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**ABSTRACT**

**IMPROVING UNITED METHODIST CLERGY WELLNESS  
THROUGH EXERCISE AND SCRIPTURE READING**

by

Joseph Alexander Buck, IV

The leadership of the United Methodist Church has tacitly empowered clergy to disregard a component of their theological anthropology. The sin that has become acceptable is obesity and a lack of concern for one's physical wellness. Shortened careers, disease, illness, lack of job satisfaction, and mounting health care costs are some of the damages resulting from insufficient focus on holistic health.

Spiritual disciplines, specifically Scripture reading, and the call to holy living in the doctrine of the United Methodist Church provide sufficient means to lead ministerial professionals to healthier lives and longer careers of uninterrupted local church service. The purpose of the study was to measure the effects of *exerceo divina*, a two-month program involving cardiovascular exercise and Scripture reading (*lectio divina*), on the physical and spiritual well-being of participating pastors in the Statesboro District of the South Georgia Conference of the United Methodist Church.

I utilized two instruments and recorded diagnostic data (e.g., heart rate, blood pressure, height, and weight) at pretest and posttest meetings, which were coordinated with the district superintendent. The hope for the study was to find a connection among the body, mind, and soul in order to contribute to a healthier, holistic lifestyle. I found that blood pressure significantly decreased with participation in the study, and the participating clergy requested further dietary instruction and stricter accountability.

DISSERTATION APPROVAL

This is to certify that the dissertation entitled

IMPROVING CLERGY WELLNESS

THROUGH EXERCISE AND SCRIPTURE READING

presented by

Joseph Alexander Buck, IV

has been accepted towards fulfillment

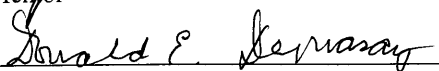
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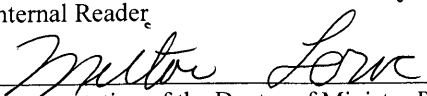
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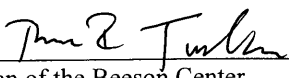
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IMPROVING UNITED METHODIST CLERGY WELLNESS  
THROUGH EXERCISE AND SCRIPTURE READING

A Dissertation  
Presented to the Faculty of  
Asbury Theological Seminary

In Partial Fulfillment  
Of the Requirements for the Degree  
Doctor of Ministry

by  
Joseph Alexander Buck, IV  
December 2012

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Joseph Alexander Buck, IV

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## **CHAPTER 1**

### **PROBLEM**

#### **Introduction**

One has only to attend annual conference in the United Methodist Church (UMC) to be reminded of the threat that is undermining current as well as future ministry opportunities. The threat comes not because protestors are objecting to a current policy perceived to marginalize their voice in the church or because heretical theologians are redefining what the church will be in the future. The culprit lurks not in the dark or behind closed doors, congregating in secret meetings, but is out in the open for all to see. The sin that has become acceptable is obesity and a lack of concern for one's physical wellness.

Wellness is a term that can take on many meanings, but if one is concerned with wellness, be it physical or spiritual, the endeavor should be beneficial. Unfortunately, the United Methodist Church has no standards for the physical fitness of clergy (i.e., elders, deacons, or local pastors). In the United States Armed Forces, physical fitness is paramount for an extended and successful career. Physical fitness and readiness are tested twice a year, and the annual performance evaluation contains a section on military bearing and appearance. No officer or enlisted person who wishes to get promoted or maintain employment allows himself or herself to be marked down in this area. Weight standards and physical fitness are important indicators of those committed to their careers. Surely, Methodist leadership should not allow ministerial professionals to disregard such standards completely.

The example of military physical fitness standards can only be useful to a point when analyzing the increasing problem of clergy *unhealth* because the military is dependent on physical abilities for many of its combat operations. Ministerial professionals may not be as reliant on physical prowess, but their outward appearance does say something about their lifestyle. Obesity is a common problem among clergy and laity alike, but clergy are losing the battle at a worse rate than their congregation members are.

Duke University launched a Clergy Health Initiative in 2008 to address the growing problem of unhealthy clergy. Rae Jean Proeschold-Bell and Sara H. LeGrand were leaders in the initiative. In a study contrasting clergy and the population they serve, they reported that 79 percent of North Carolina United Methodist clergy are overweight or obese (“High Rates” 1868). United Methodist clergy are failing to maintain a healthy weight at an alarming rate, but they are certainly not statistical outliers when analyzing clergy unhealth across other denominations.

The Evangelical Lutheran Church of America began working on clergy health in 2004, and research results were similar: Their clergy are more unhealthy than the average person. The Southern Baptist Convention has also addressed similar problems regarding their clergy and a lack of wellness (“Churches” 13). These results severely hamper the efforts to recruit people into the ministry because the data shows that ministers are not as healthy as the congregations they serve. While an uninspiring physical appearance in and of itself can have an impact on the ministry of clergy members, the general lack of physical wellness shortens lives and careers, thereby weakening churches and their ministries.

Diet and food control are the first step to the solution of obesity, but more must be done to improve physical wellness than just regulating the intake of food. Exercise is essential in fighting against the tendencies so firmly entrenched in the church and the broader culture. Roy M. Oswald discusses this frightening trend: “The lack of physical exercise is considered by doctors to be the most serious health hazard among North Americans. This includes our children. We have become so sedentary that we are jeopardizing our health” (141). Oswald supports his findings with statistics from the Center for Disease Control: “[R]egular physical exercise reduces the incidence of many medical conditions—and most notably aids in fighting heart disease, colon cancer, diabetes, and obesity” (141). Those illnesses are deadly, and the refusal of clergy to address these threats is akin to aiding and abetting a crime by not educating their churches.

The answer to the problem of the lack of clergy wellness lies not in some secular diet guru or a particular reality television show about losing weight. Spiritual disciplines, specifically Scripture reading, and the call to holy living in the doctrine of the United Methodist Church provide sufficient means to lead ministerial professionals to healthier lives and longer careers of uninterrupted local church service. Clergy must be willing to embrace the disciplines that will make their lives healthier.

As Americans continue to get heavier and further removed from church, clergy must lead a renewal of holy living designed to make people physically healthier as well as to improve their spiritual wellness. This renewal should begin with ministerial professionals dedicated to God’s purposes on earth. They alone possess the potential to



have a tremendous impact on the culture around them if they can realize the power of Scripture and its application in the pursuit of holistic health.

### **Purpose**

The purpose of the study was to measure the effects of *exerceo divina*, a two-month program involving cardiovascular exercise and Scripture reading (*lectio divina*), on the physical and spiritual well-being of participating pastors in the Statesboro District of the South Georgia Conference of the United Methodist Church.

### **Research Questions**

The following research questions established the means to achieve the goal of the study.

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

What were the participating pastors' physical and spiritual well-being before the intervention?

#### **Research Question #2**

What were the participating pastors' physical and spiritual well-being after the intervention?

#### **Research Question #3**

What correlation exists between changes in physical and spiritual well-being of the participating pastors and their physical diagnostic measurements?

#### **Research Question #4**

What did the participating pastors find to be the most and least helpful aspects of the program?

### Definition of Terms

*Cardiovascular exercise* is essential to this project and has been proven to be an effective means to improve physical fitness. Nearly everyone has an experience with exercise from childhood gym classes to community sports leagues either as a participant or as a spectator. Exercise includes multiple possibilities, but, specifically, this project defined cardiovascular exercise as involving a sustained, elevated heart rate from exertion while engaged in activity and transportation of one's body. Traditional means of cardiovascular exercise, such as walking, running, swimming, and bicycling, were suggested, but this list is not exhaustive. Participation in team sports was not measured, but treadmill, stationary bicycle, and elliptical machine usage were allowed.

*Scripture reading* is a spiritual discipline that allows the participant to encounter God through reading the Bible in a manner that transforms and edifies. It was one of the five primary means of grace that John Wesley included in his General Rules for the Methodists. Scripture reading was specified in the project as *lectio divina*, which consists of four definitive components: *lectio*, *meditatio*, *oratio*, and *contemplatio*. In *lectio* the question is asked, "What is this passage about?" In *meditatio* the reader asks, "What does this passage say to me?" *Oratio* seeks to encounter God with the reading as a moment of prayer to God about the message the reader has received. The reading concludes with *contemplatio* where the reader ceases active effort in the passage and simply seeks to remain silent in the presence of God.

*Well-being* has many definitions, depending on one's particular field of study. This study suggests an acknowledgment of its clinical origin in the health sciences arena. Well-being, however, is not limited to the physical sciences. A holistic approach to well-

being incorporates the connection and correlation between the spiritual and physical realms. For this project, physical well-being included diagnostic indicators of health—heart rate, blood pressure, and Body Mass Index (BMI)—as well as scores from the University of Michigan Health Management Resource Center’s Health Risk Appraisal instrument. Spiritual well-being was evaluated using the Spiritual Well-Being Scale. The connection between physical well-being and spiritual well-being resulted in a unified measure of health that reinforced the dependence of each particular realm upon the other.

### **Ministry Intervention**

This project involved an intervention to improve the well-being of clergy in the Statesboro District of the South Georgia Conference. The district superintendent conducts meetings every other month with the district clergy at a church in the district to disseminate information, share in interpersonal interactions, and commune for fellowship. With access to the clergy volunteers granted by the district superintendent, the intervention took place between two of the described meetings.

At the initial meeting, I was allotted time for data gathering and a presentation. Two health care professionals recorded medical diagnostic measurements to contribute data useful in evaluating physical well-being: heart rate, blood pressure, and height and weight measurements for BMI. Two instruments evaluated the self-selected participants’ pretest physical and spiritual well-being—the University of Michigan’s Health Risk Appraisal and the Spiritual Well-Being Scale. The volunteers completed the two instruments in thirty minutes.

Following the completion of the instruments, I provided the participants with a booklet I prepared with suggestions for an exercise program and an explanation on how

to incorporate *lectio divina* into an exercise program. During the instructional time, along with the instruction on exercise and *lectio divina*, I also discussed ways to make dietary improvements and provided suggestions on how to make healthier food choices. The participants were informed that they would be evaluated again in two months.

During the intervention period, I corresponded with the participants at the two, four, six, and eight-week points to encourage and motivate them. After the intervention period, I again met with the participants at a district meeting. The health care professional recorded the same diagnostic measurements. I administered the Health Risk Appraisal and the Spiritual Well-Being Scale a second time for the posttest data. I then conducted a focus group discussion of the intervention to record what portions of the intervention the participants found to be positive or negative influences on their overall well-being.

The participants were on their own without oversight from me to use the plan proposed in the project for the two-month period. They participated in the intervention and incorporated the program into their daily lives to varying degrees. This approach provided the participants with a foundation for change and confidence that they could effectively improve their well-being and impact a long-term correction to an area of their lives that needed improvement.

### **Context**

Methodist clergy are mindful of their connection to the broader United Methodist Church that involves congregations all over the world. However, this project was not designed to cover the breadth of the UMC because too many significant cultural differences exist in various countries. Food is much more readily available in the United States than in many places. In addition, cultures differ in the way they view exercise and

dietary practices. This project will thus be applicable only to the UMC in the United States. The membership of the United Methodist Church in the United States has been declining at a faster rate in the Pacific Northwest and in the Northeast. So much of American Methodism is defined by the southern section of the United States. This study took place in the South, and the context of the study begins to take shape in that region.

Georgia is in the heart of the South and consists of two conferences: the North Georgia Conference and the South Georgia Conference. The North Georgia Conference centers on the metropolitan area of Atlanta while the South Georgia Conference consists of four smaller cities in addition to significant rural farming regions. The level of health among clergy in the South Georgia Conference has declined as seen in the rising health care costs for the conference. In 2010, the conference's insurance company informed the conference leadership that the premiums were increasing yet again with no negotiation. The conference cannot negotiate because the collection of appointed pastors and retired clergy are so unhealthy that no other company will provide them with health care. The conference is nearly homogeneous in composition with 93.7 percent Caucasians, 4.6 percent African-Americans, 1 percent Latino/a, and 0.7 percent Asian-Americans. The conference clergy is composed of 85 percent male and 15 percent female. This composition minimizes a significant amount of diversity in background and social development for the project, but the conference composition does allow for reasonably confident generalizations. These trends extend to the conference districts as well.

The Statesboro District is representative of the conference in its diversity and composition. This fact increases the significance of this study to the larger conference and its potential to affect more clergy. To focus the intervention on the Statesboro

District allows those pastors to test the model that may potentially benefit the entire conference.

### **Methodology**

The study required two meeting times to evaluate the participants. The first meeting provided the necessary dialogue to engage the participants in the intervention, which involved pretest data collection. Following the intervention, I collected the posttest data from the participants, and I led a focus group to allow the participants to share what portion of the intervention was beneficial.

### **Participants**

The participants were self-selecting United Methodist pastors in the Statesboro District of the South Georgia Conference. The Statesboro district superintendent was contacted and notified of the plans and goals of this project. The district superintendent was agreeable to its focus and methodology, and he approved of its use in the district. The Statesboro District was selected because of the access given to me by the district superintendent. The study was open to all full-time, appointed pastors in the district, but none of the pastors were required to take part in the study. The participants were included on a volunteer basis.

The pastors of the Statesboro District are local church pastors serving congregations. The participants were limited to full-time local pastors, pastors on the ordination track, and ordained pastors. The part-time local pastors were excluded because they also have another career in addition to the churches they serve. They are certainly pastors, but their employment and benefit status is not the same as the participants'. The

scope of those differences would have had too great an impact on the outcome of the study, so the part-time local pastors were excluded from the project.

### **Instrumentation**

To respond to the goal of the project, three instruments were used along with medical diagnostic measurements. Heart rate, blood pressure, and height and weight used to calculate BMI were measured and recorded to evaluate the physical fitness of the participants. A health care professional gathered the diagnostic data.

The instrument used to measure physical well-being is the University of Michigan's Health Management Resource Center (HMRC) Health Risk Appraisal (HRA; see Appendix B). The HRA consists of sixty questions that evaluate the status of the participants' physical well-being by testing eating habits, exercise frequency, and overall satisfaction with life. The HRA is a comprehensive evaluation that includes demographic data.

The instrument used to measure spiritual well-being is the Spiritual Well-Being Scale (SWBS; see Appendix A). The SWBS consists of twenty questions that measure the participants' view of their existence and their overall relationship with God and others.

The instrument used to determine the participants' evaluation of the intervention was the Focus Group Protocol, consisting of three semi-structured interview questions (see Appendix C). The participants were asked which portions of the intervention were most effective, which portions were not effective, and for any suggestions for future research. The focus group discussion was a free-flowing conversation that allowed for different perspectives and insight beneficial to the assessment of the intervention.

## Variables

The study utilized multiple variables, and these variables allowed for a wide analysis of the influences on physical fitness. Several relationships between variables impacted the results, and those interactions contributed to the overall validity of the study. The independent variables are exercise (e.g., walking, running, swimming, elliptical machine usage, and bicycling) and dietary changes as measured by the HRA, and Scripture reading (*lectio divina*) as measured by the SWBS. The dependent variable is physical fitness (e.g., blood pressure, heart rate, and BMI). The intervening variables are age, stress, and gender as the overwhelming majority of pastors in the population were men.

## Data Collection

The data was collected as an agenda item during a three-hour district meeting. The health care professional and I recorded the medical diagnostic measurements during the fellowship and gathering section of the meeting, which took thirty minutes.

I then administered the University of Michigan's HMRC Health Risk Appraisal to evaluate physical well-being and participation in exercise and the Spiritual Well-Being Scale to evaluate spiritual well-being, each taking twenty minutes. The instructional portion of the intervention lasted thirty minutes while allowing time for questions and discussions.

The intervention phase of the study lasted two months with follow-up correspondence through e-mail two, four, six, and eight weeks following the initial meeting. The posttest procedures followed the same guidelines. Recording the diagnostic measurements took thirty minutes, and the well-being instruments took thirty minutes.



The posttest focus group discussion lasted thirty minutes, and I utilized a digital recorder to record the conversation.

### **Data Analysis**

This explanatory, mixed-method study was composed of a quantitative portion to evaluate the relationships among the variables and a qualitative portion to understand better why the intervention had the effect it did. The study utilized descriptive statistics to analyze the effect of increased focus on exercise and Scripture reading on clergy physical diagnostic measurements. Statistical analysis was utilized to compare the pretest and posttest results from the HRA for physical well-being and the SWBS for spiritual well-being. I also used statistical analysis to evaluate the relationship between the physical and spiritual well-being results.

The qualitative aspect of the project clarified what changes worked best for the participants and what factors will make the changes long-term. The study was quasi-experimental as the sample group was tested, then they participated in a modification of behavior, which was followed by further testing.

### **Generalizability**

The study will potentially benefit those beyond the scope of the participants. Initially, all of the pastors in the Statesboro District will benefit from the correlations analyzed in the study. Pastors excluded from the study and pastors who did not participate in the study will benefit from the conclusions gleaned from it. The conference will benefit from this district study as all superintendents are interested in improving the physical fitness and overall wellness of the pastors in their districts. The conference leadership is aware of this study and is excited about using any results that improve

clergy health. The benefits of the study are not limited to the clergy as the laity share similar concerns about wellness. The study may be limited in effectiveness if the intervention comes at an overly busy time in the calendar year. The participants may also suffer injuries, or other health issues may arise that limit their abilities to participate. The presentation may also be a limiting factor because of the differences in content absorption by the participants.

This study can help to decrease health care costs as a result of improving the health of clergy and laity. The South Georgia Annual Conference will require less money from the local churches to pay for insurance, and those savings may be utilized in expanded ministry opportunities. This redistribution of local church funds will allow the church to respond better to its calling from God. The study also impacts the practice of ministry as clergy will be healthier and required to miss less work for illness and doctor visits. This study also helps to fill a void that exists in the academy by showing the connection between Scripture reading and physical health.

### **Theological Foundation**

This study is grounded in biblical anthropology and the understanding of humanity as created beings with physical, psychological, and spiritual components. Anthropology and the pursuit of an understanding of the composition of human beings provided the foundation upon which this study operated. Humanity has been studied and classified in an effort to establish how human beings came to be what they are today. Modern science is limited in its ability to define humanity because it does not allow for more than can be seen, felt, or heard. Thus, anthropology by itself is merely a foundation, but a more concentrated focus was used for this study.

Anthropology does not fully define a significant approach to human composition because of inherent limitations. Anthropology as a branch of science looks at the heart, organs, blood, sweat, brain, and chemical reactions, ignoring a significant understanding of the intangible nature of humanity. Theological anthropology furthers the understanding of human beings by looking at the relationship between humanity and God, its creator. Biblical anthropology improves the depth of the understanding of humanity by including the Judeo-Christian perspective. This line of thinking culminates in Christian anthropology with the focus on Jesus of Nazareth, the Christ, who personified humanity perfected.

Biblical anthropology differentiates itself from the purely scientific realm at the beginning of the Bible. According to Genesis 2:7: “[T]hen the Lord God formed man from the dust of the ground, and breathed into his nostrils the breath of life; and the man became a living being” (NRSV). Humanity has a body most certainly, but God has also gifted humanity with a soul, “the breath of life,” which differentiates humanity from the rest of the created realm. Ray S. Anderson explains that humans, as created beings, have a connection to the Creator: “Our existence is tethered to some other source of life, something that makes us always more than mere object, something which posits subjectivity and selfhood as the core of human personhood” (132). Life is about more than being a created being; it involves the relationship with the One who created.

The existence of the body and the soul invites a new discussion: defining which entities comprise the human being. While Christian anthropology suggests that the body and soul are intertwined in some manner, theologians debate how that union functions. Three approaches have been discussed extensively: monist, dichotomist, and trichotomist.

The monistic understanding suggests a unified body and soul without differentiation. The dichotomistic approach proposes the body and soul are separate entities. The trichotomistic view describes a human being as having three parts: body, soul, and spirit. All three proposals do not allow for a human being to be defined without acknowledging the components that comprise the *whole* creature (Boyd and Eddy 88-100).

The multiple components of human beings define what humanity is. One cannot begin to understand the composition of a human being without attempting to connect those components in some way. This study used a tripartite understanding of humanity: body, soul, and mind. Intentional emphasis on these three components supports a holistic lifestyle, which results in a healthy lifestyle. Lifestyles that pursue wellness of the complete person are not only healthier but are founded on biblical principles and in keeping with God's plan for humanity.

God is trinitarian in nature. From the beginning of time, through the creation story, realized in the life of Christ and culminating in the final judgment, God relates to the world as Father, Son, and Holy Spirit. Genesis 1:26a describes the creation of humanity: "Then God said, 'Let us make humankind in our image, according to our likeness.'" This collective description (i.e., our image, our likeness) does not describe any other heavenly beings, but that language shows the triune God speaking, acting, and interacting with God's very creation.

Just as God is composed of three distinct but united persons, God's creation, humanity, has a tripartite nature as well. In Matthew 22, Jesus echoes the description from Deuteronomy as he details the composition of a human being as heart, soul, and

mind. Humanity is complete only when the physical, spiritual, and mental components are connected and united in the pursuit of holiness. Jesus further emphasizes this point in Matthew 26:41: “[T]he spirit indeed is willing, but the flesh is weak.” By this reference, Jesus is implying that his followers must have both a willing spirit and a strong flesh to be effective Christian disciples. This study utilized that principle to assist clergy in improving their physical wellness.

Christ exemplified the holistic approach with the life he lived but also with the message he provided. Jesus healed a paralytic as recorded in Mark 2:1-12, when Jesus emphasized that the multiple components of the human being must be addressed to achieve wellness: “‘But so you may know that the Son of Man has authority on earth to forgive sins’—he said to the paralytic—‘I say to you, stand up, take your mat and go to your home’” (vv. 10-11). Not only did Jesus want to heal him of his physical affliction, but he wanted to reconcile his spirit and improve his spiritual health as well. Jesus’ message of holism and humanity’s search for it is grounded in his own existence.

### **Overview**

Chapter 2 establishes the necessity of this study by analyzing the existing research to discover what correlations between physical and spiritual health have been suggested by other authors. Specifically, the trends in obesity and physical fitness are analyzed. The discussion of wellness also involves the research on diet, nutrition, and physical health. Holism and theobiology is reviewed in the literature, as well as the connection between physical well-being and spiritual health.

Chapter 3 details the methodology of the study, including the data collection and its analysis. Chapter 4 reports the results of the analysis of the significant differences

between the pretest and posttest data. Chapter 5 concludes the dissertation with summations of the findings and exposition of the correlations established by the intervention.

## CHAPTER 2

### LITERATURE

#### Problem

Clergy in the South Georgia Annual Conference of the United Methodist Church are becoming increasingly unhealthy, and the leadership of the conference is struggling to provide health care for the retired and active members of the conference. Clergy, both in leadership as well as those serving in local churches, have not placed sufficient emphasis on the importance of physical health as it relates to overall well-being and as a reflection of the spiritual health of clergy members.

The product of the tacit approval of unhealthy lifestyles is omnipresent in the administration of the church organization through rising health care costs. The number of churches unable to fund their annual budgets is increasing, and many congregations are no longer funding the apportionments owed to the conference and denominational authorities. Clergy can no longer focus only on spirituality at the cost of a holistic view of health incorporating the soul, the mind, and the body.

The acceptance and praxis of a Gnostic theology of the tainted physical realm must be rejected in favor of God's plan for humanity in creation. Clergy need to be more interested in their own physical health as it aligns with their spiritual formation and realize that congregation members will also benefit from this correction. Clergy members focused on physical and spiritual well-being have the potential to reverse the tide of *unhealth* for laity and clergy alike.

## Introduction

One of the most important factors in changing behavior is awareness of the environment in which one exists. In ministry, this fact is no less relevant, and failure to consider one's environment can undermine a very productive and helpful message. No one wants his or her words or counsel to fall on deaf ears, but that scenario occurs when the message delivered is ignored because of the messenger. When addressing the health and diet of parishioners, the pastor must remove any potential distractions that can limit the effectiveness of his or her message. Effective pastors are constantly striving to reach the members of church congregations where they are, in their current conditions.

Realistically, church members are also aware of the physical appearance of the persons who deliver the message when addressing topics that touch sensitive nerves. The old cliché, "If you are going to talk the talk, you better walk the walk," is relevant to the topic of spiritual health and physical fitness. The purpose of the study was to measure the effects of a two-month program involving cardiovascular exercise and Scripture reading (*lectio divina*) on the physical and spiritual well-being of participating pastors in the Statesboro District of the South Georgia Conference of the United Methodist Church.

A voice speaks through Scripture on the topic of well-being. That voice serves as the foundation for this study and its attempt to understand the connection between the physical, spiritual, and mental realms. This chapter is a response to the voice from Scripture, evaluating the current research on clergy physical and spiritual health, holistic wellness, and the need for lifestyle changes.



## **Theological Framework**

Humanity was created in the image of God, and Scripture reinforces the importance of that fact throughout the Old and New Testaments. Not only is life significant in God's eyes, but a holistic approach to life incorporates the physical and spiritual realms in unified worship of God. The theology of the Old Testament supports this understanding as well as the life and teachings of Jesus Christ. Jesus echoes the sentiment found in Deuteronomy that the love of God involves all facets of the human existence: body, mind, and soul. From the beginning of creation, God expected humans to embrace their purpose and live a life of holiness, aspiring to perfect the soul as well as the body. That foundation for holistic life can transform lives and was instrumental to the goals of this study.

### **Old Testament**

From the very beginning of the Bible, God provided an understanding of what the created world should be and revealed that humanity was to exist in the world God had made. Humanity was created differently than the rest of creation because God breathed the "breath of life" to make man a living being (Gen. 2:7). This unique nature within humanity is seen in a holistic understanding of human existence: a union of mind, body, and soul.

