However, it is also true that some sins do have consequences that directly result in illness and calamity. For example, someone who drinks in excess on a regular basis can over time develop cirrhosis of the liver. A habitual smoker can develop lung cancer. A child playing with

disciples surveying a blind man saw a causality between sin and punishment and inquired about the specific sin of the blind man, assuming this causality between sin and sickness. In their ignorance, and with the same causal assumption, the disciples asked Jesus, "Rabbi, who sinned, this man or his parents, that he was born blind?" (John 9:2). To this they did not receive the answer they expected from Jesus, indeed, the first thing that Jesus did was to challenge their preconceived notions of causality of specific sin causing specific sickness.

Both the Bible and Jesus do not demonstrate an automatic correlation between sin and sickness. To the disciples Jesus' answer is a challenge to their assumptions. Further, Jesus even implies that there is a relationship between the glory of God's kingdom to the sickness itself. Jesus says, "It was not that this man sinned, or his parents, but that the works of God might be displayed in him. We must work the works of him who sent me while it is day; night is coming, when no one can work. As long as I am in the world, I am the light of the world" (John 9:3–5). Jesus' words do not link a direct sin to a specific disease (blindness) in the case of this man born blind. Instead, He shows that there can other purpose for sickness and disease in the Kingdom of God. He indicates this man's fate is bound up with the works of God being displayed in him.

Luke also downplays unique guilt as a necessary cause of specific disaster. This time the context is not one individual but instead thousands of people. To those gathered Jesus relates two tales: one of Galileans sacrificed by Pilate and secondly of those crushed by the tower of Siloam. The assumption of the multitude again seems to be that a specific sin or a specific guilt had gone before both tragedies. Jesus challenges this assumption once again. Luke 13 elaborates:

> There were some present at that very time who told him about the Galileans whose blood Pilate had mingled with their sacrifices. And he answered them, 'Do you think that these

matches can get burned. There are any number of ways that unwise and sinful actions can produce negative, even devastating results. A discussion regarding whether these consequences can be viewed as punishment in some sense is beyond the scope of this paper. The point here is that illness is not necessarily the direct consequence of a specific sinful behavior.

> Galileans were worse sinners than all the other Galileans, because they suffered in this way? No, I tell you; but unless you repent, you will all likewise perish. Or those eighteen on whom the tower in Siloam fell and killed them: do you think that they were worse offenders than all the others who lived in Jerusalem? No, I tell you; but unless you repent, you will all likewise perish' (Luke 13:1–6).

Again, the biblical answer in these cases is that there is not a necessary causal tie between a specific sin and a specific calamity. To prove the point, Jesus even goes out of his way to say that there are more deserving candidates for punishment. These 'worse' sinners continue not to be sacrificed and not to be smashed by a tower.

In both teachings Jesus affirms that a specific sin does not cause a specific punishment. For many faithful Christians struggling through the process of illness these texts help them know they are *not* being actively punished for a past specific sin, that God is *not* actively out to get them because of a specific wrong. More to the point, sickness is not unquestionable proof of God's malice and their own individual failings. This non sequitur reasoning can be a relief of sorts for those who are sick.

However, there is a caution. While God isn't punishing sin, he points out in the Lukan text that acknowledging sin, repenting of sin, and being forgiven are vital for being saved and not perishing eternally.[4] For those sick, while there is some vagueness as to a connection between a specific sin and as specific malady, there is also a universal call to turn to God, to repent, and to find life.

[4] The main point is that the forgiveness of Christ is what ultimately gives peace and hope. Forgiveness in Christ can comfort the person who committed no identifiable sin that resulted in the present malady, as well as the person who committed unwise actions that did result in calamity.

Forgiveness and Sickness

Sickness and disease are often *not* biblically linked in a causal manner. However further discussion about forgiveness of sin and healing is warranted. Gaiser says,

> Many biblical passages make a connection between the forgiveness of sins and healing. That does not seem strange considering what we have just been saying about the common biblical idea that sickness is the result of sin. If one is suffering for some iniquity, then it is logical that, as part of the healing process, the sin needs to be forgiven.[5]

Introducing a theme of forgiveness to sin and causality builds a bigger, and more Scripturally complete argument. Forgiveness takes on the more difficult task of trying to understand the convergence between sin, punishment, and God's ability to forgive. Viewed this way, God becomes infinitely more complex. By bringing forgiveness into the equation, God becomes provider of both *sickness and the cure for sickness*. The Bible often speaks of God as both afflicter and healer in the same breath. Psalm 107 describes rebellion (sin) as the way of being a prisoner, and this rebellion results in affliction, punishment, and irons.

> Some sat in darkness and in the shadow of death, prisoners in affliction and in irons, for they had rebelled against the words of God, and spurned the counsel of the Most High. So he bowed their hearts down with hard labor; they fell down, with none to help. Then they cried to the LORD in their trouble, and he delivered them from their distress. He brought them out of darkness and the shadow of death, and burst their bonds apart. Let them thank the LORD for his steadfast love, for his wondrous works to the children of man! (Ps. 107:10–15).

Punishment viewed here is not the end. The LORD does indeed bow heads. However, He is also healer, and He also then delivers those who cry to Him. In this Psalm, even death itself has its bonds burst. And strangely all this bowing of heads and crying out to the Lord is described as … love.[6] Sickness and a return to health is at the heart of this paper. It is good to note this

[5] Gaiser, *Healing in the Bible*, 332.

[6] Not just simply "love" as English would define, but the all-consuming unable to be overstated חֶסֶד of the Hebrew Bible, typically translated as "steadfast love."

process is not ultimately described in this Psalm as a punishment. Trials resulting in death to life are described as steadfast love. For the initial premise of this paper, that is a significant twist, and contradicts thus far our proposed assumptions of sickness as punishment for sin.

For the Christian sickness means more. The healing of the sick is a sign of the Kingdom of God. Jesus' ministry is bringing about the Kingdom of God. Christ was doing something about sickness in His earthly ministry, as the Messiah should. In His bringing about the Kingdom of God he was showing the new kingdom is happening and to bring it about He was attacking death, the devil, and the forces of this world.

> Most of our Christian notions about healing are conditioned by the stories of Jesus' healing. Those stories serve a special function in the gospels, telling us that Jesus is, in fact, the Messiah, and that the new age has begun. In the present world there is sickness, suffering, and death—but in the new age, all those things will be gone. As a sign that the kingdom of God is at hand, Jesus heals the sick (see, for example, Matt. 4:23 and 9:35; Luke 9:6, 11). God's intention is that sickness no longer exists, that all humans live in health. The prophets speak of God as the one who heals, the one who will come to bring health.[7]

The notion of Jesus healing and advancing the Kingdom is often something those with illnesses do not apprehend easily at first. Typically, the ill want the sickness healed to restore previously normal lives. Conversely, Jesus often uses healing sickness to take people *out of* and *away from* their normal lives into a new reality that He is bringing about. Gaiser says, "We usually think of this matter of healing in too narrow terms. We take the healing miracles of the Bible quite literally, more concerned with the immediate results of physical healing than with the greater message of God's defeat of sickness and suffering which those stories symbolize."[8]

[7] Gaiser, *Healing in the Bible*, 338.

[8] Gaiser, *Healing in the Bible*, 336.

In His endeavor in bringing about the Kingdom Jesus ties together forgiveness of sins with healing. When Jesus heals a paralytic,[9] he starts first with what is not expected. Those around Him are confused by his first action. To them, strangely, Jesus first forgives the man his sins. The healing of the sickness for the people is the primary issue. For Jesus, conversely, it is the secondary issue. Sin is the primary issue. Matt. 9 elaborates.

> And behold, some people brought to him a paralytic, lying on a bed. And when Jesus saw their faith, he said to the paralytic, 'Take heart, my son; your sins are forgiven.' And behold, some of the scribes said to themselves, 'This man is blaspheming.' But Jesus, knowing their thoughts, said, 'Why do you think evil in your hearts? For which is easier, to say, 'Your sins are forgiven,' or to say, 'Rise and walk?'' But that you may know that the Son of Man has authority on earth to forgive sins—he then said to the paralytic—'Rise, pick up your bed and go home.' And he rose and went home. When the crowds saw it, they were afraid, and they glorified God, who had given such authority to men (Matt. 9:2–8).

If the cause of sickness is sin, then Jesus begins with the antithesis of sin (forgiveness), not the outcome of it (sickness). For Jesus that is the primary goal, but Jesus' goal is not the anticipated result for the people around him. Then, after forgiveness, the man's health is restored, and he walks. Secondly, beyond the healing, something deeper is happening, the miracle influences the crowd itself. This response follows the normal pattern of fear and then realization as they see something greater in the healing of the man. They praise God and their understating the Kingdom of God increases. Jesus is bringing about a Kingdom and reign of God where sickness is entirely gone, and that grand Kingdom in Jesus' ministry breaks into the lives of his followers.

Theological Foundation

This project is informed by four primary theological topics. The biggest notion impacting the project is the often-cited Lutheran dyad of theology of the cross and theology of glory. A

[9] A healing so significant that all the synoptic Gospels mention the story.

discussion of this topic is warranted as the premise of the work is that the senior pastor exhibited a tendency during his medical leave to unwittingly fall into a theology of glory.

The second theological topic that will be examined is the Fourth Commandment. While relationships between parents and children are the primary discourse of the Fourth Commandment, for this paper Luther's discussion of those in authority and those under authority is significant. During the medical leave of absence, understanding rightly the role of authority and the right response to authority can help both the pastor and the congregation navigate the challenges of the time of medical leave.

The third theme that will be discussed in this paper is the power of the order and the power of jurisdiction found in the Lutheran Confessions. The power of the order and jurisdiction serve as a guide for congregations and for pastors during such a time of infirmity as they reflect agreed upon principles (by congregations and pastors) regarding the proper functions of the pastoral office. Having a common understanding of what a pastor *does* or *should be doing* to fulfill the office of ministry is a foundational premise in understanding the relationship between pastor and congregation. Much tension can result in the hearts and minds of pastor and people if the understanding of what is required for the ministry differs between the two groups. Discussion of the power of the order and jurisdiction helps both parties to have similar understanding of the task of ministry.

Theology of the Cross

During the time of my kidney transplant I now see that I exhibited tendencies toward the theology of glory. Despite my declining health, I wanted everything to continue as normal. My work was the focus in my mind. As such I was focused on my own works, instead of what God was doing in and through my life. In contrast, the cross of Christ speaks more faithfully during a

time of illness. And in my case would likely have meant less unwarranted stress during the period of medical absence.

In contrast, the theology of the cross is at the heart and center of Christianity and has many faithful things to say during a period of infirmity. Human existence is fraught with pain, suffering, illness, death, disease, and at times tragedy upon tragedy. During these truly difficult trials the sufferer may think that God has abandoned them, or worse, God is punishing them as 'bad' sinners. Sin is certainly evil, and a rebellion. However, the theology of the cross holds out more for those suffering. It points to the resurrection of Christ following his suffering and death which holds out a word of hope. In the end, at the return of Christ and the resurrection on the last day, the suffering and dying will themselves experience vindication. In the meantime, amid suffering, the person living in the theology of the cross can *call a thing what it is*. This phraseology by itself is perhaps not self-explanatory. Robert Kolb is helpful to move us toward understanding.

> By 'calling a thing what it is' Luther meant the sober, realistic assessment of sin and evil, especially of the continuance of sin and evil in the lives of the baptized, without recourse to rational explanation in every case. 'Calling a thing what it is' also produces the recognition and trusting acceptance of what God has revealed about his rescue of human creatures from their sinfulness through Christ's cross.[10]

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Andrew Preus states in "The Theology of the Cross and the Lutheran Confessions," that, "The theology of the cross is a common term among Lutherans, yet this term is not found in the Lutheran Confessions."[11] While Luther in his Heidelberg discourse was certainly aware of the

[10] Robert Kolb, "Luther's Theology of the Cross Fifteen Years after Heidelberg: Lectures on the Psalms of Ascent," *Journal of Ecclesiastical History* 61, no.1 (January 2010): 70.

[11] Andrew J. Preus, "The Theology of the Cross and the Lutheran Confessions," *Concordia Theological Quarterly* 82, nos. 1–2 (January 2018): 8.

notion, recent scholarship has focused more on theology of the cross than did Luther and his contemporaries. Lack of an early definition does not leave Lutherans uninformed.

Paul's writing in 1 Cor. 1 is foundational to the notion and feeds into modern discussions about theology of the cross. This Pauline beginning is outlined by Kolb.

> Luther's use of the phrase and development of the idea of a 'theology of the cross' took shaped on the basis of 1 Corinthians. There Paul described the message that God conveyed when he solved the ultimate problem of humankind, its revolt against him and its rejection of his lordship, by entering human flesh to die on the cross and rise from the dead. This 'impotent' and 'foolish' message, Paul taught, has made Jesus the crucified one the 'source of life', the 'wisdom, righteousness, sanctification, and redemption' of the people of God (1 Cor. 1:25, 30).[12]

Molly Marshall in "Forsaking a Theology of Glory"[13] builds the argument that Paul in 1 Cor. 1 is advancing a way to thinking that is typically contrary to human beliefs. God's power and glory is found on His cross.

> God's power has been manifested in a most unlikely way—always sure to cause sneers and humiliation at every age—Christ nailed to the cross. That is the proper place to look for God, Paul instructs not in "signs" sure to convince or "wisdom" of human origin … Further, even though Paul knows this 'word of the cross' is folly to those who are perishing, he exhorts "those who are being saved" to preach only Christ crucified. From experience he knew how difficult this was for proud and upright persons; The cross had been a scandal to him, too, at one time period prior to his conversion, it was unthinkable for him to set aside the law as God's means of righteousness. Now convinced of the power of the gospel, he proclaims it in all its starkness.[14]

Marshall's discussion outlines Paul's understanding of the cross. Namely the notion of the cross is folly. And because the cross is foolish it is an unlikely place to begin looking for wisdom. There seems to be no human logic or sense or wisdom to the cross. And yet, in the course of time the cross is the only claim that believers have before a righteous God. The argument expands and

[12] Kolb, "Luther's Theology," 71.

[13] Molly Truman Marshall, "Forsaking a Theology of Glory: I Corinthians 1:18–31," *Ex auditu*, no. 7 (1991): 101–4.

[14] Marshall, "Forsaking," 101.

the final shock for the formerly worldly wise is that "God's radical presence is found in the last place the world would want to look, in a crucified messiah."[15]

Much contemporary Lutheran discussion of theology of the cross has focused on the 1518 Heidelberg Disputation written by Luther. The Heidelberg Disputation in Theses 19–22 outline the core arguments of Luther's thoughts on theology of the cross. However, Stephen Meyers[16] points to the basis of the Luther's thoughts beginning in an older work,

> The starting point for Luther's theology of the cross is precisely what he had posited in the *Disputation Against Scholastic Theology*: the moral limitations of man's natural knowledge of God. Luther was keenly aware of the pervasive and destructive arrogance of humanity; an arrogance that defiled even the operation of intellect.

Notably, even the intellect is corrupted according to Luther. As the intellect is corrupted, what humans see as 'good' is not what God sees as 'good.' Our defiled intellect reverses them. Further, God does not bring about salvation in a way that supports the claims of the wise. Salvation and redemption are not found through the twisted wisdom of the worldly wise, instead they are revealed to us through a cross of suffering.

Toward the endeavor of defining the theology of the cross, Preus does us a service as he outlines similarities among those providing definitions. He lists five common themes:

> Drawing from Luther's *Heidelberg Disputation* of 1518, McGrath and Löwenich both summarize the leading features of the theology of the cross in the same five points. They are as follows. First, the theology of the cross is a theology of revelation, contrary to speculation and preconceived notions of God. Second, such revelation is indirect and concealed; God is only seen with eyes of faith. Third, this revelation is recognized in the suffering and cross of Christ, not in man's moral activity or in the created order. Fourth, such knowledge of God is a matter of faith. And fifth, God is known through suffering, first in Christ's suffering, but also then in the Christian's suffering. These five points serve as the outline for Luther's theology of the cross.[17]

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[15] Marshall, "Forsaking," 101.

[16] Stephen G. Myers, "'The Sufferings Are Better': Martin Luther and the Theology of the Cross," *Puritan Reformed Journal* 9, no. 1 (January 2017): 84–100.

[17] Preus, "Theology of the Cross," 84–85.

This definition is helpful. It also shows the worldly wisdom gatekeepers that prevent people from arriving at the cross. The first gatekeeper is that the theology of the cross is *contrary* to our normal assumptions of God. The second is that the revelation is, and has been, hidden by God himself. Jesus' actual identity is secret in the Gospel accounts, right up to the grand revelation of Jesus on the cross. The third gatekeeper is faith. Without faith, the cross remains folly and not wisdom. And finally, if God is made know trough suffering and a cross, then we know God too in our own *crosses*, in our own suffering. Conversely, the healthy might not easily encounter their own cross. Considering these gatekeepers of worldly wisdom, one should not then be surprised to find the world does *not* embrace the theology of the cross.

In Luther's opinion theology of glory and theology of the cross see the world and the works found in the world from two very different and opposed perspectives. For the theologian of glory man made concepts and individual judgements involving reason and perception are used to access whether a thing is 'good.' If man's concepts align favorably then a thing is good. In this model, God and His actions and interactions with His world are judged by human standards. Conversely, the theology of the cross begins not in the created realm, but in the revealed realm and sees the highest 'good' as the cross and the sufferings of Christ. God, by His standards, here rightly is the judge. The cross and the suffering of Christ then challenge our natural fallen notions of what is 'good.' The goal of being a theologian becomes substituting a worldview of theology of glory for theology of the cross.

Christ therefore is the focus and the revelation, not worldly wisdom. Christians retell, describe, and reread his story and see how He was betrayed, see how He was mocked and flogged by the world and authorities during His trial. We see that the world is mortally against Him as He was crucified. And finally, Christians see his death and burial and the dark tomb. We

see this suffering in Christ, and this becomes then our wisdom. Holding to this wisdom leads us to embrace the folly of the cross and sets us over and against the wisdom of the world.

His experience of death and suffering becomes our wisdom. Our suffering takes on new overtones. Preus says, "God is known first through Christ's suffering and then also in the Christian's own suffering. The Lutheran Confessions have much to say about Christ's act of salvation by his death on the cross, and they also say much about afflictions in the Christian life and death."[18] Christians embracing the theology of the cross, know suffering as more than an abstract term, they encounter the wisdom of the cross through suffering.

God's suffering and our own suffering as a result, reveals something good, amid all the worldly foolishness.

> A central claim of Christianity is that the God of Jesus Christ is manifest to the world, not primarily in the form of theophany and power, but in the form of weakness and suffering; thus, in order to "find God" and God's actions in the world, it is precisely in the everyday suffering of humanity and the creation—even the most terrible suffering—that one should look. Indeed, it is precisely because suffering is so ubiquitous (including suffering at the hands of injustice, the "passions" of those who are victim of theological and political lust for domination no less than was Christ himself) that the centrality of the cross to faith remains so compelling to many.[19]

The revealed worldview, the world where the theology of the cross reigns, is different than worldly wisdom. Paul's "foolishness" becomes for the Christians true wisdom. This reversal of perspective does two things. One, it gives the Christian, or the theologian, perspective regarding both Christ's suffering and their own suffering. And it also sets the Christian at odds with the wisdom of the world. Theology of glory, in contrast, supports the normal, humanly reasonable, views of the world.

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[18] Preus, "Theology of the Cross," 85.

[19] Robert Cady Saler, *Theologia Crucis: A Companion to the Theology of the Cross*, Cascade Companions (Eugene, OR: Cascade, 2016), 6.

So, then, in contrast and opposition to the revealed, faithful, godly, notion of theology of the cross, there is the non-revealed, naturally derived, theology of glory. Theology of glory contrasts starkly with the theology of the cross as Preus elaborates: "A theologian of glory imagines that he can know God rightly through his own wisdom and works. A theologian of the cross knows God only in the suffering of Christ, through faith. It follows that the theologian of glory is going to call the cross and suffering evil. But the theologian of the cross calls it good."[20] This discussion on theology of glory and theology of the cross proves insightful for the purposes of this paper in that the research problem is the pastor's natural disposition toward theology of glory during the time when his kidneys were failing and the required medical leave of absence for the kidney transplant. This disposition of the pastor is the central focus this project's research.

Further, my want for ministry to continue is specifically identified as a problem by the MAP. In this struggle I preferred works to suffering, glory to the cross, strength to weakness, wisdom to folly, and in general, good to evil. These sentiments coincide with the Heidelberg Disputation thesis 21, "A theology of glory calls evil good and good evil. A theology of the cross calls the thing what is actually is."[21] Gerhard Forde explains in *On Being a Theologian of the Cross* the difficulty of thesis 21, "Suffering is called evil and works good. The word of the cross, however, *inflicts* the very suffering they talked about. The words are difficult for the reason Luther says they are. We are inveterate theologians of glory. We are tempted and bound to be so. We invest our capital in works."[22] The suffering and feelings of guilt, described earlier as the

[20] Preus, "Theology of the Cross," 85.

[21] Gerhard O. Forde, *On Being a Theologian of the Cross: Reflections on Luther's Heidelberg Disputation, 1518* (Grand Rapids: Eerdmans, 1997), 81.

[22] Forde, *On Being a Theologian*, 83.

research problem, were largely associated with me not being able to complete the 'work' of the office of ministry.

There is hope too as the community walks together under this banner of the cross and forsaking the theology of glory. Marshall makes the argument below that in looking toward Christ and the cross, we also come together as Christians. This sense of community growing under the cross and in suffering is a strange strength. Even in the face of illness and difficulty.

> Finally, for forsaking a theology of glory allows us to embrace the new kind of strength. Its source is the power of suffering love which is ours in Christ. God's power is always power in relationship and God shares power with us that we might be empowered for compassionate living. Our strength comes from God's weakness in our behalf. When we believe Christ's cross to be our own, our smug self-confidence is destroyed, our frantic competitiveness can be stilled and we cling to Christ.[23]

The Fourth Commandment

The Fourth Commandment speaks much about the relationship not just between parent and child, but also the relationship between those in authority and those under authority. In Martin Luther's writings the relationship between parent and child serves as the basis for the relationship between the individual and the rest of the world, such as teachers, employers, civil authority, and fitting for our discussion, spiritual fathers. Luther states as much in the Large Catechism (LC) of the Book of Concord (BOC) saying, "Furthermore, in connection with this commandment, we must mention the sort of obedience due superiors, persons whose duty it is to command and to govern. For all other authority is derived and developed out of this authority of parents."[24]

[23] Marshall, "Forsaking," 104.

[24] LC I. 141 in Robert Kolb and Timothy J. Wengert, eds., *The Book of Concord: The Confessions of the Evangelical Lutheran Church* (Minneapolis: Fortress, 2000), 405.

In Luther's discussion of the Fourth Commandment in the LC he moves from the authority of the parents to other authorities, he cites three types of fathers in the beginning of his discussion, fathers by blood, of a household and of a nation. He then transitions to spiritual fathers.

> In addition, there are also spiritual fathers—not like those in the papacy who have themselves called "father" but have not performed a fatherly function. For the name of spiritual father belongs only to those who govern and guide us by the Word of God. St. Paul boasts that he is such a father in 1 Corinthians 4[:15], where he says, 'In Christ Jesus I became your father through the gospel.' Because they are fathers, they are entitled to honor, even above all others. But they very seldom receive it, for the world's way of honoring them is to chase them out of the country and to begrudge them even a piece of bread.[25]

If the premise of this paper is to ultimately give guidance between these two agencies (congregation and pastor), then it is apparent in Luther's quote above that the relationship can sour. Luther laments in his time the begrudging of faithful pastors even a single piece of bread, while unfaithful pastors have been lauded. "But here everyone resists and rebels; all are afraid that their bellies will suffer, and therefore they cannot now support one good preacher, although in the past they filled ten fat paunches."[26] Tension between pastor and congregation then exists, and this tension is not confined to history.

For a period of my ministry, I was the circuit visitor[27] in the Humboldt Circuit of Iowa District West. Often this role as circuit visitor involved discussions among congregations and pastors. Frequently one would hear in these discussions something to the effect of, "Did you hear what my elders/council/member did to me?" And then a long antagonistic dialogue would ensue.

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[25] LC I. 158–60 in Kolb and Wengert, 408.

[26] LC I. 162–63 in Kolb and Wengert, 408–9.

[27] A circuit visitor is a pastor nominated by the local circuit to be pastor to the other pastors. The role is appointed by the district to give reckoning of the state of the circuit's affairs to the district at large, however, the more important role of the job is to visit congregations and if needed, lend a pastoral ear.

Conversely, there were times when talking to individuals in the congregation where the corresponding anthesis was also raised, “Did you hear what our pastor did?” Then another antagonistic conversation ensued. It is true then that pastors and congregations, which ideally should get along well, can become adversaries. These arguments between pastor and congregation can be augmented especially if the pastor is going through a period of medical infirmity. These situations demand the congregation and pastor work together. Toward that end the Fourth Commandment is a good guide for working together, especially amid strife.

Further, it promises not just good order between pastor and congregation, but somehow too the promise of blessing, being well, and even living longer on the earth. We begin the discussion focusing on the congregation.

The Congregation

In the LC and the Small Catechism (SC) Luther sees the congregation, and in particular individuals in the congregation, as ‘children’ who are given the responsibility of honoring their ‘father and mother.’ Here he sees that the church has a responsibility to honor their spiritual fathers:

> Yet it is necessary to impress upon the common people that they who would bear the name of Christian owe it to God to have the “double honor” to those who watch over their souls and to treat them well and make provision for them. If you do, God will also give you what you need and not let you suffer want.[28]

In the LC Luther approaches the effort of supporting church workers through the angle of honor directing the provisioning of those who teach God’s Word. In the SC he echoes the same logic, but takes it a step further, listing the responsibilities in Table of Duties, thereby implying

[28] LC I. 161–62 in Kolb and Wengert, 408.

more than honor—supporting those who teach God's Word is a duty. To make this argument he applies the following Scripture passages:

- "In the same way, the Lord has commanded that those who proclaim the gospel should get their living by the gospel (1 Cor. 9:14)."[29]
- "One who is taught the Word must share all good things with the one who teaches (Gal. 6:6–7)."[30]
- "Let the elders who rule well be considered worthy of double honor, especially those who labor in preaching and teaching. For the Scripture says, 'You shall not muzzle an ox when it treads out the grain,' and, 'The laborer deserves his wages' (1 Tim. 5:17–18)."[31]
- "Obey your leaders and submit to them, for they are keeping watch over your souls, as those who will have to give an account. Let them do this with joy and not with groaning, for that would be of no advantage to you (Heb. 13:17)."[32]

Here the correlation between those who teach God's work and those who are taught God's Word is solidified. There is clear responsibility to those who hear, to support the proclaimer. However, there is more, just as the Fourth Commandment rewards obedience and honorable children, so too does Luther in the LC see the honoring of spiritual fathers to befit blessing.

> Those who keep God's will and commandment before their eyes, however, have the promise that they will be richly rewarded for all they contribute both to their natural and spiritual fathers, and for the honor they render them. Not that they shall have bread, clothing, and money for a year or two, but long life, sustenance, and peace, and they will be

[29] SC I. in Paul Timothy McCain et al., eds., *Concordia: The Lutheran Confessions; A Reader's Edition of the Book of Concord*, 2nd ed. (St. Louis: Concordia, 2005), 372.

[30] SC I. in McCain et al., *Concordia*, 372.

[31] SC I. in McCain et al., *Concordia*, 372.

[32] SC I. in McCain et al., *Concordia*, 372.

> rich and blessed eternally. Therefore, just do what you are supposed to do, and leave it to God how he will support you and provide for all your wants.[33]

Thereby the duty of the congregation to their spiritual father would be to honor him as they would a respected parent. This notion of respect and honoring, while at times difficult (in circumstances especially like illness or medical leave), serves to guide and inspire the congregation in the midst life and ministry.

The pretext of this paper is a medical leave of absence. The SC and LC presume honor to be bestowed in normal ministry. If normal ministry is blessed by a congregation's honor to their pastor, one might expect especially under periods of duress in ministry, that the honor of the congregation would both doubly expected as well as doubly blessed.

Spiritual Fathers

In the LC Luther sees the pastor as the parent described in the Fourth Commandment. He sees that the church has a responsibility to honor their spiritual fathers. While the parent enjoys the honor and respect of the child, or in this case the pastor the honor and respect of the congregation, the giving of this gift does not excuse them from their own roles and responsibilities.

> It would also be well to preach to parents on the nature of their responsibility, how they should treat those whom they have been appointed to rule. Although their responsibility is not explicitly presented in the Ten Commandments, it is certainly treated in detail in many other passages of Scripture … For he does not want scoundrels or tyrants in this office or authority; nor does he assign them this honor (that is, power and right to govern) so that they may receive homage. Instead, they should keep in mind that they own obedience to God, and that, above all, they should earnestly and faithfully discharge the duties of their office, not only to provide for the material support of their children, servants, subjects, etc., but especially to bring them up to the praise and honor of God.[34]

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[33] LC I. 164–65 in Kolb and Wengert, *Book of Concord*, 409.

