THE INTERSECTION OF CLERGY EMOTIONAL HEALTH

AND CONGREGANT SPIRITUAL HEALTH

By Jason Yarbrough

A Dissertation to fulfill the requirements for

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Dedication

Words always fail to describe just how grateful I am for my wife, Susan, throughout my

educational journey and our life and ministry in general. I may have the academic

degrees on my wall, but this has always been something we have accomplished together.

Susan, your heart for God, family, church, and ministry are unparalleled. You always

inspire me to do better – to be better. Thank you for your love, encouragement, prayers,

and unwavering commitment to our relationship. You are the best friend I could hope for

in this world. We have a few decades behind us, but we still have an open road before us

by God's grace. I am looking forward with great hope and expectation as we continue to

pursue God and His plan to make a difference in people's lives for eternity.

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Abstract

This research focused on the potential intersection of clergy emotional health and congregant spiritual health. Since church discipleship in America continues to decline, along with pastors reporting declining emotional health and congregants reporting declining spiritual involvement, it seemed of value to examine whether clergy emotional health played a significant role in the spiritual health of their congregants. Pastors completed quantitative surveys regarding their emotional health, and their corresponding congregants completed quantitative surveys regarding their spiritual health. All participants used validated survey instruments, one for pastors and one for congregants. Results suggested a course for future research involving pastoral emotional health and congregant spiritual health. However, due to smaller than expected sample sizes of congregants and clergy samples that were too homogenous, most data validation was not possible. Recommendations for future study are subsequently discussed.

Keywords: pastor, clergy, minister, congregant, church member, emotional health, spiritual health, discipleship, spiritual maturity, clergy burnout, authentic leadership

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Chapter 1: Introduction

The benefit of emotionally healthy pastors occupying senior leadership positions within churches is essential and indispensable to the health of a church because emotionally healthy leaders make substantive contributions to the ongoing success of their respective organizations (Kouzes & Posner, 2017; Meek et al., 2003). Pastors who function as organizational leaders often confront distinctive challenges and encounter associated emotional pressures that are frequently dissimilar from people who serve in other comparable yet different helping professions (Doolittle, 2010). The emotional difficulty of clergy-specific responsibilities is an ongoing issue that reflects an inverse relationship between pastoral effectiveness and emotional burnout (Faucett, Corwyn, & Poling, 2013). As pastoral effectiveness decreases, a resulting increase in emotional burnout is often observed (Faucett et al., 2013). The emotional health of pastors is a pervasive issue that frequently affects pastoral performance in multiple areas of their varied and extensive responsibilities, including those that deal with congregant spiritual health and the development of healthy disciples (Adams, Hough, Proeschold-Bell, Yao, & Kolkin, 2017).

Pastors are considered responsible for the spiritual development of their congregants, including assisting them in improving their spiritual health and progressing maturity (T. Anderson & Skinner, 2019). However, research indicates that most pastors do not believe they are excelling at producing spiritually healthy congregants, referred to in the literature most commonly as effective discipleship outcomes, and pastors are often unable to articulate specific reasons that their discipleship efforts are not more effective at producing better spiritual fruit (Barna Group, 2015). Further, the rise of spiritual egocentrism in congregants, defined as preferring one's view over God's view regarding personal and spiritual matters, has been documented as an additional and increasing detriment to pastoral discipleship efforts (Berghuijs,

Bakker, & Pieper, 2013). Consequently, ongoing efforts to improve congregant spiritual health (i.e., effective discipleship) are challenging endeavors for pastors. These unsatisfactory efforts contribute to the decline in clergy emotional health and the rise of clergy burnout (Adams et al., 2017; Scheib, 2003). The topics of clergy emotional health, the rising rate of clergy burnout (emotional exhaustion), congregant spiritual health, and the difficulty experienced in producing spiritually healthy disciples are individual subjects with significant detailed research. However, although these topics have several separate studies, there has been little to no exploration of the intersection of clergy emotional health and congregant spiritual health.

Background

Research on the state of the Christian church in America continues to find that efforts to produce spiritually healthy disciples are declining in effectiveness, and discipleship itself has fallen to an all-time low, with less than 20% of Christians participating in active discipleship efforts (Barna Group, 2015). Discipleship is considered essential to the promulgation of the Christian faith because the Church, as commanded by Jesus before His ascension, has intentionally practiced evangelism and discipleship since the Day of Pentecost, as evidenced in the book of The Acts of the Apostles, chapter 2 (Tawfik, 2017). Therefore, for this research, the definition of discipleship efforts involves clergy members working to develop spiritually healthy Christ-followers who evidence consistent, ongoing spiritual growth in their personal lives (T. Anderson & Skinner, 2019; Budijanto, 2020).

The process of discipleship is defined as a life-long, grace-filled process in which an individual is transformed into Christlikeness through the life-changing power of the Holy Spirit and often encouraged by the influence of effective Christian mentors and spiritual leaders (T. Anderson & Skinner, 2019; Barton, Chandler, Tan, TenElshof, & Wilhoit, 2014). These

discipleship efforts greatly impact the stability, effectiveness, and longevity of the Church as an institution, on the local church (Scazzero & Bird, 2013), and especially on the life of the individual believer (Blomberg, 2017). Further, effective discipleship is beneficial and necessary when life-altering trauma occurs because it contributes to the needed emotional and spiritual healing and helps resolve the ineffective and sometimes damaging coping mechanisms developed in response to the trauma (J. L. S. Chiang & Yeo, 2019).

Making disciples is challenging for any leader regardless of the particular location or setting (Budijanto, 2020). However, it is difficult to make disciples in the current American culture of increased pleasure-seeking, growing narcissism, and spiritual egocentrism (Sprinkle, 2016; Wu, 1989). While the Barna Group (2015) found that less than 20% of Christian adults report involvement in some sort of regular discipleship activity, often provided by or promoted through their local church, the research also revealed a minimal correlation between ongoing discipleship activity and individual spiritual health and growth regardless of location. Consequently, contemporary discipleship approaches are less effective than pastors and spiritual leaders would desire and are quite susceptible to the shifting fads and changing trends of modern culture, perhaps making them inferior to the more traditional and accepted evangelical discipleship methods (Hong, 2012; Sprinkle, 2016). Likewise, a corresponding decrease in disciple-making efficacy has been observed across geographic boundaries as small and large churches alike report their continual struggles to design, implement, and maintain successful discipleship strategies that help their congregants become more spiritually healthy (Atkinson, 2019). These ineffective discipleship efforts have shown to produce meaningful contributions to the decrease in clergy emotional health and the rise of clergy burnout (Sorenson, 2018).

Clergy members who acknowledged suffering from stress and burnout, which has approached 45% of clergy members in recent studies, experienced a noticeable negative effect on their pastoral performance (Sorenson, 2018). Clergy members often used words like stress, burnout, and failure to describe their emotional health while serving in full-time ministry (Nikolsky & Vladimirovich, 2019; Sorenson, 2018). Burnout, also referred to in the literature as emotional exhaustion (Kinman, McFall, & Rodriguez, 2011), is at an all-time high among clergy members (and others serving in similar roles) and has resulted in many ministers leaving religious employment entirely and, for many, permanently (Nikolsky & Vladimirovich, 2019; Randall, 2004). Clergy members experience a varied assortment of job-related stressors, including long hours, conflict concerning their variety of roles, responsibility overload, inadequate financial compensation, limited church funds, complicated church bureaucracy, extensive denominational hierarchy, insufficient emotional support, a lack of volunteers for needed tasks, the absence of preparatory training for management tasks, unrealistic expectations from many congregants and denominational authorities, and the inability to process criticism in a productive manner (Garner, 2013; Irwin & Roller, 2000; Kinman et al., 2011). These stressors have been substantial contributors to the propensity for clergy members to experience declining emotional health because clergy are excessively susceptible to the effects of stress as they struggle to honor their leadership roles and spiritual calling (Civish, 2013; Faucett et al., 2013). The attempt by clergy to regulate the confusing and complex personal emotions these various stressors can produce, while still working to process and manage the widespread emotions and needs of their congregants, is known as the emotional labor of ministry (Hülsheger & Schewe, 2011; Kinman et al., 2011). This description of emotional labor or exhaustion refers to examining

the overall condition of clergy emotional health (Nikolsky & Vladimirovich, 2019; Walls, 2006; Wirtz, Rigotti, Otto, & Loeb, 2017).

Research demonstrates that an increasing number of clergy members are struggling with their unresolved emotional difficulties and that the level of individual struggle is becoming more intense (Ruffing, Paine, Devor, & Sandage, 2018). Many pastors experience persistent internal issues such as high levels of personal insecurity, the lack of a strong sense of individual self-worth, an undefined life purpose or goal that would give meaning to their spiritual labor, feelings of extreme failure at both the personal and professional levels, and even experiencing some elements of narcissism (as high as 31% in some studies) that pastors sometimes develop as a coping mechanism (McDowell-Ott, 2015; Parachin, 2008; Ruffing et al., 2018; Zondag, 2005). Even though these circumstances encountered by clergy members provoke emotional reactions that may require immediate and ongoing professional attention, sometimes there are underlying mental factors present in some clergy members that contribute to their overall emotional issues and further complicate their related struggles (Larson & Larson, 2003; Randall, 2013a). Consequently, the clergy emotional health issue is a worthwhile but complicated topic.

The emotional health of a leader is related to the concept of emotional intelligence, often referred to in the research community as EQ (Panait & Bucinschi, 2018). Emotional intelligence (EQ) is considered at least twice as important for leaders as are technical skills and intelligence quotient (IQ), regardless of the leader's positional level (Tyler, 2015). This supports the conclusion that a pastor's emotional health (i.e., intelligence, EQ), and perhaps physical health and spiritual health as well, are essential because authentic and healthy personal and professional relationships are foundational for healthy leadership processes (Haber-Curran, Allen, & Shankman, 2015). This relational foundation benefits clergy members because God has charged

pastors with the solemn responsibility of discipling the congregants entrusted to their care (Stein, 2020; Tawfik, 2017; Younger, 2016). Therefore, effective discipleship requires, by its nature, the intentional development and maintenance of healthy relationships between emotionally healthy pastors and their congregants (Snook, 2019; Wollschleger, 2018). This relationship is seen as a major contributor toward developing and maintaining congregational vitality, defined as a church that possesses a dedicated core of believers in Jesus where the majority of members are growing in spiritual health and maintain a unified sense of congregational identity and communal Christian mission (Atkinson, 2019; Snook, 2019; Wollschleger, 2018).

This background information brings into focus the potential intersection of clergy emotional health and congregant spiritual health. It is unsubstantiated what effect, if any, the emotional health of a clergy member might have upon the spiritual health of their congregants. However, ecological frameworks have theorized the existence and effects of direct links between the health of individuals in leadership and the health of the organizations where they serve (Otaghsara & Hamzehzadeh, 2017; Shinn, 1990). The authentic leadership model (Duncan, Green, Gergen, & Ecung, 2017; George, 2003) also supports this conclusion by emphasizing the positive and negative effects a leader can have upon their organization as a whole, upon the members of their organization as individuals, and the related importance of an effective leader maintaining good personal emotional health for their own sake as well as the benefit of the organization they lead (George, 2003; Jingyu, Jeongeun, & Taewoo, 2019; Spence-Laschinger, Wong, & Grau, 2012). Emotional health in leadership life is a topic that requires further investigation, not only for the leader's benefit but also for the potential effect on the follower.

Purpose of the Study

This quantitative study explored the effect of the emotional health of clergy on the

spiritual health of their congregants in two main areas based on the testing criteria of the

Spiritual Assessment Inventory (SAI):

1.   It examined which emotional intelligence pursuits in clergy affect the quality of

     congregant relationship with God (one of two broad spiritual health categories

     presented in the SAI).

2.   It examined which emotional intelligence pursuits in clergy affect the quality of

     congregant awareness of God (one of two broad spiritual health categories

     presented in the SAI).

The study further explored whether emotionally healthy clergy members produce more

spiritually healthy disciples than their less emotionally healthy clergy counterparts. The null

hypothesis was that no quantifiable intersection exists between clergy emotional health and

congregant spiritual health. Further speculation was that, if an intersection exists, it may be that

clergy members can increase their ministerial effectiveness by improving their emotional health

and positioning themselves to contribute to an increase in congregant spiritual health. Future

research should expand on the potential intersection between clergy emotional health and

congregant spiritual health to help both clergy emotional health and congregant spiritual health.

Framework of Constructs

For this research, the words clergy, pastor, and minister were interchangeable. The terms

denoted any individual who functions as a senior leader of their particular religious community

(Adams et al., 2017). Clergy members could be either male or female. They could have different

amounts of experience in their ministry roles, from beginners to advanced, different lengths of

tenure serving as pastors, and varying levels of personal emotional health as they serve their respective congregations. Congregant is an individual term that was used to describe anyone who affirms their attendance at and involvement in a local church or similar spiritual community regardless of their current degree of spiritual health, the length of time they have attended their church or any church, or their official membership status within their chosen spiritual community (Barna Group, 2002; Crimone & Hester, 2011). The qualification of each congregant was predicated upon the congregant's profession of personal faith in Jesus, assumed as a practiced Christianity in the evangelical tradition, referred to in this literature review as a Christian or Christians (Robinson, 2019).

The term disciple was used to define a congregant who affirmed their attendance at or involvement in a local church or similar spiritual community regardless of their current degree of spiritual health, the length of time they have attended their church or any church, or their official membership status within their spiritual community (Barna Group, 2002; Crimone & Hester, 2011). The term disciple also indicated a willingness to participate in their ongoing development as a follower of Jesus (Hilliard, 2018; Johannes, 2017). The qualification of each disciple was predicated upon the congregant's profession of personal faith in Jesus, assumed as a practiced Christianity in the evangelical tradition, sometimes referred to in this literature review as a Christian or Christians (Robinson, 2019).

The term adherent was used in this research to define a congregant who attends a local church or similar spiritual community on an irregular basis, including holiday or special event attendees, regardless of their current degree of spiritual health, the length of time they have attended their church or any church, or their official membership status within their spiritual community (Barna Group, 2002; Crimone & Hester, 2011), or one who may attend more often

but does not indicate or display a willingness to participate in their ongoing development as a

follower of Jesus (Barna Group, 2015; Porter, 2019). A congregation is a group of individual

congregants, including adherents and disciples. These congregations are entrusted into the care

of a pastor or other member(s) of the clergy (Peter, 2020). This research refers to congregations

as religious communities, churches, and church members. They are often comprised of dissimilar

people at various stages in their journey to spiritual health, ranging from new believers to

experienced disciples (Atkinson, 2019).

The term Emotional Health, sometimes referred to as emotional maturity, emotional

intelligence, or EQ, was used in this research to describe a pastor's current emotional state

regarding their perception of personal success as a member of the clergy and their overall

effectiveness as church leaders and positive contributors to improving their congregants' spiritual

health (Meek et al., 2003; Walls, 2006). Emotional Intelligence (EQ) is a term formulated by

Payne in 1985, developed by Mayer and Salovey in 1990, and popularized by the work of

Goleman in 1995 (Panait & Bucinschi, 2018). Goleman (1995) stated that emotionally intelligent

people are self-aware individuals who excel in building healthy relationships and are

characterized by self-discipline and emotional stability. The term Spiritual Health, sometimes

referred to as spiritual maturity, was used in this research to describe an individual's level of

spiritual growth regarding the length of time the individual has professed and practiced

Christianity and their willingness to continue moving toward increased spiritual improvement

(Hall & Edwards, 2002; Keller, Mollen, & Risen, 2015). This continual process is spiritual

discipleship, which is the term used to describe an unending cycle of improving spiritual health

in the life of a professed Christian through consistent spiritual growth (Beagles, 2012; Drissi,

2019). It is a life-long progression guided by the Holy Spirit that incorporates many influences,

including emotionally healthy Christian pastors and mentors, that transform individuals into Jesus' likeness (T. Anderson & Skinner, 2019; Carr-Chellman & Kroth, 2017).

Need for Further Study

The current literature does not directly address the intersection of clergy emotional health and congregant spiritual health. Though there has been a plethora of research on the particular topics of clergy burnout (Jackson-Jordan, 2013; Scheib, 2003), emotional intelligence (Duncan et al., 2017; L. J. Francis, Payne, & Emslie, 2019), emotional health (Shiovitz-Ezra, Leitsch, Graber, & Karraker, 2009; Wells, 2013a), effective discipleship (Barna Group, 2015; Budijanto, 2020), spiritual growth (Beagles, 2012; Carr-Chellman & Kroth, 2017), spiritual maturity (Clark, 2013; Muto, 2018), and declining discipleship outcomes (Barna Group, 2002; Lang & Bochman, 2017), the potential intersection of clergy emotional health and congregant spiritual health has yet to be explored. While it has been noted that effective leaders tend to improve the emotional health of their followers (B. Avolio & Gardner, 2017) and that emotionally healthy pastors tend to strengthen the spiritual health of their churches (Walls, 2006), it has yet to be explored whether the emotional health of clergy members influences the spiritual health of their congregants as individuals and, if so, to what extent that influence functions. Considering the reported decline of discipleship in the United States (Barna Group, 2015; Brooks, 2014; Peterson, 2020), the associated lack of individual spiritual health (Dawson, 2010), and the epidemic of clergy burnout and emotional exhaustion (Adams et al., 2017; Wells, 2013a), it was proposed, for the sake of both the clergy and the congregant, to investigate the intersection of the emotional health of clergy members and the spiritual health of their congregants. If a connection exists between clergy emotional health and congregant spiritual health, it could motivate clergy members to improve their emotional health to help them fulfill their God-given responsibility in

producing spiritually healthy congregants. Matthew 28:19 (NLT) describes this directive in stating, "Therefore, go and make disciples of all the nations, baptizing them in the name of the Father and the Son and the Holy Spirit."

Significance of the Study

There is a widespread need for spiritually healthy disciples of Christ who can help strengthen churches and propagate Christianity around the world (Ketterling, 2016; Phillip, 2018; Walton, 2011). Spiritually healthy disciples are those individuals who evidence a personal commitment to embracing the process of spiritual growth and reproducing additional disciples in their contexts (Feller, 2015; Hilliard, 2018). However, compared to the number of professing Christians, there is a scarcity of spiritually healthy disciples prepared to become active disciple-makers (Barna Group, 2002, 2019; Hilliard, 2018; Hong, 2012; Ketterling, 2016; Tawfik, 2017). This reality prompted the question of why shortages of disciples exist, how to increase the number of spiritually healthy disciples, and how clergy members' roles and emotional health may affect discipleship processes.

Since the church as a community needs emotionally healthy and authentic leadership (Burns, 2017; L. J. Francis, Emslie, & Payne, 2019), the subject of improving clergy emotional health as a means of reducing and even preventing clergy burnout, and thereby increasing pastoral effectiveness in the disciple-making arena, is a topic of importance (Abernethy, Grannum, Gordon, Williamson, & Currier, 2016; Doolittle, 2010; Kinman et al., 2011). However, improving clergy emotional health is often difficult for many reasons, including that the discussion and admission of pastoral emotional unhealthiness are often viewed negatively, the role of a pastor in the current culture is considered more demanding than in previous generations, and the existence of a less-conducive spiritual ecosystem, in general, makes it more

difficult for a pastor to thrive (Frykholm, 2018; Terry & Cunningham, 2021; Walls, 2006; Zech, 2001). A suggested solution for improving the efficacy of discipleship efforts is to invest in improving clergy emotional health (Corcoran & Wellman Jr, 2016; M. Tanner & Zvonkovic, 2011; Walls, 2006), though this theory is untested. Therefore, it could provide value to investigate whether the emotional health of clergy members correlates with congregant spiritual health and, if a correlation exists, lay the groundwork for researching whether improving clergy emotional health would have a significant effect on the improvement of congregant spiritual health.

The Research Question

This quantitative study explored the effect of the emotional health of clergy on the spiritual health of their congregants in two main areas based on the testing criteria of the Spiritual Assessment Inventory (SAI):

1. It examined which emotional intelligence pursuits in clergy affect the quality of congregant relationship with God (one of two broad spiritual health categories presented in the SAI).

2. It examined which emotional intelligence pursuits in clergy affect the quality of congregant awareness of God (one of two broad spiritual health categories presented in the SAI).

This research question had underlying questions that examined the intersection of a pastor's emotional health and their congregant's spiritual health:

1. Is a congregant's relationship with God affected by other pastoral influences?

2. Is a congregant's awareness of God affected by other pastoral influences?

3. What other characteristics influence a congregant's relationship with God?

4.   What other characteristics influence a congregant's awareness of God?

Methodology Overview

This research explored the intersection between clergy emotional health and congregant spiritual health in the hope that it might shed light on the clergy and congregant relationship and provide a foundation for future research (Creswell & Creswell, 2018). Validated survey instruments provided a reliable numeric explanation of the collected data (Creswell & Creswell, 2018; Fowler, 2014). A quantitative approach utilized two different survey instruments – one for clergy members that measure emotional intelligence (health) and another for their respective congregants that measures spiritual health. The purpose of utilizing validated instruments was to provide a reliable numeric explanation of the collected data for further evaluation (Creswell & Creswell, 2018) to orient the initial findings within the greater body of research for possible broader application in the future (Fowler, 2014). The scope of the study included 12 lead pastors and a total sample of 110 congregants from the pastors' churches.

The research collected survey data from pastors and their congregants and analyzed the survey scores to see if any intersection was observable. All pastors completed the SEI: Six Seconds Emotional Intelligence Test (SEI), a validated emotional intelligence survey to assess their emotional health. The SEI was first developed in 1997 by Six Seconds, building on the work of Salovey, Mayer, and Goleman (Freedman, Ghini, & Fiedeldey-Van Dijk, 2019). The SEI was developed to assist people in putting the theory of emotional intelligence into action in their leadership life and considers multiple factors such as relationships, influence, and personal effectiveness (Freedman et al., 2019).

The congregants completed the Spiritual Assessment Inventory (SAI), a validated assessment developed by Hall and Edwards (1996), to assess their spiritual health. The SAI is a

scale that uses personal relationships, spiritual experiences, contemplative spirituality, and Biblical awareness as contributing factors. The SAI consists of two primary dimensions: Awareness of God and Quality of Relationship with God. The Awareness of God scale consists of two subscales: Awareness of God and Acceptance of God. The Quality of Relationship scale includes three subscales: Instability, Grandiosity, and Disappointment with God. It was designed to assess different developmental levels of an individual's relationship with God from an object-relations perspective (Hall & Edwards, 2002). The pastors and congregants of participating churches completed their respective surveys. Anonymity between the participants and the researcher occurred through a research assistant who collected the scores and stored them confidentially for further analysis.

Research Design

This study implemented a quantitative research design and employed a validated, instrument-based, cross-sectional approach coupled with an exploratory strategy to gather all relevant data (Creswell & Creswell, 2018). This collected data served to compare the emotional health of the participating pastors and the spiritual health of their respective participating congregants. Participants viewed a digital informed consent form and then digitally signed the document before their participation (Bazeley, 2013). This form is in Appendix A. The researcher chose a quantitative methodology rather than a qualitative approach or a mixed methods approach to gather more data and minimize researcher bias. The researcher, who serves as a lead pastor, had an inherent interest in improving the emotional health of pastors and desired to preclude suggestions of or opportunities for prejudice or partiality.

Site Selection

The participants for this study came from among the churches, pastors, and congregants of the Assemblies of God, USA. The choice of these participants was due to the researcher's familiarity with this group, having served as an Assemblies of God Church pastor for over 22 years. Regional organizational leaders were aware of the design, had no objections to the study, and agreed to the general identifications of their district if the results included no identification of specific churches, pastors, or congregants. In the end, there was no district identification made in this research.

Sample Population

Over 150 pastors and churches received direct invitations to participate, along with the adult congregants from each of their churches. This resulted in a final sample size of 110 congregational participants and 12 lead pastors, which reflected a participation rate of only 8% of all pastors and churches who received survey invitations. The 12 pastors completed the SEI survey, and the 110 congregants completed the SAI survey. This served to confine the test results to a specific group, though smaller than desired, working to eliminate additional variables that might appear in a larger, cross-denominational, multi-theological, multi-tradition study (Albers, 2017; Creswell & Creswell, 2018).

Candidate churches ranged from approximately 50 to 300 individuals for in-person, weekend attendance, stipulating the acceptance of attendance data before the COVID-19 pandemic. It was theorized that individuals in a church of this size can still have direct access to the pastor and develop a personal relationship with the pastor if desired (Barna Group, 2015). Smaller churches often provide more opportunities for personal influence through individual interaction with the pastor rather than the limited interaction of hearing a weekly sermon

delivered from a platform (Bledsoe, Setterlund, Adams, Fok-Trela, & Connolly, 2013; Zech, 2001). A qualifying clergy member had served as a lead pastor of their current church for at least three years. This was an attempt to ensure a certain level of pastoral experience and the passing of enough time for the pastors to interact in a meaningful way to some extent with their current congregants.

All adult congregants who consented to participate in the study received individual access to the SAI survey. Preferred consideration of collected data was based on demographic information such as adult congregants who (1) had professed Christianity for at least three years as an adult (thereby making the minimum age at the time of the survey age 21), (2) had attended their current church for at least three years, and (3) had most of their spiritual experiences under their current pastor. This approach served to identify participant data from those who were just beginning their spiritual journey (having had less time to become a spiritually healthy disciple) and those believers who were new to their current church, both of whom were, therefore, less likely to have experienced substantial positive or negative influence from their current pastor. Further, all participants received instructions to self-select only one person to participate in the study from each household to maintain an independent sample. Otherwise, additional factors introduced might convolute the research and complicate effective data analysis (Albers, 2017; Fowler, 2014). All clergy and congregant respondents participated voluntarily and did not receive compensation.

Instrument Selection

The participating pastors completed a validated emotional intelligence survey. The instrument selected was the SEI: Six Seconds Emotional Intelligence Test (SEI), first developed in 1997 (Freedman et al., 2019). The SEI is ideal for helping people learn about and then apply

emotional intelligence, also called EQ (Six Seconds, 2020). It is a clear, cohesive model that

places EQ into the context of work and life outcomes, including factors such as relationships,

influence, and effectiveness (Freedman et al., 2019). Though it is one of the newer tests in the

emotional intelligence arena, it has grown in utilization and acceptance (Six Seconds, 2020). The

results of factor analyses support the underlying theory and validity of the SEI survey and its

usefulness in clinical assessment and research (Freedman, 2011; Freedman et al., 2019; Six

Seconds, 2020).

The congregants completed a validated spiritual health survey. The instrument was the

Spiritual Assessment Inventory (SAI) developed by Hall and Edwards (1996). The SAI consists

of two primary dimensions: Awareness of God and Quality of Relationship with God. The

Awareness of God scale consists of two subscales: Awareness of God and Acceptance of God.

The Quality of Relationship scale includes three subscales: Instability, Grandiosity, and

Disappointment with God. The SAI has a long history of use. It is based on a model of spiritual

health that integrates spiritual maturity from an object-relations perspective and an experiential

God-awareness based on New Testament teaching and contemplative spirituality principles (Hall,

Reise, & Haviland, 2007; MacDonald, Kuentzel, & Friedman, 1999). The results of factor

analyses support the underlying theory and validity of the SAI and its usefulness for use in

clinical assessment and research (Hall & Edwards, 1996, 2002; Hall et al., 2007).

Data Collection and Analysis

All clergy and congregant participants received an email from the researcher explaining

the primary purpose of the research and outlining the framework for consent. This initial email

communication contained a subsequent link to an informed consent form requiring a digital

signature before proceeding. Upon digitally signing their consent form, the clergy and

congregant participants received a response email containing an individual link to input the

requested demographic data and then completed either the SEI online survey (for pastors) or the

SAI online survey (for congregants). The SEI provider scored each SEI instrument, and the

research assistant scored each SAI instrument according to provided guidelines. Clergy and

congregant respondents knew of their ability to opt out of the research at any time without

consequence, and some chose not to proceed after completing the demographic questionnaire.

Administration of the SEI occurred through the Six Seconds online portal, allowing

pastoral participants to complete the survey according to their availability. The research assistant

then categorized the collected data according to the requested demographic information.

Administration of the SAI occurred through an online portal allowing congregant participants to

complete the survey according to their availability. The research assistant then categorized the

collected data according to the requested demographic information. A password-protected file on

the researcher's computer contained the data, and numerical values served as pseudonyms for

identities to assure confidentiality (Bazeley, 2013; Creswell & Creswell, 2018). After data

collection, analysis of the survey data occurred using analysis software including Microsoft

Excel and SPSS statistics software to explore the relationship between the emotional health

scores of the pastor and the spiritual health scores of the congregants. Analysis of the assessed

results determined if significance in higher or lower congregant spiritual health scores intersected

with significance in their respective pastor's higher or lower emotional health score.

Limitations

There were several anticipated limitations in this quantitative research design.

Participants self-selected their involvement rather than the participants coming from a

completely random study population. Participants self-reported their answers to survey questions

without external evaluation perspectives, which could result in inaccurate data. Further, the
population of this study was a smaller group compared to the thousands of churches and millions
of congregants that are a part of the Assemblies of God (Assemblies of God, 2018). As such,
widespread application cannot occur until the study repeats with different churches and
participants within the Assemblies of God and, perhaps, churches and participants from other
denominations and religious traditions. Furthermore, this study explored the potential
intersection of clergy and emotional health and congregant spiritual health and did not introduce
any experimental factors that might help determine correlation or causation. The design of future
research could begin assessing whether any level of correlation or causation exists between a
pastor's emotional health and the spiritual health of their congregants.

Further, there are multiple factors unexplored in this research that could provide a
framework for future research. These factors include the length of a congregant's spiritual
journey before involvement in their current church, the likelihood of emotionally healthy leaders
attracting emotionally healthy congregants, the probability of emotionally less healthy leaders
attracting emotionally less healthy congregants, the possibility that some congregants are
struggling with more severe (perhaps even clinically diagnosed) emotional deficiencies that have
not been caused or worsened by their current pastor, the possibility of a reciprocal relationship
between pastor and congregant, and the possibility that congregants may have a substantial effect
on the emotional health of pastors. Other considerations may also present themselves during data
analysis. Other than these considerations, there were no other significant limitations anticipated
in the design and implementation of this study.

Ethical Considerations

The researcher focused on incorporating the contextual particularities of the specific clergy and congregant participants (Bazeley, 2013; Portney & Watkins, 2002). The researcher realized that less than desirable survey results, when revealed directly to the participant, may result in varying levels of emotional distress (Bazeley, 2013; Creswell & Creswell, 2018). Therefore, a list of available and qualified counselors submitted to the regional leaders of the Assemblies of God was available to all participants if requested. Careful data protection processes regarding password-protected files and pseudonyms ensured data confidentiality, and the International Review Board (IRB) at Northwest University approved the research design before study implementation. Further, aims to reduce researcher bias during data analysis included reflexivity and a research assistant to prepare data for analysis. The researcher reflected on how his own experience as a congregant and a pastor may impact the direction of the study and interpretation of the results (Creswell & Creswell, 2018).

Summary

Given the previously stated need for emotionally healthy pastors and spiritually healthy congregants in churches and communities, this study proposed research into a primarily unexplored area that may benefit everyone involved in the spiritual community. To better understand the potential intersection of clergy emotional health and congregant spiritual health, a thorough literature review was necessary that examined both clergy and congregants as individuals and the related issues that involved clergy and congregants together. The following literature review encompasses several aspects of clergy emotional health, including clinical and theoretical definitions, the effects of clergy burnout and clergy narcissism, suggested methods of measuring and improving clergy emotional health, and the possible effect of authentic leadership

on improving clergy emotional health. The review also includes several aspects of congregant

spiritual health, including clinical and theoretical definitions, the continuing decline in successful

discipleship, the effects of various discipleship methods on spiritual health and the broader

ramifications of their associated outcomes, and suggested methods of measuring and improving

congregant spiritual health. Finally, the review analyzes the potential intersection of clergy

emotional health and congregant spiritual health, including the effects of individual and

communal discipleship, the impact of authentic leadership on followership, and summarizes the

gaps in the literature that reveal the need to conduct this research. While this review is not

exhaustive given the amount of data relevant to this study, it is conclusive in presenting an

overview to identify areas requiring further attention.

Chapter 2: Literature Review

This study examined the potential intersection of the emotional health of pastors and the spiritual health of their respective congregants. Therefore, it was necessary to first explore both topics individually for subsequent collective consideration. A review of the available literature concerning these subjects' various issues revealed a gap in the existing research. Research on these topics is quite extensive when considered individually. However, very little research exists that investigates a possible intersection between pastoral emotional health and congregant spiritual health. In this chapter, there are overviews of several pertinent issues for clergy emotional health, congregant spiritual health, and suggestions of possible implications for under-researched areas.