The union of mind, body, and soul is reinforced through the law God gave to the Hebrew people in establishing a relationship with them. God declared the laws that would govern the people and commanded them to follow these laws completely. The commandments and law were given to the people not only as ordinances to which to adhere but also as the means to live a fruitful and content existence while on earth.

In Deuteronomy, God gave to Moses what is often referred to as the Great Commandment: “You shall love the Lord your God with all your heart, and with all your soul, and with all your might. Keep these words that I am commanding you today in your heart” (Deut. 6:5-6). The essence of humanity is more than a soul, and men and women consist of more than material bodies that can be seen, heard, or felt. Moses commends using one’s heart, soul, and strength when loving the Lord God, and he establishes a connection between these three factors that exemplifies humanity’s drive to love and serve God with all that they are—physically, psychologically (i.e., with emotions, mind, and will), and spiritually.

The three-pronged approach to holistic living, which is in congruence with the created world God intended for humanity, is consistently reinforced throughout Scripture. The tenor of the Bible supports this approach and validates the connection between the dispositions of the soul, meditations of the mind, and the actions of the physical body. The theological anthropology of the Old Testament clarifies the expectations that God has for humanity and supports the message of the Great Commandment.

A human being is not separated into a body and a soul in Jewish theology. Ellis R. Brotzman suggests that the Hebrew word for soul, נֶפֶשׁ, *nephesh*, has approximately 750 uses in the Old Testament, and the Hebrew understanding of the soul does not allow for a dualistic relationship with the body. Brotzman categorizes the 750 usages into ten groups with five usages being most common: appetitive, personal, reference to life, pronominal, and emotional (400-04). Brotzman’s categories explain that the Old Testament understanding of the soul ranges from the life force to the personhood of a human being.

Brotzman explains the origin of confusion in regards to the life force usage. In most cases the end of the נפש implies the end of life on earth—the body and soul as one unit. Much of the Christian confusion around this issue comes from the increased attention given to the eternity of the soul in the New Testament and the mortality of the physical body. Old Testament theology does not have the same understanding of the soul, and reading the Old Testament with only a Christocentric vision misinterprets the authentic reading of the text (405-06). Brotzman confirms this point by explaining an incorrect translation of the death of Rachel in Genesis 35:18, which is often used to suggest Rachel's soul left her at death. Brotzman proposes that the proper translation is her “breath” left her, as if to say, she breathed her last as Benjamin was born (405). With this reference as one of the rare examples cited to support the body-soul dualism, the case falters.

Brotzman heralds the creation account as the key to understanding how the soul and body exist not as separate entities but as one unified existence. He cites Genesis 2:7 as the initial declaration of a unified existence for humanity: “Part of man derives from the dust of the ground, and part of man comes from the creative breath of God. Yet the emphasis of the verse is on man as a נפש, creature, a unity” (407). Old Testament theological anthropology does profess a unified existence of body and soul, but as an all-encompassing—holistic—view of the composition of living, breathing human beings.

To understand the unified vision of the devotion of humanity better, Daniel is an exemplary figure who did answer the call to holistic living in unison with God's will. Daniel was exiled to Babylon after the fall of the kingdom of Judah. He was very wise and intelligent, and he gave all of the credit for his gifts to God. Daniel showed through

his interpretations of dreams and his authority as a governor for the Babylonian king Nebuchadnezzar that he was blessed by God mentally, and he dedicated those gifts to God (Dan. 2).

Daniel proved to be spiritually connected with God because he refused to corrupt his religious practices. Daniel's enemies devised a scheme to catch him violating the religious laws of Babylonia, and their plans were successful. The punishment was death, and Daniel had no defense. Even with the threat of death, Daniel would not cease his daily prayers and devotion to God. Daniel was completely devoted to God, and he would not compromise or undermine his faithfulness to God.

In addition to these examples of the spiritual and mental aspects of his life, Daniel also completed the holistic approach to living in creation by maintaining strenuous physical standards. As Daniel was being incorporated into the elite society of the Babylonians, they attempted to make him conform to their dietary practices. They believed that he needed to eat the rations of food and wine to be healthy. Daniel resisted submitting his body to their system: "Please test your servants for ten days. Let us be given vegetables to eat and water to drink" (Dan. 1:12). Daniel and his friends were and appeared healthier than those who had subsisted on the royal rations.

The story of Daniel details three aspects of the faithfulness of human beings. He was blessed mentally, gifted physically, and devoted spiritually. Daniel's life accurately reflects the holistic approach to living that God planned for humanity, displayed throughout the Old Testament.

## New Testament

No human being better personified what creation was to be than Jesus of Nazareth. While being fully human, Jesus was also fully divine, but the example he provided was for all humanity to follow. The Gospel of John explains the threefold dimension of Jesus' Incarnation in the world: "And the Word became flesh and lived among us, and we have seen his glory, the glory as of a father's only son, full of grace and truth" (1:14). The Son of God put on flesh to dwell on earth and provide humanity with the understanding of communion with God.

In that one verse from John about the life of the living Word, Jesus is described physically, mentally, and spiritually. Firstly, the physical nature of Jesus is seen as he "became flesh and lived among us": that is, he lived a life and breathed air in and out. He walked on the earth, engaging with family members, followers, enemies, and disciples. The Apostle John saw the example that Jesus lived, and because of the witness Jesus the Christ provided, John said, "[W]e have seen his glory." Secondly, John explains that Jesus lived a life full of grace, showing the world what spiritual connection with God is. He provided an example, as detailed in the life of Jesus described in Scripture, of what grace looks like and how it flows from the heart of God through the hearts of men and women. Thirdly, John explains that Jesus was full of truth, the words Jesus shared and the message he fashioned with his mind and mental abilities. His words were truth, and Jesus lived that truth. Only through these three facets of his earthly existence, can humanity appreciate the validity and necessity of living life in the holistic manner Jesus did.

The life of Jesus as detailed in the narrative accounts in the Bible provides further understanding of the holistic, incarnational life. Jesus is the prototype for how humanity

is to encounter life fully with the presence of God indwelling them. The incarnational life is further described in John 17. In this discourse, Jesus prayed to God just before he was betrayed into the hands of the earthly authorities. Jesus prayed that his followers would “all be one” and that they would be united with God as Jesus was (vv. 20-22). In this prayer Jesus states what the incarnational existence is to be for humanity. He described the goal for humanity while detailing the gravity of the witness they provide:

The glory that you have given me I have given them, so that they may be one, as we are one, I in them and you in me, that they may become completely one, so that the world may know that you have sent me and have loved them even as you have loved me. (17:22-23)

The goal is for humanity to be united with God and live incarnationally, and the incarnational life witnesses to the world the validity of the ministry of Jesus.

The Word becomes flesh and dwells in the hearts of humanity, but the presence of God in humanity is not solely a personal encounter. Jesus attempted to explain to his antagonists what life on earth would look like as followers of the living God. Jesus was asked which commandment was the greatest, to which Jesus responded with an answer that was beyond what his enemies could have anticipated:

The first is, “Hear, O Israel: the Lord our God, the Lord is one; you shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength.” The second is this, “You shall love your neighbor as yourself.” There is no other commandment greater than these. (Mark 12:29-31)

Jesus avowed that human beings were to worship God holistically with their souls, minds, and bodies.

M. Robert Mulholland, Jr. suggests that the message Jesus conveys is not a hierarchical response as a more modern reading would suggest, but an explanation of the Deuteronomical commandment. Mulholland maintains that the *second* commandment is

just another way to express the sentiment in the *first* commandment. He explains the incarnational nature of Jesus' followers: "The context of our relationship with God is our relationship with others" (29). This reality places true importance on the life of each human being, and it commends the outward life as a reflection of the inward life.

Anderson similarly describes humanity by contrasting humans with other created things. He suggests that the "human creature" is attached to the "other," and this connection allows humanity to exist as more than an object. A personhood is established that separates the human creature from other creatures. Anderson describes the relationship: "I am embodied soul and ensouled body. Apart from my human soul, my body is merely a material object and thus impersonal. But also apart from my body, my soul is elusive and abstract and just as impersonal" (133). For Anderson, the human existence is a question of life as an object or a subject, and he concludes that the connection with God validates the subjectivity of life and explains why the soul and body are necessarily joined.

The outward life of faith is a reflection of the presence of God. In Matthew's account of the beginning of Jesus' ministry, he was baptized by John the Baptist, and then he saw the Spirit of God descend like a dove upon him. The Spirit then led him into the wilderness (3:13-4:25). This time in the wilderness was a chance for Jesus to experience the power of the Spirit and the temptations of the flesh. He fasted for forty days and forty nights, and then the devil came to him when he was *famished* in his physical weakness. Weakness is a state in which the human condition is exposed and at risk for attack from the evil one. The soul can be famished as well, but Jesus taught his disciples, even in the midst of attack.

The devil came to Jesus, speaking firstly to his physical condition of hunger. The body is the vehicle of the soul, connected and intertwined. When tempted with the idea to make bread from stones, Jesus cited Deuteronomy 8:3: "It is written, one does not live by bread alone, but by every word that comes from the mouth of God" (Matt. 4:4). Jesus implied that sustenance for physical existence is important, but the nourishment God provides the soul is primary. Secondly, the devil dared Jesus to prove his Lordship by throwing himself off the top of the temple, allowing angels to save him. Jesus declared that one should not use the body with which they are gifted as a means to test the Lord God. Thirdly, the devil tempted Jesus with all of the success and power the created world could offer by removing his allegiance from God and worshipping another. Jesus, in his threefold response to temptation, declared that humanity is sustained by what God alone provides, spiritually and physically. Jesus answered correctly, and "then the devil left him, and suddenly angels came and waited on him" (4:11). With the declaration of his faith, his temptation abated, and he was validated.

Jesus was once again vindicated at his resurrection. After he was brutally tortured and murdered, his physical body failed him and he died. With the perception of his ministry in shambles, Jesus was resurrected, not in a spiritual manner or as a ghost, but in his physical body once again. In Luke's account, Jesus appeared to his followers and confirmed his body was resurrected: "Look at my hands and my feet; see that it is I myself. Touch me and see; for a ghost does not have flesh and bones as you see that I have" (24:39). To confirm what they were seeing, Jesus asked for something to eat, and then he ate some broiled fish. Jesus is the Son of God, and in his divinity and humanness he shows that God's creation is perfected in the union of the physical, spiritual, and



mental realms. The new birth from above does not end with death and is consummated with the resurrection of the body.

With the knowledge from witnessing the life, death, resurrection, and ascension of Jesus, his followers provide a keen perspective and revelation of the lives disciples of Jesus are to live. Their writings and letters provided the foundation for soteriology and the praxis of the Christian life. Those closest to Jesus shed significant light on how the Christian faith should manifest itself. Peter writes of the need to engage all aspects of life as part of the new birth and salvation through Jesus:

Therefore prepare your minds for action; discipline yourselves; set all your hope on the grace that Jesus Christ will bring you when he is revealed. Like obedient children, do not be conformed to the desires that you formerly had in ignorance. Instead, as he who called you is holy, be holy yourselves in all your conduct; for it is written, “You shall be holy, for I am holy.” (1 Pet. 1:13-16)

Peter exhorts that the mental approach to life is vital to salvation, and he calls for a disciplined existence. Peter says holiness is the calling for disciples of Jesus, and he affirms the holistic experience of the mind, the body, and the soul.

Paul also writes about the incarnational nature of the body of Christ, and his understanding helped shape the early Christian Church. While not a follower of Jesus during Jesus’ earthly ministry, Paul was still an Apostle. He was a prolific writer who ministered to many churches, and he sought to build them up and correct them when needed. Some confusion does exist around Paul’s view of the holistic approach to life. At times, in Paul’s epistles, the physical realm seems to be described in opposition to the spiritual and mental realms.

However, if one were to look at Paul’s collection of works, a consistency of thought around the holistic existence is evident. When Paul is concluding his letter to the

church in Rome, he summarizes his ministry in the Eastern Mediterranean region as a reliance on incarnational living:

For I will not venture to speak of anything except what Christ has accomplished through me to win obedience from the Gentiles, by word and deed, by the power of signs and wonders, by the power of the Spirit of God, so that from Jerusalem and as far as around Illyricum I have proclaimed the good news of Christ. (Rom. 15:18-19)

Paul professes a life confirmed by other texts in the New Testament, including his own writings. A life of faith is a life of word and deed.

Paul wrote profusely to churches to inspire them to live their faith by word and deed. He called for orthopraxis and looked for signs of their faith through many avenues, including monetary offerings to the larger church community. While Paul called for faith in action, some look to his letters and find validation of a concept contrary to the tenor of Scripture and the life of Jesus represented in the Gospels. Paul is cited in support of those who believe that the flesh and the spirit are in opposition to each other.

Paul writes in Romans about salvation and whether justification comes by works or by faith. Paul explains that justification occurs as a result of faith alone and not works, and in that discourse, “the flesh” is discussed. Plato had a tremendous influence on many in the Hellenistic world of the first century, as well as in the ages that followed, through his theories on the composition of human life. E. A. Livingstone attempts to define Platonic thought, which holds that the soul is captured by the body and they are in opposition to each other: “This contrasts the world of sense and everyday experience with the true or higher world of ‘Ideas’ (or better, ‘Forms’)” (456). Thus, what the body is and what is perceived through the tangible arena limits the elevation of the mind and soul. This belief that salvation is a freeing of the soul from the body is contrary to the message

of Jesus, but this approach to spirituality was rampant in the world in which the early Church functioned.

Paul would have been aware of Plato, but Paul's understanding of the flesh was different from that of Plotinus and the third century Neoplatonist movement. Anthony Meredith summarizes the Neoplatonist philosophy and that of Plotinus, emphasizing the extension of parts of Plato's model. Plotinus continued much of Plato's conversations but not all of his teachings. While politics was not to his interest, Plotinus furthered the work of Plato on the Forms. Plotinus divided the discussion into three groups: the One, the Mind, and the Soul. Enlightenment was the source of transcendence, a return to the One from which life emanates. Plotinus theorized that human reason was the vehicle necessary to return the Soul to the One (Jones, Wainwright, and Yarnold 96-99). Undoubtedly, Neoplatonist thought influenced the early Church, though not the authors of the biblical text. However, the confusion that trickled down through history came from those who interpreted Paul's biblical letters in light of the Neoplatonist theories.

Paul's understanding of the *flesh* in Romans bears discussion because flesh can be interpreted in a similar manner as a sensory experience seen in platonic thought. Paul references the *flesh* multiple times in Romans 8, but its use does not involve the flesh and blood of humanity. Paul is referring to flesh as humanity's propensity to sin. That passage in Romans is part of a larger conversation from Paul about salvation and justification in the eyes of God in spite of the weakening of flesh, or sin. Paul explains, "[F]or if you live according to the flesh, you will die; but if by the Spirit you put to death the deeds of the body, you will live" (Rom. 8:13). The New International Version is more accurate in its translation as the death of "misdeeds." Paul exhorts consistently to respond to the good

news of Jesus with word and deed. Paul understands humanity to be sinful inherently, but not everything human beings do is corrupt.

Paul further clarifies his belief in the connection among body, mind, and soul in 1 Thessalonians. As Paul ends the letter to this church, he clearly is not writing a systematic approach to sin and salvation as in Romans. Paul is writing to fellow disciples of Jesus, and he believes they are not living according to misdeeds or to satisfy carnal urges but to be made holy. Paul reminds them of who they are:

For this is the will of God, your sanctification: that you abstain from fornication; that each one of you know how to control your own body in holiness and honor, not with lustful passion, like the Gentiles who do not know God. (1 Thes. 4:3-5)

Paul suggests that with God in their lives, present in the person of the Holy Spirit, they are equipped with the means to defend themselves against misdeeds and sins and to live lives in the manner of Jesus. They are being sanctified because of Jesus, the “forerunner of faith,” and just as he was God incarnate, so, too, is God similarly dwelling in each of them. Paul’s emphasis on the holistic life is still misunderstood by some, and confusion can be detrimental to the life of faith.

Further analysis of Paul’s letters reveals evidence to support Anderson and his discussion of disembodied existence. Second Corinthians 5:4 details Paul’s fear of disembodiment: “For while we are still in this tent, we groan under our burden, because we wish not to be unclothed but to be further clothed, so that what is mortal may be swallowed up by life.” Anderson suggests that Paul is describing disembodiment, the soul separated from the body. This point returns the conversation to Anderson’s view of personhood as a subject, not object. He reinforces his position: “Therefore, we conclude that it is unnatural for the human person to experience separation of the soul and body,

for it leads to a depersonalization of the self” (133). Anderson’s position is clear on the issue of life and afterlife, but the transition between those two states requires discussion.

Joel B. Green suggests that Paul provides the standard needed to understand the flesh and the idea of sanctification, or perfection, through relationship with God. He discusses this relationship through the concept of “soteriological wholism” (Brown, Murphy, and Malony 28). Wholism is a matter of human beings being related to others and God as a condition of salvation. Nancey Murphy proposes that “nonreductive physicalism” is the approach that is most in agreement with Christian teaching. The physicality of humanity ties all of the functioning together in the moral and spiritual realms while interaction with God serves as the substance that binds the systems together (25). Green agrees with much of Murphy’s approach, and he references two different accounts from the New Testament to demonstrate the relatedness on which he is focused.

In 1 Corinthians 15:38-58, Paul writes about the resurrection of the body. Green suggests that Paul is exhorting people of different societal classes and educational backgrounds, seeking to explain life after death. Multiple readers may have some difficulty arriving at the same conclusion about Paul’s message, but Green sees continuity across Pauline texts. Green suggests Paul sees a strong connection between the present life and the life to come, and the bodily existence is the link (170-71). Green explains that Paul is not looking for a resuscitation of a dead body or the immortality of a soul. God transforms the body, much like the example of Jesus, and salvation is defined through such a divine and supernatural initiative.

Rudolph Bultmann sees this same passage from 1 Corinthians 15 in a different light, and he recommends another reason for the confusion around the message of the

*body*. Bultmann explains the confusion by suggesting that, in this passage, Paul tries to discuss the body/soul connection using the manner and imagery of those who were arguing against him and his view of humanity. Bultmann also proposes additional hindrances to the discussion because of the words available: “The most comprehensive term which Paul uses to characterize man’s existence is *soma*, body; it is also the most complex and the understanding of it is fraught with difficulty” (192). He addresses the idea that Paul uses *soma* to refer to the “form” of a body, and he argues that Paul’s use of *soma* is in the manner of the “whole person” (192). In fact, Bultmann declares that Paul never uses *soma* in reference to a corpse, nor does he write of *soma* serving as a kind of prison. Bultmann provides many examples evaluating Pauline text and his usage of *soma* to reach those conclusions, but the amount of material cited is beyond the scope of this paper and detracts from the paper’s intent (192-201). Paul uses *soma* in a consistent manner and as a descriptor of the human condition as a unified whole.

To understand better the relationship between God and humanity regarding the issue of unity, Green moves from the understanding of bodily transformation to an example from Luke 8:42-48 and the hemorrhaging woman. This well-known passage describes a woman who is made whole physically while also soteriologically. Green contends that Jesus not only heals this woman and restores her relationship with God, but Jesus made sure that the crowd knew what had happened. Jesus expressed the necessity for her to be made whole and that her relationship with her brothers and sisters, exemplifying all of humanity, was affirmed and restored (Brown, Murphy, and Malony 163-65). The focus is not a matter of how the soul and body are connected but that they are seen as part of the same being, neither fully existing without the other.

## **The Influence of Gnosticism on Christian Theology and Practice**

The life of Jesus the Christ shaped and formed Christian orthodoxy and praxis. Through prayer-filled discussions and Christian conferences, the leaders of the early Church established tenets and beliefs. Some would describe this process as a political game, but, to be accurate, divine inspiration endorsed essential faith positions and rejected misguided and erroneous beliefs. Heresy became the descriptor for movements that disagreed with orthodoxy, and some issues were so divisive and damaging to the collective faith that they were rejected from the life of Christian formation. However, the relegation of these aberrant beliefs to heretical beliefs did not remove them from the collective Christian consciousness. Just as Neo-Platonist thought impacted the early Latin church fathers, those ideals and the Gnostic heresies concerning the understanding of the body and the soul still occupy the theology of many clergy and laity of the modern era.

The belief of Jesus as fully divine and fully human is a foundational belief of the Church, but it was not accepted by all. Neo-Platonist thought and Gnostic theory converge on the issue of the evil nature of the created world. Marvin W. Meyer translated the Nag Hammadi manuscripts discovered in Egypt in 1945, and he discusses the belief system of the Gnostic Christians who searched for a higher *knowledge*: “The Gnostics understood this mortal world, with all its evils and distractions, to be a deadly trap for one who seeks knowledge” (xvi). This belief of the created, or mortal, world clearly contradicts God’s affirmation that creation was “very good” (Gen. 1:31).

The human body is described by Gnostics as a prison and as an entity incapable of control and inherently evil. Roman Catholic theology through the Middle Ages, including the works of many ascetics, resembled that tenet of Gnostic theology. Viewing the body

as evil removes the focus on care for the physical realm and redirects it solely on spiritual health. Meyer suggests that two extremes emerged: the ascetic hermit and the libertine (xvii). These two avenues do not lead to healthy, Christian communities. The solitary life removes one from the service of others and focuses too much attention on one's spirituality at the cost of engaging the world and other people. The libertine is an abomination and does not seek to grow into the image of Christ in any way. Of the two extremes, this approach is the most harmful to God's creation and exhibits a disregard for physical health and wellness.

The mentality that any aspect of life is to be exploited or abused is not in congruence with the tenor of Scripture. The four Gnostic gospels (the Secret Book of James, the Gospel of Thomas, the Book of Thomas, and the Secret Book of John) paint a picture of Jesus that, at times, seems to resemble the traditional understanding of the risen Lord. The Gnostic teachings of Jesus have many similarities to the four Gospels in the New Testament, but lessons attributed to him subvert his teachings and pollute his true message.

Where Jesus taught about and modeled engaging the physical world through fasting, contributing to God, and praying, the Gnostics quote Jesus contradicting those ideas. In Saying 14 from the Gospel of Thomas, Jesus teaches, "If you fast, you will bring sin upon yourselves. If you pray, you will be condemned. If you give to charity, you will harm your spirits." These beliefs do not align with the gospel of Jesus Christ, which calls for honoring God's commandments and loving other brothers and sisters, the least of these, with actions and commitments in tangible ways.



Neo-Platonist theory and Gnostic thought converge on some issues, attempting to develop a valid theology and understanding of God. In fact, Gnostics believe they are more than a means but are the way to experience God completely. Conversely, more damage is done by allowing their theories to influence the Christian Church of today. This influence tacitly happens when the body, or the physical realm, is discounted as totally corrupt or depraved. The soul is believed to be eternal, and the body, which will cease to exist at death regardless of the care it receives, is discounted with little concern. That approach is not consistent with the biblical understanding of creation, and it cultivates bad theology and manifests in unsatisfactory care for the body. Lack of stewardship of the body results in obesity, inactivity, lethargy, depravity, and corruption of the image of God in which humanity was created.

### **John Wesley on Holistic Health**

Throughout Christian history, numerous theologians and pastors have strived to understand the topic of holiness and spiritual disciplines. Their endeavor has served as a means to understand further the Christian's relationship to God and salvation and their appreciation of that relationship. John Wesley provides United Methodists and his followers with valuable insight and clarity on the issue of personal holiness and holistic health.

Wesley was not one to shy away from topics that may not have seemed like the normal discussion for Anglican priests, and the world benefits still from his courage. In the foreword of *Primitive Physick*, Thomas Coke and Francis Asbury support Wesley's approach to health and explain to fellow Methodists in America that while they are concerned with the souls of the people called Methodists, they are concerned with their

bodies as well (xi). Holism was instrumental to the beginning of the movement in America, and it firmly anchored Wesley's approach to life.

Randy L. Maddox cites Wesley and his views of natural remedies and ways to live a healthy lifestyle from *Primitive Physick*. He promoted physical health not for the sake of wellness alone, but his motivation was for eternal restoration and in support of a holistic approach to salvation and wellness: "Yet (like the early Greek theologians) Wesley insisted throughout his life that salvation must involve not only inner holiness but also the recovery of actual moral righteousness in our outward lives" (145). Wesley champions the holistic view of health and commends the love of God as the ultimate remedy: "And by the unspeakable joy, and perfect calm, serenity, and tranquility it gives the mind, it becomes the most powerful of all means of health and long life" (x). Wesley advocates an all-encompassing Christian way of life rooted in his understanding that God does not want illness of soul or body for humanity.

In *Primitive Physick*, Wesley's preface includes the statement, "The entire creation was at peace with man, so long as man was at peace with his Creator" (iii). Maddox expands on Wesley's statement to declare that disease and illness are the result of sin and the Fall (146). He believes Wesley had "a strong emphasis on the importance of hygiene, diet, and exercise for recovering or maintaining health" (147). Wesley commends a proper diet as an exercise in thoughtful planning and logic: "Yet steadily observe both that kind and measure of food, which experience shews to be most friendly to strength and health" (iv). God is longing to heal humanity's spiritual disease of sin, and while advocating that point and incorporating it into his systematic theology, Wesley emphasizes holistic health, including diet and exercise.

Wesley gives clear direction on what to eat and drink and when to sleep in *Primitive Physick*. He also does not neglect to instruct on the subject of exercise: “The power of exercise, both to preserve and restore health, is greater than can well be conceived” (iv). He also advises where to exercise: “Use as much exercise daily in open air, as you can without weariness” (vi). Wesley touted exercise as necessary to a long and healthy life and as an asset to overcoming weakness: “We may strengthen any weak part of the body by constant exercise” (viii). He does not commend exercise as isolated focus but as part of a holistic pursuit of life. Just as people should not solely commit themselves to exercise, neither should scholars direct their efforts merely to the study of books: “The studious ought to have stated times for exercise, at least two or three hours a-day: the one half of this before dinner, the other before going to bed” (ix). Wesley promotes a balanced approach to life and health.