[34] LC I. 167–68 in Kolb and Wengert, *Book of Concord*, 409.

Further, the SC, citing Scripture elaborates upon qualifications and duties for spiritual fathers. These recommendations are found in the Table of Duties.

> Therefore, and overseer (pastor) must be above reproach, the husband of one wife, sober-minded, self-controlled, respectable, honorable, able to teach, not a drunkard, not violent but gentle, not quarrelsome, not a lover of money. He must manage his own household well, with all dignity keeping his children submissive. He must not be a recent convert, or he may become puffed up with conceit and fall into the condemnation of the devil. He must hold first to the trustworthy word as taught, so that he may be able to give instruction in sound doctrine and also to rebuke those who contradict it (1 Tim. 3:2–4, 6; Titus 1:9).[35]

Luther also elaborates that God, our true heavenly Father, and is ultimately in authority over all and while people might be in authority over some aspects of creation all are ultimately under His authority. As such, there is good guidance here. We who are all under authority desire our heavenly Father to be not a tyrant or a scoundrel, but instead in faith look to him for grace, love, kindness, and good—as well as discipline, rebuke over sin, and guidance. These attributes exhibited by our heavenly Father, and best described in the life and death of Jesus Christ, serve as good guidance for pastors who are in authority.

As guidance for pastors (spiritual fathers), it is fitting then to remember that pastors are neither a dictator nor a slave master that commands and demands respect and obedience amongst their congregation. Instead, the focus for pastors is both to look above and to look below. Looking up, pastors are reminded of the great love that they have from the Father to whom we look for grace and kindness. Pastors then look below to the people they serve. Inspired, humbled, and blessed by the grace and love of the Father, they look to those to whom they have been set over with a new compassionate, kind, and forgiving perspective. In the same manner that the Lord might serve His people, spiritual fathers serve the congregation entrusted to them.

[35] SC I. in McCain et al., *Concordia*, 372.

The Two Powers

There is a helpful discussion stemming from the Apology of the Augsburg Confession (Ap) involving the two powers. This discussion outlines the responsibilities and duties a pastor performs. These two concepts are the "power of the order" and the "power of jurisdiction." The Ap defines the power of the order as, "namely, the administration of the Word and the sacraments."[36] And conversely it describes the power of jurisdiction as "namely the authority to excommunicate those who are guilty of public offenses or to absolve them if they are repentant and ask for absolution."[37]

This distinction of the power of the order and the power of jurisdiction are important distinctions to note because they define the primary duties of a pastor. These primary duties are not the sum of the work a pastor accomplishes. Often the total work a pastor performs far exceeds the duties found in these two orders, however, the distinction of primary duties, as opposed to secondary duties is a helpful distinction when a pastor has health limitations. Primary duties of ministry might be possible to perform when sickness is present.

Often congregations and pastors lay upon themselves many tasks that are not part of the primary functions of being a pastor. In cases of sickness and illness, a capacity to do some work may be possible for the sick pastor. The function of the power of the order and jurisdiction in some cases may continue. Frequently with illness it is possible that the Sacraments are administered, the Word of God is preached, and as needed, church discipline is carried out. It was possible during my illness for these primary functions of ministry to take place.

[36] Ap XXVIII. 13 in Kolb and Wengert, *Book of Concord*, 290.

[37] Ap XXVIII. 13 in Kolb and Wengert, *Book of Concord*, 290.

It seems then reasonable that if the primary functions of a pastor continue during a time of illness (namely the tasks of the power of the order and jurisdiction) the impact to the congregation is lessened. If pastors remember their primary role and can fulfill these tasks ministry remains. This ranking of ministry tasks is helpful. If normal life is to be disrupted by illness, then ministry should be done by prearranged and agreed upon tasks. If time is limited, keep the primary things primary, and set aside, for a time, the secondary things. The secondary tasks of being a pastor are typically time consuming, difficult, and diverse. These areas are likely the first to suffer in a health crisis. However, they are secondary, and therefore more expendable. It is good, during a period of illness, to concentrate on the task of the power of the order and the power of jurisdiction.

Summary of Theological Expectations

The theological perspective discussed here would suggest that the worldly view is lacking, and even naïve (folly). The world seems to naturally acquire views embracing theology of glory. Conversely, a theologian of the cross would see the cross of Christ as good and thereby view their own suffering differently, and through the vantage of God's perspective. Thereby, they are connected to the worldly folly that Paul counts as true wisdom, namely Christ crucified. This perspective gives new insight to suffering and trial. Theology of the cross does not cure sickness, nor make suffering good, but it does allow one to see purpose and meaning in Christ and holds out the promise that on the last day all things are restored.

During a time of a medical leave of absence it is good if the congregation and the pastor remember the honor and respect found in the Fourth Commandment. During sickness, the worldly perspective and godly perspective are in conflict. The world will see a leave of absence as an evil that has only physical worldly costs. A godly perspective will uphold the fact that there

are costs, but also will note that these sufferings and sicknesses can serve faith. During these times, holding to the Fourth Commandment and the honor and respect found there will benefit both congregation and pastor.

Further, when pastor and congregation work within the bounds of honor found in the Fourth Commandment, they can navigate the many tasks of ministry together. The power of the order and the power of jurisdiction are important concepts to keep in mind as the congregation and pastor honor and respect the other. If health necessitates that ministry is limited, the pastor and the congregation can together work to uphold ministry as defined by the power of the order and power of jurisdiction—keeping these tasks as primary. Should tasks be limited by health, peripheral ministries should be the area most neglected.

Also, it is noted that God uses sickness to increase faithfulness and to sanctify individuals and communities. There are many biblical examples were sickness had an impact upon the faith life of a community. The expectation of this paper is that the faithfulness of the pastor and congregation could be favorably impacted by a period of sickness.

Historical Context

As this study involves viewing sickness and healing from a biblical perspective, we should take the worldview of the authors of the Bible into consideration. In our contemporary age, frequently sickness is viewed only from a biological perspective. If one wishes to discuss sickness and the effect illness has within the context of ministry, one must first examine sickness from a biblical foundation.

A Biblical Worldview

Discussing of the wider perspective of illness finds its root in discussions about how God is interacting in this world through the life, death, and resurrection of His Son Jesus Christ. Often

in the Gospels Jesus' task were described in the context of the advancing Kingdom. God is at work, bringing about a different reality in this world, and especially in the next. In the introduction to his commentary *Matthew 1:1–11:1*,[38] Jeffrey Gibb's helpfully elaborates upon the Kingdom of God. In Matthew this notion of the Kingdom is translated typically as "The Reign of Heaven."

> On a larger conceptual level, we modern readers of Matthew must come to share in the necessary broader framework if we are going to grasp (by faith!) the full significance of the reign of God in Jesus. If God the King must come to reestablish his rule in the creation, that implies that the creation is still fighting against its Creator, even though in an ultimate sense God has remained King of kings and Lord of lords. Moreover, the coming of God's reign in Jesus to a world in rebellion signifies that God is committed fully to reclaiming his creation and restoring it, to removing the effects of satanic power and human sins. The place where salvation is to be won and given by Jesus is here, in the fallen world that God is now restoring to wholeness. The story of salvation, as elsewhere is Scripture, recounts how God came down into the world, into human flesh in Jesus, who saves his people from their sins.[39]

Christians live then in the mix of the struggle where the Kingdom is here, but not fully. Where the Gospel is preached, but where faith is paramount. Where victory over death for Christians is assured by Christ's resurrection, but where illness still kills. Where ultimate victory is assured, but where defeat is daily present. Where sin, death, and the Devil are conquered—but still impact Christians in their daily lived experience.

Describing this situation and tension, Gibbs writes:

> And yet, the end is not yet. For *only* Jesus has risen bodily, and the world is still full of sin and brokenness. Jesus' teaching is shot through with the proclamation that another Day will come when it will become known what the reign of heaven *will be like*. The reign of God is God's action in Jesus to restore the *world*, overcoming Satan and sin completely. God has already active decisively, victoriously, and in an unexpected and hidden way through Jesus' death and resurrection, and through the Gospel of the reign of God in him. That Gospel will be preached as a witness to all the nations until the age's ending. Then, God will act was complete power and glory in Jesus, and the reign of God will fully restore all

[38] Jeffrey A. Gibbs, *Matthew 1:1–11:1*, ConC (St. Louis: Concordia, 2006).

[39] Gibbs, *Matthew*, 50.

> things. Thus, the reign of God is already, and it is not yet. Faith looks to the already; Hope longs for the not yet.[40]

James Kallas furthers this worldview specifically in the context of miracles, and in this case, miracles that bring miraculous resolution to illness. Kallas brings out the biblical worldview specifically in the context of miracles that attack illness. In *The Significance of the Synoptic Miracles*[41] he argues that miracles in the Bible should be viewed best not from the experience of the modern reader and their presuppositions, but instead miracles should be seen from the viewpoint and worldview of the ancient writers of the Bible. Kallas notes there is a trend to undermine the historicity of the Gospel miracles and their significance in revealing the Kingdom of God in the Bible. He then says the writings of the ancient biblical authors show that the announcing of the Kingdom of God is defined by the miraculous. "The Gospel writers did not select their material blindly. Obviously, in such a heavy concentration upon the miraculous, they intended the readers and the hearers to learn something about the person and the message of Jesus."[42] Conversely, the trend to undermine miracles has a disastrous effect on the content of the Bible, "If the miraculous element in Mark, for example, were deleted from the first ten chapters, more than half of the gospel would be gone."[43]

Miracles announce the Kingdom of God. Reflecting upon Matthew, Mark, and Luke he states, "In summary, then, we see that the three Synoptic Gospels are all agreed in claiming that

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[40] Gibbs, *Matthew*, 51.

[41] James Kallas, *The Significance of the Synoptic Miracles: Taking the Worldviews of Jesus Seriously* (Woodinville, WA: Sunrise Reprints, 2010).

[42] Kallas, *Synoptic Miracles*, 1.

[43] Kallas, *Synoptic Miracles*, 1–2.

the opening message in the life of Jesus was the announcement that the kingdom of God was at hand."[44]

Kallas goes on to say, "The purpose of this work is a narrow one. It is to cast the miracles into their proper perspective; to show their relationship to the thought-world in which Jesus moved; and to show their relationship to the other parts of Jesus' message—his preaching and parables."[45] He then rightly laments that in many circles the Bible has been read piecemeal, and when Scripture is read this way, it loses much of its meaning. Thereby, Scripture loses the main point of the authors and forgets the worldview of Jesus. The effect of the Gospel is mitigated when modern 'insights' replace the ancient worldview. The Bible should not be read in a modern context, but from the ancient perspective within which the Bible was written.

For this paper, it is worthwhile to note the lived experience of the Christian should involve this ancient worldview. Sickness then is not just a challenge to health in a narrow scientific biological sense. There is a greater war and struggle going on with sickness as God's Kingdom, or as the Reign of Heaven, takes hold in the lived struggles and illness of Christians.

Paul in his letter to the church in Ephesus notes a similar perspective. We are in a big battle we cannot see, but that we cannot avoid. As such, expect a battle, and be strong.

> Finally, be strong in the Lord and in the strength of his might. Put on the whole armor of God, that you may be able to stand against the schemes of the devil. For we do not wrestle against flesh and blood, but against the rulers, against the authorities, against the cosmic powers over this present darkness, against the spiritual forces of evil in the heavenly places (Eph. 6:10–12).

[44] Kallas, *Synoptic Miracles*, 13.

[45] Kallas, *Synoptic Miracles*, 7.

A More Contemporary Approach on Sickness

The modern world has a different approach to sickness and disease. The ever-increasing sphere of secular places in the world frequently think it anathema to link together spirituality and sickness. Sickness in this new model is the result of failing scientifically discernable chemistries, biology in decay, a mapped but degrading genome, and seemingly all the decay is identifiable by modern science. Spirituality, if such a notion is to be linked at all, resides then only in the biology and chemistry of the brain, something of mystery, not yet fully understood. However, given enough time and effort, according to this view, it would be assumed science will someday explain, or explain away, the need for spirituality. At first superficial glance science and spirituality seem incompatible. Many scientifically minded people stop their investigation there. However, stopping here would be a mistake.

There have been attempts to link together science and spirituality. Siroj Sorajjakool in *When Sickness Heals: The Place of Religious Belief in Healthcare*[46] takes on spirituality and religious belief from a universalist perspective. His discussion is difficult and often contradictory for the Christian, as universalism challenges the exclusivity Jesus as the way for salvation. However, the work is significant in that it attempts to integrate spirituality into the modern world of medicine instead of dismissing it entirely. His perspective is insightful even if limited by the universalist perspective.

Sorajjakool writes, “We can define spirituality as the coexistence of the inner realization of something bigger than ourselves and the inner ontological drive to make sense and meaning of our existence within the physical, sociopolitical, environmental, and intrapsychic world in which

[46] Siroj Sorajjakool, *When Sickness Heals: The Place of Religious Belief in Healthcare* (Philadelphia: Templeton Foundation, 2006).

we find existence."[47] This definition suggests spirituality seeks to imbed meaning and understanding to a confusing and often contradictory world.

Sorajjakool expands his argument saying that religion is symbolic and is representative of a much bigger reality and that speaks meaningfully to the experience of believers. When sickness happens, frequently those newly sick have their pre-existing values uprooted. "I propose that illness and suffering play an important role in the quest for meaning. Suffering in itself does not seem to make sense. The spiritual task is to make sense of it."[48] Very frequently sickness is an event that unsettles the afflicted to the core. Those afflicted gravitate toward wanting the pre-sickness beliefs and values to be restored. He makes an insightful argument saying miracles are an attempt to return to the old system of meaning. A miracle would be restorative and makes reality go back to the previous state, most typically "life having meaning without pain, suffering, and death."[49]

However, miracles do not frequently happen, and the likely scenario for most is that the illness will continue to persist. So, he makes the argument that sickness is in effect—healing of a spiritual kind. When health is not immediately restored, a new spiritual story begins. At first notion, this is an odd argument. Illness, he suggests, brings about a mental state closer to reality, closer to real meaning, closer to real spirituality. Said succinctly, through the lens of suffering and sickness reality is better experienced. This better experience of reality has a restorative function for the sufferer.

Helpfully, he points to the fact that biology and the answers it provides are lacking for those undergoing suffering. Especially the mental and spiritual side of illness and suffering.

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[47] Sorajjakool, *When Sickness Heals*, 9.

[48] Sorajjakool, *When Sickness Heals*, 21.

[49] Sorajjakool, *When Sickness Heals*, 30.

Conversely, he advances the argument that reality and meaning is best experienced by suffering. Suffering redefines, and reclaims one's experience truthfully, and more in accord with the lived experience and reality of the sufferer. Illness allows one to better see a spiritual reality people tend to deny when healthy. Thereby, illness moves one closer to reality and is restorative.

The book closes with an argument advancing the need for spiritual care during an illness. He says spiritual care has meaning, in fact spirituality uniquely can provide meaning for sick people.

> The invitation to provide spiritual care is a call to be with individuals who are going through trauma and attempting to make sense of their new reality. We offer them a safe space that nurtures their soul while they struggle with the many aspects of their experience. Here we do not attempt to fix, cure, or resolve their wounds. Neither do we tell them not to feel guilty or be afraid, not to doubt but to have faith, not to get angry but to be calm. Here we stay with them as they make this difficult journey into the depths of their being. This is where care of the soul take place in the ministry of healing. The offering of sacred space as individuals struggle with sickness can bring healing to souls that yearn for the quality of depth in the midst of suffering itself.[50]

What is appreciated about his argument is that he does argue for spiritual care in our current biologically based medical system. Christians can say even more and make better sense of the world around them. It is true that sickness challenges one's assumptions of the world. Even so, the promise of the resurrection of Christ is the full restoration of the world on the final day, and believers are promised a physical healing that endures in a new and healthy creation forever. Sorajjakool's argument allows one to see this world clearer. Jesus and the cross allow Christians to see this world as it is, but also promises a new world that is as God's creation should be.

[50] Sorajjakool, *When Sickness Heals,* 98.

Conclusion

The Kallas and Sorajjakool serve as a contrast. This contrast, and the reason this discussion is included in the history part of this paper, is because the lived experience of a faithful Christian takes place amidst these worldviews.

In the medical community, those who acknowledge spirituality, often define their worldview using the universalist argument found in Sorajjakool's suggestion. My own transplant took place at the Mayo Clinic which is a multi-cultural dynamic universalist campus. One walk down the halls of the hospital show that sickness shows no distinction. People, all people, can be sick and institutions where healing is found must grapple with the diversity of all people. Arguments such as Sorajjakool's are helpful for navigating this diverse reality one encounters during sickness. His argument helps and acknowledges that people going through a sickness frequently want to resolve their cognitive dissonance as the new reality of sickness presents.

However, there is a warning found here too. If the biblical worldview of as noted by Gibbs and Kallas is part of the experience lived by Christians. There is a war going on. This war and struggle should be expected. 'Spiritual' in Jesus' worldview was not a better accepting or a reorientation toward new meaning. It was a war to be fought, it was a battle to be engaged. And Jesus has won. Christian may encounter views of spirituality such as Sorajjakool's among the medical community. However, real Christian hope is Jesus promises not just a better understanding of the reality around us, He promises a whole new perfect reality to come. There is a hope in Jesus that rewrites all our sufferings. This hope, for believers, promises a full and final end to sickness forever, a new creation restored for eternity, and the promise that all enemies are conquered and life to the full endures forever.

CHAPTER THREE

THE PROJECT IN THE CONTEXT OF RECENT RESEARCH

Chapter one argued that pastors going through a period of medical leave of absence can tend to project unrealistic expectations upon themselves. It was determined that these expectations can be damaging to both pastors and congregations, and these attitudes can hamper both health and ministry. In chapter two we examined sickness from a biblical viewpoint and identified how often sickness is not individual punishment for specific sin, but instead a result of the global rebellion in the fall of mankind. Hope then for the sick can be found in physical health restored and in faithful suffering with ultimate hope found in the final fullness of the Kingdom of God. Theologically, the paper explores the theology of the cross for the suffering and the two powers for guidance for ministry. Also, included in Chapter two is a historical debate upholding the ancient worldview as the proper context for understanding biblical miracles. Additionally, we considered an observation that challenged the anti-spiritual views regarding sickness. The author argued that in suffering one can sometimes more fully apprehends reality when receiving spiritual care. Building on this, Chapter three will now elaborate upon the originality of the project. The literature review found here will examine common reactions of the church to sickness. Finally, we will find diametrical symmetry in the recent works of Dr. Bruce Hartung which examine health from the perspectives of the congregation and the pastor.

Originality

The struggle regarding the research and design of this paper was that the topic was too specific. The original thinking was to investigate the impact of a pastor's kidney transplant and required leave of absence on him and the congregation. At the outset it was expected that there

was research regarding a pastor's kidney transplant (one of the more common types of transplants, which first began in 1953). This is not the case.

There is research and published papers on the recovery from a transplant and the process of returning to work. The works in this arena have much to say to those going through transplants. The library[1] at the Mayo Clinic is very helpful in this regard. However, for the purpose of this study, a medically researched timeline of a return to work did not seem helpful. The present study does not investigate physical recovery, how long it takes for health to return after a transplant but rather is focused on the mental health of a pastor receiving a transplant and on the impact the transplant has on the ministry of a pastor and congregation.

This paper purposes something challenging to the medical profession. It assumes that illness is something to be cured. It suggests there might be something meaningful found in illness itself. Faithfulness in illness and suffering are a notion largely not shared by the medical community. Illness medically is seen as something mechanical to be fixed, a problem to be solved, a chemistry to be changed, a reaction to be encouraged or slowed—a whole gamut of physical things to be made closer to healthy norms. If only the medical perspective is engaged, then one sees a kidney transplant as only an organ to be harvested, an organ to be transplanted, drug levels to checked, and then finally with the new kidney a return to health.

The uniqueness of this project speaks to the difficulty toward making this project applicable to anyone else reading it. To avoid this difficulty, this study is attempting to frame the kidney transplant into a context that is greater, namely a pastor who, while leading the

[1] The library at the Mayo Clinic in Rochester and the librarians they employ are fantastically helpful. They are a wealth of knowledge able to quickly sift through the wealth of medical knowledge found in the libraries of the Mayo Clinic. All the material I requested was delivered free to my home address.

congregation, becomes sick and has a period of infirmity which results in a leave of absence that includes a period where the illness means a decline in ministry.

The idea of this research has been appealing to several pastors with whom I shared the premise of this project. I told them that I was researching the impact of a kidney transplant at Zion. They seemed a little bit intrigued, but not all that interested. After all, most people will not have to have a kidney transplant. However, when I mentioned that *I was the problem*, and that while ill I wanted ministry to continue as normal, wanted the congregation *not* to be impacted by my own disease, wanted things to be relatively good for those who were not going through the kidney transplant, then my struggle became more applicable to them and thusly more relevant. When I said my inability to complete all these normal pastoral tasks made me feel guilty and it felt like I was a failure—the local pastors truly became interested. This notion of ministry and unrealistic expectations promoting guilt and failure, is a common, and well researched, theme among pastors as will be shown below.

When I discussed how my unrealistic expectations were a problem—a pastor then shared a story about how he had similar tendencies. He said he recently took a leave of absence for cancer treatment. The leave was a difficult struggle for him. He had remarked to the congregation that he, while undergoing cancer treatment, needed naps. It was a new thing for him. So, the congregation made him a neat sign to put on his office door, it read, “The Pastor is Sleeping.” He said though he never used the sign and never once took a nap in his office. He needed naps and he took naps, but when he took naps, he only took them at home. He could not bring himself to sleep at work. Naps would be good. He needed a nap each day. But to nap at work, even with the congregation’s permission, would resonate a sense of failure.

The feeling of guilt and failure that I struggled with are the same things that many pastors struggle with when ill or otherwise need to take time away. It is hard when pastors become the problem, when pastors are the ones who are weak, and when pastors have a disease and limited capacity. This lack of capacity to 'do' is a struggle that many ill pastors face. This project seeks to give guidance to those pastors and the congregations they serve.

So, while the project is most certainly unique, it also then has applicability. The hope of this project is to give wisdom, insight, and general guidelines for pastors going through a time of medical leave during a time of illness.

In summary, the project is original to my knowledge. A kidney transplant is an uncommon event statistically. A kidney transplant for a pastor during ministry is even less common. Thus, this project is original research into a specific situation.

The project is also applicable. There is a common struggle that needs to be researched. Typically, when pastors are fulfilling the duties of the Office of Ministry, they desire their ministry have a sense of meaningfulness. That is the ideal. Being ill does not preclude the fact that ongoing ministry is valuable and good to communities of faith. Sick pastors frequently want ministry to go well—despite the fact they are ill, as there is continuity to ministry among the congregation. Congregations also want ministry to go well, despite the pastor's sickness. These notions of continued normalcy over and against the challenges of a real physical sickness, are platitudes. They do not reflect reality. These platitudes are best summarized in the concept of the theology of glory. During the kidney transplant to various degrees the senior pastor fell into a theology of glory.

Finally, there is a broad relevance to this project. The process of reflection upon a time of sickness should apply to other pastors and other congregations going through a similar period of

infirmity and medical leave. Therein the project is unique but is applicable to many different individuals and should serve to be helpful for both pastors and congregations.

Literature Review

In the specific context of a kidney transplant and the impact the procedure has on a congregation, the writer has not discovered any specific literature. This speaks to the originality of the project, as mentioned above. However, a related theme to be explored is a more general need for pastors to take leave from work for challenging and legitimate health reasons. There is much literature about pastoral health. The goal at the start of this section is not to find all the similar literature this paper is exploring, but instead to review the literature on why clergy may struggle with stress and guilt when clearly needing to take a leave from work.

Ethical Approaches to Transplant

Kenneth Mottram in "*Caring for those in Crisis*,"[2] speaks of organ transplantation—and examines it from the perspective of emotion. The book examines the decision to donate based largely from the perspective of a deceased donor. It goes through a case study describing the ethical dilemma of a daughter debating an organ transplant from a mother yet still breathing but declared brain dead. The ensuing debate does help to work one through the emotional and ethical decisions involved in a transplant. There are grand themes here. Killing and making alive. The ethical debate described in the book is a major part of anyone deciding to donate an organ, or to receive an organ from another.

[2] Kenneth P. Mottram, *Caring for Those in a Crisis: Facing Ethical Dilemmas with Patients and Families* (Grand Rapids: Brazos, 2007), 89.

The emotional fallout from a deceased donor transplant is significant, but there is less struggle in some regards when the organ donation is a living donor. A living donor is a different sort of struggle. The debate is not life and death. If all goes well with a living donor transplant, the debate is life and life. However, it is helpful to understand here that organ donation takes place in an emotional arena. The primary issue is that with a deceased donor the emotional blessing and consequences of the decision are held primarily by the surviving family (these are the most statistically likely people to make the decision to donate organs). With a living donor the decision is made by the donor who is the one to primarily face the emotional struggle.

Adding to the difficulty is the emotional struggle of the recipient. For my own part, the struggle and the feeling of guilt resonated deeply because someone was sacrificing for me. My brother and I spoke much before and after the transplant. We together shared the emotional journey. When he received the news that he was a perfect match for the kidney transplant I told him he had won the "unlucky lottery." His decision to donate a kidney was a struggle for him, especially when he thought what the transplant could mean for his wife and family. However, when it was determined he was a match, he said he was then determined to donate a kidney.[3] His wife was also very supportive of the donation.

In considering the perspective of the congregation, Susan Dunlap, proves helpful in her book *Caring Cultures*.[4] This book looks at ministry to the sick from the perspectives of three churches in the city of Durham, North Carolina. The three churches represent the three different predominant ethnic groups in Durham, African American, Euroamerican, and Hispanic. These

[3] In the attachment section of this paper there is an included article from the Discover Humboldt Magazine where a reporter interviewed my brother (the donor of a kidney) following the kidney transplant. His response, and his emotional contemplations, toward the donation are found there. However, a main theme was that when he matched, there was no hesitation on his part to donate a kidney.

[4] Susan J. Dunlap, *Caring Cultures: How Congregations Respond to the Sick* (Waco, TX: Baylor University, 2009).

churches also emphasize the three different worship styles: Spirit centered, Word centered, and Eucharist centered.

In the African American church named, Healing Waters Church, the Spirit focused worship and healing experience takes place in a historical context of African roots. Most notable is the fact that these communities did not have many physical resources to heal and help the sick. Instead, they used prayer, and the church identifies itself at a "house of prayer in a hostile land."[5] At times the service itself focuses on healing, "Pentecostalism is all about healing, you might almost call it self-help. It's really a therapeutic tradition."[6] She states the congregation uses the biblically prescribed pattern of treating illness. "Is anyone among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord" (James 5:14). That is what occurs in the worship services at this congregation. After the sermon they gather as a community of believers, they pray over the afflicted, and one of the pastors anoints the person with oil. It is significant to note the main components of this tradition. There is a community of believers, there is prayer, and anointing with oil. This practice in particular follows James' prescription for healing the sick.

First Downtown Church, the Euroamerican church, is described as an amalgam of new and old, combining liberal ideas with an old historic church building and ministry base. The care of the community and of the sick has a humanist vantage. "In many ways, First Downtown's care for the sick can be understood in terms of what Nancy Ammerman calls, 'Golden Rule Christianity.' This category of religious persons is best defined not by ideology, but by practices. Their own measure of Christianity is right living more than right believing."[7] This perspective

[5] Dunlap, *Caring Cultures*, 25.

[6] Dunlap, *Caring Cultures*, 37.

[7] Dunlap, *Caring Cultures*, 97.

also echoes the Matt. 25 emphasis on care for the downcast: “Come, you who are blessed by my Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry and you gave me food, I was thirsty and you gave me drink, I was a stranger and you welcomed me, I was naked and you clothed me, I was sick and you visited me, I was in prison and you came to me” (Matt. 25:24–26). This emphasis of the human dimension is not unfounded as being helpful for those sick. In fact, it takes the praying and oil mentioned before, to its next logical level. Namely, as we are given time and talent, then we are also given the responsibility of physically helping our neighbors.

Lutherans desire both right belief and right practice; it is stated in the first article of the Apostles Creed that God the Father is the maker of heaven and earth. As stewards we are, therefore, to care for the people and the whole of this creation. Our human response matters when someone is sick.

The third church mentioned in the book is Our Lady of Durham. This is a Catholic Hispanic church, and this church focuses on the Sacraments. “In Roman Catholic teaching, the sacraments are material objects that mediate the saving grace of God.”[8] These methodologies are applied in the community. This specific church embraces Latino Catholicism. There is an emphasis on not the human aspect of things, as found in the previous church, but upon the divine. Communion certainly is included in the list of things that bring the divine, advancing the argument of the closeness of Jesus in the bread being with the sick. “This understanding of the Eucharist is relevant to God’s presence with the sick in this way: ‘If Christ could be brought down upon an altar in the shape of bread by the mumbled Latin of an insignificant and no doubt

[8] Dunlap, *Caring Cultures*, 153.

sinful priest,' then God can be brought to the body of those suffering from illness."[9] In this way Jesus is truly present with the sick. This notion of sacramental presence in communion connects with Lutheran teaching and is helpful.

