Emotional Wellness: Holistic Care for God's Workmanship

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Abstract

The focus of the symposium and this essay are to be deliberately practical and intentionally personal. In my efforts to meet both of these goals, I employed three specific methods. First, a biblical understanding of who we are and whose we are is foundational and fundamental to any discussion on health and wellness. I have sought to build on these truths as they are both practical and personal for us. Second, as a clinical mental health counselor, I have drawn on the literature in my field to offer a practical understanding of holistic wellness and share evidence-based models for cultivating well-being and resilience when providing care to suffering people. Third, as a researcher and counselor educator, I listened to the voices of those serving God's people to make this an intentionally personal process. Five parish pastors participated in a focus group experience. This involved each participant individually completing the Professional Quality of Life Scale and engaging in a 90 minute semi-structured group interview, where they were invited to reflect on, share, and discuss their experiences of emotional ailment and wellness as a parish pastor. The intention is to weave each of these, a biblical foundation, evidence-based models, and voices from the field, into a meaningful understanding and practice of wellness.

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Elijah was afraid. He had just experienced a tremendous victory with the LORD over the prophets of Baal. He had rebuilt the altar of the LORD, which had been torn down. He drenched it in water to the point where the water filled the large trench he had dug around the altar. He and all the people that had gathered to watch this epic showdown saw fire from the LORD fall on the sacrifice, the wood and stone of the altar, and water and dirt surrounding the altar. It was gone. All of it. Even the water had been licked up by the fire. All the people fell on their knees and said, "The LORD, he is God! The LORD, he is God!"

Elijah was afraid. Jezebel was out for blood. So Elijah ran. He ran hard, a day's journey into the wilderness. When he finally stopped, he sat down and prayed that he would die. Pause for a moment and consider where Elijah was at this moment. Physically, spiritually, and emotionally, he was exhausted. He must have been thinking that this big win was going to turn the tide in people's spiritual lives and drive them back to God. But here he was, a man on the run, fearing for his life. Now he simply had enough, thinking he had failed, he asked God to take his life. What happens next is as clear a picture as any of how God provides holistic care for his people. He made Elijah some food and gave him water to drink. He let him rest and sleep. He fed and watered him again, and then sent him on a journey. Elijah felt so alone, too. He thought he was the last believer in Israel. In response to his servant's loneliness, God does three things. First, he has Elijah stand in the presence of the LORD, assuring him that God is his refuge and ever present help. Second, he directs him to anoint two kings and another prophet as fellow leaders of God's people. Third, he tells Elijah that he has preserved seven thousand believers in Israel that have remained faithful. Elijah is not alone.

God cares for his people by providing for our physical needs, nourishing us spiritually through his presence in our lives, connecting us with our brothers and sisters in faith, and responding compassionately to our emotional experiences. In the initial portion of this essay, we will examine the

evidence-based Indivisible Self Model (Sweeney & Meyer, 2009) as a structural guide for understanding that we, as God's workmanship, are a profoundly complex creation. The second section of the essay utilizes the Compassion Fatigue Resilience (CFR) model as a structural framework to promote emotional wellness when caring for suffering people. Additionally, qualitative descriptions from the focus group that was conducted to gain insights directly from our parish pastors are included to add depth and context to the understanding of pastoral emotional wellness.

The Indivisible Self Model

Understanding wellness is foundational to the field of counseling. Wellness has been discussed and described by psychological theorists since the beginning of professional counseling. Yet, it has largely been a concept that was based in the physical health sciences (Myers & Sweeney, 2008). It wasn't until the 1990s that researchers in professional mental health counseling took up the empirical study of wellness. One of the initial models of wellness that emerged from the field of counseling was The Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). This model came out of Adlerian theory, which first advanced a holistic perspective of people, and made intuitive sense, because it held to the working knowledge of professional counselors in the field at the time. As this model was researched over a period of several years, the counseling field sought to further define and distinguish wellness from health. Myers et al. (2000) defined wellness as:

> A way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving.

Later on, the Indivisible Self Wellness (IS-Wel) model was introduced by Jane Myers and Thomas Sweeney (2004) as the first empirically validated, evidence-based model of wellness within the field of counseling. The IS-Wel model was a reorganization of the Wheel of Wellness that has since been solidified as the essential conceptualization and practical description of wellness in the counseling field.

The IS-Wel model is truly a holistic description of wellness because it emphasizes the interaction of the various parts and views the "Self" as indivisible. The following is an overview of the meaning of the five factors that comprise the IS-Wel model (Myers & Sweeney, 2004).

The Essential Self

This factor contains many of the components that are directly related to and influence our sense of meaning and identify. The four components to the essential self are spirituality, gender identity, cultural identity, and self-care. This is the primary space where our spiritual wellness impacts our total experience of well-being, because it is inseparable from our sense of purpose, meaning, and outlook on our life and relationships with other people. We will look more closely at how our spirituality, specifically our Christian faith, in belief and behavior, is woven together with any and all practices of emotional wellness. The additional factors of gender and cultural heritage strongly influence our experiences of the world, relationships, and sense of self. They have both developmental and contextual aspects to consider in terms of what meaning is attributed to or found in being male or female, black or white, Midwestern or Southern, or any other inexhaustible combination of filters through which a person may view and experience life, self, and others. Lastly, self-care may seem to be out of place among these other components, yet the authors of the IS-Wel model are clear that it must be understood as essential. Self-care is any action that contributes to living long and living well. An emphasis on self-care is nearly ubiquitous in the counseling room as individuals examine how mental health problems have robbed them of any sense of meaning or experience of purpose in their life. Care for the self is often the first thing to go when stress, trauma, grief, and suffering come bearing down. Care for the self supports the individual in being able to contribute to the body of believers and the world; and it also contributes to the resiliency of the individual in facing the pains and sufferings in the body of believers and the world.