God is able to heal bodies as well, and means are available to humanity that will contribute to health and wellness. Wesley saw exercise, diet, and spirituality as important factors to overall health. After emphasizing these factors and the importance of rest, he added, “Above all, add to the rest, (for it is no labour lost) that old unfashionable medicine, prayer” (vi). Holism is a valuable motivation for a life dedicated to holiness in the Wesleyan way.

Gregory S. Clapper agrees that Wesley’s understanding of the Christian life is holistic in nature and design. Clapper describes Wesley’s approach as threefold: orthodoxy, orthopraxis, and orthokardia. The right beliefs, right action, and right heart are the keys to holiness and life as a disciple of Jesus (Collins and Tyson 216). Clapper expands, “When the Christian way of life (described not by only one or two, but all three

of the 'orthos') is embodied in real-life believers, it is itself the best proclamation of the gospel possible" (219). The purpose for individuals is not solely to witness about their faith, but the pursuit of holiness is a sufficient and necessary witness.

Maddox describes further how Wesley saw health and physical wellness as part of faith and holiness. Wesley suggests that Christians cannot simply indulge every urge and want they have. That life is not only unhealthy, but that manner of living is not congruent with Scripture or Christian history: "'[S]elf denial' is indispensable to the Christian life. One practice on which he laid particular emphasis (due to assumed primitive precedent) was regular fasting" (215). Wesley recognized the benefit of allowing room for God by offering God control of the body: "Nothing conduces more to health, than abstinence and plain food, with due labour" (vii). Wesley's views on wellness and the emphasis he placed on healthy living shows that Christians certainly have tools available to them that contribute to holiness.

Unlike others who may push the fasting and abstinence ideals to the extreme, nearly resembling self-mutilation and masochism, Wesley was not interested in such things. Wesley saw this practice of self-denial as a way to give something to God, not take away from the human life: "For Wesley, self-denial had nothing to do with physical abuse of oneself, but was rather a willingness to embrace God's will when it is contrary to one's own" (216). Charles Yrigoyen, Jr. states that Wesley avowed fasting as biblically based and included abstinence from food as well as limited eating and drinking. He details three of Wesley reasons for fasting: sorrow for sin, penitence for overeating or excessive drinking, and enrichment of one's prayer life (47).

Wesley's message is not just for those in the Wesleyan way but for all of those who minister in the name of Christ. These means of self-denial can also be a part of Wesley's works of mercy where regular abstinence from food can provide one with money that can be used for feeding others and serving God's purposes. Physical health does not benefit just the individual but also those who are served, and that fact is further motivation for the pastor. Pastors have many different avenues of service, and the necessity of physical wellness is often overlooked.

### **Well-Being and Holistic Health**

Wellness is not something that can truly be understood or described without the recognition of the physical, mental, and spiritual realms. To understand wellness better and what is required to achieve wellness, a more holistic approach to life is needed. The holistic existence more appropriately exemplifies God's intentions in creating human beings. Holism is a state of being where men and women find peace and their connection with God, which can be realized in better health: physically, mentally, and spiritually.

### **Holism**

The holistic approach to life is defined by a lifestyle where health and wellness are centered at the point of connection among the physical, mental, and spiritual realms. Katherine A. Lawler and Jarrod W. Younger evaluated that idea with their analysis of theology, the body, and religious experience. Lawler and Younger developed their research around the term *theobiology*, which they borrowed from Carole A. Rayburn: "[T]heobiology reflects the reciprocal interconnections between theology and biology" (347). They utilized three measures of cardiovascular health: systolic blood pressure (SBP), diastolic blood pressure (DBP), and heart rate (353). They recorded the blood

pressure measurements several times during the interview phase of their data collection to obtain an accurate estimation of physical health. The participants also self-reported their physical illness symptoms as well as current medication usage. Thus, with the diagnostic data and the self-reported health of the participants, they were able to study factors around holism and religious involvement.

Lawler and Younger studied laity, but the results are useful to the development of a connection between spiritual and religious involvement and physical health. The results showed: “higher levels of spiritual well-being were associated with lower DBP and MAP (mean arterial pressure), a derived measurement that more fully reflects overall pressure” (355). They further evaluated the effect of spirituality on physical health: “In both cases, higher levels of existential well-being were predictive of fewer illness symptoms and lower use of medications” (356). The results showed that spirituality, separate from religiosity, significantly influences physical health.

Lawler and Younger did not only look at spirituality; they evaluated the effect of religiosity. They found that religious affiliation and practice were linked to lower DBP and MAP, which lessened the chance for hypertension, myocardial infarction, and stroke (359). Lawler and Younger also recorded similar positive influences of religious involvement on mood states and stress levels. They hypothesized that spirituality would be helpful in managing stress and improving physical and psychological health. They found their hypothesis to be true concluding spirituality was a more beneficial influence than religious affiliation and practice.

Clergy were not part of the Lawler and Younger study. Spirituality has been shown to correlate with physical wellness, and clergy are in an optimal position to be

studied as spirituality professionals. Insufficient research exists in utilizing Scripture reading to deepen and enrich spirituality with the intent of improving physical health and evaluating the physical realm's impact on spirituality.

Richard J. Foster writes of searching for the Divine Center that is God, not in some perceived grand endeavor but in all activities of life. The Center, as he describes it, encompasses all of him:

But slowly I came to see that God desired to be not on the outskirts, but at the heart of my experience. Gardening was no longer an experience outside of my relationship with God—I discovered God in the gardening—it became an opportunity with God. (95)

This manner of approach to life is the source from which *exerceo divina* flows: a quest to offer all activities as vehicles for interaction with God.

Foster continues the journey to dwell in the Center not as a passive attempt to wait on God but as an active pursuit of God in all of his thoughts. He cites Paul's command in 1 Thessalonians 5:17 to "pray constantly." Foster shares a personal example: He sought in the routine of a normal workday to pray each person he met into the light of Christ. He describes his pursuit of constant communion with God: "I asked for discernment to perceive what was in people, inviting Christ to comfort those who seemed hurt, encourage those who seemed weary, challenge those who seemed indifferent" (100). This exercise from Foster's life inspired me to attempt to pray for those I encountered while running, and that activity helped shape a portion of this project as an endeavor to experience God in exercise.

The decision to commit to holism as an approach to life requires carving a space out in the hearts of followers to interact with God. Foster declares, "We must have a time to still the churning, to quiet the restlessness, to meditate on the almighty God who

dwells in our hearts” (107). Exercise committed to listening to God’s voice provides such a time.

### **Connection among Body, Mind, and Soul**

This study attempted to develop a program that educates clergy on the factors surrounding wellness while providing the ability to incorporate that awareness into their daily lives. Teresa F. Cutts et al. developed a similar program to assist clergy in improving their health. They suggest that clergy need an adequate support system, health education, and physical exercise instruction to become healthier: “[R]ather than assuming that the health of clergy is determined solely by acts of individual clergy, the researchers propose multiple levels of influence: Intrapersonal, Interpersonal, Congregational, denominational-specific Institutional, and Civic Community” (3). Cutts et al. named their program “Life of Leaders,” to describe their approach as they developed a program that treats clergy as leaders becoming physically and mentally healthier while including their congregations in the reconstruction. Their program is a two-day retreat that serves as an intervention, but they suggest that their work requires further study. For clergy to make significant movements toward healthier lifestyles, such research is needed, but establishing the connection between exercise and spirituality will be helpful.

With a proposed connection between physical health and spirituality in the form of religion and religious practices, confirmation comes in many forms. Pertinent to this study are tools that actually measure and record one’s physical health. David B. Larson et al. have researched the relationship between religion and physical health. They reference the lack of research concerning and the insufficient analysis of the connection between religion and physical health. Analyzing the works preceding their study, Larson et al. cite



that less than 2.5 percent of those studies utilized a religious variable when analyzing the connection between psychological and social risk factors and heart disease (266). Their work has been extremely helpful in establishing that connection and quantifying the benefits of religious activity on physical health.

Before the Larson study where religion was included in those psychological and family practice studies, the religion variable was defined most often by association with a specific church denomination. This classification does not allow for an analysis of the true impact of religion and, more importantly, religious activities such as worship, devotionals, prayer, and spiritual disciplines, on physical health. Larson et al. used a more specified understanding of religion by expanding the definition to include two factors: the importance of church and attendance in worship.

Those two factors clarify that involvement in religion consists of more than the identity of a denomination and simply being present at religious activities. The inclusion of how important religion is to an individual seems to be a better indicator of the effects of religion on that person. The importance measure also clarifies that understanding the impact of religion on health better requires a gauge that shows whether religion is more than a nominal descriptor, which would seem to support the more holistic understanding of wellness.

Larson et al. studied white males from rural Georgia and evaluated whether the importance of religion and church attendance impacted blood pressure separately and together. They found that the importance and attendance variables were significantly related to lower diastolic blood pressure (276). The results also showed that the importance variable had a stronger correlation with low blood pressure than the

attendance variable. The results confirm that the impact of religion is strongest when evaluated at a deeper level of transformation and involvement than with simple descriptors. Larson et al. also state that slight improvements in blood pressure are very important and can have a significant influence on the occurrence of cardiovascular disease.

The discussion of the impact of religion requires specificity and descriptions pertaining to individual religions because different religions have different practices and approaches to spirituality. For the purposes of this study, Christian spiritual formation is the primary focus, but some recognition of another faith is warranted. David H. Rosmarin, Kenneth I. Pargament, and Kevin J. Flannelly suggest some specific factors exist in Judaism that must be acknowledged in this conversation about the connection between physical and spiritual health. They propose that Jews have a more action-based faith that is not contingent on spiritual struggles, which are a part of their religious life. What has been referred to as spiritual disciplines in the Christian understanding could be compared with their statements about the practice of Judaism. This fact further reinforces the idea that the practice of religion and spirituality makes one physically healthier.

Rosmarin, Pargament, and Flannelly state that the practice of the Jewish religion makes its participants stronger physically, mentally, and spiritually. They evaluated the participants based on affiliation, attendance, and importance. The latter two variables were shown by Larson et al. to be valid indicators of the impact of religion. In their research, Rosmarin, Pargament, and Flannelly found that more religious Jews are better able to manage spiritual struggles than less religious Jews (253). The physical and mental health of practicing Jews did not decrease as the health of non-practicing Jews did. The

results showed that Jews who experience spiritual struggles do suffer physically and mentally (254). The results are a useful indicator of the connection among the physical, mental, and spiritual realms, and this study confirms that spiritual struggles are related to physical and mental health. However, the results show that the practice of religion contributes to better overall health.

With evidence of the influence spirituality can have on health, the converse position is a viable area of research as well. The effects of physical exercise on the spiritual realm are significant and should be evaluated. Robert R. and Linda R. Sands studied the connection between running and the development of spirituality at a primal, anthropological level. Sands and Sands suggest that as early humans developed endurance running, not as exercise but as survival, biologically engineered a reaction in the brain. Thus, exercise, manifesting in the “reward pathway,” naturally was a positive endeavor that as humans developed, became the region of the brain associated with spirituality (553). They speculate that this early spirituality would have been associated with nature and the environment in which they existed, but the foundation of this connection with spirituality is still significant.

Sands and Sands propose that dopamine and the neurotransmitter serotonin, produced during exercise, specifically running, can cause euphoric and transcendent thoughts and emotions (560). This suggestion by itself is useful because their statements echo what the scientific world has reported and what most people experience: Exercise can make a person feel better. This fact is helpful, but, more appropriate to this study, Sands and Sands suggest the connection between exercise and a *runner's high* is better associated with spirituality than addictive, chemical patterns (558-60). Their analysis of

the development of spirituality supports my proposal that exercise allows human beings to interact in a way outside the normal, daily routine. Thus, further research is needed that evaluates the impact of a program utilizing exercise and spiritual disciplines on individual wellness.

Specific intervention programs have been successful utilizing religious participation as a means to develop healthier lifestyles. Luvenia W. Cowart et al. studied the effect of a church-based program on obesity of African-Americans. They proposed the use of local churches because of the power they have in the African-American community, which is greatly in need of assistance with the highest rate of excess weight in the nation (4). The goal of Cowart et al. was to design a faith-based program to make parishioners healthier. They relied on pastors to assist them, not only in the message of health but also in the lifestyle itself: "The pastors pledged to commit to the program, practice healthy behaviors, deliver health-focused messages from the pulpit, support church engagement and encourage participation" (5). The marriage of church life and personal life was essential to their research, and that union led to success and transformation.

Cowart et al. measured heights and weights to calculate BMI. That data allowed them to measure the impact of the intervention. Sara Wilcox et al. coordinated a similar intervention for African-Americans, and they suggest blood pressure measurements as well. In those measurements, recommendations included recording blood pressure three times, with the average of the last two readings as the recorded blood pressure. The Cowart et al. study consisted of dietary instruction sessions and an exercise program, which began slowly with ten-minute sessions. The posttest results showed that all eleven

categories in the diet section showed improvement (7). The exercise segment showed a similar impact after the intervention as the number of participants who exercised regularly doubled and the majority reported experiencing physical benefits from the new exercise program (9).

In the Wilcox et al. proposal, the participants' primary means of measurements were prescribed to be the blood pressure readings and self-reported exercise activity along with surveys about dietary concerns. An interesting secondary measurement tool was recommended—the ActiGraph accelerometer, which objectively measures the amount of time spent in physical activity (330). The Wilcox et al. article provided the research and preparation necessary to implement an intervention along similar guidelines as the Cowart et al. study, but the actual execution of their plan is needed. Measuring physical activity through the accelerometer or self-reported data, partnered with the health measurements of BMI and blood pressure readings, should provide accurate and useful data contributing to the determination of physical health status and improvements.

### **Physical Fitness among Contemporary Clergy**

With the theological understanding of the holistic approach to the creation and existence of humanity, application of those biblical ideals requires evaluation. The physical fitness of clergy is an area that could greatly enhance the incarnational existence God expects of humanity. No ministry can be accomplished without the physical ability necessary to carry out those activities.

## Exercise and Physical Activity

Donald E. Demaray and Kenneth W. Pickerill detail what ministry requires, involving a holistic view incorporating the spiritual, physical, and emotional realms.

They confirm that the body must be maintained:

Physical flaws do not necessarily prevent one from engaging in Christian ministry; but to honor the body as “the temple of the living God” certainly enriches one’s capacity for service, increases well-being, and models care of God’s gift of life. (22)

Physical fitness prolongs ministry years of service and enriches life.

To achieve physical fitness, physical activity is a necessity. James L. Minton attempted to establish what components actually define physical fitness. Minton refers to Romans 12 and the call to be a “living sacrifice” as the motivation necessary to care for the human body. He goes on to provide a useful working definition of physical fitness:

Physical fitness is the capacity of the heart, blood, vessels, lungs, and muscles to function at optimal efficiency. The basic components of physical fitness can be broken down into five categories: strength, muscular endurance, cardiorespiratory endurance, flexibility, and body composition. (31)

In his study, Minton used cholesterol levels as the means to evaluate the readiness for cardiorespiratory ability. The study involved seminary students and found one-third of the sample had cholesterol levels in the critical range, which needed medical attention. That condition severely limits the long-term physical abilities of those potential pastors and compromises their physical fitness.

Cardiorespiratory endurance is impacted by many factors, most of which are influenced by daily life. Exercise in the form of running and walking is a positive influence on the cardiorespiratory health. Demaray and Pickerill cite Wesley as a visionary who perceives the importance of exercise: “A due degree of exercise is

indispensably necessary to health and long life” (48). They then confirm Wesley’s opinion: “Current data supports the thesis that regular exercise increases longevity by reducing the incidence of heart attack and cancer, as well as improving immunity to other disease” (50). Cardiovascular exercise is the key for pastors seeking to reverse the seemingly downward death spiral in their general well-being.

In light of the benefits of exercise, clergy members need to make the time to participate in cardiovascular exercise to see those benefits. In a survey of seminary students by Demaray and Pickerill, 58 percent reported they did not have enough time to exercise, yet one responder said the time was available if he or she made exercise a priority (48). Church leadership is beginning to realize that time needs to be dedicated to exercise and that physical well-being needs to become a priority.

Some denominations are seeking to improve the health of their clergy through alternate means. The American Baptist Churches USA organization has sponsored “wellness grants” for clergy to motivate them to improve their health (“Churches Stressing Health and Fitness” 13). Denominations have become more intentional about wellness by sponsoring run/walks as a part of their conference or convention schedules. Conference leadership organized similar events at the 2010 and 2011 South Georgia Annual Conference sessions as well, which also conducts annual health screenings at those meetings. Denominational leadership is recognizing the connection between exercise and clergy physical unfitness, and some are working to correct the downward trend of health.

The Evangelical Lutheran Church of America appointed a medical doctor as their consultant to work on these health issues. In 2004, their consultant “found that its

ministers and lay leaders were more overweight than the average American and were more prone to be under stress, depressed, and less physically active” (13). Alarming, in a separate Lutheran study in 2004, the results showed that clergy cases of high cholesterol, high blood pressure, and cancer were increasing, and the seminarians were significantly more unhealthy than the clergy and lay leaders. More than half of their seminarians had health risks related to lifestyle choices (13).

To address the health of their pastors, the Southern Baptist Convention also began offering a Web site with options around health, which includes a calorie counter and a virtual trainer. The Southern Baptist Convention is also supporting running as part of their organized events and conventions. In their Run for the Son event, they remind their pastors who they are exercising for in the end (13). Pastors are beginning to recognize that exercise and fitness regimens are useful tools to answer God’s incarnational purpose for humanity.

The divide between what clergy need to be doing for their health and what clergy are doing is significant. They need to believe they are able to help the congregations they serve as they deal with health challenges. Clergy will instigate the necessary changes when they acknowledge their substantial influence in the churches they serve.

In a study from Donnie W. West et al., African-American pastors were surveyed to understand their perspectives on the physical health of the congregations they served and their ability to assist their parishioners in improving their health in the face of a wide range of maladies. Some of the health issues discussed include tobacco abuse, substance abuse, sexual misconduct, cancer, obesity, stress, overweight, and physical activity. Overweight/obesity and physical activity ranked as two of the top three health concerns,



but these factors ranked low in the areas the pastors believed they could address from the pulpit. Obesity ranked in sixth place, while physical activity was tied for last with immunizations. In other words, the sampled pastors ranked their ability to increase immunization frequency with their influence on the physical activity of the members of their congregations (15).

With perceived limited influence on the health factors of their congregations, the solutions are realized by looking at the pastors' opinions of those with these health issues. The pastors in the study believed that overweight/obesity is caused by medical illness and sinful/immoral behavior, with learned behavior as a secondary cause. Behavior is such an influential force on the health issues around obesity, and that fact affirms that clergy need to do a better job addressing health issues. The onus appears to be on the clergy: "There is little research on the role of clergy in encouraging healthful practices in their congregations" (West et al. 13). Clergy have an opportunity to care for the physical health of their parishioners, but that purpose must involve their own physical fitness as well.

Morality is expected to be a part of the clergy job description, and clergy will benefit from an awareness of that aspect of the health discussion. While not exclusively focusing on clergy, Paul F. Schmidt reveals two correlations that may be helpful in understanding factors that limit health. In developing a character assessment tool, eight dimensions were specified and evaluated using moral alternatives to those dimensions.

The tool's negative aspects are equivalent to the seven deadly sins with one addition, and they are paired with positive traits. Of those dimensions, energy and body are useful to the discussion of health. The two poles of *energy* are laziness and

enthusiasm, while the opposite poles for *body* are gluttony and physical fitness (79).

When evaluating why clergy are unhealthy and the possible solutions to that problem, the dichotomies of laziness and enthusiasm and gluttony and physical fitness may prove beneficial.

The conversation is difficult when addressing all the issues contributing to clergy failures in the areas of physical fitness and exercise because insufficient research exists in this area. Clergy and laity alike are facing a health crisis, and they would benefit from guidance and direction on physical fitness specific to their Christian formation. The subject of clergy physical fitness requires further study and research.

### **Physical *Unhealth***

With an understanding of physical fitness and the struggles to maintain that level of health, a baseline for clergy should be established. Proeschold-Bell and LeGrand provide a necessary snapshot of just where United Methodist clergy are in their pursuits to be healthy. They utilized the subjects' height and weight measurements as indicators of obesity along with their frequency of chronic diseases to establish standards to evaluate clergy health. The authors compared the data gathered from the United Methodist clergy in North Carolina with the overall population of the same state. The results show that clergy are in need of an intervention ("High Rates" 1867-69).

Proeschold-Bell and LeGrand reported that the male and female United Methodist clergy had an obesity rate of 39.7 percent while North Carolinians had a rate of 29.4 percent ("High Rates" 1869). The chronic disease results showed that the clergy were more likely to have diabetes, arthritis, asthma, and high blood pressure. Another key indicator of a clergy physical fitness crisis is the level of health described by the lack of

obesity or being overweight. The results showed that 25.4 percent of clergy were at a healthy weight compared with 30.4 percent of their population counterparts (1870). They have provided significant results that expose the need for clergy to begin to reverse their unhealthy trends.

As Foster explains, the world has not changed its stance against the church, the tactics of opposition and persecution have changed. He states, “Persecution was replaced by assimilation” (65). The excesses of the world and the rejection of holistic health are now ingrained in the normalcy of church life. Foster suggests detachment from the agenda of the world is liberating and a consistent path to holiness, but the drive for so many is more possessions and striving to impress others instead of pleasing God (67). The problem of worldliness assimilating into church clergy and laity is the difficulty in separating the practices that tear down the body of Christ from those that edify the body of Christ.

Proeschold-Bell and LeGrand utilized their prior research to evaluate how clergy who are physically unhealthy assess their own health functioning: “Health functioning (also known as health-related quality of life) is a commonly measured construct assessing how health affects one’s work activities, socialization activities, and ability to care for oneself” (“Physical Health Functioning” 736). The authors found clergy males had health-functioning scores that were significantly higher than those of their non-clergy counterparts (738). These findings further illuminate the problems around clergy physical health because clergy are unhealthier, but they respond better to their *unhealth* than their non-clergy peers.

Proeschold-Bell and LeGrand suggest that either clergy are exclusively focused on the spiritual aspect of their profession, which allows them to ignore their physical conditioning, or they are so devoted to their calling that the physical challenges do not hinder them (“Physical Health Functioning” 740). They go on to suggest that clergy may be so dedicated to this calling that they ignore their own physical health as a sacrifice to participate in their vocation. The sacrifice of their health to serve a higher calling underscores the lack of awareness of holism and reinforces the need for intervention.

### **Contributing Factors to Physical and Spiritual Health in Clergy**

Physical fitness and issues around obesity are topics that need to be discussed when analyzing the overall wellness of clergy. Those subjects are crucial to the ability of clergy to serve and lead a congregation effectively. Herbert W. Chilstrom proposes that the connection between physical and spiritual health is valid and needs attention: “What does need saying again, however, is that the pastor’s body is not disconnected from his or her soul. If there is a general lack of joy and courage among our pastors, it is not far-fetched to suggest that it may be due, at least in part, to neglect of the body” (337). The connection between the physical and spiritual realms is the focus of this research. Stress in ministry, the level of job satisfaction of clergy, and awareness of physical wellness are useful indicators of spiritual wellness, and those factors play an important role in evaluating clergy health.

### **Stress**

The clergy profession is a challenging endeavor because the calling involves personal spirituality, professional practices incorporating the spiritual formation of laity, while including the family of the clergy member as part of the ministerial team. Clergy

are expected to be able to balance the requirements of their families, their employers, their denominations, and their personal development, and the perception by many is clergy should be able to meet those expectations flawlessly. The attempt to be perfect is unbelievably exhausting, and, quite often, one or more areas of a clergy person's life suffer. Stress and stress management have become necessary areas of research to understand better the life of clergy and the ways their lives can be improved and become more rewarding.

Demaray and Pickerill effectively name and define stress to enhance the understanding of ways to address stress and find a solution to problems in stress management. The authors define *eustress*, *distress*, and *hyperstress* as necessary terms requiring attention. *Eustress* is a healthy reaction, such as the one seen in public speaking, and provides a sense of readiness for a pending event. *Distress* is a negative aspect of stress and must be managed. *Eustress* and *distress* are part of daily functioning, but they need to be balanced appropriately. *Hyperstress* is a condition that results from existing in a *distress* mode for too long or too often. Demaray and Pickerill declare the state of *hyperstress* as "unnatural" and needing immediate attention (53-54). Catastrophic results await people who exist in a state of *hyperstress*.

Michael Lane Morris and Priscilla White Blanton have studied the impact of work-related stressors on clergy and their families. In a review of the literature, they propose that at least five external stressors exist. The stressors were as follows: mobility, financial compensation, expectations and time demands, intrusions on family boundaries, and social support (189). The husbands and wives who participated in the study had similar responses to the influence of stressors on their respective satisfaction with their

lives. Clergy results suggest that intrusions on their family boundaries negatively impact satisfaction with their lives. While the wives of the clergy also reported intrusion as a stressor, they added time demands as a significant negative influence (192-93). Those results emphasize the shared response to intrusion, but the lack of acknowledgement by the clergy of excessive time demands underscores a deeper issue that is damaging their health.

Clergy are not doing an adequate job differentiating between church life and home life. This inability negatively impacts their families, but their failure to see excessive time demands as *excessive* makes them less self-aware of the threats to their health. The awareness and perceptions of clergy are influential on their well-being and attitudes.

Cameron Lee and Judith Iverson-Gilbert discovered that a correlation exists between the perceptions of clergy concerning the many facets of their profession and their wellness. They studied the stressors of personal criticism, presumptive expectations, boundary ambiguity, and family criticism in contrast to beneficial factors around clergy support. The results showed that clergy perceptions have a significant influence on their well-being and attitude (253). Clergy need to be better aware of what factors are influencing their lives in order to prepare them to combat the stressors and issues that put them and their families most at risk.