The discussion of the three churches listed above is helpful. One uses the biblical practices of prayer, community, and oil. The next, serves as an example of the human service God requires of us for our neighbor. The final, places an emphasis on the divine being brought close sacramentally. Lutheran theology encompasses all these trends. Being a biblical community that prays, helps, and serves our neighbors, and that administers the sacraments seems to be a wholistic view for how the ill are helped by other Christians.

Kidney Transplant and Ervin Cabaniss

The Pastor's Ministry to People Facing Organ Transplantation[10] was written in 2001 by Thomas Ervin Cabaniss as his D.Min. dissertation. This project was helpful for this paper in that it includes interviews with transplant recipients, the family of the recipients, and members of the medical community. The outcome of the work was to purpose a model for pastors to adapt and use in their own ministry to transplant recipients. Cabaniss states in the abstract the recommendations from his project:

> Pastors are encouraged to follow seven admonitions in their ministry. First, pastors must proclaim the good news of the gospel message and God's sustaining grace and love. Second, pastors minister through their personal presence and the act of going to and walking with the recipient and his family. Third, the pastor functions as a paraclete (offering counseling, conversation and symbolically representing the ministry of the Holy Spirit). Fourth, pastors act as priest to bring people into the presence of God. Fifth, pastors are practitioners. They train and develop laypeople from ministry and leadership in the churches total caring ministry. Six, pastors are promoters and continually keep the recipient and his family before the life and people of the church. The pastor marshals prayer support

[9] Dunlap, *Caring Cultures*, 153.

[10] Thomas Ervin Cabaniss, "The Pastor's Ministry to People Facing Organ Transplantation" (D.Min. diss., Reformed Theological Seminary, Charlotte, 2001), Theological Research Exchange Network.

> and the encircling of the faith community around a fellow member. Seventh, the pastor has a responsibility to serve and develop himself professionally. He must stay on the cutting edge of knowledge and information that impact him and the church he serves. These admonitions provide a working framework for pastors to shape and follow as they increasingly minister was people dealing with organ transplantation.[11]

This article is helpful, especially the summary and recommendation provided above. This paper will eventually propose something similar and suggest help for other congregations whose pastors are going through a time of medical leave. While Cabaniss' study focuses on how to give insight to pastors dealing with a member undergoing a transplant, the recommendations found here are similar to the recommendations that are found at the end of this paper. Similarities between the two situations find both recommend a reliance on prayer, a reliance on the congregation for increased support (in Cabaniss' case the pastor trains church members), and a reliance on God to bring the parties through the difficult time.

A Dual Sided Perspective—Dr. Bruce Hartung

Dr. Bruce Hartung in, *Building up the Body of Christ*,[12] and *Holding up the Prophet's Hand*,[13] encapsulates the struggle both from the side of the congregation and the side of a minister. One book undertakes to build up the leader, the other to build up the congregation. The duality of these books provides a valuable and timely guide for the project. One nuance Hartung brings in is the darker side of sickness. Sickness often involves guilt and failure, as will be explained below.

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[11] Cabaniss, *The Pastor's Ministry,* iii-iv.

[12] Bruce M. Hartung, *Building Up the Body of Christ: Skills for Responsible Church Leadership* (St. Louis: Concordia, 2016).

[13] Bruce M. Hartung, *Holding Up the Prophet's Hand: Supporting Church Workers* (St. Louis: Concordia, 2011).

The Struggle with the Pastor

The primary malady listed in this paper is the feeling of guilt and failure by the pastor. In *Holding up the Prophets Hand* Hartung begins his discussion talking about stress and burnout. "In whatever capacity I have served in the church over the years, stressors and stress have been front-burner topics … I do see, however, that because of their vocation, many church workers experience more stressors than the average members to whom they minister."[14] He suggests here that the average pastor typically has a more stressful life than his member. Adding to this discussion is that the stress is already there *before* a pastor gets sick. Cleary adding sickness to an already stressful vocation adds burden to a pastor's already stressed life.

Sickness and Burnout

Hartung also has insight into clergy burnout. He defines the term saying, "Most experts think of it in terms of a progressive loss of energy, of idealism and purpose."[15] He then goes on to elaborate upon how burnout slowly develops in pastors. The most insightful aspect of this for this paper is burnout is akin to the Research Problem of this study. The research problem of this study is, "During a time of medical leave of absence, the senior pastor at Zion Lutheran Church had an unrealistic expectation resulting from feelings of guilt and failure from not being able to perform ministry functions." Hartung defines burnout in a similar fashion. Hartung, quoting Jerry Edelwich in, *Burn Out*[16] suggests burnout involves, "Task overload, too many hours at work, and low pay contribute to burnout, as do bureaucratic, or political constraints. All these conditions lead to a gap between what the person aspires to accomplish and what can actually be

[14] Hartung, *Prophet's Hand*, 29.

[15] Hartung, *Prophet's Hand*, 36.

[16] Jerry Edelwich, *Burnout: Stages of Disillusionment in the Helping Professions* (New York: Human Sciences, 1980), 14.

done."[17] This correlation between illness and burnout is helpful for our purposes. Burnout leads to a discontinuity between what can realistically be accomplished and what is hoped to be accomplished. A kidney transplant sets up the same discrepancy. Thereby, many of the same features of burnout are shared by pastors undergoing illness.

Further, Hartung states that idealism is an enemy. My idealism for wanting continuity of ministry despite failing health sounds good, but is evil. For burnout, idealism is the enemy. He states, "On the other hand, church workers are more likely candidates for burnout if they bring to the task a passion for: sharing the Gospel of Jesus Christ, fulfilling the calling the Holy Spirit has given them, helping deepen people's relationship with the triune God, and walking closely with the people they love, sharing burden and joys."[18] These traits, taken on their own, seem positive. The traits are positive sounding traits, that ultimately lead to clergy burnout. It is ironic.

Building the correlation between illness and burnout, is the gap between what *can* be done and what *should* be done in both circumstances. Significantly this inadequacy to act and accomplish yields stress, feelings of guilt, and feelings of failure.

In many ways illness in a pastor manifests a symptom like burnout. Overburdened pastors cannot fulfill all their tasks. Sick and ill pastors cannot fulfill all their tasks. They are in essence overburdened by the tasks they normally would or would like to complete. This inadequacy can lead to a decline in mental health and produce emotional distress and anxiety.

Hartung goes on to describe solutions for preventing burnout in clergy. The solutions he recommends are to support the pastor. He recommends pastors to seek support by finding

[17] Hartung, *Prophet's Hand*, 36.

[18] Hartung, *Prophet's Hand*, 36.

Christians to help in key areas. Specifically, he recommends finding people who fulfill the questions:

- "Who speaks to me of God's love, acceptance, and forgiveness in Jesus Christ?"[19]
- "Who challenges me in my spiritual walk?"[20]
- "Who really hears me?"[21]
- "Who helps me see what is?"[22]
- "Who is side-by-side with me regardless?"[23]
- "Who will challenge me: my thoughts, feelings, and behaviors?"[24]
- "Who tells me I'm doing good work?"[25]
- "Who will challenge my works so I can grow?"[26]

Hartung assumes these people are not all the same person. Pastors are helped by a system of community support, and he has a Wholeness Wheel diagram that speaks to summarize and inspire the holistic health of a pastor.[27] Hartung argues that when this support is done correctly it helps to alleviates the symptoms of burnout. While his notions are not all applicable to someone going through an illness, most of them have good resonance toward holistic health that is applicable when someone is ill. Maybe these tips are especially relevant when someone is ill.

[19] Hartung, *Prophet's Hand*, 159.

[20] Hartung, *Prophet's Hand*, 160.

[21] Hartung, *Prophet's Hand*, 161.

[22] Hartung, *Prophet's Hand*, 163.

[23] Hartung, *Prophet's Hand*, 166.

[24] Hartung, *Prophet's Hand*, 168.

[25] Hartung, *Prophet's Hand*, 170.

[26] Hartung, *Prophet's Hand*, 172.

[27] Hartung, *Prophet's Hand*, 129.

But more than that, frequently pastors struggle with simple things that the world does not struggle with. There can be disparity between pastor and church members on seemingly simple things like vacation time from work. Those in the world brag at times about the fantastic vacations they can take. My dentist, a fine upstanding gentleman in the community, took a vacation to Florida, and rented a sailboat. From the vacation I saw beautiful pictures that could/should inspire jealously. Spend your day closely inspecting tooth decay and breathing the bad breath of others—and you can spend your vacations in beautiful scenery silently bore across the turquoise waters by the power of wind—being envied by those not so fortunate. If a pastor would take a similar vacation, church members might not be envious, but rather question how much money the pastor is making, and potentially lower their tithe as a result. The world judges vacation differently for pastors then for other members of the community. For pastors, taking necessary time off, even to restore one's spirit, likely involves a measure of guilt.

This differing judgement then becomes a double-edged sword. At times vacations, and leaves of absence are good and necessary for mental health. However, to take vacation time is to be judged by others. The experience then of taking a vacation or a leave of absence then serves to *increase*, not *decrease* stress as the pastor opens themselves to congregational critique. Some pastors then choose to not take necessary rest. Ironically, God's rest and Sabbath that pastors preach, can be a solution pastors themselves do not easily find.

Spiritual Warfare and Ministry

It is true that as a Christian we do not see all the spiritual battles going on around us. In a time of illness, it is easy to see medical reports, easy to feel a decline in health, easy to physically hear prayers offered on your behalf, easy to partake in communion, however it is not easy to see the larger battle raging. In *Building up the Body of Christ* Hartung describes a fictional

conversation between demons to show the plight of spiritual warfare, and especially uses this dialogue to elaborate upon why pastors, or the leadership of the church, might be target of spiritual warfare:

> Diablos 8964: Actually, it is pretty simple once you get the hang of it. We haven't fooled around much with those on the outside. We take on the top insiders—leaders in their churches—elders, presidents, lay leaders, school principals, directors of Christian education, and pastors, among many, many other kinds of humans. We target everybody who provides leadership to others of their kind. We work to deceive them and then bring them down.
>
> Diablos 6755: Let us in on your trade secrets (but don't give too much away since we can't tell who hacks into our secure network).
>
> Diablos 8964: Sure. First, we research their lives and find their vulnerabilities. We don't create anything, since we have to have God's permission to do that, like He gave to our leaders in Job's case. So, all we have to do is to simply find out where their weaknesses are, and we begin there.

The quote above sets off two realities. The first is that the Devil makes war and attacks not just the Church, but these enemies attach the leaders of the church. They take on, "the top leaders."[28] The effect of an attack on a leader likely has greater impact on the church than an attack on someone not in a leadership position. Therefore, those in leadership positions are at greater risk of an attack. This should serve as a warning. This should serve also as motivation to have strong defenses against Satanic attack. Conversely, if leaders are specifically targeted by Satan, it means that they have more capacity than others for positive service in God's Kingdom. It would be admirable if difficultly did not happen with influential church leaders. However, sin and weakness are often present in ministry.

Weaknesses in church leaders are frequently exploited by Satan. Hartung suggests Satan attacks weakness. He says, "So, all we have to do is to simply find out where their weaknesses

[28] Hartung, *Body of Christ*, 23.

are, and we begin there."[29] In general this is where many Satanic attacks begin with pastors—by Satan finding their individual weakness.

Specific for this paper, the Satanic attach can be pinpointed. My weakness, what might be attacked, is my kidneys, and a tendency thinking in terms of theology of glory. Regarding my kidneys, it might be important to note that weaknesses just means weaknesses. It does not necessarily mean sin or specific sin. Later, this distinction will become important for the purposes of this paper. In the case of my kidney transplant the disease was caused by a genetic lottery lost before I was born. My kidney disfunction is genetic. My MYH9 gene is malformed. However, it is a weakness. Satan uses weaknesses. This weakness required a period of infirmity and medical leave that had affected Zion Lutheran Church and my ministry to the church.

In myself, the biggest struggle were feelings of guilt and failure. I felt like I was not a good pastor. As day after day dragged on and I became more and more limited in my capacity to work, guilt, and failure rose proportionally to my incapacity. These negative feelings were primarily felt during the time when the kidney function was in decline. It felt like war. Hartung elaborates in "*Building Up the Body of Christ.*"

> Church leaders always see the world as a spiritual battlefield, although, of course, that is not the only way to see the world. Basically, in a world view that is holistic and not divided into independent compartments, spiritual life and warfare are not in a single compartment where they have no particular influence on other parts of a person's life. Rather, the spiritual is integrated throughout all of life. There is no such thing as a totally secular happening. The physical and the spiritual are intertwined in the lives of people and cannot be separated. All of life has a spiritual-life-and-warfare component, including more positive questions such as 'What will the Holy Spirit teach us as we walk through life's joys and difficulties?'[30]

[29] Hartung, *Body of Christ*, 23.

[30] Hartung, *Body of Christ*, 26.

This synergy of warfare and life interacting together simultaneously was true to my lived experience. Some of the battles were seen. Others were unseen. But this battle raging gives new insight for getting up in the morning for church, interacting with family, and conversations with members as one is going through an illness. Seeing the component of the spiritual gives new meaning to all the interactions.

Conclusion

This chapter has shown that research into assessing the impact of a kidney transplant for a pastor is unique. However, viewing the kidney transplant from the vantage of a medical leave of absence makes this project applicable in a variety of situations. Here are some of the key points from the literature review:

- Cabaniss, in his dissertation, looks at an organ transplant from the perspective of a pastor ministering to someone undergoing an organ transplant. His list of seven recommendations for pastors to effectively minister to members undergoing a transplant shares some similarities with recommendations this paper will make for pastors going through a transplant.
- The chapter then made the argument that ministers frequently have emotions of failure and guilt when they cannot continue their ministry because of illness. Mottram views organ transplant from the vantage of the emotional fallout found with the decision to ‘pull the plug’ on a loved one. In this context of this paper a ‘plug’ was not pulled, instead this was a live donor transplant. The emotional dissonance Mottram cites here do apply not to a family member, but instead to the living donor who makes the decisions, as well as the donor recipient.

- Dunlap outlines three systems of churches responding to illness. Her process outlines ministry responses to illness. They are prayer and anointing, a physical human response, and a sacramental presence. Ideally, all these responses are good and encompass biblical responses to sickness.
- Hartung gives insight to the relationship between congregations and pastors with a dualist (pastor and congregation) view. His two books look at ministerial health from the viewpoint of pastor, and then from the viewpoint of congregation. One insight found with Hartung is that burnout and illness are similar. Hartung also advances the argument that spiritual warfare exists in ministry. Specifically, Satan attacks leaders of the church, as leaders have a disproportional influence in God's kingdom. Thereby, illness and difficulty with a pastor has an exponential effect regarding damage to the Kingdom. Yet, the upshot is that Satan ultimately loses. Churches endure and move forward.

CHAPTER FOUR

THE PROJECT DESIGN AND METHODOLOGY

The previous chapters have provided a foundation for the MAP to now begin research. Chapter one argues that pastors going through a period of medical leave of absence can tend to project unrealistic expectations upon themselves. These unrealistic expectations can cause unnecessary stress that further hampers personal health and ultimately public ministry. Chapter two provided a solid biblical foundation for this MAP arguing that Christian sickness is symptomatic not of specific punishment for a specific sin, but instead sickness is a manifestation of the fall made personal. The chapter links together the biblical ideas of sin, sickness, and forgiveness. However, final solution for all sin and sickness is the end time arrival of the new heaven and the new earth. At that time, the formerly sick believers enter the final fullness of the Kingdom of God. Theologically, the paper explored the theology of the cross and the sufficiency in suffering found at the cross, it explored the Fourth Commandment as guidance for pastor and congregation, it examined the two powers for guidance for ministry. The paper also outlined the benefit of looking at sickness through the lens of the biblical authors who saw sickness, but also viewed the healing of sickness through miracles as signs of the arrival of the Kingdom of God. Chapter three examined the originality of the project, finding it to be original and yet applicable by connecting a specific instance of a kidney transplant by a pastor to the more commonly experienced medical leave of absence that could be needed by a pastor for any number of reasons. The literature review examined common reactions by the church to sickness. It also considered Bruce Hartung's books describing health from the perspective of the congregation and of the pastor. Now, this chapter will examine the research methodology chosen, and then will narrate the implementation and execution of the research project.

Research Design

For research methodology, this project needs a methodology that can research the lived experience of the members of Zion Lutheran Church during the kidney transplant of the senior pastor. The research needs to be designed to report the lived experience of the pastor and congregation to assign introspective insight and meaning from the period of the kidney transplant. As the anticipated result is that that the attitude of the senior pastor caused himself unnecessary stress and feelings of guilt—the research methodology must also include an avenue to incorporate his experience into the research. Finally, as the hope of the study will be to give guidance and insight to other congregations and pastors going through similar times of medical infirmity, the methodology of research is best informed by a methodology that can include some form of post research action to give recommendations toward others.

Methodological Approach

Typical methodologies of quantitative research with their emphasis on dispassion and observed objectivity are certainly time-tested modes of research and good for many avenues of research. However, to measure the effect of a kidney transplant and the faithfulness in ministry (or lack of) found during that timeframe, other methodologies give greater voice. In particular, the problem of the researcher being a participant in the study goes against the premise of dispassionate observation that is so vital to qualitative research. Traditional objective and quantitative methodologies struggle to describe the lived experience of a person. In this case, the lived experience of people is entirely the area of research to be explored. Also, this research format would not benefit from the synthesis of events that the human mind can provide. The beauty of the human mind is that it synthesizes and provides meaning to past actions. This

complex and yet subjective assigning of meaning by participants of shared experiences is best researched using other methodologies.

Qualitative Methodologies as a Solution

For this research it was decided that qualitative interviews with leaders of the congregation would the best way to determine the significance of the transplant. Here, the process of the interviews allows the normal reflection of individuals *in* a situation, to assign meaning *to* a situation. The research of this project benefited from the insight of participants who lived the experience. This insight gleaned from the participants' own minds gives a more comprehensive, holistic, synthesized view to the time of the kidney transplant. Allowing those interviewed to assign meaning, gives a broader depth to this study than would quantitative methodology. This project also requires flexibility as the senior pastor is also the researcher. An Action Research Dissertation[1] embraces the belief that the first-person experience has a voice and with appropriate precautions can guard against conflict of interest in the research. This methodology allows the researcher, as well as the other participants, to become the voice of the lived experience. Individuals who have lived through an event have assigned significance to the events. These first-person testimonies to the time of the transplant is vital and gives valuable insight to the time of the leave of absence.

According to Action Research,[2] I am defined as an insider in that I lived the experience as a participant. Being an insider has also meant that I underwent the same struggle as those who also are to be researched. Namely, my struggle was the unrealistic attitudes toward ministry as

[1] Kathryn Herr and Gary L. Anderson, *The Action Research Dissertation: A Guide for Students and Faculty*, 2nd ed. (Thousand Oaks, CA: Sage, 2015).

[2] Herr and Anderson, *Action Research Dissertation*, 92.

described earlier in the paper as the research problem. This Action Research methodology allows the research to address this problem. Inside research is described as "often formalized versions of puzzles that practitioners have been struggling with for some time."[3] Namely, I had been struggling to understand if my attitude of wanting a continuity of ministry, despite failing health, was warranted. Or conversely, to know if my failing health negatively impacted the congregation. Or tragically, to realize if my own attitude created unwarranted stress and difficulty and made the situation worse.

This sense of struggle that I had as an insider is largely the basis for doing this study. The uncertainly of the situation informs the research problem and the research question. The investigation of this timeframe ultimately provides a satisfactory solution to what Herr calls a "practice puzzle." The puzzle in this case being my own cognitive dissonance when reflecting upon the period of infirmity.

> What we are suggesting, then, is that many action research questions come out of a frustration, a practice puzzle, or a contradiction in a workplace (this is what we say we do, but do we?); often, these are things a practitioner has been giving thought to for some time. The research question most often addresses something the practitioner wants to do better or understand more clearly.[4]

One quite positive outcome then of this research is the ability to alleviate the cognitive dissonance found after living through the period researched. The project helped me to better understand what really took place during the medical leave of absence.

For the actual research the project undertook the methodology of a responsive interview model. This type of interview process has a "tone that is basically friendly and gentle, with little confrontation. The pattern of questioning is flexible; questions evolve in response to what the

[3] Herr and Anderson, *Action Research Dissertation*, 92.

[4] Herr and Anderson, *Action Research Dissertation*, 92–93.

interviewees have just said, and new questions are designed to take the experience and the knowledge of each interviewee."[5] Additionally, "the interviews themselves are not dominated by the interviewer; rather, the researcher responds to what the interviewee says."[6] The methodology sits between tightly structures questions with no deviation allowed and unstructured interviews. The methodology is specifically chosen for the ability of it to bestow meaning, and the ability of the participants to give voice to their own meaningful experiences.

The specific interview questions used were designed under this methodology. Prior to the interviews, the questions for the interviews were approved by Concordia Seminary. The questions themselves are found in the appendix of this paper. Additionally, the list of questions was not meant to be exhaustive and follow-up questions were encouraged to probe for meaning.

The trained interviewer was also taught this methodology, which allows deviation from the questions to provide context to what a thing 'is.' Said differently, the trained researcher would ask probing questions to better establish the context, and thereby the meaning, even it meant deviating from the standard list of questions.

The sampling methodology was to seek ten leaders of the congregation to speak for the congregation. The higher number of interviews, and the selection of leaders in the congregation, was done with the goal of more readily being able to generalize not just the lived experience of the interviewed leaders, but also generally the lived experience of the larger congregation.

[5] Herbert J. Rubin and Irene Rubin, *Qualitative Interviewing: The Art of Hearing Data*, 3rd ed. (Thousand Oaks, CA: Sage, 2012), 36.

[6] Rubin and Rubin, *Qualitative Interviewing*, 36.

An Overview of the Process

The first step in the process of the research was to identify ten leaders in the congregation who were at Zion before, during, and after the kidney transplant. These leaders were selected to be representative of the congregation. The criteria for the selection of members to be interviewed were as follows:

- They were over the age of 21.
- They were and are a member of Zion Lutheran Church.
- They were involved in a leadership role at Zion in 2017.
- They were willing to go through the process of being interviewed and to speak honestly about the timeframe.

From the leadership of the congregation ten people were found who fit this description. Next, the person to interview the congregation members and pastor was found. A candidate was sought who has previous experience interviewing people. In this case a professional journalist at a local paper served as the interviewer. The interviewer, Phil Monson, was willing and able to be trained for these interviews. We used the book "Qualitative Interviewing"[7] as a guide to train the interviewer. This book served as the primary guide for training the interviewer, but it can also be said that the interviewer had his own journalistic experience and training.

Prior to the interviews, the interviewer was asked to sign an informed consent document. The form that he signed was different than the informed consent form signed by the participants. Those forms are found in the appendix of this paper.

The interviews took place at Zion Lutheran Church in the private library found in the facility. As the interviews took place during a time of precautions dealing with the COVID-19

[7] Rubin and Rubin, *Qualitative Interviewing.*

pandemic, the interviews were conducted following current recommendations from the Center for Disease Control (CDC), guidelines as outlined by the State of Iowa, and current risk management procedures adopted by Zion Lutheran Church. All the participants were instructed that they will not be compensated or rewarded for their participation.

Prior to the interviews, the trained interviewer[8] asked the participants to sign an informed consent form. These forms were distributed to them by the email by the researcher[9] before the interviews. The form was also read to them before the interview began in Zion's library.

During the time at the library the interviews were recorded on a portable recording device. After the interviews, the recordings were hand transcribed by the interviewer. After that the device recordings were then deleted, and a copy of the recordings was forwarded to the researcher on a DVD as well as a paper copy of the transposed transcripts themselves.

These records, including the recorded interviews copies, will be kept in a locked safe at the office of the researcher at Zion Lutheran Church for a period of seven years. This includes the copies on a USB flash drive (copied off the DVDs), the original DVDs and the original transcriptions.

To add an additional depth of understanding to the project, the personality of the researcher was analyzed. The researcher took the Harrison Assessment under the direction of Dr. Mark Rockenbach and those results are reported later in this paper. The Harrison Assessment is disclosed with the evaluation section of this paper. Insight from the assessment was incorporated into the final project using the personality profile from the Harrison Assessment, with the understanding that the human tendencies of the pastor to become the research problem (as listed

[8] From this point on in the paper 'trained interviewer' or 'interviewer' refers to Phil Monson.

[9] The 'researcher' designates Pastor Aaron Flatau.

above) might not apply evenly to all personality types. Said differently, pastors with the same personalities type as the researcher would resonate most with the results and analysis of this study.

At the end of the study there will be an event held to reveal to the participants the qualitative themes found in the survey. Participants will be asked to attend the event, but not required. The purpose of this event was to reveal the results of the study, as well as to allow participants to glean insight for future ministry at Zion Lutheran Church.

The final process of this paper is to give recommendations based upon the study. This is action research, with the purpose of giving recommendations toward solving a problem. The evaluations section of this paper is assembled for use in guiding other churches and pastors in times of similar infirmities in accord with the outcomes listed in The Research Purpose section of this paper.

Assumptions, Limitations and Role of Researcher

Assumptions with the Research Problem

It is assumed that the pastor is not the cause of the medical infirmity. Said differently, sin did not cause the medical infirmity. That would be a different area of research, bringing about different themes. Examples of things excluded would include but are not be limited to such things such as liver disease caused by drinking excessively, or a known medical condition that is not treated, or similar self-propagated illness.

It is assumed that the pastor's infirmity is also not from a moral failing that generates a leave of absence, such as adultery or other unethical behavior. This type of a leave of absence (non-medical) would alter the scope of this project. These types of research are beyond the scope of the paper.

Assumptions with Research Design

It is assumed that the scope of what is found in this study has limits regarding the type of disease or sickness afflicting the pastor. Best said, this study has more inroads and will be more useful if there is at least the potential for recovery from the sickness. Terminal diseases or illnesses without a medical solution or where there is no reasonable hope for a return to ministry, are excluded from the primary scope of this project. The study assumes a temporary departure from ministry with the anticipation of recovery and a return to ministry.

It is assumed that the Word of God found in Scripture is inerrant and the foundation for Christian living. This is particularly important to note as in other sections of the paper it has been stated that a kidney transplant, or any sickness for that matter, is typically viewed in a dualist view. Sick is always bad. Health is always good. However, sickness viewed from the perspective of the Bible, can result in something faithful and is not therefore dualist. In faith, and in embracing a theology of the cross, one might see suffering differently than from the dualist secular perspective.

It is assumed that in faithful ministry the theology of the cross is the proper approach, and that the theology of glory is not. This orientation puts God's story of the cross and His reconciliation of humankind through the ministry, suffering, death, and resurrection of Jesus, at the heart and center of His story. Humankind and its thoughts, glory, and desires embody the theology of glory, and are at the heart and center of people's thoughts but have little to do with God's ultimate story of life and redemption found in Jesus. As such, the significance for this paper is that the pastor undergoing a kidney transplant assumed thoughts that tended more toward the theology of glory. However, better help would have been found had the pastor exhibited behavior and thoughts more akin to theology of the cross.

It is assumed that Jesus and His story of redemption found in suffering enlists his followers to also bear a cross. Periods of sufferings are likely the expected outcome for believers. At the time of my suffering my preferences became a problem. They became The Research Problem. During the time of the leave of absence, I preferred works to suffering, glory to the cross, strength to weakness, wisdom to folly, and in general, good to evil. It is assumed that the opposite—suffering to works, cross to glory, weakness to strength, follow to wisdom—is the way of faith.

Assumptions with the Researcher

I am one of the primary foci of the research study. I am also the current pastor of the research participants. The person trained to do the interviews is a current member of the congregation and was a member of the congregation during the time before, during and after the kidney transplant.

It is assumed truthful negative critique gives better guidance than positive platitudes. Here the use of a trained interviewer instead of the pastor for the interview process is significant as latitude therein is provided for those interviewed to speak truthfully. Words that might critique the performance of a pastor are easier to speak to a dispassionate observer/interviewer. Thereby the use of a trained interviewer is designed to provide better insight into the lived experiences of the congregation members, including when the particular the experiences were negative. Allowing an easier format to provide negative critique gives the interviews more validity. But more than validity, the insights that are often helpful are not positive platitudes. Research found by examining what went wrong, often leads to the most useful and practical information. Allowing and even encouraging people to discuss what went wrong using a trained interviewer

allows this study to better understand the period of medical leave, as well as to give more relevant recommendations to others.

It is assumed that different personalities react differently to the same stimulus. This study will likely have the most direct application to pastors sharing a similar profile to that of the senior pastor, as judged by the Harrison Assessment.

Implementation Timeline

The whole of the research process took about five months. Interviews began in January 2021 and ended June 2021. The bulk of the writing process of this paper took place following the interviews into 2022.

CHAPTER FIVE

PRESENTATION OF THE DATA

This chapter now reports and evaluates the data from the ten congregational interviews, as well as the data from the pastor's interview. This chapter will first present the interview summaries from the leaders of the congregation, along with the full transcript of my interview, and then the research findings from both sets of interviews.