Overview

The church community generally benefits from emotionally healthy and authentic leadership from its pastors (Burns, 2017; L. J. Francis, Emslie, et al., 2019). However, today's churches have an increasing lack of spiritually healthy disciples, which may be related to declining clergy emotional health (Baldwin, 2016; Barna Group, 2002, 2015). Therefore, improving and maintaining clergy emotional health to prevent clergy burnout and increase pastoral effectiveness in making disciples is a vital topic (Abernethy et al., 2016; Doolittle, 2010; Kinman et al., 2011). Improving clergy emotional health is often difficult for many reasons, including that the discussion and admission of pastoral emotional unhealthiness are often viewed negatively, the role of a pastor in the current culture is considered more demanding than in previous generations, and the existence of a less-conducive spiritual ecosystem, in general, makes it more difficult for a pastor to thrive while attending to their regular responsibilities (Frykholm, 2018; Terry & Cunningham, 2021; Walls, 2006; Zech, 2001).

Many pastors are experiencing a decline in their emotional health as they attempt to maintain a confident self-image and project the appearance of a balanced life to their peers, family, and congregants (Beebe, 2007; Mueller & McDuff, 2004). Barna Group (2021), which has surveyed pastoral well-being for an extended period, states that as many as two-thirds of pastors are not faring well in areas including their spiritual, physical, vocational, emotional, and financial well-being. Further, Barna (2021) reports that 38% of pastors in the United States thought about leaving full-time ministry in 2021. Conversely, some pastors are finding that allowing congregants to see their humanity can improve their emotional health while also making them seem more authentic, relatable, and trustworthy to the people in their church, which can result in a more effective ministry (Corcoran & Wellman Jr, 2016; Sandercock-Brown, 2012). Some pastors have also benefited from the regular incorporation of outside emotional support such as coaching from a trustworthy mentor and ongoing counseling from a professional Christian therapist (LeGrand, Proeschold-Bell, James, & Wallace, 2013; Nikolsky & Vladimirovich, 2019).

These proposed sources of support may seem counterintuitive for many pastors and church leaders because congregants often expect pastors to put congregational needs ahead of the pastor's personal needs (J. Hendron, Irving, & Taylor, 2012; Hilliard, 2018). It is helpful, however, to consider the example of Jesus. He expressed a variety of emotions in full view of His disciples, including joy, zeal, sadness, and grief, and often withdrew alone to the wilderness to maintain His emotional health through prayer and taking time to re-center and recuperate (Frederick, Dunbar, & Thai, 2018). These traits of authenticity and vulnerability in Jesus' life are positive character traits in Scripture (Frederick et al., 2018; R. Peters, Ricks, & Doval, 2017). Therefore, clergy members should consider adopting Jesus' style of authentic leadership and

associated lifestyle, exploring its ability to help develop spiritually healthy congregants, support

the healthy processing of emotions, and help prevent the onset of clergy burnout (Proeschold-

Bell et al., 2015; Randall, 2004, 2013a; Sorenson, 2018).

For pastors to flourish in their roles as ministers, they need to experience consistent joy,

develop a high level of personal resilience, maintain self-integrity in personal and professional

situations, and find both meaning and purpose in the vital areas of their lives (Adams & Bloom,

2017; Corcoran & Wellman Jr, 2016; Frykholm, 2018). This overall well-being results from three

essential components: (a) small steps (remembering that small habits developed can produce

considerable changes over time), (b) stepping back (slowing the pace of life to gain proper

perspective), and (c) stepping together (finding at least one other person who will support the

small steps as they are taken) (Bloom, 2019). These components are correlated to several factors

that are indicative of positive clergy mental health, including addressing emotional and physical

health with intentionality, realizing that the clergy member's role is one of a joint-participant in

God's sovereign work, the setting and maintaining of appropriate personal and professional

boundaries, and the effective management of ongoing stressors pastors experience in their

personal and professional life (Case et al., 2020).

Pastors who achieve a satisfactory level of emotional health report experiencing more

purposeful ministry, an increased capacity for self-compassion, and an improved ability to

differentiate between their roles as clergy members and themselves as individuals (Barnard &

Curry, 2012; Lee & Rosales, 2020). Pastors also described the corresponding diminishment and

even absence of a controlling desire to please others coupled with not suffering the lingering

effects of shame and guilt (Barnard & Curry, 2012; Sager, 2020). The improvement of a pastor's

emotional health is believed to be a protective factor against clergy burnout because it helps

increase self-compassion, affirms purpose, enhances self-awareness, and contributes to the

development of healthy personal and professional relationships (Barnard & Curry, 2012;

Hotchkiss & Lesher, 2018; Lee & Rosales, 2020).

Definitions

For clarity, there are summaries from Chapter 1 concerning working definitions for

pastors, congregants, disciples, adherents, congregation, emotional health, and spiritual health.

More detailed descriptions of these terms are available in the introduction of Chapter 1. The

words clergy, pastor, and minister are used interchangeably to describe an individual who

functions as a senior leader of their particular spiritual community (Adams et al., 2017). Clergy

members are male or female and may have differing levels of experience and tenure as they

serve their respective congregations. Congregant is a collective term used to describe the

participants in different spiritual communities at various stages in their spiritual growth (Crimone

& Hester, 2011). The term congregant refers to anyone who affirms their attendance at or

involvement in a local church or similar spiritual community regardless of their current level of

spiritual health, the length of time they have attended their church, or their official membership

status within their particular spiritual community (Barna Group, 2002).

The term disciple defines a congregant who affirms their attendance at or involvement in

a local church or similar spiritual community and indicates a willingness to participate in their

ongoing development as a follower of Jesus (Hilliard, 2018; Johannes, 2017). This development

requires the congregant's profession of personal faith in Jesus as defined in the evangelical

tradition, sometimes referred to in this review as a Christian or plurally as Christians (Burggraff,

2015; Meek et al., 2003). The term adherent is used to define an individual who attends church

on an irregular basis, including holiday or special event attendees, or one who may attend more

often but does not indicate or display a willingness to participate in their ongoing development as a follower of Jesus (Barna Group, 2015). A congregation is a collective group of individuals, sometimes referred to as the church or churches in this research. Congregations often comprise dissimilar people at various stages in their spiritual growth (Atkinson, 2019).

Emotional health, sometimes referred to as emotional maturity, emotional intelligence, or EQ, is the term used to describe a pastor's current emotional state regarding their perception of their emotional health, their success as a member of the clergy, and their overall effectiveness as positive contributors to improving a congregant's spiritual health (Meek et al., 2003; Walls, 2006). Spiritual Health describes an individual's level of spiritual maturity regarding the length of time the individual has professed and practiced Christianity and their willingness to continue moving toward increased spiritual maturity (Hall & Edwards, 2002; Keller et al., 2015). This continuing process is known as discipleship. The term discipleship describes an ongoing process of improving spiritual health through consistent growth in a professed Christian (Beagles, 2012; Drissi, 2019). It is a life-long progression, guided by the Holy Spirit, that incorporates many influences, including those of emotionally healthy Christian pastors and mentors, that works to transform individuals into the likeness of Jesus (T. Anderson & Skinner, 2019; Blomberg, 2017).

Clergy Emotional Health

The general expectation of the spiritual community is that pastors should enjoy their work as clergy members because the assumption is that they followed a transcendent spiritual calling when they first entered the ministry, rather than choosing the pastorate as one of many possible vocations (Civish, 2013; Mueller & McDuff, 2004). However, rather than observing an abundance of joy and satisfaction in clergy members, research shows a higher presence of depression and anxiety among clergy members than within the general population (Corcoran &

Wellman Jr, 2016; Knox, Virginia, & Lombardo, 2002). Further, most clergy members who struggle with their emotional health admit to having little or no confidence in their ability to deal with the ongoing emotional demands of ministry tasks (Corcoran & Wellman Jr, 2016; O'Kane & Millar, 2001). These results stem from the intrapersonal nature of specific stressors clergy members experience resulting from the unique role they serve within the spiritual and social ecology (Proeschold-Bell et al., 2011). These stressors have been associated with the decision by many clergy members to leave their current pastoral position and their involvement in ministry (religious employment), citing the emotional strain of their roles as clergy members (Beebe, 2007; Shaun, 2017).

The concept of emotional health and its underlying issues have often evoked images of mental illness and incurable disease, but this is no longer the case (Knox et al., 2002; Sorenson, 2018). Researchers had previously chosen to combine the issues of mental illness and mental health into a single subject (Proeschold-Bell et al., 2015). The accepted thinking was that mental illness was the foundational concern and that the absence of mental illness indicated the presence of proper mental health (Payton, 2009). However, recent studies have supported the idea that the lack of a current mental illness diagnosis does not always mean that individuals, including clergy members, are experiencing quality emotional health in their personal and professional lives (L. J. Francis, Payne, et al., 2019; Proeschold-Bell et al., 2015).

Psychological Safety

Both inside and outside the church, many people consider emotional health (i.e., emotional intelligence, emotional maturity, EQ) a private and inappropriate issue to discuss with others (Kinman et al., 2011; M. Tanner & Zvonkovic, 2011). Consequently, when clergy members choose to reveal their negative or confusing feelings to their peers, other clergy

members can often view them as showing improper signs of vulnerability or perhaps even having

a complete crisis of their faith (Kinman et al., 2011; M. Tanner & Zvonkovic, 2011).

Psychological safety is a term used to describe the fear accompanying this issue. Psychological

safety is a theory regarding emotional health increasingly promoted in businesses, schools, and

other organizations. It references the need for people to feel protected as they express personal

frustrations or offer organizational opinions without fear of reprisal from those with whom they

work (Ungvarsky, 2021). Multiple studies have shown the positive effects of psychological

safety, including a deeper trust in other people that psychological safety fosters (Rego, Melo,

Bluhm, e Cunha, & Júnior, 2021). Research into psychological safety has revealed that people

who work in businesses where they fear punishment or other adverse repercussions from

speaking freely or taking risks are negatively affected in several ways (Ungvarsky, 2021).

When someone does not feel psychologically safe, they tend to keep their emotions and

opinions hidden, leading to habitual silence and declining emotional health (Sherf, Parke, &

Isaakyan, 2021). Additionally, if the workplace makes one feel unsafe, their commitment to the

organization may be reduced, their authenticity may be discouraged, and employee turnover rates

could increase, all of which can contribute to an individual's emotional health crisis (Proeschold-

Bell & McDevitt, 2012; Wang, Chen, Yang, & Juan, 2021). Authenticity and vulnerability are

sometimes seen as incompatible with effective leadership in spiritual settings because pastors are

assumed emotionally healthy, regardless of their past experiences or current circumstances, and

should keep their emotional reactions private and under control (Proeschold-Bell et al., 2015;

Randall, 2004, 2013a; Sorenson, 2018). Many pastors report uncertainty about how to biblically

integrate common human emotions such as anger, sadness, rejection, guilt, and shame into both

their personal lives and their public roles as ministers, often becoming defensive while struggling

to hide or at least minimize those emotions that are considered by some to be psychological

weaknesses (L. J. Francis, Emslie, et al., 2019; Knox et al., 2002; Scazzero & Bird, 2013).

Defining Clergy Emotional Health

Individuals are considered emotionally healthy when they possess a developed degree of

self-awareness, maintain consistent control over their emotional responses, are empathetic

toward other people and their problems, their personal and professional relationships flourish,

and they display the hallmarks of steady character and consistent self-discipline (Freedman et al.,

2019; Goleman, 1995). Emotional Intelligence (EQ) is a term first formulated by Payne in 1985,

further developed by Mayer and Salovey in 1990, and popularized by the work of Goleman

beginning in 1995 (Panait & Bucinschi, 2018). When referring to clergy members in their

professional function, emotional intelligence describes a pastor's ability to process their

emotions regarding their role in ministry and their perception of personal success serving as a

pastor (Meek et al., 2003; Walls, 2006). Consequently, the intertwined issues of emotional health

and emotional intelligence are almost synonymous for the leader and are often referred to as a

leader's EQ (Panait & Bucinschi, 2018).

Emotional intelligence (EQ) is considered at least twice as important for leaders as are

technical skills and intelligence quotient (IQ), regardless of the leader's positional level (Tyler,

2015). Further, high levels of EQ have been found to enhance a pastor's psychological health by

reducing the level of emotional exhaustion (negative effect) that comes from ministry

responsibilities as well as increasing levels of satisfaction (positive effect) for the pastor overall

(M. Francis, 2019). These findings concerning EQ supports additional research that concludes a

pastor's emotional health, physical health, and spiritual health are all critical because leaders who

prioritize their health while maintaining authentic personal and professional relationships are

considered foundational to healthy organizations and associated healthy leadership processes

(Boyatzis, Brizz, & Godwin, 2011; Haber-Curran et al., 2015). This foundation is indispensable

for clergy members because God charges pastors with the vital responsibility of discipling those

congregants entrusted to the pastor's care (T. Anderson & Skinner, 2019). This functions best

through developing and maintaining healthy relationships with those congregants (T. Anderson

& Skinner, 2019; Atkinson, 2019).

However, many clergy members continue to struggle with their unresolved emotional

difficulties (Ruffing et al., 2018). Many pastors deal with persistent internal issues such as high

levels of personal insecurity, the lack of a strong sense of individual self-worth, an undefined life

purpose or goal that would give deeper meaning to their spiritual labor, feelings of extreme

failure at both personal and professional levels, and even some elements of narcissism that are

sometimes developed as a clergy coping mechanism (McDowell-Ott, 2015; Parachin, 2008;

Ruffing et al., 2018; Zondag, 2005). However, though these circumstances encountered by clergy

members provoke deep emotional reactions that occasionally require immediate and ongoing

professional attention, sometimes there are underlying mental factors present in certain clergy

members that contribute to their overall emotional issues and further complicate their related

struggles (Larson & Larson, 2003; Randall, 2013a). Regardless of the specific contributing

factors a pastor may experience, these emotional health issues contribute to the rise of clergy

burnout (Randall, 2013a; Scheib, 2003).

Clergy burnout.

Among a pastor's many responsibilities are providing considerable personal, emotional,

and spiritual support to their congregants, but the pastor often gives this support at a detriment to

their emotional health (Case et al., 2020). A pastor's unresolved emotional issues that affect their

emotional health are referred to collectively as clergy burnout in much of the literature and denoted clinically as emotional exhaustion (Adams et al., 2017). Emotional burnout or emotional exhaustion, in general terms, is a prolonged response to chronic emotional and interpersonal stressors, at both personal and professional levels (Adams et al., 2017; Maslach, Schaufeli, & Leiter, 2001). Clergy burnout often describes a decline in a pastor's energy, motivation, and commitment. It can occur when pastors do not achieve expectations set by themselves, their congregants, or others in leadership at the pastor's place of service or within their denomination, or when the pastor has exerted substantial effort without sufficient recognition of that effort (Barnard & Curry, 2012). Further, limited church resources, lack of staffing assistance, and low financial compensation often exacerbate this emotional exhaustion (Barnard & Curry, 2012; Hartzell, Parsons, & Yermack, 2010). Clergy burnout is linked to the continual demands of pastoral ministry that are often emotionally overwhelming (Sorenson, 2018) and research indicates there is a demonstrable sequence in the process of burnout itself that is almost always initiated by the onset of emotional exhaustion (Adams et al., 2017). This exhaustion is sometimes so severe that strategic, professional intervention is necessary to help alleviate the considerable negative impact that can come from the emotional labor of ministry (Kinman et al., 2011).

Further compounding the problem of burnout is the belief held by many pastors and congregants that if pastors make an effort to prioritize their spiritual life and growth, then every other aspect of their lives, including their emotional health, will become stable as a by-product (Beebe, 2007; Edwards, Bretherton, Gresswell, & Sabin-Farrell, 2020). However, this reasoning is invalid and serves to disregard the substantial impact that emotional health, or lack thereof, can have on a spiritual leader's life (Faucett et al., 2013; Walls, 2006). These spiritual

responsibilities, including the attempt by pastors to develop disciples within their congregations, are not only very challenging but also largely unrewarded (Hartzell et al., 2010; Scheib, 2003). When these spiritual burdens compound a pastor's precarious emotional balance, clergy burnout is sometimes the inevitable result (Beebe, 2007; Hessel, 2016; Kinman et al., 2011). This level of fatigue is critical to consider because, on a spiritual level, the concept of vocational calling for pastors is very personal and driven by the understanding of their God-given duty, the sense of meaning they attempt to derive from their work, and their sense of personal satisfaction that contributes to or detracts from their self-worth (Frederick et al., 2018). All of these factors are psychologically categorized as substantial elements that can contribute to emotional exhaustion, which, in turn, can result in a loss of a pastor's identity and contribute to a strong sense of failure from not achieving personal and professional goals (Crosskey, Curry, & Leary, 2015; Maslach, Jackson, & Letier, 1996; Paradise, 1983).

The current perception of clergy burnout is almost pandemic and is a phenomenon that affects both veteran and new clergy members from a broad cross-section of religious movements (Edwards et al., 2020; Hotchkiss & Lesher, 2018; Schaefer & Jacobsen, 2009). Consequently, many pastors worry that they will suffer the same consequence as their clergy counterparts, which often causes them to retreat from higher-risk opportunities that are good for their community, themselves as individuals, and their church (Frykholm, 2018). This fear of failure and eventual burnout causes some pastors to retreat personally, resulting in isolation and loneliness that contribute to the rise of clergy burnout (Visker, Rider, & Humphers-Ginther, 2017).

Clergy narcissism.

In some instances, the emotional instability that leads to clergy burnout can descend into a type of clergy narcissism that affects a pastor's self-perception, perception of other people, overall job performance, and ministry endurance (Ruffing et al., 2018; Zondag, 2004). A narcissistic individual is clinically defined as one who has an exaggerated sense of self-importance, often displays a condescending attitude toward others, harbors a deep need for excessive admiration, holds diminished empathy for anyone but themselves, and is often exploitative of others for personal gain (Chong, Ang, & Hashim, 2020). When clergy members begin to turn narcissistic in their behavior, they tend to thrive on congregant recognition and peer reassurance because of their deep need for admiration from others to corroborate their self-importance (Ruffing et al., 2018; Zondag, 2005). Various studies researching the topic of follower dissatisfaction concluded that ineffective leadership is often caused by those leaders who are narcissistic in nature and are attracted to influential leadership positions because it provides them with an opportunity to exercise their authority over other people (Steffens & Haslam, 2020).

Further, narcissistic behavior can cause leaders to feel threatened by the success of others rather than possessing the ability to celebrate another's success, the willingness to give people the freedom to learn and grow, and encouraging them to utilize and develop their own God-given gifts (Orchard, 2020; Parachin, 2008). Rather than being just an unconscious behavioral response, this narcissistic behavior is often a reactive self-preservation mechanism utilized by some pastors in an attempt to avoid burnout and to mask the shame and guilt they feel when they fail publicly or privately as a leader (Crosskey et al., 2015). Narcissistic behavior does not contribute positively to the emotional health of clergy members or the spiritual health of their

respective congregants (Lahood, 2010; Marceau, 2011; Zondag, 2004) and is antithetical to effective spiritual leadership (Marceau, 2011; Zondag, 2005). It is notable that clergy narcissism has wide-ranging implications that may affect the relationships between pastors and congregants, at both personal and professional levels, and may indicate a link between clergy emotional health and congregant spiritual health (Cooper, Pullig, & Dickens, 2016; Walls, 2006).

Measuring Clergy Emotional Health

To examine a potential intersection between clergy emotional health and congregant spiritual health, there is a need for concise definitions of the measurable elements of emotional health. Emotional health is also referred to in the literature as happiness, overall contentment with life, and maintaining a subjective well-being (Misheva, 2016). General indicators of good emotional health include the ability to sustain a positive outlook on life, displaying resilience in response to difficulty that is aided by the propensity to overcome negative emotion, the skill to observe, interpret, and respond to nonverbal social cues, the capacity to maintain a high degree of self-awareness regarding one's internal state, and the ability to understand and regulate one's self according to contextual particularities (Kesebir, Gasiorowska, Goldman, Hirshberg, & Davidson, 2019). Individuals experiencing these elements of positive emotional health are content most of the time, have elevated levels of self-esteem, and do not often experience the symptoms of burnout such as lasting depression, loneliness, anxiety, or stress (Shiovitz-Ezra et al., 2009). However, in a study of Assemblies of God pastors in Minnesota, 65% of surveyed ministers suffered from clergy burnout or were on the verge of suffering burnout (Visker et al., 2017).

In a broader study of evangelical pastors who had served in ministry for over 30 years, 63% admitted to feelings of exhaustion compared to 85% of pastors in ministry for less than 15

years (Frykholm, 2018). Pastors suffering from burnout or emotional exhaustion were characterized by varying levels of neuroticism, psychoticism, anxiety, depression, an openness to belief changes, too many hours worked, and overall spiritual dissatisfaction; all of which were found to positively correlate as factors contributing to the increase of clergy burnout (Barnard & Curry, 2012). For Millennial pastors (born between 1981-1996) and Generation Z pastors (born between 1997-2012), 40% reported they are anxious about making decisions, uncertain about their future, and have a deep fear of failure arising from the pressure related to clergy responsibilities (Barna, 2020). This fear of failure, in particular, seems to contribute to the rise of clergy burnout (Crosskey et al., 2015).

Given the importance of addressing emotional health for individuals in general, the development of several instruments occurred over the past few decades to ascertain reliable and helpful mental measurements (Freedman, 2011). Many measure the characteristics of emotional health and clergy burnout (Hülsheger & Schewe, 2011). The more recognized of these instruments include the Multifactor Leadership Questionnaire (B. J. Avolio & Bass, 2004), the Authentic Leadership Questionnaire (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008), the Schutte Self-Report Emotional Intelligence Test (Schutte et al., 1998), the Emotional Competence Inventory (Boyatzis & Sala, 2004), the Emotional Quotient Inventory (Bar-On, 1997), the Mayer–Salovey–Caruso Emotional Intelligence Test (Mayer, Salovey, & Caruso, 2002), and the Six Seconds Emotional Intelligence Test (Freedman, 2011; Freedman et al., 2019). Though each instrument differs to some extent in its theory and methodology, each instrument concludes that there is a strong relationship between emotional intelligence (EQ) and effective leadership, highlighting the necessity of developing strong intrapersonal and interpersonal skills that are associated with positive emotional health (L. B. Mills, 2009).

The SEI: Six Seconds Emotional Intelligence Test (SEI) served to evaluate the emotional health of pastors in the context of this research. The development of the SEI in 1997 incorporated the work of Salovey, Mayer, and Goleman (Freedman et al., 2019). The SEI assists people in applying the theory of emotional intelligence to their leadership roles (Goleman, 1995; Panait & Bucinschi, 2018). It is a comprehensive but straightforward model that evaluates EQ in the context of work and life outcomes, including factors such as relationships, influence, and effectiveness (Freedman et al., 2019; Tyler, 2015). Though it is one of the newer tests in the emotional intelligence (EQ) field, it has grown in acceptance. The SEI helps people develop and maintain emotional health by using their EQ to create a healthier and more meaningful personal and professional life (Freedman, 2011; Freedman et al., 2019; Six Seconds, 2020). The SEI is scientifically validated using factorial and statistical analyses that establish high reliability for research, including Cronbach Alphas between 0.68 and 0.81 (Six Seconds, 2020).

Improving Clergy Emotional Health

Improving a leader's emotional health has become an essential topic in the era of improving organizational leadership, especially when considered in conjunction with followers' rising demands (Panait & Bucinschi, 2018; Tareq, 2020). As observed by Goleman (1995), emotionally intelligent leaders are self-aware, have a high degree of impulse control, are persistent amidst difficult circumstances, are self-motivated, and possess a high degree of empathy for others. However, the high demands of leadership in any capacity have made it difficult for leaders to guide their organizations while working to remain emotionally stable (Duncan et al., 2017; Humphrey, Burch, & Adams, 2016). Pastors, as religious leaders, have not been exempted from these growing leadership demands or the associated emotional health challenges that come along with increased responsibilities (Adams et al., 2017). Therefore,

exploring the varying causes of clergy emotional stress and developing effective processes for improving clergy emotional health is a topic that deserves attention.

Emotional health concerns needing improvement.

As leaders of their congregations, pastors have a noticeable effect on their congregant's lives and, by extension, the communities where those congregants live (Boyatzis et al., 2011). Since a wide variety of people comprise the constituency of the average religious organization (race and ethnicity, life experience, financial status, age, family of origin, etc.), it causes pastors to not only bear the burden of leading their congregants as individuals but also brings the added stress of leading their organizations and, by extension of their leadership position, influencing neighborhoods and communities (Micklethwait & Woodbridge, 2009). These roles have elevated the potential for leadership in their congregations and communities and the personal scrutiny under which they and their families live every day (Solas, 2019). Organizational research across multiple leadership theories concurs with the critical impact leaders have, both positively and negatively, on the people of their respective organizations, on the organizations themselves, and on the communities where they reside (Kaiser, Hogan, & Craig, 2008; Schein & Schein, 2017; Törnblom, 2018). Good leadership causes organizations of all types to thrive and prosper, which, in turn, can improve the personal, financial, intellectual, and emotional well-being of the organization's members (Hogan & Kaiser, 2005; Lencioni, 2012; Schein & Schein, 2017). Conversely, poor leadership negatively affects both the organization and the organization's members (Pyc, Meltzer, & Liu, 2017) because ineffective leaders, whose emotional health is often struggling, are frequently unable to foster the organizational climate needed for followers to learn and grow (Gardner, Avolio, Luthans, May, & Walumbwa, 2005; Puls, Ludden, & Freemyer, 2014).

Even in the best scenarios, effective leadership is becoming difficult for several reasons, including higher demands for authenticity and transparency (Álvarez, Mora, Pilar, & León, 2019) and the expanding responsibilities for leaders in a connected global village (Tyre, 2018). These issues place higher demands on leaders' time, threaten their emotional stability, and limit their efforts to improve their emotional health (Panait & Bucinschi, 2018). Transparency is becoming a requirement for organizational leaders to lead according to their organization's values and guide their organizations with their personal, moral, and ethical perspectives in plain view (Clapp-Smith, Vogelgesang, & Avey, 2009). To be effective in today's diverse and demanding culture, leaders are expected to maintain authenticity, vulnerability, and transparency, should possess ethical principles that have a foundation in shared morals, and should make choices that align with the shared values of followers (B. Avolio & Gardner, 2017; R. Peters et al., 2017).

A finding regarding leadership that contributes to the difficulty of improving emotional health is that pastors, as leaders, and their churches, as organizations, are quite different from most institutions (Peter, 2020; Wollschleger, 2018). The functioning of a pastor as an organizational leader requires handling work issues and emotional difficulties that are dissimilar from leaders in other organizations and even different from those who work in other helping professions (Doolittle, 2010). The emotional struggle of pastor-specific duties is such a widespread issue that an inverse, correlated relationship exists between clergy effectiveness and pastoral burnout (Beebe, 2007; L. J. Francis, Robbins, & Wulff, 2013). As emotional burnout increases, a resulting decrease in pastoral effectiveness often occurs (Jackson-Jordan, 2013; Knox et al., 2002).

Critical to this research is that their congregants perceive a pastor's level of emotional competency to affect the congregant's overall spiritual satisfaction (Boyatzis et al., 2011). Therefore, congregants desire genuineness and relational relevance from their pastors (Jingyu et al., 2019). However, while allowing followers to see a leader's humanity can make the leader seem more personable, more authentic, and worthy of follower trust (Corcoran & Wellman Jr, 2016), it is also stated by congregants that their pastors should not show too much self-confidence and thereby appear to lack humility, should not seem arrogant and unapproachable, and should provide quantifiable lifestyle evidence of engaging in actual servant-based leadership (Boyatzis et al., 2011; Milić, Grubić-Nešić, Kuzmanović, & Delić, 2017; Otaghsara & Hamzehzadeh, 2017). These problematic and conflicting messages can become hindrances to improving clergy emotional health (Wirtz et al., 2017; Zondag, 2005). With all of these varying demands on pastors in their personal and professional leadership roles, it is not surprising that declining pastoral emotional health, sometimes to the point of emotional burnout, is a growing epidemic in religious organizations and that the improvement of clergy emotional health is an elusive target (Kinman et al., 2011; Milstein, Hybels, & Proeschold-Bell, 2020). If the accepted premise is that emotionally healthy pastors are desirable and even necessary for the benefit of their churches and congregants, the issues raised are concerning if a struggling pastor is to improve, stabilize, and protect their emotional health. The primary question, then, examines how a pastor is supposed to address their emotional health most effectively.

Contributing factors.

Several factors may contribute positively or negatively to a pastor's overall emotional health and may affect any efforts, by the pastor or others, to improve that emotional health. For example, clergy members are asked to function in many different roles, including pastor,

personal counselor, organizational CEO, board chairman, Bible teacher, and many more, which would seem to require a high degree of emotional intelligence (L. J. Francis, Payne, et al., 2019). However, clergy members score lower as a group on emotional intelligence tests than other groups as a whole (L. B. Mills, 2009; Randall, 2014). Various research supports this finding. For example, almost half of pastors (47 %) report they are frustrated in their attempts to accomplish necessary tasks and that the process of fulfilling their ministry roles drains them (44%), while over one-third of pastors (38%) report daily fatigue and irritation in their roles (Randall, 2013b). Other research demonstrates that emotional intelligence in pastors as a group is lower than in other diverse populations (J. A. Hendron, Irving, & Taylor, 2014). While an apparent reason for this phenomenon has not been determined, it is concerning because emotional intelligence is predictive of job burnout; the higher one's emotional intelligence, the less one tends to encounter the symptoms of burnout (Marjan, Roghaieh, & Mahdi, 2019). Moreover, higher levels of emotional intelligence enhance mental health, reducing the emotional exhaustion encountered in ministry and increasing the satisfaction from successful ministry experiences (L. J. Francis, Payne, et al., 2019).

Emotional burnout, which is often identified by an exhausted mental state that can cause a paralysis of feelings and is recognized by a radical diminishment of personal joy in one's personal life and one's religious roles, is increasing among clergy members (Nikolsky & Vladimirovich, 2019). This finding contradicts the common perception that church organizational structures are always emotionally healthy and that pastors are always experts in regulating their emotions (J. A. Hendron et al., 2014). These incorrect assumptions are predicated on unsubstantiated theory and clergy stereotypes rather than on detailed research and factual evidence (L. J. Francis, Emslie, et al., 2019). Therefore, pastors who desire an effective ministry

should develop the ability to relate to others and deal with the various difficulties of ministry

while maintaining and protecting a sufficient level of emotional health (White & Kimmons,

2019). This relational proficiency requires a high degree of resiliency, defined as an individual's

ability to recover from difficult experiences or cope with a crisis in an effective manner (ÇAm &

BÜYÜKbayram, 2015).

While there are long-lasting personal and professional benefits for clergy members who

invest in their emotional health and work to increase their emotional intelligence (L. J. Francis,

Emslie, et al., 2019; J. A. Hendron et al., 2014), the proper preparation for the emotional drain of

ministry is often ignored by those preparing pastors to lead (White & Kimmons, 2019). Further,

pastors experiencing a decline in their overall emotional health often report having severe

difficulty identifying the most effective ways to improve their emotional health because they

usually do not know where to start (Proeschold-Bell et al., 2015). In summary, the dilemma for a

pastor who is already involved in ministry is learning how to improve and safeguard their

emotional health while balancing necessary ministry tasks. The literature suggests several ways

clergy members can increase their emotional health and capacity for resilience. While the

following section regarding emotional health improvement is not exhaustive, it does present

several areas for consideration.

Self-care and physical exercise.

The work of a pastor is stressful, often very demanding, and frequently results in feeling

misunderstood and unappreciated, experiencing physical and emotional exhaustion, and

receiving low compensation (Adams & Bloom, 2017; Bloom, 2019). This stress seldom subsides

at the door of a pastor's home but instead is something always present (Barnard & Curry, 2012;

Mellow, 2002). Further, pastors spend much of their time ministering to their congregants, often

beyond regular office hours and commonly at the expense of their self-care (Bloom, 2019; Brewster, 2014). The average clergy member's physical health is worse than most other adults (Bloom, 2019), and illnesses among clergy members related to stress continue to increase (Kissell, 2018).

There is a positive correlation between work-related stress and decreased physical health (Wells, 2013a). Accordingly, various factors result in lower physical health among the clergy, including parenting, a higher level of education, extended time serving in ministry, and having minority heritage (Wells, 2013a). These varying factors encompass exhaustion that increases over time due to inadequate rest and recovery and the additional obstacles minorities tend to face (Wells, 2013a; Wirtz et al., 2017). Physical complications for clergy members include above-average self-reported rates of a variety of health challenges, including fatigue, insomnia, lack of sleep, high blood pressure, diabetes, obesity, and alcoholism (Gwin, Branscum, & Taylor, 2017; Proeschold-Bell & LeGrand, 2012; Wells, 2013a).