Stress is a significant problem for clergy, and they are in more danger than they realize. C. Wayne Perry proposes that clergy are actually at a greater risk from stress than the general population. Perry studied United Methodist clergy using several factors to evaluate their psychological well-being and fitness for ordained ministry. Among several

factors, Perry used a Somatization Reaction subscale of the Minnesota Multiphasic Personality Inventory. This subscale evaluates how likely individuals are to becoming physically ill because of their experience with stressors. Perry suggests that clergy in the annual conference he studied are more likely to *somaticize* a stressor into a physical illness than 90 percent of the population (21). He proposes clergy self-care should be a priority, and he states self-care should be centered on wholeness and the connection of the spiritual, physical, and emotional realms. Perry proposes that clergy need more support from their congregations and their peers and a directed course of action to address their shortcomings.

Relationships define the clergy profession, and successful clergy are able to maintain a healthy balance among relationships with their families, the congregations they serve, and themselves. Being in a relationship with oneself may seem like an odd pursuit, but that language is appropriate to this study because so many clergy struggle with personal spirituality. All three areas are connected, and in order to live a healthier life, they must be holistically aligned.

To function in ministry, clergy need support structures, both at home and in the congregation. Cameron Lee studied clergy in their settings and sees the benefit and threat from congregational support structures. Lee cites Minuchin's work on differentiation and enmeshment to emphasize that without proper boundaries clergy can expose themselves to harmful situations and relationships (479). Lee echoes the suggestion of Robert Jay-Green and Paul D. Werner that "emotional closeness" is beneficial, but it can undermine clergy. Lee's emphasis is that of intrusiveness and the demands that accompany that dysfunction. Around the issue of boundaries, Lee found that clergy report significant

intrusion, interrupting both their private and family time (483). Intrusions by themselves are troubling, but what makes this stressor a grave concern for clergy health is their response to these intrusions.

Lee developed the Ministry Demands Inventory, which evaluates not only the irritants but also provides a scale that evaluates the level of irritation caused by the stressors. Clergy reported the intrusions on family time and private time, yet they did not indicate that these occurrences had significant impact on their lives. In fact, the clergy in the study rated these disruptions in the middle of the impact scale (483). This result is most damning to clergy health because the time that is needed by clergy for themselves and for their family unity is so easily surrendered. Lee suggests that clergy burnout is not associated with these issues around intrusion, but the results show that the satisfaction of clergy with their lives is negatively impacted by intrusion and the lack of boundaries (484). Expectations now declare life outside the church setting does not exist and that reality places an enormous strain on clergy and their families.

Clergy are no longer able to ignore the downward, occupational trends in their profession. Clergy are pushed and pulled in different directions by various forces, and their perceptions of what is expected of them by the church dominates their professional as well as personal lives. The effects of clergy living lives out of equilibrium are accumulating as Alan C. Reuter suggests: "The rates of suicide, divorce, alcoholism, depression, heart attack, and other stress related maladies are all significantly higher today among clergy" (221). Reuter relays that some speculate as much as 85 percent of all illness is stress related (223). Losing the battle with stress is not a foregone conclusion, and Reuter suggests actively attacking the problem.



Using a model from Robert Anderson that proposes nine stressors in ministry, Reuter suggests an approach to working on areas in which clergy see a need for improvement to address an area of inadequacy: “Inner tension is redirected into outward action in the process of taking charge and developing and working a concrete plan of action” (228). Reuter proposes a move from “stressful inactivity into concrete activity” will be productive in coping with stress.

Health is one of the nine stressors from Anderson’s model, and clergy would do well to use this approach in addressing their lack of physical wellness. Improving clergy health will not only manifest in better physical fitness, but it will also increase the ability of clergy to deal with other stressors and enhance their spiritual health. Those benefits will reverse the current trends in clergy longevity and increase the levels of job satisfaction among clergy.

### **Job Satisfaction**

Clergy deal with the stressors in their professional lives in healthy as well as harmful manners. Their ability or inability to cope successfully manifests in their degrees of satisfaction with their profession. Clergy job satisfaction involves many factors, and to understand those aspects better, the different factors should be analyzed.

William K. Kay uses a multiple-item approach to evaluate clergy satisfaction among British Pentecostal ministers. Kay suggests that job satisfaction is significantly influenced by satisfaction with life: “Life satisfaction can underlie all the items in a job satisfaction scale and operate on them collectively and individually” (86). He proposes that religious experience is a means of evaluating life satisfaction, but religious experience is also the goal, or the *job*, of clergy in their care of parishioners. One could

argue that the religious experience of the clergy members directly impacts the religious experience of the congregations they serve.

Kay suggests the correlation between clergy and laity religious experience is significant and proposes a means to confirm it. He surveyed clergy to evaluate their job satisfaction as it related to their background and the actual performance of their jobs. He found that performance of ministry had a more substantial influence satisfaction than age, personality, and pay. In fact, Kay suggests that thoughts of leaving the ministry are not significant influences on job satisfaction (94).

Kay's research is informative because clergy job satisfaction is dependent on what their jobs require them to do. He summarizes this finding: "Satisfaction comes from activity rather than from circumstances, from being of use to their congregation or to their neighbors" (94). Kay does not address physical fitness, but the correlation is still evident. The performance-related aspects of ministry are the keys to job satisfaction, and in order for clergy to get physically healthier, they must be seen as requirements in ministry.

If clergy perceive that their congregations and their neighbors need them to be leaders in physical health, they will respond, and they will be satisfied with their lives and their jobs. The views and expectations laity have for clergy are powerful factors in ministry, and clergy need to resolve the issues around these expectations to be productive partners in ministry. Whether perceived or realized, ambiguity around job requirements only produces clergy frustrated and unsuccessful.

Edward R. Kemery also analyzes clergy job satisfaction, but he does so with a focus on role conflict and role ambiguity. His research involved United Methodist clergy,

who, by organizational structure, spend a great deal of time transitioning from one church to another with an average tenure of three years. Methodist clergy must adapt to moving from one church with a particular view of what a minister does to a church with a completely different understanding of that role. Kemery was able to show that clergy can tolerate stress and challenges as long as they know the role they are to play and what is expected of them.

Kemery counters the work of Kay, affirming the importance of clarity around the role of clergy. Kemery concludes that Methodist clergy can capably handle conflict with their local churches and the larger church even if their roles are not clearly defined (566). Kemery suggests that the clergy role identity is dynamic and difficult to limit.

Ministry is always adapting, and this fact allows clergy to dwell in the world of ambiguity. If clergy, who are failing as physical wellness leaders in their local churches, understand the problems around their own wellness, they will discover ways to improve their physical wellness while being beneficial to the people they serve. Job satisfaction is dependent on many factors and influences the ability of clergy to do their job well, and physical wellness directly correlates with that satisfaction.

### **Diet and Nutrition**

Overindulgence of food can be a strong adversary to physical health, whereas the analysis of the place food holds in life and what authority it demands is beneficial to overall well-being. Donald Altman looks at various religions to see how they treat food in their fellowship and praxis. Altman suggests that American society clouds the issue of eating with *fast* food, inexpensive and mass quantities, and a trough mentality that is designed to herd consumers through a feeding to prepare for the next cattle car that pulls

up. Altman proposes that the focus should be on the actual event of fellowship around a table and the sharing of a collective story:

The irony is that food, when elevated to the extraordinary or sacred, provides what we need to make our lives more meaningful and complete. It strengthens family bonds, encourages love, creates a caring environment, connects us to our community, promotes a positive global outlook, sparks personal awareness, curbs negative desire, and blesses us with good health. Best of all, the opportunity to use food for increased spiritual awareness is available with every meal, every morsel, every bite. (9)

Altman's understanding of food and meals incorporates an experiential aspect, which can create a beneficial awareness of what is actually ingested.

God, family, friends, and fellowship are combined when breaking bread, and a meal becomes a moment to be cherished while listening for God and to loved ones and colleagues. Appreciation for the fellowship around the table does not endorse the idea of debauchery or overindulgence. It elevates a meal from a feeding to a time when people actually think and are aware of what is going into their bodies rather than being concerned with how much is on their plates and whether the dessert they want will be gone before they can race to the dessert table.

Of course, Altman does use other religions as a means to express the ways people can address food, but those varying views of God do not necessarily detract from his overall theme. Theologically, Altman goes off track in his mystical view of food from mother earth. He does offer valuable perspectives on how Hindus, Buddhists, Christians, Jews, and Muslims view food. Altman's thoughtful approach and evaluation of food and appetite are beneficial and underutilized while firmly grounded in religious understandings of the ceremony of a meal. That time around the table should be elevated to a significant moment of communion and fellowship, and God will be present there in

the hearts and minds of those who seek God and want to be more responsible when eating.

To know oneself is a common challenge among religions, but that pursuit proves invaluable to making serious life changes in the pursuit of wellness. Thomas Merton writes of humanity's struggle to understand itself and what is the *real self* in *The New Man*. People lose sight of God and who they are in God's world. Humans construct a false self that is defined by the things of this world, and one of those entities that defines many is food.

People allow themselves to believe that they cannot control their appetites and are unable to stick with an exercise regime. In this manufactured reality, people no longer choose to be empowered by God because they believe the world is of their making. If people are flawed and weak, then they cannot address those problems they believe are bigger than they can handle. All the while, people are experiencing pain and discomfort and illness because of physical brokenness in the form of disease and depression. Merton explains this pain in *Opening the Bible*: "Suffering is a symptom of disorder, and if we can understand its message, we can learn how to become once again unified and reconciled with ourselves and with God" (77). Reconciliation with oneself can lead to being fully aware of who one is and what one is capable of becoming through Christ. Fasting and control of one's body can also help in the reconciliation with God.

Fasting has a prevalent place in the Old Testament as part of normal life and instrumental to many prophets' and others' attempts to petition and receive God's defense and protection. Moses, Elijah, Isaiah, and countless others fasted as participation in festivals, seeking the Lord's guidance. In Esther 4:15-17, Esther, Mordecai, and the

Jews fasted to gain God's attention and favor in their struggle with Haman. They were successful, and this precedent shows that self-denial for God is a worthy endeavor and a means to connect with God and God's plan for the lives of humanity.

Many other examples abound of times when setting oneself apart for God is acceptable and recommended. In Exodus 29, Aaron was set apart for God's service, and he begins a new life that was expected of him after his ordination. Numbers 6 contains a thorough description of what being set apart as a Nazirite means. In their bond to God, certain food and drink are removed from their diets as a way to honor God and seek God's favor. In Daniel 1:5-21, Daniel and his friends gave testimony to what a healthy diet can do and how it can signify closeness with God. Daniel was asked to eat food that he knew to be unhealthy but that was deemed rich and necessary for good standing. Daniel succeeded on his healthy diet of vegetables and water and showed the world that defiling one's body is not the avenue to honor God.

In a similar manner, Jesus began his ministry with a fast in the wilderness in Matthew 4:1-4 and was soon after tempted by Satan to make bread out of stones. Jesus responded, "It is written, 'One does not live by bread alone, but by every word that comes from the mouth of God'" (Matt. 4:4). Denying oneself for God is the standard, but people must be aware of their weakness in this area if they hope to find reconciliation.

Everyday life can become commonplace, and self-awareness can become a challenging endeavor. This lack of awareness is not always an intentional mistake, but the misconception is still a limitation. Any time a person does not have a true awareness of self, challenges and character flaws can develop into limitations to God's work in this

world. Humanity is to work in concert with Christ: to be fully devoted to Christ's purpose for his body. That awareness can be difficult to maintain, but it is a worthwhile endeavor.

Issues around body image are widespread, and problems often emerge because of a misinformed view of one's body. Jesus asked about such a lack of self-awareness in Matthew 7:3: "Why do you see the speck in your neighbor's eye, but do not notice the log in your own eye?" David Stoop writes of the way people can struggle with self-awareness. When dealing with the issue of perfectionism, which 84 percent of people do, Stoop suggests two ways to handle the disorder of perfectionism: The inclinations are to overwork to reach the goal or to underachieve, oblivious to the current flawed state. He claims that either of these pursuits is unhealthy and can lead to discouragement and exhaustion.

Stoop explains that perfectionists lose themselves in the ideal and the never-ending struggle to achieve unattainable goals, ending in their unhappiness at best and extreme depression at worst. Alternatively, perfectionists can also reject the pursuit of the ideal and limit their effort and embrace a false image of who they are. They no longer see themselves as they truly are. Rather, they see the ideal image of themselves when they look in the mirror. What they look like and who they think they are can be miles apart from who they truly are. This problem is more prevalent than most would expect, and many no longer see their own degenerative state. They are truly unaware that their health is in a state of disrepair, awaiting a day of catastrophic disorder.

While some are oblivious to their fallen state, others have chosen to elevate food above the place of God and have manipulated the created order to worship objects that God has given humanity to power their bodies. The first and second commandments state

that nothing comes before God, and God's followers are not to make idols out of any of his creation (Exod. 20:2-6). Food is repeatedly put before God. In fact, people plan their entire day around what they are going to eat and when they will consume it.

Kenneth L. Barker and John R. Kohlenberger, III describe the first commandment: "You shall not prefer other gods to me" (99). People decide to preference food ahead of making the decisions they know to be good for them. Their choices should be beneficial to their own bodies and to the community of believers working for God's purposes. Barker and Kohlenberger suggest that idolatry, described in this study as the elevation of food above the authority of God, is spiritual adultery (99). People reject God to indulge the evils of another master.

Paul makes a reference to food idolatry in Philippians 3:19. Paul describes those who do not follow Christ: "Their end is destruction; their god is their belly; and their glory is in their shame; their minds are set on earthly things." This Scripture reference, which validates the concern with physical fitness and wellness, contributes to an understanding of the sinfulness of neglecting the body.

Sin is ever present, and sin's connection with abuse and neglect of the body must be recognized for the serious damage it can cause. Maxie Dunnam and Kimberly Dunnam Reisman, in their study of the seven deadly sins, address the sins of gluttony and sloth. Gluttony is described as the "twin brother to lust" because food is the "flesh" that is longed for by the glutton (160-61). Food has become a center of life and quite a money-making endeavor: "The two biggest sellers in bookstores are cookbooks and diet books. The cookbooks tell us how to cook delicious foods; the diet books tell us how not to eat them" (163). Dunnam and Reisman discount the asceticism of St. Francis of Assisi who



referred to his body as “Brother Ass” because he saw the body as the servant, as the beast of burden. The authors disregard St. Francis’ reference too glibly. Extreme asceticism of the body is not the answer, but the lusts and desires of the world should be harnessed. The body should serve God and, peripherally, the self. The first step to wellness is to recognize that the beast of burden does not control the feeding; the master does. To achieve the correct equilibrium, the beast of burden must be trained to serve and fulfill its purpose in support of the master and God above all else.

Dunnam and Reisman further contribute to the conversation with their discussion of the sin of sloth. The authors describe this inability to act as laziness, and they ask the reader to consider “the assertion that sloth (laziness) is the attempt to be less than human” (106). Their contention is that sloth—in this study, the choice not to care for the human body with exercise—is a rejection of the Gospel of Jesus Christ, which requires full and complete acquiescence. The slothful person decides against letting Christ fully impact his or her life through the transformation promised by the risen Savior. Dunnam and Reisman cite Henry Fairlie: “Sloth has been described in theology as ‘hatred of all spiritual things which entail effort,’ and ‘fairheartedness in matters of difficulty,’ in striving for perfection” (113). This thought informs this discourse because the Christian life of discipleship is built upon discipline, effort, and endurance. The process of sanctification requires effort, and the slothful person puts forth minimal effort and disregards the call to action from the Holy Spirit. Sloth undermines the work of God and is not congruent with holiness or the pursuit of it.

Pastors have a responsibility to God to care for the well-being of the congregations they serve as they all strive for holiness. G. Lloyd Rediger addresses the

authority that rests on pastors and what they should be doing to work on “body-mind-spirit fitness” (8). People look to clergy for insight and ask them to establish standards for living a spiritually healthy life, which is dependent on a sound physical as well as spiritual orientation. Rediger provides case studies of pastors who were nearly dysfunctional personally and professionally without some form of exercise regimen and protocol to handle diet and the challenges of pastoral life. Rediger looks to the US Army slogan as a guide for the Church: “[W]e can move ourselves and our parishioners toward the goal of being the best that we can be—under God, and for God’s purposes” (12). Clergy are in the best situation to help parishioners and should be the individuals who own that fact and work towards being their best.

While needing to exemplify health to their congregations, the rigors of ministry must also be managed. Pastors must avoid the destructive tendencies of a stressful life without adequate exercise and recreation. Their unfitness may not only apply to their lives and wellness, but it may refer to their ability to serve a congregation in the ways that they need a pastor to serve.

Clergy should be concerned with being proper stewards of God’s creation and the gracious gift of life, but their tendency to poor health contradicts that pursuit. Rochelle Melander and Harold Eppey provide a clear picture of why pastors seem to struggle with weight issues at such a prolific rate. Pastors do not like to tell people, “No,” and they do not want to offend parishioners. The authors describe a new pastor getting to know his or her congregation visiting several households on Saturdays with the typical rounds, including eating apple strudel, cake, pie, cookies, dessert bars, and drinking numerous cups of coffee. They go on to say, “Public events in churches and synagogues usually

involve food. Spiritual leaders face an ongoing temptation to consume empty calories, and excessive amounts of stimulants such as caffeine and sugar” (116). Pastors want people to be happy, and they want people to like them as well. Melander and Eppeley do not allow clergy to take a pass on personal accountability, and they suggest an intentional approach to the challenges around food. The authors propose a structured plan that involves journaling and a program to support a pastor in this effort.

Understanding diet and food control is the first step to the solution of obesity, but more should be done for physical wellness than just regulating the intake of food. Exercise is essential to fighting back against the trends that have become so firmly entrenched in the church. Oswald discusses this scary trend: “The lack of physical exercise is considered by doctors to be the most serious health hazard among North Americans. This includes our children. We have become so sedentary that we are jeopardizing our health” (141). Oswald supports his findings with statistics from the Center for Disease Control: “regular physical exercise reduces the incidence of many medical conditions—and most notably aids in fighting heart disease, colon cancer, diabetes, and obesity” (141). Those illnesses are deadly, and the refusal to address these threats is akin to aiding and abetting a crime by not educating local churches. Oswald does a great deal of seminars and lectures on fitness and wellness, and he touts the additional benefits that can be experienced because of exercise programs: positive emotions after exercise, increased self-esteem, improved fitness, and even aid in sermon preparation.

Establishing what should be the role of the pastor with regards to social issues, church polity, and personal accountability can be challenging, but pastors must learn to

balance those roles. Diet and physical wellness are, likewise, difficult topics, but clergy are not to shy away from them. God directs Ezekiel to deliver the message to the people whether they are receptive or not: “If I say to the wicked, ‘O wicked ones, you shall surely die,’ and you do not speak to warn the wicked to turn from their ways, the wicked shall die in their iniquity, but their blood I will require at your hand” (Ezek. 33:8). Neglecting the physical health of parishioners qualifies as a sin of omission, and pastors have been too complacent by not addressing physical health for far too long.

William H. Willimon discusses the many roles pastors have to play and pushes the envelope on where the onus falls in the life of the pastor. The pastor can be the resident expert in many areas, including priest, prophet, preacher, counselor, teacher, evangelist, and leader. Too often clergy are given a pass when addressing the issues in this study as if this one aspect of life is off limits and beyond their scope. Willimon does not suggest that pastors need to be proficient in the area of fitness or wellness, and that omission is an oversight on his part. His neglect of physical wellness reinforces the great opportunity clergy are missing when caring for their flocks and an aspect of the pastoral calling in which many are failing. Willimon does a good job describing the stresses of the pastorate, and he uses the diverse roles pastors play to offer some helpful insight into wellness.

Willimon writes about why pastors may struggle with personal wellness and are notoriously unhealthy, which is directly correlated with why it is not an issue in their churches. Willimon suggests pastors deal with a group of people who are hurting and very needy. Dealing with people who are in need of spiritual healing and are experiencing suffering can wear on clergy: “In the church, we also do a great deal of

standing by helplessly as people die, their marriages fail, their cancer does not heal, their enthusiasm lags, their old self-destructive habits reappear. It does something to us” (320). As if those stressors were not enough, Willimon rightly suggests the local church is not about the physical: “We come to church to think or to feel, not to be physically active” (321). Oddly enough, clergy seem to choose the Gnostic approach that the spirit is trapped in an evil vessel that does not need upkeep or attention. Pastors appear to believe they are able to distinguish what God is allowed to perfect: “Generally speaking, the more cerebral the work, the more we need to nurture our bodies” (322). With the discussion of the hurts and ills of church congregations, further investigation of their physical fitness and wellness plans is needed.

This issue does not merely involve the clergy, as church members are called to live their lives as disciples of Christ as well. To address wellness and seek to resolve some institutional problems with the way church members all live and worship and fellowship, much work is needed and new approaches will be beneficial. Pastors and laity can look at a situation and the culture around that issue and realize that something must be done, but someone must find the energy to develop an agenda and then to execute the plan. With divine encouragement from God’s Word, clergy and laity can hear the message God is providing that can lead to healthier, more fulfilling lives.

### ***Lectio Divina and Transformative Reading of Scripture***

Having evaluated several factors that contribute to unhealth, the discussion moves to the relationship between God and God’s Word. The revelation of God through the sacred text is potentially the most important spiritual influence on faith development. Scripture should play an important role in the life of a follower of Jesus because Scripture

is the revelation of who God is and who God wants followers to be. *Lectio divina* is a tool that is useful to understanding Scripture at a deeper level, and this project utilizes the procedure of *lectio divina* to improve the spiritual and physical health of clergy. To understand *lectio divina*, an approach to Scripture must be established that facilitates the transition to more experiential readings and enhances the reader's ability to engage God in the text.

United Methodist clergy in South Georgia are reminded by the conference leadership that their primary job is to make disciples of Jesus Christ. That process can be described as spiritual formation, and God's Word is the main avenue by which followers of Jesus have access to God and are transformed by God. Mulholland describes the type of reading that is needed to connect with God as formational. Mulholland describes much of the reading that is done as informational, which omits the experiential aspect of reading instrumental to Scripture. A certain degree of manipulation takes place when readers come to the Bible with an agenda. Mulholland discusses this attempt at control: "*We control our approach to the text; we control our interaction with the text; we control the impact of the text upon our lives*" (original emphasis; 19). Approaching Scripture as a struggle for power will not lead to a transformational experience with God.

Mulholland suggests an alternate form of reading that is harmonious with *lectio divina*. First, the main priority is to listen for God's voice in the passage of Scripture. The reader seeks not to be the master of the text but to be mastered by God through the text. Second, Mulholland advises readers to let their hearts and souls be their guides replacing rational practicality. Third, he proposes that readers dig deeper as they attempt to hear what a passage is trying to tell them (20-23). Introspection leads the reader downward

into the soul at depths that invite God into conversation, and only when God is the primary participant can transformative experiences happen in Scripture.

This study utilized the model of *lectio divina* to invite the participants into dialogue with God. While scholars credit St. Benedict as the architect of *lectio divina*, or *divine reading*, Sandra M. Schneiders suggests its origins go further back to the early days of the Church in Acts 8:26-39. This passage details the account of Philip's encounter with the Ethiopian eunuch. The Ethiopian was reading Isaiah 53:7-8—prophecy about Jesus and the suffering of the Messiah. He read the text, sought meaning, and presumably prayed to God for understanding when God instructed Philip to intervene and preach the good news to him. Philip soon baptized him, and he was counted as a follower of Jesus (“Biblical Spirituality” 139). John B. Klassen, directed by Vatican II, reiterates the transformational power of Scripture as the link to “the surpassing value of knowing Jesus Christ my Lord” cited in Philippians 3:8 (28). Reading Scripture unlocks a door to richer knowledge of God.

The early Church fathers relied heavily on Scripture reading. Dirk Nelson recognizes John Cassian, an Eastern desert father, for bringing the practice of *lectio divina* to the West in the fifth century (37). St. Benedict while seeking a life lived closer to God is credited with formally incorporating divine reading into the life of his order in the sixth century, described by Schneiders as “prayerful rumination on biblical texts” (139). St. Benedict prescribes many details in his rule for the monastic life, and he places a great deal of emphasis on prayer and Scripture reading. He discusses the structured reading of the Psalms, but he also mentions the understood reading of the Old and New Testaments as part of the daily schedule (Benedict and Fry 21). Gregory J. Polan suggests

the early monks believed Scripture reading was a continuation of the call to monastic life: “Reflection on the word of God was understood, if done intensely and prayerfully, to possess the power of calling people to continual conversion of life” (198). Church leaders incorporated Scripture in church tradition from the early days of the Church, ensuring its involvement in the church of today.

Schneiders credits the Church fathers during the patristic and medieval periods with establishing standards for Scripture reading (*Written That You May Believe* 16). She explains that early Church theologians like Origen and Augustine read the Bible with two senses: historical and spiritual (17). Schneiders understands the patristic and medieval periods as a time when Bible literacy was an endeavor for all people of the Christian faith: “All, whether specialist or lay, were expected to meditate on the text, either through their own scholarship or by using that of scholars and preachers” (18). The legacy of meditative Scripture reading can still be as monumental as Schneiders describes.