The Creative Self

The five components of the creative self are thinking, emotions, control, positive humor and work. What is critical to appreciate in this factor is the reciprocal nature of our perceptions, thoughts, feelings, and actions. Traditional cognitive-behavioral therapy is built on the belief that our thoughts, emotions, and actions all affect one another. How I feel about a situation may emerge from a belief that I hold, or conversely, my thoughts about an event may direct my emotional reaction. In both cases, any action or behavior that I take will be based on my thoughts and feelings and afterwards, I will have thoughts and feelings based on the action that I took. Wellness in thinking is having cognitive flexibility, creativity, and curiosity. Wellness of emotion is having awareness of and the ability to express one's positive and negative feelings in an appropriate and congruent manner. Control, or preferably influence, is about both the actions that we take toward goals and our response to our thoughts and feelings. Wellness is correlated to possessing a perception that what we do matters in the sense that we can influence our thoughts, feelings, and circumstances in constructive ways. Positive humor, which is often creative and spontaneous, is associated with numerous health and wellness benefits, such as decreasing cortisol levels, increasing endorphins, strengthening the immune system, reducing anxiety, boosting mood, and contributing to positive interactions with others (Mental Health America). Lastly, work is not a source of the creative self, but an opportunity to express creativity through one's skills and craft. Work also provides the context for experiencing a sense of satisfaction and fulfillment through effort.

The Coping Self

The four components of the coping self are leisure, stress management, self-worth, and realistic beliefs. Just as work provides for a sense of satisfaction, so too does leisure. Myers and Sweeney (2004) highlight the importance of having at least one leisure activity that can bring about a flow state. They describe this flow state as "becoming totally absorbed in an activity where time stands still" (p. 237). Leisure can also be a pathway for personal learning, growth, creativity, and coping. Stress management

is another concept that inevitably makes an appearance in the counseling room and is the focus of self-help gurus from every discipline. The most relevant contribution that I can make with stress management is about intentionality. When you do a thing with the intent of managing stress, you are more likely to have the thing manage stress. This is the difference between going into a day off and choosing to ride your bike with the intent to de-stress, verses riding your bike and deciding later that it was your stress management activity for the day. You will gain more benefit from the former than the later. Self-worth and realistic thinking are frequently a focus of counseling and therapy. In episode 22 of The Well Mind Podcast, Pastor James Hein spoke with me about how a worldly identity is most often based on accomplishments, connections, and character (Kohls, 2021). The same can be said about self-worth. Myers and Sweeney (2004) note that "self-worth can be enhanced through effective coping with life's challenges" (p. 237). Self-worth that is grounded on what we do or how well we do it, will eventually result in disappointment, discouragement, or becoming burned out through the never ending cycle of proving our worth and value. Resting in our status as a redeemed child of God as the source of our worth and value provides us a secure refuge beyond anything we could build for ourselves. Lastly, the traditional cognitive-behavioral therapist seeks to aid individuals in identifying irrational beliefs that perpetuate distress in the individual's life and relationships. It is a worthwhile process to examine the evidence for and against our beliefs and thoughts, especially when they are based in a cognitive distortion. Yet, in my clinical experience, this must be balanced with the realistic belief that we will never be rid of all thinking errors and that our wellness does not hinge on our proficiency with cognitive restructuring strategies. We will take a closer look at this topic in later sections.

The Social Self

There are only two aspects of the social self component in the IS-Wel model: friendship and love. These concepts exist on a continuum from a secular and Christian perspective. The authors speak about the concepts of love and intimacy being difficult to distinguish from friendship, with the exception

of sexual intimacy. Yet even the concept of attraction is present in both friendships and intimate relationships.

> What is clear, however, is that friendships and intimate relationships do enhance the quality and length of one's life. Isolation, alienation, and separation from others generally are associated with all manner of poor health conditions and great susceptibility to premature death, while social support remains in multiple studies as the strongest identified predictor of positive mental health over the lifespan. The mainstay of this support is family, with healthier families providing more conducive sources of individual wellness. Importantly, healthy families can be either biological or families of choice. (Myers & Sweeney, 2004, p. 237).

I have often used the concepts of love found in Scripture when addressing social and relational health and wellness. Agape, storge, phileo, and eros each speak to points on the continuum of love and closeness in our social relationships. Phileo and eros most closely parallel the friendship and love that is found in the IS-Wel model. We will return to the topic of social support in the next section of this essay.

The Physical Self

The two components of physical self are exercise and nutrition. These are a cultural mainstay in the U.S. and billions of dollars are spent every year chasing wellness exclusively through exercise and nutrition at the expense of many of the aforementioned components of wellness. Simultaneously, exercise and nutrition are so poorly executed in practice. The pervasive health issues associated with obesity and living a sedentary lifestyle are startling. As a mental health counselor, there have been two sides to the physical self coin as I work with clients. On the one side, most mental health issues have a physical component. Eating disorders are the most obvious mental health conditions where the individual's cognitive, emotional, nutritional, and physical concerns are interwoven. Yet, issues of anxiety, trauma, obsessive compulsive disorders, and mood based concerns all have an impact on the physical self, impairing one's ability to engage in healthy exercise and nutrition. The other side of this coin is the tremendous benefits gained from utilizing Behavioral Activation methods to promote recovery, health, and wellness through the structured scaffolding of one's activities during the day and

week. A facet of CBT, Behavioral Activation is an empirical treatment approach that “aims to alleviate depression and prevent future relapse, by focusing directly on behavior change” (Barlow, 2021, p. 353). Behavioral Activation closely examines the relationships between an individual’s behaviors and their environment with the intent of modifying or initiating behaviors that will both disrupt the relationships that maintain depression and promote relationships that improve mood. Exercise and nutrition are common and fruitful areas of focus when examining and modifying an individual’s relationships between their behavior and environment.

There are two final points that are complimentary to this holistic view of our wellness.

The Continuum of Wellness

A recent article in the New York Times highlighted how wellness is best viewed on a continuum and not categorical. Grant (2021) brought forth the term languishing in his article that spoke to the foggy, grayscale, lethargic, tedious, meh experiences that occupy some of the space between flourishing and mental illness. In the article, Grant succinctly describes the malaise that settles in gradually and notes, “When you can’t see your own suffering, you don’t seek help or even do much to help yourself.” Challenge the all or nothing thinking that is commonplace when we reflect on our own wellness. This thinking error sounds something like "I'm not ill, so that means that I must be well." Or it could be comparative like "I'm healthier than most." The alternative view is to place ourselves on a continuum of wellness. Even the Diagnostic and Statistical Manual of Mental Health Disorders Fifth Edition, has shifted the view of mental health toward a continuum or spectrum approach to classifying mental health. In previous editions, the vast majority of mental health diagnoses were categorical. This meant that once a person hit a very specific threshold of symptoms, they “met criteria” for a diagnosis. Now the specific threshold has become a range, where a diagnosis is placed on the continuum of mild, moderate, severe, and profound. Lastly, the Professional Quality of Life Scale that will be discussed in the second section of

this essay provides quantitative feedback on where you are presently at on three interconnected continuums regarding your wellness (Stamm, 2010).