Congregations and Pastors Working Together

There is an interesting joke written in 1987 by Steven Phillips. The joke depicts a pastor who is in the hospital. The pastor is laying down in bed with a badge of the Red Cross near him. Above the pastor hangs no less than five bags of medicine all flowing directly into the pastor. The chair beside the bed shows a well-dressed individual leaning over him with a worried look on his face. For a second it appears to be that the man is a friend, maybe a fellow pastor leaning over offering hope and encouragement to the distressed pastor. The caption shatters all illusions. The man is a parishioner. He has just come from a board meeting. The caption reads, "The board wants to know if this is coming off your conference time or your vacation." The pastor seems to have a slightly disturbed but stoic face. What could a sick pastor say to that?

If the image above depicts a conflict and failure for the congregation and the pastor to understand one another, the insights below lean more toward harmony between pastor and congregation. Described is not a congregation and a pastor at odds, but seemingly a congregation with understanding and compassion toward a pastor who has undergone an extended illness. However, at the time, it was hard for the *pastor* to see the goodwill and compassion and understanding from the congregation—as his interview will show. The congregation conversely seemed to accept and even find purpose in their role of helping the pastor.

What follows in this chapter is not the actual transcript of the interviewed participants. Instead, what is included is a summary of their interviews. General demographics of the participants is also described. The actual names of the participants are not revealed, but they are given names, Participant A, B, C, etc.

Following the summary of the interviews, the individual insights of those interviewed will be summarized. Each interview is unique but there are many similarities that bind them together. Each person has their own focus, but the fact that so many similarities are found among the conversations mean that the kidney transplant has developed a shared meaningful narrative in the congregation.

Also, my entire interview is found here. The interview is not summarized, it is included verbatim. The interview is also footnoted giving insight into the manuscript and providing further explanation regarding some of the topics discussed.

Following my interview transcript, a short summary synthesis of this material is presented. This synthesis contrasts the major themes of the senior pastor with the major themes from the interviews of the congregational leaders.

A Description of the Interview Process

As mentioned before, the interviews were done through a trained interviewer. This was done deliberately as a measure to allow the participants to talk freely about their lived experience during the time of the transplant. Specifically, a trained interviewer was used because it gave the participants more latitude to speak truthfully, and even poorly, about my performance as pastor during the transplant. The trained interviewer read the informed consent forms to those interviewed before they participated in the interview and all those interviewed signed the documents before the interview. The interviews took place in the library at Zion Lutheran

Church. The interviews were recorded with a handheld recording device and the trained interviewer then transposed the interviews manually.[1] After the interviews were transposed, they were given to me on a compact disc (CD) including both typed interviews, as well as the native recordings themselves. The files were also transferred to an external drive that is kept, along with the original copies, in my locked office safe. Other files of the interviews were destroyed, so that the only copies that exist are kept in the safe.

Additionally, the trained interviewer voluntarily submitted a report of his own experience during the process regarding the interviews, as well as his thoughts on the period of medical leave for the kidney transplant. Permission was secured to include his report verbatim in this paper.

The Interview Summaries

Participant A

Participant A has been a long-serving preschool director in the congregation. Among her duties of teaching and educating children, she has across the years served on many boards at the church. She currently serves on the evangelism committee and was serving on this committee during the time of the kidney transplant. She has been a life-long member of the church.

The first question of the survey deals with the question of the duties that a faithful pastor performs.[2] Participant A said that the pastor needs to have a personal faith. Also, a pastor needs to be a shepherd of the flock and to lead the congregation, as well as lead worship and administer

[1] Transposing the interviews manually was his preference.

[2] This question was put here as a control question. The next question will ask if the senior pastor during the time of the transplant was able to faithfully fulfill his duties as pastor. This question is to ascertain what they believe a faithful pastor should be accomplishing. The discussion in Chapter 2 of this paper, regarding the power of the order and the power of jurisdiction is helpful here to see if 'official' and agreed upon principles for ministry cohere with the individual's natural expectations.

the Sacraments. She noted that counseling is important as pastors are there to be a compassionate guide and good listeners. Another task she listed is to work with the people and the committees and boards and give guidance and direction to the congregation.

When asked if the senior pastor was able to fulfill the task of ministry during the time of the kidney transplant, she responded that she viewed the congregation's needs as secondary during the transplant. The most important task she saw was that the pastor takes care of his health, with the assumption that at some point he could return to service.

She mentioned that communication about the transplant was helpful. And that communication platforms like CaringBridge,[3] the website that keeps people connected during time of sickness, as well as firsthand communication with the congregation was a help. These emails and CaringBridge updates sought to provide understanding in the congregation.

When asked if the kidney transplant affected the members of Zion, she mentioned that it was a time of great uncertainty and a time of great concern. There were many questions about whether the surgery would be successful, whether the transplant would affect the pastor in the future, and whether the pastor would be able to return to full capacity. She noted that a kidney transplant at a young age[4] is traumatic and that the pastor seemed awfully young for a kidney transplant.

She also noted that prayer[5] was a central focus. She said that the kidney transplant showed the power of prayer. She noted that prayer had the effect of bridging the gap between the reality of the pastor's failing health, and the hope that health could be one day restored. Also, prayer has

[3] My wife and I provided current updates to my transplant on CaringBridge, as well as more direct communication through newsletters and emails to members of the congregation. These personal communications are included in the appendices of this paper.

[4] I was forty years old at the time of the transplant.

[5] Prayer will be a reoccurring theme across many participants.

a power, “I think it showed the power of prayer,” and, “it showed us that it can all turn out OK,” she said.

She also noted that the arrival of Pastor Kyle McBee[6] as a significant help. Pastor Kyle had been called the spring of 2017 to Zion. He entered service in June and began his role at Zion under a bit of strain. However, she noted, “it was a huge transition for him to step into that uncertainty also.” She mentioned, “He did very well. We were able to keep holding Sunday services and try to operate as a normal congregation as best we could. We did well considering the circumstances. It all came out together pretty good.” She attached more significance to the role of Pastor Kyle[7] saying, “It was handled well, and we were so fortunate to have someone here to step in and lead us.”

When asked if the congregation was negatively impacted by the senior pastor being gone, she replied that his absence was felt. However, the timing was good.[8] The transplant happened during the summer and the summer months are less busy at the church. The biggest negative is she noted was that the pastor’s presence was missed.

During the time of the transplant, she mentioned that people in the congregation came together to offer to help and to be supportive where needed. This support could come in terms of meals to help the pastor’s family. These simple shows of compassion toward the family were helpful. She expressed appreciation for the job a pastor accomplishes.

[6] The arrival of Pastor McBee will be a reoccurring theme.

[7] Further references for Kyle McBee will be annotated “Pastor Kyle,” which is what the congregation called him during his tenure at Zion.

[8] Timing of the transplant and the planning for the transplant will be a reoccurring theme among participants.

She said the kidney transplant really showed the congregation the power of healing. She gave thanks to the Mayo Clinic and for the doctors who treated and did the procedures and for the power of prayer to keep everything going forward.

When asked to reflect on how the transplant made her feel, she said it was a time of uncertainty and fear that finally moved to a feeling of resolution. The transplant had led to worry about the future. She wondered about the ability for the senior pastor to handle all the tasks when he came. She noted also that she was very thankful the transplant was a success. She was thankful the pastor is now back to work and that the congregation had this experience and now ministry can return to normal.

Participant B

Participant B has been a member of Zion for fifty-five years and across the span of those years has served under many offices of the church. During the time of the transplant, she was president of the Lutheran Women's Missionary League (LWML), as well as the secretary to the church council. She has served in the LWML very actively for the last twenty-five years. She began her role as church secretary in 2011.

In listing the tasks of a faithful pastor, she said the first focus is preaching the Word of God, then visiting the sick, counseling, and teaching. She said that during the time of the kidney transplant or its aftermath and recovery, she did not expect the pastor to try and fulfill all those duties (preaching, visiting, counseling, and teaching). She noted there was a bigger issue going on. She mentioned the senior pastor was battling for life at that point. But she said that shortly thereafter though the pastor was able to return to teaching (confirmation) and within six months he was again doing, "All he could."

When asked how the transplant affected the members of Zion, she says that in some ways it was good for the congregation. Previously there seemed to be a reliance on pastors to do tasks, and this reliance became an excuse for the members to *not* get involved. At the time of the transplant the membership stepped forward and became more involved in active ministry. She repeated that this was a good thing for the congregation.

When asked how the kidney transplant affected the functioning of the ministry at Zion she noted—an increase in reliance on God—and she saw this as good. And she noted that the timing and the planning was crucial for the smooth transition with the transplant. The arrival of Pastor Kyle was helpful, and the new pastor was quickly able to step into ministry. She noted that as a new graduate coming out of seminary this challenge was a good thing for him and likely helped his own personal growth. She noted Pastor Kyle was able to cover bible studies and all the Sunday morning things and was visiting people during the week. There was a growing reliance on God, and "God knew who (Pastor Kyle) Zion needed at the time."

When asked what about the time had been a blessing, she replied that she thought it was a blessing to the congregation and made the congregation move forward in new ways to help. She mentions it was also a blessing for Pastor Kyle, figuring he learned a lot through the period. Looking back at the transplant she thought it did not affect Zion negatively, in fact, she thought Zion had been blessed and the membership had, "stepped up"[9] to keep the congregation going.

She noted too that during the time of the transplant there was indeed a feeling of fear and being scared for the senior pastor. There was a worry among them if things would be OK. But there was faith, knowing that all things were in God's hands and that the senior pastor was in

[9] This phrase and variations on this phrase, "stepping up," will become a refrain from many participants.

God's hands and the congregation was in God's hands and, "We knew God would take care of him. We are thankful to have a God who does that."

Participant C

Participant C served as an elder during the time of the kidney transplant. He has been an elder of the congregation for twenty-five years. He has been a member of the congregation for about 30 years and serves as the president of the congregation.

Participant C saw the functions of a pastor as holding to the Word, caring about people while showing personal concern and interaction, and visiting the hospitalized and sick. During the time of the transplant he said, "I think he did a good job, but he was somewhat preoccupied, you could tell. His focus was not there, I think he had trouble getting tasks done[10]. He was working as hard as he could, but his focus was not there."

He acknowledged that at Zion all ministry tasks were not being accomplished. He made note that Pastor Kyle had just arrived and that the normal training that one might do for a new pastor was not able to be fully accomplished. Also, tasks such as visiting the shut-ins and sick did not get done.

He describes the time of the kidney transplant as a time of concern and says people were worried. He, himself, said he personally prayed for the senior pastor, his family, and his brother (who would eventually be asked to donate a kidney). Through it all though he had a spirit of optimism that everything would come out OK. He mentioned he was concerned about the transplant and if the new organ would be accepted. He was concerned for the family of the

[10] In the Research Problem, not getting tasks done was the cause for feelings of guilt and failure.

donor[11] that it would be a stressful time for them. And he said that during that time both he and his wife helped the pastor's family.

Upon the arrival of Pastor Kyle, with his newness, many members of the congregation helped in training the new pastor on how things should work at Zion. If there were mistakes made by the new pastor, they were overlooked due to the newness and the uniqueness of the situation for Pastor Kyle. He mentioned that he thinks this involvement from the congregation brought the church closer to both pastors. Everyone seemed willing to 'step up' and do something they had not done before.

If some ministry tasks were not completed, the response of the congregation was not that of anger, instead the congregation understood and accepted the situation.[12] He was an elder at the time and there were extra responsibilities for the elders, but he and the elders seemed willing to fulfill those new duties. Further, Pastor Kyle's newness to the congregation meant the elders did more teaching about the congregation and worship services to help with the transition.

He states the blessing through all of this is that the church was supportive and pulled together and they found a new reliance on God. God is in control, and it was obvious during the transplant that He was. Evidence of this includes the arrival of Pastor Kyle in a timely manner. This arrival showed God's foresight. Overall, the transplant was seen by him as a growth experience.

During the time of the kidney transplant he tried to be supportive of the senior pastor and his family and to reassure him that God indeed has a plan for this sickness. He noted, "My first thought was to try and be supportive to him and his family and try to reassure them that God has

[11] My brother Jonathan Flatau. At the time of the transplant, he had a wife, two daughters, and a daughter on the way (his wife was pregnant).

[12] The congregation generally seemed to recognize the limitations imposed by a kidney transplant.

a plan for everything. It is a hard thing to do but I think it made me stronger in my faith that God does have a plan and He is here to help us."

Participant D

Participant D has been a member of Zion for fifty-six years. At the time of the transplant, she was the chairman of the board of education. She had been, at that time, on the board of education for a total of six years. Over that time her family, that is, her husband and sons have been active in the leadership roles at Zion.

Participant D listed the faithful tasks of a pastor as administering the Sacraments, upholding the preaching of LCMS doctrine, and making sure that what is believed is carried out in ministry. She noted that a good sermon will help people to regularly attend the worship services. Pastors should also meet the needs of the congregation both spiritually and emotionally. Finally, she stressed outreach to the community is important.

When asked if during the transplant the senior pastor fulfilled these above duties, she noted that during the time of the transplant the focus was *not* on fulfilling pastoral duties but was on treating the illness. She mentioned a kidney transplant is a surgery that is hard to recover from and she *accepted*[13] that all normal duties of a pastor were *not* able to be fulfilled. During the time though she was really worried for the senior pastor and his family, and that was her primary concern.

She also noted that the congregation was very blessed by Pastor Kyle's arrival even though he was new to the position of pastor. He was able to fill in and able to lead and perform pastoral

[13] Again, a congregation leader/member accepted that tasks would go unfinished.

duties. She said this ability to keep ministry going, by using Pastor Kyle, was a blessing for the congregation, as well as for her personally.

When asked about the transplant affecting the function of the ministry at Zion, she pointed out that Zion was not drastically affected because Pastor Kyle was able to fill in. However, she felt bad for Pastor Kyle as she knew it took time away his family. She also noted that during the week there was something different because the senior pastor was not in his office. There was something different, she said, and described it as an empty feeling.

When asked about how ministry was impacted by the transplant, she said that there was a feeling that nothing moved forward. The board of education, with the transition of leadership during the transplant, was not able to plan as much. At the time, Pastor Kyle was also new and did not want to make too many changes. Things were *maintained* until the senior pastor came back, "We did not move forward on things, we just kind of maintained because we did not want to make any changes while Pastor Aaron was gone," she said.

When asked to list negatives about the transplant for the congregation she said she did not remember anything "strongly negative." She noted that Pastor Kyle had not been at Zion long, but that he was able to help. She also noted that the planning[14] that had been done seemed to help the situation, "Pastor Aaron did a great job of planning. If it was an accident, it would have been different, but I think Pastor Aaron did a lot of planning ahead. It made things run as smoothly as possible."

The time too was a blessing. She felt that the kidney transplant brought the congregation closer together.

[14] Planning is another reoccurring theme. Some perceived the planning as God's design and timing. Some saw it as being done by the senior pastor.

She also noted the sickness of the pastor had brought back a personal experience for her.[15] When she was younger, she had part of her lung collapse and had to have some of her lung taken out. This brought back the feelings from her own surgery. She prayed for the pastor, his family, and that everything would turn out well. “Each pastor has their strengths and weaknesses that brings out changes in each congregation. Everybody was praying for the best because we wanted that for him,” she said.

Participant E

Participant E has been the office manager at Zion for over twenty-five years. She has lived in Humboldt County her whole life and has been a member of Zion since 1998.

When asked about what pastoral duties she saw as primary, she listed seeing people, taking care of the people, praying for the people, and doing the worship services. She acknowledged that beyond the things listed there is a lot more to do and that pastors are busy.

During the time of the transplant, she saw the senior pastor as able to communicate and lead, in a limited fashion, by phone and email. In that capacity he was able to perform many of his job duties.[16]

She noted the arrival of Pastor Kyle was significant. He was new to the situation and in the church office, this made the transition somewhat difficult. “When he had it (the transplant), a new pastor had just arrived, so we were trying to get him involved in the swing of things. That was probably a little more difficult because the new pastor did not know (how Zion worked)

[15] There seems to be a connection between sicknesses to draw those afflicted together. Here she mentions her own struggle with a different medical condition, but the two illnesses are somehow related. This theme would come out later in ministry, the kidney transplant made other illnesses more relatable. This meant an increased understanding for ministry to the sick for the pastor, and an increase in validity (regarding their own sicknesses) for the congregation members.

[16] Again, here the distinction of power of the order and power of jurisdiction is helpful. Participant E is here referencing tasks belonging to the power of the order.

because he was straight out of seminary. That made for a little busier and tougher times." Overall, she said it was a busy transition, but it went well as could be expected with the circumstances. She thinks the church members missed having the senior pastor around but came together and handled the transition well.

When asked how the kidney transplant affected the functioning of ministry, she said, "Pastor Kyle did a pretty good job, too, for just coming out of seminary. It was not as bad as it could have been." She did notice during the week people did not get seen quite as often as they normally would have. For her part, she found working with Pastor Kyle involved extra responsibilities.

She noted that the time was a blessing because the congregation seemed to pull together and was supportive. She noted that from an office worker perspective some of the essential things were able to be done by the senior pastor from home, "I think he was very prepared, and we were all prepared."

She noted there was a reliance on God and this time of trial made people's faith stronger. She personally had been worried a little bit about the major surgery, and it seemed the need for the surgery developed quickly. She said, "It's amazing how well everybody stepped up and things got done. After it was all over, he was feeling so much better. It just worked out."

Participant F

Participant F has been a member of the church for about fifty-six years. He is a retired teacher. At the time of the transplant, he was on the board of elders, but has also served many other offices in the church: assistant financial secretary, treasurer, secretary, and has been on the boards of stewardship and evangelism.

He saw the functions of the pastor to include taking care of the congregation and calling on the sick. He also thought it was important to call on people to find why they are not coming to church. He finds it good when a pastor is punctual and prepared. He views being prepared for things like Bible study and leading the congregation as vital.

During the time of the transplant he said, "You have to have compassion for somebody who is struggling with their health, something that is life threatening. You have to appreciate all that they can (not) do, even if they are feeling weak and cannot perform, as well as they would like to." The transplant, he said, went smoothly for the congregation. He noted the congregation helped more than they might have otherwise.

He also notes the arrival of the assistant pastor helped the transition. Pastor Kyle was present and was able to fulfill the tasks of ministry. He stepped into a difficult task, suddenly fulfilling the role of a senior pastor straight out of seminary. Through this all, he noted, there was an increase in trust and reliance on God.

When asked how the congregation was negatively impacted by the transplant, he is quick to say that he did not feel the congregation was negatively impacted by the transplant. Instead, he thinks that a lot of members, "picked up the pace." He also included Pastor Kyle in this assessment, stating, "Give him credit. He was just starting and all of a sudden, he is fulfilling the head role." There was also a reliance on God, "And the good Lord took care of us all. There is no doubt about that."

He said that during the time he and his wife were faithfully attending church, he did not think attendance dropped off. He noted that the smooth leadership transition helped, Zion had an assistant pastor who was doing the services, and members of the congregation we more apt to "jump in and help."

When asked how the transplant made him feel, he replied that he felt sorry for the pastor. He noted that it is hard to do a good job when you feel sick, "You've got to give the guy credit. I'm sure it slowed him down and it had to be tough." He is thankful the kidney transplant went well.

Participant G

Participant G has been a member of Zion since 1991 and became a member when he was married in the church. He wife's family has been long time members of the church. At the time of the kidney transplant he was serving on the stewardship and the endowment committees. He is currently the head of both of those committees.

He views the functions of the office of the pastor as being there for people in emergencies, being supportive to people outside of the church, to preach, to bring people together, and to encourage volunteerism.

When ask to describe the senior pastor's ability to fulfill the tasks of ministry, he comments that it was a difficult time and that the senior pastor did not have his normal amount of energy. He noted that the whole of the congregation likely did not see the severity of the illness, "I do not think the congregation knew about his condition, only people who were very close to him. I do not think the whole congregation understood the severity of the stuff that guy was going through." He also noted that the coloring of the senior pastor seemed to be off.[17]

When asked how the transplant affected the members of Zion, he commented that he felt the transplant did not affect them at all. (Later in the interview he mentioned, though he did not know firsthand, that likely there were less visits with people). He noted that Pastor Kyle was

[17] The color of the senior pastor is mentioned here and was a commonly noticed physical aspect of the kidney decline. The other typically being, "Boy, your hands are cold." Apart from those two symptoms, most of the physical decline was unseen.

there to perform the major ministry functions and that the congregation was very understanding. He noted too that without Pastor Kyle the disruption would have been more significant. He said that many in the congregation were concerned for the senior pastor, but now looking back at what happed, it seemed from his perspective that what occurred in the congregation was a best-case scenario.

If something was negative about the time of the transplant it was the long-term ministry. Zion has a history of pastors serving ten to twenty-five years. This long-term ministry, with a long-present pastor, was absent when the senior pastor was gone and it was only Pastor Kyle, just out of seminary. “The only thing I would say that was missing was the long-term relationships—they were not there during that time because he (Pastor Kyle) was brand new to the church,” he said.

He also thought that the limited amount of disruption in ministry was accomplished by the members of the church, “stepping up when needed.” He noted that generally members of the church were willing to help to support the ministry at the church. But he also he emphasized that much responsibility fell to the elders of the church. “People stepped up in our church when needed. The elders of the church stepped up in that whole situation. Kudos to them. I’m sure they were very aware of what was going on with the pastor’s health.”

He also made a comparison to the process of the transplant as like that of going through the COVID-19 pandemic. “People just have to work their way through it.” But this working together also brought people together, “It (the time of the kidney transplant) was a blessing that pulled people together.”

Regarding the negative impact of the transplant, he notes that with the new pastor arriving, Zion was already facing a major transition. Not only was Pastor Kyle new to the congregation,

but also Pastor Jerry Raether, who had served the congregation for twenty-five years, had retired a year and a half before the transplant. All these things led to a confusing and ill-defined time. During this time there was some anxiety in the congregation. There was a degree of uncertainty. However, he noted that there had been preparation and planning going into this transition and that was likely helpful in a difficult situation, "I think pastor was prepared beforehand. I think he had known for a long time it[18] was going to happen."

Regarding the positives of the transplant, he notes that anytime there is a challenge like this, people come together, people become more involved, and volunteerism increases. He notes that the result of the transplant was not just volunteerism, but also the awareness and communication regarding the illness helped him in his faith. The transplant was mentioned in sermons and newsletters and that mentioning of the illness in these contexts had a positive impact on his faith. This communication[19] put the disease and the situation of the transplant in the context of building up faith in the congregation and built awareness in recognizing life as a gift.

For him personally, the transplant brought about feelings of shock with the seriousness of the situation and anxiety for the pastor's family. However, looking back there is thankfulness for the way that everything seemed to come together, he said, "The timing for the period went well. I think everything went well and that was God's plan."

[18] Referencing the kidney transplant.

[19] Communication about the transplant is a major theme. The communication of the transplant, and even sermons mentioning the transplant, had the effect not only of building awareness and sympathy, but also seemed to move people along in faith. As examined previously, the building of faith is one main goal for the healings found in the biblical narrative.

Participant H

Participant H at the time of the transplant served as the treasurer of the church and was on the church council. He has currently been in those positions for ten years. He has been a member of the church for the past twenty-two years.

When asked what the faithful tasks of a pastor should be, Participant H prioritized leading the worship service, being available for members for personal issues, growing the faith of church members, and assisting members in understanding how the teachings of the Bible apply to us today.

He was then asked if Pastor Aaron had the ability to fulfill ministry tasks during the kidney transplant. To which he answered that he personally did not see anything missing. All the public aspects of ministry seemed to continue. “I think we were able to continue on. Either Pastor Aaron organized it very well prior to his surgery or it has always been organized very well so that even with his absence, the church was able to carry on.”

He noted that there was a big change in the leadership of the church happening at the time. Three different pastors were all assuming new roles in the church and community. With that happening, he viewed the time as an opportunity for the congregation to better get to know Pastor Kyle. He noted that Pastor Kyle did an admirable job of stepping into this transition, saying, “It helped us to get to know Pastor Kyle faster and better than we maybe would have otherwise.”

He also said his role as church treasurer felt minimal impact from the transplant. “For me personally, as a church treasurer, I do not have a lot of occasion to ask questions and do not need a lot of assistance in that role,” he said. “I do not think it affected me personally a whole lot.”

During the time of the transplant, he found that the presence of the senior pastor was missed. However, he also noted that this vacuum meant that many other people stepped forward

to help the situation. He specifically noted the council, the elders, the church president, and how they came together to help the membership of the church as well as Pastor Kyle and his transition to ministry.

When asked if there was a negative impact to the congregation, he noted he did not personally see a negative impact. There were people at the church, a pastor at the church, and someone could take care of the needs that came up. He attributed this smooth transition to planning, "Whatever preplanning[20] Pastor Aaron did or the council or the elders did…really made for a smooth time."

He said the time of the transplant allowed others to help in ways that they might not normally. It also allowed the congregation time to get used the different ministry styles of the different pastors.

Looking back, he said he was concerned for the senior pastor and his family and wanted the medial situation to be positively resolved. He views Pastor Kyle's arrival as fortunate.

Participant I and Participant J

Participant I and Participant J are a married couple. They were interviewed at the same time. The transcript of the dialogue is interesting and, as couples often do, the husband and wife fill in details for the other.

Participant I at the time of the transplant was an organist in the church and had served as an organist for the last twenty-seven years. He was also a leader of the high school youth group and has served in that capacity for six years.

[20] Once again planning is mentioned as strategic and beneficial.

Participant J at the time of the transplant had been, with her husband, leading the youth group for the past six years. They both have had many other positions in the church and have been active members since joining the church in 1993.

When asked what the primary duties of a pastor are, Participant J answered: preaching good sermons, being in the Word, connecting people in the church, and encouraging leaders.

Participant I stated: organizing and leading Bible studies, sermons, being available for people to talk with, and at times counseling, including marriage and pre-marriage counseling, and to call on the hospitalized and sick and to provide them the Word.

As to the senior pastor's ability to fulfill these ministry duties during the time of the transplant, Participant I responded that the senior pastor did a good job, however there was an obvious physical failing. He would take naps, worship would wear him out, and some of the duties were put aside, or half-done.

Participant J echoed that she noted a decline in the health of the pastor, but also there are responsibilities for parishioners as well. In her own capacity as a youth leader, she stepped up knowing that the senior pastor was prioritizing other activities. She was comfortable planning and doing activities. She found it helpful for the pastor to be visible in the church, but that he did not need to be fully responsible for all the activities.

Participant I noted that the full physical difficulty the senior pastor was undergoing was largely unknown by the congregation. That part of it was 'kind of hid' by the senior pastor and did not fully come out until the end of the transplant. "He told us once he was dying. But it is not something that people knew, how bad it really was," Participant I said.

Participant I noted the congregation did step up and take over many duties to make sure that things got done despite the failing health of the pastor. But there was more to the ordeal than

people just helping in ministry. Members volunteered their own kidneys for his health, "He had heard that up at Mayo, when they get a patient like this and request donors to come in and give, they usually get a few entries, but they had never that many that he had gotten [*sic*],"[21] he said.

Participant J said that during the transplant people were brought together for the good of the senior pastor. This coming together meant that people, who had been helped by the pastor previously, were now very willing to give back in many varied ways.

The arrival of Pastor Kyle was significant. Participant I stressed that during the transplant the congregation was thankful he arrived, "boots on the ground and ready to go." This arrival of Pastor Kyle meant that the worship service and spiritual leadership continued in the congregation.

Participant I mentioned Pastor Aaron performed worship services before and after the transplant. During these services there was a focus on God, and not the pastor's particular problems. Participant J said, "What an example to everybody. He didn't make it about himself. He kept it about God. He looked toward God during that whole time. I know it was very difficult for him." Participant I echoed the difficulty, "Some of his sermons you could tell he was not feeling well."

Participant J, when asked about how the transplant effected the ministry of Zion, she said she felt that much of the functions of ministry continued with the help of Pastor Kyle. She said, "He was dropped right in the boiling water and did fine." She notes that if it had not been for Pastor Kyle there would have been a bigger disruption in the ministry at Zion.

[21] This is likely a bit of an overstatement. However, the notion remains. The doctors did comment that there was an abnormally large amount of people willing to donate a kidney.

The transplant did come with a cost. Participant I discussed an interesting kidney side effect, 'kidney transplant brain.' "The senior pastor had been doing marriage counseling with his daughter and emailed a wrong set of Bible verses. They looked at them and said they really don't sound like…they would work." They commented, "This doesn't really sound like a good verse to have at a wedding, but okay." The mystery continued until, "We looked at the papers he had given them, and it was kind of verses to look at during a troubled marriage during marriage counseling,"[22] said Participant I.

One difficulty of the time for Participant J is that she was not sure of the best way to help the pastor and his family. She stated that she did not know whether the pastor might accept help or not, or when help might create more work. At times, navigating this, it was hard to know when help would be help and be appreciated.