One way of addressing these issues has been to encourage pastors to prioritize their health by becoming far more intentional about designing and maintaining their self-care strategies (Carter, 2013). In general, pastors do acknowledge their need for better self-care. Still, they also report many obstacles to improving their physical and emotional health, including financial limitations, congregant attitudes, confidentiality concerns, and difficulty securing needed time off (Trihub, McMinn, Buhrow, & Johnson, 2010). Corroborating research suggests that a pastor's self-sacrificing approach to ministry may contribute to their poor health. In their consistent efforts to serve others, they neglect proper exercise, do not cultivate appropriate eating habits, and postpone preventative and acute health care (Proeschold-Bell & LeGrand, 2012).

Although people who display higher levels of religiosity tend to have better physical health than

the general population, pastors do not seem to enjoy the same health benefits (Gwin et al., 2017).

One other contributing factor toward poor physical health in clergy members is the

difficulty in convincing pastors to form healthier habits because many have an inaccurate,

excessively optimistic view of their overall physical well-being (Proeschold-Bell & LeGrand,

2012). For example, American pastors are more prone to obesity than the average American adult

though they are less likely to admit their weight is an issue (Gwin et al., 2017; Webb & Bopp,

2017). Research suggests that pastors, in general, need help in working to improve and then

maintain their physical health (Proeschold-Bell & McDevitt, 2012; Webb & Bopp, 2017). The

effort to improve health is time well invested because many health experts believe that

addressing the health needs of clergy members is critical not only for their benefit but also

because of the vital roles they fill in the lives of so many people (Gwin et al., 2017).

Vacations and sabbath.

Pastors across multiple denominations experience difficulty establishing healthy

boundaries between their religious work and necessary times away for physical and emotional

rest (Carter, 2013). This lack of limits is counterproductive to what researchers define as a

theology of rest that can function as a healing mechanism for clergy emotional stress and

physical exhaustion (Carter, 2013; Gallagher, 2019). A theology of rest, which includes taking

time off for extended periods in regular intervals and the habitual observance of a weekly

sabbath, aids clergy members by increasing their quality of life while also cultivating their

spiritual sense of well-being (Hough et al., 2019). Observing a sabbath (choosing to set aside one

consistent day each week for physical recovery and spiritual renewal) has improved clergy

mental health and decreased their stress level (Hough et al., 2019). However, keeping a sabbath

can become quite complicated for clergy members because of their regular need to work on

weekends and the constant availability expected by the nature of clergy work itself (Mellow,

2002; Visker et al., 2017). Nevertheless, studies validate the higher-than-average depression rates

among clergy populations and underscore the importance of pastors addressing and maintaining

their mental health by participating in a weekly Sabbath whenever possible and extended time

away as needed (Hough et al., 2019).

An additional contributor to the lack of clergy physical health is the constant increase in

technology that, though intended as an aid, has made it difficult to achieve a proper work-life

balance (Attar, Çağlıyan, & Abdul-Kareem, 2020; McCormak & Cotter, 2013). Technological

resources have created an indefinite boundary between work time and personal time. Therefore,

leaders should take intentional measures to ensure they manage their professional workloads

rather than increasing them (Törnblom, 2018). It is recommended that pastors limit their hours of

availability, learn to say "no" whenever necessary, delegate non-critical tasks whenever possible,

learn to manage their time well, minimize technology interruptions, schedule regular relaxation

time (including sabbath), go on vacations, improve dietary habits, get enough sleep regularly,

engage in regular exercise, and learn how to relax (McCormak & Cotter, 2013).

While pastors speak about the God-designed integration of body, soul, and spirit, they

remain shortsighted about their own need to integrate emotional and physical health into their

lifestyle (Walls, 2006). However, when pastors develop a healthy theology of rest and cultivate a

regular sabbath rhythm, it improves their emotional health and prolongs the longevity of their

ministry (Gallagher, 2019). These desired outcomes are the reasons for physical and emotional

health interventions tailored to clergy members (Abernethy et al., 2016; Proeschold-Bell et al.,

2012). However, securing consistent clergy involvement remains problematic because of their

optimistic view regarding their overall physical and emotional health and difficulty prioritizing self-care (Nelis et al., 2011; Proeschold-Bell & LeGrand, 2012).

Personal relationships.

Emotional health is necessary for effective pastoral leadership because a pastor's role involves balancing many relationships (White & Kimmons, 2019). Therefore, it is essential to note that intentionality about one's emotional health produces beneficial improvements in psychological well-being while enhancing the quality of one's social relationships (Nelis et al., 2011). Further, when religious values are shared with other people, these relationships often result in declining amounts of stress, anxiety, and depression for pastors (Milstein et al., 2020). As declining emotional health stabilizes in clergy members, there is an associated increase in spiritual well-being that serves as a defense mechanism against the common symptoms of stress, anxiety, and depression (Milstein et al., 2020; Nikolsky & Vladimirovich, 2019). Complex and negative relationships contribute to the stress and eventual burnout of pastors; however, effortless and positive relationships are an excellent means of enhancing pastoral well-being (Kissell, 2018). Adequate social support (positive relationships) is associated with positive emotional health (Edwards et al., 2020). Therefore, since quality relationships are considered indispensable for any leadership position, it is very beneficial for pastors to cultivate healthy relationships that will support them personally and professionally when times of difficulty and crisis arise (Haber-Curran et al., 2015).

Clergy members are experiencing climbing rates of depression, sometimes as high as three times more than found in the general population (Edwards et al., 2020). Some studies attribute these numbers to a lack of healthy relationships that, in turn, affects a pastor's spiritual well-being (Edwards et al., 2020). The rise of depression rates and lack of healthy relationships

correlates with other studies showing that insufficient social support is a predictive factor in the onset of depression (Holahan & Moos, 1981; Santini, Koyanagi, Tyrovolas, Mason, & Haro, 2015). Healthy personal relationships serve to guard against the worsening of one's mental health and assist in the process of stabilizing, improving, and protecting one's mental health (Kyron, Rees, Lawrence, Carleton, & McEvoy, 2021). Therefore, since clergy members can struggle with a lack of self-awareness that not only affects them personally but also decreases their ability to lead their churches well, increasing clergy members ability to understand themselves, as well as adopting healthy personal stress-balancing strategies, is vital for developing and maintaining needed personal relationships (Attar et al., 2020; Haber-Curran et al., 2015). These practical strategies, including prioritizing personal time and consistently investing in quality relationships, can help reverse the adverse effects that self-neglect has had on well-intentioned but short-sighted clergy members (Terry & Cunningham, 2021). In summary, since dependable social support is a significant factor in decreasing stress and increasing resiliency, every pastor is encouraged to set aside time to develop healthy, personal relationships (Lee & Rosales, 2020).

Professional counseling.

Professional clinical counseling is one additional area to consider regarding improving clergy emotional health. Since several studies (as already described in this review) demonstrate the high rates of depression among clergy when compared to the general population and that those rates are continually increasing, pastors should consider the benefits of professional counseling as they work to improve their emotional health (Hough et al., 2019). Many pastors have no hesitation in referring their congregants to a counselor and even paying for professional counseling whenever needed (Hedman, 2014). Clinical counselors appreciate this willingness to collaborate with pastors in counseling efforts (Jackson, 2015). However, pastors seldom take the

time to receive personal counseling for themselves, even though many pastors acknowledge their need for the ongoing help of a mental health professional (Proeschold-Bell et al., 2012).

A strong relationship with a mentor is essential for clergy members to avoid burnout. This mentoring role is often found with the inclusion of a reliable, qualified counselor (Jackson-Jordan, 2013). Frequent interaction with qualified counselors and the implementation of their suggested coping practices, including response reprogramming and various habit changes, have proven successful in helping clergy members to reduce their emotional exhaustion levels (Doolittle, 2010; McKenna, Boyd, & Yost, 2007). Further, pastors who engage with emotional support professionals cope better when they encounter stress (J. L. Spencer, Winston, & Bocarnea, 2012). However, many clergy members do not have a counselor or mentor to consult when a better understanding of their emotional health issues and a plan to address those issues is needed (Muse, 2007).

Providing emotional support for clergy members, in the form of professional counselors and personal mentors, is vital in helping pastors build strong personal relationships that, by extension, contribute to an increase in overall clergy resiliency (Jackson-Jordan, 2013). A study involving a large group of clergy members who shared similar issues of personal and professional conflict, emotional exhaustion, stress-related to performance, and depression, showed a significant decrease in their symptoms resulting from the regular use of counseling ($t(22) = 3.89$, $p < .001$, depersonalization $t(22) = 2.10$, $p < .05$, and depression $t(22) = 3.37$, $p < .05$) (Muse, Love, & Christensen, 2016). In contrast, the control group (those who did not receive counseling) displayed no such improvement (Muse et al., 2016). Most importantly, the clergy members who received professional intervention returned to normal baseline levels on all burnout and depression measures within six months following treatment. Therefore, it may

benefit pastors to receive clinical education on the methods and benefits of counseling and

engage the ongoing services of a professional counselor for themselves (Edwards et al., 2020;

Visker et al., 2017). This change would help address the urgent need for preventive and

redemptive interventions in clergy members to improve their physical, emotional, spiritual, and

relational well-being, fortify their emotional resilience, and increase their overall emotional

health (Abernethy et al., 2016).

Other opinions.

Although there is an abundance of research available that substantiates the growing

problem of clergy burnout, not everyone agrees that clergy burnout is a widespread issue or that

emotional distress is a typical result experienced from the perceived perils of ministry. Some

older research surfaced the idea that clergy burnout and the corresponding poor emotional health

of clergy was far less prevalent than some would suggest, including studies that indicated a vast

majority of American clergy members were of good health in both mind and body (Fichter,

1984). However, their research focused on priests within the Catholic church. Fichter (1984)

stated that though he recognizes clergy burnout and emotional exhaustion are reasonable

concerns, he purports they have limited application and are not, in his words, a "problem of

epidemic proportions" (p. 373). More recent research seems to confirm Fichter's initial findings,

though that research focused only on Catholic priests in America. Rossetti and Rhoades (2013)

found that most priests reported role satisfaction, maintaining good friendships, fulfillment in

their relationship with God, limited childhood psychological issues, and a pervading sense of

peace.

While no similar positive results were locatable for non-Catholic, evangelical clergy, it

does suggest future research. If Catholic priests' emotional health scores are higher than their

evangelical counterparts, there is more to explore regarding the potential causes and possible

evangelical applications. This research could include the priest selection process as compared to

the typical pastoral selection process, emotional support systems within the Catholic church

compared to that of the typical evangelical church, possible methodological differences in

achieving work-life balance, church expectations, efforts to develop and maintain personal

relationships, and other similar criteria.

Summary.

Pastors are considered organizational leaders and are held responsible for helping other

people in their greatest moments of vulnerability (Milstein et al., 2020). The Church as an

institution and pastors as individuals are associated with caring for those in need, including a

congregant's spiritual, physical, and emotional issues, with pastors serving as first responders to

crisis because congregants tend to elicit the aid of their pastors before that of medical and

psychological experts in many cases (Wood, Watson, & Hayter, 2011). Consequently, clergy

members fill a vital role in the church itself and the lives of congregants who may struggle in

their faith without the ongoing work of the clergy (Shaun, 2017). However, the difficulty arises

when no one attends to the responsibility of caring for the clergy members themselves or works

with them to improve and safeguard their emotional health and support their overall well-being

(Gubi, 2020).

As discussed in this review, and depending upon the accepted underlying cause, the

literature provides several suggested solutions for improving clergy emotional health. These

solutions include increasing spiritual maturity, giving attention to physical health, investing in

personal relationships, taking time to relax, engaging in replenishing activities, speaking with a

counselor or mentor regularly, and even clinical interventions, when necessary, for resolving

substantive mental health challenges. However, regardless of the underlying cause, church leaders and congregants should encourage pastors to address their emotional health should it be an issue either now or in the future (Hunt, Mortensen, Gorsuch, & Malony, 2013). As research has suggested, because of the dedication of clergy members to their profession, they may require the regular assistance of others to maintain and improve their physical health and emotional stability (Adams et al., 2017; Proeschold-Bell & McDevitt, 2012).

Though a pastor's self-care is a personal responsibility, clergy experiencing ongoing stress or continual depression are less likely to seek the emotional support they need and, as a result, are less capable of providing needed support to their congregants and others in the community (Milstein et al., 2020). Because of this interconnected outcome, and for the sake of the clergy members themselves, further research on clergy health, holistically defined (spiritual, physical, emotional), with an emphasis on practical implementation, is necessary (Proeschold-Bell & McDevitt, 2012). The benefits of pastors becoming and remaining emotionally healthy leaders include increased stability for themselves, their congregants, and their churches as a whole (Frykholm, 2018; Haber-Curran et al., 2015). Emotionally healthy pastors may also serve as an effective leadership model for other organizational leaders to consider (Ezell, 1995; Puls et al., 2014). In conclusion, improving clergy emotional health is of great benefit because healthy pastors tend to be happy pastors, and pastors, congregants, and community members all seem to benefit when pastors improve and maintain their emotional health (Adams & Bloom, 2017).

Leadership Style as a Factor in Clergy Emotional Health

Effective leadership improves the personal, social, and professional lives of those following the leader and the leaders themselves (Boyatzis et al., 2011; Engel et al., 2018; Puls et al., 2014). Therefore, when considering how to improve the quality of clergy emotional health, it

is valuable to examine different leadership styles and their potential effect on a leader's

emotional health (Adigüzel & Kuloğlu, 2019; Clarkson, Wagstaff, Arthur, & Thelwell, 2020).

Though a growing body of research is beginning to link leadership behavior to follower health,

not much is known about the health effects of leadership on the leaders themselves (Wirtz et al.,

2017). There is, however, some evidence that a positive leadership climate can help prevent

emotional exhaustion for everyone involved, including the leader (Engel et al., 2018; Schein &

Schein, 2017), and that leadership styles themselves have ranging and meaningful influence on

the regulation of a leader's emotions and occurrences of leadership burnout (Arnold, Connelly,

Walsh, & Martin-Ginis, 2015).

Discussion of several leadership theories occurs in the relevant literature. Almost as many

different definitions of leadership are espoused as there are people who have tried to compose

working definitions (Northouse, 2016). Leadership theories include trait theory, behavior theory,

group theory, path-goal theory, organizational theory, and influence theory, among others

(Lencioni, 2012; Northouse, 2016). In recent years, the concept of leadership as a process has

emerged and includes many approaches such as transformational leadership, spiritual leadership,

servant leadership, adaptive leadership, team leadership, and authentic leadership (Heifetz,

Grashow, & Linsky, 2009; Northouse, 2016). Authentic Leadership has particularly demonstrated

a propensity to create supportive work environments, reduce workplace hostility, limit burnout,

increase job satisfaction, and reduce turnover (Spence-Laschinger et al., 2012).

Bill George Field (2003) popularized the Authentic Leadership theory, which is gaining

acceptance concerning a leader's management style and sustained success. It is a substantial

contributing factor to developing and maintaining a leader's emotional health (Álvarez et al.,

2019). Although no settled definition of authentic leadership yet exists, this leadership theory

describes well-intentioned leaders who have a genuine desire to serve others, who know themselves well, and who are free to lead their organizations from their core values (B. Avolio & Gardner, 2017; Northouse, 2016). Authentic leaders have been described as possessing five practical characteristics, including a strong sense of purpose, firm values about the right course of action in a given situation, the ability to establish trusting relationships with other people, consistent demonstration of self-discipline while acting upon their values, and needed sensitivity and empathy when considering the plight of others (Duncan et al., 2017; Gardner et al., 2005; George, 2003).

The components of authentic leadership identified theoretically through research are self-awareness, an internalized moral perspective, balanced processing, and relational transparency (Walumbwa et al., 2008; Wei, Li, Zhang, & Liu, 2018). Authentic leadership characteristics have been observed in the life of Jesus and are beneficial to those who serve in church leadership positions (Puls et al., 2014). Additionally, authentic leaders increase the emotional health of their followers (Álvarez et al., 2019; B. Avolio & Gardner, 2017). This connection stems from the authentic leadership characteristic of relational transparency, which encourages organizational stakeholders to move toward lasting personal and professional change (Bakari, Hunjra, & Niazi, 2017). In part, George (2003) describes this relational transparency as typical of an authentic leader who recognizes their shortcomings and works hard to overcome the associated limitations. This effort allows authentic leaders to build enduring relationships with their followers because people choose to follow leaders who are open, honest, and dedicated to a lifetime of ongoing personal growth (George, 2003; Jingyu et al., 2019).

In addition to relational transparency, another critical element of the theory is believing that leaders can nurture authentic leadership in themselves, rather than viewing it as a fixed,

innate trait (Walumbwa et al., 2008). When viewed from a vocational ministry lens, authentic

pastors should see themselves (and allow congregants to see them) as a spiritual work-in-

progress (Sorenson, 2018). Embracing this perspective allows clergy members to make

occasional well-intentioned mistakes without an accompanying fear of disapproval and rejection,

rather than giving in to an imbalanced thought process that often damages a pastor's ability to

build trust with others as well as for others to continue trusting their leadership (Puls et al.,

2014). Further, when authentic leaders speak publicly of their failings and allow their followers

to see their imperfections, it makes them more relatable and trustworthy (Corcoran & Wellman

Jr, 2016).

When perfect leadership is rejected as a leadership requirement, it allows authentic

leaders to welcome the challenges associated with their positions of authority (Otaghsara &

Hamzehzadeh, 2017). This is because authentic leaders, when confronted with difficult

situations, do not compromise their values in the face of failure but rather can utilize those

circumstances to solidify their core principles (Northouse, 2016). This leadership example, in

turn, positively affects follower commitment (Milić et al., 2017) and causes the achievement of

desirable and lasting organizational outcomes (Landesz, 2018). The balanced processing

characteristic of authentic leadership theory allows followers to see leaders as authentic because

they are open about their perspectives and thought processes while maintaining responsivity and

a nonjudgmental attitude when considering the varying perspectives of followers (Northouse,

2016). This also allows the leader to remain committed during challenging situational

circumstances until a resolution is achieved (Otaghsara & Hamzehzadeh, 2017).

There are at least four critical psychological components identified as characteristics of

authentic leaders that have also served clergy members well: confidence, hope, optimism, and

resilience (Byassee, 2010; Luthans & Avolio, 2003). Authentic leaders who lead with confidence and without fear of failure often enjoy an increased success rate, a hope that inspires their followers to stay committed when circumstances grow difficult, an optimism that creates a sense of abundance rather than a fear of scarcity, and a resilience that allows them to recover when serious setbacks occur (Bandura, 1997; Luthans & Avolio, 2003). These characteristics are positive contributors in helping pastors improve their emotional health, but they are often lacking in emotionally unhealthy leaders (T. Anderson & Skinner, 2019; Sandercock-Brown, 2012; Walls, 2006). Therefore, it may be reasonable to conclude that pastors would benefit from embracing the authentic leadership theory to improve their emotional health and effectiveness in leading their congregations. This presents an avenue for further research regarding leadership styles as potential contributors to clergy emotional health.

Congregant Spiritual Health

As stated by Jesus in Matthew 28:19, the Great Commission is the Biblical foundation for the theological construct of *making disciples* (Ireland, 2019; Konz, 2018). God prioritized the process of making disciples, and Jesus came into the world to model it for the church by investing His life into those who were willing to follow His leading (Baldwin, 2016). However, making disciples is a challenging responsibility for pastors who serve in the current climate of American culture replete with cognizant egocentrism (Baldwin, 2016; Crowley, 2015; Sprinkle, 2016). Not only is there little correlation between general discipleship activity and spiritual health, but these activities are also becoming less effective (Barna Group, 2015; Byrd, 2011). This declining phenomenon is not specific to church size. Both small and large, churches report difficulty implementing and maintaining effective approaches that help congregants increase their spiritual health (Atkinson, 2019; Louise & Ethel, 2017).

Cognizant egocentrism is defined as possessing a specific perspective or a narrow worldview that fails to consider the validity of, or at times even the existence of, other perspectives (Yaniv & Choshen-Hillel, 2012). When individuals were encouraged to consult more informed and experienced people when they had important decisions to make, 75% of those surveyed sought out advice to confirm their perspective and proposed decision or course of action rather than seeking advice from the beginning of their decision-making process with a genuine openness of persuasion toward a different decision (Schrah, Dalal, & Sniezek, 2006). Grossman (2017) reported a similar general disregard for the perspectives of others and increasing hostility toward people who do not think the same way, fueling an even greater increase of self-centeredness and egocentrism. These findings underscore the Barna Group (2015) findings regarding the growing difficulty of effective disciple-making in today's pleasure-seeking and narcissistic culture.

While cognizant egocentrism is a substantial obstacle to effective organizational development, evidence suggests that cognizant egocentrism extends to the spiritual dimension as well, with the literature describing it as spiritual egocentrism (Cox, 1984; Grossmann, 2017). Spiritual egocentrism fails to consider or prioritize scriptural truth in favor of one's preferences (Cox, 1984; Wu, 1989). This was anticipated according to the scriptural directives given in the Bible to counter this characteristic of human nature; such as choosing to count trials as joy (James 1:2), choosing to value others as better than oneself (Philippians 2:3), and choosing to highlight personal weaknesses rather than minimize them for God's glory (2 Corinthians 12:9-10) (Berghuijs et al., 2013; Cox, 1984; Grossmann, 2017; Wu, 1989). Consequently, the task of effective spiritual discipleship is daunting, and many churches' efforts often result in unsuccessful attempts or, at best, limited achievements (Atkinson, 2019; Lang, 2015).

Defining Congregant Spiritual Health

The term Spiritual Health, sometimes referred to in the literature as spiritual maturity, is used in this research to describe an individual's level of spiritual growth regarding the length of time the individual has professed and practiced Christianity and their willingness to continue moving toward increased spiritual improvement (Hall & Edwards, 2002; Keller et al., 2015). This discipleship process describes an ongoing commitment to improving spiritual health as evidenced in a professing Christian (Beagles, 2012; Drissi, 2019). It is a life-long progression, guided by the Holy Spirit, that uses many influences, including those of emotionally healthy Christian pastors and mentors, to transform individuals into the likeness of Jesus (T. Anderson & Skinner, 2019). There are many definitions for the symbiotic terms of spiritual health and discipleship and, by extension, the associated characteristics of a spiritually healthy disciple of Jesus (Johannes, 2017; Lang, 2015). Some people define discipleship as an ongoing learning process from Jesus, who has called believers to join Him on life's journey (Malan, 2017). Other definitions state that a Christian disciple is a person who accepts their responsibility in assisting to spread the good news of Jesus (Drissi, 2019). A more complex description states that Christian discipleship is the process by which disciples grow in the teachings of Jesus and are prepared by the Holy Spirit, who resides in their hearts, to overcome the pressures and trials of this present life and become more Christ-like (Carr-Chellman & Kroth, 2017; Drissi, 2019).

Another definition of spiritual health that is difficult to measure is when one's joys outweigh one's sadness. The things deemed of human value have given way to the importance of those things that matter eternally on the scale of faith (Baldwin, 2016; Clark, 2013). A more practical definition regards effective disciples as those who think, learn, and then move beyond learning to actual doing (Haynes, 2018; Shirley, 2008). What these definitions have in common

are disciples who believe in Jesus as Messiah, identify with Jesus through baptism, obey Jesus' teachings, and submit to Jesus' Lordship (Malan & Schoeman, 2019; Shirley, 2008). Though these qualities have merit, other research suggests that discipleship characteristics should center on the traditional spiritual disciplines of prayer, fasting, Bible reading, worship, serving, and other similar attributes (Vos, 2012). Historically, these traditional disciplines are believed to move an individual toward the divine in a quest for spiritual health and growth (Carr-Chellman & Kroth, 2017).

In broader terms, spiritual maturity is those characteristics observed in an individual's life as reliable evidence of the authenticity of one's faith (Porter, 2019). While this is a definition applied to religions beyond Christianity, the Bible itself refers to this definition as the process of proving one's faith by one's works, stating, "I will show you my faith by what I do" (James 2:18, NCV). This concept is evidenced by a deep desire to live one's life in such a way that it creates opportunities to share with other people the things that spiritually healthy believers have valued for themselves during their spiritual journey (Clark, 2013). Though definitions vary, there is general agreement that spiritual health and increasing spiritual maturity are necessary for the furtherance of the Gospel message, requiring both a vertical emphasis on one's relationship with God, sometimes called the inward journey, and a horizontal focus on serving others and sharing one's faith, referred to as the outward journey (Kgatle, 2019; Roehlkepartain, 2006). This journey involves developing and sustaining spiritual health and improves through effective discipleship (Budijanto, 2020; Ireland, 2019).

Beyond descriptions, the more extensive discussion of effective discipleship methods and the subsequent goal of improving congregant spiritual health encompasses the habits and characteristics of the Christ-follower and the detailed processes utilized by pastors and mentors

in the pursuit of improving congregant spiritual health (Haynes, 2018). For example, effective

discipleship is believed to function best when the individual's local church comprises spiritually

healthy congregants who invest themselves in developing the spiritual health of other

congregants rather than viewing discipleship as a solo venture (Shirley, 2008). Many Christians,

however, continue to practice spiritual disciplines by themselves and for themselves rather than

in the greater context of the Christian community (Sajdak, 2019). Some believe both individual

and corporate approaches to have value, finding that both organizational discipleship (prepared,

scheduled, and provided by the church) and organic discipleship (unprepared, unscheduled, and

outside the scope of the church) are essential and necessary for disciples to continue growing

toward spiritual health (Younger, 2016). Whether pursued as an individual or in a group, these

discipleship efforts often focus on the previously mentioned traditional spiritual disciplines.

However, an added emphasis on church attendance and frequent connection with other believers

for social support purposes is also seen as a positive source of influence (Grayman-Simpson &

Mattis, 2013).

Additionally, a more specific link may exist between congregant spiritual health and the

influence of clergy members because pastors are often considered the primary and most

influential source for the continuing development of a congregant's spiritual health (T. Anderson

& Skinner, 2019; Holsinger, 2009; R. Mills, 2016). Despite this finding, research indicates that

effective discipleship efforts are missing from many churches, partly because most pastors do not

believe their past actions have produced spiritually healthy congregants (Barna Group, 2002,

2015; Malan, 2017). This question of evaluating discipleship success necessitates examining the

subject of how to measure the spiritual health of a congregant. While some of the available

literature refers to this evaluation process as measuring effective discipleship, this research

defines it as measuring congregant spiritual health.

Measuring Congregant Spiritual Health

Assessing an individual's spiritual health involves evaluating their general awareness and

knowledge of God and the quality of their relationship with God (Hall & Edwards, 2002;

Roehlkepartain, 2006; Trancik, 2013). More than just knowing religious information, spiritual

health that emanates from a healthy divine relationship will manifest itself in doing spiritual

things and becoming missional with one's life purpose (Clark, 2013; Franklin, 2015). This

spiritual health is evidenced by constant growth and development in every area of a disciple's

life (T. Anderson & Skinner, 2019; Drissi, 2019) because spiritual health produces a productive

life balance and wholeness of body, soul, and spirit, rather than focusing on the spiritual

dimension alone as an isolated area to improve (Plater, 2017). Healthy spirituality is rooted in a

Christian's complete union and growing relationship with Jesus (G. Peters, 2014). This is the

proper foundation for a perpetual process through which transformation occurs in individuals as

they change into the image of Jesus by the power of the Holy Spirit and through the influence of

other healthy Christians (T. Anderson & Skinner, 2019; Harrington, 2017; G. Peters, 2014).

However, there is no consensus regarding measuring an individual's spiritual health.

Various approaches range from gauging one's total adherence to Christian fundamentalist

doctrines (e.g., The Ten Commandments, traditional standards of holiness, financial giving,

church attendance, etc.) to one's individual ability to hear from God through His Word and

obeying the inner promptings of the Holy Spirit (Giere, 2019; Keller et al., 2015). One particular

evaluation of spiritual health draws an inverse comparison between natural and spiritual

maturity, noting that, on a biological level, maturity is characterized by beneficial independence

from parents and external social pressures (Clark, 2013). In contrast, on a spiritual level, maturity

is characterized by an ever-increasing and complete dependence upon the grace of God for

everything one needs and the situations one encounters in life (Clark, 2013). Additionally, an

accepted characteristic of spiritual health is increased recognition and subsequent addressing of a

person's tendency toward a self-indulgent attitude in spirituality, understanding that God created

every individual as an independent person with complete spiritual autonomy and the unrestricted

privilege of self-determination (Orchard, 2020). This realization is what perpetuates the process

of discipleship as an ongoing journey, underscoring the human tendency to regress toward

general apathy and self-interest because of an inherently sinful nature (Brooks, 2014). To

establish a definition for contextual measurement for this research, the term discipleship

describes, in part, the ongoing process of improving spiritual health in the life of a Christian that

is rooted in a personal relationship with God (Barna Group, 2015; Haynes, 2018). This

discipleship process compels believers to yield to the Holy Spirit's gentle leading with overt

physical and emotional responses that are demonstrable and measurable such as examining one's

positive and negative thoughts, guarding one's words that are spoken to others, and continually

adjusting one's actions to align with the principles for life found in the Word of God (Drissi,

2019).

      However, to measure the discipleship process, some people believe it must produce

observable evidence of a personal commitment to Jesus, including making additional disciples in

whatever particular context that person may function (Hilliard, 2018). Other people place a

substantial focus on the importance of involvement in regular ministry opportunities as part of

their spiritual growth and proof of the discipleship process, a practical expression of a disciple's

obedience to Jesus' commands, and an imitation of the example He lived on earth (Shirley,

2008). Still, other people suggest there is noticeable progress through specific growth milestones such as the infant-lacking knowledge phase, the child-self-centered but growing phase, the young-adult phase that is focused on God's kingdom, the parent and intentional disciple-maker phase, and the grandparent-multiplying disciple-maker phase (Harrington, 2017). Some research argues for a more multi-dimensional approach, pointing out that much study continues to focus on church or denominational affiliation, involvement patterns, and tradition-specific beliefs and practices rather than considering dimensions of religiosity that may transcend differences in institutional commitment and identity (Manglos-Weber, Mooney, Bollen, & Roos, 2016).

Some of the literature contends that measuring the dimensions of one's relationship with God (e.g., intimacy, consistency, anxiety, and anger) are far better indicators of an individual's spiritual health than statistics regarding traditional spiritual disciplines such as prayer, Bible reading, church attendance, and acts of community service (Manglos-Weber et al., 2016). Even further, other portions of the literature emphasize that discipleship is an integral part of fundamental evangelicalism and Kingdom mission and, as such, cannot take place on an individual basis alone but must also include regular involvement in the local church context to have a lasting effect and value (Holsinger, 2009; World Council of Churches, 2018). Some researchers who focus on a church-centered discipleship approach choose to use collective measurements related to harmful behavioral elements within a church as an entity (Brooks, 2014; Hong, 2012). Accordingly, several signs have been identified as markers of unsuccessful attempts or, at best, limited achievements in a church's disciple-making strategies, including a high turnover of newcomers, the inability to fill volunteer positions, producing events that focus more on fellowship than outreach, the meager state of church finances, lack of desire to serve in community with other believers, and long-term members who become disgruntled and leave

their church over what most would consider minor or insignificant issues (Atkinson, 2019; Barna Group, 2019; Grimm, 2017; Werntz, 2017). Consequently, there is no clear consensus on proper and helpful measurements regarding congregant spiritual health.

Clinical research standards for measuring discipleship and spiritual health include a variety of validated survey instruments. These include the Ego Permissiveness Inventory, the Psychomatrix Spirituality Inventory, the Feelings, Reactions, and Beliefs Survey, the Expressions of Spirituality Inventory, the Immanence Scale, the Mental, Physical, and Spiritual Well-Being Scale, the Religious Experiences Episodes Measure, the Royal Interview for Religious and Spiritual Beliefs, and the Spiritual Well-Being Questionnaire (MacDonald et al., 1999). Two additional and well-known instruments are the Spiritual Assessment Inventory (SAI) and the Growing Disciples Inventory (GDI). The Growing Disciples Inventory (GDI) was designed to assess Christian spiritual development with applications in Christian education and focuses on God, self, family, church, and others (Bradfield, 2014). It has also been used as a curriculum-aligned self-assessment tool for Christian education (Roux, Thayer, & Bradfield, 2011). Hall and Edwards (1996) proposed and developed a validated spiritual health index called the Spiritual Assessment Inventory (SAI). The SAI is based on a model of spiritual health that integrates spiritual maturity from an object-relations perspective and an experiential God-awareness based on New Testament teaching and contemplative spirituality principles in an attempt to include internal and external measurements (Hall & Edwards, 2002). The SAI consists of two primary dimensions: Awareness of God and Quality of Relationship with God. The Awareness of God scale consists of two subscales: Awareness of God and Acceptance of God. The Quality of Relationship scale includes three subscales: Instability, Grandiosity, and Disappointment with God. Because so many different views and methods of measurement exist, and because spiritual

health is considered intangible and therefore unquantifiable, it is difficult to measure an

individual's spiritual health, or at least to determine a valid measurement that is agreeable to

everyone if the common goal is to reduce subjective observations to numeric values for the basis

of calculating success (Cook, Kimball, Leonard, & Boyatzis, 2014; Graham-McMinn, 2018;

Robinson, 2019; Roehlkepartain, 2006). Regardless, the SAI is an assessment that yields

consistent results and is, according to some, the most reliable tool available for measuring

spiritual maturity (Hall et al., 2007; MacDonald et al., 1999; Monod et al., 2011; Standard,

Sandhu, & Painter, 2000)

Improving Congregant Spiritual Health

The Christian church has worked to include the practice of discipleship (the evangelical

method of improving spiritual health) since it was established on the Day of Pentecost as

recorded in the book of The Acts of the Apostles, chapter 2 (Tawfik, 2017). Consequently,

developing disciples of Jesus, often referred to in the literature as spiritual growth or health, is

one of the primary and most essential activities of Christian ministry (Malan, 2017; Vos, 2012).