Wellness is Fluid

The final point worth noting regarding wellness is that our wellness is not static, but fluid. As you reflect on a given period of time, whether that is a day, a week, a month, a pandemic, you will observe fluctuations in your experience of wellness. This is an unsurprising statement, yet it is one that must be acknowledged. We apply this concept to our spiritual wellness frequently. We know that when faith is nourished it will grow, mature, and flourish, even in times of significant pain and hardship. When our spiritual life is neglected, it will fade, weaken, and diminish, even in times of health and prosperity. This fluidity is axiomatic regarding all aspects of our holistic wellness.

Undoubtedly, as we consider our wellness and the many components that make up this holistic view, the question of our individual performance finds its way into our thoughts. This probably looks something like a “to-do list.” This is the inevitable result when focusing strictly on our own self-improvement and personal growth through any pursuit of the best version of self. The trap that can snare each of us, and all too often does, is one of self-justification and is rooted in a theology of glory. The if-then statement goes like this: “If I just do all of the things, then I will be healthy and well.” As a mental health counselor, I have seen so many Christians live out the belief that their pain and suffering will be alleviated or taken away through intentional wellness oriented actions. The education and training I received in mental health counseling often reinforced this belief. Counselors are taught to use assessment and diagnostic procedures to inform the development of a treatment plan that targets specific symptoms and outlines interventions to reduce symptoms, alleviate suffering, and promote relapse prevention. These are wonderful and effective tools and ought to be used. Yet, we must use these tools in the proper context of our status as redeemed children of God (Marrs, 2019). The pivot that we need to make is away from our to-do list and onto God’s done list.

Here is an example to bring this into clarity. Psalm 13 is a section of Scripture that I have opened to on countless occasions with clients. Its impact and beauty is in the rawness and simplicity of David's words.

Psalm 13

For the director of music. A psalm of David.

[1] How long, LORD? Will you forget me forever?
How long will you hide your face from me?
[2] How long must I wrestle with my thoughts
and day after day have sorrow in my heart?
How long will my enemy triumph over me?

[3] Look on me and answer, LORD my God.
Give light to my eyes, or I will sleep in death,
[4] and my enemy will say, "I have overcome him,"
and my foes will rejoice when I fall.

[5] But I trust in your unfailing love;
my heart rejoices in your salvation.
[6] I will sing the LORD's praise,
for he has been good to me.

As David expresses his fear, frustration, worry, and loneliness, his words are a reflection of our own thoughts and feelings when we too are caught in depression, anxiety, conflict, or any other Anfechtung. Most people are able to see themselves in verses 1-4, but the struggle comes in verses 5 and 6. The focus on our own to-do list becomes the filter through which these verses are understood. "I should be trusting God more." "I'm a bad Christian because my heart isn't rejoicing." "I need to work on praising God more." The pain and suffering in verses 1-4 and the peace and joy in verses 5 and 6 are understood as separate states and the bridge between them is personal change and action. It is only by removing the to-do list filter that God's done list becomes clear. God's love is unfailing and he has demonstrated his love through the gift of salvation. David found peace and comfort in God's done list in the same moments that he was experiencing pain and suffering. These are not separate states, but are paradoxically happening simultaneously.

Wellness is complex and fluid, but it is also something that God cares deeply about. He knows our needs, our vulnerabilities, our thoughts, and our emotions. As we transition into the next section, let us find rest in God's done list, his ongoing provision for and attention on all our wellness needs, and his unfailing, never-ending, sacrificial love.

Emotional Wellness through Compassion Fatigue Resilience

Compassion fatigue resilience has been, and continues to be, an area of research and practice about which I am very passionate. My work in this area has been primarily with nurses and physicians, social workers and counselors, and teachers and pastors. Compassion fatigue is a reality for helpers across of a wide variety of professions. Understanding the components of compassion fatigue related to experiences of burnout, secondary traumatic stress, vicarious traumatization, as well as the essential protective factors and helping skills associated with resiliency are of critical importance to helpers in any field. The compassion fatigue resilience model provides a very valuable structure as we examine the experience of emotional wellness (Ludick & Figley, 2016). As was the case in the first section of this essay, I will strive to present evidence-based information along with qualitative and descriptive information. In preparation for writing this essay, I conducted a 90 minute, semi-structured focus group with 5 parish pastors. To gather insights directly from our parish pastors, a focus group was determined to be the most effective and efficient format. The purpose of this focus group was to provide contextually relevant feedback to this essayist on the emotional well-being of the pastor.

This essayist and members of the Wisconsin Lutheran Seminary symposium planning committee identified potential participants and extended an invitation through email (Invitation Letter in Appendix). Six men responded to this invitation and five were selected based on availability to participate in the focus group. Participants of the focus group completed the Professional Quality of Life Scale in advance of the group. During the focus group meeting, the participants responded to a series of prepared open-ended questions that invited the participants to reflect on, share, and discuss their

experiences of emotional ailment and wellness as a parish pastor. The recording of the focus group was transcribed and then analyzed by this essayist based on the framework of the compassion fatigue resilience model. Quotations from the focus group participants are used to highlight and exemplify specific factors within the compassion fatigue resilience model. To protect the privacy and confidentiality of the participants, the information presented here has been de-identified.

Before walking through the 12 factor compassion fatigue resilience model, we need to define a few key terms first. The terms burnout, secondary traumatic stress, vicarious traumatization, and compassion fatigue have all been used to describe the negative consequences and symptoms individuals experience who are exposed to trauma and suffering through their helping roles. Additionally, compassion satisfaction and resilience are terms to describe the positive experiences within various helping roles.

Furthermore, each of the attendees of this fall symposium had the opportunity to complete the professional quality of life scale, which contains three of these terms. **Compassion satisfaction** is the first scale on the ProQOL and is intuitively understood to be the positive feelings and sense of fulfillment associated with helping others. **Burnout** is likely the most common and best understood of all these terms, because it can be experienced regardless of your professional role or responsibility. Stamm (2010) summarizes burnout as a state of feeling overwhelmed and experiencing inefficacy. The risk factors for burnout include high levels of personal emotional intensity, incongruence between personal values and workplace values, “type A” personality types, lacking a sense of purpose and fulfillment in work, hostile and/or punitive work environments, and a combination of high job stress and low job support. **Secondary traumatic stress** occurs when a helper experiences a negative change in their emotions and behavior resulting from exposure to the trauma or suffering of a person they are trying to help. Secondary traumatic stress symptoms often mirror those of someone who has experienced a primary traumatic stress, like posttraumatic stress disorder or an acute stress disorder. These can

include intrusive thoughts or images, avoidance of reminders, hypervigilance, sleep disruption, and impaired concentration. Secondary traumatic stress can often appear quite suddenly and cause great distress (Gingrich & Gingrich, 2017).