When asked how the time of the transplant made her feel, she said scared for the family of the pastor, and it made her look at her own children. It was a period of stress and thankfulness, but she also realized something faithful was going on as well.

Participant J also views the time of the transplant largely as a blessing. There was good in trusting in God to make all things work. She said, "There are blessings in everything. I do think seeing that example…trusting in God to make it all work. Preparing but trusting. And the people of the church, there was not anybody that did not want to make it better for him."

She also said that the senior pastor did a good job of planning for the transplant, as well as revealing the information about his own personal health. "Their family was very open. They kept

[22] Despite 'kidney transplant brain' the couple did happily marry and at the time of this writing have a beautiful little daughter.

communication with the family very well. I think if that would not have happened, it would have been much harder. He was very open about all of it," Participant J said.

They referenced the pastor's family of origin and noted there were six kids. He is the oldest and the transplant donor is the youngest. "The funny part of it, when his mom brought his little brother home (when he was born) from the hospital, he (the senior pastor as a child) asked, 'Why did you have another one?'"[23] said Participant J. "And that is the one that saved his life."

Building on this theme of provision, Participant I noted that during the time of the transplant he noted that there was a reliance on God and the power of prayer. He saw the senior pastor as able to put his trust in God and His provision. "I'm very happy and proud to have him as our pastor and seeing his faith. He did put everything in God's hands," said Participant I. God had other ways of making provision. There was good timing and more provision with the arrival of Pastor Kyle at Zion. Also, the amount of people doing ministry grew and the transplant allowed others in the church to come forward and be involved in new ways. "I'm just happy everything worked out the way it had. God is good," Participant I said.

The Trained Interviewer—Post Interview Reaction

Here we are today. Nearly five years after Pastor Aaron Flatau shared his news with the congregation here at Zion Evangelical Lutheran Church in Humboldt, Iowa, on his impending kidney transplant slated for the summer of 2017.

The immediate shock of his message soon followed with concern for not only his health and future, but also for his family.

[23] Jonathan, the kidney donor, is in the sixth child in the family.

I think all of us in the congregation were greatly concerned about his condition and wanted nothing but the absolute best for him.

No doubt there was a huge spike in prayers for Pastor Aaron and his family.

We were fortunate that the arrival of Pastor Kyle from the seminary and his eventual installation here at Zion in mid-June 2017 resulted in another pastoral leader among us to help guide the ship.

A great deal of thanks to Pastor Aaron for his preparation in helping ease the transition for Pastor Kyle.

Also, a great deal of thanks and appreciation for members of Zion who stepped up and helped, whether it was large or small, to help the congregation continue with its ministry.

The Lord was indeed watching over us and guiding us.

During my interviews with members of the congregation to go toward this educational process for Pastor Aaron, it was quite evident that members were quite concerned and at the same time, as time unfolded, a lot of things fell into place.

The good Lord saw to it that not only would Pastor Aaron have a successful transplant and recovery, but it also brought our congregation closer together, in many ways. I really feel that was quite evident.

It was a reminder for all of us that we must appreciate each new day in front of us that God has prepared for us.

In looking back, it could not have gone any better.

Pastor Kyle proved to be a highly capable pastor despite him being fresh out of the seminary. And it was obvious that various people in the congregation took it upon themselves to fill in whatever necessary tasks needed to be done to help lighten the load for Pastor Aaron.

Pastor Aaron did an amazing job hiding his pain and discomfort that he had leading up to the event. Most of us did not know that. For that alone, we have an even deeper appreciation for him.

Pastor's steady, affable nature and always quick to smile or share a light moment continued during the time of his pain prior to the transplant. Again, most of us never knew.

I, myself, have gained a deeper appreciation for Pastor Aaron as a pastor but as a person, a child of God. He has had to handle a lot since he arrived in 2007.

Sure, kidney transplants are more common than ever, but nothing in life is certain or guaranteed in our ever-changing secular world.

But like our Lord and Savior, Pastor Aaron is a steady, constant rock of Gibraltar, so to speak. That was certainly a message I gained from the members of the congregation whom I interviewed for this project.

To Pastor Aaron Flatau, thank you for your continued leadership.

To God be all the Glory!

Pastor Interview[24]

Interviewer: "What was your leadership role during the 2017 year at Zion Lutheran Church? How long have you served in that capacity? How long have you been a member of Zion Lutheran Church?"

Pastor Aaron: "I would have been the senior pastor. At that point a relatively new role for me. A half a year before that it would have been, Pastor Raether,[25] he retired so it was a new

[24] The interview is footnoted to describe in further detail the thoughts that the pastor was thinking during the interview, elaborating on comments that seem unclear from the transcript.

[25] Pastor Raether, mentioned before, had been the senior pastor at Zion for twenty-five years before his retirement in 2015. I took over his role as senior pastor after serving under him as associate pastor since 2007. As

transition into the senior pastor position. I have been a member (and a pastor of Zion) now, fourteen years. It would have been ten years at that time (of the kidney transplant). I came in the first week of July in 2007."

Interviewer: "What, in your opinion, are four or more tasks of a faithful Pastor?"

Pastor Aaron: "I struggle with the question…mostly because like what I would like a faithful pastor definition to be, and what I find I have to do, frequently are different administration.[26] That (administration) would be one thing a faithful pastor does. I find myself tied up with a lot of administration things that are not my favorite things, but they are a role of a pastor. Administration is a role. I think and find it ... for me it takes a lot of my time ... all the notes on my desk ... is administration. That component (of ministry) is there with it (administration)."

Pastor Aaron: "I would like to have more time ... maybe sometimes be better able to more thoroughly teach God's Word, like in Bible studies. Today I have an LWML[27] meeting and I'm doing Psalms and I have not had quite enough time for the background for it, but it is one I did before."

Pastor Aaron: "I would like to teach God's Word in Bible studies and formats like that, I think would be a very good thing for a pastor to do. I struggle with having enough time to do that."

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mentioned in the interviews of the congregation leaders, there were three pastors undergoing a change in position and status at the time which added to the difficulty of the situation. Pastor Raether retired to Humboldt—the same community he served for twenty-five years.

[26] Administration is a current complaint of mine. I feel I am not doing ministry when I do administration. However, administration is very useful. It also integrates well into the planning that is mentioned in the interview transcripts of the church members. There is something good to the planning and the doing of administration, despite my reluctance to acknowledge administration's value.

[27] Lutheran Women's Missionary League.

Pastor Aaron: “The other task is preaching God’s Word. Certainly, the declaration of God’s Word on a practical level for people, that is certainly one big role I do like to do, and I feel very pleased a lot of weeks I get to preach and do that.”

Pastor Aaron: “The other part is time with God’s people. Whatever it might be. Whether it is visiting or going to events, graduation parties and confirmation events. Things like vacation bible school…things like that are good roles.”

Interviewer: “How would you describe Pastor Aaron’s ability to fulfill these tasks of ministry during the time of his kidney transplant?”

Pastor Aaron: “My experience, I suppose, was the problem. I went to the Mayo Clinic in January[28] and I had a number of 17.[29] When it got below 10 ability ... my ability became pretty limited.”

Pastor Aaron: “So, in January, I had seventeen for a number. Maybe it was enough to do most things, but it was not enough if I wanted to exercise. I would not be able to do that. There would be times I would feel off.”

Pastor Aaron: “As that got worse, January to June, it went down from 17 to 6–10. That started to feel pretty bad.[30] It started to limit what I could do.”

[28] January of 2017.

[29] This was a reference to an Iothalamate GFR of 17. The normal range as listed by the Mayo Clinic is 76–130. When the number gets to be under 10 is when typical intervention (transplant, dialysis) takes place. Post-transplant the number went up to 85.

[30] This ‘feeling bad’ was a strange sensation. It was not pain in a physical way, but perhaps a general discomfort. It would manifest most during resting. If I was moving, I felt better. If I stopped, I felt worse. It made rest difficult, and more to the point, made sitting at a desk, doing administration or planning, difficult.

Pastor Aaron: “I did feel like there was a big list of stuff that was kind of piling up. And it was along the lines of administration things that started to pile up. Also, there were home visits that were hard for me to do, or it took time away from, or planning for a service.”[31]

Pastor Aaron: “I feel like I had a limited amount of energy that really did not allow me to do what I wanted to do.”

Pastor Aaron: “I kind of felt guilt.[32] Because ... I could not really do what I wanted to do, and I could not get the things done that I wanted to get done. Seems like there were a lot of things building up.”

Interviewer: “How did Pastor Aaron’s kidney transplant affect the members of Zion? How did it affect the congregation? How did it affect you personally? Describe the impact.”

Pastor Aaron: “I suppose I’m curious how some of the other interviews went,[33] although I’ve tried to not look at the ones (interviews already done with other church members) you brought in.”

Interviewer: “I would say the majority of the people felt you did remarkably well and that you were very much prepared for that transition. That is the consensus of all the people I interviewed.”

Pastor Aaron: “That would be the hope that…the church should not be so dependent on a pastor if a leave of absence was needed or things like that, that things will not totally fall apart.”

Pastor Aaron: “The other part of the whole thing during the congregation part, Pastor Kyle was coming into the mix. We were doing the call process and we had the forms in about January.

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[31] It was these practical things, listed as duties of a pastor that were starting to mentally weigh on my mind before the transplant.

[32] This is identified as the problem, in the Research Problem.

[33] At the time of the interview, I had not read the interviews from the other church members. I did not want their interviews to cast light into this interview.

In April there was a call ceremony, and he was sort of transitioning into coming here. I think that helped the impact. I knew there was going to be something in place by the time that the kidney transplant."

Pastor Aaron: "That helped. It felt like I had a whole bunch of things to teach ... the way I am going I might be dead ... or, I might come back and be much healthier or whatever happens, unknown, kind of having him in place, from a congregation's perspective, was a good thing and that they knew there was going to be some consistency here."

Pastor Aaron: "From my perspective, there was a lot of work. The whole thing was a lot of work, like transitioning from Raether the year before and for the limited amount of energy and going into the call process ... getting that set up. It did really go pretty well."

Pastor Aaron: "After Pastor Kyle got here it really was not—if you were going to plan a transition—it really was not what you would ideally want it to happen."

Pastor Aaron: "And then there is always, you could say one thing, okay, here is how this works. But we knew at the same point there is five other things that are dependent on that, maybe it would be good to know ... but he came and was very good and gracious. He was a big help."

Interviewer: "Another consensus among the people is that we were very pleased to have Pastor Kyle come at that time and that he was capable. Granted, he had a lot to learn, yet he was very talented and capable, so he was able to step in and do a lot. On the surface people felt he did pretty well. Behind the scenes there was a lot of teaching and training and newness."

Pastor Aaron: "I feel like I had that as a goal that … and maybe that might have been wrong ... some of my distress or difficulty was I really wanted everything to go normal.[34] I wanted Pastor Kyle to come in and have all the tools he wanted. I wanted consistency for the

[34] This is the Research Problem. Ministry cannot continue normally under such circumstances.

church to not be hugely impacted by (my) health failings. The time I was gone I wanted a lot of the main functions of being a pastor to go on. That probably was not the best mindset to have ... that everything is going to be good in spite of the fact everything is not."

Pastor Aaron: "I do not know how much it impacted, but it impacted me. My experience was more, I cannot get everything done. I felt guilty that I was failing my duties as a pastor. But I think the congregation maybe had a better understanding."

Interviewer: "I think the congregation really understood and felt that you did remarkably well. Really, they have a lot of praise for you for doing what you did."

Interviewer: "How did Pastor Aaron's kidney transplant affect the functioning of the ministry at Zion at that time? How did that play out in a church/worship setting? How did that play out in the rest of the week?"

Pastor Aaron: "I think the worship part of it was probably always covered. It was funny, there was one time during a coffee afterwards, there was a visitor who I was talking with, and I said, yeah, I am having a kidney transplant in two weeks. I liked what they said. They go … You?"[35]

Pastor Aaron: "From my perspective, I wanted to go home and take a nap, but I knew it would not be very restful and I probably had not slept well that night and I probably had more coffee than I should have had that morning.[36] I think ... like the public things and public settings,

[35] Reactions like that was what the theologian of glory in my heart really wanted. It desired people not to think I needed a transplant. This acceptance with my physical state I, wrongly viewed as a sign that ministry was progressing as normal. And it meant then to me that my health failing was not impacting the congregation. Ministry continued normal. I suppose there was even the aspect of pride in it. I was 'hiding' my condition well. This now in retrospect was a problem.

[36] This notion is close to the truth. If the service went well, there would be a strange period of unease and unrest later that afternoon.

it (the kidney failure) probably was not too apparent. The pauses[37] I had to do to make that possible, it was probably more difficult."

Interviewer: "What did you find challenging, if anything, about this period in the church's history?"

Pastor Aaron: "I suppose everything is kind of the, everything was kind of challenging, from the smallest to the biggest of things. For me it was everything."

Interviewer: "In what ways, if any, was that time a blessing?"

Pastor Aaron: "The blessing ... I did feel very humbled by many things. The church was really a blessing to me. The insurance was a blessing. We went to the Mayo Clinic, and they said if you do not have any insurance, you have to put $250,000 up front before we entertain the transplant. The total cost (for the actual transplant) was about $200,000, (that is) what insurance ended up paying. I don't know how it worked out, but insurance was a blessing. I think of our out-of-pocket, we paid, it was not over $2,000. That was much better than I thought it would be. I thought we would be paying on that for years."

Pastor Aaron: "In the meantime, the congregation did not have any fundraiser or formal anything ... but out of the goodness of their hearts people were sending money and different organizations were sending money. So, it was either by a donation or by insurance, the cost of it (the kidney transplant) was paid for. There is a transplant house in Rochester where we stayed, and they have a mailbox out there. If you are at the transplant house and you get a kidney transplant, you have won the lottery. Because (at the transplant house) people would say, oh, a kidney that's not too bad."

[37] Naps, rest, etc.

Pastor Aaron: "Even among cards people got (in the open mailboxes), my stack of cards[38] was the biggest, typically. There were a lot of people who went out of their way to bless, help, and encourage me during that time. That was a huge blessing. The same thing happened when we got back. Even when the kidney was in, the first month I was not myself. I was much better but not fully back. The time to transition back in Pastor Kyle certainly helped doing that. The congregation was very accepting. People would see me here at church during the day and say, 'Oh, go home and take a nap.'[39] A member would come by and say that. People were very helpful."

Interviewer: "Do you feel that the congregation was negatively impacted by the kidney transplant? In what way was the congregation negatively impacted? What could have been done better to prevent this"

Pastor Aaron: "I suppose the reason I find it (the research project) interesting. I am not sure they were. Like in a lot of ways, helping somebody in need, Matthew 25, being able to help and sacrifice on somebody else's behalf, it is part of that Christian experience."

Pastor Aaron: "I don't like the part of being the person in need."[40]

Pastor Aaron: "I would rather be the person trying to help and do something. That role for me is uncomfortable. But that is what it is supposed to be, a Christian to help neighbors. In some

[38] The cards were mostly from the congregation. They were 'stepping up' in this capacity to support their pastor.

[39] Generally, members seemed to be more accepting of my need to rest than I was. Resting from my perspective made me feel guilty.

[40] Many of the sermons I gave during the time of the kidney transplant had with them a theme somewhat related to the kidney transplant. I, in sermons, only infrequently mentioned the transplant by name, but people could pick up on what I was hinting at. I find I am more comfortable being the person to help the person in need, the Good Samaritan strikes me as good, and the man beat up along-side the road, seems bad. Both need to be present for the parable to take place, for the Word of God in Jesus' parable to take root. However, when it played out in my reality, I was uncomfortable in this new role of being the injured one.

ways I do think the congregation would not have been able to do more of those things if I was not in the situation where I was."

Pastor Aaron: "However, if you measure how many visits happened. Or measured traditional things a pastor does, or how many hours I am in the office, or how many hours did you plan for Bible Study, or how many Bible studies did you do,[41] there would have been an impact. Those tangible things, they certainly were not the same. The things that you could measure, there was a decline in tangible things. Some of the more intangible things, like ability of others to serve ... ministry is so hard to measure."

Interviewer: "I think a lot of us do not realize all the things you do. That was another thing some people alluded to. They did not see anything that was noticeable ... but some people realized there was a lot of small stuff you do they took for granted."

Interviewer: "Did the time of illness open any new methods for the congregation to faithfully serve God and one another? If no, why not? If so, what actions did you see demonstrated in the congregation? If so, what actions did you see in your own life?"

Pastor Aaron: "I think it opened a lot of different doors. The congregation I really do think is good at comforting, informally comforting people. We do not have a formal comfort (program, but) I do see widows looking out for and comforting other widows. Or, if there's somebody listed in the bulletin, people send cards. We bring in about $800 a year just selling cards."

Pastor Aaron: "That bit of comforting ... people here in the church here really are good at comforting."

[41] The interviews of the members rightly noted that less ministry tasks were happening at the church during the time of the transplant.

Pastor Aaron: “A month off from medical leave that is something the congregation has not encountered. Like, from an administration or leadership standpoint, they made that happen and we are very happy to help in that capacity.[42]”

Pastor Aaron: “I said I needed a kidney transplant, and the people were very supportive of that.”

Pastor Aaron: “Some of the smaller things, be it Pastor Kyle, the secretary, or other members of the church, some of the leadership ... I think people went ahead and did things on their own. Instead of calling me or asking me, I think they went ahead and did things on their own. They were informally trying to help me through that process.”

Pastor Aaron: “In my own life, it probably ... I did feel blessed, but I also felt like my faithfulness went down. As the congregation’s faithfulness went up—they were trying to help or cover up, I felt there was a gap in what I could do and how faithful I was to the congregation.”

Pastor Aaron: “I was less faithful, I felt.”

Pastor Aaron: “Strangely enough ... that is an unrealistic expectation. The congregation doing well to help or bless ... I felt bad because I wished I could do that.”

Interviewer: “You were beating yourself up[43] because a lot of members felt you did remarkably well. There were times ... some of them said you looked tired at times and your skin had a different color, and they knew that even your resting times were not productive. You were being challenged, physically. They all felt for you.”

Interviewer: “How would you describe the impact of the kidney transplant in the faith life of the members of Zion as a whole?”

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[42] Even through my own feelings of guilt and failure, I did, even at the time, see that the congregation liked to help and liked to serve.

[43] The interviewer seemed to want to affirm that my feelings of guilt and failure were, indeed, unrealistic.

Pastor Aaron: “I would hope it had a faithful impact. I would hope it would inspire people to help and serve that normally would not do.”

Interviewer: “How did the kidney transplant and time of illness make you feel? Please describe your feelings during that timeframe?”

Pastor Aaron: “During the time I felt weak. I felt kind of inept at times. I felt maybe guilty. When the congregation would help and do something. I recognized it was a blessing. I thought, ‘boy, this is good.’ But at times it also made me feel guilty, too.”

Pastor Aaron: “For me, an outcome of it ... I do think I’ve learned to be more accepting. More accepting of being weak if that makes sense. That might be something different.”

Pastor Aaron: “Or, if all the things on my list that I would like to be done or cannot get done ... get to that point or mental line of reasoning that maybe is not helpful, can be shut off, some of those negative feelings.”

Pastor Aaron: “But I also felt truly blessed to be where I was. I had a friend who met me at Rochester at the transplant house ... he came, and we talked, we had a neat conversation. In the conversation, I said, there probably wouldn’t be a lot of things in my life that I would change. It (this kidney transplant) was not going to be like some big mid-life crisis, where I’m going to buy a Corvette or move somewhere. I felt good and blessed to be where I was, even recognizing there is a little bit of a struggle for everything. I had feelings of comfort and thankfulness.”

Interviewer: “Thank you for all your thoughts and answers. Is there anything else that you would like to add?”

Pastor Aaron: “Phil, I am very thankful for you going through and doing all of this. I really appreciate your time and effort. I am really thankful you sat down and interviewed all of these people. I am looking forward to looking through them and write my paper.”

Pastor Aaron: “Thank you. Thank you so much for your help.”

Data from the Harrison Assessment

The Harrison Assessment[44] is a job specific predictive analytic that seeks to match employers with job candidates who are well equipped for and who would enjoy doing the tasks for which they would be hired. In the Harrison Assessment the candidate’s responses are related to responses from people who are currently performing well at the same job/task. The end goal of the inventory it to match candidates to a task or job they are well qualified for and would enjoy doing. However, the methodology of the inventory does more than provide a match. The inventory gives insight into the mind of the person taking the assessment and reveals their own personal tendencies, interests, and preferences. The inventory is relevant for the context of this paper because it allows my mindset regarding the task of ministry to be better understood. It also allows my mindset to be compared to that of the general pastor profile. Insight gained here about my personality can likely be applied to other people who have the same tendencies, interests, and preferences as myself—as judged by the Harrison Assessment. The Harrison Assessment was administered on 09/07/2021. The results were compared against the profile, “General Pastor #CO214-009 v09/14/2017.”

The Assessment is broken down into four main categories. They include: Traits and Definitions, Behavioral Success Analysis, Paradox Graph, and Behavioral Competency Analysis. The Harrison Assessment measures for reliability. My score for reliability was 90.8 percent, meaning my results are, “answers were very likely accurate and truthful.”

[44] www.harrisonassessments.com

Under the main category of Traits and Definitions there is measure called Life Themes. Life Themes is a category that seeks to access the core of a person and what they enjoy. Rankings occur on a ten-point scale with ten being best. My rankings under Life Themes are: collaborative (9.8), relaxed (9.8), cause motivated (9.6), helpful (9.3), and wants to lead (9.2).

The next category is Strengths and Preferred Focus. The rankings from this category are viewed as traits that are sometimes part of the core of the individual. My traits are: analyzes pitfalls (9.2), authoritative (9.1), takes initiative (8.9), enlists cooperation (8.8), wants diplomacy (8.7), experimenting (8.7), frank (8.6), organized (8.5), influencing (8.0), manages stress well (8.0), assertive (7.9), and comfort with conflict (7.5).

The next category is Acceptable Areas which are described as moderate strengths and preferences. My rankings here are: open/reflective (7.3), analytical (7.3), self-motivated (7.1), self-improvement (6.7), optimistic (6.6), wants autonomy (6.6), outgoing (6.5), diplomatic (6.4), persistent (6.3), wants recognition (6.2), warmth/empathy (5.7), and enthusiastic (5.7).

The next category is Willing to Do. These are tasks that might be accomplished, but not for a large percentage of time. My traits are: wants challenge (5.4), wants high pay (5.4), enforcing (5.3), wants stable career (5.3), intuitive (5.0), wants capable leader (5.0), wants frankness (5.0), tolerance of bluntness (5.0), flexible (4.6), planning (4.4), certain (4.3), self-acceptance (4.3), systematic (4.2), systematic (4.2), risking (3.8), and tempo (3.6).

The final category is Prefer Not to do It. These traits are tasks that one prefers not to do. My rankings are: precise (3.1) and tolerance of structure (2.9).

Under the Behavioral Success Analysis Success Traits are compared over and against Traits that Can Hinder if Low. My Success Traits are: cause motivated (9.6), helpful (9.3), influencing (8.0), teaching (9.5), diplomatic (6.4), enthusiastic (5.7), persistent (6.3), takes

initiative (8.9), wants challenge (5.4), warmth/empathy (5.7), and optimistic (6.6). Notably, my lowest ranking scores were enthusiastic, wants challenge, and warmth/empathy. These scores are borderline low but assessed as not having a likely negative impact on ministry.

Under Traits that Can Hinder if Low, I scored: authoritative (9.1), collaborative (9.8), organized (8.5), pressure tolerance (6.8), self-improvement (6.7), wants to lead (9.2), planning (4.4), self-acceptance (4.3), analytical (7.3), analyzes pitfalls (9.2), manages stress well (8.0). Here ratings under 5 could have a negative impact on performance. In self-acceptance and planning I scored under 5.

Under Traits that Can Hinder the scoring is reversed. Here, 0 is the ideal score, as opposed to 10 elsewhere. I scored: defensive (0), blunt (2.2), dogmatic (0), forceful enforcing (0), and harsh (0). The rating of blunt is rating "very slight."

Paradox Graph is the next section of the Harrison Assessment. The Paradox Graph section of the paper measures two things that are contradictory but in fact are both helpful. This section measures 12 pairs of paradoxical traits that, while are contradictory, are also complimentary and synergistic. The ranking assumes that being strong in *both* of the contradictory patters is beneficial.

The 12 categories are: Opinions, Decision Approach, Strategic, Self, Motivation, Driving, Communication, Innovation, Delegation, Power, Organization, and Strategic Acumen. They are rated on a ten-point scale. The categories and my scores are listed below.

- Opinion: contrasts certain (4) and open/reflective (7).
- Decision Approach: contrasts analytical (7) and intuitive (5).
- Leadership: contrasts risking (4) and analyzes pitfalls (9).
- Self: contrasts self-acceptance (4) and self-improvement (7).

- Motivation: contrasts self-motivated (7) and stress management (9).
- Driving: contrasts enforcing (5) and warmth/empathy (6).
- Communication: contrasts frank (9) and diplomatic (6).
- Innovation: contrasts persistent (6) and experimenting (9).
- Delegation: contrasts authoritative (9) and collaborative (9).
- Power: contrasts assertive (8) and helpful (9).
- Organization: contrasts organized (9) and flexible (5).
- Strategic Acumen: contrasts optimistic (7) and analyzes pitfalls (9).

The final section of the Harrison Assessment is Behavioral Competency Analysis. This section of the paper measures emotional intelligence. It also contrasts these rankings with the mindset that is needed for the desired job. The categories and my scores are listed here: Knowing Oneself (7.4), Self-Motivation and Self-Management (7.4), Social Awareness and Service Orientation (9.4), and Relationship Leadership (9.1).

Data Analysis

To put together an analysis of the interviews the first step I did was to read the whole of the transcripts three times. This process made me familiar with the narratives. The repeat of the procedure was made necessary not just for clarity, but because the process itself was interesting. When introducing the Action Research process, it was mentioned that insider research comes out of frustrations, contradictions, or puzzles that have long been speculation. Reading the interviews was first reassuring and eased frustrations and solved long perplexing puzzles. By the third time through the material, the puzzles pieces started to fit together.

The next process was do go through and look across the scope of the interviews for repeated phrases or concepts. This could be as simple as, for instance, a phrase where the words

‘stepping up’ were repeated across many of the interviews. Or, it could be more of a theme, as in how Pastor Kyle, Zion’s newly installed assistant pastor right out of seminary, was mentioned by name in interviews. These often alluded to the fact that they appreciated services were held and activities were continued. Here the individual phraseology was not the highlight, but instead it was the common themes of the responses. These points, as well as others are summarized below.

Analysis of the Congregational Interviews

Below is the summary from the ten interviews summarized above. There are many repeated themes across the interviews.

First, the biggest repeated narrative is the theme of ‘stepping up.’ Obviously, this is a term building on a baseball theme of “stepping up to the plate” to hit. This term was said frequently during the interviews, but the notion is that the kidney transplant allowed more of the congregation to see their individual roles as significant and to reexamine their own capacity for help. And it turns out they were willing to take on new tasks. Some of the interviews gave credit to other groups that ‘stepped up,’ citing the council and the elders, specifically. Others cited their own individual attempts to help me and my family. Many interviewees said that they noticed other people in the congregation becoming more involved.

Second, Pastor Kyle was frequently mentioned as being pivotal in the time of sickness. Continuity of someone to lead seems to be a help both in the people interviewed, and in the literature reviewed. Pastor Kyle was called to Zion, having been a 2017 graduate from Concordia Theological Seminary in Fort Wayne. The call process occurred during the period of my kidney decline. He was assigned to Zion that April and told of the situation with my illness at that time. He arrived and took over his duties as Associate Pastor the beginning of June. His arrival happened one month before the actual kidney transplant.

The transition with Pastor McBee was significant for several reasons. The first is that the interviews mentioned the continuity of leadership. The main functions (power of the order) of the church continued to happen. There were worship services, meetings, Bible studies, and the public functions of the church continued. This was seen as universally positive in all the interviews.

There was also another listed nuance to McBee's arrival. His transition to ministry was less than ideal. The training that one might give an associate pastor just coming out of seminary is *not* what happened during his transition in the month of June. There was one month to train him before the transplant, but it was not nearly enough. To quote one of the interviewees, he was "Thrown into boiling water." The effect was two-fold. Positively, there was appreciation for Pastor Kyle stepping up and beginning ministry under less-than-ideal conditions. On the negative side, there was a newness that was not the most helpful for the normal continuity of ministry at a church. Interestingly, often this newness was not damaging, it also made others willing to help. Those interviewed seemed happy in their ability to not only help the senior pastor, but also to help the new associate pastor through a difficult transition time.

Third, the process seemed planned. This coming together, the new pastor, a donated kidney, and the reality as it played out, for many was viewed as well scripted. Some attribute the planning to the senior pastor, some attributed it to the elders, and other leaders of the church. However, after mentioning human planning most of those interviewed mentioned a reliance on God and His provision for the day. There was the notion that, looking back, it seems like God's planning was self-evident with this kidney transplant and the necessary things happened at their proper time. This perspective is gained by looking back. The lived experience was more

troublesome, more difficult, more uncertain—but in hindsight, looking back, the process seems cohesive and blessed.