Discipleship efforts directly impact the stability, effectiveness, growth, and longevity of the

Church as an institution and the local church as an individual organization (Luter, 1980; R. Mills,

2016; Scazzero & Bird, 2013). To facilitate effective discipleship and promote congregant

spiritual health, the primary role of the local church has been to support each congregant as an

individual while helping them grow in their relationship with God so that they can fulfill their

God-given life mission (Barton et al., 2014).

Yet, despite its vital importance and extensive history, effective discipleship in the United

States has fallen to an all-time low according to research conducted by the Barna Group (2015)

and has almost vanished from everyday church conversations and leadership priorities (Hong,

2012; Malan, 2017; Malan & Schoeman, 2019). Consequently, the Church as an institution, and local churches as individual organizations, are missing an opportunity to make a lasting impact on the lives of their congregants (Barton et al., 2014). Because disciple-making has all but disappeared from the mission and structure of many congregations, it has resulted in some churches having congregants but fewer actual disciples (Baldwin, 2016). This shift in focus contributes to the lack of spiritually healthy disciples who are available and willing to serve in vacant ministry positions throughout the Kingdom of God (Barna Group, 2015; Ketterling, 2016; Walton, 2011).

Effective discipleship efforts should produce spiritually healthy disciples (Haynes, 2018; Johannes, 2017). Disciple-making was at the heart of God's design for humankind at creation and therefore plays a central role in His plan to prepare His people for the second coming of Jesus (Burn, 2016). However, regarding the lack of spiritually healthy disciples, an associated decrease in disciple-making efficacy has been observed as churches of all sizes who are endeavoring to prioritize discipleship are reporting a struggle to implement and maintain successful strategies that improve the spiritual health of congregants (Atkinson, 2019). A shifting cultural climate may contribute to the increasing ineffectiveness of intentional discipleship efforts (Barna Group, 2002; Blomberg, 2017; Sprinkle, 2016). This effect is considered probable as the historical experiences of the first-century believers or even believers from one hundred years ago were often very different and more spiritually demanding than that of today's typical congregant and, therefore, makes discipleship less attractive to incorporate into one's daily life (Culpepper, 2015; Drissi, 2019).

Because of these and other factors in the current American culture of increased pleasure-seeking, growing narcissism, and spiritual egocentrism, making disciples is a daunting endeavor

(Marceau, 2011; Orchard, 2020; Sprinkle, 2016; Zondag, 2005). Whatever the varied causes for discipleship difficulties, the result is a scarcity of spiritually healthy disciples prepared to become active disciple-makers (Hilliard, 2018; Ketterling, 2016; Tawfik, 2017). This reality raises the question of why there is a shortage of spiritually healthy disciples and what can increase the quantity of spiritually healthy disciples. This brings a focus on the intertwined issues of effective discipleship, spiritual health, and their associated outcomes.

       The role of effective discipleship in spiritual health.

       An individual's journey to spiritual health is affected by numerous factors such as family of origin issues, individual life experiences, current relationship stressors, and external pressure to conform to the cultural norms of society (Hyejeong & Jenny, 2013). Spiritual health is also affected by what is known as Experiences Deemed Religious (EDR's), such as miraculous healings, extraordinary joy and peace felt during times of prayer and periods of meditation, the answering of specific prayers, the receiving of blessings, and even the effect of the lack of these elements when they are desired and sought through prayer by an individual but still not experienced (Hui et al., 2015). However, the most common positive attribute that contributes to improving spiritual health is when an individual engages in an ongoing effective discipleship process in connection with a healthy church (Carr-Chellman & Kroth, 2017; Lang & Bochman, 2017).

       Traditional Christian discipleship acknowledges the vital importance of God's unearned redemption of humanity and humanity's resulting stewardship of all God has entrusted to humanity's care, from one's talents and skills to the ministry opportunities God provides (Steibel & Bergen, 2019). This is why spiritual formation is concerned with helping individuals become more like Jesus so they can respond to life's situations biblically, facing and overcoming

personal spiritual battles just as spiritually healthy Christians have done throughout history

(Elliot, 2014). Understanding Pentecostal Spirituality is pertinent to this research because the

sampled populations are pastors and congregants from the Assemblies of God cooperative

fellowship. Effective discipleship in Pentecostal theology is argued to include an integration of

orthodoxy (possessing a right belief), orthopraxy (living a right practice), and orthopathy (having

right affections) (Martin, 2013). The additional emphasis here is on right practice, which

includes several methods that are more common in Pentecostal denominations, such as the

baptism of the Holy Spirit and operating in the gifts of the Spirit (Jahnel, 2018; Martin, 2013).

This aligns with the belief that one cannot define spiritual health using only a psychological

perspective but also requires an element of praxis. Otherwise, it misses the core of spiritual

health, which is effective discipleship (Frederick, 2008).

Further, when effective discipleship is not present, people are often less confident of

integrating faith into their daily lives, overcoming temptation, and experiencing God's love

(Lang & Bochman, 2017; Lyles, Wilson, & Larson, 1983; Yount, 2019). Conversely, when an

individual engages in effective discipleship processes, the resulting spiritual growth often helps

to facilitate psychological healing (Lyles et al., 1983; Nussbaum, 2012) by aiding the participants

in making progress in their journey toward emotional and spiritual health (Nussbaum, 2012).

When spiritual disciplines are practiced, along with encouragement from mentors toward

continued spiritual exploration, the results are increased knowledge and an ongoing life

transformation which provides a noticeable and measurable increase in spiritual health (Carr-

Chellman & Kroth, 2017). Additionally, discipleship is found even more effective in increasing

spiritual health when the attitudes of those surrounding the individual, such as family, friends,

teachers, mentors, pastors, and congregants, are generally favorable toward ongoing discipling

efforts (Beagles, 2012). When discipleship programs and groups focus on improving spiritual

health and individual growth, it often results in participants who attend church more often, who

provide a feeling of stronger connection to their church family, and who give more of their time,

money, and resources (Walton, 2011). These discipleship efforts have also enhanced racial and

ethnic diversity, improved cultural understanding, increased congregational size, and positively

impacted the individual congregant's dedication to their faith and spiritual disciplines (Pak,

2009; Walton, 2011).

The outcomes of effective discipleship.

The expected outcomes of effective discipleship emphases are individuals who

experience transformation from the inside out and are committed to conducting themselves

according to Biblical principles (Haynes, 2018; Henderson, 2009). This transformation brings

spiritual health and describes a level of Christian development over a reasonable period (Bergler,

2020; Gushiken, 2011). This spiritual health is characterized by a confident knowledge of

fundamental Christian theology, increased spiritual discernment, the replacement of sinful

behavior with godly thoughts and actions, a life that is lived with a focus on serving others, and

an inner peace that embraces the Holy Spirit's comfort during suffering (Bergler, 2020;

Gushiken, 2011; Hui et al., 2015). Christians who have attained this level of spiritual health are

willing to make personal sacrifices and rearrange their priorities as needed and feasible because

they prioritize every opportunity to develop their relationship with Jesus and to share God's love

with others (Bergler, 2020; Richardson, 2015; Ryšková, 2019).

Further, spiritually healthy individuals also have less difficulty dealing with stressors and

report the ability to lower their feelings of anger quicker when anything happens outside of their

control (Clark, 2013). Spiritually healthy individuals also report accompanying feelings of hope

and confidence in their ability to resolve personal problems (Merrill, Read, & LeCheminant, 2009). When churches comprise spiritually healthy individuals, an additional outcome is that those churches tend to grow numerically and spiritually, both quantitatively and qualitatively (Huan, 2011; Milner, 2014). These churches are further characterized by the continual production of spiritually healthy disciples who have learned and internalized the truths of scripture, allowing them to reshape their belief systems in alignment with spiritual truth through the application of biblical principles to their daily life (L. Anderson, 1992; Burggraff, 2015). Research concurs that effective churches engage their congregants in systematic processes of spiritual growth that work to produce spiritually healthy individuals (Barna Group, 2000, 2002, 2015; Mbacham-Enow et al., 2019; R. Mills, 2016).

However, as is the case with the varying methods of spiritual health measurements, there are many different views on evaluating desired discipleship outcomes (Burn, 2016; Lang, 2015). Some approaches consider outcomes from a positive perspective, stating that the desired effect of effective discipleship is developing spiritually healthy Jesus-followers who evidence consistent spiritual growth in their daily lives (T. Anderson & Skinner, 2019). Other approaches focus on areas that lack enough quantifiable evidence, believing that effective discipleship produces an internal change in every area of one's life and provides external evidence that life transformation is occurring (Shirley, 2008). Still, other approaches prefer to focus on the availability of negative evidence, reporting that the increase of individualism and spiritual egocentrism in the church, which is believed to inhibit effective discipleship efforts, has resulted in an observable decrease in ongoing congregant sanctification with a corresponding rise in behavior often judged incongruous with the life of a professed Christian (Berghuijs et al., 2013; Hong, 2012).

Debate continues about what types of evidence are most indicative of progress toward spiritual health or the lack thereof. However, another issue in the literature when evaluating discipleship outcomes is whether it is best to consider individual results or to prefer total church transformation (Porter, 2019; Son, 2018). Some of the literature favors transforming discipleship, believing that the disciples of Jesus must first attain spiritual health individually so that the church will corporately transform, which, in turn, will result in world transformation (Drissi, 2019; Grimm, 2017). This personal transformation, or journey to spiritual health, is when an individual abandons envy, pettiness, selfishness, and any sense of entitlement (Graham-McMinn, 2018). It recognizes that transformation begins with God's unearned grace, where the response is one of gratitude that moves the individual closer to God and is further expressed in unbridled love of one's neighbor; that is, loving God and loving others (Graham-McMinn, 2018; Tawfik, 2017). A contrasting view, however, is that desired outcomes are seen as most effective through the lens of total church transformation toward spiritual health, believing that Scripture emphasizes the church's role in the world (rather than that of the individual) and its need for change from within as a complete entity so that it can become a compelling testimony to the fallen world of God's abiding presence and redemptive ability (Ireland, 2019; Park, 2017).

Regardless of the preferred view for discipleship outcomes, the Barna Group (2015) found that only 20% of Christian adults reported involvement in some sort of regular discipleship activity, either at home or at church, and that there was very little correlation between that ongoing discipleship activity and progress toward individual spiritual health. This is the opposite of the desired outcome for discipleship, either at the congregant level or for the church as a whole, because the effective application of Biblical Christianity to one's life is a powerful, life-forming, paradigm-shifting experience that leads to increasing levels of Christlikeness within the

individual and, therefore, the church (Lang & Bochman, 2017; A. J. Spencer, 2014). Improving

one's spiritual health should produce a spiritual maturity that can deal with conflicting emotions,

reject the onset of toxic shame, address childhood defenses when poor behavior occurs, and

untangle a distorted spirituality in favor of the truth of the Gospel regarding identity and purpose

(Lang & Bochman, 2017; Scazzero, 2014). Yet, achieving these preferred outcomes is not

common, even when discipleship efforts are present (Barna Group, 2015; McEwan, 2018;

Nelson, 2011).

Research also reveals that discipleship outcomes fall short of desired results at the

corporate church level (Barna Group, 2015). Effective discipleship should contribute to a

congregational vitality that arises from a committed core of Christian disciples growing toward

spiritual health and maturity as they embrace a radical reorientation of their personal and

communal vocations (Snook, 2019). This is because discipleship was designed to occur in

Christian community where individuals grow most effectively when surrounded and influenced

by other believers (Miller, 2018). Further, the effect of positive discipleship outcomes in a church

setting creates a dynamic environment where God brings about a harvest of souls, thereby

growing His Kingdom (R. Mills, 2016). However, far too often, the church does not live up to its

calling, as evidenced by a decline in congregational vitality as congregants become accustomed

to the growing dysfunction and unhealthy habits that form over decades of organizational

existence (R. Mills, 2016). Consequently, there is sometimes little difference in the spiritual

health of Christians inside the church and people outside the church who claim no spiritual

relationship to Jesus at all (Clark, 2013; Cushman, 2015; Scazzero & Bird, 2013). Given the

importance of congregant spiritual health and the propensity of discipleship efforts to affect that

health positively or negatively, the effect that clergy members might have on the ongoing maturity of congregants toward spiritual health comes into focus.

Connections Between Clergy and Congregants

God charges members of the clergy, as their primary spiritual responsibility of leadership, to care for and disciple the congregants He has entrusted to their care (Atkinson, 2019). Pastors are considered the chief stewards of their congregation and are accountable to advance the kingdom of God through serving God's people as a faithful shepherd (Peter, 2020). Part of that effectiveness for clergy members is first maintaining a healthy image of God and His kingdom and then promoting that image to their congregants (Brewster, 2014). This positive outlook is an essential element for a pastor's emotional health (Aten et al., 2013). It contributes to the issue raised by this research of whether there is a connection between the emotional health of a pastor and the spiritual health of their congregation.

The effect of a pastor's emotional health on congregant spiritual health, as it relates to the context of the church community, is unknown to a great degree. However, it became a topic within the Christian leadership environment because of Peter Scazerro in *The Emotionally Healthy Church* (Scazzero & Bird, 2013). Emotional health is an essential component of effective leadership, regardless of vocation (Panait & Bucinschi, 2018; Tyler, 2015). While not specific to individuals, a study of the emotional health of lead pastors in the Christian and Missionary Alliance of Canada found a positive correlation between the emotional health of the pastors and the spiritual health of their churches as a whole; that is, the more emotionally healthy was the pastor, the more spiritually healthy was their church (Walls, 2006). Slightly above 81% of the churches in this study did not possess moderate spiritual health compared with 70% of the pastors in the study indicating emotional distress (Walls, 2006). However, it was unclear in this

research as to whether the pastor affects their church, the church affects their pastor, or if there is,

perhaps, a bivariate relationship. Therefore, the nature and process of discipleship requires

further investigation regarding the effectiveness of pastors in making disciples and whether the

pastor's emotional health is a contributing factor in discipleship outcomes.

Individual and Communal Discipleship

Biblical Christianity is a powerful, life-forming, paradigm-shifting experience leading to

increasing levels of Christlikeness; however, the experience of many Christians falls short of the

change described in Scripture (Lang & Bochman, 2017). Many theories have been offered as to

the reason for this lack of transformation and the associated lack of spiritual health in individuals

and churches, ranging from individuals neglecting their spiritual health to clergy ineffectiveness

in helping individuals and, in extreme cases, severe clergy misconduct involving those

individuals (Barna Group, 2002; Clapper, 1995; Keller et al., 2015; Nason-Clark, 2008). Some of

the literature even cites the discipleship processes themselves as lacking in a totality of Biblical

practice by advertising a lesser level of Christian commitment, arguing that the very definition of

discipleship is complete and total obedience to God's Word and nothing less (Hertig, 2001).

For those researchers believing individual responsibility and neglect are the primary

cause of ineffective discipleship, the increase of spiritual egocentrism has proven detrimental to

individual discipleship efforts as individuals tend to choose their preferences over obeying

Biblical principles (Berghuijs et al., 2013). This issue has also led to a rise in hyper-

individualism as individuals regard their faith as a private relationship with God and ignore the

concept that their faith develops within the church community as a whole (Hong, 2012). A

notable effect of spiritual egocentrism is that individuals often resort to self-centered, distracting

activities to keep from having to face one's own spiritual inadequacies (Lang, 2015). For young

adults, in particular, these distracting activities, which include almost unlimited choices for recreation, relationships, education, and vocation, have an overwhelming, paralyzing effect on a young adult's ability to discern what is the most profitable use of their time with the highest spiritual benefit in return (Blomberg, 2017).

Clergy members often encounter difficulty implementing effective discipleship methods because those efforts are frequently inhibited by the high cost of discipleship itself (P. Tanner, 2013). Efficacy is limited because true discipleship emphasizes a total life commitment in which there are no compromises for a devoted Christian (Robinson, 2019). Discipleship is also difficult to promote because it is a personal issue, requiring an individual to love Jesus and also acknowledge their deep need for forgiveness and change, and subsequent acceptance of God's unconditional and unending love and grace (Exline, 2008; Halstead & Hautus, 2013; Kibble, 2014; Robinson, 2019). However, this needed realization should allow an individual to see discipleship not as demeaning and burdensome but as a lifelong process of resting in Jesus to experience joy, wisdom, fulfillment, clarity, freedom, and power (Hensell, 2018).

When discipleship becomes a personal desire rather than just a Biblical mandate, it accentuates the value and necessity of authenticity, rather than encouraging Christians to fake their spiritual health while donning emotional masks to perform spiritual rituals and ceremony (Peterson, 2020). Therefore, the construction of effective discipleship processes emphasizes an authentic spiritual expression that is evidenced by the persistent valuing of what the Bible declares loving and right and the cultivation of spiritual health habits until they become second nature (Carr-Chellman & Kroth, 2017; Louw, 2017; Muto, 2018). This shift in perspective is not an easy one to achieve because there are common emotional impediments to improving spiritual health, including feeling emotionally distant from God, not accepting God's love in day-to-day

living, feeling unworthy of God's love and forgiveness, wrestling with feelings of shame, and not

having Christian, emotionally safe friends with whom an individual can process these emotions

(Lang, 2015). All these issues can cause effective discipleship efforts (the life-long process of

moving toward spiritual health) to come to a standstill as dysfunctional defense mechanisms

surface when pronounced stress and prolonged, unresolved pain compound the problem

(Hilliard, 2018; Lang, 2015).

Though a primary function of every local church should be helping congregants pursue

spiritual health, the church itself has been suggested as a potential cause for disappointing

discipleship outcomes (Barton et al., 2014). Even though discipleship is a stated purpose of the

local church, the focus is often primarily on numerical growth and financial sustainability,

leaving discipleship efforts an afterthought at best (Pak, 2009). Because pastors can feel pressure

to increase attendance and membership numbers, it can cause them to ignore problems occurring

elsewhere, including ineffective discipleship methods (Phillip, 2018). Further, churches are

sometimes unwilling to invest the time and lack the financial resources necessary or cannot

produce effective disciples because they lack the necessary training (Baldwin, 2016).

Some researchers suggest that the church's practice of traditional Christian sacramental

practices, such as communion and water baptism, are essential to establishing a proper

foundation for developing every believer's spiritual health and criticize the infrequency of their

use in many churches (Myers, 2018). This belief is supported by those who prioritize the

necessity and alignment of discipleship progress markers with biblical principles (salvation,

water baptism, etc.) rather than adjusting to current cultural norms for discipleship, such as

attending services and joining a discipleship group (Feller, 2015). However, some researchers are

less concerned with specific milestones. They insist that spiritual health occurs more often and

more effectively in spiritual community and that the lack of a spiritually healthy church

community contributes to overall discipleship inefficacy (Miller, 2018). A lack of clear

leadership structure within these churches and a lack of intentional discipleship planning also

produces ineffective discipleship outcomes (Hartwig, 2016). Whatever the specific reasons,

unhealthy churches are believed to contribute to fruitless discipleship efforts when those efforts

are rooted in a failure to address the holistic and integrated nature of Christian transformation

(Grimm, 2017). This is because individuals are shaped through habitual spiritual behavior –

whether positive or negative –adopted in church community relationships (Aniol, 2017).

Clergy Effect on Discipleship

Whether discipleship is an individual responsibility or a collective church responsibility,

it is unknown whether a pastor's emotional health, as the leader of the congregation and the

shepherd of the individual, has a significant effect on the discipleship process itself and the

resulting spiritual health of the congregant. Regardless of the definition and implementation of

discipleship, the fundamental question remains: who is the most responsible for developing

disciples inside and outside the church? (Malphurs, 2009; Watson & Watson, 2014; Willimon,

2018). Those who conclude that spiritual health is best achieved in community posit that

successful discipleship efforts require the involvement of emotionally healthy pastors, attentive

mentors, spiritually mature church leadership teams, and even dedicated disciple-making

ministries (Grimm, 2017; Harrington, 2017).

Some churches that assume the responsibility of congregant spiritual health at the

leadership level have developed leadership teams to aid the lead pastor with the increased

complexity of managing church organizations so that discipleship can remain the pastor's

primary focus (Hartwig, 2016). Sermons delivered by the pastor in these church settings have

high user value for discipleship outcomes (Vermeer, 2015). These pastors often expend great

effort to develop and deliver sermons that apply to people's daily lives and address topics such as

family, personal growth, relationships, work, and finances (Vermeer, 2015). However, even

though there is an increased emphasis on discipleship, there is a growing premise that modern

discipleship efforts are often ineffective even after developing various strategies and investing

substantial financial resources (Grimm, 2017; Hong, 2012).

Some suggest the primary cause for this ineffectiveness in discipleship is people acting

according to their desires, which indicates that effective discipleship efforts should focus on

changing the heart rather than just habits (Aniol, 2017). However, it has also been suggested that

clergy members are sometimes inhibitors to effective discipleship (Walls, 2006). If pastors are to

make disciples, they must first become committed disciples themselves, which is not necessarily

mutually inclusive just because someone is a member of the clergy (Vos, 2012). Accordingly, the

overall health of any church or ministry may depend to a great degree on the emotional health of

its leadership because successful leadership has much more to do with the leader's inner life than

with their expertise, gifts, or experience (Panait & Bucinschi, 2018; Scazzero & Bird, 2013;

Walls, 2006).

Further, a lack of emotional health among pastors often results in sermons that do not

address important issues relating to the improvement of congregant spiritual health but instead

focus more often on external matters such as politics, giving, or other non-gospel centered issues

(Vermeer, 2015). Additional serious hindrances to effective discipleship outcomes are instances

of clerical abuse that are incompatible with Christian discipleship, prolong congregant recovery,

and hinder the spiritual health of all those affected (Kellenbach, 2019; Stein, 2020). These

affected groups include survivors, congregations, church leaders and their families, and the

communities where the abuse occurred (Stein, 2020). Victims of abuse are often so wracked by self-blame, shame, and feelings of guilt that further discipleship efforts are rendered useless without the aid of intense, long-term counseling (Kellenbach, 2019). Ineffective discipleship, correlated with the scarcity or complete avoidance of consistent teaching on specific topics in churches, has produced Biblically illiterate individuals who often struggle in their faith, are too inward-focused, and are overwhelmed by sinful behavior (Lawless, 2015). Ineffective discipleship also results in Christians who possess an inadequate zeal for holiness and no observable concern for the salvation of souls (Muto, 2018). An insufficient focus by clergy on congregant discipleship and the associated spiritual health of their congregants results in what is termed the Leaky Bucket Syndrome, defined as the continual loss of congregants due to a lack of spiritual health and development, which forces the pastor and church to focus the majority of their efforts on attracting new attendees just to maintain its current level of attendance and financial support rather than on needed discipleship efforts (Phillip, 2018).

Another consequence of ineffective discipleship that occurs when the pastor and church leaders do not prioritize spiritual health is disunity in the church, as evidenced by the growing acceptability of church division within religious culture among those members who are spiritually unhealthy themselves, including pastors and leaders (Hong, 2012). These congregations operate in a dysfunctional manner when dealing with internal conflict and resolution because congregations are often biased toward conflict avoidance and peacekeeping at the expense of long-term solutions and spiritual health (Derek, Malan, & Liebie, 2018). This dysfunction exacerbates the underlying lack of unity and results in a shortage of spiritually healthy disciples detrimental to the church's overall efficacy as it seeks to fulfill its God-given mission (Brooks, 2014). A lack of prayer among congregants and in church programs was also

evident when discipleship was found ineffective, as churches discovered that their strategies and plans lacked the spiritual power to change the hearts and character of their congregants (R. Mills, 2016). Ultimately, this lack of spiritual health can result in congregants who once professed Jesus rejecting their faith, and churches becoming ineffective and maybe even closing their doors when the lack of spiritual health manifests itself in complex, divisive, and controversial issues that require resolution if the church is to continue moving forward (Holsinger, 2009).

One other potential connection between clergy emotional health and congregant spiritual health is the existence of clericalism, which is when clergy members maintain a sense of privilege and entitlement above their congregants to the detriment of discipleship efforts (Azcuy, 2018). This occurs because some pastors are unwilling or unable to connect relationally with their congregants and work to bring them to spiritual health (Cozzens, 2015; M. Francis, 2019; Gaillardetz, 2019). These issues, collectively, are why clergy emotional health is a growing topic of discussion and why there are increasing calls to invest in the emotional health of pastors (M. Tanner & Zvonkovic, 2011). Perhaps effective discipleship efforts and desired spiritual outcomes will not occur until there is a sense of urgency to address any element of dysfunction, including clergy emotional health, that may render discipleship efforts ineffective (R. Mills, 2016).

Authentic Leadership and Clergy Emotional Health

Authentic leadership describes well-meaning leaders who desire to serve other people, know themselves very well, and whose leadership is derived from their core values (B. Avolio & Gardner, 2017; Northouse, 2016). Authentic leaders possess practical characteristics, including a strong sense of purpose, unchanging values about the correct course of action in a given situation, the ability to establish trusting relationships with others, consistent demonstration of self-discipline while operating from their core values, and sensitivity and empathy when

considering the plight of other people (Duncan et al., 2017; Gardner et al., 2005; George, 2003). Specifically, concerning a relationship between authentic leadership and clergy emotional health, it has been observed that effective, healthy pastoral leadership is considered a vital element for the church-at-large because healthy pastors tend to produce healthy disciples (Cohall & Cooper, 2010). Correspondingly, if the Kingdom of God is to continue advancing, there is a need for spiritually healthy disciples who are not only available and willing to serve but are also well-prepared to embrace the various levels of needed service, including both vocational and lay ministry (Bopp, Baruth, Peterson, & Webb, 2013; Ketterling, 2016). These disciples are individuals whose ongoing spiritual growth is evidenced by their commitment, among other indicators, to producing disciples in their particular contexts (Hilliard, 2018).

Since there is a scarcity of spiritually healthy disciples of Jesus who are prepared to become active disciple-makers (Ketterling, 2016; Porter, Hall, & Wang, 2017), it raises the issues of why there are shortages and how to increase the number of willing, spiritually healthy disciples. The answer may lie in improving the authentic leadership capabilities of pastors and other members of the clergy, thus increasing their emotional capacity and resiliency (B. Avolio & Gardner, 2017; Puls et al., 2014). One way to increase authentic leadership in pastors is to improve their emotional health (M. Tanner & Zvonkovic, 2011). Research indicates an observable relationship between authentic leadership, emotional health, and ministerial effectiveness (B. Avolio & Gardner, 2017; B. Avolio, Gardner, Walumbwa, Luthans, & May, 2004; Puls et al., 2014). Many congregants have an associated expectation that elements of authentic leadership, including moral reasoning and balanced processing, are inherent in their spiritual leaders (Puls et al., 2014; Wei et al., 2018). However, elevated congregant expectations and even personal pastoral desires do not automatically produce positive discipleship outcomes

or increase pastoral emotional health (Wells, 2013b). One reason for this outcome is that a

pastor's formal schooling and traditional preparation for clergy responsibilities fall short in

critical areas (Cohall & Cooper, 2010).

   Further complicating the issue is that the average pastor does not report having a

significant mentor to whom they can turn when life and ministry become complex (M. Tanner &

Zvonkovic, 2011). This is unfortunate because all leaders need mentors in their lives who will

accept their vulnerability and encourage that vulnerability as a means of personal growth and

effective leadership development (Brown, 2018). However, one of the difficulties with an

effective mentor relationship is that people often desire their mentors to see them as strong and

successful, which results in them minimizing or withholding the true nature of their current

circumstances (Hibbert, Beech, & Siedlok, 2017). This lack of authenticity has been described as

stealth intentions that include a dangerous combination of fear, disappointment, and sometimes

resentment of oneself and even of the mentors and counselors one may turn to for help (Brown,

2018; Dawson, 2010).

   For pastors, in particular, there is widespread pressure for perfection or to, at least, appear

perfect, along with the pressure for high-performance (Hibbert et al., 2017). This pressure

directly opposes authentic leadership (Eriksen, 2009; Ezell, 1995; Puls et al., 2014). Since the

Christian journey is one of sharing life with others (Beagles, 2012; Tawfik, 2017), an effective

relationship with a spiritual mentor can aid a pastor in improving their emotional health because

they will no longer feel the need to hide their shortcomings but can instead engage in an open

dialogue about their limitations in an enriching relational experience (Barna Group, 2015;

Godfrey, 2006; Hessel, 2016). Therefore, given the problematic nature of producing spiritually

healthy disciples and the possible effect that a clergy member's emotional health may have on

that process, it may be beneficial to pursue the development of authentic leadership in clergy

members as a means of improving clergy emotional health (Klenke, 2007).

Gaps in the Current Literature

This literature review demonstrates that little or no research is available regarding the

potential correlation between clergy emotional health and congregant spiritual health. While

there are studies that evaluate a pastor's leadership on the health of their church and research on

the effects of organizational leaders on their organizations and even their organizational

members, there is no direct research that evaluates the impact of a pastor's emotional health on

the spiritual health of congregants as individuals. Given the established importance of clergy

emotional health, congregant spiritual health, the observed effect of emotionally healthy pastors

on church spiritual health, as well as the adverse effects present when clergy emotional health

and congregant spiritual health are deficient, it is of value to investigate a connection between

clergy emotional health and congregant spiritual health.

Chapter 3: Research Design and Methodology

The general purpose of any exploratory research is to investigate the nature of existing relationships between the examined variables (L. Portney & Watkins, 2000; Seeram, 2019). The exploratory research design is nonexperimental and facilitates predictions about interactions between variables that may present themselves during the study and then summarizes the types of interactions that may occur (Creswell & Creswell, 2018; Seeram, 2019). Accordingly, this research utilized two validated, peer-reviewed, quantitative survey instruments to gather data for subsequent analysis. The purpose of using validated instruments was to provide a reliable numeric explanation of the collected data for further independent and compared evaluation of the data (Creswell & Creswell, 2018) to orient the initial findings within the greater body of research for possible broader application in the future (Fowler, 2014). This chapter details this study's research purpose and questions, the research design including participant selection and site selection, data collection methods including the selected survey instruments and their demonstrated validity and reliability, data analysis, and a final methodological summary.

Research Purpose

The purpose of any exploratory research is first to describe and then measure the degree of relationship between two or more variables that may predict future research outcomes (Creswell & Creswell, 2018; Seeram, 2019). The study explored the intersection of clergy emotional health and congregant spiritual health. The null hypothesis was that no quantifiable intersection exists between clergy emotional health and congregant spiritual health. If an intersection did exist, it may be that clergy members could increase their ministerial effectiveness by improving their emotional health and positioning themselves to contribute to an increase in congregant spiritual health. The theoretical rationale was based upon determining

whether the independent variable of clergy emotional health has an observable effect on the

possible dependent variable of congregant spiritual health (Creswell & Creswell, 2018; Seeram,

2019). This research could contribute to the growing literature on improving clergy emotional

health and congregant spiritual health if this intersection were observable.

Research Question

This quantitative study explored the effect of the emotional health of clergy on the

spiritual health of their congregants in two main areas based on the testing criteria of the

Spiritual Assessment Inventory (SAI):

1. It examined which emotional intelligence pursuits in clergy affect the quality of
   congregant relationship with God (one of two broad spiritual health categories
   presented in the SAI).

2. It examined which emotional intelligence pursuits in clergy affect the quality of
   congregant awareness of God (one of two broad spiritual health categories
   presented in the SAI).