Vicarious traumatization has often been used interchangeably with secondary traumatic stress, but there are key differences between these terms. Whereas secondary traumatic stress typically follows exposure to an event in the life of a person that you are helping, vicarious traumatization encapsulates the long-term impacts of repeated indirect trauma exposure. These impacts are often internal and marked by profound negative changes in the helper's sense of identity, meaning, and worldview.

Compassion fatigue incorporates each of these concepts and impacts all aspects of wellbeing. Here are the comments from the focus group participants as they described their experiences related to compassion fatigue.

> Emotionally, you can only run for so long before it just gives out. And so, if you feel too hard for too long... I find that I just start to feel apathetic to the point that I just stop caring about stuff, which is... I mean, it's partially like where depression stuff can come on too.
>
> I can withdraw a bit from my [wife]; to just kind of check out or pour myself into something that really doesn't mean that much, but it's just a distraction.
>
> I'm probably quiet, withdrawn.
>
> [I'm] trying not to become jaded to things…
>
> Just that gutted feeling of, "Am I a failure? Is my ministry a failure?"
>
> When I'm not emotionally well, I really don't feel like serving anybody very well unless it's really easy and someone I like.
>
> I actually think I become somewhat unsympathetic.
>
> Just kind of kills motivation and you don't really feel like doing any of your work.

The compassion fatigue resilience model combines our understanding of both compassion fatigue and resilience. Simply put, compassion is the empathic concern for the sufferings and pain of others. Fatigue is the experience of extreme tiredness resulting from mental and emotional exertion. Resilience is the process of adapting and persisting in the face of adversity, trauma, tragedy, or significant stress. Compassion fatigue resilience is an ongoing process that involves multiple variables (12) that diminish and promote personal resilience while providing emotional, mental, spiritual, and/or physical care to others.

Empathic Stance Sector

Empathic stance is the sector containing four variables related to empathy and exposure. This includes exposure to suffering, empathic concern, empathic ability, and empathic response.

Exposure to suffering describes the level of interaction a helper has with suffering people. Research indicates that the more exposure a helper has to stories of trauma and suffering, the greater the risk for secondary traumatic stress and vicarious traumatization. During the focus group, participants were asked how many hours a week on average they spent providing help, support, or assistance to people in a one-on-one or one-on-two setting. Responses range from five hours a week to twelve hours a week. The volume or dosage one can tolerate varies from person to person, but is largely influenced by the level of training a person has in providing care to traumatized and suffering people. The more training on trauma the higher the dose a helper can handle, but when a helper has limited or minimal training, even a small dose can have a significant negative impact on the helpers emotional wellness. It is important for pastors to attend to the frequency and intensity of the counseling that they are doing and know what dosage they can handle. Equally as important, is for pastors to equip themselves with the skills and knowledge necessary to work closely with suffering people. This is for your benefit and theirs. Each of the focus group participants had engaged in some form of training or education in the

past year to support their work as pastoral counselors, ranging from reading counseling focused books and articles, to attending online workshops, to taking graduate level courses.

Empathic concern is the explicit desire and high level of compassion in helping others. A focus group participant commented, “Part of me just wants to jump in there and take a bit of that pain away.” Empathic concern is needed in order to be an effective helper and it increases the probability of personal distress. Empathy is a double-edged sword. On the one hand, people who possess and practice empathy are more effective at building and maintaining relationships. They are more effective in helping roles and generally experience greater satisfaction in their work and relationships. Noteworthy too, is that empathic concern is inversely related to burnout. The higher the levels of empathic concern, the lower the risk for burnout. On the other hand, when we possess and practice empathy, we open ourselves up to the pain-and-suffering of others in a personal way. Brene Brown (2010) says it this way: “In order to connect with you, I have to connect with something inside myself that knows that feeling.” It takes vulnerability on our part to tap into empathy. As a result, we can be impacted by other people’s experiences in a way that stays with us even when we are not physically with that person (i.e. secondary traumatic stress).

Empathic abilities are necessary for building rapport in the helping relationship. The pastor’s capability and proclivity to recognize suffering in others benefits both the helper and the one seeking help. Empathy training is one of the ways in which pastors can equip themselves with the skills and knowledge necessary to work with suffering people. Learning to use cognitive empathy instead of affective empathy will help a pastor manage their dosage, reduce risk for burnout, and promote a sense of satisfaction within their helping role. Cognitive empathy is the adoption of the point of view of another by comprehending their inner perspectives and experiences and being able to communicate that back to them. It is a skill that can be developed, practiced, and mastered. One focus group member expressed cognitive empathy this way: “…just listening and trying to ask a lot of questions and seeking

to understand where the person is coming from." Affective empathy involves feeling what the other person feels and sharing in their emotional experience (Lamothe et al., 2014). Affective empathy appears to flow out of high levels of empathic concern and can be a useful approach. One member of the focus group noted it this way. "You just need somebody to suffer with you; sometimes somebody maybe just does need [a friend or helper] to weep with them and suffer with them."

"**The empathic response** is informed by empathic concern and empathic ability. During an empathic response professionals draw heavily upon their skills, training, experiences, and talent to provide the best service" (Ludick and Figley, 2016, p. 4). As such, the empathic response is the combination and culmination of the variables in the empathic stance sector.

Secondary traumatic stress sector

The secondary traumatic stress sector includes four variables that contribute to compassion fatigue. The four variables are prolonged exposure to suffering, traumatic memories, secondary traumatic stress, and other life demands. Secondary traumatic stress has already been defined and explained and is noted here as a risk factor for compassion fatigue.

Prolonged exposure to suffering is the factor that is most closely connected to the experience of vicarious traumatization. Continuous traumatic stress exposure is linked to increased risks and incidences of serious, acute, and chronic illnesses (Norman, et al., 2006). Prolonged exposure goes beyond the immediate moment by accounting for the accumulation of trauma narratives a helper hears over the course of time.