Fourth, the lived experience for many of those interviewed involved an emotional response. Many said that their experience began with worry and some fear. This was an unsettling event to them and seemed to challenge their vision for the future. Some described this fear, not as fear for themselves or their church, but fear for what this might mean for the pastor and his family. Some noted that there was a different 'feeling' in the office when the pastor was not there. This feeling is described as 'empty.' Interestingly, their fears and emptiness drove them to prayer. And thus, the feeling of being unsettled, had a faithful response of moving many to prayer.

Fifth, prayer is listed heavily in the interview transcripts. If there is faithful response the illness inspired, it was to drive people to prayer. There was a sense of community in the prayer and in the 'stepping up' that seemed to prayerfully bring the community of believers together. People were fearful, empty, and unsettled together, but also together they prayed, looked toward God, and moved closer to Him and closer to other parishioners. Said simply, the Kingdom of God prayerfully came closer, and out of the prayer grew a trust and a reliance on God.

Sixth, communication about the problem to the congregation allowed the congregation to set the illness in the proper context. People mentioned that some Sundays I looked tired, and my skin color was off. Those interviewed did not mention my color because they were concerned about my previous night's activities, rather said it with a notion of respect—I was trying to do what I was called to do. I was there, doing my duties as best as I could. However, without the imminent forthcoming kidney transplant, looking tired and with off-colored skin during a Sunday worship service, might be basis for critique (perhaps a late-night drinking might be among the speculation), not commendation. Public forthcoming communication about the illness

gave the congregation a proper context to respond faithfully. In our age of privacy agreements, privacy laws, rugged individualism, and HIPPA regulations one certainly has the right to *not* communicate one's heath situation. However, privacy in this situation works against the office of *public* ministry.

Seventh, and this is negative, there also seemed to be a cost to the continued ministry at Zion. Many noted that there were less visits, less Bible studies, and less things were able to be planned in meaningful ways and with long-term continuity. Ministry, by some measures, suffered. This fact from the interviews is important to note—as it was my biggest fear and is, for this paper, the Research Problem. I wanted ministry to continue normally in all facets. Looking back, people noted ministry was *not* continuing as normal. My fear was realized. This at first seems to give credence to my initial assumptions and fears for ministry when I was sick.

However, surprisingly, people *expected* ministry to be affected, and thereby they changed the standard by which they normally judge ministry. Less visits, less Bible studies, and less ministry presence was accepted as a matter of course, not as a course to critique. Ministry tasks were not completed, but accusations were not made as congregation members saw the larger narrative, and many of them self-actuated new roles in this larger narrative as a help to ministry.[45]

Eighth, many interviewed, at the end of their sessions, looked back and gave summary statements about how blessed, or scripted, or planned the process seemed. There is a huge contrast here. Looking back, with the lived experience, the experience as it unfolded was unsettling, scary, and there were no promises for future security. However, once the crisis

[45] This will prove to be exactly the opposite of what I thought at that time. In fact, this is the anthesis of the Research Problem. I had unrealistic expectations, and the congregation seemed willing to accept certain ministry tasks not getting done.

resolved, in hindsight, and only in hindsight, the plan made sense. Being unsettled and scared, transitioned into being pleased and happy about where God had led.

However, very likely there is a bit of idealistic distortion from those interviewed as they looked back on the time. Had the events turned our more tragic, then the pleased and happy sentiments they said may not have been expressed. And, in truth, looking back, things do seem divinely planned, even with the cost and difficulty associated with the transplant. It should also be said that the use of the trained interviewer, and the ability to critique the pastor more readily, seemed to draw out the hardship of the situation more realistically from the interviewees.

Ninth, the interviewees suggest that the pastor was liked before the transplant. This 'liking' of the pastor is perhaps something hard to define. Before the sickness, there were certainly the usual critiques many pastors experience, but generally, the senior pastor was liked by members before the transplant happened. However, it should be noted a pastor who has a contentious congregational dynamic and is not so appreciated, might not find the same reactions from the congregation as found at Zion during the transplant. This could be an avenue for further study, but generally, it is noted the congregation members interviewed seemed to have a positive impression of the pastor before the transplant.

Tenth, the people interviewed were leaders of the church during the time of the transplant. Their operational knowledge likely resulted in more critique of Pastor Kyle than he was due. When speaking of Pastor Kyle's arrival, many of them commented that they invested time and effort into training and helping Pastor Kyle. This experience of operational knowledge of the church is likely due to the sampling of those interviewed. Leaders of the church were chosen to be interviewed and it was hoped they would represent the whole of the church. However, regarding operational knowledge of the church, the sample is skewed. Those interviewed had

great insight into how the church works. A greater sample size of the congregation, especially one involving church members not in leadership positions, would likely *not* have seen Pastor Kyle as in need of operational training. For members who just attend church on Sunday, the transition to Pastor Kyle likely seemed smoother than the interviews would suggest.

Analysis of the Pastor's Interview

My interview is different than the interviews of the congregational members. My lived experience was not only different because my kidneys were failing, but my experience was also different because I had almost exactly the opposite assumptions as the congregation. My lived experience seems to be of one defeated, in contrast, the congregation seemed to be people empowered. In fact, to begin this discussion it is helpful to look at a summarized view of the themes the congregational interviews listed as significant. Generally, the interviews from the congregation showed these major themes:

- People wanted to step up and help in new ways.
- Continuity of leadership, with the arrival of Pastor Kyle was helpful.
- Planning was helpful before, during, and after the time of medical leave.
- People had an empathetic emotional response to the news that a transplant would be necessary. The typical word used was "shocked," but this unsettling directed them toward faithful tasks.
- Faithful prayers increased.
- Communication to the congregation was helpful.
- Ministry did not continue in the same way, and the congregation largely understood this and accepted it.

- The congregation was willing undertake new ministry tasks. The willingness to do these tasks opened up new avenues for ministry.

It is telling then if we were to contrast this list with my own views—my experience was largely the antithesis to the propositions of the congregation:

- I was unable to 'step up' and help.
- When more leadership was helpful, I had less capacity to lead and was feeling "pretty limited." This focus on self seems to have somewhat clouded my perspective.
- Planning was seen as necessary, but I felt I was not doing as much planning as needed. To make matters worse, I did not even know if life itself would continue. It is hard to plan, when the quality of one's lifestyle, or even life itself, is in question. Nonetheless, I felt I was not doing enough.
- I had an emotional response to the situation, but it was not shock. Instead, what I really felt was feelings of guilt for being responsible for taking everyone through this process. And when I could not do my regular work, there were feelings of failure.
- One similarity is that prayer was central, and helpful, for both the congregation and me.
- Another similarity was that communication was seen as positive by both me and the congregation. This was perhaps the one 'work' that I could accomplish. Sitting in a chair and writing and keeping people up to date was one task I could feasibly accomplish.
- Ministry did not continue the same way, and generally I did not fully understand this, and certainly did not want to accept it as the reality before me. Again, my focus was on me.
- One profound finding, now clearer in hindsight, was that the actual goodwill and the resources of the congregation were almost unknown to my mental experience during the time of the transplant. This underutilization of in particular the goodwill of the

> congregation contributed heavily to the research problem and my feelings of guilt and failure. Said differently, I did not realize the great resources of the congregation before me. Said tragically, I did not see the great blessing of the people before me, and their ability and want to help, and this lack of an accurate evaluation of the Christians around me contributed to my mental anguish and stress. Said even more tragically, many opportunities were missed for Christians to display their compassion and love. I speculate that for many pastors there is an inability to 'see' the good found in their congregations. Thereby pastors, for a variety of reasons, miss the positive experience of utilizing the resources and goodwill of the Christian congregation around them.

As we look more in depth at my interview it seems good here to note that the research problem[46] was directly derived from this experience and one would expect themes found in the research problem to also be found in the corresponding interview. The research problem recognizes three big themes: unrealistic expectations, feelings of guilt and failure, and a struggle to perform normal ministry tasks. These themes are found throughout the interview.

Unrealistic Expectations

During the interview I stated "I feel like I had that as a goal that ... and maybe that might have been wrong ... some of my distress or difficulty was I really wanted everything to go normal. I wanted Pastor Kyle to come in and have all the tools he wanted. I wanted consistency for the church to not be hugely impacted by (my) health failings." That quote does a good job of capturing the mental tension and exhaustion of the situation. I had, for whatever reason, set a goal of maintaining normal ministry. This ultimately proved unrealistic. And when one has a

[46] The Research Problem is "During a time of a medical leave of absence the senior pastor at Zion Lutheran Church had unrealistic expectations resulting in feelings of guilt and failure from not being able to perform normal ministry functions."

standard that is unreachable, and one tries to reach it, failure is the result. It is unrealistic failure, but still in the moment feels like real failure.

Struggle to Perform Ministry Tasks

The normal routine of ministry became much more difficult when my kidneys were failing and became impossible during the period of medical leave. In the interview I say, “If you measure how many visits happened. Or measured traditional things a pastor does, or how many hours I am in the office, or how many hours did you plan for Bible study, or how many Bible studies did you do. There would have been an impact. Those tangible things they certainly, were not the same. The things that you could measure, there was a decline in tangible things.”

There was a direct relationship between kidney function and ability to perform tasks. If kidney function lowered, any task became more difficult. This meant, realistically, ministry tasks would not get completed. However, at the time I did not have the capacity to accept this. This meant I felt guilt. Normal, reasonable things for my job were daily not being accomplished.

Guilt and Failure

This constant striving to maintain normal functions at the church resulted with many negatives. Kidney failure carries with it fatigue. That fatigue was described in the interview as “feeling bad” or being “limited” and work was described as “piling up.” Also, there were “pauses” in the daily routine. Some afternoons required a nap. Sometimes I had to rest when I did not want to. More and more as the kidneys failed, daily routines became disrupted, and my emotional state plummeted.

From a ministry standpoint I had been judging my success or failure largely by what I was able to do. One the plus side, I could communicate to the congregation, I could pray, and I could fulfill many ministry tasks. However, as my health situation changed, more and more of the other

tasks of ministry were left unfinished. This had an emotional impact on me. I felt guilty if I had to take a nap. I felt like I was doing something bad. Worse, often the extra sleep did not help. I felt guilty if someone was sick and I did not visit them. The more tasks that were left undone the more I felt like I was failing in ministry, and the more I felt like I was failing, the more guilt I had.

Conclusions from the Interviews

My feelings of guilt and failure were rooted in the fact that I was letting down or harming the people to whom I was called. Strangely as I was feeling defeated, they were feeling empowered. My greatest worry and fear during the time, perhaps even greater than dying, was that the congregation would be hurt by my leave of absence. This research then suggests that the original proposition of the study is true. During the transplant, I *did* have *unwarranted* feelings of guilt and failure. The congregation was not seeing my failure. In faithful fashion, they were stepping up, helping, and growing more faithful in their service. Strangely, the congregation seems to have been reinvigorated … by my incapacity.

Tragically, in the lived experience of the event, I missed the 'empowered' congregation before me. The members of the congregation were ready and willing to serve in new ways, wanting to 'step up,' and I largely did not see this at the time. Now in hindsight, the feelings of failure and stress could have been somewhat alleviated by asking the congregation for more help. If I would have to live the event again, one major change would be to ask the congregation for more help.

The projected findings of the study were that the lived experience of the pastor and the lived experience of the congregation differ. It was proposed that the pastor's experience was one of difficulty, guilt, and failure. The congregation's experience was assumed to be different,

where the leave of absence allowed the congregation to exhibit many virtues and graces in supporting and helping other members and in being a blessing to their sick pastor.

Analysis from the Harrison Assessment

From the Life Themes section of the Harrison Assessment the positive traits that are interesting for this paper are the categories of Wanting to Lead and Collaborative. These positive traits and core values became very problematic during the kidney transplant, primarily due to lack of energy and time. Leading relationally (my preferred leadership style) and collaboration with people takes time and energy.

Examining the category of Wanting to Lead is insightful for looking into this paper's Research Problem. The research problem is my feelings of guilt and failure. My normal core value of wanting to lead relationally was challenged as my physical ability to lead waned during the transplant. The daily leading and planning for the congregation largely went undone during the leave of absence. Instead, what energy I did have was diverted to core ministry (power of the order) functions such as leading the worship services and sermons. There was not enough time and energy to properly lead and plan as normal. This deviation from my normal leadership style gave rise to feelings of guilt and failure.

Leading relationally deserves a bit more discussion as well. In the Behavioral Competency Analysis, I rated high for Social Awareness and Service Orientation,[47] and for Relational Leadership.[48] These two tendencies both require spending much time with people. Relational

[47] Defined as, "Relates to others with empathy and caring; is able to achieve win-win outcomes through a balance of assertiveness and helpfulness; enjoys contributing to the good of the whole; anticipates customer needs; takes action in service of the success of the organization."

[48] Defined as, "Influences, inspires and guide other to develop their collaboration skills and teamwork; manages interpersonal conflict in order to increase productivity, trust and group synergy."

leadership is challenged by illness. My leadership preference, relational leadership, requires time which is not available when one is ill. This increased my feelings of failure.

The other Life Theme is my tendency to be collaborative. The time of the kidney transplant was not a collaborative period of ministry. Collaboration would involve more people, more meetings, and more work. There was no energy for collaboration. As such, not only did I not get to regularly meet with people—as I typically enjoy. Not meeting with people and having to adopt a new methodology of leadership to lead, made me feel like I was failing in ministry. Ministry is about people. I could not be around people as I would have liked. So, people and relationships were substituted by decrees and mandates. This, while efficient, felt like failure.

Conversely, a desired trait where I ranked low in is self-acceptance.[49] This tendency was listed in the Life Theme sections of assessment as well as in the Paradox Graph section of the paper. This lack of self-acceptance likely contributed to my feelings of guilt and failure. If one is not content with themselves typically, during a time of illness self-acceptance further declines as the self physically declines.

Interestingly, if I normally rank low on self-acceptance, the insight found here is there is a tendency for me to place unwarranted burdens upon myself as I am not self-accepting. This tendency to place unwarranted burdens upon oneself would likely hold true for others who rank low in self-acceptance. Conversely, someone who ranks high in self-acceptance, might not feel the same unwarranted burden that I felt.

[49] The paradox graph for "self" reads, "You may tend to be a little lacking in self-acceptance. You have an intention to improve yourself. Your interest in self-improvement combined with somewhat low self-acceptance indicates you may tend to be a little self-critical. Thus, you may sometimes may things a little difficult by being unnecessarily hard on yourself." The words here "unnecessarily hard" seem be like the feelings of "unwarranted" feelings of guilt and failure. Simply, my self-critical nature is susceptible to placing unwarranted burdens on myself.

Also, in the Behavioral Competency Analysis I ranked high in Social Awareness. Being socially aware requires one to think about the good of the whole over and against the good of oneself. My tendency to want the congregation to *not* be impacted by my illness, likely arises from social awareness. Combine this with my lack of self-acceptance, and the likely result are feelings of guilt and failure.

Conceivably, a better possible future could have occurred. The Harrison Assessment has been helpful in pointing out a better way forward. My leadership style is relational. This ministry style is a preferred methodology for ministry. However, due to lack of energy I was unable to do lead as I normally would. My relational methodology took too much time and energy. Earlier in the paper it was acknowledged that my lived experience missed the 'empowered' congregation before me. The members of the congregation were ready and willing to serve in new ways, wanting to 'step up,' and I largely did not see this at the time. One better way forward would have been to utilize the congregation more effectively. The congregation was wanting and willing to help. I did not utilize their help efficiently. I could have, with the limited energy I had, set out to ask them for help more strategically and effectively. Likely this asking for help would have been seen as good.

Findings

The expected findings from the outset of the project were that there was a discontinuity between the lived experience of the senior pastor and the lived experience of the ten leaders that were interviewed at Zion Lutheran Church. Based upon the outpouring of good-will and support during the kidney transplant, was expected initially to find that the congregation was blessed by the opportunity to serve their pastor and his family; and that the pastor's guilt and feeling of failure were unwarranted.

Now that the congregational interviews have been conducted and analyzed, trained interviewer has submitted a report, the pastor's interview has been conducted, transposed, and analyzed, a Harrison Assessment has been taken and the results of that inventory have been analyzed. The project has been researched biblically, historically, theologically, and relevant literature has been reviewed. Now is the time to summarize the outcome of the project and to draw some conclusions for implications in ministry, as well as to discuss the Research Purpose[50] of this paper.

Here we will discuss the implications for the specific context of Zion Lutheran Church will be discussed considering the local ministry at the church discussing the positives for what occurred at Zion. This section will also include discussions on actions that could have or should have been amended.

The main themes the congregational interviews found were:

- Congregation members wanted to step up and help in new ways.
- Continuity of leadership, with the arrival of Pastor Kyle, was helpful.
- Pre-planning was helpful for the time of medical leave.
- People had an emotional response to the news that a transplant would be necessary. The typical word used was "shocked," but this unsettling reaction directed them toward faithful tasks.
- Faithful prayers increased.
- Communication to the congregation about the illness was helpful.

[50] The Research Purpose is, "The purpose of the effort is to better understand the lived experience among the leaders of Zion Lutheran Church and the lived experience of the senior pastor before, during, and after the medical leave of absence. The project will reflect on how the senior pastor's experience aligned with the congregational leaders' experiences. This exploration will give insight to pastors and congregations in similar situations where a leave of absence is also necessary."

- Ministry tasks did not continue in the same way, and the congregation largely understood this and accepted it.

Congregational "Stepping Up"

One of the main reoccurring themes in the interview was an emphasis on the members, and in particular the leaders of the congregation, accepting the task of supporting and helping their pastors. Considering the findings from chapter two regarding their role as a congregation toward their spiritual father, the congregation largely did well. The interviews frequently mentioned that there was more work to do during the leave of absence, but they were willing to fill that void as best as they could. The congregation seemed by nature to understand this responsibility and took upon themselves to engage in extra work for support of the congregation. The congregation leaders also engaged in training the new leadership (Pastor Kyle McBee).

In contrast my own reaction served as a contrast to the congregation. My reaction to my inability to work, felt like failure. I had a preference to theology of glory, where I preferred to trust in my own works, not in God's, and favored even my own work over the faithful work of the congregation listed above. I, and the congregation, would have been better served if I had embraced an attitude more aligned with theology of the cross. The purpose of this paper has been to research the lived experience of congregation and pastor and as such the finding is that the congregational experience has been more faithful than my experience. My feelings of guilt and failure take root from my lack of embracing the theology of the cross.

Also, the resources and goodwill of the members of Zion were underutilized. A better possible future could have occurred had I just asked the congregation for more help. Relationships would have been well preserved and people would have undertaken new tasks. My

feelings of guilt and failure would have decreased. And my limited energy would have been better utilized.

Continuity of Leadership

Continuity of leadership is important. In my interview I discussed my own appreciation for Pastor Kyle and his help during the kidney transplant. What was surprising find for me was that the congregation also greatly valued by those interviewed. During the time I did not recognize the full importance of continued steady leadership. Rather than the consistent reliant local leadership that Pastor Kyle provided, at the time I thought someone to fill the pulpit on a Sunday would have been just as valued. This assumption was untrue. There was something good to the lived experience of the congregation to have a called pastor (albeit newly ordained) in a leadership role at Zion.

As the congregation struggled with the changes that the kidney transplant demanded, having a consistent leadership presence was valuable. The continuity of ministry, and future more secure, was established with the arrival of Pastor Kyle whose ministry was a blessing to the congregation. His leadership allowed Zion to continue with ministry with minimal involvement for those who attend church. His arrival was a blessing to the congregation and to me and family.

It was noted in some of the interviews that Pastor Kyle was new to the congregation and the responsibilities found there. This, newness, at times could have been avenue for critique and complaining. However, the interviews reveal that the leadership of the congregation recognized the difficult task thrust upon him and, if needed, was very willing to support Pastor Kyle and his family.

Helpful Pre-planning

A heavy emphasis and thankfulness for pre-planning was mentioned in the congregational interviews. There is a merit to planning. When one is absent, when something has been planned in a way that involves the work of others, then many activities and ministries can continue as normal. For pastors who are undergoing a medical leave of absence, it is worthwhile to note that planning endures during the leave of absence. As such, pre-planning the events in the congregation before the medical leave of absence was seen my many in the congregation as something that enhanced the continuity of ministry.

What could be planned before the leave of absence, typically was planned. Here, strangely, the Research Problem becomes a commendable attribute[51]. My wanting of ministry to continue as normal, meant that I tried to ensure continuity of ministry by planning. While the full ministry of the church cannot be pre-planned or scheduled, my tendency to want congregational continuity meant that if it was within my agency, I tried to plan for my absence.

However, having lived through the experience with the congregation, the "planning" that the interviews mentioned was greater in scale. Said simply, the planning was God's. This leads to a strange lived experience. At the time when we lived through the experience together, the events of the day seemed random, chaotic, challenging, and like failure was happening. Nothing as it is experienced seems to make sense. But, looking back, strangely the events seem building, scripted, purposeful, and have a meaning never assigned to them during the experience of life. Truthful perception is found only in hindsight. Here, notably, many significant events happened as then needed to happen. A kidney donor, who was a perfect match was found. A new pastor

[51] What should be noted here is irony. Strangely, my unreasonable goal of wanting continuity of ministry meant that I tried to plan when I would be absent. This tendency in the theology section of the paper is identified as theology of glory, and ultimately is detrimental. However ultimately wrong, here my theology of glory tendencies led me to helpfully plan the events as I could.

was brought in to continue leadership. Insurance was in place to pay for the procedure. I had about one month before the transplant to transition Pastor Kyle to the congregation. The congregation accepted my health failings with grace. The congregation was happy to help Pastor Kyle and his family in their new role. Pastor Kyle performed well in his new role as pastor. The surgery was a success for both my brother and me. I returned home weeks earlier than the projected estimate. Looking back, it seemed to be one blessing upon another, and the process seems scripted, planned, and blessed. The lived experienced was guilt, terror, uncertainty, and lots of prayer. The interviewed leaders of the congregation, when reflecting, saw a new perspective that seemed scripted and planned.

The Emotional Response of Sickness

At Zion, people were also encouraged to engage the emotional response of the disease. Many of the interviewed, in describing the time used the word “shocked” to describe their experience regarding when they heard of the transplant. Allowing emotion to be expressed and examined is helpful for the congregation. Also, that initial expression of being shocked, ultimately in this situation translated into feelings of compassion and understanding. Without the initial shock and confusion, likely compassion too would have been limited. This challenge to existing norms, and feeling of shock, drove people to faithful reactions.

Thereby, it is recommended to engage the emotional response that occurs during illness. Sickness frequently brings about emotional response. Some of these emotions are expected, some are unexpected. However, pastors and members working together to share their feelings is not just good communication. Sharing feelings is so much more. It helps to provide mutual support, it allows and encourages real empathy, often the experience of sharing is cathartic,

frequently sharing emotions provides unity, and these discussions also provide context for understanding and useful action.

Faithful Prayers Increased

God commands prayer and God promises when we pray to listen. During the time of the kidney transplant, people prayed. So much was the prayer, that my own perception of prayer changed. Looking back on ministry, sometimes people have said to me, “I feel people praying.” I cannot say before that transplant I had any experience with this notion. Theoretically, I knew prayer to be good, I frequently prayed, sometimes prayers seemed answered. However, feeling the prayers of others, was never something I could relate. This changed with the transplant. If, as described above, the events of the transplant seemed chaotic, unconnected, and challenging as they played out in life. However, the lived experience also involved a calm that I can only attribute to prayer, and not just my prayers, but that others were engaging in the same endeavor. It manifested as peace.

The interview of the leadership of the congregation bore out the notion that as the events of my kidney failure challenged the perceptions and ministry continuity of the members at Zion—their response was that they engaged the long Christian history of turning toward God in prayer. This faithful element of prayer is significant and profound. As mentioned, God seems to have had a scripted plan for me and the Zion though the leave of absence.

Communication to the Congregation Regarding the Illness Is Helpful

Communication to the congregation was important. During the transplant I was very open about what was happening with my health. Letters in the appendix of this paper attest to the communication. In this era, one certainly has the right to maintain medical privacy. However, ministry is public. The office of ministry is public. While a pastor might have the right to

maintain health privacy, in ministry, this is not advisable. What happens when medical diagnoses and illness are revealed to the congregation is that the revelation allows the congregation a contest in which to view the situation. Without the communication and the context of sickness, daily failures to complete tasks of ministry are seen in a different light. However, if the congregation knows what is going on, they can understand and provide a context for compassion. Not only do they have a context for compassion, but they are also empowered to support and help and to 'step up' in new ways to continue ministry in the congregation. Without proper context and communication about the illness, misunderstandings would likely occur.

Ministry Tasks Considering Illness

Many people mentioned in the interviews they knew I was not performing all my ministry tasks. They also, because they had the sickness as a context, were able to see ministry tasks as less significant. Instead, congregational members focused on the significance of receiving a kidney transplant and only after the transplant, did they want me to return to full ministry tasks. What all these thoughts meant was at Zion during the time of the transplant congregational members were understanding when the norms for ministry in the congregation were not met and in response many then faithfully stepped up to minister of their own accord to the community. This was not a hardship, but generally the members where happy to assist in ministry tasks.

Expected Findings Confirmed

The expected findings were confirmed. The research conducted supports the notion that I felt unwarranted guilt before the kidney transplant. And, that the congregation was happy and blessed to 'step up' to help me, my family, and other members of the congregation through this difficult experience.

CHAPTER SIX

SUMMARY

This paper began with the idea to research a medical leave of absence that happened in Zion Lutheran Church in 2017 due to the senior pastor of the church requiring a kidney transplant. The main assumption of this MAP is from a secular worldview sickness is counted as something to be avoided and something that has no benefit. Secularly, sickness is measured in lost production days, in medical costs to restore health, and in pain and suffering. These secular notions contributed to the pastor's feelings of guilt and failure as outlined in the Research Problem. The Research Problem was identified as "During a time of a medical leave of absence the senior pastor at Zion Lutheran Church had unrealistic expectations resulting in feelings of guilt and failure from not being able to perform normal ministry functions." Thereby the pastor's lived experience was one of guilt and failure. The main question that this paper sought to answer is the pastor's attitude warranted and are the feelings of guilt valid. Or, conversely, were the pastor's feelings unwarranted.

Toward the endeavor of answering the research question, many avenues of research were engaged to provide a Christian argument against the assumed secular view of sickness only being bad. In particular, the research found in the paper wanted to know about the lived experience of the participants. Toward that end qualitative Action Research involving interviews performed by a trained interview were conducted on ten leaders of the church as well as the pastor. The notion of lived experience was encapsulated by the Research Question, which was, "What is the lived experience of the leaders of Zion Lutheran Church and the lived experience of the senior pastor of Zion Lutheran Church, before, during, and after the medical leave of absence?" The interviews were meant to give insight into the experiences of both parties during the leave of

absence, with the expected findings proposed to be the pastor did feel unwarranted feelings of guilt and failure.

Supporting the notion of purposeful illness is the biblical research section of the paper. Here it was found that personal illness is challenging and that there is not a direct connection, sometimes, between a specific sin and a specific punishment for that sin. There is a global fall, and sickness is a personal[1] reminder of a global fall.

However, this section also interestingly noted a correlation between forgiveness of sin and healing of sickness. This correlation, frequently found in the ministry of Jesus, notes that when sickness is mentioned in the biblical text, frequently there is something 'greater' to be known about the healing beyond just health restored. Sickness, and healing of sickness, in the Bible can have the function of leading the faithful toward the Kingdom of God. It can also do the reverse and lead the unfaithful away from the Kingdom.

Historically, the Kingdom of God,[2] or more literally, "The Reign God,"[3] of gives impetus for the modern ill person to adopt a biblical mindset and see in their own struggle with illness, not just failing biology, but also the greater story of spiritual warfare. Hereby Christians adopt an ancient and wider mindset of seeing their own struggle from a cosmic vantagepoint, "For we do not wrestle against flesh and blood, but against the rulers, against the authorities, against the cosmic powers over this present darkness, against the spiritual forces of evil in the heavenly places" (Eph. 6:12).

It was noted in the historical section of the paper that the medical processes of treatment typically now do not take place in facilities that merit Christian perspectives. The perspective

[1] And often a very terrifying and reorientating reminder of the global fall.

[2] The term referenced by Kallas, *Significance of the Synoptic Miracle*.

[3] The more literal translation of Gibbs, *Matthew 1:1–11:1*.

found at hospitals typically is more inclusive, and universal in nature. However, that doesn't mean that spiritually has no place in the medical community. Sorajjakool notes that frequently sickness has a tendency for us to see reality better, and even his secular viewpoint has here merit for the Christian as well as for the secular medical community.