Laura Sterponi describes *lectio divina* as a vital part of the Western monastic tradition also crediting St. Benedict and including Guigo II as authors of its formulation (671). She proposes Scripture as a formational discipline in the manner of Mulholland: “As a devotional practice, *lectio divina* is thus more encompassing than textual reading; it is a spiritual *habitus* that applies not only to texts but also to individuals’ lives, the world, and history” (671). Schneiders uses the term *biblical spirituality* to explain how the Bible impacts spirituality. She provides three definitions of biblical spirituality with the first two encompassing the spiritualities seen in the Old and New Testaments in a more anthropological light. Schneiders’ third definition more aptly invites interaction with God as “a transformative process of personal and communal engagement with the biblical



text” (“Biblical Spirituality” 136). Spirituality should be studied, but the experience of God is life giving.

Powerful interaction in the biblical text can be seen in the life of the reader, and Schneiders explains five ways this interaction materializes: preaching, liturgy, small groups, gospel of social justice, and *lectio divina* (“Biblical Spirituality” 137-39). She explains that each of these five encounters with God is dependent on Scripture and the attempt to understand it. Polan proposes that *lectio divina* is a tool that when used in addition to worship liturgy prepares the reader for a more mystical and transformational experience of God in the Holy Eucharist (199). *Lectio divina* serves a valuable purpose in the spiritual formation of Christians by linking vital practices and disciplines with Scripture.

*Lectio divina* begins with a deliberate and slow-paced reading and rereading of a Scripture passage to understand better what the text is about. Polan advises readers to take time to pause and calm the mind and heart before approaching the Word of God (203). The manner of reading Polan commends is that contrary to the approach to a novel or the newspaper. He suggests the considerable impact of short lines and phrases that enable the reader to discover the importance of each word (204). Schneiders suggests that memorization of the text is often part of the *lectio* portion and moves easily to the next step, *meditatio* (“Biblical Spirituality” 140).

Rumination of the text known as *meditatio* follows the internalization of the spoken word, and Schneiders implies memorization of the sacred passages facilitates the incorporation of Scripture into the mind and body. *Meditatio* moves the reader from knowledge of the text to knowledge of oneself revealed by the text (“Biblical

Spirituality” 140). Sterponi declares memorization and embedding of “devotional treatises” similar to *meditatio* was taught in pursuit of understanding of sacred text in *Didascalicon* in the twelfth century and in *Li livres des enfans Israel* in the fourteenth century (669-71). Polan identifies the model for *meditatio* in Ezekiel 3:10: “He said to me: Mortal, all my words that I shall speak to you receive in your heart and hear with your ears.” The internalization of Scripture through memorization elevates the encounter with God’s Word through a greater investment of the self in contrast with skimming a parable of Jesus or reviewing the details of the laws of Moses.

With a deepening understanding of the passage and the self, *oratio*, as the third component described by Schneiders, allows the reader to interact with the author of the passage in prayerful response to God’s direction and message (“Biblical Spirituality” 140). Polan declares that *lectio divina* exemplifies what prayer life should always be and *oratio* trains readers for communication with God that begins with listening for God. He professes that *oratio* must be a response to God: “Thus we can see how the word of God itself teaches us to pray, shows us what our greatest needs are, and opens us to the mysterious transforming power that reveals to us our deepest longings and desires” (204). *Oratio* is more than praying as praying is typically understood; it is sacramental in nature because of the inward change it creates.

Foster commends the discipline of silence before God. He relays a story about Abbot Macarius who was directing brethren in the church in Scete to flee, and one of the brothers sheepishly reminded him they had already flown to the desert, as if they had gone far enough in their physical exodus. Macarius revealed to him the need to escape from talking and be silent (67). Foster explains the resistance to such a stance: “Silence

frees us from the need to control others. One reason we can hardly bear to remain silent is that it makes us feel so helpless” (68). Prayer requires a state of helplessness, which entails being controlled by God. In that helplessness and lack of control, change happens in which the essence of God is realized (68). The divine conversation of *oratio* prepares the reader for an even deeper, mystical experience.

The culmination of the endeavor is *contemplatio*, or contemplation, and Schneiders offers the definition: “Contemplation has acquired many meanings in the history of Christian Spirituality, but in this context it indicates the full flowering of prayer in imageless and wordless union with God in the Spirit” (“Biblical Spirituality” 140). Sterponi submits that the monastic writers did not include *contemplatio* as a component of *lectio divina* because it transcends processes of human construct. Sterponi contends, “They considered contemplation to be the ultimate goal of the devotional practice of *lectio divina*, one that only few attain on earth and that will be eternally enjoyed in heaven” (673). Followers of Jesus can aspire to no higher goal than union with God on the journey of spiritual formation.

*Lectio divina* has been an established tool for enhancing the relationship between God and those in search of such a union, but the prevailing culture has lost perspective on the mystical aspect of a relationship with God. Even as people and their expectations are changing, modern scholars and theologians are attempting to keep *lectio divina* relevant in the contemporary world. Educators Jo-Ann and Ken Badley have emphasized a resurgence of the principles of *lectio divina* by utilizing them in secular as well as sacred classrooms. The concept of slow reading, a theme *lectio divina* was built upon, is being used to reverse a trend in education of quantity over quality.

The Badleys utilize slow reading practices for not only Scripture exercises in the seminary classroom but *classic* texts in the university setting (34-35). They suggest that many educators have ceased to concern themselves with educating their students and have become more focused on test scores and prerequisite objectives. They summarize, “In short, today’s schools have been encouraged to produce, not to reflect” (31). A new pedagogy is emerging that is attempting to reverse the trend toward production in favor of reflection.

Sterponi sees the importance of reading and refers to it as a “cultural practice,” which she says links contemporary people with a cultural heritage (668). Carol A. Newsom cites Moses’ direction to the people in Deuteronomy 31:10-11 to read the law every seven years aloud as a means to unite God’s people and connect them to God and their heritage. She depicts reading as a tool to transcend death because reading is about the presence and absence of the author (12). For people of faith, Sterponi describes the link generated by sacred text where God is the author as “communication between human beings and the Divine” (668). Geoff New declares that *lectio divina* provides for a spiritual reading of Scripture that counters a formal academic reading of biblical text (16). Oddly, the secular academic arena is utilizing principles that have been marginalized in many seminaries: the more spiritual and introspective reading of text.

Terry A. Veling describes the objectives of teaching with similar, more spiritual wording: “Transformative, because it asks students to reflect on their experience and to broaden their horizons beyond initial assumptions and pre-understandings” (209). Veling (210) and Badley and Badley (35) include slow reading and reading aloud in classroom settings. Badley and Badley describe how K. Bradley even scaled down his course

syllabus to consist of one textbook in the pursuit of a deeper reading and connection to a text (35). So often, seminary students approach a syllabus as a strategic battle hoping to glean as much as they can without conceding too much of their time in the process.

Unfortunately, these same practices can follow them into active ministry.

Schneiders counters the utilitarian understanding of Scripture with a more experiential purpose: “*Lectio divina* is a form of biblical spirituality in practice that, over time, can transform a person into the image of Christ encountered in scripture” (“Biblical Spirituality” 140). Nelson calls for a pre-Enlightenment understanding of the Bible when imagination and emotion were a part of the reading experience (36). Slow reading and *lectio divina* can contribute to transformational experiences in God’s Word. Schneiders denounces seminaries for refusing to involve personal spirituality in favor of the “objectivity of study” (141). New sees the damage of this objectivity and asks the following question of clergy and their hermeneutical study of the Bible: “Is preaching today devoid of experience and therefore devoid of wonder?” (14). New reinforces the need for clergy to participate in Scripture reading to experience the revelation of God.

A transformative classroom can be a prayer closet, a desk in a quiet office, or the open road for a long run or bicycle ride. Sterponi describes the medieval practices around *lectio divina* as “sensori-motor” designed to engage fully the participants in significant religious experience (668). She suggests, “Reading was thought to allow incorporation of the text into one’s self, which would prelude the exercise of memory” (669). Her views on Scripture reading emphasize an incarnational pursuit that can revitalize clergy and others to whom Scripture reading has become laborious and cursory. Sterponi offers a

beneficial, interactive solution to clergy who have lost the mystical connection with God's Word in order to utilize the text to complete a sermon or Bible study.

Badley and Badley detail J. Badley's attempt to connect seminarians to Scripture in a meaningful way: "I have developed the course to encourage understanding, meditation, and dialogue with the biblical text, outcomes similar to the results of the first three steps of *lectio divina*" (37). This particular course is a study of the Book of Ruth, and the class members read the text aloud in class. The assignments and discussion attempt to draw the students into a conversation not only with the text but with God. Badley and Badley require more reflective readers: "Our call for a return to slow reading, recollecting *lectio divina*, is really a call to participate in our culture in a way that discerns its strengths and weaknesses" (39). Clergy can influence their own lives, but they can model this new behavior for their parishioners as well.

Alternate forms of *lectio divina*, or principles derived from its practice, are emerging in interesting ways. Klassen references elementary-grade teachers who use *lectio divina* practices in their classrooms to calm students and prepare them for learning. He also describes an Episcopalian pastor who incorporates *visio divina* (holy looking): participants are involved with *lectio divina* and, after several sessions, group reflection with a richly illustrated Bible (29). These modifications of *lectio divina*, as well as those recommended in this study, provide new ways for God to interact with participants. New avows the substantial impact of *lectio divina* practices with a reference to Ezekiel 37 and the valley of the dry bones: "They enable Christians to honour the Word of God as written and provide acres of space for the Spirit to speak and for dry bones to be

resurrected” (17). This study attempted to further the transformational reading procedure of *lectio divina* by incorporating an additional, physical component to Scripture reading.

What Badley and Badley, Sterponi, and Veling are emphasizing is the physical component to *lectio divina* that is often neglected. That omission is problematic because it prevents the correct process of *lectio divina*, but it also limits the reach of Scripture and the work God is doing through Scripture reading. Sterponi finds a rich emotional connection with Scripture that is facilitated by “sensori-motor actions and is constructed through the exercise of memory and reflection on the text” (674). Veling also professes the more complete reading, utilizing physical faculties. He declares the merits of reading aloud: “The wandering mind has less chance to wander, with the sound of voices always pulling one back to the text” (211). Scripture reading with physical components keeps the mind engaged while opening up the body to further growth as well.

This study proposed the incorporation of the physical into the spiritual existence, not as an addition but as an application of the change born through Scripture reading. Mulholland describes three aspects of Scripture reading: approach, encounter, and response (143). He explains three patterns of response: reminders, disciplines, and journaling (156-61). As evident in the three manners of response, Mulholland makes a powerful endorsement of the physical nature of response to the reading of God’s Word. He clarifies the mode of response he sees as necessary: “The address by God calls for a response in the daily structures of our being and doing. Our encounter with the Word, our address by God, must be carried into the details of our daily lives” (156). The details define followers of Jesus, and in the midst of those details is where God is experienced and true transformation is possible.

Reading Scripture exists as a functional activity with other-worldly interaction. Jean Leclercq declares Christians read because Jesus did and Christians want to be like him. Opening the Bible and studying the text and searching its pages is not only reading a book; it is reading Christ the Book (239-40). Leclercq clarifies that reading Scripture is not just emulating Jesus or meeting Jesus in the text: "Our primary purpose in reading is to acquire the mind of Christ" (239). Clergy aspire to the goal of acquiring the mind of Jesus in all aspects of ministry: as preachers, as teachers, and as servants. Leclercq directs readers to Scripture because that is not only where Jesus teaches but where he found himself (247). Pastors can read God's Word today as Jesus did so long ago, realizing the same blessings.

The application of Scripture reading is not a theoretical exercise; sacred text can live and breathe in the people of today. Veling explains the embodiment of Scripture that directs the reader into action in the world: "They begin to consider that the possibilities and meanings of the text may also become possibilities or meaning for their own lives. A reevaluation of attitudes and behaviors takes place" (213). Scripture has the power and potential to contribute to these changes in the lives of clergy and laity as they move onward to healthier lives.

Grounded in Scripture and nurtured in the tradition of the Church, numerous tools and a strong support structure will enable laity and clergy alike to live healthier lives. That type of wellness is in keeping with God's plan for creation and the reconciliation of each individual Christian. Partial sanctification is not the goal, and Jesus' words to the disciples in Matthew 26:41b should not describe today's clergy as well: "the spirit indeed is willing, but the flesh is weak." The local church cannot glory in weakness; rather,



congregations must nourish the willing spirit. That nourishment is much more filling than the earthly form of sustenance, and accepting that reality is the key to a healthier life: body, mind, and soul.

### **Research Design**

This study was an explanatory research design as described by John W. Creswell (358). The dependent and independent variables are correlated, and the research design of this study provides for the evaluation of those relationships. The design is also a mixed-method approach for quantitative and qualitative data.

The quantitative section of the research design consisted of the three means to gather the necessary data. I tested the participants with diagnostic measurements, a physical well-being appraisal, and a spiritual well-being instrument before and after the intervention. A health care professional gathered the diagnostic measurements. Heart rate, blood pressure, and height and weight measurements necessary for BMI were collected (Lawler and Younger 349-53).

The instrument used to measure physical well-being is the University of Michigan's Health Management Resource Center Health Risk Appraisal. The standardized instrument consists of sixty questions with Likert-scale, open-ended, and forced-choice type questions. The HRA was developed in 1990 and evaluates the status of the participants' physical well-being by testing eating habits, exercise frequency, and overall satisfaction with life. This instrument is used across many different research categories from risk-cost evaluation to predictive modeling to simulation. The HRA is a comprehensive evaluation that includes demographic data.

The instrument used to measure spiritual well-being is the Spiritual Well-Being Scale. The SWBS consists of twenty questions with Likert-scale type questions. The SWBS was first published in 1982 and has been used in research, hospitals, and religious settings around the world. The SWBS has been completed by thousands of people, including eight hundred US Navy chaplains in 1997. The SWBS measures the participants' view of their existence and their overall relationship with God and others.

The qualitative section of the research design consisted of a focus group during the post-intervention phase of the research. This approach is used frequently and results in useful interaction between the participants and the researcher. For this study I used a self-prepared questionnaire consisting of three questions to guide the conversation at the posttest session with the participants. I utilized the opinions and observations of the participants to evaluate which exercises were most effective and how the *lectio divina* helped in focusing them and improving their overall wellness.

### Summary

People are frequently focused on the physical realm because it is tangible and easier to evaluate and understand than the unseen, spiritual realm. Proeschold-Bell and LeGrand have done an extensive job researching the lack of physical health of United Methodist clergy. They and others have suggested that clergy and laity alike do not take sufficient care of themselves. The lack of physical health is being realized in low levels of job satisfaction, higher stress levels, inability to perform jobs, and increasing diagnoses of long-term illnesses. The current literature describes the dreadful state of clergy physical fitness, and further study is needed.

To address the physical well-being of clergy successfully, spiritual health must also be analyzed. Much of the research around the clergy profession deals with the relational aspect of the job seen in the relationships at home and at the church. Ambiguity around the role of clergy severely limits their impact on their congregations. Physical fitness has not been a priority, and as a result their lack of leadership has resulted in clergy being less healthy. The tension this state produces is wearing on clergy and negatively impacting their view of their calling to ministry. The spiritual discipline of *lectio divina* assists clergy in their pursuit to be healthier physically, and the effectiveness of that tool was evaluated in this study.

Theobiology attempts to bridge the gap between theology and biology. Research shows that even the earliest human beings were able to exercise their bodies for survival and that physical exertion involved a spiritual component. The converse should be true: The spiritual realm can have a significant impact on physical health. Research has gone beyond the simple aspect that the physical and spiritual are related, and studies have shown that faith-based interventions can be successful. This study relied upon that research, and it has contributed to the pursuit of understanding the interaction of the physical and spiritual realms.

## CHAPTER 3

### METHODOLOGY

#### Problem and Purpose

Physical health is a difficult thing to measure, and improving one's health is also extremely challenging. Established measurement tools are available and put into practice, and while no one tool is perfect, several tools, in concert with each other, assist in determining a level of health. In the battle for wellness, what works for one person may not work for another. Clergy are in need of a program that utilizes their abilities in spiritual formation along with exercise to address the mounting problem of clergy *unhealth*. Accurate measurement tools paired with an exercise program are needed for and crucial to the future of effective ministry.

This study was designed to address clergy and their lack of focus on physical health. Physical wellness is a reflection of spiritual health, and the merger of those entities is where the solution lies. More research is needed to establish and measure the connection between those two realms. With an established relationship, clergy can begin to care for themselves and their congregations adequately. The purpose of the study was to measure the effects of *exerceo divina*, a two-month program involving cardiovascular exercise and Scripture reading (*lectio divina*), on the physical and spiritual well-being of participating pastors in the Statesboro District of the South Georgia Conference of the United Methodist Church.

#### Research Questions

The following research questions provide the basis for this study and address the situation around clergy physical health.

**Research Question #1**

What were the participating pastors' physical and spiritual well-being before the intervention?

The study had to establish a baseline for the health of clergy spiritually and physically. To measure what impact this intervention had on them, I used an instrument that measured their physical well-being and another instrument that measured their spiritual well-being. I evaluated the participants' physical well-being with the University of Michigan's Health Management Resource Center Health Risk Appraisal (see Appendix B), and the Spiritual Well-Being Scale assessed the spiritual well-being of the participants (see Appendix A). The HRA is a standardized instrument consisting of sixty questions with Likert-scale, open-ended, and forced-choice type questions. The SWBS consists of twenty questions with Likert-scale type questions.

This study had to establish the physical health of the clergy members, and this question addressed that need. Blood pressure, heart rate, and height and weight measurements established a baseline. Blood pressure readings and heart rate were taken by an automated machine. A registered nurse measured the participants' height and weight with a scale and tape measure to calculate BMI.

**Research Question #2**

What were the participating pastors' physical and spiritual well-being after the intervention?

To assess what changes took place during the intervention, I administered two instruments following the intervention. To measure what impact this intervention had on the pastors' physical well-being, I administered the HRA again. I distributed the SWBS a

second time to assess the impact of the intervention on the participants' spiritual well-being. The registered nurse recorded the blood pressure, heart rate, and height and weight measurements to evaluate the effectiveness of the intervention using an automated machine for the blood pressure readings and heart rate. A registered nurse measured the participants' height and weight with a scale and tape measure to calculate BMI.

### **Research Question #3**

What correlation exists between changes in physical and spiritual well-being of the participating pastors and their physical diagnostic measurements?

This question sought to determine if the connection between physical health and spiritual health is significant and beneficial to improving physical fitness. The study processed the data with the PHStat statistical software for Microsoft Excel. The software helped determine what correlation existed between the changes in physical and spiritual well-being.

### **Research Question #4**

What did the participating pastors find to be the most and least helpful aspects of the program?

A focus group after the intervention phase provided the input to answer this question, which is helpful in understanding this study and establishing the foundation for future research. I used a self-prepared questionnaire consisting of three questions to guide the conversation at the posttest session with the participants (see Appendix C). The opinions and experiences of participants are invaluable in making significant improvements in physical fitness a reality.

### **Population and Participants**

Methodist clergy are mindful of their connection to the broader United Methodist Church, which involves congregations all over the world. Connection is a defining term for the Methodists around the world. This project was not designed to cover the breadth of the UMC because too many significant cultural differences exist in countries around the world. Food is much more readily available in the United States than in many sections of the world. Along with that fact, cultures differ in the way they see exercise and dietary practices. This project will be applicable to the UMC in the US. The membership of the Methodist Church in the US has been declining at a faster rate in the Pacific Northwest and the Northeast. So much of American Methodism is defined by the Southern section of the US. This study took place in the South, and that region is where the context begins to take shape.

Georgia is in the heart of the South, and Georgia consists of two annual conferences: the North Georgia Conference and the South Georgia Conference. The North Georgia Conference centers on the metropolitan area of Atlanta while the South Georgia Conference, where the study took place, consists of five smaller cities in addition to significant rural farming regions. The conference is nearly homogeneous in composition with 93.7 percent Caucasians, 4.6 percent African-Americans, 1 percent Latino/a, and 0.7 percent Asian-Americans. The conference is composed of 85 percent male and 15 percent female. This demographic information minimizes a significant amount of diversity in background and social development for the project, but the conference composition does allow for reasonably confident generalizations. These trends extend to the conference districts as well.

The Statesboro District is representative of the conference in its diversity and composition. The importance of this study is grounded in that fact. Focusing the intervention on the Statesboro District allows those pastors to test the model that may potentially benefit the entire conference. The pastors of the Statesboro District are local church pastors who are serving congregations. The participants were limited to full-time local pastors, pastors on the ordination track, and ordained pastors. The part-time local pastors were excluded because they also have another career in addition to the churches they serve. They are still pastors, but their employment and benefit status are not the same as the participants. The scope of those differences would have been too great an impact on the outcome of the study, so they were excluded.

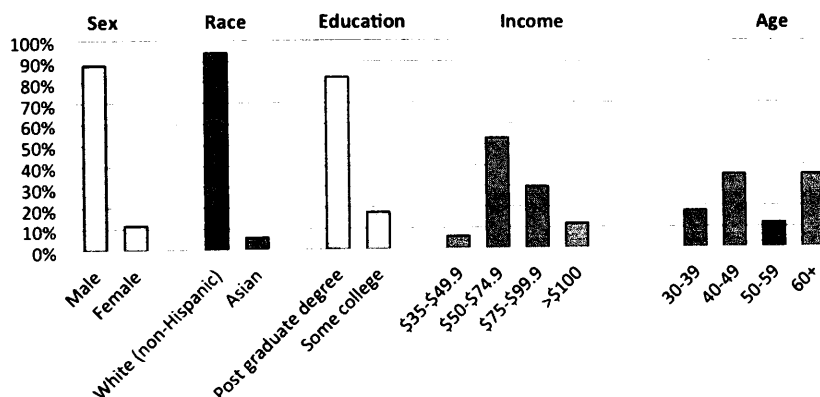
The participants are self-selected United Methodist pastors in the Statesboro District of the South Georgia Conference. The Statesboro district superintendent was contacted and notified of the plans and goals of this project. The district superintendent was agreeable to its focus and methodology, and he approved of its use in the district. The Statesboro District was selected because of the access given to me by the district superintendent. The study was open to all full-time, appointed pastors in the district, but none of the pastors were required to take part in the study. The participants were included on a volunteer basis.

The participants were self-selected United Methodist pastors in the Statesboro District of the South Georgia Conference. The study was open to all full-time, appointed pastors in the district, but the pastors were not required to take part in the study. The participants were included on a volunteer basis. Seventeen pastors completed the intervention of the twenty-four participants that began the intervention. One pastor did



not successfully complete the Health Risk Appraisal at the pretest session but did complete the intervention and participated in the posttest session.

The participants consisted of fifteen men and two women, sixteen of which were Caucasian with one Asian. Fourteen participants have post-graduate or professional degrees, and three have attended some college. Household incomes ranged from \$35,000 to more than \$100,000, and 40 percent of the participants' income was greater than \$75,000. The average participant age was 50.3 years, and all participants are married (see Figure 3.1).



**Figure 3.1. Participants' Demographics (n=17).**

### Design of the Study

The Statesboro District has bi-monthly meetings where the superintendent and the clergy meet together to disseminate information, share in interpersonal interactions, and commune for fellowship. The district superintendent meets in a central location with the

clergy. I joined the superintendent for two district meetings: one meeting for the pretest phase as well one meeting for the posttest phase.

These meetings provided time for data gathering and a presentation from me. Two frequency instruments evaluated the participants' pretest physical and spiritual well-being, respectively. A health care professional recorded certain medical diagnostic measures to contribute data useful in evaluating physical fitness, such as weight, height, heart rate, blood pressure, and BMI. Following the survey, I provided the participants with a daily devotional guide and a presentation on incorporating spiritual disciplines in an exercise program. I prepared a booklet explaining suggestions for an exercise program and what it entails, and I distributed it to the participants. During the instructional time, I also discussed ways to make dietary improvements and suggestions on how to make healthier food choices also supported by the booklet.

The participants were informed that they would be evaluated again in two months. During the two-month period, I corresponded with the participants through e-mails every two weeks to help encourage and motivate the participants. After the intervention period, I again met with the participants. The registered nurse recorded the diagnostic measurements. I administered the HRA and SWBS a second time for the posttest data. I then conducted a focus group discussion of the study to record what portions of the intervention the participants found to be positive or negative influences on their overall wellness.

This study was explanatory with mixed quantitative and qualitative methods. Following the posttest surveys and focus group discussion, data analysis began. I evaluated the diagnostic data from before and after the intervention with PHStat

statistical software for Microsoft Excel. Using those results I evaluated the correlations between the physical well-being, the spiritual well-being, and the diagnostic values.

### **Instrumentation**

The study utilized two instruments to evaluate the well-being of the participants. The Spiritual Well-Being Scale assessed the spiritual component of the project. The physical component was comprised of exercise involvement and dietary risk aspects of health. The study used the Health Risk Appraisal from the University of Michigan's Health Management Resource Center to measure the physical component. The HRA includes a demographic section.

Craig W. Ellison and Raymond E. Paloutzian developed the Spiritual Well-Being Scale. The instrument evaluates the spirituality of the participants existentially and religiously. For this study, the SWBS measured the impact of exercise and *lectio divina* on the spiritual well-being of clergy.

I evaluated the participants' physical well-being and health risk with the HRA. The standardized instrument consists of sixty questions with Likert-scale, open-ended, and forced-choice type questions. The HRA was developed in 1990 and has been published in 140 peer-reviewed journals and in approximately ten papers per year over the last few years. The HRA is used across many different research categories from risk-cost evaluation to predictive modeling to simulation. The HMRC HRA measured the impact of exercise and *lectio divina* on the physical well-being of clergy.

## Variables

Several variables interacted in this study. In their interaction, correlations among variables revealed information useful to the study of the physical and spiritual aspects of wellness. Those relationships helped establish how to improve wellness holistically.