Traumatic memories refer to a helper's own trauma history and remembering the stories of pain and suffering from the people they have helped. One focus group participant commented, "You see so many people die. There's a PTSD that I think you have from seeing dead bodies." Personal trauma is a significant risk factor for secondary traumatic stress, because it acts as an enduring vulnerability in the

life of the helper. With time, attention, and effective intervention, the risk factors related to personal traumatic memories can be mitigated but never completely erased.

Other life demands. Lastly, there is an interactive relationship between secondary traumatic stress and other life demands. Increases in secondary traumatic stress can make life stress seem more catastrophic. Conversely, life stress can increase a helper's vulnerability to secondary traumatic stress, making it a risk factor. The Holmes-Rahe Stress Inventory (1967) is the simplest and easiest inventory to check in on your own level of life stress.

Compassion fatigue resilience sector

The final sector of the compassion fatigue resilience (CFR) model includes the four protective variables that promote helper resilience. This sector includes detachment, sense of satisfaction, social support, and self-care. It is tempting to think about resilience as a recipe to be followed. Gather the right ingredients, mix them together in the correct proportions, and voilà! Resiliency is ready for your consumption. However, this is not reality and instead, I would offer a different metaphor. Resilience is more like a garden to be tended and cared for, that it would bear fruit, and be a source of nourishment for you to continue to do the empathic work of serving and helping others. Cultivating practices within each of these four sectors, while also recognizing that "resilience building is a changing and complex process that happens within its own systemic context" (Ludick and Figley, 2016, p. 5). As we examine each of these sectors, consider opportunities in your own life to cultivate practices of detachment, sense of satisfaction, social support, and self-care.

Detachment. One of the challenges when walking with people through pain and suffering is not taking on those burdens personally. As I pointed out earlier, empathy is both necessary when doing compassionate work and a risk factor when doing compassionate work. Previously, I pointed out how the use of cognitive empathy, instead of affective empathy, can act as a buffer in the moment, when providing compassionate care to a person. Detachment, or the ability to let go of the sufferings of

others, happens after you are no longer actively in the presence of that hurting person. The focus group participants spoke about detachment in a number of different ways. Yet, in each case, the essence of detachment was having some process or method for letting go.

> As an expression of faith, "God, I'm going to pray about this for five minutes at the beginning of the day, and I will not come back to this until the end of the day or until tomorrow..." As an expression of faith that you're in control of it.
>
> I found too just having some kind of outlet, like a hobby, kind of, has helped me a lot; If I'm, particularly, being consumed by something, I'll just grab one of those and that evening just kind of let my mind focus on something else as an escape.
>
> Try not to take things personally; you realize the issue is not with you; I think that's something at the end of it really you have to think through and pray through. Realize this is not against me.
>
> …when you're at home, you're thinking about being at home, you're present there. You're not thinking about work and vice versa.

Furthermore, we observe Jesus engaging in compassionate work with people and then disengaging for the purpose of rest and respite in Matthew chapter 14. Herod had John the Baptist beheaded in prison. John's disciples came and told Jesus what had happened. "When Jesus heard what had happened, he withdrew by boat privately to a solitary place (v.13)." It is reasonable to consider that Jesus had words of empathy and compassion for John's disciples in their grief and loss before he withdrew to get some rest. "When Jesus landed and saw a large crowd, he had compassion on them and healed their sick (v.14)." After a period of rest on the boat, Jesus went back to doing that compassionate work for his people by healing the sick, preaching and teaching, and performing the miracle of feeding the five thousand. "Immediately Jesus made the disciples get into the boat and go on ahead of him to the other side, while he dismissed the crowd. After he had dismissed them, he went up on a mountainside by himself to pray. Later that night, he was there alone (v. 22, 23)." Jesus disengaged from that active face-to-face ministry to his people for the purpose of prayer and solitude. We know that this

cycle continues as the very next verses detail Jesus going out to his disciples on the lake amidst the storm.

Prayer was often a focal point for Jesus when he would withdraw. Similarly, our practice of detachment must be counterbalanced with reflection. Detachment without reflection simply becomes a form of avoidance, denial, or temporary self-distraction. Reflection involves creating time and space to consider how another person's pain and suffering has influenced your own thoughts, feelings, and experiences and connecting to God through prayer and Scripture. One focus group participant put it this way: "Collecting your thoughts without being consumed." Prompts that support personal reflection are questions, such as:

How do I feel before, during, and after meeting with this person or family?

What part of helping this person is most stressful or confusing?

What do I believe about my ability to help this person?

What about this person's story is triggering my own distressing thoughts, memories, feelings?

How can I set boundaries to avoid absorbing this person's emotions and stress?

When I have sat with someone, listened, empathized, encouraged, and then our time is done, I pray. I will also use prayer following a period of personal reflection. At this point, there may be a person on your mind. There may be a story that you have heard and it's been replaying in your mind. Let us take a moment and pray. Think about that person whom you have sat with, listened to, and expressed empathy and encouragement as we pray this prayer.

> Thank you Lord for granting me the opportunity to help this person. Thank you for blessing our time together with your grace, mercy, and truth. Grant wisdom and healing through our work together. Now I place _____ (person's name) fully into your care until the next time we are together. Watch over them with your divine guidance and protection. Aid me in letting go of their pain and grant me peace and rest in you. Amen.

Sense of satisfaction. The second sector of compassion fatigue resilience is your sense of satisfaction in doing the compassionate work of helping others. This sense of satisfaction comes from living your faith shaped values in service to others. Serving people amidst the storms of personal pain does not always go well and this can diminish our sense of satisfaction. Two focus group participants shared the struggles they experienced when they stated:

> After the fact, I felt really down on myself for that, that I didn't share enough with them or that I didn't say the right thing or something like that.
>
> I had low moments or moments of stress because I felt like I failed to help somebody when they were going through something and they shared something with me.

However, each of the focus group participants were very clear that their sense of satisfaction in helping others emanates from sharing the Gospel with people in a highly personal way. They stated:

> The ability to remind them of the one thing needful.
>
> Our lives revolve around that one-on-one ministry in hospitals or homes or coffee shops, wherever, and to be able to do those things again, has been a joy.
>
> Their [parishioners] minds are usually all over the place, with all the different struggles that are going on, and different feelings that they have; to go back and remind them who they are in Christ. And kind of reassuring them in those truths. That's rewarding and fulfilling.
>
> Seeing that moment of clarification and seeing the transformation. How they were when you started versus how they were at the end, but especially when that is tied to their faith and their relationship… their identity in Christ. That's especially rewarding because you know that it's not just about their relationship with you. It's about their relationship with God.
>
> The light bulb moments: where they think the gospel saves me eternally, what I don't think they oftentimes put together, and need to connect the dots on, is how the gospel is a practical resource in my day-to-day life for healing relationships.