This research question had underlying questions that examined the intersection of a
pastor's emotional health and their congregant's spiritual health:

1. Is a congregant's relationship with God affected by other pastoral influences?

2. Is a congregant's awareness of God affected by other pastoral influences?

3. What other characteristics influence a congregant's relationship with God?

4. What other characteristics influence a congregant's awareness of God?

Research Design

This study used a quantitative research design that employed a validated, instrument-based, cross-sectional approach coupled with an exploratory strategy to gather all relevant data (Creswell & Creswell, 2018; Fowler, 2014). Exploratory research focuses on statistical relationships between two variables but does not manipulate variables, random assignment of participants to conditions or orders of conditions, or both (I. Chiang, Jhangiani, & Price, 2015). Descriptive, non-experimental research is often selected for exploratory studies because the statistical relationship of interest is perhaps causal, but the researcher may not manipulate the independent variable because it is considered impossible, impractical, or unethical (I. Chiang et al., 2015; Creswell & Creswell, 2018). This collected data compared the emotional health of the studied pastors and the spiritual health of their respective congregants. Participants viewed a digital informed consent form and then digitally signed it before their participation (Bazeley, 2013). This form is in Appendix A. A quantitative methodology, rather than a qualitative approach or a mixed-methods approach, allowed for gathering larger amounts of data and served to minimize researcher bias. The researcher, who serves as a pastor, had an inherent interest in improving the emotional health of pastors and desired to preclude suggestions of prejudice or partiality.

The pastors completed an emotional intelligence survey. The instrument was the SEI: Six Seconds Emotional Intelligence Test (SEI), first developed in 1997 (Freedman, 2011; Freedman et al., 2019; Six Seconds, 2020). The congregants completed a spiritual health survey. The instrument was the Spiritual Assessment Inventory (SAI) developed by Hall and Edwards (1996; Sappington & Wilson, 1992). The SAI consists of two primary dimensions: Awareness of God and Quality of Relationship with God. The Awareness of God scale consists of two subscales:

Awareness of God and Acceptance of God. The Quality of Relationship scale includes three

subscales: Instability, Grandiosity, and Disappointment with God. Analysis of the collected data

from these survey instruments established if an observable intersection between pastors and their

respective congregants existed.

Participants

The participants for this study were from among the churches, pastors, and associated

congregants of the Assemblies of God in the United States, specifically from the Tennessee

District and the Northern California and Nevada District. The selection of these districts was due

to the researcher's familiarity with this group, having served as an Assemblies of God pastor in

these two districts for over 22 years. Organizational leaders were aware of the design, consented

to the study, and further agreed to the general identification of their churches if there was no

identification in the results of specific churches or pastors. Over 150 churches received

invitations to participate. These invitations resulted in a sample size of 110 congregant

participants along with 12 lead pastors. This particular selection of survey participants served to

confine the survey results to a somewhat specific group in an intentional effort to eliminate

additional variables that can be introduced in a larger, cross-denominational, multi-theological

view, multi-tradition study (Creswell & Creswell, 2018).

Candidate churches ranged from approximately 50 to 300 individuals for in-person,

weekend attendance, stipulating the acceptance of attendance data before the COVID-19

pandemic. Individuals in a church of this size can often still have direct access to the pastor and

develop a closer personal relationship with them if desired (Barna Group, 2015). Additionally,

smaller churches often provide greater opportunities for personal influence through individual

interaction with the pastor rather than only hearing a weekly sermon delivered from the platform

(Bledsoe et al., 2013; Zech, 2001). A qualifying clergy member had also been serving as a lead

pastor for at least three years at their current location to ensure a certain level of pastoral

experience and enough time to have had meaningful interaction with their current congregants.

All adult congregants who consented to participate received access to the SAI survey,

preceded by a short demographic survey. Subsequent analysis of the data was based on collected

demographic information such as adult congregants who (a) are professing Christians for at least

three years as an adult (thereby making the minimum age at the time of the survey age 21), (b)

have attended their current church for at least three years, and (c) who have had much or most of

their adult spiritual life under their current pastor. This approach served to identify participant

data from those who are just beginning their spiritual journey (having had less time to become a

spiritually healthy disciple) and those believers who are new to their current church, both of

whom are therefore less likely to have experienced substantial positive or negative influence by

their current pastor. Further, instructions asked members of the same household to self-select

only one adult to participate in the study to maintain an independent sample. Otherwise,

additional factors might have convoluted the research that could complicate effective data

analysis (Albers, 2017; Fowler, 2014). All respondents (clergy and congregants) participated

voluntarily, could withdraw from the study at any time, and did not receive compensation for

their participation.

Data Collection

All clergy and congregant participants received an email that included a short explanation

from the researcher describing the primary purpose of the research and outlining the framework

for consent. Participants understood that the research's general goal was to discover how

churches and church leadership can best help people mature in their spiritual health by assessing

where they feel they are now in their spiritual journey. This initial email communication also contained a subsequent link to an informed consent form requiring a digital signature. Upon signing their consent form, the participants received a response email containing a link to input the requested demographic data. Then the software redirected them to either the SEI online survey (for pastors) or the SAI online survey (for congregants). Scoring of the SEI happened automatically by the instrument provider, and the research assistant scored the SAI according to the given instructions. Respondents knew of their ability to opt out of the research at any time without consequence. Because each participant indicated the church with which they were associated, survey responses were assigned a unique numerical identifier as pseudonyms for identities rather than collecting actual names to assure objectivity and confidentiality (Creswell & Creswell, 2018; Fowler, 2014; Seeram, 2019) and so that pastoral results were necessarily paired with their corresponding congregant results (Bazeley, 2013). Passwords secured the storage of collected data in a cloud-based digital folder accessible only to the researcher and research assistant.

Administration of the SEI survey occurred through an online portal made available through the Six Seconds Emotional Intelligence Network which provided pastoral participants the opportunity to complete the survey according to their availability. The estimated time to complete the survey was 10-15 minutes. Scoring of the survey happened automatically by the SEI portal after participants completed the survey, and the researcher analyzed the deidentified data according to the collected demographic data. Administration of the SAI survey occurred through a digital survey allowing congregant participants to complete the survey according to their availability. The estimated time to complete the survey was 10-15 minutes. The research assistant collected and scored the survey results according to SAI survey instructions and

categorized the data according to the collected demographic data. The researcher then analyzed the deidentified data according to the collected demographic data. A password-protected file stored on the researcher's computer contained the data, including numerical values assigned as pseudonyms for identities to assure confidentiality rather than using the actual names of respondents (Bazeley, 2013; Creswell & Creswell, 2018).

Data Analysis

Data analysis is the process of interpreting data collected from using the chosen survey instruments and then drawing conclusions from those results regarding the research questions, hypotheses, and even the broader meaning of the study itself (Creswell & Creswell, 2018). Therefore, once the quantitative data was collected and scored from each of the survey instruments, careful analysis of the results determined if any connection could be observed between the emotional health scores of the pastors and the spiritual health scores of the congregants (I. Chiang et al., 2015; Fowler, 2014; Isaac & Michael, 1982). Data analysis procedures included an initial statistical evaluation of all collected data using scatterplots of the measured variables followed by a covariance analysis and correlation coefficient analysis to express observed relationships between the variables (Field, 2018). Analysis of the results determined if a higher or lower result in congregant spiritual health scores could be observed in connection with their respective pastor's higher or lower emotional health score (Portney & Watkins, 2002).

<div align="center">

Instrument Selection

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Effective research design involves rigorous data collection that utilizes validated survey instruments whose scores provide meaningful and valuable implications (Creswell & Creswell,

2018; Portney & Watkins, 2002; Seeram, 2019). Therefore, this research used two separate survey instruments.

The Six Seconds Emotional Intelligence Test (SEI)

All pastors completed an emotional intelligence survey. The selected instrument was the Six Seconds Emotional Intelligence Test (SEI). The SEI was first developed in 1997 by Six Seconds Emotional Intelligence Network, based on the work of Salovey, Mayer, and Goleman (Freedman et al., 2019; Six Seconds, 2020). The SEI was developed to assist people in putting the theory of emotional intelligence into action in their leadership life (Freedman et al., 2019). The SEI is ideal for helping people learn about and then apply the theory of emotional intelligence, sometimes called EQ (Goleman, 1995; Panait & Bucinschi, 2018). It is a clear, cohesive model that puts EQ into the context of work and life outcomes, including factors such as relationships, influence, and effectiveness (Freedman et al., 2019; Tyler, 2015). Though it is one of the newer tests in the emotional intelligence arena, it has grown in its acceptance and use (Freedman et al., 2019; Six Seconds, 2020).

The three main components of the SEI score, each comprised of additional subcategories, include Know Yourself, Choose Yourself, and Give Yourself. The average of those scores yields the total SEI score. Six Seconds describes the category of Know Yourself as increasing self-awareness, recognizing patterns, and identifying feelings that help one understand what "makes them tick" and is a prerequisite to personal growth. The summary principle is *noticing what you do* (Six Seconds, 2020). Six Seconds describes the category of Choose Yourself as revolving around intentionality. It functions as building self-management and self-direction that allows one to consciously redirect their thoughts, feelings, and actions instead of reacting subconsciously (Six Seconds, 2020). The summary principle is *doing what you mean*. Six Seconds describes the

category of Give Yourself as revolving around purpose. It happens when one's daily choices

align with one's values. When combined with compassion, this alignment allows one to increase

their wisdom and achieve their vision. The summary principle is *doing it for a reason* (Six

Seconds, 2020). Six Seconds researchers find that when one commits to these three pursuits,

people have an increased opportunity to develop their emotional health and use their EQ to

create a more healthy and meaningful life (Freedman et al., 2019). Every question on the survey

is presented on a Likert scale with responses that range from *not at all true* to *very true* (Fee &

Ingram, 2004).

The Spiritual Assessment Inventory (SAI)

All congregants completed a spiritual health survey. The selected instrument was the

Spiritual Assessment Inventory (SAI) by Hall and Edwards (1996). The SAI is based on a model

of spiritual health that integrates spiritual maturity from an object-relations perspective and an

experiential God-awareness based on New Testament teaching and contemplative spirituality

principles (Hall & Edwards, 1996, 2002; Hall et al., 2007). The SAI consists of two primary

dimensions: Awareness of God and Quality of Relationship with God. The Awareness of God

scale consists of two subscales: Awareness of God and Acceptance of God. The Quality of

Relationship scale includes three subscales: Instability, Grandiosity, and Disappointment with

God. The researchers developed a survey instrument that would measure spiritual health

accurately and be helpful for pastors and counselors who work with spiritually inclined people

(Hall & Edwards, 1996; MacDonald et al., 1999). It was also constructed in partial response to

the psychometric and theoretical limitations observed in other survey instruments during the

SAI's formation (MacDonald et al., 1999).

The SAI scale includes two comprehensive dimensions: a basic spiritual dimension of health (maturity) the creators refer to as awareness, and a basic psychological dimension the creators refer to as relational health (maturity) (Fee, 1999; Hall & Edwards, 1996). Under the umbrella of these two dimensions, the chosen version of the SAI evaluates five different factors: Awareness (A), Realistic Acceptance (RA), Disappointment (D), Grandiosity (G), and Instability (I) (Fee & Ingram, 2004). The SAI consists of 54 items, seven of which are two-part questions. Every item is presented on a five-point Likert scale that ranges from *not at all true* to *very true* (Fee & Ingram, 2004).

Scoring

Scoring validity provides confidence in the quality of the information provided by the survey instrument (Creswell & Creswell, 2018; Taylor & Galaczi, 2011). Reliable scores are necessary to corroborate or nullify the researcher's hypothesis by converting the survey measurements into variables interpreted according to the research design (Creswell & Creswell, 2018). Reliable scores also involve using continuous variables that give a unique score for each person but can also take on any value of the chosen measurement scale (Field, 2018).

The SEI.

The SEI is a tool that measures personal perceptions and Six Seconds (2020) acknowledges that these factors are developed over time through training and other life experiences and are, therefore, not fixed measurements. Thus, the SEI score is described as an emotional snapshot rather than an unchangeable assessment (Freedman et al., 2019). According to the SEI Technical Manual (Six Seconds, 2020), scores on the SEI are reported in five categories titled *vulnerable*, *emerging*, *functional*, *skilled*, and *expert*. Vulnerable (between 75-81) defines someone experiencing obstacles to reaching established goals that may create

personal and professional challenges. Six Seconds (2020) reports that about 10% of people score in this region. Emerging (between 89-91) defines someone showing a level of ongoing skill development and emotional awareness. Six Seconds (2020) reports that about 20% of people score in this region. Functional (between 92-107) defines someone whose skills serve them well in most situations. Six Seconds (2020) reports that about 40% of people score in this region. Skilled (between 108-117) defines someone whose emotional intelligence is most likely a valuable strength that is useful both personally and professionally. Six Seconds (2020) reports that about 20% of people score in this region. Expert (between 118-125) defines someone who appears to have exceptional emotional intelligence and excels in their leadership positions and in assisting others in developing their emotional intelligence. Six Seconds (2020) reports that only about 10% of people score in this region.

Subscale example items for EQ Competence on the SEI include:

1. Enhance Emotional Literacy

    a. I am conscious of my emotions even when they are not clear.

    b. I can explain the purpose of different feelings.

2. Recognize Patterns

    a. I can describe my own behavior accurately.

    b. After something happens to upset me, I know what I usually think and do.

3. Apply Consequential Thinking:

    a. I am aware of what makes other people angry.

    b. Before I make a decision, I try to understand my emotions.

4. Navigate Emotions

    a. I can easily face new situations.

      b. I can express my opinion even if others disagree with me.

5. Engage Intrinsic Motivation

      a. When I want to achieve something, I can focus effectively.

      b. I have what it takes to reach my goals.

6. Exercise Optimism

      a. I turn obstacles to my advantage.

      b. When I commit to a goal, I know I will be successful.

7. Increase Empathy

      a. I try not to embarrass people in front of others.

      b. I easily talk to people whose point of view is different from mine.

8. Pursue Noble Goals

      a. I have a long-term vision for my life.

      b. My sense of purpose helps me make the best decisions.

The SAI.

A unique element is that the SAI was designed to produce scores that rated both the spiritual and psychological aspects of spiritual health related to an individual's relationship with God (Hall & Edwards, 1996). Participants taking the SAI rate each survey item on a 5-point Likert scale: 1 (not at all true), 2 (slightly true), 3 (moderately true), 4 (substantially true), and 5 (very true). The SAI consists of two primary dimensions: Awareness of God and Quality of Relationship with God. The Awareness of God scale consists of two subscales: Awareness of God and Acceptance of God. The Quality of Relationship scale includes three subscales: Instability, Grandiosity, and Disappointment with God. The SAI assesses six levels of relationships: Realistic Acceptance (e.g., "There are times when I feel angry at God, but I still have a sense that

God will always be with me"), Disappointment (e.g., "There are times I feel disappointed with God"), Grandiosity (e.g., "God recognizes I am more spiritual than most people"), Instability (e.g., "I am very afraid that God will give up on me"), and Impression Management (e.g., "I am always in a worshipful mood when I go to church").

A high score on each scale represents the presence of the trait named. Scoring for each scale is the average of all answered items within that scale. If a respondent omits more than 50% of the items for any given scale, then scoring cannot occur for that scale. Regarding the Realistic Acceptance (RA) scale items, scoring depends on the respondent's answer to the corresponding disappointment item. If the respondent answers not at all true for 1 item, the RA scale average excludes the additional related item.

Subscale example items include:

Awareness (19 questions):

     1. I have a sense of how God is working in my life.

     2. God's presence feels very real to me.

     3. Listening to God is an essential part of my life.

Realistic Acceptance (seven questions):

     1. When this happens, I still want our relationship to continue.

     2. When I feel this way, I still desire to put effort into our relationship.

     3. When I feel this way, I am able to come to some sense of resolution in our relationship.

Disappointment (seven questions):

     1. There are times when I feel irritated at God.

     2. There are times when I feel frustrated with God.

Grandiosity (seven questions):

      1. I seem to have a unique ability to influence God through my prayers.

      2. My relationship with God is an extraordinary one that most people relationship

would not understand.

      3. God understands that my needs are more important than most people's needs.

Instability (nine questions):

      1. I am afraid that God will give up on me.

      2. My emotional connection with God is unstable.

      3. There are times when I feel that God is punishing me.

Validity and Reliability

To view research outcomes as reliable, it is necessary to regard the chosen survey

instruments as valid and reliable (Creswell & Creswell, 2018). Validity is the degree to which a

test measures what it intends to measure (Isaac & Michael, 1982; G. E. Mills & Gay, 2019;

Portney & Watkins, 2002). The three primary forms of validity include content validity

(measuring what is intended), concurrent validity (scores effectively predicting measurements),

and construct validity (assuring test items measure theoretical concepts), all of which are

important to determine whether the instrument scores are helpful to achieve beneficial outcomes

when applied in practice (Creswell & Creswell, 2018; G. E. Mills & Gay, 2019). Validity and

reliability are also crucial because there are common psychometric issues found in surveys that

require self-assessment that may pose problems to the reliability of the collected data, such as

personal biases, answer styles, and response inconsistency (Taylor & Galaczi, 2011). Reliability

is the ability to reproduce the results of a survey so that it is dependable (Fowler, 2014; G. E.

Mills & Gay, 2019). Therefore, a reliability coefficient expresses the level of survey reliability

(Portney & Watkins, 2002). For example, a 100% reliable instrument would consistently produce a score of 1.00. Accordingly, Portney and Watkins (2002) state that a reliability coefficient of .50 to.75 is considered as moderately reliable and that any score above .75 would indicate excellent reliability.

Freedman (2011) reported that the representative norm group of the SEI included over 25,000 respondents from more than 30 countries. The SEI has exceptional psychometric properties, including Cronbach Alpha scores ranging from .73 – .84. It also predicted outcomes, including an R^2=.435 rating for quality of life and an R^2=.501 rating for effectiveness in self-reported surveys. Freedman (2011) further states that the SEI has a complex but effective scoring algorithm that includes self-correcting indices (positive impression and answer style) and a well-established consistency scale (Freedman, 2011). Regarding the SAI, the results of factor analyses support the primary theory and validity of the SAI and underscore its usefulness in clinical assessment and research (Hall et al., 2007). The results of other independent studies also supported the factor structure of the SAI, and its subscales correlated well with different survey instruments, including the Spiritual Well-Being Scale, the Bell Object Relations Inventory, the Intrinsic/Extrinsic-Revised, the Defense Styles Questionnaire, and the Narcissistic Personality Inventory (Hall & Edwards, 2002).

Further, the SAI reflects a stable internal consistency as shown by the alpha coefficients (A-.95; D-.90; RA-83; G-73; and I-.84) and suggests the high reliability of lower-bound scale estimates (Hall & Edwards, 1996). Other support for using the SAI to effectively and accurately measure individual spirituality includes Lewin (2001) and McDonald, Kuentzel, and Friedman (MacDonald et al., 1999). Critiques of the SAI are minimal, though Standard, Sandhu, and

Painter (2000), while stating their belief that the SAI is very useful as a survey instrument, noted that it has an apparent Judeo-Christian bias.

Limitations

The limitations of a research design or a utilized survey instrument can sometimes allow inappropriate systematic bias that is not controllable by the researcher and therefore may alter the findings of a study, reducing its usefulness and reliability (Bazeley, 2013; Creswell & Creswell, 2018; Fowler, 2014; Price & Murnan, 2004). A specific threat to the internal validity of a study revolves around the reliability of participant data that is the result of self-assessment because it requires a high degree of self-awareness and introduces the possibility of responses that are not an accurate depiction of reality (Bazeley, 2013; Creswell & Creswell, 2018; Fowler, 2014; Price & Murnan, 2004).

Several known limitations existed in this quantitative research due to its design. Participants self-selected their involvement rather than including subjects from a random study population. Participants self-reported their answers to survey questions without external evaluation perspective assistance, which may have resulted in inaccurate data. Further, the population of this study was a much smaller group compared to the thousands of churches and millions of congregants that are a part of the Assemblies of God (Assemblies of God, 2018). As such, widespread application cannot occur until this study repeats with different churches and participants within the Assemblies of God and, perhaps, churches and participants from other denominations and religious traditions. Furthermore, this study explored the potential intersection of clergy emotional health and congregant spiritual health and did not introduce any experimental factors that might help determine correlation or causation. The design of future

research could begin assessing whether any level of correlation or causation exists between a pastor's emotional health and the spiritual health of their congregants.

Further, there are multiple factors unexplored in this research that could provide a framework for future research. These factors include the length of a congregant's spiritual journey before attending their current church, the likelihood of emotionally healthy leaders attracting emotionally healthy congregants, the probability of emotionally less healthy leaders attracting emotionally less healthy congregants, the possibility that some congregants are struggling with more severe (perhaps even clinically diagnosed) emotional deficiencies that have not been caused or worsened by their current pastor, the possibility of a reciprocal relationship between pastor and congregant, and the possibility that congregants may have a substantial effect on the emotional health of pastors. Other considerations may also present themselves during data analysis. Other than these considerations, there were no other significant limitations anticipated in the design and implementation of this study.

Ethical Considerations

Given the precautions outlined, there were no known ethical issues, and participant risk was minimal. The completion of the surveys was voluntary, and there were no adverse consequences for anyone who chose not to participate in the study. The researcher focused on incorporating the contextual particularities of the specific participants (Bazeley, 2013; Portney & Watkins, 2002). The researcher realized that less than desirable survey results, if revealed to the clergy participants, may result in different levels of emotional distress (Bazeley, 2013; Creswell & Creswell, 2018). Therefore, a list of available and qualified counselors pre-approved by the regional leaders of the Assemblies of God was available to all clergy participants as needed. Congregant participants never received the results of their surveys. Confidentiality required the

assignment of numerical values rather than actual names, and the International Review Board

(IRB) process at Northwest University ensured the minimization of risk to participants.

Participants had no access to their survey results, and pastors did not have access to their

congregants' survey results. However, collective data averages for their respective churches were

available to the clergy participants after the study concluded. Further, aims to reduce researcher

bias included reflexivity and a research assistant to classify data. The researcher reflected on how

his personal experience as both a congregant and a pastor may have impacted the direction and

results of the study (Creswell & Creswell, 2018).

Conclusion

This chapter described the central components of this study's chosen quantitative

methodology in detail. The research purpose, questions, design, participant selection, site

selection, data collection methods, selected survey instruments including validity and reliability,

data analysis, limitations, and ethical considerations underscore the hope that the methodology

utilized for this research would produce a reliable contribution to the existing literature on clergy

emotional health and congregant spiritual health that prompts further study. If an intersection of

clergy emotional health and congregant spiritual health exists, this research's structural design

provided an initial blueprint for refining and expanding this vital research in future settings.

Chapter 4: Research Findings

This quantitative study explored the intersection of the emotional health of clergy and the spiritual health of their respective congregants. It examined whether emotional intelligence pursuits in clergy affect the quality of a congregant's relationship with God and whether emotional intelligence pursuits in clergy affect the quality of a congregant's awareness of God. It accomplished this by collecting and then comparing data reflecting the emotional health of the studied pastors and the spiritual health of their respective congregants. This chapter reports the findings of that data and its associated demographics.

The Research Sample

This research utilized two surveys to collect the required data. The pastors who agreed to participate completed an emotional intelligence survey. The survey instrument was the SEI: Six Seconds Emotional Intelligence Test (SEI), first developed in 1997 (Freedman, 2011; Freedman et al., 2019; Six Seconds, 2020). This was a reflective analysis as each participant evaluated themselves by answering questions that used five subscales of Awareness, Realistic Acceptance, Disappointment, Grandiosity, and Instability. The rating of each item is on a five-point scale anchored on each end by the phrases "Not At All True" and "Very true." A higher score on each scale represents the increased presence of the specific trait named. The SEI survey specifically identifies five categories: Vulnerable (scores ranging from 75-81), Emerging (scores ranging from 82-91), Functional (scores ranging from 92-107), Skilled (scores ranging from 108-117), and Expert (scores ranging from 118-125). Six Seconds reports that about 10% of the population scores in the Vulnerable range, about 20% scores in the Emerging range, about 40% scores in the Functional range, about 20% scores in the Skilled range, and about 10% scores in the Expert range.

The congregants who agreed to participate completed a spiritual health survey. The

survey instrument was the Spiritual Assessment Inventory (SAI) developed by Hall and Edwards

(1996; Sappington & Wilson, 1992). The SAI consists of two primary dimensions: Awareness of

God and Quality of Relationship with God. The Awareness of God scale consists of two

subscales: Awareness of God and Acceptance of God. The Quality of Relationship scale includes

three subscales: Instability, Grandiosity, and Disappointment with God.

Analysis of the collected data from these survey instruments determined whether an

observable intersection between pastors and their respective congregants existed. In addition to

the two validated survey instruments utilized, the research collected various demographic data to

help inform the data analysis, such as age, marital status, educational level, spiritual experience,

self-evaluation of maturity, and others. The research speculated that these demographic factors

might play a valuable role in interpreting the survey data. The inclusion of this demographic data

provided the opportunity for rich data analysis. However, one noted unexpected limitation, which

Chapter 5 details, was the negative effect of the smaller than anticipated sample size of pastoral

and congregant data. A summary of the clergy and congregant demographic responses as

collected appears in this chapter, along with statistical analysis of the varied survey components.

Chapter 5 includes potential conclusions and suggestions for future research.

Clergy Demographic Data

One hundred fifty-two pastors received direct invitations via email to participate in this

research, along with two blanket social media invitations to appropriate lead pastor group pages

for Assemblies of God pastors in California and Tennessee. The individuals who received direct

invitations were current pastors of Assemblies of God churches located in Northern California

and Tennessee. Twelve lead pastors responded affirmatively, indicating their willingness to

participate in the study. One of those pastors declined to continue participation after completing the demographic portion of the study. Another pastor declined to continue after completing the emotional health portion of the study, indicating that their church was not currently able to participate due to internal organizational issues. Two additional pastors completed the emotional health portion of the study but had no congregants respond to the spiritual health survey. Consequently, the clergy data of these four pastors did not factor into the comparisons between clergy and congregants.

Consequently, eight pastors completed the demographic and emotional health surveys, with subsequent participation of varying degrees from their congregants, providing data for subsequent data analysis regarding the intersection of clergy emotional health and congregant spiritual health. This number of respondents was below the initial research design; however, most of the pastors who received invitations, whether by email or social media, never responded to the initial invitation or any follow-up requests. Two non-participating pastors who did respond but declined the initial invitation indicated that they were not currently in an emotionally healthy place personally and did not desire to participate for that reason.

Age, ethnicity, and gender

Eight pastors completed the demographic survey and the emotional health survey. One of the pastors surveyed was between the ages of 35-44, three of the pastors surveyed were between the ages of 45-54, and the remaining four pastors surveyed were between the ages of 55-64. All the pastors who completed the demographic survey identified as white (racial/ethnic pastors received invitations but did not respond or declined to participate.) Concerning gender, none of the participating pastors were female. All the participating pastors were male. At least three female pastors received direct email invitations to participate, while others received invitations

through Assemblies of God lead pastor social media groups. Figure 1 demonstrates the sample of

clergy by age.
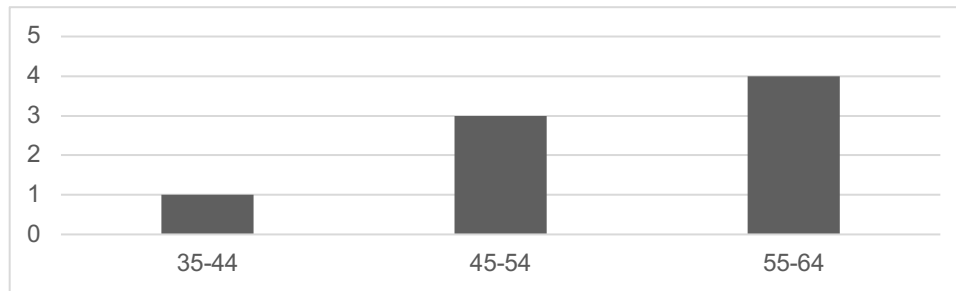
Figure 1. Clergy age.

Formal education

All eight pastors reported completing some post-high school education. Three pastors

indicated they had completed some college, while three others reported completing an

undergraduate degree. Two pastors indicated achieving some level of graduate school, both of

whom also considered themselves advanced in the self-evaluation of their spiritual maturity.

Figure 2 demonstrates the sample of clergy by educational level.
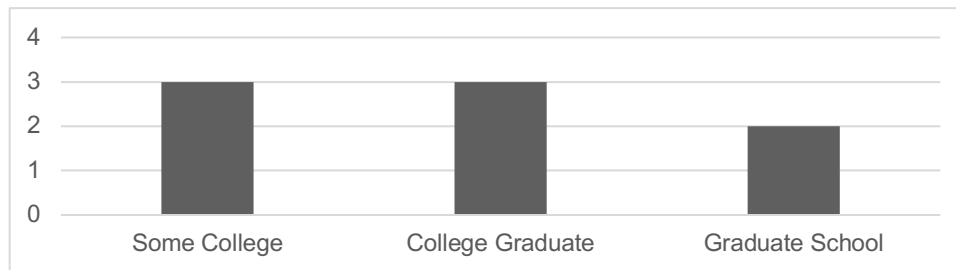
Figure 2. Clergy level of formal education.

Personal spiritual experience

There was substantial similarity in the spiritual experience of the pastors. Five of the

eight pastors reported becoming a Christian before age 12. The other three stated they became a

Christian between 12-17. No pastors reported an adult conversion. Concerning their years living

an active adult Christian lifestyle, all the pastoral participants indicated a response of at least 21

years or more, with two indicating a response of at least 31 years or more. One pastor provided a

response of at least 41 years or more. Figure 3 demonstrates the sample of clergy by age of

salvation and figure 4 demonstrates the sample of clergy by the number of years living an active

Christian lifestyle.

Figure 3. Clergy age of salvation.
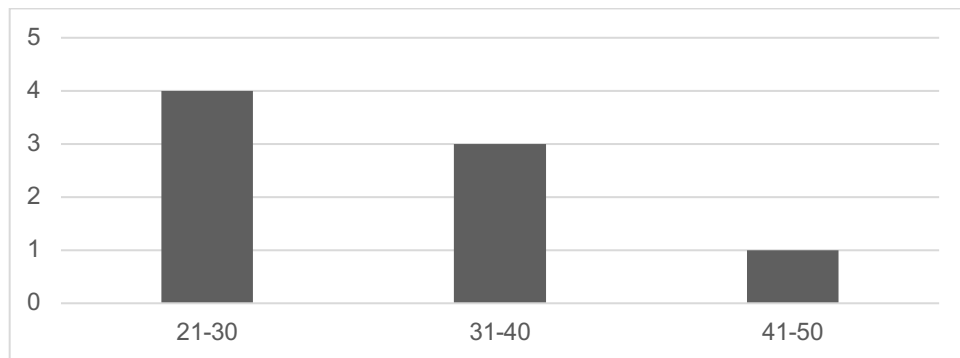
Figure 4. Clergy number of years of an active Christian lifestyle.

Clergy experience

The demographic survey did not specify the difference between years as a pastor and

years as a lead pastor. Consequently, the participant responses for the number of years serving as

a pastor most likely include all years of pastoral ministry, whether the participant served the

entirety of those years as a lead pastor or partially as a staff pastor or in some other ministerial

role. Two of the participating pastors reported having pastored between 11-20 years, four

indicated they had pastored between 21-30 years, and the final two stated they had pastored

between 31-40 years. There were no pastors with clergy experience of more than 40 years.

Figure 5 demonstrates the sample of clergy by years of pastoral experience.
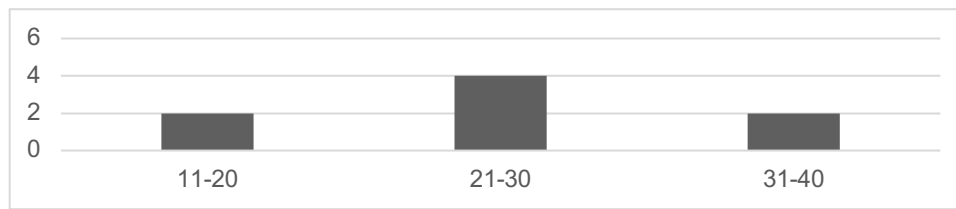
Figure 5. Clergy number of years of pastoral experience.