The independent variables are exercise (e.g., walking, running, swimming, elliptical machine usage, and bicycling) and dietary changes as measured by the HRA, and Scripture reading (*lectio divina*) as measured by the SWBS. The dependent variable is physical fitness as measured by systolic and diastolic blood pressures, heart rate, and BMI. The intervening variables are gender, age, diet, and stress level. An overwhelming majority of pastors in the population and sample are men. The pastors are, on average, older in age. Diet is also a factor because pastors are not known to eat diets that are recognized as healthy. Stress level impacted this study to varying levels.

## Reliability and Validity

Two instruments were utilized for this study with a test-retest reliability and validity: Spiritual Well-Being Scale and the HRA. The reliability and validity of these instruments is paramount to a study that is beneficial and credible. The reliability of the instruments describes the consistency of the instrument, while validity refers to the accuracy of the instrument in producing appropriate and useful responses to the instrument. The two instruments utilized in this study had reliability and validity associated with them.

**Reliability.** The participants were self-selected volunteers. I distributed, administered, and scored the instruments following the same procedure for each one. I was readily available to the participants as they completed the instruments. The

participants sat at tables with ample room to allow them to participate in the data collection.

Brown University describes the reliability of the Spiritual Well-Being Scale questionnaire to assess spiritual well-being in religious and existential senses. The reliability was tested, and the scores supported the conclusion of “high reliability and internal consistency” (“Spirituality”). Participants produced similar results after repeated testing.

Michigan’s HMRC HRA has been utilized exceedingly in numerous publications. The HMRC reports that the reliability of their HRA has been tested often. Any differences have resulted in no impact to the subject’s risk classification (“HRA Science”).

**Validity.** The SWBS and the HRA analyzed the overall well-being of the participants. The two instruments are intended to measure the participants’ spiritual and physical well-being, respectively. The resulting data from the instruments established the significant relationship among well-being and exercise and *lectio divina*.

Brown University describes the Spiritual Well-Being Scale as a valid tool to assess spiritual well-being in religious and existential senses. Brown University reported “sufficient validity” to assess quality of life. The scores from the SWBS also correlated with other spirituality scales (“Spirituality”). The SWBS does have the ability to produce responses that correlate appropriately with conditions.

Michigan’s HMRC HRA has been utilized exceedingly in numerous publications. This instrument has been researched and utilized for over twenty-five years and is quite effective in producing valid results. Louis Yen et al. researched the validity of this HRA

by comparing the HRA results with actual health care costs. They report no statistical difference between the results of the HRA and the health care costs associated with the illnesses (1056). Their work establishes the HMRC HRA as a valid instrument.

### **Data Collection**

The project is composed of one pretest data collection session including an instructional portion. Two months after the initial meeting, the posttest session was conducted. I gathered data using the pretest instruments at both sessions, and a focus group discussion followed the posttest data collection to assess what portions of the intervention were most and least helpful.

The district superintendent (DS) of the Statesboro District and I designated two meeting times to meet with the participants. The district clergy meet every two months in one central location. The pastors meet for administrative, educational, and fellowship purposes. During these meetings, the DS graciously scheduled time for me to have access to the pastors, who were self-selected, to allow for their voluntary participation in this project.

The DS, one of the nurses, and I arrived an hour before the meeting began to prepare the fellowship hall for the data gathering. As participants arrived, the registered nurses were introduced, and the DS and I briefly explained the study while asking for involvement. The nurses began data collection of the necessary diagnostic information while those pastors who were waiting were allowed time for fellowship. I distributed black pens and then administered the two instruments while the participants waited for the nurses to call them, measuring the physical and spiritual well-being of the participants.

Before the Spiritual Well-Being Scale was administered, the participants were directed that this survey concerned their own personal spiritual formation and was not related to any vocational or employment-related activities. I numbered each instrument and gave them to the appropriate participant to be completed. This process took some time as the nurses measured height, weight, and two blood pressure/heart rate readings, and the instruments required approximately twenty minutes to complete. The pastors were informed that signing the HRA provided their consent to participate in the project. Each participant was assigned a number for use as their identification throughout the project. After the participant height, weight, blood pressure, and heart rates were recorded, they returned to their seats.

At each session, the DS opened the meeting with refreshments and announcements, and he led a discussion on a book study in which the pastors were participating. When that session concluded, the DS provided a short introduction and asked me to begin. I provided necessary background information on the project, including a timeline, and I informed the pastors of the motivation for the intervention followed with a plea for the pastors' participation and a guarantee for complete anonymity and identity protection.

I began the instructional portion of the intervention by disseminating the *exerceo divina* pamphlet (see Appendix D). I lectured from a prepared outline, which included instruction on Scripture reading and the exercise and dietary portions (see Appendix E). The entire instructional period lasted fifteen minutes. I allowed time for questions and closed the session by thanking the participants for their cooperation and involvement. The DS then assumed authority of the meeting and continued with his agenda. After the

meeting concluded, I scored the instruments and recorded those scores and the diagnostic measurements associated with them in data processing software, Microsoft Excel. I corresponded with the participants every two weeks during the intervention through e-mail to share a devotional, words of encouragement, and my contact information.

To gather the posttest data two months later, I scheduled time at the district meeting. The meeting was held at the same church, but the fellowship hall, the pretest meeting location, was closed for a funeral. The meeting was moved to the chapel, which is located at the other end of the church campus. When I arrived, the nurse and I set up the parlor for the data gathering. The pastors were asked to walk a significant distance once they were informed of the location change.

As participants arrived, I directed them to the registered nurse to measure their diagnostic data. While the participants waited, I distributed black pens and then administered the two instruments, measuring the physical well-being and the spiritual well-being of the participants. The nurse began data collection of the necessary diagnostic information while those pastors who were waiting were allowed time for fellowship and the opportunity to complete the instruments. The collection took some time as the nurse measured height, weight, and two blood pressure/heart rate readings. After the participant height, weight, blood pressure, and heart rates were recorded, they returned to their seats. Once they completed the instruments, the participants returned the instruments and pens to me.

The meeting moved from a parlor down the hall to the chapel. The DS opened the meeting with refreshments and announcements, and he led a discussion on a book study



in which the pastors were participating. When that session concluded, the DS provided a short introduction and asked me to begin the focus group discussion.

The focus group discussion took place in the chapel, and I used a digital recording device to record the conversation, which lasted approximately thirty minutes. I asked the following questions: Which portion of the intervention was most helpful or beneficial? Which portion of the intervention was not helpful or beneficial? and, What suggestions do you have for future research in the area of clergy wellness? I thanked the participants for their comments and their participation and then reminded the participants that I was available for any future questions or issues around this project.

### **Data Analysis**

I gathered the diagnostic measurements and entered them in the database. I then compared the data from the pretest and posttest meetings. Using descriptive statistics I analyzed that information to determine, among other things, any changes in mean, median, or mode.

The Spiritual Well-Being Scale measured the participants' spiritual health both before and after the intervention. I processed the quantitative portion of the project with PHStats for Microsoft Excel. I analyzed and contrasted the averages for the frequency data pretest and posttest.

The HRA of the University of Michigan's HRMC measured the participants' involvement in physical exercise and evaluated the dietary status both before and after the intervention. I processed the quantitative portion of the project with PHStats for Microsoft Excel. I evaluated the averages for the frequency data pretest and posttest.

I processed the data from the HRA, the SWBS, and the diagnostic screening using inferential statistics to evaluate any correlations that existed among those three portions of data. Utilizing statistical software, I analyzed the correlation between HRA scores and SWBS scores, the correlation between SWBS and the diagnostic data, the HRA scores and the diagnostic data. I also examined the variation in diagnostic data that can be explained by the HRA scores and the SWBS scores.

The focus group discussion provided the material for the qualitative portion of the project. I recorded the conversation with a digital recorder and analyzed the material after the meeting. The panel of participants reported pertinent and significant data, which I summarized in the results section of the project.

### **Ethical Procedures**

I notified the participants before I administered the surveys that they gave their consent by signing the HRA. I attached a number to the name of each participant, which was used to record the diagnostic data and to mark all survey instruments. This system protects their identities from everyone but me. I guaranteed the participants that the key associated with their identities would not be published or released and would be stored in a secure area. After the completion of the study their names were deleted from the files. Complete confidentiality was a prerequisite to the study being conducted, and I assured the participants they would be insulated from unwanted sharing of their personal information and data.

## CHAPTER 4

### FINDINGS

#### Problem and Purpose

Many clergy and other religious leaders have marginalized the importance of physical well-being in favor of spiritual health. That lifestyle is not supported by the Bible and is in opposition to what God intended for humanity. Choosing physical health over spiritual health or vice versa does not allow for a healthy lifestyle. Followers of Jesus must make concerted efforts to live in a holy and holistic manner consistent with Christ's teachings. Clergy are called to such a commitment, and many are failing to teach that doctrine and live by it.

This study was designed to address clergy and their lack of focus on physical health. Physical wellness is a reflection of spiritual health, and the merger of those entities is where the solution lies. More research is needed to establish and measure the connection between those two realms. With an established relationship, clergy can begin to care for themselves and their congregations adequately. The purpose of the study was to measure the effects of *exerceo divina*, a two-month program involving cardiovascular exercise and Scripture reading (*lectio divina*), on the physical and spiritual well-being of participating pastors in the Statesboro District of the South Georgia Conference of the United Methodist Church.

#### Participants

The participants were self-selected United Methodist pastors in the Statesboro District of the South Georgia Conference. The study was open to all full-time, appointed pastors in the district, but the pastors were not required to take part in the study. The

participants were included on a volunteer basis. Seventeen pastors completed the intervention of the twenty-four participants who began the intervention. One pastor did not successfully complete the Health Risk Appraisal at the pretest session but did complete the intervention and participated in the posttest session. The participants consisted of fifteen men and two women, of sixteen Caucasians and one Asian. Fourteen participants have post-graduate or professional degrees, and three have attended some college. The average participant age was 50.3 years, and all participants are married (see Figure 3.1, p.92).

### **Research Question #1**

**What were the participating pastors' physical and spiritual well-being before the intervention?** To analyze the impact of the intervention, the project had to establish the state of well-being for the participants. Two nurses and I measured the physical and spiritual well-being of the participants. For the physical well-being status, heart rate, systolic and diastolic blood pressures, and BMI were measured and the participants completed a standardized test (HRA), which was scored electronically. The HRA is graded with logarithms that produce a grade with a maximum score of 100. The higher participants score the more healthy they are deemed to be. The Spiritual Well-Being Scale produced a score to evaluate the participants' spiritual well-being. The SWBS has a maximum score of 114, which correlates with spiritually healthy people, and a minimum of 19 (see Table 4.1).

**Table 4.1. Pretest Physical and Spiritual Well-Being (N=17)**

Physical/Spiritual Tests	Mean	Median	Range	SD
Heart rate	73.53	73.50	54.5-94	10.08
Body mass index	29.29	28.99	20.86-38.93	5.11
Systolic blood pressure	135.91	138.00	111.5-159	13.85
Diastolic blood pressure	89.88	88.50	75.5-105	10.07
HRA score*	85.44	86.50	67.1-97.9	8.67
SWBS score	105.88	107.00	88-114	7.15

\* For HRA, N=16

Table 4.1 provides an estimate of the participants' physical and spiritual well-being. The table shows that each variable is not skewed significantly as the differences between the means and medians are minimal. The sample size of seventeen is less than the thirty required for the assumption of normality. The mean BMI is 29.29, and 76 percent of the participants are either overweight or obese.

### **Research Question #2**

**What were the participating pastors' physical and spiritual well-being after the intervention?** Once the baseline was established at the pretest session, I gathered the same measurements in the posttest session. The nurse and I measured the physical and spiritual well-being of the participants. For the physical well-being status, heart rate, systolic and diastolic blood pressures, and BMI were measured and the participants completed the HRA, which was scored electronically. The SWBS produced a score to evaluate the participants' spiritual well-being (see Table 4.2).

Table 4.2 provides an estimate of the participants' physical and spiritual well-being. The table shows that each variable is not skewed significantly as the differences between the means and medians are minimal. The sample size of seventeen is less than

the thirty required for the assumption of normality. The mean BMI is 28.91, and 71 percent of the participants are either overweight or obese.

**Table 4.2. Posttest Physical and Spiritual Well-Being (N=17)**

Physical/Spiritual Tests	Mean	Median	Range	SD
Heart rate	75.03	76.00	56-89.5	7.36
Body mass index	28.91	28.70	21.38-37.61	4.84
Systolic blood pressure	131.06	132.50	111-153.5	13.44
Diastolic blood pressure	80.12	81.00	64.5-93.5	7.83
HRA score*	86.07	85.15	71.7-95.9	7.13
SWBS score	107.24	111.00	91-114	7.46

\* For HRA, N=16

### Research Question #3

**What correlation exists between changes in physical and spiritual well-being of the participating pastors and their physical diagnostic measurements?** Several variables were involved in this study, and I attempted to establish any significant relationships among these variables. The variables involved in physical and spiritual health were analyzed in two different manners: by descriptive and inferential statistics. I evaluated what level of correlation existed among the physical health variables themselves and between those variables and spiritual well-being. The results are displayed with the difference in sample means (pretest minus posttest) for the six measured variables (see Table 4.3).

Table 4.3 states, with the exception of heart rate, that the diagnostic data improved following the intervention as did the scores on the HRA and SWBS. The sample means for BMI, SBP, and DBP decreased after the intervention by 0.38, 4.85, and

9.76, respectively. The sample means for HRA and SWBS improved by 0.63 and 1.36, respectively.

**Table 4.3. Difference in Sample Means (N=17)**

Physical and Spiritual Well-Being	$\delta$ in Sample Means
Heart rate	-1.50
Body mass index	0.38
Systolic blood pressure	4.85
Diastolic blood pressure	9.76
HRA score*	-0.63
SWBS score	-1.36

\* For HRA, N=16

The inferential statistics measuring the significance of the changes in health from the beginning to the end of the intervention provide evidence of which differences are statistically significant and which are not. The alternative hypothesis for HR, BMI, SBP, and DBP stated that the difference in sample means should be positive ( $H_A: \mu_{pre} - \mu_{post} > 0$ ). The alternative hypothesis for the HRA and SWBS stated that the difference in sample means should be negative ( $H_A: \mu_{pre} - \mu_{post} < 0$ ). For the dependent *t*-tests for paired samples, the test statistics were calculated for all six variables and the significance level ( $\alpha$ ) was 0.05 (see Table 4.4). The critical value was determined using sixteen degrees of freedom (df) for all of the variables except the HRA (df = 15) because of a participant testing error.

Only diastolic blood pressure was found to be statistically significant with a *p*-value of .0002. Systolic blood pressure was trending toward significance with a *p*-value of 0.076. Heart rate was the only variable with an inflated *p*-value. That discrepancy is

consistent with the HR difference in means, which is counter to the alternative hypothesis that heart rates would decrease with participation in the intervention.

**Table 4.4. Physical and Spiritual Well-Being *t*-Tests (N=17)**

Physical and Spiritual Well-Being Factors	<i>t</i> Statistic	Critical Value	<i>p</i> -Value
Heart rate	-0.701	1.740	0.74673
Body mass index	0.321	1.740	0.37604
Systolic blood pressure	1.466	1.740	0.07617
Diastolic blood pressure	4.464	1.740	0.00020
HRA score	-0.317	-1.746	0.37763
SWBS score	-0.763	-1.740	0.22819

\* For HRA, N=16

Using inferential statistics, I analyzed the data to determine if any trending existed or whether a model could be developed that predicted behavior accurately. I ran several models using the dependent variables (heart rate, BMI, diastolic blood pressure, and systolic blood pressure) and the independent variables (HRA and SWBS). The independent variables measured the changes in behavior regarding exercise frequency, dietary changes, and spiritual growth (see Table 4.5).



**Table 4.5. Regression Analysis (N=16)**

<b>Dependent Variables</b>	<b>Models</b>	<b>Coefficients</b>	<b>t Statistic</b>	<b>p-value</b>
HR	Intercept	74.499	2.359	0.0346
R <sup>2</sup> = .2394	SWBS	-0.329	-1.366	0.1951
F Stat. = 2.046	HRA	0.419	1.655	0.1219
BMI	Intercept	66.612	3.166	0.0074
R <sup>2</sup> = .2489	SWBS	-0.097	-0.602	0.5574
F Stat. = 2.154	HRA	-0.320	-1.893	0.0809
SBP	Intercept	225.272	4.295	0.0009
R <sup>2</sup> = .4005	SWBS	0.115	0.287	0.7787
F Stat. = 4.342 (.0360)	HRA	-1.240	-2.945	0.0114
DBP	Intercept	89.568	2.272	0.0407
R <sup>2</sup> = .0048	SWBS	-0.066	-0.221	0.8287
F Stat. = 0.031	HRA	-0.028	-0.089	0.9307

Table 4.5 states the R-squared values for three of the models are too low to be useful predictors of behavior. The multiple regression model for systolic blood pressure does merit discussion because of a higher R-squared value of 40 percent paired with a statistically significant F statistic of 4.342 with a significance level of .0360 ( $\alpha = .05$ ). This result suggests that the SBP model coefficient values are better than no model at all at describing the relationships between the dependent and independent variables. In that model only the HRA score appears to be a significant influence on SBP with a *p*-value of .0114: As a participant's HRA score increases by one unit, the SBP reading decreases by 1.24 units.

#### **Research Question #4**

**What did the participating pastors find to be the most and least helpful aspects of the program?** Following the data collection at the concluding session, I

conducted a focus group conversation about the intervention. I asked three questions to determine what aspects of the study the participants thought were most and least helpful. The participants also offered suggestions for future research. The comments from the participants were helpful, and the session lasted thirty minutes.

The participants spent the majority of the discussion time answering the question concerning recommendations and suggestions. They offered a few insights into their perspectives of the study's usefulness. One participant explained that he has always exercised but has never paired exercise and Scripture reading together. He found that the *exerceo divina* study made his exercise and Scripture reading "more intentional."

The study was an awakening for some and led one participant to ask himself, "Where do I get my peace from?" He shared his concern in this manner: Ignoring his physical or mental health to find satisfaction in things of the world is an indicator of where he is spiritually. Another participant commented about the five-hour energy drink world of today, and he explained that church people, especially the younger generation, need to realize the holistic connections among the body, mind, and soul found in this study.

One participant was so encouraged by the study that he incorporated *exerceo divina* into the life of the church he is currently serving. They meet in a small group to focus on fitness, and they use this curriculum as part of their program. His church group has seen success in their program and found this study to be an instrumental part of their improvements.

The HRA consists of a wide range of questions, covering multiple aspects of health. One participant voiced a concern with the HRA's length, and other participants

affirmed his comments. They found the number of questions and the time needed to complete the survey excessive.

When asked about suggestions for future study, the participants discussed their current settings and the hindrances to becoming healthier. The comments ranged from suggesting cash incentives for wellness to instruments that break down stress to particular stressors. The participants settled on two topics that dominated the conversation—eating habits and accountability.

One participant explained that clergy will not get healthier until congregations begin to make a shift toward wellness. She said, “The congregation revolves around food habits that aren’t healthy at all.” Another participant suggested research is needed to investigate the connection between congregation spirituality and eating habits. One pastor recommended bringing in experts to speak about health and exercise. Multiple participants discussed the strength of fear as a motivator involving the witness of bypass patients and others with Type 2 diabetes. Another pastor explained that preparing a menu for home use was difficult, and he felt a simple recipe book would help eliminate bad eating habits. The participants explained many factors were involved in the process of becoming healthier, and they would benefit from some oversight.

Accountability was discussed repeatedly. One participant suggested clergy holding themselves accountable to the people they serve if they want to be a legitimate voice for holiness in the church. She commended *exerceo divina* as “a great program for providing some form of accountability for taking care of ourselves.” She mentioned “life, service, and faith” as aspects that clergy must hand over to God. Other pastors echoed her

sentiment and declared that clergy can show how serious they are about ministry by how holistically healthy they live.

The conversation was rich with insight, and I summarize their suggestions in two thoughts. First, they called for more intensive focus in *exerceo divina* on diet and improving eating habits. Second, the participants suggested more rigid accountability to improve motivation. Their understanding of accountability included this program's structure, but the participants seemed to desire more support from local church and denominational leadership.

### **Summary of Major Findings**

This study analyzed several variables that provided numerous relationships for evaluation. Five of the six variables improved over the duration of the study, but the quantitative analysis standards require larger samples and lower variance. While pretest and posttest data trended in directions and magnitudes supportive of the suppositions of this study, only two findings were statistically significant. The third finding summarizes the suggestions from the focus group:

1. Diastolic blood pressure significantly decreased after participation in the study. The systolic blood pressure decrease was trending to significance.
2. The multiple regression model for SBP had coefficients for HRA and SWBS that were significantly different from zero. Thus, the SBP model shows correlations exist among SBP, HRA, and SWBS.
3. The participants requested more emphasis in *exerceo divina* on diet and eating habits and an increased measure of accountability.

## CHAPTER 5

### DISCUSSION

#### Major Findings

The literature review shows that clergy have become increasingly more overweight and unhealthy, and denominations are beginning to realize that corrective action is needed. Insufficient research has been done on this subject, which has allowed clergy to continue to slip further into unhealthy lifestyles ignoring the tripartite nature of humans: body, mind, and soul. This program was designed to address the unhealth of clergy, offering a new way of living that is biblical and congruent with God's plan for human beings. The purpose of the study was to measure the effects of *exerceo divina*, a two-month program involving cardiovascular exercise and Scripture reading (*lectio divina*) on the physical and spiritual well-being of participating pastors in the Statesboro District of the South Georgia Conference of the United Methodist Church.

#### **Blood Pressure Decrease, and Blood Pressure model with HRA and SWBS**

The study attempted to analyze if pastors who participated in the study by increasing their level of exercise and amount of time in personal Scripture reading would become healthier. The participants' level of commitment to the intervention was difficult to determine from personal observations. While weight loss and reductions in body mass may be evident to the eye when significant, blood pressure readings require medical instruments to accurately measure changes. The nurses gathered the data, and statistical analysis determined significant reductions in blood pressure.

The decrease in blood pressure during the intervention was statistically significant, and the literature review did provide a basis for that finding. Multiple studies

linked decrease in blood pressure with factors comparable to this study. Three studies showed similar results measuring the effects of either exercise, spirituality, or a combination of those two factors.

Lawler and Younger researched the relationship between theology and biology with laity. Their research into spirituality's effect on systolic blood pressure, diastolic blood pressure, and heart rate produced significant results. Their results show that "higher levels of spiritual well-being were associated with lower DBP and MAP (mean arterial pressure), a derived measurement that more fully reflects overall pressure" (355). Lawler and Younger evaluated religiosity as well and found stronger relationships with spirituality.

Larson et al. studied the effect of religion on physical health by evaluating church importance and attendance. They found that the importance and attendance variables were significantly related to lower diastolic blood pressure (276). Of those two factors, the results showed the importance of church to be a more significant influence on blood pressure.

David P. Koppel developed a study to evaluate the effect of small groups, utilizing exercise and spiritual devotions, on spiritual and physical health. Koppel found that participation in his program improved spiritual health (58). He also found that blood pressure and BMI decreased with involvement in the small groups. The literature review supports the correlation between blood pressure and physical and spiritual health.

Scripture reinforces the holistic lifestyle evidenced in this study and in existing research. Biblical anthropology suggests that human beings have a tripartite nature that flows out of the three-part nature of God: Father, Son, and Holy Spirit. In Matthew 22,

Jesus echoes Deuteronomy 6:5-6 as he describes the composition of a human being as consisting of a heart, a soul, and a mind. This study attempted to engage the body, the soul, and the mind—three components, united in the pursuit of wellness. The participants studied God’s Word, engaging their minds but also their souls to God’s transforming work. They also exercised, sometimes in concert with Scripture reading. The results confirmed that addressing the holistic needs of a person results in better physical health.

The *exerceo divina* program established that a relationship exists between the body, mind, and soul. Supported by Scripture, this study’s practical applications of faith and belief are beneficial to the practice of ministry. The data necessitate the movement away from a ministry wholly focused on the spiritual realm to one that is holistic in nature and conducive to healthier souls, minds, and bodies. Clergy now have the motivation and the template to develop processes that will work in their settings in their own lives and in the lives of the congregations they serve. The evidence validates the belief that spirituality impacts the physical nature just as physical health affects the mind and the soul.

### **Additional Dietary Instruction and Accountability**

The participants had my contact information, and they received four separate e-mails from me. I did not receive any correspondence regarding suggestions or limitations of the study, nor was I able to observe their need for additions to the curriculum. The focus group conversation highlighted the participants’ critiques of the program. There I heard them explain that they would have benefited from more extensive instruction on diet and eating habits and stricter accountability.

The literature review supports the need for the necessary paradigm shift away from the model of food-centered local church ministry. Melander and Eppley investigated why clergy have such a difficult time with diet and weight issues. They describe the expectations of visits to homes where parishioners commonly offer pastors desserts and other unhealthy foods and beverages. Melander and Eppley explain the unhealthy culture of the local church: “Public events in churches and synagogues usually involve food. Spiritual leaders face an ongoing temptation to consume empty calories, and excessive amounts of stimulants such as caffeine and sugar” (116). Many clergy have been raised in churches with events designed around food and unhealthy eating habits, and that culture is prevalent even today. Clergy need support from their supervising authorities and the laity they serve if they hope to participate in healthier ministries and lifestyles.

The theological framework for this study is grounded in the biblical truth of a holistic life. The journey of spiritual formation depends on accountability: “‘Blessed are the dead who from now on die in the Lord.’ ‘Yes,’ says the Spirit, ‘they will rest from their labors, for their deeds follow them’” (Rev. 14:13bc). The responsibility rests with each person to live a life in congruence with the calling from God. People struggle with spiritual threats, but the physical threats are just as real. As Paul suggests, giving in to physical temptations leads to destruction (Phil 3:19). Ignoring a proper diet and physical health leads away from God and to a loss of well-being. God will hold human beings accountable for whether or not they have adhered to the command to love God with their whole being—body, mind, and soul.