Social support. Social support is another shield against secondary traumatic stress. I think about Jesus sending out his disciples in Mark 6:7 “Calling the Twelve to him, he began to send them out two by

two and gave them authority over impure spirits." There were likely multiple reasons that he paired up his disciples, but the one that always comes back to me is brotherhood. Sharing the load with a brother is a powerful protection against exhaustion, burnout, and compassion fatigue. In a recent poll of 700 church leaders, 51% of respondents indicated that they felt extremely isolated or somewhat isolated (Nieuwhof, 2020). Just being around people is not social support, especially when you are around people to serve them. Social media is also not social support. While we have been blessed with the opportunity to maintain connects over time, distance, and through a pandemic, digital forms of connecting and communicating are not a substitute for close, personal, in person connecting. Here are the words spoken by the focus group participants that emphasize the value of meaningful social support.

> I do have an associate pastor… be able to talk with him about some of those situations that come up is very helpful. , just to be able to communicate, which is a great blessing in ministry.
>
> Talk to a brother afterward.
>
> Phone a friend, call a friend. Don't isolate, and that's often very helpful for realizing that facts and feelings are a lot different and you can get your feelings more in line with the facts instead of whatever you're dreaming up and you're spinning around.
>
> The best friends that I've had in ministry have always been people and guys in my own congregation.
>
> It's just getting together around the word and even going to a circuit meeting when you've got a lot of things on your mind and you get together and you don't even talk about any of those things that are bothering you, but you sit down and you gather on the word of God. And by the end of those few hours, you feel better just gathering with other brothers and focusing on God's word.
>
> [The] biggest supporters are brothers in the ministry and your wives. Their support looks like being a good sounding board and that they're able to give you feedback from a Godly perspective.

This final comment was actually a reflective statement that I made to the group after listening for a while and there was unanimous agreement. Equally as important as talking to a Christian brother was

talking with their spouse. There was a recognition that communicating with their spouse served as a way to preserve a healthy and Godly perspective. The participants also expressed that there are boundaries about what and how much could be shared with their wives. A few of the participants also talked about being with people socially that did not view them as "pastor," but as simply a friend. One commented, "[It's good to] play softball on Sunday nights with a bunch of guys who are my age." Another said, "…just kind of sitting down and enjoying the company of people [not parishioners]." Regular and meaningful contact with supportive, caring people often promotes a positive outlook on life.

Self-care. This was directly discussed during the focus group and the majority of comments were focused on physical forms of self-care. All participants expressed a favorable view on self-care and spoke about their personal practices. Diet, exercise, and sleep were frequently referenced by all of the participants as essential practices to promoting and maintaining health and well-being. The participants noted that when these essential practices were compromised, emotional and social wellness were also impacted.

> Yesterday was kind of a rough day in some ways. I did not sleep well at all the night before. Not sure why. Just one of those nights where every hour or two you look at the clock, and you're not sure if you dozed off at all in between or not, but wake up pretty tired. It's a sleepless night to start with, somewhat sleepless, and then after that, it's people dealing with trauma and then me dealing with my own smaller trauma.

The participant went on to detail how challenging it was to meet with two different members and speak about their personal traumas and deal with a church issue that held a level of personal trauma. However, when he refocused on these essential self-care practices, he experienced a shift in his state.

> Then I went to bed early and slept great. Went for a little jog [in the] morning and got relief from those other problems, that one, at least, and [felt] totally different today.

There was also a recognition that self-care is not something to be done exclusively after a "hard day" or a long period of intense work. One participant emphasized it this way, "I'm working to improve and working to maybe do what I call preventive maintenance self-care before a traumatic thing happens

instead of only after." Self-care can act as a buffer against absorbing the negative or painful emotions and experiences from working with suffering people. Taking this proactive stance is a way to tend the garden of resilience through regular watering and giving ample sunlight.

The complementary, and at times inseparable, practices of spiritual and emotional wellness emerged most clearly as the focus group discussed and described self-care. Contemplative spiritual practices, such as prayer, devotionals, and meditation on Scripture, are often paired with other forms of physical and emotional self-care. One participant described how he actively meditates and applies the Gospel while running.

> When I'm running... I try to run a few times a week. It's just thinking through the gospel and applying that to my situations. The older I get, I need the exercise, but the time to be around the gospel privately for hours on end during the [week] is critical for my health, spiritual health, emotional, all of it.

Prayer was the most frequently referenced spiritual practice by the focus group participants when discussing emotional distress. One participant described their practice of maintaining a prayer journal.

> I keep a prayer journal too for myself. I mean, I can look back and tell you in February 20th, 2020, what was I praying about that morning? And it's also interesting to go back and look and see how God worked out some of the things that you're praying for a year ago kind of thing, but that to me is the most indispensable piece of it.

Other participants spoke about the role of their devotional life in bolstering their emotional wellness. The important theme that emerged regarding any devotional practice or reading of Scripture was that it was done as an intentionally personal process in contrast to the intentional professional process of studying Scripture. The intention that we bring to a task has a significant influence on the resulting impact of the task. Another way to put it is that we are more likely to experience a state of calm, contentment, peace, and rest when we engage God's Word for the explicit purpose of resting in His refuge. Two participants stated it this way.

> I found that what helped a lot was reading a Psalm in the morning before church, having nothing to do with the services coming up, pick

> out a favorite verse, think (meditate) about that. And I found myself a lot more calm and balanced and joyful coming out of church...
>
> Knowing about Christ versus knowing Christ personally, the experience of the spirit actually came in my devotional life, prayer life.