Self-Evaluation of maturity

Pastors chose from four possible answers to evaluate their spiritual maturity, including

beginner, intermediate, mature, and advanced. Five of the participating pastors reported

themselves as mature in the self-evaluation of their spiritual maturity, while the other three listed

themselves as advanced in their spiritual maturity. No pastors indicated a beginner or

intermediate spiritual evaluation. There was no correlation between the pastor's age and spiritual

self-evaluation, the pastor's years of pastoral experience and spiritual self-evaluation, nor the

pastor's years as a Christian and their spiritual self-evaluation. Responses varied entirely across

all three categories of demographic data. Figure 6 demonstrates the sample of clergy by self-

evaluation of spiritual maturity.
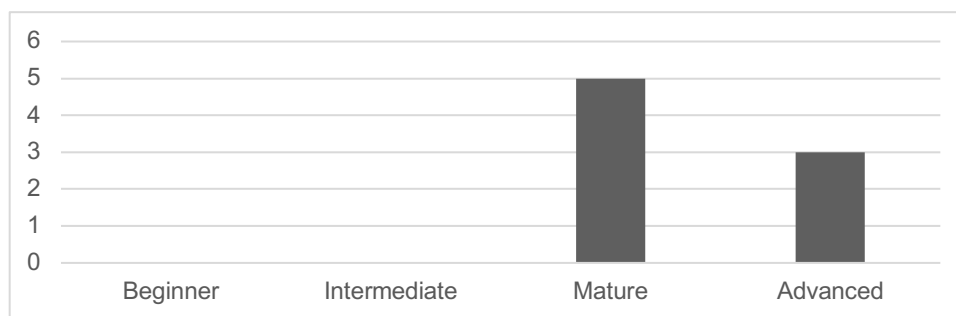
Figure 6. Clergy self-evaluation of spiritual maturity.

Congregant Demographic Data

Eight churches contributed to this research project, including the respective congregants who were willing to participate in the associated demographic and spiritual health surveys. While these churches were all under 300 in average weekend attendance, as defined previously in the research design, it is unknown how many congregants received survey invitations. The pastors declined to provide de-identified congregational email lists and instead sent the congregant survey invitations themselves. Therefore, the researcher could not verify the number of actual congregant invitations. Data collected from 105 participants comprised this research. Figure 7 demonstrates the sample of the number of congregants by individual church.
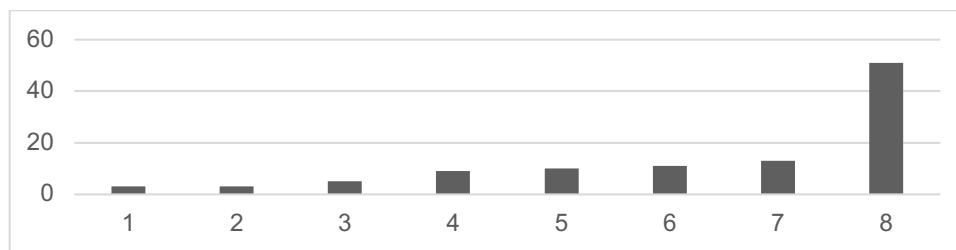
Figure 7. Number of Congregants by Church.

Age and ethnicity

One hundred five congregants answered the age and ethnicity questions. Five of the participants were between the ages of 18-24, eight of the participants were between the ages of 25-34, seventeen of the congregants were between the ages of 35-44, twenty-eight of the participants were between the ages of 45-54, twenty-one of the participants were between the ages of 55-64, twenty of the respondents were between the ages of 65-74, and six of the participants were aged 75 or older. Therefore, approximately 72% of participants were aged 45 or older, while about 28% were aged 44 or younger. Regarding ethnicity, 94 (90%) of the participants reported their race as being White, with the other 11 (10%) reported ethnicity of either Asian, Black (or African American), Hispanic (including Latino), Native American

(including Alaskan), or Other. An oversight during the preparation of the congregant

demographic survey resulted in no collection of gender data. Figure 8 demonstrates the sample

of congregants by age and figure 9 demonstrates the sample of congregants by ethnicity.
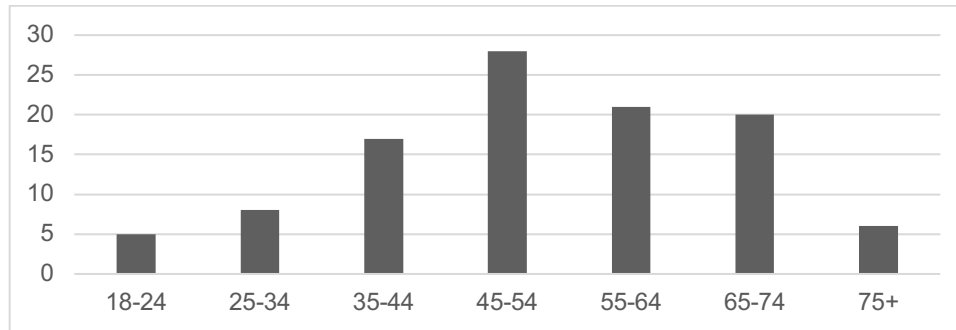
Figure 8. Congregant age.
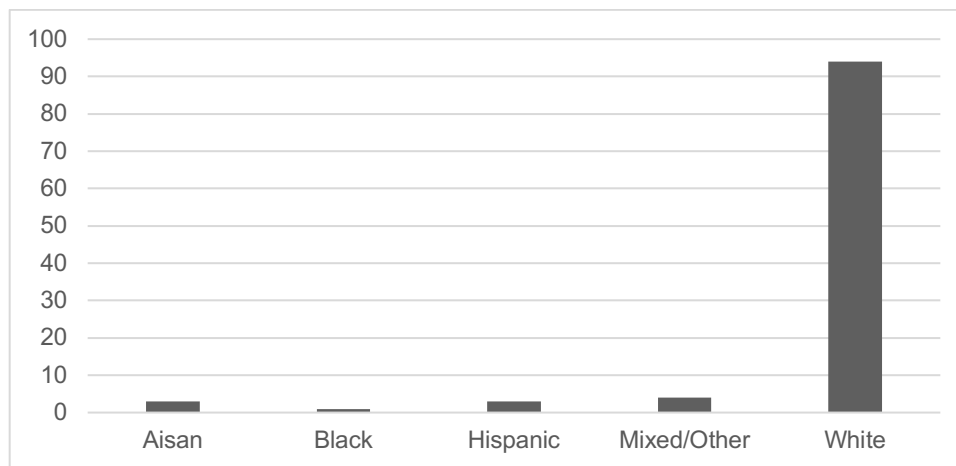
Figure 9. Congregant ethnicity.

Formal education

One hundred five congregants answered the education question. Five (< 5%) reported

having never finished high school. One hundred (95%) participants reported earning a degree in

high school, college, graduate, or vocational school. Nineteen (18%) participants finished their

formal education with a high school degree, while another thirty (29%) reported attending

college though never completing an undergraduate degree. Thirty-four (32%) of the participants

reported completing an undergraduate degree, while an additional fifteen (14%) of the

participants reported completing some level of graduate school. The remaining two participants

(< 2%) reported completing vocational school rather than a traditional college degree. This

variety of educational demographic responses served as a somewhat comprehensive data set for

further analysis of congregational spiritual maturity. Figure 10 demonstrates the sample of

congregants by formal education.
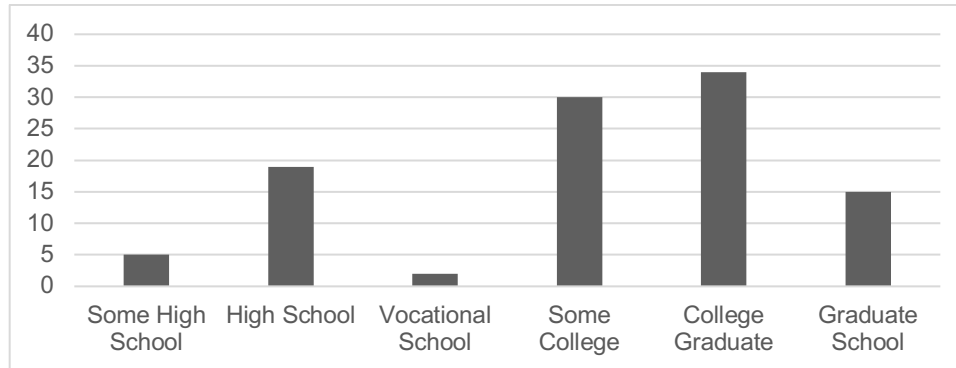
Figure 10. Congregant formal education.

Personal spiritual experience

One hundred five participants answered the personal spiritual experience questions.

Participants responded to questions regarding the age of their salvation experience, the number

of years living an active Christian lifestyle as an adult, and the number of years attending their

current church. Responses covered every possible answer in two categories and almost every

possible answer in the third category. These questions gave possible context to analyzing

potential clergy effect on congregant spiritual maturity.

Age of salvation.

Participant answers regarding the age of their initial salvation experience ranged from 0-

11 (which was the highest response category) to 55-64 (which tied for the lowest response

category. A total of 92 participants (88%) reported an initial salvation experience by age 34 or

earlier, while only 13 (12%) of the participants reported an initial salvation experience at age 35

or later. Forty-five (43%) participants indicated that their initial salvation experience occurred

between 0-11. Seventeen (16%) participants stated that their initial salvation experience occurred

between 12-17. Nine (8%) participants reported that their initial salvation experience occurred

between 18-24. Twenty-one (20%) participants indicated that their initial salvation experience

occurred between 25 and 34. Four (< 4%) participants reported that their initial salvation

experience occurred between 35 and 44. Five (< 5%) participants stated that their initial salvation

experience occurred between 45 and 54. Four (< 4%) participants reported that their initial

salvation experience occurred between 55-64. No participants indicated an initial salvation

experience at age 65 or after. Figure 11 demonstrates the sample of congregants by age of

salvation.
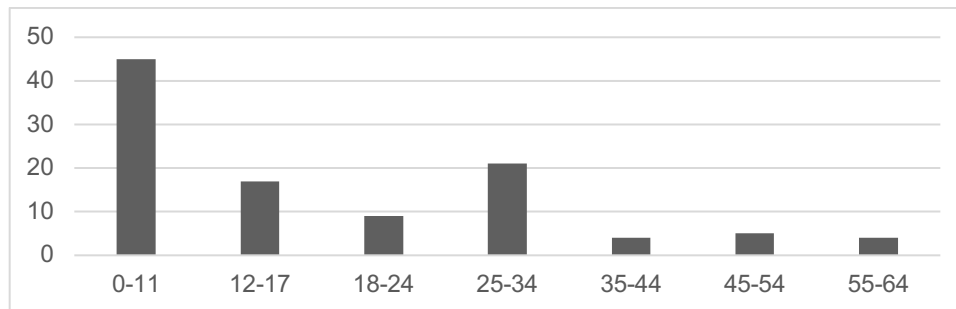
Figure 11. Congregant age of salvation.

Years living a Christian lifestyle as an adult.

Participant answers regarding the number of years living an active Christian lifestyle as

an adult ranged from 0-2 years (the lowest response category) to 51+ years. Almost half (49%) of

the participants reported between 11-30 years of living an active Christian lifestyle as an adult.

Four (< 4%) of the participants indicated that the number of years living an active adult lifestyle

as an adult was between 0-2 years. Five (< 5%) of the participants indicated that the number of

years living an active adult lifestyle as an adult was between 3-5 years. Ten (9%) of the

participants indicated that the number of years living an active adult lifestyle as an adult was

between 6-10 years. Twenty-nine (28%) of the participants reported that the number of years

living an active adult lifestyle as an adult was between 11-20 years. Twenty-three (22%) of the

participants indicated that the number of years living an active adult lifestyle as an adult was

between 21-30 years. Twelve (11%) of the participants stated that the number of years living an

active adult lifestyle as an adult was between 31-40 years. Eleven (10%) of the participants

indicated that the number of years living an active adult lifestyle as an adult was between 41-50

years. Eleven (10%) of the participants reported that the number of years living an active adult

lifestyle as an adult was greater than 50 years. Figure12 demonstrates the sample of congregants

by the number of years living an active Christian lifestyle.
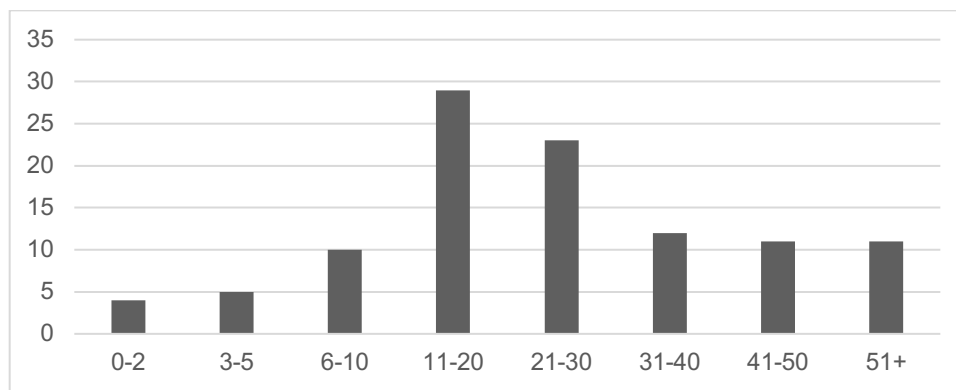
Figure 12. Congregant number of years of an active Christian lifestyle.

Years attending current church.

Participant answers regarding the number of years attending their current church ranged

from 0-2 years to 31-40 years. No participant indicated they had been attending their present

church longer than 40 years. Seventy-two (69%) of the participants reported between 0-10 years

of attendance at their present church, while ninety-six (92%) reported 20 years of attendance or

less at their current church. Twenty-two (21%) participants indicated attending their current

church for two years or less. Twenty-two (21%) participants stated they had been attending their

current church between three to five years. Twenty-eight (27%) participants, the highest response

rate in any category, indicated they had been attending their current church between six to ten years. Twenty-four (23%) participants reported attending their current church between 11-20 years. Seven (< 7%) participants stated they had been attending their current church between 21-30 years. Two (< 2%) participants, the lowest response rate in any category, indicated attending their current church between 31-40 years. Figure 13 demonstrates the sample of congregants by the number of years attending their current church.
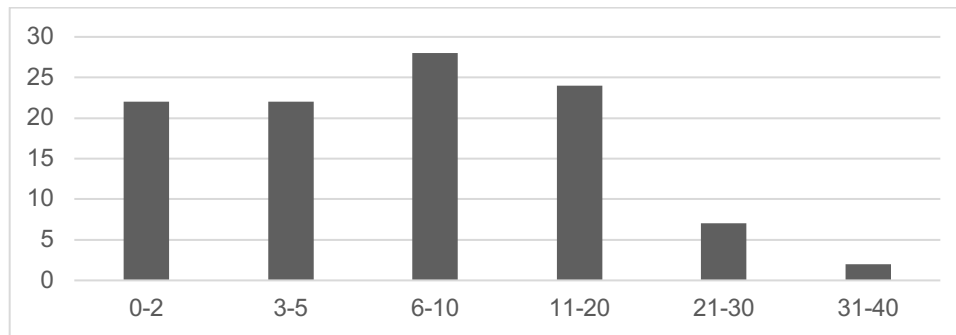
Figure 13. Congregant number of years of attending current church.

Self-Evaluation of maturity

A final area of collected congregant demographic information concerned the participant's self-evaluation of their spiritual maturity. One hundred five participants responded to this question. Congregants chose from four possible answers: beginner, intermediate, mature, and advanced. Most responses were in the mature category, with 58 (56%) participants indicating the belief that they were essentially a "3" on a 4-point spiritual maturity scale. Five (< 5%) of the participants evaluated themselves as beginners regarding their spiritual maturity (a "1" on a 4-point spiritual maturity scale), twenty-six (25%) of the participants assessed themselves at an intermediate level of spiritual maturity (a "2" on a 4-point spiritual maturity scale), while sixteen (15%) of the participants evaluated themselves at the advanced level of spiritual maturity (a "4" on a 4-point spiritual maturity scale). When comparing these perceptions with the corresponding

SAI average scores, there were negligible differences between beginners (3.844) and

intermediates (3.828). However, the SAI scores for those who perceive themselves as mature

trend higher (4.154) and even higher among those who perceive themselves as advanced (4.411).

Figure 14 demonstrates the sample of congregants by self-evaluation of spiritual maturity and

figure 15 demonstrates the sample of congregants by self-evaluation of spiritual maturity in

comparison with their associated SAI scores.
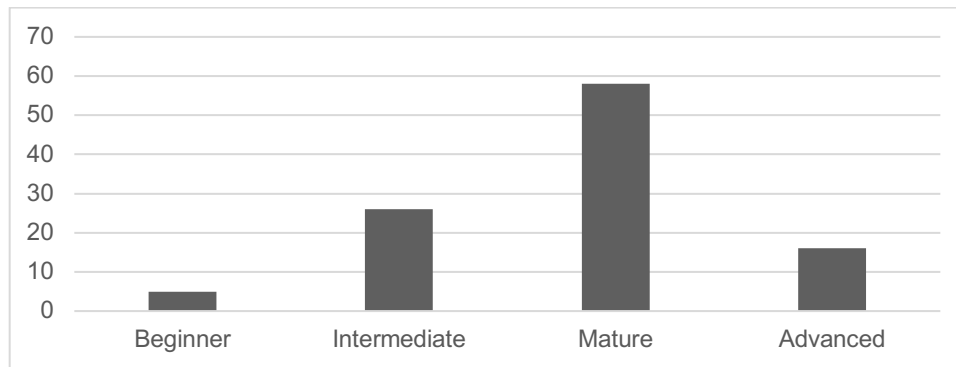
Figure 14. Congregant self-evaluation of spiritual maturity.
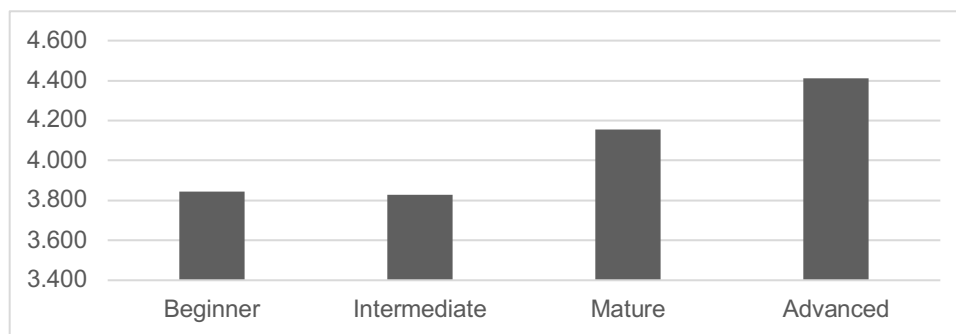
Figure 15. SAI average scores of congregants by self-evaluation of spiritual maturity.

The Research Questions

This quantitative study explored the effect of the emotional health of clergy on the

spiritual health of their congregants in two main areas based on the testing criteria of the

Spiritual Assessment Inventory (SAI):

1. It examined which emotional intelligence pursuits in clergy affect the quality of congregant relationship with God (one of two broad spiritual health categories presented in the SAI).

2. It examined which emotional intelligence pursuits in clergy affect the quality of congregant awareness of God (one of two broad spiritual health categories presented in the SAI).

This research question had underlying questions that examined the intersection of a pastor's emotional health and their congregant's spiritual health:

1. Is a congregant's relationship with God affected by other pastoral influences?

2. Is a congregant's awareness of God affected by other pastoral influences?

3. What other characteristics influence a congregant's relationship with God?

4. What other characteristics influence a congregant's awareness of God?

These research questions have several basic underlying assumptions, which are discussed below.

Underlying Assumptions

The research questions explore the effects of the emotional health of clergy on the spiritual health of their congregants. The hypotheses assume that clergy members with higher emotional health scores will have corresponding congregants with higher spiritual health scores. Conversely, the hypotheses assume that clergy members with lower emotional health scores will have corresponding congregants with lower spiritual health scores. The main underlying assumption is that the clergy sample will include a range of higher and lower emotional health scores.

Data Sample Issues

Two issues complicated the validation of the collected data, including the negative effect

of having a smaller than anticipated sample size of pastoral and congregant data and clergy EQ

scores that resulted in a relatively homogenous sample which limited the ability to gauge the

effect of different levels of clergy emotional health. A one-way analysis of variance determined

the variability of the emotional health pursuit (EQ) scores among the sample of clergy. The Six

Seconds Emotional Health Survey (SEI) measures three pursuits: Know Yourself, Choose

Yourself, and Give Yourself. The eight clergy members surveyed had a mean Know Yourself

score of 110.75 ($SD = 6.48$), a mean Choose Yourself score of 108.25 ($SD = 6.25$), and a mean

Give Yourself score of 108.5 ($SD = 6.61$). The pursuit effect on the EQ scores of the clergy

sample was not significant $F(2, 21) = 0.36$, $p = .699$. This indicates that the EQ scores of the

sample of clergy were not diverse enough to satisfy the underlying assumption of differing

emotional health scores. Figure 16 demonstrates the sample of clergy by their associated SEI

scores and figure 17 demonstrates the sample of clergy by their overall SEI score and associated

sub-scale scores.
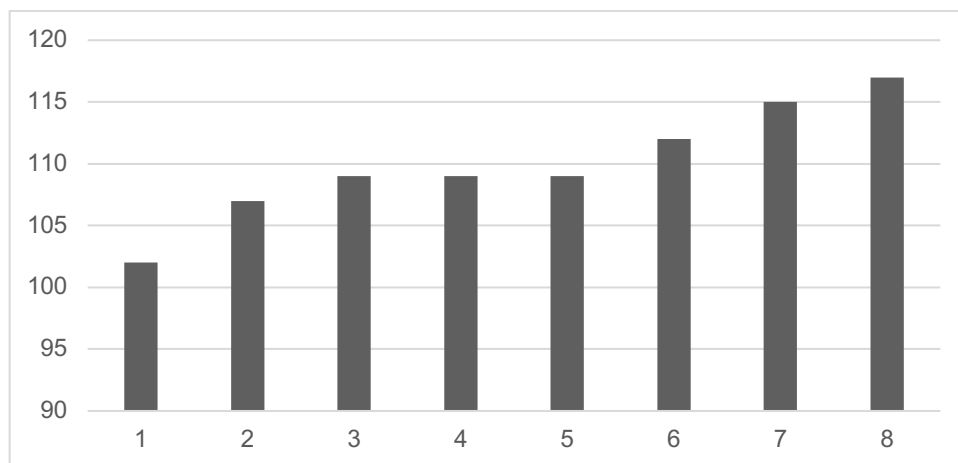
Figure 16. Clergy SEI Scores
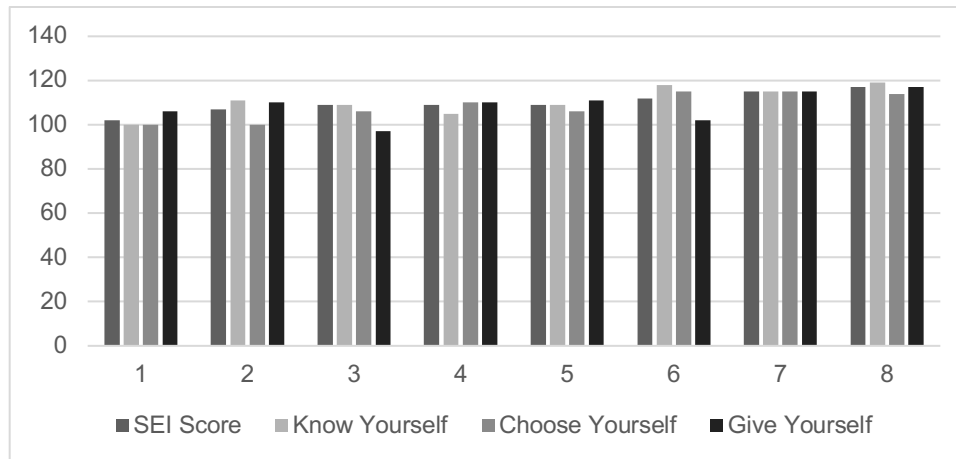
Figure 17. Clergy SEI Sub-Scores

Analysis of Research Questions

Analysis of the two main research questions and the four underlying questions follows next. In most cases, the collected data was not diverse enough to satisfy the underlying assumption that the emotional health of clergy members affects the spiritual health of their congregants.

Research Question #1

The first research question was, "Which emotional intelligence pursuits in clergy affect the quality of congregant relationship with God?" The smaller than expected sample of clergy ($n = 8$) did not produce a sufficiently large or diverse pool of data to address this research question adequately. However, the data was sufficient to explore the effect of clergy emotional intelligence on the quality of congregant relationship with God.

The Spiritual Assessment Inventory (SAI) measures two scales comprised of five subscales: Awareness of God (which includes awareness and realistic acceptance subscales) and Relationship with God (which includes disappointment, grandiosity, and instability subscales) to assess one's quality of relationship with God. Congregants ($n = 105$) were asked to score 47 items on a scale of 1 (not at all true) to 5 (very true). A higher score on each scale represents the

increased presence of the specific trait named. A one-way analysis of variance explored the effect

of clergy EQ scores on congregant quality of relationship with God. Table 1 summarizes the

demographic data for congregant relationship with God scores by clergy. The clergy EQ score

effect on congregant relationship with God was not significant ($F(7,97) = 0.68$, $p = .684$). This

indicates no significant difference between the congregant rating of the quality of relationship

with God and clergy EQ scores.

Table 1

Sample Size, Means, and Standard Deviations for Congregant Relationship with God by Clergy

	1	2	3	4	5	6	7	8
n	3	3	5	9	11	10	13	51
M	4.30	4.28	4.03	4.26	4.19	3.95	4.08	4.20
SD	0.23	0.66	0.46	0.42	0.31	0.45	0.52	0.41

Research Question #2

The second research question was, "Which emotional intelligence pursuits in clergy

affect the quality of congregant awareness of God?" The smaller than expected sample of clergy

(n = 8) did not produce a sufficiently large or diverse pool of data to address this research

question adequately. However, the data was sufficient to explore the effect of clergy emotional

intelligence on the quality of congregant awareness of God.

The Spiritual Assessment Inventory (SAI) measures two scales comprised of five

subscales: Awareness of God (which includes awareness and realistic acceptance subscales) and

Relationship with God (which includes disappointment, grandiosity, and instability subscales) to

assess one's quality of relationship with God. Congregants ($n = 105$) were asked to score 47

items on a scale of 1 (not at all true) to 5 (very true). A one-way analysis of variance explored the

effect of clergy EQ scores on congregant quality of awareness of God. Table 2 summarizes the demographic data for congregant awareness of God scores by clergy. The clergy EQ score effect on congregant awareness of God was not significant ($F(7,97) = 1.15$, $p = .338$). This indicates no significant difference between the congregant rating of the quality of awareness of God and clergy EQ scores.

Table 2

Sample Size, Means, and Standard Deviations for Congregant Awareness of God by Clergy

	1	2	3	4	5	6	7	8
n	3	3	5	9	11	10	13	51
M	4.02	4.36	4.30	4.38	4.03	4.19	3.79	3.84
SD	0.58	0.32	1.16	0.40	0.61	0.61	0.60	0.82

Underlying Question #1

The first underlying question regarded whether a congregant's relationship with God is affected by other pastoral influences. Congregants completed a demographic questionnaire that provided information related to pastoral influence in their experience as a congregant. This information consisted of the number of years the congregant had attended their current church, the number of years the congregant had been with their current pastor, and the number of years their current pastor has been in ministry.

A multiple regression analysis treated the year categories of the demographic pastoral influence data as binary variables. Table 2 summarizes the coefficients and p-values for each of the pastoral influences. The findings regarding pastoral influence related to the number of years the congregant had attended their current church were not significant ($R^2 = .05$, $F(5, 99) = 2.20$, $p = .061$). The findings regarding pastoral influence related to the number of years the

congregant has been with their current pastor were not significant ($R^2 = .00$, $F(4, 100) = 0.40$, $p = .811$). The findings regarding pastoral influence related to the number of years their current pastor has been in ministry were not significant ($R^2 = .00$, $F(2, 102) = 0.36$, $p = .700$).

Table 3

Multiple Regression Analysis Coefficients and p-Values for Pastoral Influence on Congregant Relationship with God

Attending Current Church			With Current Pastor			Pastor's Years in Ministry		
Years	β	p	Years	β	p	Years	β	p
3-5	0.29	.023*	3-5	0.02	.872	21-30	0.05	.693
6-10	0.09	.437	6-10	-0.14	.273	31-40	-0.04	.769
11-20	0.01	0.927	11-20	-0.02	.835			
21-30	0.41	0.025*	21-30	0.11	.675			
31-40	-0.01	0.963						

Note: *$p < .05$

Underlying Question #2

The second underlying question regarded whether a congregant's awareness of God is affected by other pastoral influences. Congregants completed a demographic questionnaire that provided information related to pastoral influence in their experience as a congregant. This information consisted of the number of years the congregant had attended their current church, the number of years the congregant had been with their current pastor, and the number of years their current pastor has been in ministry.

A multiple regression analysis treated the year categories of the demographic pastoral influence data as binary variables. Table 4 summarizes the coefficients and p-values for each of the pastoral influences. The findings regarding pastoral influence related to the number of years the congregant had attended their current church were not significant ($R^2 = .00$, $F(5, 99) = 0.78$,

$p = .568$). The findings regarding pastoral influence related to the number of years the congregant has been with their current pastor were not significant ($R^2 = .03$, $F(4, 100) = 1.94$, $p = .110$). The findings regarding pastoral influence related to the number of years their current pastor has been in ministry were not significant ($R^2 = .03$, $F(2, 102) = 2.86$, $p = .062$).

Table 4

Multiple Regression Analysis Coefficients and p-Values for Pastoral Influence on Congregant Awareness of God

Attending Current Church			With Current Pastor			Pastor's Years in Ministry		
Years	β	p	Years	β	p	Years	β	p
3-5	-0.14	.536	3-5	0.13	.614	21-30	-0.25	.207
6-10	0.04	.841	6-10	0.59	.007*	31-40	0.17	.503
11-20	0.13	.559	11-20	0.09	.643			
21-30	-0.32	.328	21-30	0.32	.459			
31-40	0.52	.346						

Note: *$p < .05$

Underlying Question #3

The third underlying question regarded what other congregant characteristics influence a congregant's relationship with God. Congregants completed a demographic questionnaire that provided information regarding their age, level of education, age at conversion, the number of years they have lived an active Christian lifestyle as an adult, and a self-assessment of their level of spiritual growth and maturity. A multiple regression analysis treated the age categories as binary variables to analyze each of these demographic characteristics as they relate to congregant relationship with God. Table 5 summarizes coefficients and p-values for the congregant's age and age at conversion related to congregant relationship with God. The findings regarding the relationship between congregant age and congregant awareness of God were not significant ($R^2 = $

.03, $F(6, 98) = 1.46$, $p < .202$). The findings regarding the relationship between congregant age at

conversion and congregant relationship with God were not significant ($R^2 = .00$, $F(6, 98) = 1.05$,

$p = .400$).

Table 5

Congregant Relationship with God: Multiple Regression Analysis Coefficients and p-Values of Congregant Age and Age at Conversion

Congregant Age			Congregant Age at Conversion		
Years	β	p	Years	β	p
25-34	0.05	.898	12-17	0.03	.870
35-44	0.42	.258	18-24	-0.05	.845
45-54	0.22	.526	25-34	0.07	.739
55-64	0.53	.147	35-44	0.25	.523
65-74	0.69	.062	45-54	-0.77	.029*
75+	0.38	.387	55-64	-0.17	.655

Note: *$p < .05$

     Table 6 summarizes the coefficients and p-values for congregant level of education

related to congregant relationship with God. The findings regarding the relationship between

congregant level of education and congregant relationship with God were not significant ($R^2 =$

.00, $F(5, 99) = 0.49$, $p = .783$).

Table 6

Congregant Relationship with God: Multiple Regression Analysis Coefficients and p-Values of Educational Level

Educational Level	β	p
High School Graduate	-0.11	.607
Some College	-0.22	.289
Vocational School	-0.25	.427
College Graduate	-0.10	.639
Graduate School	-0.20	.371

Table 7 summarizes the coefficients and p-values for congregant years of active Christian lifestyle as an adult related to congregant relationship with God. The findings regarding the relationship between congregant years of active Christian lifestyle as an adult and congregant awareness of God were not significant ($R^2 = .02$, $F(7, 97) = 1.31$, $p < .256$).

Table 7

Relationship with God: Multiple Regression Analysis Coefficients and p-Values of Congregant Years of Active Christian Lifestyle as an Adult

Christian Lifestyle as an Adult		
Years	β	p
3-5	-0.08	.781
6-10	-0.17	.495
11-20	-0.09	.688
21-30	-0.30	.192
31-40	-0.09	.0706
41-50	0.08	.0743
51+	0.06	.806

Table 8 summarizes the coefficients and p-values for congregant self-assessment of personal spiritual growth and maturity. The findings regarding the relationship between

congregant personal spiritual growth and maturity and congregant relationship with God were

not significant ($R^2 = .01$, $F(3, 101) = 1.52$, $p < .215$).