Implementing the participants’ suggestion requires a new approach to the practice of ministry. The new model would establish the church as a beacon for holistic health



instead of the cornerstone for unhealthy lifestyles. Denominational leadership will facilitate the transformation by both empowering clergy and holding them accountable. This holistic model of local church ministry would be a new paradigm, but the change is welcomed and needed.

### **Implications of the Findings**

The impact of this study will not be known for some time, but the findings will serve as a foundation for further research. While establishing a correlation between *exerceo divina* and lowering blood pressure is helpful, holistic theory still holds that more physical health factors (heart rate and body mass index) are at play than just blood pressure. This study has established valuable and significant connections between physical and spiritual health, but more research is needed.

With this foothold in holistic health, the true impact of this study will not be realized until more relationships are established between physical and spiritual health. Koppel's work with small groups and accountability as a support structure for healthier lifestyles provides further support. Incorporating his work at a small scale with my work targeted at a population of clergy or laity may increase the implications of the findings of this study. The participants suggested they needed more dietary training and a support system to maintain their efforts. With the annual conference's support, this study may develop into a more institutional support system that meets the needs of pastors in pursuit of holistic lifestyles, and beneficial change may happen.

### **Limitations of the Study**

Statistical analysis of the changes in all study variables was hampered by the small sample size. A larger sample would be helpful to discern true differences and the

generalizability of the findings. The threshold of thirty participants allows assumptions of normality, which elevate the scope of the conclusions for application to the larger population of South Georgia Conference pastors. A larger sample size would also increase the strength and power of the study.

The benefits of the current study were obscured by the available instruments. The focus group was helpful in determining that the University of Michigan's Health Risk Appraisal (HRA) was too long. While that tool is established as an effective tool for health and wellness, volunteer participants may respond to a less invasive instrument. In future studies, the instrument to evaluate a level of physical health should be shorter and more focused on exercise, diet, and nutrition. The HRA has a great deal of focus on family health history, which is used to determine people who are at risk of disease and potential illness. This information is useful to participants; however, eight weeks is not normally a sufficient amount of time to decrease potential health risks drastically.

The results suggest the Spiritual Well-Being Scale may have a ceiling that prevents detection of incremental improvements in spiritual health. Ellison and Paloutzian developed the SWBS to evaluate spiritual health, looking at religious and existential factors. During the intervention, I was informed of further research that questioned the usefulness of the SWBS to this study.

Eric L. Scott, Albert A. Agresti, and George Fitchett studied the SWBS and its effectiveness in clinical settings. Their results showed a normal distribution for the SWBS, supporting its use in those settings, but they question the validity of the SWBS. Their findings do not disagree with the literature concerning the SWBS and Christians: "The SWBS, when used with individuals from evangelical Christian backgrounds, may

not accurately detect spiritual health because of ceiling effects” (319). Vicky Genia also studied Christians and SWBS validity: “Therefore, ceiling effects for the SWBS seem particularly problematic when used with persons who are affiliated with a Christian tradition” (“Evaluation” 32). Research has established that the SWBS is not as effective with evangelicals, the composition of this study. This study is limited by the inability of the SWBS to measure improvements in spiritual health.

The limitations that were generated internally are also paired with an external limitation. While the same church was used for each session, the location on the church grounds changed. The pretest session was in the fellowship hall, but because of localized construction, the posttest session was moved to the far end of the church facilities. This fact is significant because the parking lot is closer to the fellowship hall than the chapel. Participants were asked to walk a much greater distance at the posttest session, which may have influenced the heart rate readings at that session. With a longer walking distance, the participants’ heart rates would have been elevated for an extended period of time, which would have delayed their return to resting heart rates until after the diagnostic testing was complete.

### **Unexpected Observations**

I truly believed that this program was helpful and participants would have been agreeable to taking part in the study. I was surprised by the limited participation. The Statesboro District has forty-two full-time pastors, and the district meetings are mandatory events. Only twenty-four pastors participated in the pretest with three pastors choosing not to volunteer. Seventeen participants returned for the posttest session. A larger sample was expected and would have generated more useful data.

The participants who did complete the study provided useful insight at the posttest session. The pastors were more interested in the dietary portion of the study and the addition of some form of accountability to the program. They suggested the dietary information would be helpful to their holistic endeavor but also to the well-being of the congregations they serve. The participants' suggestions for the program are similar to the principles behind franchise weight-reduction companies such as Weight Watchers. Those recommendations were unexpected but are certainly legitimate improvements for future research.

### **Recommendations**

This study is only the beginning of research into the connection among the body, mind, and soul. The search continues to develop a program committed to the holistic approach to life as followers of Jesus. The next study will begin with a random sample of all of the pastors in the conference, increasing the number of possible participants tenfold. While the Statesboro District is an accurate reflection of the larger conference, a random sampling of the entire conference will potentially expose more pastors to the benefits of this program. Future research will use a physical health assessment instrument more tailored to the intent and purpose established in *exerceo divina*. In future research a different instrument will be utilized to evaluate spiritual health, preferably one designed for Christians. Genia researched the Allport-Ross Spiritual Orientation Scale and cited that scale as an effective instrument for evaluating Christians and may be helpful to this area of research ("Psychometric Evaluation" 284). To address any external limitations, data gathering sessions will either meet in the same locations or allow more time for participants to return to resting heart rates once they arrive on site.

The lessons learned from this study and the recommendations that flow out of that experience would have improved the current study as it was designed. Two recommendations developed in the current study would expand the scope of the study by introducing factors not previously utilized. First, the focus group suggested more accountability as a means to keep a sharper focus on the program. Second, the focus group clearly expressed a desire to learn more about diet and nutrition. One way to respond to the participants' suggestion is to develop a small group system that meets weekly, allowing participants to discuss common challenges, find strength in shared struggles, and rejoice in successes. Issues around food are influencing their efforts to live holistically in pursuit of physical health. Incorporating improvements such as the Weight Watchers' approach in *exerceo divina* will be beneficial to future research.

### **Postscript**

If runners or any persons who exercise were asked why they do what they do, they may respond with a whole host of answers. Some would say they exercise to fit in their blue jeans. Another might say their doctor told them they should exercise, and another might talk about a runner's high and a sense of accomplishment. Exercise is about pushing the human body to do something more difficult than staying at rest. Reasons to exercise can come from many sources, but the Divine Source motivates human beings to use their bodies with a purpose.

God speaks to human beings, asking them to do something with the gift of life. The Creator speaks to the created in overt ways and, at times, in thundering blasts. At other times, a small voice calls out that informs people of a new course of action or that they should be doing something particular. That something may be about learning, Bible

study, or developing a spiritual discipline. Devotion to God is not merely a spiritual pursuit.

Human beings have been hardwired by God to move their bodies. The human brain was engineered to be connected to the body and soul. The portion of the brain scientists believe is *religious* is the same region where physical exercise for the purpose of survival and self-preservation first allowed human beings to engage with the Divine *Other*. Miriam and David danced because excitement and joy for God welled up inside them until they burst forth in movement. Jesus spoke of devotion to God, and he framed that devotion with a complete offering, which incorporates the heart, soul, and mind.

God still speaks to human beings today. God still desires for humans to use their bodies to glorify God and sustain life in God's creation. For people who are gifted with functioning minds and bodies, should logically be expected to use them as long as they exist. This study has reinforced this understanding.

Many followers of Jesus, clergy and laity alike, are ignoring the call to use and care for their bodies with the same effort they expend on their souls and minds. Participation in *exerceo divina* established a connection between the health of the body, the mind, and the soul, reinforcing the message of Scripture. While imprecise instruments may have weakened the overall results, these flaws can be corrected and will be rectified. New studies can and will be done as this study is not a terminus but a commencement.

I am grateful to the participants for their cooperation and effort during this study, and I am encouraged by the results. The findings support my suppositions and strengthen my resolve to establish more significant correlations among body, mind, and soul. The benefits are too great and the message from God is too loud and clear: Human beings are

called to worship God fully and completely with all that they are. The next step for my research is to incorporate the laity, which will help me further develop the program and prepare me for my efforts with clergy across the entire annual conference. I will continue to grow and reach for the prize God has set before me even as I attempt to lead others to do the same in their own lives. God calls followers to a holistic Christian life, pushing the created to be more and do more with all they are: spiritually, mentally, and physically.

## APPENDIX A

### SPIRITUAL WELL-BEING SCALE

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree	D = Disagree
MA = Moderately Agree	MD = Moderately Disagree
A = Agree	SD = Strongly Disagree

- |  |    |    |   |   |    |    |
|--|----|----|---|---|----|----|
| 1. I don't find much satisfaction in private prayer with God.                  | SA | MA | A | D | MD | SD |
| 2. I don't know who I am, where I came from, or where I'm going.               | SA | MA | A | D | MD | SD |
| 3. I believe that God loves me and cares about me.                             | SA | MA | A | D | MD | SD |
| 4. I feel that life is a positive experience.                                  | SA | MA | A | D | MD | SD |
| 5. I believe that God is impersonal and not interested in my daily situations. | SA | MA | A | D | MD | SD |
| 6. I feel unsettled about my future.   | SA | MA | A | D | MD | SD |
| 7. I have a personally meaningful relationship with God.                       | SA | MA | A | D | MD | SD |
| 8. I feel very fulfilled and satisfied with life.                              | SA | MA | A | D | MD | SD |
| 9. I don't get much personal strength and support from my God                  | SA | MA | A | D | MD | SD |
| 10. I feel a sense of well-being about the direction my life is headed in.     | SA | MA | A | D | MD | SD |
| 11. I believe that God is concerned about my problems.                         | SA | MA | A | D | MD | SD |
| 12. I don't enjoy much about life.   | SA | MA | A | D | MD | SD |
| 13. I don't have a personally satisfying relationship with God.                | SA | MA | A | D | MD | SD |
| 14. I feel good about my future.   | SA | MA | A | D | MD | SD |
| 15. My relationship with God helps me not to feel lonely.                      | SA | MA | A | D | MD | SD |
| 16. I feel that life is full of conflict and unhappiness.                      | SA | MA | A | D | MD | SD |
| 17. I feel most fulfilled when I'm in close communion with God.                | SA | MA | A | D | MD | SD |
| 18. Life doesn't have much meaning.  | SA | MA | A | D | MD | SD |
| 19. My relation with God contributes to my sense of well-being.                | SA | MA | A | D | MD | SD |
| 20. I believe there is some real purpose for my life.                          | SA | MA | A | D | MD | SD |



## **Spiritual Well-Being Scale**

**Name:**

### **Religious Well-Being Score**

**Step 1 Total for Questions 1, 5, 9 and 13**

**Step 2 Subtract the total from step 1 above from 28 E.G if the total in step 1 was 18, 28 – 18 would be 10. Enter that number here**

**Step 3 Total for Questions 3, 11, 15, 17 and 19**

**Step 4 Add the totals for Step 2 and 3. This is your Religious Well-Being Score.**

**The Religious Well-Being Score expresses the well-being of her/his life, as expressed in relation to God.**

### **Existential Well-Being**

**Step 1 Total for Questions 2, 6, 12, 16, 18**

**Step 2 Subtract the total from step 1 above from 35 E.G if the total in step 1 was 18, 35-18 would be 17. Enter that number here.**

**Step 3 Total for Questions 4, 8, 10, 14, 20**

**Step 4 Add the totals for Step 2 and 3. This is your Existential Well-Being Score.**

**The Existential Well-Being Score expresses how well the individual is adjusted to self, community and surroundings. This score involved the existential notion of life purposes and life satisfaction.**

**Typical Score for many religious groups**

**RWB 34-56**

**EWB 46-53**

**Total 82-109**

**Typical Score for medical outpatients**

**RWB 51**

**EWB 48**

**Total 99**

**Typical Score for non-religious convicted sociopaths**

**RWB 35**

**EWB 40**

**Total 76**

## APPENDIX B

## UNIVERSITY OF MICHIGAN HEALTH RISK APPRAISAL


**UNIVERSITY OF MICHIGAN  
HEALTH MANAGEMENT RESEARCH CENTER**
**HEALTH RISK  
APPRAISAL**

Name

Address

City

State

Zip

**MARKING INSTRUCTIONS**Please print UPPERCASE letters and numbers clearly: 

A	B	C	1	2	3
---	---	---	---	---	---

Correct Mark:

Mark boxes with BLACK pen ONLY.



Complete each question as best you can, by marking the best response. Your participation in this questionnaire is voluntary. However, to receive the most benefit from your report, please answer all questions.

*Your results will be kept strictly confidential.*

**1**

Social Security Number

--	--	--	--	--	--	--	--	--	--

**2**

Gender

☐ Male☐ Female**3**Age  
(At last birthday)

years old

--	--

**4**

Are you pregnant?

☐ Yes☐ No☐ Does Not Apply

If Yes, complete questionnaire based on your health condition and lifestyle before pregnancy.

**5**Height  
(without shoes)

feet

--

inches

--	--

**6**Weight  
(without shoes)

pounds

--	--	--	--

**7**Waist Circumference  
(in inches)

inches

--	--

**8**

What is your blood pressure now?

(high number)

Systolic

(low number)

Diastolic

I'm not sure  
☐

--	--	--

--	--	--

**9**What is your total cholesterol level?  
(based on a blood test)

mg/dl

--	--	--

☐ I'm not sure**10**What is your HDL cholesterol level?  
(based on a blood test)

mg/dl

--	--	--

☐ I'm not sure

**11 Cigarette Smoking**

How would you describe your cigarette smoking habits?

- ☐ Still smoke  
Go to question 12
- ☐ Used to smoke  
Go to question 13
- ☐ Never smoked  
Go to question 14

**12 Still Smoke**

cigarettes  
per day

(Go to  
question  
14)

**13 Used to Smoke**

How many years has it been since you smoked cigarettes on a fairly regular basis?

Years

What was the average number of cigarettes per day that you smoked in the 2 years before you quit?

- ☐ Less than 9    ☐ 16 - 19
- ☐ 10 - 15    ☐ 20+

**14 OTHER FORMS OF TOBACCO**

Do you smoke or use

pipes?

- ☐ Yes    ☐ No

cigars?

- ☐ Yes    ☐ No

smokeless tobacco?

- ☐ Yes    ☐ No

**15 How often do you use drugs or medication (including prescription drugs) which affect your mood or help you to relax?**

- ☐ Almost every day
- ☐ Sometimes
- ☐ Rarely or never

**16 How many drinks of alcoholic beverages do you have in a typical week? (One drink = one beer, glass of wine, shot of liquor or mixed drink.)**

Drinks

**17 How many times in the last month did you drive or ride when the driver had perhaps too much to drink?**

Times last  
month

**18 In the next 12 months how many thousands of miles will you probably drive or ride in each of the following?**

A. Car, truck, van or SUV

- ☐ 1 - 1,999
- ☐ 2,000 - 4,999
- ☐ 5,000 - 9,999
- ☐ 10,000 - 14,999
- ☐ 15,000 - 19,999
- ☐ 20,000 - 29,999
- ☐ 30,000 miles or more
- ☐ Do not drive or ride

B. Motorcycle

- ☐ 1 - 999
- ☐ 1,000 - 1,999
- ☐ 2,000 - 2,999
- ☐ 3,000 - 3,999
- ☐ 4,000 - 4,999
- ☐ 5,000 miles or more
- ☐ Do not drive or ride

**19 What percent of the time do you usually buckle your safety belt when driving or riding?**

- ☐ 100%
- ☐ 90 - 99%
- ☐ 80 - 89%
- ☐ less than 80%

**20 On the average, how close to the speed limit do you usually drive?**

- ☐ Within 5 mph of the speed limit
- ☐ 6 - 10 mph over the limit
- ☐ More than 10 mph over the limit

21

On a typical day how do you usually travel? (mark only one)

- ☐ Sub-compact or compact car
- ☐ Mid-size or full-size car, or minivan
- ☐ Truck, van, full-size van or SUV
- ☐ Motorcycle
- ☐ Other

22

Each day, how many servings of food do you eat that are high in fiber, such as whole grain bread, high fiber cereal, fresh fruits or vegetables? (serving size: 1 slice bread,  $\frac{1}{2}$  c vegetables, 1 medium fruit,  $\frac{3}{4}$  c cereal)

- ☐ 5 - 6 servings a day
- ☐ 3 - 4 servings a day
- ☐ 1 - 2 servings a day
- ☐ Rarely/never

23

Each day, how many servings of food do you eat that are high in cholesterol or fat such as fatty meat, cheese, fried foods or eggs? (serving size: 3  $\frac{1}{2}$  oz meat, 1 egg, 1 oz/slice cheese)

- ☐ 5 - 6 servings a day
- ☐ 3 - 4 servings a day
- ☐ 1 - 2 servings a day
- ☐ Rarely/never

24

In the average week, how many times do you engage in physical activity (exercise or work which is hard enough to make you breathe heavily and make your heart beat faster) and is done for at least 20 minutes? Examples include running, brisk walking or heavy labor, e.g., chopping, lifting, digging, etc.

- ☐ Less than 1 time per week    ☐ 1 or 2 times per week    ☐ 3 times per week    ☐ 4 or more times per week

25

How many days per week do you get 30 minutes or more (for at least 10 minutes at a time) of light to moderate physical activity? Examples include walking, mowing (push mower), slow cycling.

- ☐ None    ☐ 1 day    ☐ 2 days    ☐ 3 or 4 days    ☐ 5 or 6 days    ☐ 7 days

26

How often do you floss your teeth?

- ☐ Every day    ☐ Almost every day    ☐ Sometimes    ☐ Rarely or never    ☐ Does not apply

27

When in the sun, do you protect your skin by using a sunscreen at SPF 15 or above and by wearing adequate clothing?

- ☐ All of the time    ☐ Most of the time    ☐ Some of the time    ☐ Rarely or never

28

Considering your age, how would you describe your overall physical health?

- ☐ Excellent    ☐ Very Good    ☐ Good    ☐ Fair    ☐ Poor

29

How many hours of sleep do you usually get at night?

- ☐ 5 hours or less    ☐ 6 hours    ☐ 7 hours    ☐ 8 hours    ☐ 9 hours or more

Turn the page. ➡

30

In general, how satisfied are you with your life (include personal and professional aspects)?

- ☐ Completely satisfied    ☐ Mostly satisfied    ☐ Partly satisfied    ☐ Not satisfied

31

In general, how strong are your social ties with your family and/or friends?

- ☐ Very strong    ☐ About average    ☐ Weaker than average    ☐ Not sure

32

Have you suffered a personal loss or misfortune in the past year?

(For example: a job loss, disability, divorce, separation, jail term, or the death of someone close to you)

- ☐ Yes, two or more serious losses    ☐ Yes, one serious loss    ☐ No

33

How often do you feel tense, anxious, or depressed?

- ☐ Often    ☐ Sometimes    ☐ Rarely    ☐ Never

34

During the past year, how much effect has stress had on your health?

- ☐ A lot    ☐ Some    ☐ Hardly any    ☐ None

35

Do you have:

	Never	In the past	Have currently	Taking medication	Under medical care
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic bronchitis/emphysema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartburn or acid reflux	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menopause (women only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migraine headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thyroid disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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36

Please mark all natural family members who have had any of the following medical conditions:

	Mother	Father	Grandparents	Brother/Sister	Don't know
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37

When was the last time you had these preventive services or health screenings?

	less than 1 year	1 - 2 years ago	2 - 3 years ago	3 - 4 years ago	5 - 6 years ago	7 or more years ago	Never	Don't know
Colon cancer screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tetanus shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>For Women Only</b>								
Pap Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast exam by physician or nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>For Men Only</b>								
Prostate exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38

In the past 12 months, how many times have you:

	0	1 - 2	3 - 5	6 or more
Visited a physician's office or clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gone to the emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stayed overnight in a hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Women (Men go to question 44)**

39

How many women in your natural family (mother and sisters only) have had breast cancer?

☐ None   ☐ 1   ☐ 2 or more   ☐ Don't know

40

Have you had a hysterectomy operation?   ☐ Yes   ☐ No   ☐ I'm not sure

41

At what age did you have your first menstrual period?

☐ Younger than 12   ☐ 12   ☐ 13   ☐ 14 or older

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Turn the page.

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- 42** How old were you when your first child was born?
- ☐ Younger than 20    ☐ 20 to 24    ☐ 25 to 29    ☐ 30 or older    ☐ Does not apply

- 43** How often do you examine your breasts for lumps?
- ☐ Monthly    ☐ Once every few months    ☐ Rarely or never

**Men (Women go to question 45)**

- 44** How often do you examine your testicles for lumps?
- ☐ Monthly    ☐ Once every few months    ☐ Rarely or never

- 45** Current Marital Status
- ☐ Single (never married)    ☐ Separated    ☐ Divorced    ☐ Married    ☐ Widowed    ☐ Other

- 46** Race/Origin
- ☐ White (non-Hispanic origin)    ☐ Black (non-Hispanic origin)    ☐ Hispanic  
☐ Asian or Pacific Islander    ☐ American Indian / Alaskan Native    ☐ Other

- 47** Highest level of education you have achieved
- ☐ Some high school or less    ☐ Some college    ☐ Post graduate or professional degree  
☐ High school graduate    ☐ College graduate

- 48** Expected household income this year
- ☐ less than \$35,000    ☐ \$50,000 - \$74,999    ☐ \$100,000 or more  
☐ \$35,000 - \$49,999    ☐ \$75,000 - \$99,999

- 49** In the next six months, are you planning to make any changes to keep yourself healthy or improve your health?
- |                                 | Yes                   | No                    | Don't Know            | Not Needed            |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Increase physical activity      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lose weight                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reduce alcohol use              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quit or cut down smoking        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reduce fat / cholesterol intake | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lower blood pressure            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lower cholesterol level         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cope better with stress         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

50

In the next 6 months, would you participate in a program that would help you to enhance your overall health?

☐ Yes ☐ No ☐ I'm not sure

51

If available, would you like follow-up information and other services to enhance your health? (If you answer yes, your information may be used only by approved vendors to enhance your health through personal contact or written information.)

☐ Yes ☐ No

### CURRENTLY EMPLOYED ONLY

52

In the past year, how many days of work have you missed due to personal illness?

☐ 0 ☐ 3 - 5 days ☐ 11 - 15 days ☐ Does not apply  
☐ 1 - 2 days ☐ 6 - 10 days ☐ 16 days or more

53

Would you agree you are satisfied with your job?

☐ Agree strongly ☐ Agree ☐ Disagree ☐ Disagree strongly ☐ Does not apply

54

During the past 4 weeks how much did your health problems affect your productivity while you were working?

☐ No health problems ☐ Some of the time ☐ All of the time  
☐ None of the time ☐ Most of the time ☐ Does not apply

55

How many hours did you take off from work over the past 2 weeks to take care of sick children, adults or elders? (This might include taking children to doctor's appointments, staying home with a sick child or parent or calling doctors or health insurance companies.)

	0	1-4 hours	5-8 hours	9-16 hours	17 or more hours
Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56

About how many hours altogether did you work in the past 7 days?  
 (If more than 97, enter 97.)

Hours

57

How many hours does your employer expect you to work in a typical 7-day week?  
 (If it varies, estimate the average. If more than 97, enter 97.)

Hours



**In the past 4 weeks (28 days), how many days did you...**

- About how many hours altogether did you work in the past 4 weeks (28 days)? (See example below)

Number of hours in the past 4 weeks (28 days)  
(Example: 40 hours per week for 4 weeks = 160 hours)

On a scale from 0 to 10 where 0 is the worst job performance anyone could have at your job and 10 is the performance of a top worker, how would you rate the usual performance of most workers in a job similar to yours?

Using the same 0-to-10 scale, how would you rate your usual job performance over the past year or two?

Using the same 0-to-10 scale, how would you rate your overall job performance on the days you worked during the past 4 weeks (28 days)?

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## **APPENDIX C**

### **FOCUS GROUP QUESTIONS**

1. Which portion of the intervention was most helpful or beneficial?
2. Which portion of the intervention was not helpful or beneficial?
3. What suggestions do you have for future research in the area of clergy wellness?

**APPENDIX D*****EXERCEO DIVINA*****Foreword**

As I have researched this project over the last year, I have become aware that physical well-being is just another aspect of who we are. No one aspect is above the others, but the sum of the parts, working together for God's purposes completes God's calling placed on humanity at creation. The image I have repeatedly gone back to is that of Jesus standing before his accusers, his sentence, and his executioners. I say image because our Christ stood before all of them with the same demeanor and conviction: complete submission.

For us in ministry, we are attempting on a daily basis to model our Messiah's behavior and life. Yet we often do not truly desire or commit ourselves to those purposes. That is what must end if we ever wish for true sanctification: All aspects of ourselves being transformed into the image of Jesus Christ.

How do we get healthier? It is a question we struggle with from time to time. All of us can live healthier in some aspect of our lives: spiritually, mentally, or physically. The connection between the physical and spiritual realms holds the potential for significantly improving our lives.

The vision of Jesus before his captors is the key for us. For us to be completely transformed by God, we must live our lives in the manner that Jesus did: full submission. By not offering every aspect of who we are to God we are limiting what God can do with us and through us.

Christians must submit every aspect of who they are to Jesus. Clergy and laity alike are called to the same submission. The three components of our humanness are the spiritual, physical, and mental (soul, body, and mind). All of who we are must be offered to God to be used—full submission.

We can no longer reserve part of our lives for sinfulness or overindulgence. It is not acceptable for us to allow vices to rule one portion of our lives. We cannot rationalize excess because we are so good in other parts of our lives or because it is just easier to live apart from God's intentions. The power to overcome our weaknesses lies within us all.