A final perspective within self-care that I have often spent time on in counseling other helpers is the concept of compassion toward self. “We can’t practice compassion with other people, if we can’t treat ourselves kindly (Brown, 2010). As stress, anxiety, exposure to suffering and pain increases, so can our own internal critic. Our sinful propensity for harsh, judgmental, and critical thoughts truly knows no limits and we can become fused to these thoughts and accept them as truth. Yet this is not how God responds to his children when he sees us broken and overwhelmed. God reveals his compassion for us in Christ’s invitation in Matthew 11:28-30, “Come to me, all you who are weary and burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am gentle and humble in heart, and you will find rest for your souls. For my yoke is easy and my burden is light.” Furthermore, the kindness and compassion that we extend to one another in forgiveness and Godly encouragement comes from the forgiveness and encouragement we receive in Christ (Ephesians 4:29, 32). Compassion toward self is not based in a worldly form of self-love, but in the assurance of God’s love for His children and that nothing “will be able to separate us from the love of God that is in Christ Jesus our Lord.” While many practices of self-care are action oriented, this practice is both contemplative and meditative. Another way to think of this form of self-care is as “resting in” not a “working toward.”

Closing Thoughts

I opened this essay in the abstract by laying out my general approach and intent in writing this essay. I pray that I have been faithful to the intentions of being both practical and personal. Beginning practically, I want to emphasize these points regarding your wellness. You are important to God and he desires to care for you, deeply and holistically. Additionally your wellness is made up of many parts and

it is indivisible, fluid, falls on a continuum, and needs your regular time and attention. Consider completing the Personal Wellness Plan in Appendix D as a jumping off point.

Closing personally, I want to express my deep gratitude to the five men that participated in the focus group. Your compassion, genuine care for God's people, honesty, vulnerability, and desire to contribute to your brothers' wellness is invaluable. I have listened to and read your words countless times and they have made an impression. I am also deeply humbled and grateful for being asked to write and give this essay on emotional wellness. Thank you.

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Appendix A

Focus group question list. Not all of the following questions were directly asked during the focus group, but information was gathered on all of the topical areas.

How do you define emotional wellness? What methods do you currently use to attend to your emotional wellness?

Emotional wellness

Tell me about times over the past months that you've been bothered by low feelings, stress, or sadness.
How have these feelings impacted your behavior?
How have these feelings impacted your relationships?
How have these feelings impacted your work?

What have you done to directly address low feelings, stress, or sadness?

What is your definition of self-care?

What do you think of the concept and practice of self-care?

Helping

How many hours a week on average over the past 6 months do you spend 1:1 with people addressing their mental, behavioral, or spiritual health? How much of that time do you classify as "counseling?" Counseling is generally defined as providing assistance in resolving or managing personal, social, or psychological problems and difficulties. We will also include spiritual problems.

What is personally meaningful about helping people with their mental, behavioral, or spiritual problems?

What is the most challenging part about helping people with their mental, behavioral, or spiritual problems?

What do you do before, during, and/or after helping a person with their mental, behavioral, or spiritual problems to manage your own emotional experiences?

What have you done in the past year to improve your confidence and competence as a helper?

Balance

How do you define living a balanced life? How important is maintaining balance to you personally? What are your priorities in practice? When you look back on a week, what activities do you spend the most time on? What occupies your emotional energy?

What do you do when life is unbalanced?

Relationships

Who are you biggest supporters? What does this support look like?

Who are your toughest critics? How is that criticism expressed?

Supplemental options for discussion

Sleep

How would you describe your sleeping habits?
Tell me about the quality of your sleep.
What impact does sleep have on your mood and performance?

Activity

What forms of physical activity do you engage in on a weekly basis?

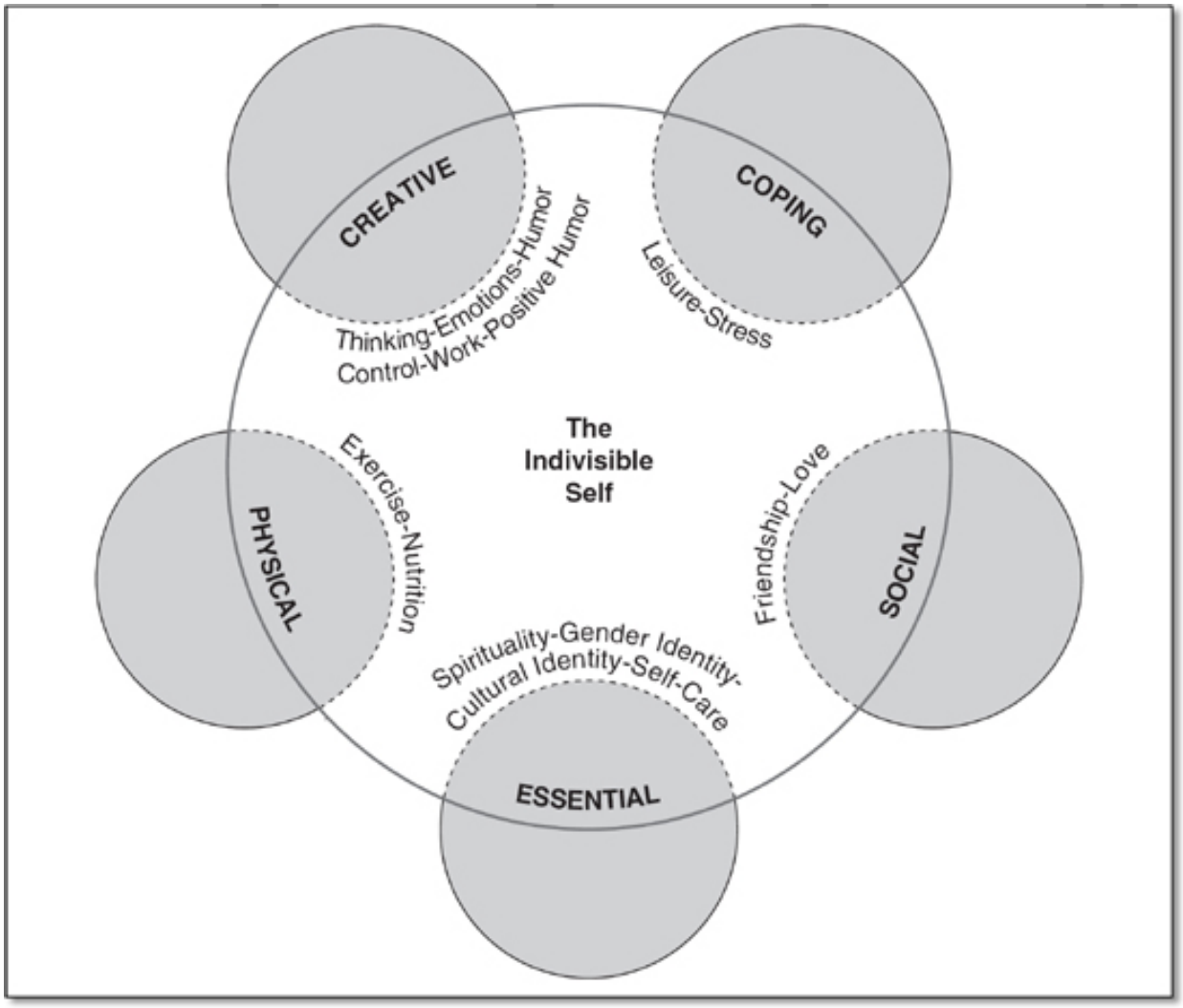
How does being active/inactive impact your experience of wellness?