Theologically, it was noted that someone ill, is better served by embracing tendencies toward theology of the cross, and there finding in their illness, sufficiency in Christ for the day, and promise held in faith for the future. Also, pastors and congregation are well served by ordering ministry according to the power of the order and the power of jurisdiction, as they are agreed upon principles regarding the main functions of ministry. The secondary functions of ministry are frequently time consuming. If a pastor has limited capacity, ordering time according to primary duties is helpful. Also, congregations are reminded, when a pastor is ill, that it is their duty to help and to support the person who teaches them God's Word. The LC and the SC here have responsibilities and duties both for pastors and congregations. However, when a pastor is sick, it is a fine opportunity for a congregation, as is their duty, to server and honor their Fourth Commandment responsibility to their spiritual father.

The literature review section of this paper reviewed common church responses to illness. The ways in which churches typically respond to illness are: with a Sacramental presence, with a human based response to physical needs, and with prayer and anointing with oil. All these responses were found as biblically valid and encouraged.

The recently completed works by Dr. Bruce Hartung, *Building up the Body of Christ*, and *Holding Up the Prophet's Hand*, encapsulate the struggle of illness from both sides of the issue. One undertakes to build up the leader, the other to build up the congregation. The duality of

these books provides a valuable and timely guide for the project. The literature section also noted a correlation between symptoms of pastoral burnout and illness in a pastor.

The research project was to qualitatively interview, with a trained interviewer, ten leaders of the congregation asking about their lived experience during the transplant. These interviews were contrasted against a similar interview of the pastor, along with a Harrison Assessment of the pastor. The findings were that the pastor's feeling of failure and guilt were unwarranted, as the congregation viewed the illness as a time to exhibit Kingdom of God behaviors.

The expected findings of the study were confirmed. The pastor, while very much blessed by the transplant's physical outcome, during the experience did feel *unwarranted* feelings of guilt and failure regarding his need for service to his congregation. And, that the congregation was happy and blessed to 'step up' to help me, my family, and other members of the congregation through this difficult experience. The congregation was in some ways blessed by the kidney transplant.

The main themes the congregational interviews found were:

- Congregation members wanted to 'step up' and help in new ways.
- Continuity of leadership, with the arrival of Pastor Kyle, was helpful.
- Pre-planning was helpful for the time of medical leave.
- People had an emotional response to the news that a transplant would be necessary. The typical word used was "shocked," but this unsettling directed them toward faithful tasks.
- Faithful prayers increased.
- Communication to the congregation about the illness was helpful.
- Ministry tasks did not continue in the same way, and the congregation largely understood this and accepted it.

This research, therefore, appears to provide helpful information for similar scenarios. There is a broad relevance to this project. The process of reflection upon a time of sickness applies to other pastors and other congregations going through a similar period of infirmity and medical leave. Therein the project is unique but is applicable to many different individuals and should serve to be helpful for both pastors and congregations. If there is a crisis in a church involving the need for a medical leave of absence for the pastor, then the pastor and the congregation might consider a review of the research results listed above and the recommendations that follow.

Answering the Research Question

The research question is, "What is the lived experience of the leaders of Zion Lutheran Church and the lived experience of the senior pastor of Zion Lutheran Church, before, during, and after the medical leave of absence?"

This study undertook to find the lived experience of the members of Zion as well as the lived experience of myself. My experience during the time of the transplant and failing health was one of guilt and failure as his health declined and ministry tasks were left undone. Ultimately this project has determined that my experience heavily delved into theology of glory. Despite of failing health, I unrealistically wanted ministry to continue as normal. This perspective increased my distress. My response to sickness was unrealistic, and perhaps tragic, in that a better course was available.

Conversely the lived experience of the congregation involved faithfulness. The congregation happily undertook actions to help me and his family. Their actions ranged from helping ministry at Zion, donations of money to fund the transplant, to some actively being screened to donate a kidney themselves. The congregation's lived experience ultimately became helpful and faithful as they took joy in the effort to help the pastor and his family.

Thereby, the Research Problem, is a problem. I could have certainly found a better path involving less feelings of failure and more feelings of thankfulness and God and His provision through the kidney transplant and through the fellow Christians at Zion.

Recommendations

At the beginning of this project, it was suggested that this study will give insight to pastors who may hold the mistaken belief their journey through an illness should not significantly affect ministry. Also, this research project was undertaken to give congregations guidance to help their own pastors going through similar situations. To that endeavor here are recommendations for other pastors and churches going through similar periods of illness that require a medical leave of absence. The recommendations are as follows:

- Strive to set up continuity of leadership during the leave of absence. Here the priority, if possible, should be not just continuity of leadership for a short-term absence (such as pulpit supply). In a time of an extreme illness that requires a medical leave of absence the norms of the church are upset. When so much is challenged already, the congregation appreciates stability. Prioritize leadership replacement looking for local, stable, consistent, and known individuals. This is not to say that other replacements do not work, just that stable leadership is appreciated.
- Communication between the pastor and the congregation is essential. This is true on many levels. At the most basic, communication allows the congregation to have context for the ‘failings’ of the pastor due to illness. Without communication of the illness, there is no context for compassion. As such frequent discussions about health changes (whether the illness is progressing or regressing) should be engaged with the leadership. These

discussions also set the shared expectations[4] for current ministry responsibilities for the pastor.

- In is noted that congregations as generally willing to help. Not only are they willing to help, biblically it is their duty to support their spiritual fathers. This support can/should come in many ways, but it helps best if the congregation is directed toward supportive measures by the pastor. This allows the congregations help, to be the actual help the pastor needs.
- The resources and goodwill of Zion were underutilized. A better possible future could have occurred had I just asked the congregation for more help. Asking for help during time of illness is good. Thereby, asking the congregation for help during times of illness is highly recommended.
- I had an unwarranted tendency to beat myself up (guilt/failure) regarding unfinished ministry tasks. This lack of acceptance of the situation during a period of illness and thereby lack of acceptance of self is unhelpful and unrealistic. It is recommended that pastors better accept the limitations of illness and self (give themselves a break).
- Times of illness are fantastic avenues for prayer. In the research of this study universally prayer mentioned as one way the congregation faithfully responded to the illness. Prayer is a faithful response. We are reminded here too that God commands us to pray and He promises to hear our prayers and respond. Encourage the pastor and the congregation to pray.
- Planning is helpful. During the interviews and the research, reflectively the leaders of the congregation viewed the time of the transplant as “planned.” This notion of planning likely

[4] These discussions can be guided by the power of the order and the power of jurisdiction.

was two things. One, God was planning and the events He directed in the lived experience during the transplant seemed to be planned. Human effort cannot script this. However, there are many ways in which human planning can benefit ministry. This advice is for pastors. If the illness and the leave of absence can be planned well, this effort is appreciated by the congregation.

- The congregational interviews prioritize the health of the pastor over and against daily activities in the church. The encouragement here to pastors is to prioritize what should be done to return to health. The congregation in the interviews understood and wanted the pastor to prioritize health.
- From the Harrison Assessment it was noted that the senior pastor preferred a relational style of leadership. This type of leadership style is very time intensive. This preferred relational ministry style could have been preserved by asking more members of the congregation for help.
- Illness is great unsettling event. Assumptions and norms are challenged among both pastors and congregations. In engaging conversations that involve emotions Christians are allows the ability to provide mutual support, engage real empathy, to have a cathartic experience, to move toward unity, and to have a basis for understanding. Engaging emotions in conversations is thereby recommended.

Additional Research

Leave of Absence with Other Maladies

One easy way to build on this study is to expand the research from a leave of absence from a kidney transplant to a leave of absence for other medical conditions. It at this point is speculated, but not known, if a leave of absence for something like cancer, or a stroke, or

recovery from an accident, would see a similar reaction from the congregation and pastor. Additional study in the arena could bolster or undermine the findings of this study.

Self-Acceptance and Results of the Harrison Assessment

Additionally further insight to and from the Harrison Assessment by another individual could be helpful. The research of this study lists my feelings of guilt and failure as the Research Problem. The Harrison Assessment gave insight into my own mindset. The assessment found I have low self-acceptance. Low self-acceptance, even without a challenge to heath, might of its own volition lead to feelings of failure (and possibly guilt too). Presumably someone going through this same scenario, but who has a high self-acceptance, might not become the Research Problem. Someone else, in the same circumstances, might have no feelings of failure and guilt. At this point, this is only speculation. Further research into this area could solidify the link between self-acceptance and feelings of failure during a leave of absence from ministry.

Changing the Perspective—When Pastors, Not Members, Are Sick

It was noted in the Literature Review of this paper that there is very little research about when sickness affects a pastor in active service to a congregation. This lack of research at times proved challenging for the purposes of writing this paper. While it typically is true that pastors minister to sick church members, this assumption is not realistic. So often in any lived experience the world does not present itself in black and white. Many pastors serve and work despite injury and illness. While much illness during ministry does not require a medical leave of absence, the same themes apply whether one is sick for a day or a week. In these small gray areas of ministry where the pastor is sick, many of the recommendations found in this study likely apply. But further, with so much difficult in ministry, and with burnout from ministry being so prevalent, further study regarding a sick pastor is beneficial for the pastor and for the

congregation they serve (that might soon be serving them). Any research with the assumption that the pastor is sick, is encouraged and highly recommended.

Burnout and Illness—Research the Connection

Dr. Bruce Hartung in, *Building up the Body of Christ*, and *Holding up the Prophet's Hand*, encapsulates the struggle both from the side of the congregation and the side of a minister. In these books he specifically targets pastoral burnout from the perspectives of the pastor and the congregation and gives helpful recommendations to avoid burnout. It was noted during this study that many of recommendations to help a sick pastor, are similar recommendations one might recommend to a pastor experiencing signs of burnout. There seems to be a relation between the two phenomena. However, this relationship is not researched and largely unknown. Additional would be interesting and helpful.

Guilt and Failure as a Pastoral Affliction

As mentioned in the beginning of this paper, when discussing my kidney transplant, that the medical condition is not all that common or applicable to the general population, much less to serving pastors. However, the inroads that seems to have merit and applicability are the themes found in the Research Problem. This tendency of pastors to see oneself as a failure occurs frequently in ministry. There are certainly biblical themes such as spiritual warfare, carrying crosses, affliction in the world, theology of the cross, and a host of other biblical themes that promise suffering and distress and see it as part of this globally fallen world. Affliction and suffering are not optional.

However, in the discussion occurring around writing this paper, there is a perception that many pastors are afflicted and discouraged with feelings of failure and/or putting up a façade to give the appearance of competence. This tendency gives neither rest, Sabbath, nor the necessary

recreation God designed mankind to require. In this study, this is only a second-hand observation. However, there has been enough inroads here that speaks to recommend to others that research into the collective insecurities of pastors would be a fruitful field to research and the help there provided would be a trove of treasure for future failure feeling pastors to pillage (implement).

How to Ask for Help

Asking someone for help seems like an easy task. But asking for help is not easy. In the course of this study, it was noted the task of asking the congregation for help would have likely served to preserve relational ministry, continue to advance ministry tasks at Zion, would have decreased unrealistic feelings of guilt and failure in the pastor, and perhaps might spark the congregation to engage in new tasks.

The fact that the congregation was willing to help is a finding of this study. This finding begs the next question. How might a pastor most effectively ask a congregation for help? Research into how pastors with limited capacity might engage the congregation to ask for help would be insightful and likely helpful for future pastors who become ill during a period of ministry.

APPENDIX ONE

INTERVIEW QUESTIONS

Questions for the Trained Interviewer to Ask the Leaders of Zion

The purpose of this research is to have a description of the lived experience of the ministry that happened at Zion during the 2017 year.

1- What was your leadership role during the 2017 year at Zion Lutheran Church?
   a. How long have you served in that capacity?
   b. How long have you been a member of Zion Lutheran Church?
2- What, in your opinion, are four or more tasks of a faithful pastor?
3- How would you describe Pastor Aaron's ability to fulfill these tasks of ministry during the time of his kidney transplant?
4- How Pastor Aaron's kidney transplant affected the members or Zion:
   a. How did it affect the congregation?
   b. How did it affect you personally? Describe the impact.
5- How did Pastor Aaron's kidney transplant affect the functioning of the ministry at Zion at that time?
   a. How did that play out in a church/worship setting?
   b. How did that play out in the rest of the week?
6- What did you find challenging, if anything, about this period in the church's history?
7- In what ways, if any, was that time a blessing?
8- Do you feel that the congregation was negatively impacted by the kidney transplant?
   a. In what way was the congregation negatively impacted?
   b. What could have been done better to prevent this?
9- Did the time of illness open any new methods for the congregation to faithfully serve God and one another?
   a. If no, why not?
   b. If so, what actions did you see demonstrated in the congregation?
   c. If so, what actions did you see in your own life?
10- How would you describe the impact of the kidney transplant in the faith life of the members of Zion as a whole?
11- How did the kidney transplant and time of illness make you feel? Please describe your feelings during that timeframe.
12- Thank you for all your thoughts and answers. Is there anything else that you would like to add?

Questions for the Trained Interviewer to Ask Pastor Aaron

1- What was your leadership role during the 2017 year at Zion Lutheran Church?
   c. How long have you served in that capacity?
   d. How long have you been a member of Zion Lutheran Church?
2- What, in your opinion, are four or more tasks of a faithful pastor?
   How would you describe your ability to fulfill these tasks of ministry during the time of your kidney transplant?
3- How did the kidney transplant effect the members or Zion?
   a. How did it effect the congregation?
   b. How did it effect you personally? Describe your lived experience?
4- Did faithful ministry happen at Zion during the 2017 year of your transplant?
   a. How did that play out in a church/worship setting?
   b. How did that play out in the rest of the week?
5- How would you describe your ability to fulfill the office of ministry during the time of his kidney transplant?
6- What did you find challenging about the timeframe?
7- In what ways did you find the timeline blessed?
8- Do you feel that the congregation was negatively impacted by the kidney transplant?
   a. In what way was the congregation negatively impacted?
   b. What could have been done better to prevent this?
9- Did the time of illness open any new methods for the congregation to faithfully serve God and one another?
   a. If no, why not?
   b. If so, what actions did you see demonstrated in the congregation?
   c. If so, what actions did you see in your own life?
10- How would you describe the impact of the kidney transplant in the faith life of the members of Zion as a whole?
11- How did the kidney transplant and time of illness make you feel? Please describe your feelings during that timeframe.
12- Thank you for all your thought and answers. Is there anything else that you would like to add?

APPENDIX TWO

BLANK INFORMED CONSENT FORM—FOR THE INTERVIEWEES

INFORMED CONSENT FORM

Study Title: Medical Leave, a Kidney Transplant, Theology of the Cross, and Unrealistic Ministry Expectations—a Study at Zion Lutheran Church

Researcher: Aaron Gary Flatau

Email Address and Telephone Number: flataua@csl.edu, 515–890–7558

Research Supervisor: Dr. W. Mart Thompson

Email Address: flataua@csl.edu

You are invited to be part of a research study. The researcher is a student at Concordia Seminary in Saint Louis, Missouri as part of the Doctor of Ministry program (D.Min.). The information in this for is provided to help you decide if you want to participate in the research study. This form describes what you will have to do during the study and the risks and benefits of the study.

If you have any questions about or do not understand something in this form, you should ask the interviewer. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

WHAT IS THIS STUDY ABOUT?

The research of this study is intended to determine the lived experience of the leadership of Zion Lutheran Church before, during, and after the medical leave of their senior pastor.

Two and a half years ago the researcher, the senior pastor at Zion, had a kidney transplant. During that period, he was unable to perform normal functions a health pastor would be able to perform. However, the pastor still had the expectation that it was somehow possible that all the duties of the office should still be performed. This impossible expectation is the problem and wanting ministry to succeed despite health difficulties is likely a common attitude found among pastors wanting to faithfully serve their flock. The project wants to better understand the attitudes of the pastor and the congregation during this period of sickness.

To do so the study proposes to study a selected sample of the leadership of Zion Lutheran Church during the timeframe listed above to ascertain the lived experience of the leadership of Zion during the time of infirmity. This information will then be compared with an interview detailing the pastor's lived experience during the time.

The hope this that this study gives insight not only into what happened at Zion during the time of infirmity, but also provides guidance to other pastors facing health challenges that might eventually result in a leave of absence from their pastoral duties.

WHY AM I BEING ASKED TO BE IN THE STUDY?

You are invited to be in the study because you are:

- A member of the leadership of Zion Lutheran Church, before, during and after the kidney transplant of the senior pastor on June 30, 2017.
- You are an adult, over the age of 18 and can provide your own consent to participate in this study.
- You are willing to describe your lived experience during the time of the kidney transplant and express how it impacted ministry in the church.

If you do not meet the description above, you are not able to be in the study.

HOW MANY PEOPLE WILL BE IN THIS STUDY?

There will be 12 participants in this study. You will be one of 10 people interviewed for the study. The final interview/participant is the pastor/researcher.

CONFLICT OF INTEREST

The researcher is currently one of the pastors at Zion Lutheran Church and the participants current pastor.

The researcher and his tenure during a kidney transplant is the primary focus of the study.

WILL IT COST ANYTHING TO BE IN THIS STUDY?

You do not have to pay to be in the study.

HOW LONG WILL I BE IN THE STUDY?

If you decide to be in this study, your participation will last around an hour. You will have to come to the place of the interview, Zion's library, one time during the study.

WHAT WILL HAPPEN DURING THIS STUDY?

If you decide to be in this study and if you sign this form, you will do the following things:

- Give personal information about yourself.
- Answer questions during an interview regarding the time before, during and after the kidney transplant of the senior pastor at Zion. The questions asked during the interview are prodding questions that are designed to help you relive the experience you had, and the experience of the church in general during the kidney transplant.

While you are in the study, you will be expected to:

- Follow the instructions you are given.
- Answer the questions to the best of your ability.
- Tell the researcher if you want to stop being in the study at any time.

WILL I BE RECORDED?

The interviewer will audiotape the interview process. During the interview process the doors will be closed to provide security that the information shared will not be overheard by others. The recording device is a handheld recorder, and the interviewer will say verbally when the audio recording is beginning and ending.

The audio of the interview will be stored on the handheld recording device and then transposed by the interviewer. The transcripts, as well as the original files, will be given to the researcher/pastor which will be kept in a locked safe by the researcher an only accessed on a password protected computer. Other copies of the audio files and/or the transcripts will be destroyed.

The actual transcripts will not be included in the published MAP. However, summary data of the transcripts will be compiled and included in the published MAP. The one exception for this is the interview with the pastor. This will be recorded verbatim in the published MAP.

The researcher will only use the recordings of you for the purposes stated above. They will not use the recordings for any other reasons without your permission unless you sign another consent form. The recordings and transcripts will be kept for seven years, and they will be kept confidential. The recordings and transcripts will be destroyed after seven years.

WILL BEING IN THIS STUDY HELP ME?

Being in this study will not help you. Information from this study might help researchers help others in the future.

ARE THERE RISKS TO ME IF I AM IN THIS STUDY?

No study is completely risk-free. However, we do not anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable.

As the interviews are likely to take place during a time of precautions dealing with the COVID-19 crisis the interviews will be conducted following current recommendations from Center for Disease Control, guidelines as outlined for meetings by the State of Iowa, as well as current risk management procedures adopted by Zion Lutheran Church. However, if there is a practice that makes you feel more comfortable during the interview, please inform the interviewer.

WILL I GET PAID?

You will not receive anything for being in the study.

DO I HAVE TO BE IN THIS STUDY?

Your participation in this study is voluntary. You can decide not to be in the study, and you can change your mind about being in the study at any time. There will be no penalty to you. If you want to stop being in the study, tell the researcher.

The researcher can remove you from the study at any time. This could happen if:

- The researcher believes it is best for you to stop being in the study.
- You do not follow directions about the study.
- You no longer meet the inclusion criteria to participate.

WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. As mentioned above, the recordings, transcripts, and computers will be kept secure for a period of 7 years. After that time, the recordings and the transcripts will be destroyed. During the study you will be identified, not as your own self, but as 'participant (1–10)'. Also, your actual transcript will not be included in the published study which will rely upon compiled information and not verbatim transcripts. In any written reports or publications, no one will be able to identify you.

As mentioned above, the research recording and transcripts will be kept locked in a safe with the researcher for a period of 7 years. The only person with access to the safe is the researcher/senior pastor. The only people who will be able to review the recordings or transcripts are the researcher and the research supervisor listed above (Dr. Thompson), and the director of the Doctor of Ministry program at Concordia Seminary Dr. Mark Rockenbach.

Limits of Privacy (Confidentiality)

The researcher can assure you that he will keep everything you tell him or do for the study private. Yet there are times where the researcher cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

- The researcher finds out that a child or vulnerable adult has been abused,
- The researcher finds out that that a person plans to hurt him or herself, such as commit suicide,
- The researcher finds out that a person plans to hurt someone else,

There are laws that require many professionals to act if they think a person might harm themselves or another, or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to hurt themselves or another person. Please ask any questions you may have about this issue before

agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

WHO CAN I TALK TO ABOUT THIS STUDY?

You can ask questions about the study at any time. You can call the researcher/senior pastor if you have any concerns or complaints. You should call the researcher at the phone number listed on page 1 of this form if you have questions about anything related to this study.

DO YOU WANT TO BE IN THIS STUDY?

I have read this form, and I have been able to ask questions about this study. The interviewer has talked with me about this study. The interviewer has answered all my questions. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above.

By signing this form, I have not given up any of my legal rights as a research participant. I will get a signed copy of this consent form for my records.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

I attest that the participant named above had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

_____

Printed Name of Researcher

_____ _____

Signature of Researcher Date

DO YOU WISH TO BE AUDIOTAPED IN THIS STUDY?

I voluntarily agree to let the researcher audiotape me for this study. I agree to allow the use of my recordings as described in this form.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

APPENDIX THREE

BLANK INFORMED CONSENT FORM—FOR THE TRAINED INTERVIEWER

INFORMED CONSENT FORM

For the Trained Interviewer

Study Title: Medical Leave, a Kidney Transplant, Theology of the Cross, and Unrealistic Ministry Expectations—a Study at Zion Lutheran Church

Researcher: Aaron Gary Flatau

Email Address and Telephone Number: flataua@csl.edu, 515–890–7558

Research Supervisor: Dr. W. Mart Thompson

Email Address: flataua@csl.edu

You are invited to be part of a research study. The researcher is a student at Concordia Seminary in Saint Louis, Missouri as part of the Doctor of Ministry program (D.Min.). The information in this for is provided to help you decide if you want to participate in the research study. This form describes what you will have to do during the study and the risks and benefits of the study.

If you have any questions about or do not understand something in this form, you should ask the researcher. Do not sign this form unless the researcher has answered your questions and you decide that you want to be part of this study.

To ascertain an objective outcome from the study, you are asked to conduct interviews with the 10 leaders of Zion Lutheran Church, so that the researcher is not influencing the results of the study. To do these interviews, you will be provided qualitative interviewing training.

WHAT IS THIS STUDY ABOUT?

The research of this study is intended to determine the lived experience of the leadership of Zion Lutheran Church before, during, and after the medical leave of their senior pastor.

Two and a half years ago the researcher, the senior pastor at Zion, had a kidney transplant. During that period, he was unable to perform normal functions a health pastor would be able to perform. However, the pastor still had the expectation that it was somehow possible that all the duties of the office should still be performed. This impossible expectation is the problem and wanting ministry to succeed in spite of health difficulties is likely a common attitude found among pastors wanting to faithfully serve their flock. The project wants to better understand the attitudes of the pastor and the congregation during this period of sickness.

To do so the study proposes to study a selected sample of the leadership of Zion Lutheran Church during the timeframe listed above to ascertain the lived experience of the leadership of

Zion during the time of infirmity. This information will then be compared with an interview detailing the pastor's lived experience during the time.

The hope this that this study gives insight not only into what happened at Zion during the time of infirmity, but also provides guidance to other pastors facing health challenges that might eventually result in a leave of absence from their pastoral duties.

WHY AM I BEING ASKED TO BE IN THE STUDY?

You are invited to be in the study because you are:

- A member of the leadership of Zion Lutheran Church, before, during and after the kidney transplant of the senior pastor on June 30, 2017.
- You are an adult, over the age of 18 and can provide your own consent to participate in this study.
- You are willing to interview and ask qualitative question to the members of Zion Lutheran Church as they describe their lived experience during the time of Pastor Aaron's kidney transplant and express how it impacted ministry in the church.
- You are willing to undergo qualitative interviewing training as described in the book, "Qualitative Interviewing: The Art of Hearing Data."

If you do not meet the description above, you are not able to be in the study.

HOW MANY PEOPLE WILL BE IN THIS STUDY?

There will be 12 participants in this study. You will be the only one to do the interview portion of the study. The other people will be the 10 people you will interview. The final interview is the pastor.

CONFLICT OF INTEREST

The researcher is currently one of the pastors at Zion Lutheran Church and the participants current pastor.

The researcher and his tenure during a kidney transplant is the primary focus of the study.

WILL IT COST ANYTHING TO BE IN THIS STUDY?

You do not have to pay to be in the study. In fact, you will be paid for your time (see below).

HOW LONG WILL I BE IN THE STUDY?

If you decide to be in this study, your participation will last for around an hour at each of the interviews. You will have to come to the place of the interview, Zion's library, ten times during

the study. Also, you will, after the interview transpose the interviews verbatim and will then give these interviews to the researcher.

WHAT WILL HAPPEN DURING THIS STUDY?

If you decide to be in this study and if you sign this form, you will do the following things:

- Undergo training in Qualitative Interviewing
- Ask qualitative questions to the leadership of Zion. The questions will be regarding the time before, during and after the kidney transplant of the senior pastor at Zion. The questions asked during the interview are prodding questions that are designed to help the participant relive their experience of the 2017 year at Zion.
- Following the interviews, you will be asked to confidentially transpose the interviews, to keep the participants anonymous, and to provide the transcript to the researcher.

While you are in the study, you will be expected to:

- Follow the instructions you are given.
- Ask the questions and perform the interview to the best of your ability.
- Tell the researcher if you want to stop being in the study at any time.

WILL I BE RECORDED?

You will be recorded and will oversee the recording of others. You will audiotape the interview process. During the interview process the doors will be closed to provide security that the information shared will not be overheard by others. The recording device is a handheld recorder. As the interviewer, you will say verbally when the audio recording is beginning and ending to the participants. The audio of the interview will be stored on the handheld recording device and then transposed. The transcripts, as well as the original files, will be given to the researcher which will be kept in a locked safe by the researcher an only accessed on a password protected computer. Other copies of the audio files and/or the transcripts will be destroyed.

The actual transcripts will not be included in the published MAP. However, summary data of the transcripts will be compiled and included in the published MAP. The one exception for this is the interview with the pastor. This will be recorded verbatim in the published MAP.

The researcher will only use the recordings of you for the purposes stated above. They will not use the recordings for any other reasons without your permission unless you sign another consent form. The recordings and transcripts will be kept for seven years, and they will be kept confidential. The recordings and transcripts will be destroyed after seven years.

WILL BEING IN THIS STUDY HELP ME?

Being in this study will not help you. Information from this study might help researchers help others in the future.

ARE THERE RISKS TO ME IF I AM IN THIS STUDY?

No study is completely risk-free. However, we do not anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable.

As the interviews are likely to take place during a time of precautions dealing with the COVID-19 crisis the interviews will be conducted following current recommendations from Center for Disease Control, guidelines as outlined for meetings by the State of Iowa, as well as current risk management procedures adopted by Zion Lutheran Church. However, if there is a practice that makes you feel more comfortable during the interview, please inform the researcher.

WILL I GET PAID?

Yes. As a professional you will be paid for your time, both for the time being trained in qualitative interviewing, conducting the interviews, and for the time developing the transcripts of the interviews.

DO I HAVE TO BE IN THIS STUDY?

Your participation in this study is voluntary. You can decide not to be in the study, and you can change your mind about being in the study at any time. There will be no penalty to you. If you want to stop being in the study, tell the researcher.

The researcher can remove you from the study at any time. This could happen if:

- The researcher believes it is best for you to stop being in the study.
- You do not follow directions about the study.
- You no longer meet the inclusion criteria to participate.

WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. As mentioned above, the recordings, transcripts, and computers will be kept secure for a period of 7 years. After that time, the recordings and the transcripts will be destroyed. During the study you will not be identified. Nor will the participants, other than the pastor, be identified. You will assign random numbers to identify the persons interviewed. In any written reports or publications, no one will be able to identify you.

As mentioned above, the research recording and transcripts will be kept locked in a safe in the senior pastor's office for a period of 7 years. The only person with access to the safe is the researcher/senior pastor. The only people who will be able to review the recordings or transcripts are the researcher and the research supervisor listed above (Dr. Thompson), and the director of the Doctor of Ministry program at Concordia Seminary Dr. Mark Rockenbach.

Limits of Privacy (Confidentiality)

The researcher can assure you that he will keep everything you tell him or do for the study private. Yet there are times where the researcher cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

- The researcher finds out that a child or vulnerable adult has been abused,
- The researcher finds out that that a person plans to hurt him or herself, such as commit suicide,
- The researcher finds out that a person plans to hurt someone else,

There are laws that require many professionals to act if they think a person might harm themselves or another, or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to hurt themselves or another person. Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

WHO CAN I TALK TO ABOUT THIS STUDY?