Table 8

Congregant Relationship with God: Multiple Regression Analysis Coefficients and p-Values of Congregant Self-Evaluation of Personal Spiritual Growth and Maturity

Spiritual Growth and Maturity Level	β	p
Intermediate	-0.22	.???
Mature	-0.07	.0??
Advanced	-0.05	.826

Underlying Question #4

The fourth underlying question regarded what other congregant characteristics influence

a congregant's awareness of God. Congregants completed a demographic questionnaire that

provided information regarding their age, level of education, age at conversion, the number of

years they have lived an active Christian lifestyle as an adult, and a self-assessment of their level

of spiritual growth and maturity. A multiple regression analysis treated the age categories as

binary variables to analyze each of these demographic characteristics as they relate to congregant

relationship with God.

Table 9 summarizes coefficients and p-values for the congregant's age and age at

conversion related to congregant awareness of God. The findings regarding the relationship

between congregant age and congregant awareness of God were significant ($R^2 = .03$, $F(6, 98) = 1.46$, $p < .202$). The findings regarding the relationship between congregant age at conversion

and congregant awareness of God were not significant ($R^2 = .00$, $F(6, 98) = 1.05$, $p = .400$).

Table 9

Congregant Awareness of God: Multiple Regression Analysis Coefficients and p-Values of Congregant Age and Age at Conversion

Congregant Age			Congregant Age at Conversion		
Years	β	p	Years	β	p
25-34	0.05	.898	12-17	0.03	.870
35-44	0.42	.258	18-24	-0.05	.845
45-54	0.22	.526	25-34	0.07	.739
55-64	0.53	.147	35-44	0.25	.523
65-74	0.69	.062	45-54	-0.77	.029*
75+	0.38	.387	55-64	-0.17	.655

Note: *$p < .05$

Table 10 summarizes the coefficients and p-values for congregant level of education related to congregant awareness of God. The findings regarding the relationship between congregant level of education and congregant awareness of God were not significant ($R^2 = .00$, $F(5, 99) = 1.09$, $p = .372$).

Table 10

Congregant Awareness of God: Multiple Regression Analysis Coefficients and p-Values of Educational Level

Educational Level	β	p
High School Graduate	-0.64	.086
Some College	-0.53	.140
Vocational School	-0.99	.069
College Graduate	-0.68	.056
Graduate School	-0.45	.242

Table 11 summarizes the coefficients and p-values for congregant years of active Christian lifestyle as an adult related to congregant awareness of God. The findings regarding the

relationship between congregant years of active Christian lifestyle as an adult and congregant

awareness of God were significant ($R^2 = .15$, $F(7, 97) = 3.61$, $p = .002$).

Table 11

Congregant Awareness of God: Multiple Regression Analysis Coefficients and p-Values of Congregant Years of Active Christian Lifestyle as an Adult

Christian Lifestyle as an Adult		
Years	β	p
3-5	-0.76	.101
6-10	-0.20	.625
11-20	0.37	.306
21-30	0.49	.189
31-40	0.58	.145
41-50	0.59	.139
51+	0.54	.176

Table 12 summarizes the coefficients and p-values for congregant self-assessment of

personal spiritual growth and maturity. The findings regarding the relationship between

congregant personal spiritual growth and maturity and congregant awareness of God were

significant ($R^2 = .24$, $F(3, 101) = 12.18$, $p < .000$).

Table 12

Congregant Awareness of God: Multiple Regression Analysis Coefficients and p-Values of Congregant Self-Evaluation of Personal Spiritual Growth and Maturity

Spiritual Growth and Maturity		
Level	β	p
Intermediate	0.27	.393
Mature	0.84	.006**
Advanced	1.35	.000***

Note: **p < .001, ***p < .000

Conclusion

This quantitative study intended to explore the intersection of the emotional health of

clergy and the spiritual health of their respective congregants. Specifically, it sought to examine

whether emotional intelligence pursuits in clergy affect the quality of a congregant's relationship

with God and whether emotional intelligence pursuits in clergy affect the quality of a

congregant's awareness of God. Though the research design seemed adequate at the outset of this

study, the homogeneity of the clergy responses and the lack of sufficient responses from several

of the churches resulted in much of the data returning invalid. However, while the results do not

suggest an intersection between clergy emotional health and congregant spiritual health, several

trends in the data suggest pathways for future research. Chapter 5 discusses these trends,

implications, and suggestions in greater detail.

Chapter 5: Discussion and Future Considerations

This study endeavored to examine the potential intersection of the emotional health of pastors and the spiritual health of their respective congregants. A review of the available literature concerning these subjects' various issues revealed a gap in the existing research. Though research on these topics is quite extensive when considered individually, very little research existed that investigated a possible intersection between pastoral emotional health and congregant spiritual health.

Specifically, this research examined which emotional intelligence pursuits in clergy affect the quality of congregant relationship with God and which emotional intelligence (EQ) pursuits in clergy affect the quality of congregant awareness of God. The study further attempted to explore whether emotionally healthy clergy members tend to produce more spiritually healthy disciples than their emotionally less healthy clergy counterparts. The null hypothesis was that no quantifiable intersection exists between clergy emotional health and congregant spiritual health. Further speculation was that if an intersection existed, it might be that clergy members could increase their ministerial effectiveness by improving their emotional health and positioning themselves to contribute to an increase in congregant spiritual health.

The pastors completed the SEI: Six Seconds Emotional Intelligence Test (SEI). The SEI is ideal for helping people learn about and then apply emotional intelligence, also called EQ (Six Seconds, 2020). The SEI is a clear, cohesive model that places EQ into the context of work and life outcomes, including factors such as relationships, influence, and effectiveness (Freedman et al., 2019). The congregants completed the Spiritual Assessment Inventory (SAI) developed by Hall and Edwards (1996). The SAI consists of two primary dimensions: Awareness of God and Quality of Relationship with God. The Awareness of God scale consists of two subscales:

Awareness of God and Acceptance of God. The Quality of Relationship scale includes three

subscales: Instability, Grandiosity, and Disappointment with God. It is based on a model of

spiritual health that integrates spiritual maturity from an object-relations perspective and an

experiential God-awareness based on New Testament teaching and contemplative spirituality

principles (Hall et al., 2007; MacDonald et al., 1999).

Due to unexpected limitations in the collected data, the research did not conclusively

prove its hypothesis. However, several implications became apparent during data analysis that

could support the initial hypothesis in future research. For example, the homogeneity of the

clergy sample, when considered with the homogeneity of the congregant sample, could indicate

that the research hypothesis is correct because clergy of similar emotional health (EQ) scores

were found to have congregants of similar spiritual health scores. Discussion of these various

implications follows, and several suggestions for further research are outlined in the subsequent

sections.

Summary and Discussion of Findings

This section of Chapter 5 provides a summary of the research findings as they relate to

the research questions. Included are implications of the findings and a brief discussion of their

relationship to past research. The main research questions:

1. Examined which emotional intelligence pursuits in clergy affect the quality of
   congregant relationship with God (one of two broad spiritual health categories
   presented in the SAI).

2. Examined which emotional intelligence pursuits in clergy affect the quality of
   congregant awareness of God (one of two broad spiritual health categories
   presented in the SAI).

The underlying questions that examined the intersection of a pastor's emotional health and their congregant's spiritual health were:

1. Is a congregant's relationship with God affected by other pastoral influences?

2. Is a congregant's awareness of God affected by other pastoral influences?

3. What other characteristics influence a congregant's relationship with God?

4. What other characteristics influence a congregant's awareness of God?

While there were no findings for underlying questions 3 and 4, there were findings for the main research questions 1 and 2, as well as for underlying questions 1 and 2.

Research Questions 1 and 2

Because of a smaller than expected sample of clergy ($n = 8$), there was not a sufficiently large or diverse pool of data to adequately address the questions regarding the effect of clergy emotional intelligence pursuits on congregant relationship with God or congregant awareness of God. However, there was sufficient data to explore the effect of clergy emotional intelligence on the quality of congregant relationship with and congregant awareness of God.

This study found no significant difference in congregant relationship with God or awareness of God based on clergy emotional intelligence. This study also found no significant difference in the emotional intelligence scores for the limited sample of clergy. An underlying assumption of research questions 1 and 2 was that the emotional intelligence of the sample of clergy would be sufficiently diverse to provide usable clergy data with a range of significantly higher and lower emotional intelligence scores. Further, the questions assumed that clergy with higher emotional intelligence scores would have associated congregants with higher relationship with God and awareness of God scores and that clergy with lower emotional intelligence scores

would have associated congregants with lower relationship with God and awareness of God scores.

However, all the clergy participating in this study demonstrated similar EQ scores. The EQ pursuit effect on the EQ scores of the sample of clergy was not significant, $F(2, 21) = 0.36$, $p = .699$. This finding is consistent with the underlying assumption of research questions 1 and 2. It suggests that clergy with similar EQ pursuit scores will have congregants with similar relationship with God and awareness of God scores.

This underlying assumption was confirmed in the study and corresponds to the research of Kouzes and Posner (2017) and Meek et al., (2003) which found that emotionally healthy pastors tend to have emotionally healthy churches. It further aligns with the work of Otaghsara & Hamzehzadeh (2017) who theorized the existence and effects of direct links between the health of individuals in leadership and the health of the organizations they serve. Finally, it corresponds to the work of Duncan et al., (2017) and George (2003), regarding the Authentic Leadership model, which concluded that an effective leader maintains good personal emotional health not only for their sake but also for the sake of their organization. They noted the positive and negative effects that leaders can have upon their organization as a whole and especially upon the members of their organizations as individuals (George, 2003; Jingyu et al., 2019; Spence-Laschinger et al., 2012).

Underlying Questions 1 and 2

Underlying questions 1 and 2 explored the effect of other pastoral influences on congregant relationship with God and congregant awareness of God respectively. These influences included the number of years congregants had attended their current church, the number of years they had experienced the ministry of their current pastor, the number of years

their pastor had served in ministry, the number of adult years that congregants had lived an active

Christian lifestyle, and the congregant's assessment of their own spiritual growth and maturity.

From these potential pastoral influences, three categories emerged as significant or near

significant.

Although not significant at the 95% confidence interval level (CI), the relationship

between the number of years congregants attended their current church and their relationship

with God (underlying question 1) was significant at the 90% CI, $R^2 = .05$, $F(5, 99) = 2.20$, $p <$

.061. In addition, those congregants who reported attending their current church between three

and five years indicated significance in their relationship with God score at the 95% CI, $t(99) =$

2.31, $p < .05$. Also, congregants who reported attending between 21 and 30 years indicated

significance in their relationship with God score at the 95% CI, $t(99) = 2.27$, $p < .05$.

Underlying question 2 explored the influence of other pastoral influences on congregant

awareness of God. Even though none of the individual year categories were significant in their

scores, the effect of the number of years congregants had practiced an active Christian lifestyle

on their awareness of God score was significant at the 99% CI, $R^2 = .15$, $F(7, 97) = 3.61$, $p =$

.002. Further, the congregant self-evaluation of their spiritual growth and maturity indicated a

significant relationship with congregant awareness of God at the 99% CI, $R^2 = .24$, $F(3, 101) =$

12.18, $p < .000$. There were four possible categories from which to choose concerning

congregant spiritual growth and maturity: beginner, intermediate, mature, and advanced. Of

those four choices, mature, $t(101) = 2.83$, $p < .01$, 95% CI, and advanced, $t(101) = 4.10$, $p < .001$,

95% CI, indicated a significant relationship to awareness of God.

The overall finding supports the idea that longevity as a Christian and commitment to

one's faith tends to result in spiritual maturity and spiritual satisfaction. There is some limited

research to support this theory. For example, Boyatzis et al., (2011) found that a congregant's overall spiritual satisfaction and associated desire to stay in their church over time was linked to a pastor's level of emotional competency. In addition, research on authentic leadership shows that job satisfaction and employee retention are linked to an emotionally healthy leader's ability to create supportive work environments. Finally, various studies researching the topic of follower dissatisfaction found that unhealthy organizations, sometimes affected by narcissistic leaders, often result in employees changing jobs more frequently which prohibits longevity, hurts the individual, and stifles the organization (Steffens & Haslam, 2020). Future research could study the impact of congregant longevity (commitment to an active Christian lifestyle and a local church) as it relates to their overall spiritual maturity.

Limitations

There were several anticipated and unanticipated limitations in this quantitative research design that affected data analysis, including participant self-selection and self-evaluation, a smaller than anticipated research population of both pastors and congregants, and a lack of diversity in the clergy sample. Another limitation was the failure to collect gender information regarding the participating congregants that might have proven useful. Additionally, this study explored the potential intersection of clergy and emotional health and congregant spiritual health and did not introduce any experimental factors that might help determine correlation or causation. Ultimately, the smaller than expected sample size and the lack of homogeneous data in the clergy emotional health survey results did not provide the necessary data for effective validation and analysis.

Suggestions for Future Research Design

Because this study endeavored to examine the potential intersection of the emotional health of pastors and the spiritual health of their respective congregants, future research should continue to explore this topic by using expanded clergy and congregant demographics and broader data sampling. Specifically, recommendations include broadening the clergy and congregant data samples in quantity and broadening the clergy data samples in different emotional health survey results, resulting in more conclusive congregant data and less homogenous clergy data. Because the clergy data sample in this research resulted in mostly similar SEI emotional health scores, it was difficult to ascertain whether clergy emotional health significantly affected congregant spiritual health. This may indicate a need to include elements of a qualitative design or mixed methods design to obtain a broad sample of clergy members from all emotional health categories or to give the SEI emotional health survey to clergy members first and then base subsequent congregant invitations on a purposeful variety of clergy emotional health results.

Further, there are multiple factors unexplored in this research that could provide a framework for future research. These factors include the length of a congregant's spiritual journey before participation in their current church, the likelihood of emotionally healthy leaders attracting emotionally healthy congregants, the probability of emotionally less healthy leaders attracting emotionally less healthy congregants, the possibility that some congregants are struggling with more severe (perhaps even clinically diagnosed) emotional deficiencies that have not been caused or worsened by their current pastor, the possibility of a reciprocal relationship between pastor and congregant, and the possibility that congregants may have a substantial effect on the emotional health of pastors.

Possible Implications from Demographic Data

There were several implications in the clergy and congregant demographic data, when compared with either the clergy emotional health survey (SEI) results or the congregant spiritual health survey (SAI), that could provide guidelines for future research. A few of those implications are presented in this section, with suggestions for future research.

Clergy SEI scores.

There did seem to be some relationship between the formal educational level of a clergy participant and their SEI emotional health overall score, especially between those who had completed college and those who had not completed college. The more formal education a pastor had finished, the higher their SEI overall score. This relationship could be studied further to determine if formal education positively affects clergy emotional health.

The higher a pastor's emotional health score from the SEI, the higher number of congregants who participated from their church. The pastor who returned the lowest emotional health score, categorized as Vulnerable (level two) in the SEI, had no congregants choose to participate in the SAI spiritual health survey. All the pastors except one who scored in the Functional range (level three) of the SEI had between five and nine congregants participate in the SAI. All pastors who scored in the Skilled range (level four) of the SEI emotional health survey had at least ten congregants participate in the SAI spiritual health survey. This relationship could be studied further to determine if clergy members with higher SEI scores have a greater influence on their congregants.

Pastors whose scores placed them in the Skilled range (level four) of the SEI emotional health survey were the only pastors who had congregants who stated their number of years living an active Christian lifestyle as an adult was five years or less. Conversely, there was a broad

representation of pastors and their respective churches in the same category of active Christian

lifestyle as an adult when the answers were at least 11-20 years or greater. This relationship

could be studied further to determine if clergy members with higher SEI scores attract and retain

newer converts to Christianity more effectively.

Pastors whose scores placed them in the Skilled range (level four) of the SEI Emotional

Health survey were the only pastors with congregants who reported self-evaluation of maturity in

all categories (beginners, intermediate, mature, advanced). Conversely, pastors whose scores

placed them in the lower ranges of the SEI emotional health survey had congregants that

reported self-evaluation in limited categories. Further, no congregants reported their self-

evaluation of maturity as beginners in any of the churches where pastors scored below the

Skilled range (level four) in the SEI emotional health survey. This relationship could be studied

further to determine if clergy members with higher SEI scores have a greater propensity to attract

and retain congregants with varying levels of spiritual maturity.

Regarding the age of the congregant participants, there were no congregants below the

age of 25 who participated in the SAI spiritual health survey from any church except where the

pastors scored in the Skilled range (level four) of the SEI emotional health survey. When

expanding the age range to 25-34, only one pastor (in addition to those pastors who scored in the

Skilled range of the SEI) had congregants participate in the SAI spiritual health survey. This

pastor scored in the SEI emotional health survey's functional range (level three). This

relationship could be studied further to determine if clergy members with higher SEI scores have

a greater propensity to attract and retain congregants within various age groups.

Regarding the educational level of the congregant participants, the two pastors who

returned the highest overall scores of the SEI emotional health survey (returning scores in the

Skilled range) were the only pastors who had congregant respondents from all formal

educational levels. They were also the only pastors with congregants who listed vocational

school as their educational level after high school. This relationship could be studied further to

determine if clergy members with higher SEI scores have a greater propensity to attract and

retain congregants with varying levels of education.

Congregant SAI scores.

The congregant Awareness of God score averages of the most emotionally healthy pastors

(those who returned the highest overall scores of the SEI emotional health survey) were three of

the four lowest overall scores (3.490, 3.926, and 3.947). This relationship could be studied

further to determine if clergy members with higher SEI scores have a greater propensity to attract

and retain congregants with varying levels of Awareness of God, thereby reducing the overall

average congregant score of the Awareness of God subscale.

The Realistic Acceptance score averages for congregants of the most emotionally healthy

pastors (those who returned the highest overall scores of the SEI Emotional Health survey) were

two of the three lowest overall scores (3.906 and 4.099). This relationship could be studied

further to determine if clergy members with higher SEI scores have a greater propensity to attract

and retain congregants with varying levels of Realistic Acceptance, thereby reducing the overall

average congregant score of the Realistic Acceptance of God subscale.

The congregant Disappointment with God score averages of the most emotionally healthy

pastors (those who returned the highest overall scores of the SEI emotional health survey) were

two of the three highest overall scores (4.066 and 4.106). This is the opposite of the relationship

found with the Awareness of God and Acceptance of God subscales. However, this relationship

could be studied further to determine if clergy members with higher SEI scores have a greater

propensity to attract and retain congregants with varying levels of Realistic Acceptance, thereby reducing the overall average congregant score of the Realistic Acceptance of God subscale.

The congregant Instability score averages of the most emotionally healthy pastors (those who returned the highest overall scores of the SEI emotional health survey) were two of the three highest overall scores (3.709 and 3.889). This is the opposite of the relationship found with the Awareness of God and Acceptance of God subscales. However, this relationship could be studied further to determine if clergy members with higher SEI scores have a greater propensity to affect a congregant's level of Instability in their relationship with God, thereby decreasing the overall average congregant score of the Instability subscale.

Conclusion

Though there was no suggested intersection between a pastor's emotional health and a congregant's emotional health due to inadequate data issues, it may still prove prudent for pastors to carefully place an increased impetus on receiving the personal support and necessary resources to improve their emotional health. This could include professional emotional health assessments, the prescription of pathways for emotional health improvement, and the ongoing development of positive mentor relationships to guide pastors toward emotional health and a resulting improvement in ministry stability. Additionally, if future research does reveal a positive correlation between clergy emotional health and congregant spiritual health, this should encourage additional research to study in more detail the possible cause and effect relationship between clergy emotional health and congregant spiritual health. The church, its clergy, and congregants could greatly benefit from this increased emphasis and the recommended courses of action.

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Appendix A: Consent Forms

Congregant Spiritual Health

Electronic Consent Form

Center for Leadership Studies

Northwest University

Jason Yarbrough, Ph.D. Candidate

Thank you for your willingness to participate in this online survey that seeks to examine the spiritual health of church congregants. Before taking part in this study, please read this consent form in its entirety. If you understand the statements, are 21 years of age, and freely consent to participate in the study, then please click on the "I Agree" button at the bottom of the page. Participation in this survey is completely voluntary, and you may exit the survey and withdraw from the study at any time without penalty. You will receive no compensation or tangible benefits for your participation.

Jason Yarbrough, a Ph.D. candidate at Northwest University's Center for Leadership Studies, designed and will conduct the research which the Northwest University Institutional Review Board has approved and involves little risk; that is, no more than that encountered in daily life. A potential risk may be personal discomfort or emotional distress due to answering questions of a personal nature. The results from this study will provide the foundation for the researcher's dissertation. The published results will appear in the university library for presentation within various psychological forums (formal and informal).

This study involves two separate surveys: a demographic questionnaire which will help the researcher categorize data, and a spiritual assessment that reflects your feelings about your spiritual journey. Participation in the study typically takes 15-20 minutes. You will begin by answering a series of demographic questions, followed by answering a series of questions regarding your spiritual journey. Your responses will be completely anonymous and held confidentially in a password-protected data file on the researcher's computer. A research assistant will collect and categorize the survey responses, thereby preserving your identity from the researcher. Further, your survey responses will not link to any identifying information about you and will be available only to the researcher's assistant. The online platform used to collect survey information uses 256-bit encryption and does not allow external data access to anyone other than the research assistant. A backup of the survey data is in password-protected cloud storage that uses 256-bit encryption and is available only to the research assistant.

The survey data is for the duration of the research period, which will complete by May 2022, after which secure deletion will occur, including any online primary or backup storage. The collective research results will inform the researcher's dissertation and be available to the researcher's dissertation committee. The approved, published dissertation will appear in the Northwest University library but will not contain individual participant data.

If you experience technical difficulties taking this survey online, you may contact the researcher for support (withholding your identifying information), request a paper copy mailed to you, or withdraw from the study. If there are further questions about this study or the rights afforded to participants, or if you wish to express a concern, you may contact the principal investigator, Jason Yarbrough, email: Jason.yarbrough15@northwestu.edu, the faculty advisor, Dr. Kent Mankins, email: Kent.Mankins@northwestu.edu, or the Chair of the Northwest

University Institutional Review Board, email: irb@northwestu.edu. If any questions or content of

this survey bring up personal questions, confusion, anxiety, or depression and you would like to

speak with someone, please contact Crisis Support Services at 1 (800) 273-8255 or visit

https://cssnv.org.

Thank you for considering participating in this study.

Jason Yarbrough
Ph.D. Candidate, Northwest University
Jason.Yarbrough15@northwestu.edu

You may print a copy of this consent form for future reference

If you are 18 years of age or older, understand the statements above, and freely consent

to participate in the study, click on the "I Agree" button to begin the survey.

I Agree   I Do Not Agree

Clergy Emotional Health

Electronic Consent Form

Center for Leadership Studies

Northwest University

Jason Yarbrough, Ph.D. Candidate

Thank you for your willingness to participate in this online survey that seeks to examine the emotional health of pastors. Before taking part in this study, please read this consent form in its entirety. If you understand the statements, are 21 years of age, and freely consent to participate in the study, then please click on the "I Agree" button at the bottom of the page. Participation in this survey is completely voluntary, and you may exit the survey and withdraw from the study at any time without penalty. You will receive no compensation or tangible benefits for your participation.

Jason Yarbrough, a Ph.D. candidate at Northwest University's Center for Leadership Studies, designed and conducted the research, and the Northwest University Institutional Review Board has approved the design. It involves little risk, no more than that encountered in daily life. A potential risk may be personal discomfort or emotional distress due to answering questions of a personal nature. The results from this study will inform the researcher's dissertation, and those results will appear in the university library for presentation within a variety of psychological forums (formal and informal).

This study involves two separate surveys: a demographic questionnaire which will help the researcher categorize data, and an emotional health assessment that reflects your feelings

about your emotional health. Participation in the study typically takes 15-20 minutes. You will

begin by answering a series of demographic questions, followed by answering a series of

questions regarding your emotional health. Your responses will be completely anonymous and

held confidentially by the researcher in a password-protected data file on the researcher's

computer. A research assistant will collect and categorize the survey responses, thereby

preserving your identity from the researcher. Further, your survey responses will not link to any

identifying information about you and will be available only to the researcher's assistant. The

online platform used to collect survey information uses 256-bit encryption and does not allow

external data access to anyone other than the research assistant. Backups of the survey data are in

password-protected cloud storage that uses 256-bit encryption and is available only to the

research assistant.

The survey data is for the duration of the research period, which will complete by May

2022, after which secure deletion will occur, including any online primary or backup storage.

The collective research results will inform the researcher's dissertation and be available to the

researcher's dissertation committee. The approved, published dissertation will appear in the

Northwest University library but will not contain individual participant data.

If you experience technical difficulties with taking this survey online, you may contact

the researcher for support (withholding your identifying information), request a paper copy

mailed to you by the researcher, or you may withdraw from the study. If there are further

questions about this study or the rights afforded to participants, or if you wish to express a

concern, you may contact the principal investigator, Jason Yarbrough, email:

Jason.yarbrough15@northwestu.edu, the faculty advisor, Dr. Kent Mankins, email:

Kent.Mankins@northwestu.edu, or the Chair of the Northwest University Institutional Review

Board, email: irb@northwestu.edu. If any questions or content of this survey bring up personal

questions, confusion, anxiety, or depression and you would like to speak with someone, please

contact Crisis Support Services at 1 (800) 273-8255 or visit https://cssnv.org.

Thank you for considering participating in this study.

Jason Yarbrough
Ph.D. Candidate, Northwest University
Jason.Yarbrough15@northwestu.edu

You may print a copy of this consent form for future reference

If you are 18 years of age or older, understand the statements above, and freely consent

to participate in the study, click on the "I Agree" button to begin the survey.

I Agree   I Do Not Agree

Appendix B: Participant Communication

Email to Congregants

Hello!

You're receiving this email because you attend CHURCH NAME HERE. My name is Jason Yarbrough, and I am the lead pastor of Trinity Assembly of God in Algood, Tennessee. I am currently working on my Ph.D. in Organizational Leadership through Northwest University in Kirkland, WA, under Dr. Kent Mankins, a Northwest University Adjunct Faculty member, and an Assemblies of God pastor. I have now reached the research phase.

I am asking for your assistance in completing my research, and your involvement would be simple. My research focuses on the potential intersection between clergy emotional health and congregant spiritual health. Every part of this research is entirely confidential, and you will only need to complete a brief, completely anonymous survey.

I will not have direct access to survey results as the researcher; I will not see your responses. Using a research assistant will protect anonymity because they will collect and correlate all survey results. We will never ask for your name, so there will be no way to link the survey information to you personally, and there is no cost to you whatsoever.

Here's how the research will work:

1. Each congregant takes a confidential and anonymous online 15-minute survey asking questions about their spiritual health feelings.

2. Each survey also includes brief demographic information, but you will never give your name, thereby keeping your participation anonymous.

3. Collection and correlation of the data occur through a research assistant, preserving anonymity from the researcher.

4. The researcher will examine the data for the research.

What I would need from you:

1. Your consent to participate in the study (you will receive a digital consent form and a link to complete the survey.)

2. 10-15 minutes of your time to complete the online survey according to your schedule.

If you would like to read the consent form and, if you agree, complete the survey, please simply click the link at the bottom of this email. I greatly appreciate your consideration.

Sincerely,

Rev. Jason Yarbrough

Ph.D. Candidate

Northwest University

Email to Pastors

Hello, Pastor,

My name is Jason Yarbrough. I am the lead pastor of Trinity Assembly in Algood, Tennessee, and I am a fellow credentialed minister with the Assemblies of God. I am currently working on my Ph.D. in Organizational Leadership through Northwest University in Kirkland, WA, under Dr. Kent Mankins, a Northwest University Adjunct Faculty member, and an Assemblies of God pastor. I have now reached the research phase.

I am asking for your and your church's assistance in completing my research. The involvement would be reasonably simple. My research focuses on the potential intersection between clergy emotional health and congregant spiritual health. Every part of this research is entirely confidential, and no one in your church will receive anything other than a brief, anonymous survey. Importantly, the congregants will never see the results from their pastor's survey, nor the results of anyone else's survey. You, as a pastor, will have access to the results of your survey. Further, I will not have any direct access to survey results as the researcher; that is, I will not see your responses nor those of your congregants. Anonymity occurs because my research assistant will collect and correlate all survey results.

Here's how the research works:

1. Every lead pastor takes a confidential online 15-minute survey that asks questions about their feelings regarding their emotional health (i.e., burnout, satisfaction, fulfillment, etc.)

2.   Every adult congregant (if they choose to participate) takes an anonymous online 15-minute survey that asks questions about their feelings regarding their spiritual health.

3.   Each survey also includes brief demographic information though participants will never give their name, thereby keeping their participation anonymous.

4.   A research assistant will collect and correlate the data, preserving anonymity from the researcher.

5.   The researcher will examine the data for the research.

6.   There is no cost whatsoever to you or your people.

What I would need from you:

1.   Permission to include your church in the study.

2.   Email addresses (no names required) for one-time use to send the research email with the survey information and the link to begin.

I wanted to send this email to give you a written overview, and we will try to reach you by phone in the next few days to answer any questions you might have. I greatly appreciate your consideration.

Sincerely,

Rev. Jason Yarbrough

Ph.D. Candidate

Northwest University.

Appendix C: Participant Demographic Questionnaires

Congregant Online Response Form

Thank you for providing your demographic information held entirely confidential by the researcher. Your information will allow us to categorize survey responses in ways that will be very helpful to analyze the overall data. If you have any questions, please contact the researcher at Jason.yarbrough15@northwestu.edu.

PARTICIPANT INFORMATION:

AGE (choose one):

❑18-24   ❑ 25-34   ❑ 35-44   ❑ 45-54   ❑ 55-64   ❑ 65-74   ❑ 75 or older

EDUCATION (choose one):

❑ Some High School   ❑ College Graduate

❑ High School Graduate   ❑ Graduate School

❑ Some College   ❑ Vocational School

ETHNICITY (choose one):

❑ Asian or Pacific Islander   ❑ Native American or American Indian

❑ Black or African American   ❑ White

❑ Hispanic or Latino   ❑ Other / Two or more ethnicities

MARITAL STATUS (choose one):

❑ Single   ❑ Married

CHURCH BACKGROUND

Age of Your Salvation Experience (choose one):

❏ 0-11   ❏ 12-17   ❏ 18-24   ❏ 25-34   ❏ 35-44   ❏ 45-54   ❏ 55-64   ❏ 65-74   ❏ 75+

Number of Years as an Adult Living an Active Christian Lifestyle (choose one):

❏ 0-2   ❏ 3-5   ❏ 6-10   ❏ 11-15   ❏ 16-20   ❏ 21-30   ❏ 31-40   ❏ 41-50   ❏ 50+

Number of Years Attending Your Current Church (choose one):

❏ 0-2   ❏ 3-5   ❏ 6-10   ❏ 11-15   ❏ 16-20   ❏ 21-30   ❏ 31-40   ❏ 41-50   ❏ 50+

Evaluation of Your Personal Spiritual Growth and Maturity (choose one):

❏ Beginner   ❏ Intermediate   ❏ Mature   ❏ Advanced

Pastor's Online Response Form

Thank you for providing your demographic information held entirely confidential by the researcher. Your information will allow us to categorize survey responses in ways that will be very helpful to analyze the overall data. If you have any questions, please contact the researcher at Jason.yarbrough15@northwestu.edu.

PARTICIPANT INFORMATION:

AGE (choose one):

❑ 18-24   ❑ 25-34   ❑ 35-44   ❑ 45-54   ❑ 55-64   ❑ 65-74   ❑ 75 or older

EDUCATION (choose one):

❑ Some High School   ❑ College Graduate

❑ High School Graduate   ❑ Graduate School

❑ Some College   ❑ Vocational School

ETHNICITY (choose one):

❑ Asian or Pacific Islander   ❑ Native American or American Indian

❑ Black or African American   ❑ White

❑ Hispanic or Latino   ❑ Other / Two or more ethnicities

MARITAL STATUS (choose one):

❑ Single   ❑ Married

CHURCH BACKGROUND

Age of Your Salvation Experience (choose one):

❏ 0-11   ❏ 12-17   ❏ 18-24   ❏ 25-34   ❏ 35-44   ❏ 45-54   ❏ 55-64   ❏ 65-74   ❏ 75+

Number of Years as an Adult Living an Active Christian Lifestyle (choose one):

❏ 0-2   ❏ 3-5   ❏ 6-10   ❏ 11-15   ❏ 16-20   ❏ 21-30   ❏ 31-40   ❏ 41-50   ❏ 50+

Number of Years Attending Your Current Church (choose one):

❏ 0-2   ❏ 3-5   ❏ 6-10   ❏ 11-15   ❏ 16-20   ❏ 21-30   ❏ 31-40   ❏ 41-50   ❏ 50+

Total Number of Years Spent in Pastoral Ministry (choose one):

❏ 0-2   ❏ 3-5   ❏ 6-10   ❏ 11-15   ❏ 16-20   ❏ 21-30   ❏ 31-40   ❏ 41-50   ❏ 50+

Evaluation of Your Personal Spiritual Health (choose one):

❏ Beginner   ❏ Intermediate   ❏ Mature   ❏ Advanced

Appendix D: SEI Emotional Intelligence Questionnaire

INSTRUCTIONS:

In the following table, you will find 143 statements describing states of mind, actions, and

reactions. You have five possible answers:

1. I disagree

2. Partially disagree

3. Neither disagree nor agree

4. Partially agree

5. I agree

Think honestly about yourself in the last six months. How true is each of these statements about

you?