The current instruction in many of our churches is that God is external to us, which is enforced by many, our traditions, and our verbiage, but there is an alternative belief that the *position* of God is inside us. That reality, coupled with the practice of *exerceo divina* and the actual quiet space that I make for God, have made all the difference in my spiritual journey. It is not the voice of a certain expert or a particular health guru that I heard in my head that impacted me so much, but it was the message from God that was finally able to cut through so much clutter than I had padded my brain with that changed me. What a blessing!

Life can push us and guide us into a state of uneasiness, and I know that feeling well. That type of discomfort is the result of grieving the Holy Spirit when we resist the transformation God has for us. Conversely, when we commit ourselves fully to God with reckless abandon, the way Jesus did, we will also find discomfort and uneasiness, initially. Satan and the power of sin can have a strong hold on us, but we can stand against that with God's help. If we allow ourselves to live with that discomfort and

experience what it is we need to encounter God in a new and fuller way, God's good work will be completed in us.

Now, more than ever, I know God is present in me and working with me. I am trying to make more room for God that one day I will be filled with the perfect love that God is and share that image of Christ with the world around me. Until then, I endeavor to *work the steps* of my spiritual disciplines much as a recovering alcoholic does, because one journey into the dark night was enough for me. God is always there to speak to me if I am able to get out of the way. This booklet is focused on connecting with God and allowing a holistic wellness to flow out of that. It is my supposition that God has the power to make us healthier spiritually as well as physically. This pamphlet proposes a means to partner with God in that effort; I hope it is beneficial to you.

### **Chapter 1: The Problem**

Where does the proper motivation come from in addressing the issue of physical wellness, specifically fitness and diet? God is all the motivation we need, but our families and loved ones can also inspire us to become more than we are. There are innumerable benefits that can come from making physical wellness a priority: There are quality of life issues, additional years of life, and peace and contentment from doing what you know is the right thing. The possibility does exist that this priority can also bring a person closer to God.

It is quite common in this day and time to focus on diet and exercise. The focus is not done in the manner that would actually be beneficial to society. Rather, it is done in such a way as to exploit the issue and those that suffer from it to insure it is a booming business that will not cease any time soon. There are countless companies and programs

designed to generate interest and revenue in the area of physical wellness. There are television advertisements airing throughout regular programming that have *the* way to lose weight with exercise and their *wonder plan*. Celebrities are found promoting a plan that keeps them lean and fit, and they are more than happy to support a plan that provides them with the proper monetary motivation. These miracle plans never address the root of the problem, but they do support the avenues that will maintain this industry for years to come.

Young adults, middle-aged people, and even retired and senior citizens are all target audiences when it comes to these plans. I know many thirty-somethings that are participating in plans designed to boost their metabolisms that are slowing with age. It is as if nature is depriving us of our God-given rights to overeat, and we must fight back to defend our indulgences. Conversely, it would seem that we should recognize that food supplies are commodities that should be rationed as earth can only support so many life forms. Our efforts to push the limit of what is acceptable consumption for a person cannot have a happy ending. But no one wants to discuss that possibility, and the insufficient attention to this issue will continue to hurt our ecosystems and all of God's creation.

To further exasperate this problem, people have decided to turn to drugs as an alternative or in combination with physical workout plans and programs. It is not enough that our society is promoting the idea of self-indulgence, but now there are drugs which have a long list of side effects that almost mirror some disorders caused by poor lifestyle choices. The saying, "If the disease doesn't kill you, the cure just might," may ring a little too true in this scenario. Many of these drugs will stimulate customer interest with the

*benefit* that their drug or nutritional supplement will help you to see results while allowing you to enjoy “all you care to eat.” The irony is not lost on many that all of these remedies fall woefully short of long-term healthy solutions to these weight and exercise issues while not addressing the problem.

These unresolved issues around physical well-being are further supported in our media and visual learning resources with reality television shows like *The Biggest Loser*. The title itself seems to suggest that these contestants are *losers* in society, and the winner is the loser who loses the most weight by percentage of starting weight. This celebration of excess fails to show how many of these contestants are unable to maintain their weight loss after they leave the show. In fact, the track records of these contestants reinforce the underlying theme in this pamphlet about self-control. When they no longer have a cadre of physical fitness experts and support structures and the competition of the game show, they are left with themselves and their inability to accept that food is not a way of life, it is a means to support life. Our refusal to endorse this understanding continues to propagate our ignorance and selfishness around the evils that can be a part of food and eating.

To state it simply, we don’t want, or like, to be told, “No.” We as a part of fallen humanity like things our way, and many of us spend our whole life trying to insure that we are allowed to do what we want to do. Even our scientific understanding of human beings suggests that we like to be in homeostasis, which when you analyze the word, is just a multi-syllable word for being self-possessed. We like to make ourselves happy and keep it that way.

Followers of Christ do not accept fallenness as the goal of creation, and we look to Jesus as the example of how to live life with others before the *self*. Yet many people struggle with this; clergy are no different and are often more guilty of lapses in discipline around food. Without real leadership from the local church on this issue society is suffering. Often, clergy have so many constraints on personal behavior that food becomes a matter of rebellion.

American society is becoming increasingly overweight and unhealthy, which is one reason health insurance costs continue to rise. Even at Asbury Seminary, the break time treats when I began the doctoral program were donuts, cookies, and brownies. Rarely was there a fruit option, and certainly not often enough that it would be perceived as an effort to provide a truly healthy alternative or, more germane to this discussion, provide evidence of the recognition, or acknowledgment, that there is a real problem. Persistence has paid off with the use of evaluation forms and verbal requests because those trends have started to change.

The underlying issue is best summed up by a member of a congregation I served who said when talking about the subject of weight and exercise and fitness, “The truth of the matter is the way to not gain weight as a life plan is to eat less as you get older.” Surely that simple plan is not the answer when we desire to do what we want and eat what we want and as much as we want. There is a tendency to overlook this indiscretion because it is so pervasive and commonplace. Laity and clergy alike should certainly be allowed to enjoy food; after all, it is a harmless vice. This *harmless* addiction has become the number one killer now when linked with the results of years of overeating or



unhealthy eating. The pandemic of heart disease, diabetes, and stroke is significant enough as a threat, but this misplaced idolatry can be quite destructive to the spiritual life.

We are all culpable if we ignore the issue of obesity and physical well-being in the Church from the approach of spiritual wholeness and spiritual disciplines. Congregations, composed of pastors and church members, all have parts to play in addressing this issue. Laity has the power to hold clergy accountable and reinforce this concern as an issue that needs to be addressed. Clergy have the authority to work on coordinating the educational programs based in Scripture and spiritual disciplines that can lead the Church towards better lifestyles. Lifestyles are possible that are grounded in wellness and a practical knowledge of physical well-being and scientific insight into general health.

The society as a whole will benefit from this discussion and use of Scripture reading. This emphasis will result in deeper relationships with Christ that will transform the world. This wellness program begins and ends with interaction with God. The goal is to establish how clergy can realize the severity of the effects of overconsumption of food and lack of exercise. With that knowledge, a plan should be implemented that will work to overcome these destructive powers and work toward a union of sound body, mind, and soul.

This is not a program designed to make clergy members Ironman triathletes or elite fitness gurus. The idea is to use conventional physical well-being to improve our overall health, and along with that physical well-being there is a benefit to our spiritual well-being. These factors are interrelated, and one does not guarantee the other.

Working towards wellness as an offering to God may enable one to be a better servant of God and an example that helps others improve their lives as well. Robert Mulholland suggests, “Christian spiritual formation is the process of being conformed to the image of Christ for the sake of others” (25). Spiritual disciplines, specifically Scripture reading, are a means to work on this process of physical wellness. It is not that we are doing these things solely to make ourselves feel better about ourselves or to improve our self-image. There can be collateral benefits to serving God, but our personal agendas are not the motivation needed for true spiritual formation. Those practices can devolve into ego-driven exercises that exist to serve the individual and their agenda, but that cannot be allowed to happen.

The mind-set of spiritual disciplines that are offered to God for the higher purposes of furthering God’s message and to God’s glory is all the motivation needed. That is how this program is designed to work, and I believe if clergy commit to it, they will see results that will nourish their spirits and move them to Christlikeness. We must, however, acknowledge there are problems with individual wellness and look to addressing those issues in our program.

G. Lloyd Rediger addresses the authority that rests on pastors and what they should be doing to work on “body-mind-spirit fitness.” Clergy are the ones who are looked to for insight and to establish standards of living a spiritually healthy life, which is dependent on a sound physical as well as spiritual orientation. Rediger provides case studies of pastors who were nearly dysfunctional personally and professionally without some form of exercise regimen and protocol to handle diet and the challenges of pastoral life. Rediger looks to the US Army slogan as a guide for the Church: “[W]e can move

ourselves and our parishioners toward the goal of being the best that we can be—under God, and for God’s purposes” (12). Traditionally, clergy are in the best situation to help church members with these issues, but we have not utilized that authority.

While needing to exemplify a healthy example to their parishioners, the rigors of life must also be managed. Stress can be a destructive disorder, and its effects can be compounded without adequate exercise and recreation. Our unfitness may not only apply to our own lives and wellness, but it may refer to our ability to serve and function in the world we live.

Diet and food control are the first step to the solution of obesity, but there is more to be done for physical wellness than just regulating the intake of food. Exercise is essential to fighting back against the trends that have become firmly entrenched in the modern life. Roy M. Oswald discusses this scary trend: “The lack of physical exercise is considered by doctors to be the most serious health hazard among North Americans. This includes our children. We have become so sedentary that we are jeopardizing our health” (141). Oswald supports his findings with statistics from the Center for Disease Control: “[R]egular physical exercise reduces the incidence of many medical conditions—and most notably aids in fighting heart disease, colon cancer, diabetes, and obesity” (141). Those illnesses are deadly, and our refusal to address these threats is akin to aiding and abetting a crime by not educating the churches we serve. Oswald does a great deal of seminars and lectures on fitness and wellness, and he touts the additional benefits that I have experienced because of exercise programs: positive emotions after exercise, increased self-esteem, improved fitness, and even aiding sermon preparation.

## **Chapter 2: The Plan**

With the awareness of the reconciliation this new lifestyle can bring, we will now look at what this program is. It is a system of Scripture lessons in concert with exercise and an open and contrite heart that is seeking for more than what one can do left to their own without God's presence. The Scripture passages utilized in this program are open to your selection.

The common lectionary is a wonderful tool and useful when attempting to remain disciplined in reading Scripture. If one is attempting to read the Bible over a year, which many churches promote, there is almost too much to be read at one particular prayer session. The Psalms are a great source for introspective material during your devotional time.

Devotional times given unto the Lord utilizing exercise provide the foundation for this program. They center and prepare the participant for what needs to be done. It is a time that is helpful in reminding the individual what they are working on and who they are serving. This program enables a person to transition to an incarnational Christian. As followers of Jesus, that is where we are to begin, because from that point we can promote incarnational living. So much of incarnational living takes place outside the church walls, and this program is no different.

*Lectio divina* is the basis for this program, and that spiritual discipline is described in Appendix 1. Using a Psalm beginning with the first and moving through the entire collection provides a good structure for *exerceo divina*. One may also choose selected portions of the whole (e.g., the Psalms of Assent: Psalms 120-34). You could also read through the New Testament one chapter at a time. Once the passage is selected, we read

the passage and meditate on it using a similar approach to the established discipline of *lectio divina*. What differentiates *exerceo divina* is the time spent passing through *lectio*, *meditatio*, *oratio*, and *contemplatio* while exercising.

In this program, the participant is allowed to listen for God not only while exercising, but he or she is encouraged to search for God in their dietary habits. Exercise and prayer time before meals attempts to focus the individual on what place diet and nutrition have in our lives. So many people suggest that they are unaware when they are overeating or making bad meal selections. They just do not think about the repercussions of the decisions they are making at the dinner table. Appendix 2 offers some strategies to be used at the table, in the buffet line, and in the grocery store.

This program can hopefully raise the participants' awareness and give them the backbone needed to slow down and make good choices. When we stop to listen for God in our spiritual disciplines, whether reading the Bible, praying, or exercising, we can realize that those other idols we worship before God will never fill us the way God's presence can. Fullness is something so many over-eaters never truly find because it is about more than the food.

I was once told by a Benedictine monk in high school that to lose weight all one needed to do was eat the same amount and walk 30 minutes a day. It is simple math really, but it is not always easy for us to make the time. This program makes it a priority.

In the South Georgia Conference, we have a pedometer program online that has incentives for steps walked. Not everybody has that motivation, but pedometers are not expensive and can be a useful tool in this program. If walking is what you do best, then walk for God and listen to God while you walk. There is no need for an iPod while you

exercise. I believe you are drowning out one of God's best ways to communicate with you.

Paul told us to train our bodies and beat them into submission. That process exposes us to God's power and movement, not only making us better but giving us a word to share with others. Exercise with our devotional time provides a solid combination to expand God's reach and presence in our lives and ministry.

Maintaining the distances walked, ran, swam, or cycled, and the foods consumed and the feelings and emotions around this program will be invaluable in getting on the right track. Some may prefer group exercise, and that can certainly have a place in your weekly routine, but one-on-one time with God is instrumental to the program's success.

Exercise can come in many forms and Insert 3 details the approach to various forms of exercise that will aid in burning calories and reducing the amount of fat, or stored energy, from body composition. During exercise, the key to remember is that this is being done for God and to become more Christlike. One must constantly be reminded of the motivation for this program and what is hoped to be gained by participating in it. Incorporating exercise into spiritual disciplines may give people a new approach to battling health issues that have always haunted them.

No challenge is too great for God's grace and power, and I believe if someone truly wants to offer this to God they will be changed. The outside appearance will be impacted, but it is the change on the inside that is most attractive. Loosening the hold that food has on people in our culture of excess can change the way we view other forms of overconsumption and will make significant strides in living incarnational lives. This program can promote spiritual growth in the individual and be conducive to incarnational

living as it impacts the lives of others who learn from it and witness the transformation that is possible through Christ and our commitment to Him.

I do not presume to guarantee that this program will be a panacea that is capable of transforming all who try to incorporate its structure into their lives. There are more than just families that can be influenced by parents who are concerned with physical wellness. This program is designed to enable people to present Christ to the world. People who are struggling with diet and fitness can gain a great deal of benefit from encountering others who are succeeding with the same challenges because of God's presence in them. I believe this program can facilitate that type of transformation.

I have been using *exerceo divina* as a guide, and I have recognized a change in the way I see food and consume it. I plan to continue to use it as a guide on my spiritual journey. Every day is a new day where success and failure are possible, but God is present in me. I can face the challenge and succeed because God is transforming me every day. I know others see my growth, and I witness to the change I have experienced. I pray God's presence continues to fill me and mold me into the image of Christ for the benefit of the world around me. May others see the example God is making of me and find the same revelation of who God is that I have been blessed to find.

## Appendix 1

### Lectio Divina Format

1. *Lectio*

-What is the passage about?

2. *Meditatio*

-What does the passage say to me?

3. *Oratio*

-Prayer about what that passage means to my relationship with God.

4. *Contemplatio*

-Remain silent in the presence of God.

\*\*\*All or parts of this approach can be done while exercising.



## Appendix 2

### In the Buffet Line

- Always grab a smaller plate when given a choice: studies have shown that smaller plates in buffet lines result in less food being consumed.
- Select only one meat choice in a line.
- Actually think about what you are really hungry for when selecting sides.
- Avoid fried options in the line.
- Do not take more than one type of bread.
- Always prepare a salad and use the low fat and low sugar option: salad should be helping your diet not making it unhealthier.
- Choose an unprocessed fruit alternative to refined sugar desserts.

### At a Restaurant

- If you are served a meal, ask for a to-go box at the beginning of the meal: divide the meal up so you can have another meal later in the week.
- Focus your attention on the person you are dining with and strive for conversation time: it will slow down the meal and allow you to be aware of what you are eating.

### At the Dinner Table

- Always begin your meal with quiet and a prayer asking God for guidance as you eat that you may not over consume.

### In the Grocery Store

- Always have a list prepared before you shop and stick to it.
- Plan your trips to the store after a meal or a snack: this limits the compulsion buying that is so prevalent in grocery stores. Grocers design their stores to market compulsion purchases, which are almost always unhealthy and overpriced.

### Appendix 3

\*\*\*All exercise is to be done with a doctor's approval.\*\*\*

#### Walking

-John Wesley stated that walking was the ideal form of exercise, and I am not one to normally disagree with Father Wesley, so I will not start now. It is a form of conveyance that is drastically underutilized and will be beneficial to this program. It is particularly helpful for those who are physically limited in which forms of exercise they can participate.

-Walking should be done in such a manner as to elevate the heart rate for the amount of time designated for exercise.

-Be aware of where you are and what you are doing, but allow your consciousness to connect with God.

-Begin your walks with the passage of Scripture you most recently read in your mind (e.g., from the daily office).

-Say a prayer of illumination as you start, and wait expectantly for God's communion with you.

#### Running

-Running requires a little more awareness of your surroundings if you are around cars, bikes, or other runners.

-You should begin with Scripture and a prayer.

-The target is an elevated heart rate beyond a conversational pace, but it is still an endeavor pregnant with the expectation of an encounter with God.

#### Cycling

-Cycling requires more awareness of your surroundings than walking or running because of the speed at which you travel and the increased chance of injury.

You should begin with Scripture and a prayer.

-I have found cycling requires more attention to pace when attempting to elevate the heart rate as it is an "easier" and more efficient way to move the body.

### Swimming

-I prefer swimming in the pool to open water as there are fewer unseen dangers (e.g., animals and foreign objects).

-You should begin with Scripture and a prayer.

-Swimming is a great workout as it does not put as much pressure on the knees and it engages all of the major muscle groups in the body.

### Gym Training (Cardiovascular Machines)

-There are numerous ways to exercise at a local gym that simulate exercise outdoors (e.g., treadmill, elliptical, rowing).

-The same rules apply from the other cardiovascular exercises. The focus and the manner of engaging God is similar, but the setting is different. The threat of injury from traffic and others is decreased, but caution should be used when using such powerful equipment.

-Weight bearing exercises (push-ups, etc.) strengthen the joints and promote muscle tone and development.

-Weight bearing exercises are beneficial to exercise programs, but it is harder to concentrate on God because of the raised awareness of others and the attention needed to adjust to the start/stop nature of the exercises.

-Personal trainers are valuable assets at gyms to help participants design a program that is safe and effective. They should be consulted before any weight training is initiated.

## APPENDIX E

### INTERVENTION LECTURE OUTLINE

#### 1. **Introduction**

- Thank you for voluntary participation in this project.
- Diagnostics: BMI, HR, and SBP/DBP; SWBS & HRA.
- pretest, intervention, & posttest. Descriptive & inferential stats.
- ethical practices and security of information (destroyed after the posttest session).

#### 2. **Theological framework**

- creation (Gen. 1:31). God was happy w/our composition.
- Tripartite nature to humanity (Deut. 6:5): *whole* being.
- Jesus: "Love the Lord your God with all your heart, soul, and strength."
- holistic living: body, mind, and soul.

#### 3. **Exerceo Divina**

- a program using exercise and Scripture reading to improve overall well-being.
- lectio divina* is utilized (App. 1).
- diet and nutrition (App. 2).
- exercise (App. 3)—doctor's approval.
- only a recommendation to do exercise after Scripture reading.

#### 4. **Research project**

- e-mail: 2,4,6, & 8 week points before the next meeting on April 24.
- use Scripture reading suggestions or others (App. 1).
- maybe record your exercise & insights from God in a journal.
- \*spiritual discipline for you—not a job requirement, but what you do for spiritual formation as a disciple of Jesus.

## **APPENDIX F**

### **DATA GATHERING DIRECTIONS**

1. Assign each participant a number (researcher).
2. Distribute the SWBS, the HRA, and a pen to each participant (researcher).
3. Direct each participant to a RN to record the diagnostic data (researcher).
4. The odd numbered participants were directed to Dr. Buck.
5. The even numbered participants were directed to Nurse McDaniel.
6. The nurse asked the participant to take off their shoes.
7. The nurse measured the participant's height with the tape measure mounted on the partition.
8. The nurse measured the participant's weight using a scale.
9. The nurse asked the participant to put their shoes back on.
10. The nurse asked the participant to sit at their work station.
11. The nurse engages the participant and measures heart rate and blood pressure and records the data.
12. The nurse waits one minute and repeats the heart rate and blood pressure measurements and records the data.
13. The nurse directs the participant out of the diagnostic area towards a table to complete the SWBS and HRA.

## APPENDIX G

### DEVOTIONALS

#### WEEK 2

##### **GREET THE DAY**

Thank you, dear God, for this day. It is not for me to waste or wish away. Today is a gift that allows me to earnestly strive to grow into Christlikeness through the power of the Holy Spirit.

##### **PSALM**

*Psalm 146-150 are recommended, but any Psalm may be appropriate for the day.*

##### **PRAYER**

Gracious God, this is a new day with new opportunities for me to do what you ask of me. Help me recognize what it is you want from me. Help me strive to be healthier. May your Holy Spirit give me a desire to work on my physical wellness with exercise and focus. Please enable me to control what I eat and how much I consume. May the way I live my life reflect the importance and influence you have in my decision making. Every challenge I face today is an opportunity for your will to be done. Help me, dear God, to become whole—to allow you to perfect me physically, mentally, and spiritually. In Jesus' name I pray. Amen.

##### **FOCUS FOR THE DAY**

We are not promised any easy days. Our call is to be thankful for the day and to do something with it. Find a focus for today, and, no matter what comes your way, do all in your power to honor God in that endeavor. Here are some issues to work on, choose one or as many as you can handle and succeed in God's name.

-meal portion control	-healthy food choices	-exercise
-stress management	-loving attitude	-endurance

##### **CLOSING**

"I know what it is to have little, and I know what it is to have plenty. In any and all circumstances I have learned the secret of being well-fed and of going hungry, of having plenty and of being in need. I can do all things through Christ who strengthens me" (Philippians 4:12-13).

*(Silent meditation on this passage)*

Dear God, help me strive to allow space and time for you to speak to me today. You love me and have sent your Holy Spirit to guide and comfort me. God, please lead me and make amazing things happen in me today. In Jesus' name I pray. Amen.

## WEEK 4

**“And by faith in his name, his name itself has made this man strong, whom you see and know; and the faith that is through Jesus has given him this perfect health in the presence of all of you.” (Acts 3:16)**

It would be wonderful if this verse could describe each and every one of the disciples of Jesus Christ. Unfortunately for us, we do not have any explicit formulas in Scripture that explain, or detail, exactly how we are to arrive at *perfect health*. Many of us find the challenge of *healthy* living too daunting an endeavor to even attempt, but that is not what God wants for us or expects from us.

Many have not arrived at a state of *unhealth* suddenly or by happenstance. Just as the lame man who was healed by Peter and John in the Acts passage was “lame from birth,” so countless people have settled in to living lives that are unhealthy and apart from holiness. It seems as if eating habits and physical inactivity have been with us from birth as we have grown into our lameness. This is not the condition God wants for us, and we are not doomed to be lame.

Peter explains to the crowds that there is a way out: there is a balm that can heal believers of their *unhealth*. Peter declares that having faith in Jesus Christ can make us strong—it can give us *perfect health*. We have all the strength we need in Jesus waiting for us to trust in that ever-flowing reservoir.

We have to want to be made whole; we have to want to end our lameness. Christians often target alcohol and tobacco as enemies of holiness but fail to acknowledge that the foods and the quantities we consume are toxic and detrimental to holy living and general health. Today, we vow to call on Jesus to make us whole and restore our health.

As we take part in *Exerceo divina*, may God fill us with the desire to strive for healthier lives. We all have areas in our lives that are making us *lame*, or unhealthy, and God has the power to restore our health. It requires commitment and perseverance, but, most of all, it demands faith from us to be healed. By faith in the name of Jesus, we can be healed and made whole.

*Gracious God, your Holy Spirit is a powerful presence that can cure us of our lameness when we depend on you to make us healthy. Heal us, oh great Physician, and commit us to a healthy lifestyle lived in Jesus' holy name. Amen.*

## WEEK 6

**“He got up, and ate and drank; then he went in the strength of that food forty days and forty nights to Horeb the Mount of God. At that place he came to a cave, and spent the night there.” (1 Kings 19:8-9)**

It is easy for us to relate to what Elijah was feeling as he was fleeing from Jezebel and her threats on his life. He was tired, stressed, and ready to throw a pity party for himself. During what is a challenging week in the life of the Christian world, we, too, can feel worn out, but God has a balm for us.

Elijah had stood in defiance against the prophets of Baal in one of the most dramatic and powerful scenes in the Bible, but he still felt inadequate and vulnerable when Jezebel issued a death warrant for Elijah. He was in need of rejuvenation, and God was able to care for him.

It is the way that God cared for Elijah that is so beneficial to us. God went to Elijah in his time of need. God sent him water and food and allowed Elijah to sleep, twice. As his body began to recover, God then began to work on his mind and spirit. God spoke with Elijah to assure him of the plan that was in place and the means God had to provide for him. God addressed Elijah's spiritual needs as well.

With the physical and mental needs in order, God interacted with Elijah spiritually. Following the wind and breaking rocks, the earthquake, and the fire, God came to Elijah in the silence. It was then that God spoke to Elijah about the work that was before him, and God had bold and dynamic things for Elijah to do.

God asks great things of all of us, but we must be prepared—physically, mentally and spiritually—to do them. *Exerceo divina* makes space for God to speak to us. It is in the silence that God is able to get our attention. When God has our full attention, that is where the bold and dynamic work of God can be done. May the Lord rejuvenate us all and use us to accomplish great things.

*Gracious God, our bodies, minds, and spirits can become exhausted, and if we are left to our own means we cannot find healing. With your love and provisions we can realize what rejuvenation is and what is possible with your abiding presence. Please tend to our needs—physically, mentally, and spiritually—that we may carry out your good work in the world. We ask this in Jesus' holy name. Amen.*



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