You can ask questions about the study at any time. You can call the researcher/senior pastor if you have any concerns or complaints. You should call the researcher at the phone number listed on page 1 of this form if you have questions about anything related to this study.

DO YOU WANT TO BE IN THIS STUDY?

I have read this form, and I have been able to ask questions about this study. The researcher has talked with me about this study. The researcher has answered all my questions. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above.

By signing this form, I have not given up any of my legal rights as a research participant. I will get a signed copy of this consent form for my records.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

I attest that the participant named above had enough time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be in this study.

_____

Printed Name of Researcher

_____ _____

Signature of Researcher Date

DO YOU WISH TO BE AUDIOTAPED IN THIS STUDY?

I voluntarily agree to let the researcher audiotape me for this study. I agree to allow the use of my recordings as described in this form.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

APPENDIX FOUR

DIRECT COMMUNICATION TO THE CONGREGATION BY THE PASTOR

Newsletter March 2017[1]

Members of Zion,

Being a pastor is a strange thing. In the midst of struggles people invite you into their hospital rooms, into their homes, into their lives, and are even willing to tell you the heart of their troubles. This is because, and hopefully it inspires, a fair amount of trust. In some ways it's officially Godly sanctioned oversharing. People tell their pastors things that they don't tell everyone else.

This letter is the reverse. I will share with you. Here is my trouble.

I don't think I've been secretive about it, and if people have asked, I have tried to share as best that I know. I have a genetic disorder affecting my MYH9 gene. Kidney dysfunction seems to be the most serious trait from the disorder. The kidney dysfunction that I have is related to this genetic condition (that I've had my whole life). Since I was 23, I have been doing yearly visits where they keep track of the kidney function.

For about 15 years the trend was declining but stable. About 3 ½ years ago I went into the hospital with an appendix that had ruptured. I was in the hospital for 2 weeks. That incident started a period of decline for kidney function. It went from stable to declining.

If I'm honest, the decline has gone much quicker than I realistically expected, and way quicker than I really hoped. I did not expect to be at this point, nor writing this today. This past summer (or maybe even a week ago), I might have guessed I have about 3–5 years before I'd be where I am today.

[1] This is the official announcement to the congregation regarding the need for an upcoming kidney transplant.

The last 3 days I've been at the Mayo Clinic doing a more exhaustive testing of my kidneys. I'm now at the point where they would recommend transplant, but above where they recommend dialysis. They suggest that likely, I will have to have something done this summer.

I feel a little bit of information might here be helpful. Kidneys are different from other organ failures. The first option they pursue is transplant. Perhaps contrary to popular belief, dialysis isn't the first line of treatment. Transplant is. Normally then at Mayo transplant is from a willing donor—80 percent of the transplants that they do are from 'live donors.' Family are the first people asked and siblings are normally the best matched of family. My family has six children. The prognosis for a 'live donor' transplant is double the life expectancy from a 'deceased donor' transplant. The doctors I spoke with said somewhere about eighteen to twenty-five years. It might be shorter, and it could be longer.

At this point, if I ask my wife (who might be more objective than I am), if I am showing symptoms of the disease, she says that I don't. I feel fine, and the numbers that they show me don't necessarily coincide with how I feel. At some point, I expect this not to be true. The most common side symptoms are nausea and tiredness, but headaches and other things like that are also common symptoms. For the sake of good order, for the sake of general health, and for the sake of Zion, I would like to begin the process of repair sooner rather than later.

I seem to be a good candidate for transplant. I have willing siblings (very humbling) and others who have spoken about it. Also, the new kidney is likely not to be attacked by whatever is damaging my current kidneys. My damage is from the genetic condition, and the new kidney would be formed under a different genetic code.

I'm not totally sure about what this process will be, but they would now suggest that I look into a live donor transplant. If there is a transplant, I spend about 4 days in the hospital. Then there is 2 to 4 weeks post-transplant where I must remain in Rochester.

The website that Mayo asked me to share is

www.mayoclinic.org/livingdonor

That is the majority of the information that was given to me the past week. I would appreciate your prayers for myself and for my family. I'm not sure that I know or can see the future, but I trust, as always, that God is in the midst of this too.

Blessings,

Pastor Aaron, Lindy, Gabe, Andrew, and Emma Flatau

May's Newsletter at Zion[2]

Suffering and such,

In the past I've attempted to link some of the sermons with some of the newsletters. This too then is such an attempt.

I think it true also that a lot of people are going through a lot of stuff and a lot of times a lot of what is going on isn't known by a lot of people. I'll share a few things then with me, not in the hopes of that being the story, but assuming the above is true, that there are a lot of people going through a lot of stuff.

With my kidney stuff, a few weeks ago they switched the medication. The change didn't go over easy, and I felt quite poor. Things were still going on, it was busy, and things needed to get done, and it made everything way more difficult. It's gotten better now, things seem back to normal, but it wasn't good. But it got me thinking about these things.

Suffering, when people ponder it, there is a difference between having it be a theory and having it affect you individually. The real pondering goes on when suffering happens to you personally. And then the question with the suffering, in the midst of the suffering, is what voice do you listen to? Pain ultimately drives one closer to something…be it drugs and a cure, be it science and a diagnosis, be it despair, be it lifestyle choices and changes, be it pleasure seeking, be it personality changes, and/or be it Jesus and His story.

Some mistakenly think that with Jesus seated in power, with Jesus at the right hand of God, that His followers shouldn't expect to suffer. The thought would be that things should be 'better' for Christians. It's a nice thought. But it's not how the Bible would speak.

[2] A follow-up to the March newsletter.

C.S. Lewis in his book "Grief Observed" (written on the occasion on his wife's death) writes reflecting on Christianity, "We were promised sufferings. They were part of the program. We were even told, 'Blessed are they that mourn,' and I accept it. I've got nothing that I hadn't bargained for. Of course, it is different when the thing happens to oneself, not to others, and in reality, not imagination."

The temptation when pain become real is to think that something is going wrong, or that nobody else in the history of the world has faced the same situation, or that God is punishing. The bold disciple Peter (not without his own share of suffering and denial) would have you to think different. He's arguing that you will, that you should expect to suffer. 1 Pet. 4:12–19 says, "Beloved, do not be surprised at the fiery trial when it comes upon you to test you, as though something strange were happening to you." Not just shouldn't it be surprising, but it should also be joyful. And admittedly, that's strange talk for suffering. Really odd. He says, "But rejoice insofar as you share Christ's sufferings, that you may also rejoice and be glad when his glory is revealed. If you are insulted for the name of Christ, you are blessed, because the Spirit of glory and of God rests upon you."

Wow, that's so strange, it might bear repeating. If you are insulted for the name of Christ, if you are experiencing a fiery trial—rejoice for the Spirit of God rests upon you. It's very strange talk. In the end, Peter will flesh out the logic. The world being fallen, being sinful, isn't a reflection of Godly good, isn't a reflection of Godly glory. If you are doing things that are Godly, especially in this sinful world, then you should expect to suffer, expect to have difficulty, expect that the road is difficult.

And frankly, but logic, the other end of the spectrum is true. If you haven't suffered recently, maybe we are too friendly with sin, too far away from Godly values. There's a caution here as well.

I've heard this story:

A daughter complained to her father about how hard things were for her. "As soon as I solve one problem," she said, "another one comes up. I'm tired of struggling."

Her father, a chef, took her to the kitchen where he filled three pots with water and placed each on a high fire. Soon the pots came to a boil. In one he placed carrots, in the second, eggs, and in the last, ground coffee beans. He let them sit and boil, without saying a word.

The daughter impatiently waited, wondering what he was doing. After a while, he went over and turned off the burners. He fished out the carrots and placed them in a bowl. He pulled the eggs out and placed them a bowl. He poured the coffee into a bowl. Turning to her he asked, "Darling, what do you see?"

"Carrots, eggs, and coffee," she replied.

He brought her closer and asked her to feel the carrots. She did and noted that they were soft. He then asked her to take an egg and break it. After pulling off the shell, she observed the hard-boiled egg. Finally, he asked her to sip the coffee. She smiled, as she tasted its rich flavor.

She asked, "What does it mean, Father?" He explained that each of them had faced the same adversity—boiling water—but each reacted differently. The carrot went in strong, hard, and unrelenting, but after being subjected to the boiling water, it softened and became weak.

The egg was fragile. Its thin outer shell had protected its liquid interior, but after sitting through the boiling water, its inside hardened.

The ground coffee beans were unique, however. By being in the boiling water, they changed the water. He asked his daughter, “When adversity knocks on your door, which are you?”

Ultimately stories like this come good when you insert Jesus as the coffee beans. He suffered and changed the favor of the afflictions. We are all colored by the cross. We are all changed by His suffering and likewise as his followers called to our own crosses. In Matt. 16:24–25 Jesus told his disciples, “If anyone would come after me, let him deny himself and take up his cross and follow me. For whoever would save his life will lose it, but whoever loses his life for my sake will find it.”

Christianity involves suffering. It’s at the heart and core of both the mission of Christ and of His followers. But it’s also purposeful and directed, and sometimes, even light. Matt. 11:28–30, “Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, and my burden is light.”

In all the blessings and in all the troubles…there is Jesus.

Blessings to you!

Pastor Aaron

CaringBridge Update July 2, 2017

Hello from Mayo,

Surgery went well for both my brother and I. We are both now feeling ok, with the exception of some pain around the incision sites. Jon felt bad last night ... strangely it's not uncommon for the donor to feel worse than the recipient for a bit. As a recipient I don't like that he feels bad. Jon is getting released from the hospital today. I'm likely going to be released tomorrow. Jon will likely go home to Perham, MN (staying at the hotel for a few days) on Monday. Lindy and I will be in the transplant house likely starting Monday and then there for around 2 more weeks. Our kids will be filtering back to Humboldt with Lindy's family in a bit. Lindy will come home to Humboldt this Friday. My mother will be with me in Rochester when Lindy is in Humboldt.

Gracious Noticed Blessings...

I had an ankle that was swollen and not immobile, but hurt to moved. After the new kidney was in for 4 hours, the ankle was fully mobile. I've had a light very mile headache that comes and goes for about a year. It wasn't bad, just a little annoying, but the headache is now gone. People at church have said when shaking hands ... "you have cold hands." Heat now seems to be returning to them. Before the kidney I felt better moving, sitting, and relaxing wasn't really relaxing, there was a tension, or a bit ill ease when resting. Again, not bad, but just slightly ill at ease. Resting is now rest. Lots of little things to be gracious and thankful for. And certainly, more to come.

What do you say to years added to your life? How much can that mean?

God is gracious and good, and the process has been well blessed.

Thank you to all for your thoughts, support, and prayers.

Pastor Aaron, Lindy, Gabe, Andrew, and Emma

and very special thanks to

Jon, Heidi, Olive, and Isla Flatau (and one on the way)

A CaringBridge Update When I Arrived Home from the Hospital July 15, 2017

Home in Humboldt, Interesting Statistics, and More Importantly, the Deeper Story…

Home.

I arrived home with my mother on Wednesday. It was good to be home, I was also pretty tired. My mother went home Friday morning. Thanks, mom, for all your help, and all the times you bought dinner. And a big thank you to my wife, kids, and all my in-laws. And Jon (the donor) and Heidi, all of their family, and to (not in-laws) but to my laws—my family. And to all the people at Zion and Trinity, and for all the support, all the letters, all the prayers, all the blessings, and to the road scripted not by me but instead by Him **(see the deeper story below).** Thanks to newly installed Pastor Kyle and his family, Pastor Raether for covering Sara Torkelson's wedding, and all the members of Zion for stepping up and holding the fort/church down in my absence.

Anticipating a slow week next week, and then the following week perhaps a scaled return to work.

It is good to be home. Strength seems to be returning.

Here's some interesting facts:

1. Down about 10 pounds now. I'm enclosing a few pictures taken with my mom buying out and our eating in Rochester. You wouldn't think from the pictures 10 pounds would be gone. In all honesty the ability now to eat protein again (without wondering if it's killing me) is a blessing.
2. I did arrive home 5 days earlier than what I was told (before surgery) would be the quickest timeframe to return home. I'm very blessed to be here and the recovery has been going well.

3. If you watch professional cycling, there was a rule that you couldn't race if your hematocrit was above 50 (blood is too 'think,' and likely you were cheating). Normal is about 39–50. Historically mine has been about 47–48 or so. Now it's about 32. Hematocrit measures the proportion of red blood cells (or oxygen carrying cells in the blood), and higher values help in doing work. The number is now climbing, maybe 1 point a day, thanks to the new kidney. Very thankful and blessed. Now tired for a bit but anticipating a return of form.
4. My brother and his wife gave me a shirt (see the picture below). "I have 3 kidneys, but 2 of them are decoys." He got a shirt too, provided by his wife. "I'm an organ donor, but who wouldn't want a piece of this?" Ah, organ transplant humor. I've also wondered if my dog would think it's me or my brother when I got home (a slight bit of a thinker that is—Greeks call this enthymeme).
5. My kidney function was discovered when I was in college. The rate that my 2 kidneys worked then, now almost 20 years ago, was 73. The rate they worked prior to transplant was 7–12. The rate that my one kidney works now is 82 (the measure roughly corresponds to percentage).
6. Jon was/is a perfect match as far as kidneys go. The first appointment I was asked, "how is your twin doing?" I said, no twin, he's my brother. I was able to avoid some of the immunosuppression that they would normally do because of the good match. The surgeon we spoke with said getting such a match was "like winning the lottery." Admittedly the odds for this are better with siblings, but I am very thankful. I also was able to avoid now being on steroids (which initially sounds good—"I'm on steroids") but genuinely in reality it is a blessing *not* to be on them.

The Deeper, or the Real, Story:

All the facts above aside. I also get the impression that this/my story isn't typical. Mayo does 200 kidney transplants a year. Which at first seems like quite a few, but considering all the people on dialysis, and considering the size of the facility, it's really not that many. Dialysis is more the typical route, and that indeed is a blessing in and of itself, but the prognosis for regular live is better with a transplant. It's uncommon.

The match of the kidney with my brother is unlikely and supports the best prognosis currently available. Just the fact that my brother is willing to donate part of him to sustain me is very humbling and I likely don't have the words to fully describe how much this means. I've heard many stories of people with family, where things were broken in the family, and people with the potential to help, for whatever reason didn't. It's uncommon.

We stayed at the transplant house in Rochester. So many people have much longer and more traumatic stories than mine. One man and his mother that my mom had spoken with had been there for 8 months and was from Texas. Most people are there for a month, or even months. I was there 9 days (4 in the hospital). It's uncommon.

Genuinely, to live with something that currently might be killing you, you sort of have to accept that death might come, and the sooner one reaches acceptance of the fact death might come the sooner one is free to live their life. I did somewhere in the process accept death might come, and there was a freedom in this. And the other stranger thing in this is that I really wouldn't have changed anything in my life, even with potential of death coming. I think that's odd.

There is also a history to this. I'm not sure if I've shared this with most. I now count 4 times I should have died.

One time I was 9 months old, I had spinal meningitis. A girl who also had the infection with me ended up deaf. I had a treatment at the time that was supposed to help meningitis, but also with my bleeding disorder (macrocytothrombopenia) that they at the time didn't know I had should have caused me to bleed. My parents were told, they didn't know if I would survive. 40 years later I am here. It's uncommon.

The second time was in 7th grade. I was hospitalized for a week with a nosebleed that lasted almost all of that week. A nosebleed sounds like not a bad thing. It sounds little. But if it lasts a week, it's genuinely not little. But it went away. This isn't common.

The third time was 4 years ago. My appendix ruptured and I was in the hospital for 2 weeks. This is likely the thing that set the kidney failure in motion. But the doctor who initially saw me in the ER said, "Well, back in the old days, you just died." Which is true. Then he said we'd schedule surgery the next day. Which was good. And I'm still here. Before surgery, this was uncommon.

And now a kidney transplant, with all the uncertainty and the risk of transplant with blood that doesn't clot quite normally. And what emerges is the story laid out before me. It's very uncommon.

But I don't think it's random. After a bit of time, and after a bit of dodging death, the underlying reality is—purpose. I can't say that I fully understand what it is. But my life, and your life, are filled with purpose that isn't our own. We all are kept for a reason. And that when we look up, and we see Jesus, and see not just the glory, but also the suffering of Jesus, we find we are somehow, in spite of weakness—we are very securely held by Him. This is actually very common.

We are kept for His purpose.

Blessings,

Aaron

APPENDIX FIVE

NEWSPAPER FEATURE ARTICLE, *HUMBOLDT NOW*, SEPTEMBER 2017

Pastor Flatau Back Serving Community after Kidney Transplant

Zion Lutheran senior pastor underwent procedure June 29

By Phil Monson

When senior pastor Aaron Flatau spoke to the congregation at Zion Lutheran Church in Humboldt back on July 30, a deep message of appreciation was conveyed by Flatau, 40, who has served the congregation for 10 years.

It was his first Sunday since returning to work the previous week after undergoing a kidney transplant on June 29 at Mayo Clinic in Rochester, MN.

"My family here in Humboldt and back in Minnesota can't express enough our appreciation for the overwhelming support we received during this whole process," Aaron said. "We have truly been blessed and we thank you."

Aaron calls his recovery "remarkable" when he looks back at the uncertainty, he faced last February when it was determined he needed a transplant. As it turned out, he had a perfect donor match in a brother, Jon, who works on the family farm near the northwest Minnesota town of Perham.

Shortly after he underwent the three- and one-half-hour surgery, Aaron's body showed immediate signs of a strong recovery.

"The immediate impact of the new kidney was amazing. I had an ankle that was swollen and difficult to move. Four hours after that the swelling had gone down enough that the ankle moved much better when I awakened," Aaron said.

“In the recovery room he hollered out something. I was scared, thinking that something was wrong. He said, ‘I can move my foot.’ The swelling in the skin had loosened up three to four hours after surgery,” Aaron’s wife, Lindy said.

“Resting now is restful and productive,” Aaron said. “Before when I would sit down, I didn’t quite feel right. Rest didn’t seem to work to make me feel better,” Flatau said. “Now, sleeping is a lot easier. Sitting in a chair and resting feels normal again.”

“My blood pressure now is better. I was previously on two types of medication for my blood pressure. Now I’m on no medication and my numbers are back in the normal range. Quite a change for me.”

“I’ve lost 10 pounds. Some of that I think is because of the surgery and recovery and loss of retained fluid before,” Aaron said.

“I had a dental problem before that felt like an infected gum where it was puffy. The day after I received the new kidney that problem went away,” Aaron said. “That was a weird thing where you wouldn’t think the kidney would have anything to do with it.”

“I feel normal again. The incision pain and things like that existed but everything is normal. All of my numbers are going the way they should. My recovery has been remarkable,” Aaron said. “I never thought some of these physical issues would ever go back to normal, but here they are.”

“It has been really remarkable,” Aaron said.

Aaron and Lindy will be first to tell you everything has gone according to script. When they look back at the anxiety they felt back in February leading up to the procedure, they feel extremely blessed—to put it mildly, when you consider he was sent home on July 12, five days early.

Aaron has been dealing with this kidney issue his entire life. That's what makes him appreciate how far he has come.

"I had a genetic condition I had known about most of my life," Aaron said. "I had spinal meningitis when I was nine months old. I was treated at a hospital in Fargo, and then Mayo Clinic. They noticed my blood platelet count was off. Normal count is 250,000 to 300,000. Mine was 20,000. Normally that would mean you would bleed out very quickly."

"The platelets I have are very large and very few. They are normal, but just really big," Aaron said. "I knew I had something ever since that time. They originally thought it was recessive, meaning I wouldn't be able to pass it down," Aaron said.

"When our oldest son, Andrew was born, they were able to do genetic testing. My MYH9 gene has a defect. It is a dominant disorder. It is called Epstein's syndrome," Aaron said.

"The other component of it that has been monitored the last 20 years is my kidney function, which wasn't what it should have been. It had been stable until about four years ago when I had my appendix taken out. It had ruptured and there were a bunch of procedures afterwards. Two weeks into a hospital stay I finally got to go home," Aaron said.

"After that the kidney function went from being fairly stable to declining rather steeply," Aaron said.

In September of 2016, doctors recommended Aaron begin study for a potential kidney transplant. The process resulted in an evaluation last February, which determined he needed a transplant, and an organ donor was needed.

"When the lady at the clinic spoke to my brother about being a donor, the quote from my brother, and it was rather humbling," she said, "This must be somebody pretty special because there are a lot of people who have signed up."

“It is nice to know people were at least willing to be a donor,” Aaron said.

“Jon had a genetic match with me. He matched up so well in that there was a virus that neither he nor I had, which was good,” Aaron said. “Someone asked me how my twin was doing because he was such a good match for me for this procedure.”

“Without a twin, it was about as strong of a match that I could have had,” Aaron said. “They came up with that conclusion when he was evaluated in March.”

Since becoming senior pastor at Zion in August of 2016 and with the church in the process of putting out a call for a new associate pastor, needless to say, Pastor Aaron had a full plate with confirmation in early May, along with the usual busy weekly duties as pastor of a congregation, let alone the weddings and funerals that arose.

“We looked at everything going on at church and Jon’s schedule at the farm and so we decided sometime in late June to do the procedure,” Aaron said. “So we choose June 29 as the date.”

“Everything went well during the procedure, according to the surgeons. Bleeding and loss of kidney function are the two areas of concern after doing something like this,” Aaron said.

“Jon’s surgery was a little bit over two hours. Aaron’s surgery was about three and one-half hours,” Lindy said.

“It went over pretty quick for me,” Aaron quipped with a smile. “I went in, and I woke up and it was done. I remember waking up and it was 4 p.m.”

It was a much longer day for Lindy.

“I spoke to the surgeon around 12:15 and didn’t see Aaron until 3:30,” Lindy said. “It was a long wait. From the recovery room we went straight to the hospital room.”

A week before the procedure, Aaron remarked how well everything turned out, which included the ordination and installation of associate pastor Kyle McBee on June 18.

“In February, when you talk about faith, that was a time where we didn’t know the future and what would happen. We didn’t know if anybody would match me or not,” Aaron said.

“At that point I started to accept the fact that it might not go how we would like it to go. If I die, I guess I die. If I do kidney dialysis, I’ll do dialysis if I have to,” Aaron said. “At that point, you hope, but you have to be willing to accept whatever could happen.”

“Looking back now, if you have to have kidney failure, this is probably the most blessed way you could do it,” Aaron said. “I had a brother who was willing, and the match was perfect. The community of the church, people, and friends…we have been so blessed.”

“At the transplant house where we stayed for a number of days, there were all kinds of people there with different situations they were facing, many more life-threatening than mine. They would have to stay there much longer than me. I’d have to say with a little bit of guilt my mailbox had the biggest stack of mail,” Aaron said. “I was very blessed in the support we received from the community and the financial assistance and prayers from people.”

“You could almost tangibly feel that people were praying. That was very humbling and very blessed, too,” Aaron said. “I don’t like to be weak. I would rather help than be helped. I think a lot of people are like that.”

“But when you are put into a situation where you have to rely on other people, it makes you stop and realize how willing other people are to help. When you are weak and in need, you see a different side of people that you wouldn’t if you weren’t in that situation,” Aaron said.

"Being in that situation has been really helpful for me to get a different view of the community, the church, the support and help from so many people. Community, family, church members and friends, everybody has been so helpful not only to me but my family," Aaron said.

"Jon has gotten letters from people in Humboldt thanking him and wishing him well. He has been humbled also by the community and their support," Aaron said. "It has been really special."

"Jon lives where I grew up and the family and friends up there who have been supporting them up there, we both tell stories. We have neat things to talk about," Aaron said.

Aaron has five siblings. Jon lives in Perham and works on the family farm, along with an older brother, Michael. Aaron's father continues to farm and as Aaron says, "will never retire." The Flatau farm raises beef, corn, and soybeans.

Aaron has a sister who is a principal in a school nearby. Another sister lives in Hawaii whose husband works for an oil company on the north slope of Alaska. Another brother, Daniel, lives in Perham and owns a bakery. He is also an engineer for Lund Boat Company.

Lindy grew up in North Dakota (Minot), about a six-hour drive west of Perham.

Aaron and Lindy met at North Dakota State University. Lindy majored in pharmacy. She is employed at Larry's Pharmacy in Humboldt. The Flatau family moved to Humboldt in the summer of 2007 after he accepted the call to serve Zion Lutheran Church.

After high school graduation, Aaron decided to major in speech communication and math communication at NDSU. While in school he worked at the school newspaper, The Spectrum. It led to him taking a position as a journalist at a newspaper in Devil's Lake, ND.

"Lindy was in pharmacy school for three years at the time and we wanted to get married and so we decided it would be good to live in the same community. So, I moved back to Fargo

and began working at TerraMarc Industries where I wrote owner's manuals for potato planters, chipper shredders, and other equipment. I was the technical writer," Aaron said. "For me at the time it was a really good job."

"Writing owner's manuals is about as fun as reading them," Aaron said with a laugh.

During that time, that inner calling to become a minister got bigger, resulting in his application into the Lutheran Church Missouri Synod seminary in St. Louis.

"In my last two years of college I started thinking about becoming a minister. So I put in an application to attend school at the seminary. I told myself they would say no, and I'd be off the hook, and I could go on and do whatever I wanted to do," Aaron said. "Seriously, I had faith that that was the direction for me to go. There was a possibility it wouldn't work out, but I had faith that it would."

"Looking back, it has worked out really well, actually. In the beginning you have an idea. You have your faith. You decide to give it a try. It is remarkable the doors that have opened that really didn't have anything to do with me opening them," Aaron said.

"Things worked out well for me going to seminary and for Lindy graduating from pharmacy school," Aaron said. "She wanted to do a residency in pharmacy, another year of training beyond school. They had a program in St. Louis that was two blocks from seminary school."

"It was a neat group of people we got to meet while we lived in St. Louis, through the seminary and the pharmacy," Aaron said. "Some of the friends we still have are people in pharmacy."

"After our first few years in St. Louis, I spent a year as a vicar in southeast Arkansas (Stuttgart). The south was very interesting. People were colorful, not what we were used to. It made for a neat time for us as a couple in terms of growth and meeting people," Aaron said.

"I went back to the seminary for a final year in St. Louis and upon graduation we moved to Humboldt after we accepted the call to come here," Aaron said.

"We still have good friends back in Stuttgart. They grow rice down there and they also have a lot of ducks. Mostly now we go back to go duck hunting," Aaron said. "I've taken a few people from Humboldt to go hunting down there."

"One time during Aaron's seminary years I made a comment once that 'I don't care where we live, as long as it isn't Kansas, Nebraska or Iowa,'" Lindy said. "That was early in his seminary years."

"In order to get home to Minnesota and North Dakota, we had to drive through Iowa each time we left Missouri," Lindy said. "In Aaron's last year of seminary, I looked out the window one day and told Aaron, 'Well, I guess it would be okay to live in Iowa. Yeah, I could live in Iowa, but not Nebraska.' It was funny that I had come to accept Iowa and like and not even know we would be assigned to Iowa when he received a call."

"When we got the call to Humboldt, it was great. There were certain things we needed here to be sure about Aaron's health. We needed to be close to hospitals. It is decent proximity to our families. There were no nerves about coming to Humboldt at that point," Lindy said.

The Flatau children are growing. Gabe is 10. Andrew turned eight in June. Emma is three and one-half. They are a six-hour drive to Perham, 11 hours to Minot.

"Since we moved here my parents have retired from their work in North Dakota and actually bought a house in Humboldt. So they winter in Iowa and continue owning the house I

grew up in in North Dakota," Lindy said. "They felt like they missed out on a lot of things going on with Gabe and Andrew's activities, so they bought the Humboldt house four years ago. They spend a lot of time here."

"It has been really nice having them here. Aaron's family and my family have helped us out so much in the last few months," Lindy said. "They just covered all of the main things. They covered our kids. Giving us a kidney."

"Aaron's family helped out so much at the farm so that Jon could be with Aaron and so that Aaron's parents could be with Aaron and Jon. A lot of behind the scenes help. Probably way more than we even know," Lindy said.

Aaron returned to work on July 24, although it was a scaled back schedule at first.

"I generally feel more healthy now than I have in a long time," Aaron said. "Coming to work has gone well."

"They recommend restrictions for me physically the first six weeks. But after that, I'm looking forward to getting back to biking and doing a lot of things for recreation," Aaron said. "Honestly, I have more kidney function than I ever had, even in college 20 years ago. I'm hopeful I can return to full strength again."

The Flatau family, from left: Aaron, Gabe, Andrew, Lindy and Emma.

Pastor Aaron Flatau is shown here on his first Sunday back at Zion Lutheran Church in Humboldt back on July 30.

Pastor Aaron Flatau delivers the liturgy during a church service at Zion Lutheran Church in Humboldt on July 30.

Jon (left) and Aaron Flatau are shown here at a family gathering at the Flatau farm in northwest Minnesota on July 22.

A photo of a kidney-shaped peanut butter and chocolate cake served at a Flatau family gathering in late-July in northwest Minnesota. The cake was made by Holly Flatau, sister-in-law of Aaron and Jon, who owns a bakery called Whisk, in nearby Perham.

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