QUESTIONS:

1. I know what bothers me

2. I accept myself the way I am

3. I often feel dominated by impulses that I am unable to control

4. I have never done anything wrong in my life

5. I find myself in the same kinds of conflicts over and over

6. Usually, I know how people will react to what's happening

7. I like to help people who are in trouble

8. If I have a problem, there will always be someone to listen

9. I find it difficult to listen

10. I can't explain why I make the decisions I do

11. I consider myself a flexible person

12. I don't dwell on my imperfections

13. I am able to express feelings of joy

14. Nothing ever bothers me

15. I find it hard to pursue what I want

16. Even when life is complex, my sense of purpose helps me know what's most important.

17. I can control my reactions when appropriate

18. I can't say "no" to certain people

19. I am conscious of my emotions even when they are not clear

20. It is hard for me to describe my emotions

21. It's hard for me to talk to people whose point of view is different from mine

22. I am able to predict my reactions

23. I am able to establish good relationships with other people

24. I'd completely change myself if I could

25. It's hard for me to easily face new situations

26. I have never told a lie

27. I should learn to count to six before opening my mouth

28. If I hit an obstacle before reaching a goal, I just change the goal

29. I'm not concerned even when my actions have negative effects on others

30. I can hardly understand my emotions

31. I am able to use my imperfections in a way that's helpful

32. I always do the right thing

33. My feelings help me know what's important

34. It's not hard for me to put myself in another's shoes

35. I know what makes me joyful

36. I get excited in new situations

37. I am disturbed when others accurately perceive negative aspects of my character

38. I don't realize when people around me are unhappy

39. I'm clear about my life's purpose.

40. Often, I don't speak up even if I feel I should

41. Recognizing people's feelings helps me make good decisions

42. I am comfortable showing the "real me"

43. I know why I act the way I do

44. It is hard for me to control my anxiety

45. I don't always tell the truth

46. I have never broken a rule

47. Emotions give me insight to solve problems

48. I am not very tenacious at pursuing my goals

49. I am highly aware of my reactions

50. I can describe my own behavior accurately

51. Changes make me anxious

52. I am aware of what makes other people angry

53. I do admit my mistakes

54. I am always happy

55. I am proud of my strong points

56. I feel uncertain when I set my goals

57. I can hardly understand what I feel

58. Before I make a decision, I try to understand my emotions

59. My personal qualities help me reach my goals

60. I try not to embarrass people in front of others

61. I find it hard to tell if the person I am talking with is annoyed

62. I never have bad days

63. I am able to keep my temper and express my disagreement at the same time

64. I struggle to understand other people's reactions

65. Sometimes I don't express an opinion even though I have a good idea

66. I can explain the way I usually react to anger

67. I find it hard to evaluate what makes me nervous

68. I have what it takes to reach my goals

69. I find it hard to control my aggressiveness

70. I think it is useful to analyze my limitations (and then grow)

71. I am glad to be the person that I am

72. I fit into new situations

73. I am sensitive to other people's points of view

74. I have never been embarrassed

75. After something happens to upset me, I know what I usually think and do

76. I have a long-term vision for my life

77. Even if I fail at one task, I know I will be successful in others

78. I have low self esteem

79. I don't like being judged

80. I feel comfortable with myself

81. It's hard to prevent the conflicts that recur in my life

82. I have powerful reasons that guide my decisions

83. I never feel sad

84. I can identify the basic reasons of my fears

85. I am not able to describe what I feel

86. I am not good at evaluating what causes others to feel uneasy

87. If I wanted to, I could tell a friend how I usually react to stress

88. When I commit to a goal, I know I will be successful

89. It is easy for me to manage my reactions

90. I am unhappy about the way I've lived my life

91. When I want to achieve something, I can focus effectively

92. I am impatient

93. I turn obstacles to my advantage

94. I know what makes people happy

95. No matter how strong my will, usually something stops me from reaching my goal

96. People always feel at ease with me

97. I start doing many things, but I don't complete them

98. I am good at expressing feelings in a variety of situations

99. Often I find it difficult to accept my responsibilities

100. I don't get scared

101. I set exciting goals for myself

102. I consider myself impulsive

103. While people are speaking, I am already thinking of what I will reply

104. Even if I would like to, I cannot fully express my disagreement

105. I can explain the difference between sorrow and grief

106. If I hit a major obstacle, I find a way around it

107. My sense of purpose helps me make the best decisions

108. Typically I use only a few basic feeling words

109. I can name dozens of different feelings

110. When people talk about the emotions in a picture, they're just making it up

111. I find emotions confusing

112. Emotions make sense to me

113. I will succeed in my commitments

114. My will is strong enough to overcome any obstacle

115. I am able to notice when I am just starting to get irritated

116. I can talk about feelings

117. Emotions can be associated with specific colors

118. I can read the feelings on someone's face

119. There is a logic to feelings

120. I can explain the purpose of different feelings

OUTCOME

1. I eat a balanced diet

2. I have a strong network

3. I've been making excellent choices

4. I am often ill

5. I could be much more efficient

6. I feel isolated

7. I am achieving what I've set out to accomplish

8. I have strong, enduring friendships

9. I am in excellent health

10. I inspire people

11. I have many people that I can fully rely on

12. I have trouble managing my time

13. I feel good about life

14. People don't listen to me

15. I've effectively resolved challenges

16. Others resist my direction

17. I spend my time on what I like best

18. I don't like the way I am living my life

19. I regularly sleep well

20. I am masterful in what I do

21. People come to me to get the job done

22. My choices are effective

23. Others follow my ideas

Appendix E: SAI Spiritual Health Survey

Spiritual Assessment Inventory

Todd W. Hall, Ph.D., Keith J. Edwards, Ph.D.

Instructions:

1. Please respond to each statement below by writing the number that best represents your experience in the empty box to the right of the statement.

2. It is best to answer according to what really reflects your experience rather than what you think your experience should be.

3. Give the answer that comes to mind first. Don't spend too much time thinking about an item.

4. Give the best possible response to each statement, even if it does not provide all the information you would like.

5. Try your best to respond to all statements. Your answers will be completely confidential.

6. Some of the statements consist of two parts, as shown here:

    2.1   There are times when I feel disappointed with God.

    2.2   When this happens, I still want our relationship to continue.

Your response to the second statement (2.2) tells how true this second statement (2.2) is for you *when* you have the experience (e.g., feeling disappointed with God) described in the first statement (2.1).

Scoring Responses:

1: Not at All True)   2: Slightly True   3:Moderately True   4:Substantially True)   5:Very True

1   I have a sense of how God is working in my life.

2.1   There are times when I feel disappointed with God.

      2.2   When this happens, I still want our relationship to continue.

3   God's presence feels very real to me.

4   I am afraid that God will give up on me.

5   I seem to have a unique ability to influence God through my prayers.

6   Listening to God is an essential part of my life.

7   I am always in a worshipful mood when I go to church.

8.1   There are times when I feel frustrated with God.

      8.2   When I feel this way, I still desire to put effort into our relationship.

9   I am aware of God prompting me to do things.

10   My emotional connection with God is unstable.

11   My experiences of God's responses to me impact me greatly.

12.1   There are times when I feel irritated at God.

      12.2   When I feel this way, I am able to come to some sense of resolution in our

            relationship.

13   God recognizes that I am more spiritual than most people.

14   I always seek God's guidance for every decision I make.

15   I am aware of God's presence in my interactions with other people.

16   There are times when I feel that God is punishing me.

17   I am aware of God responding to me in a variety of ways.

18.1   There are times when I feel angry at God.

      18.2   When this happens, I still have the sense that God will always be with me.

19   I am aware of God attending to me in times of need.

20   God understands that my needs are more important than most people's.

21   I am aware of God telling me to do something.

22   I worry that I will be left out of God's plans.

23   My experiences of God's presence impact me greatly.

24   I am always as kind at home as I am at church.

25   I have a sense of the direction in which God is guiding me.

26   My relationship with God is an extraordinary one that most people would not understand.

27.1   There are times when I feel betrayed by God.

        27.2   When I feel this way, I put effort into restoring our relationship.

28   I am aware of God communicating to me in a variety of ways.

29   Manipulating God seems to be the best way to get what I want.

30   I am aware of God's presence in times of need.

31   From day to day, I sense God being with me.

32   I pray for all my friends and relatives every day.

33.1   There are times when I feel frustrated by God for not responding to my prayers.

        33.2   When I feel this way, I am able to talk it through with God.

34   I have a sense of God communicating guidance to me.

35   When I sin, I tend to withdraw from God.

36   I experience an awareness of God speaking to me personally.

37   I find my prayers to God are more effective than other people's.

38   I am always in the mood to pray.

39   I feel I have to please God, or he might reject me.

40   I have a strong impression of God's presence.

41   There are times when I feel that God is angry at me.

42   I am aware of God being very near to me.

43   When I sin, I am afraid of what God will do to me.

44   When I consult God about decisions in my life, I am aware of God's direction and help.

45   I seem to be more gifted than most people in discerning God's will.

46   When I feel God is not protecting me, I tend to feel worthless.

47.1   There are times when I feel like God has let me down.

        47.2   When this happens, my trust in God is not completely broken.

Appendix F: Clergy Survey Results

Table 13

Clergy Personal Demographics

Clergy Identifier	Clergy Age	Formal Education	Race or Ethnicity	Personal Relationship
Pastor 1	55-64	College	White	Married
Pastor 2	55-64	College	White	Married
Pastor 3	45-54	Some College	White	Married
Pastor 4	55-64	Graduate School	White	Married
Pastor 5	65-74	College	White	Married
Pastor 6	45-54	College	White	Married
Pastor 7	45-54	Some College	White	Married
Pastor 8	55-64	Some College	White	Married
Pastor 9	45-54	College	White	Married
Pastor 10	35-44	Graduate School	White	Married
Pastor 11	45-54	Some College	White	Married

* Pastor 3 and Pastor 5 had no congregant participants

Table 14

Clergy Spiritual Demographics

Clergy Identifier	Salvation Age	Adult Years as Active Christian	Years at This Church	Total Years as a Pastor	Spiritual Evaluation
Pastor 1	0-11	21-30	3-5	11-20	Mature
Pastor 2	0-11	31-40	11-20	31-40	Advanced
Pastor 3	25-34	21-30	3-5	11-20	Advanced
Pastor 4	12-17	31-40	11-20	21-30	Advanced
Pastor 5	0-11	41-50	21-30	41-50	Advanced
Pastor 6	0-11	31-40	3-5	21-30	Advanced
Pastor 7	12-17	21-30	6-10	21-30	Mature
Pastor 8	12-17	41-50	21-30	31-40	Mature
Pastor 9	0-11	21-30	6-10	31-40	Mature
Pastor 10	0-11	21-30	11-20	11-20	Advanced
Pastor 11	0-11	41-50	21-30	21-30	Mature

* Pastor 3 and Pastor 5 had no congregant participants

Table 15

Clergy SEI Results

Clergy Identifier	EQ Total Score	Know Yourself	Choose Yourself	Give Yourself
Pastor 1	109	109	106	97
Pastor 2	108	106	101	115
Pastor 3	79	75	86	88
Pastor 4	115	115	115	115
Pastor 5	111	111	104	117
Pastor 6	117	119	114	117
Pastor 7	102	100	100	106
Pastor 8	109	105	110	110
Pastor 9	112	118	115	102
Pastor 10	109	109	106	111
Pastor 11	107	111	100	110
Averages	106.67	106.70	105.30	107.10

* Pastor 3 and Pastor 5 had no congregant participants

Appendix G: Congregant Survey Results

Table 16

Congregant Personal Demographics

Church Identifier	Congregant Age	Formal Education	Race or Ethnicity	Personal Relationship
Church 1	65-74	Some High School	White	Divorced
Church 1	35-44	College Graduate	White	Married
Church 1	55-64	Graduate School	White	Married
Church 1	65-74	College Graduate	White	Married
Church 1	55-64	College Graduate	White	Married
Church 2	45-54	Some College	White	Married
Church 2	75+	College Graduate	White	Married
Church 2	65-74	College Graduate	White	Married
Church 2	65-74	College Graduate	White	Married
Church 2	75+	Some College	White	Married
Church 4	35-44	College Graduate	White	Married
Church 4	55-64	High School Graduate	White	Single
Church 4	45-54	Some College	White	Married
Church 4	45-54	Some High School	White	Married
Church 4	45-54	High School Graduate	White	Married
Church 4	45-54	College Graduate	White	Married
Church 4	65-74	Vocational School	White	Widowed
Church 4	65-74	High School Graduate	White	Widowed
Church 4	55-64	Graduate School	White	Divorced

Church Identifier	Congregant Age	Formal Education	Race or Ethnicity	Personal Relationship
Church 4	35-44	Some College	White	Single
Church 4	18-24	College Graduate	White	Single
Church 4	45-54	Vocational School	White	Married
Church 4	25-34	Graduate School	White	Married
Church 6	35-44	College Graduate	White	Married
Church 6	45-54	College Graduate	White	Married
Church 6	45-54	Some College	White	Married
Church 6	45-54	College Graduate	Asian	Married
Church 6	55-64	High School Graduate	White	Married
Church 6	65-74	College Graduate	White	Divorced
Church 6	35-44	Graduate School	White	Married
Church 6	45-54	College Graduate	White	Married
Church 6	25-34	High School Graduate	Hispanic/Latino	Married
Church 6	45-54	Some College	White	Married
Church 6	65-74	Graduate School	White	Married
Church 6	45-54	Some College	White	Divorced
Church 6	35-44	High School Graduate	White	Married
Church 6	35-44	Some High School	White	Married
Church 6	25-34	High School Graduate	White	Married
Church 6	45-54	High School Graduate	White	Married
Church 6	55-64	College Graduate	White	Married

Church Identifier	Congregant Age	Formal Education	Race or Ethnicity	Personal Relationship
Church 6	65-74	Some College	Other	Married
Church 6	65-74	Some College	White	Married
Church 6	45-54	College Graduate	White	Married
Church 6	65-74	Vocational School	White	Married
Church 6	65-74	High School Graduate	White	Married
Church 6	55-64	High School Graduate	White	Divorced
Church 6	65-74	Graduate School	White	Divorced
Church 6	45-54	Some College	White	Divorced
Church 6	75+	College Graduate	White	Married
Church 6	18-24	Some College	White	Single
Church 6	65-74	High School Graduate	White	Married
Church 6	45-54	Some College	White	Married
Church 6	45-54	College Graduate	White	Married
Church 6	65-74	College Graduate	White	Married
Church 6	45-54	Graduate School	White	Married
Church 6	55-64	Some College	White	Married
Church 6	65-74	Some College	White	Married
Church 6	75+	High School Graduate	White	Widowed
Church 6	45-54	Some College	White	Divorced
Church 6	55-64	Some College	White	Divorced
Church 6	65-74	College Graduate	White	Married

Church Identifier	Congregant Age	Formal Education	Race or Ethnicity	Personal Relationship
Church 6	65-74	Graduate School	White	Married
Church 6	45-54	Some College	White	Married
Church 6	55-64	High School Graduate	White	Married
Church 6	18-24	Some College	White	Single
Church 6	35-44	Some College	White	Married
Church 6	55-64	College Graduate	White	Married
Church 6	25-34	College Graduate	White	Single
Church 6	25-34	High School Graduate	White	Married
Church 6	55-64	High School Graduate	White	Married
Church 6	45-54	High School Graduate	White	Divorced
Church 6	18-24	High School Graduate	Other	Single
Church 6	45-54	College Graduate	White	Married
Church 6	45-54	Some College	White	Married
Church 7	55-64	College Graduate	White	Married
Church 7	45-54	Some College	White	Married
Church 7	55-64	Some High School	Other	Married
Church 8	25-34	Some College	White	Married
Church 8	25-34	College Graduate	Black	Married
Church 8	35-44	College Graduate	White	Married
Church 8	65-74	Some High School	White	Widowed
Church 8	35-44	Graduate School	White	Married

Church Identifier	Congregant Age	Formal Education	Race or Ethnicity	Personal Relationship
Church 8	55-64	Some College	White	Married
Church 8	35-44	Graduate School	White	Married
Church 8	45-54	Some College	White	Married
Church 8	55-64	College Graduate	White	Married
Church 9	55-64	College Graduate	Hispanic/Latino	Married
Church 9	75+	College Graduate	White	Married
Church 9	25-34	Graduate School	White	Single
Church 9	65-74	Some College	White	Married
Church 9	55-64	College Graduate	White	Divorced
Church 9	65-74	College Graduate	White	Married
Church 9	45-54	Some College	Hispanic/Latino	Married
Church 9	18-24	Some College	White	Single
Church 9	45-54	Graduate School	White	Married
Church 9	75+	Some College	White	Married
Church 10	35-44	College Graduate	White	Married
Church 10	35-44	College Graduate	White	Married
Church 10	35-44	Graduate School	White	Married
Church 10	45-54	Some College	White	Married
Church 10	65-74	Some College	White	Widowed
Church 10	35-44	College Graduate	White	Married
Church 10	45-54	College Graduate	White	Married

Church Identifier	Congregant Age	Formal Education	Race or Ethnicity	Personal Relationship
Church 10	75+	High School Graduate	White	Married
Church 10	75+	Graduate School	White	Married
Church 10	35-44	College Graduate	White	Married
Church 10	35-44	College Graduate	White	Married
Church 11	55-64	Some College	Other	Married
Church 11	55-64	Graduate School	White	Married
Church 11	55-64	High School Graduate	White	Married

Church 3 and Church 5 had no congregant participants

Table 17

Congregant Spiritual Demographics

Church Identifier	Salvation Age	Adult Years as Active Christian	Years at This Church	Spiritual Evaluation
Church 1	0-11	31-40	6-10	Mature
Church 1	0-11	11-20	11-20	Intermediate
Church 1	0-11	41-50	0-2	Advanced
Church 1	0-11	51+	3-5	Advanced
Church 1	0-11	41-50	11-20	Advanced
Church 2	18-24	21-30	0-2	Intermediate
Church 2	12-17	41-50	0-2	Mature
Church 2	35-44	31-40	0-2	Mature
Church 2	55-64	11-20	0-2	Mature
Church 2	18-24	51+	11-20	Mature
Church 4	25-34	11-20	11-20	Intermediate
Church 4	25-34	0-2	0-2	Beginner
Church 4	0-11	41-50	11-20	Mature
Church 4	25-34	11-20	11-20	Mature
Church 4	12-17	21-30	11-20	Intermediate
Church 4	25-34	11-20	11-20	Intermediate
Church 4	0-11	21-30	21-30	Intermediate
Church 4	18-24	41-50	31-40	Mature
Church 4	25-34	31-40	6-10	Intermediate
Church 4	25-34	0-2	0-2	Beginner

Church Identifier	Salvation Age	Adult Years as Active Christian	Years at This Church	Spiritual Evaluation
Church 4	0-11	3-5	3-5	Beginner
Church 4	12-17	21-30	11-20	Mature
Church 4	0-11	3-5	11-20	Intermediate
Church 6	0-11	21-30	0-2	Mature
Church 6	0-11	11-20	6-10	Mature
Church 6	12-17	31-40	3-5	Mature
Church 6	45-54	3-5	3-5	Mature
Church 6	25-34	11-20	0-2	Mature
Church 6	55-64	11-20	6-10	Intermediate
Church 6	25-34	11-20	0-2	Advanced
Church 6	0-11	31-40	3-5	Mature
Church 6	18-24	6-10	6-10	Intermediate
Church 6	0-11	6-10	3-5	Intermediate
Church 6	12-17	51+	0-2	Mature
Church 6	25-34	6-10	0-2	Beginner
Church 6	25-34	11-20	11-20	Advanced
Church 6	25-34	11-20	11-20	Advanced
Church 6	12-17	11-20	6-10	Mature
Church 6	35-44	6-10	3-5	Intermediate
Church 6	0-11	11-20	3-5	Mature
Church 6	35-44	31-40	6-10	Mature

Church Identifier	Salvation Age	Adult Years as Active Christian	Years at This Church	Spiritual Evaluation
Church 6	12-17	51+	6-10	Mature
Church 6	0-11	31-40	0-2	Intermediate
Church 6	12-17	41-50	3-5	Mature
Church 6	0-11	31-40	3-5	Mature
Church 6	0-11	11-20	6-10	Mature
Church 6	18-24	51+	3-5	Mature
Church 6	0-11	31-40	3-5	Mature
Church 6	0-11	51+	3-5	Advanced
Church 6	0-11	3-5	0-2	Mature
Church 6	25-34	11-20	3-5	Mature
Church 6	25-34	21-30	6-10	Mature
Church 6	45-54	6-10	6-10	Mature
Church 6	12-17	11-20	6-10	Mature
Church 6	12-17	21-30	6-10	Mature
Church 6	12-17	21-30	11-20	Mature
Church 6	55-64	31-40	6-10	Intermediate
Church 6	18-24	51+	6-10	Mature
Church 6	18-24	21-30	3-5	Mature
Church 6	45-54	6-10	6-10	Intermediate
Church 6	0-11	41-50	6-10	Advanced
Church 6	25-34	41-50	0-2	Mature

Church Identifier	Salvation Age	Adult Years as Active Christian	Years at This Church	Spiritual Evaluation
Church 6	25-34	11-20	0-2	Advanced
Church 6	0-11	41-50	11-20	Advanced
Church 6	12-17	0-2	0-2	Mature
Church 6	0-11	21-30	6-10	Intermediate
Church 6	0-11	21-30	3-5	Advanced
Church 6	0-11	21-30	3-5	Mature
Church 6	0-11	11-20	6-10	Mature
Church 6	0-11	51+	6-10	Intermediate
Church 6	45-54	3-5	21-30	Beginner
Church 6	0-11	11-20	6-10	Mature
Church 6	0-11	21-30	6-10	Mature
Church 6	25-34	11-20	3-5	Mature
Church 7	18-24	41-50	3-5	Mature
Church 7	0-11	6-10	0-2	Mature
Church 7	35-44	21-30	11-20	Mature
Church 8	18-24	11-20	11-20	Mature
Church 8	18-24	6-10	31-40	Mature
Church 8	0-11	11-20	3-5	Mature
Church 8	25-34	11-20	11-20	Advanced
Church 8	0-11	6-10	3-5	Intermediate
Church 8	0-11	51+	6-10	Advanced

Church Identifier	Salvation Age	Adult Years as Active Christian	Years at This Church	Spiritual Evaluation
Church 8	25-34	6-10	6-10	Mature
Church 8	12-17	11-20	3-5	Mature
Church 8	12-17	41-50	21-30	Mature
Church 9	45-54	11-20	6-10	Intermediate
Church 9	55-64	21-30	0-2	Intermediate
Church 9	0-11	11-20	0-2	Intermediate
Church 9	25-34	31-40	11-20	Intermediate
Church 9	25-34	21-30	21-30	Intermediate
Church 9	12-17	51+	6-10	Mature
Church 9	18-24	21-30	11-20	Intermediate
Church 9	0-11	0-2	0-2	Intermediate
Church 9	12-17	11-20	11-20	Advanced
Church 9	55-64	11-20	11-20	Mature
Church 10	0-11	21-30	11-20	Mature
Church 10	0-11	21-30	0-2	Mature
Church 10	0-11	21-30	0-2	Mature
Church 10	35-44	11-20	11-20	Intermediate
Church 10	0-11	21-30	11-20	Mature
Church 10	0-11	21-30	6-10	Mature
Church 10	0-11	21-30	11-20	Mature
Church 10	0-11	51+	21-30	Mature

Church Identifier	Salvation Age	Adult Years as Active Christian	Years at This Church	Spiritual Evaluation
Church 10	25-34	51+	21-30	Mature
Church 10	12-17	31-40	0-2	Advanced
Church 10	12-17	11-20	0-2	Mature
Church 11	0-11	31-40	21-30	Mature
Church 11	0-11	41-50	6-10	Advanced
Church 11	0-11	11-20	6-10	Intermediate

Church 3 and Church 5 had no congregant participants

Table 18

Congregant SAI Results

Church Identifier	Awareness of God	Realistic Acceptance	Disappointment with God	Grandiosity	Instability	Total Score
Church 1	4.74	4.86	2.57	2.57	1.67	4.16
Church 1	2.05	2.43	2.86	1.86	2.89	2.98
Church 1	5.00	5.00	1.57	1.43	1.00	4.80
Church 1	4.63	5.00	2.57	1.71	1.33	4.40
Church 1	4.58	4.71	1.86	2.43	1.22	4.36
Church 2	3.31	3.857	1.857	1.143	1.889	4.06
Church 2	4.16	4.143	2.857	1.429	1.778	4.05
Church 2	4.74	5.000	1.571	1.714	1.222	4.65
Church 2	3.53	4.286	2.143	2.143	1.778	3.95
Church 2	4.94	5.000	1.571	1.143	1.000	4.85
Church 4	2.74	3.86	2.29	1.43	1.44	3.89
Church 4	2.68	5.00	1.43	1.14	1.56	4.31
Church 4	4.53	4.29	2.29	1.14	2.67	4.14
Church 4	3.26	5.00	1.43	1.29	2.78	4.15
Church 4	3.90	4.71	2.71	1.57	2.67	3.93
Church 4	3.32	3.14	1.71	1.71	1.33	3.94
Church 4	4.58	2.14	1.43	1.00	1.44	4.17
Church 4	4.37	5.00	1.57	1.57	1.11	4.62
Church 4	3.84	4.71	1.57	2.57	3.22	3.84
Church 4	2.84	4.86	1.29	1.29	3.11	4.00

Church Identifier	Awareness of God	Realistic Acceptance	Disappointment with God	Grandiosity	Instability	Total Score
Church 4	2.68	3.43	1.86	1.00	1.67	3.92
Church 4	4.05	4.29	3.29	2.57	3.33	3.43
Church 4	2.58	2.86	2.29	1.57	3.44	3.23
Church 6	4.68	4.00	3.71	2.57	2.44	3.59
Church 6	3.84	4.43	1.71	2.71	1.56	4.06
Church 6	4.68	2.71	1.71	2.14	1.33	4.04
Church 6	1.84	1.57	1.29	1.00	1.22	3.58
Church 6	4.00	4.57	1.71	3.14	3.56	3.63
Church 6	4.11	3.43	1.00	1.43	1.33	4.35
Church 6	5.00	4.29	1.57	2.57	1.00	4.43
Church 6	2.16	3.00	1.71	1.14	1.44	3.77
Church 6	1.58	2.14	1.14	1.00	2.44	3.43
Church 6	2.63	2.71	2.14	1.43	2.78	3.40
Church 6	4.74	4.86	2.29	2.14	1.11	4.41
Church 6	2.32	3.00	1.57	1.00	3.00	3.55
Church 6	4.95	5.00	1.86	2.43	1.22	4.49
Church 6	4.48	4.43	1.71	1.43	1.11	4.53
Church 6	3.16	3.43	2.00	1.43	1.67	3.90
Church 6	3.95	3.29	3.43	1.14	1.44	3.84
Church 6	3.58	3.14	2.29	1.14	2.11	3.84
Church 6	4.74	5.00	2.14	3.43	1.67	4.10

Church Identifier	Awareness of God	Realistic Acceptance	Disappointment with God	Grandiosity	Instability	Total Score
Church 6	4.37	4.71	1.71	1.86	1.33	3.44
Church 6	2.95	4.43	1.43	1.14	1.89	4.18
Church 6	4.32	2.00	1.57	1.71	1.11	3.98
Church 6	4.48	4.71	1.29	1.29	1.00	4.72
Church 6	4.21	4.86	2.71	2.00	1.33	4.20
Church 6	3.68	4.00	2.57	1.29	1.11	4.14
Church 6	4.58	4.86	2.43	1.71	1.78	4.30
Church 6	5.00	3.86	1.57	2.29	1.00	4.40
Church 6	4.00	4.29	2.29	1.43	1.78	4.16
Church 6	4.58	4.29	2.00	1.86	1.00	4.40
Church 6	4.32	5.00	1.29	1.57	1.11	4.67
Church 6	3.74	4.86	1.86	2.00	1.56	4.24
Church 6	3.90	1.71	1.43	1.43	1.89	3.77
Church 6	4.05	4.14	2.86	1.86	1.67	3.96
Church 6	4.26	4.29	1.57	1.43	1.11	4.49
Church 6	2.74	3.57	1.57	1.86	1.89	3.80
Church 6	4.48	2.00	1.57	1.43	1.67	3.96
Church 6	3.95	4.14	2.43	1.57	2.78	3.86
Church 6	2.74	3.43	1.57	1.14	1.89	3.91
Church 6	4.48	5.00	1.57	1.71	1.00	4.64
Church 6	4.37	4.43	2.14	1.86	1.00	4.36

Church Identifier	Awareness of God	Realistic Acceptance	Disappointment with God	Grandiosity	Instability	Total Score
Church 6	3.32	3.57	2.71	1.43	1.78	3.79
Church 6	4.74	2.14	1.43	2.00	1.00	4.09
Church 6	3.68	3.14	1.71	2.14	1.89	3.82
Church 6	2.16	3.57	3.29	1.14	5.00	2.86
Church 6	4.90	4.86	2.00	2.00	1.67	4.42
Church 6	3.90	3.86	1.43	1.29	1.11	4.39
Church 6	4.95	5.00	2.14	1.57	2.56	4.34
Church 6	2.69	3.00	3.00	1.14	2.44	3.42
Church 6	2.42	3.14	2.00	1.14	3.22	3.44
Church 6	3.74	4.00	2.71	1.71	1.67	3.93
Church 6	3.69	5.00	1.71	1.00	1.56	4.48
Church 6	4.58	4.43	2.14	1.57	1.78	4.30
Church 7	3.05	4.43	2.29	1.43	1.44	4.06
Church 7	4.00	3.29	2.00	2.00	1.78	3.90
Church 7	4.95	4.43	2.29	1.00	1.11	4.60
Church 8	4.74	4.86	3.00	1.57	1.89	4.23
Church 8	3.90	4.71	3.14	1.86	2.56	3.81
Church 8	4.05	5.00	1.86	1.43	1.00	4.55
Church 8	4.95	4.43	1.86	1.43	1.11	4.60
Church 8	3.32	4.57	2.57	1.00	1.22	4.22
Church 8	4.95	5.00	2.00	1.86	1.00	4.62

Church Identifier	Awareness of God	Realistic Acceptance	Disappointment with God	Grandiosity	Instability	Total Score
Church 8	4.22	4.43	2.43	2.14	1.89	4.04
Church 8	4.05	4.29	1.57	1.29	1.33	4.43
Church 8	4.47	3.00	1.29	1.29	1.44	4.29
Church 9	4.11	4.43	1.57	1.71	1.11	4.43
Church 9	4.37	4.29	2.57	2.00	3.67	3.68
Church 9	2.42	4.14	2.57	1.00	2.78	3.64
Church 9	5.00	4.43	1.57	4.00	1.00	4.17
Church 9	2.47	4.43	2.71	1.14	2.11	3.79
Church 9	4.58	4.86	2.00	1.43	1.44	4.51
Church 9	4.95	5.00	4.71	1.29	2.11	3.97
Church 9	3.32	3.57	1.86	1.29	2.11	3.93
Church 9	4.32	5.00	1.86	1.14	1.78	4.51
Church 9	3.95	4.14	2.43	1.57	3.00	3.82
Church 10	3.64	3.86	2.14	1.71	1.00	4.13
Church 10	2.84	4.43	2.71	1.29	2.56	3.74
Church 10	4.37	3.57	2.29	2.43	1.11	4.02
Church 10	3.16	4.43	2.14	1.14	2.56	3.95
Church 10	4.16	5.00	2.14	1.43	1.00	4.52
Church 10	4.27	5.00	2.71	1.71	1.56	4.26
Church 10	3.68	3.43	2.86	1.57	2.11	3.71
Church 10	4.63	4.86	2.14	1.43	1.11	4.56

Church Identifier	Awareness of God	Realistic Acceptance	Disappointment with God	Grandiosity	Instability	Total Score
Church 10	3.05	3.00	1.29	1.29	1.11	4.07
Church 10	4.95	5.00	2.14	1.43	1.56	4.56
Church 10	3.68	3.71	2.00	1.71	2.44	3.85
Church 11	4.00	5.00	1.57	1.29	1.00	4.63
Church 11	4.74	4.43	2.86	2.57	2.00	3.95
Church 11	4.27	3.71	1.29	1.43	1.44	4.36
Averages	4.023	4.232	3.792	4.384	4.275	4.141

Church 3 and Church 5 had no congregant participants