Nutrition

Tell me about your appetite and nutrition.
How does your emotional state impact your eating?
Have you attempted to alter your nutrition? If so, why and how?

Appendix B

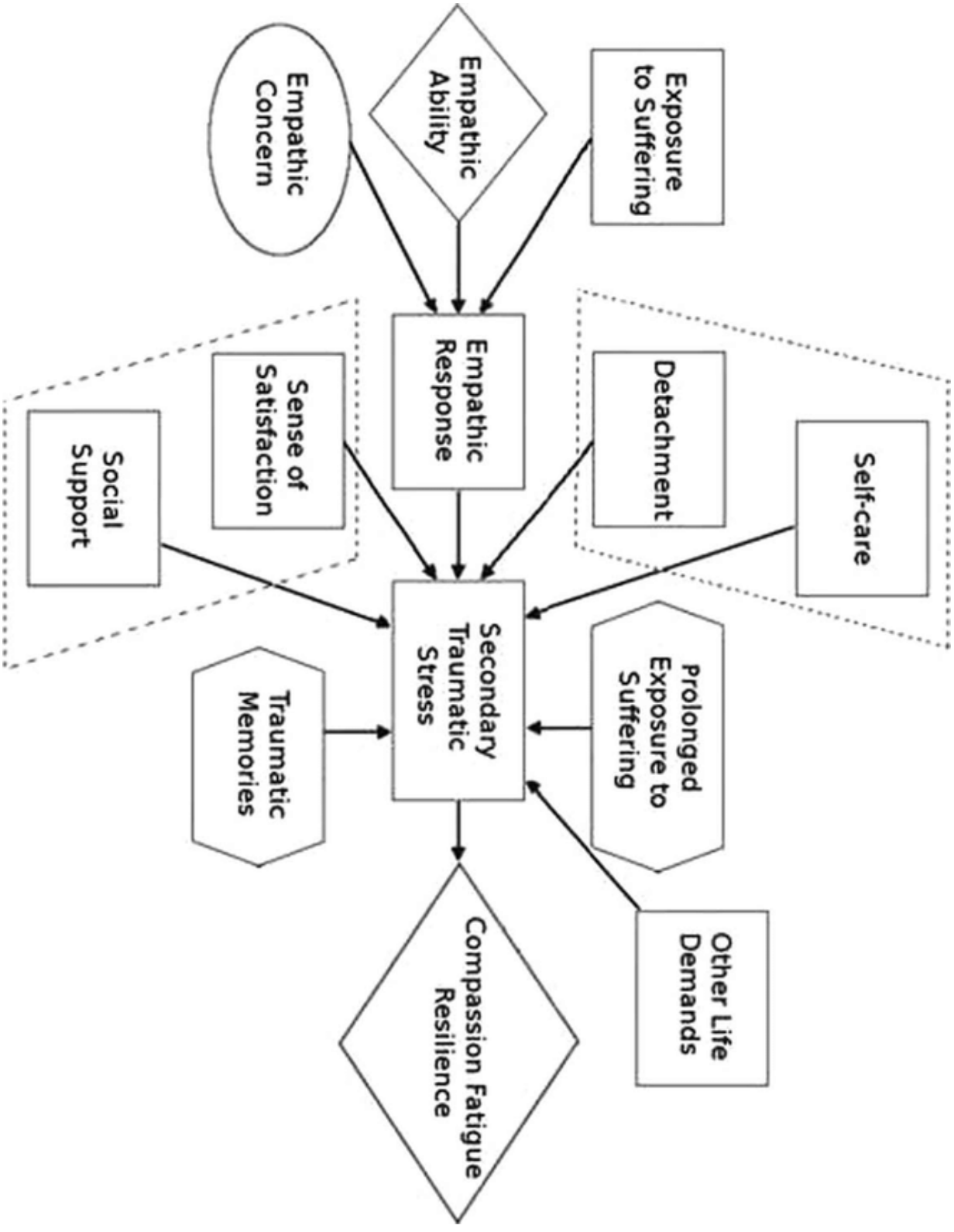
IS-Wel Model



Source: Sweeney, T. J., & Myers, J. E. (2003, 2009). *The indivisible self: An evidence-based model of wellness.* Reprinted with permission of the authors.

Appendix C

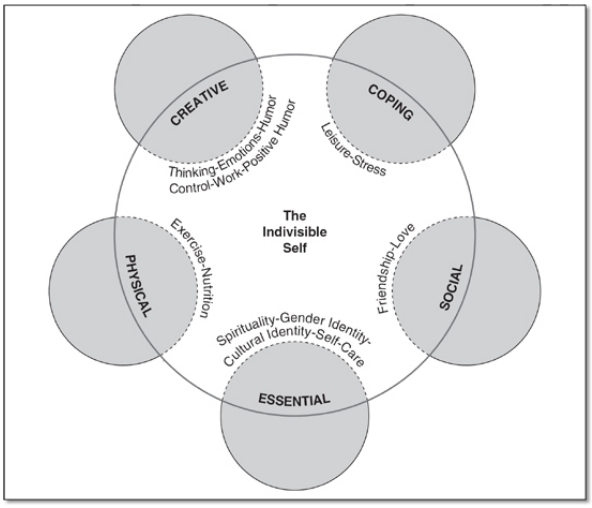
Compassion Fatigue Resilience Model (Ludick & Figley, 2016)



Appendix D

Personal Wellness Plan

based on
The Indivisible Self:
An Evidenced-Based Model of Wellness
(Myers & Sweeney, 2004)



Source: Sweeney, T. J., & Myers, J. E. (2003, 2009). *The indivisible self: An evidence-based model of wellness.* Reprinted with permission of the authors.

Name: _____

Start date: _____

End date: _____

People who are successful at making lifestyle changes create plan of action. You may use this work sheet to identify wellness goals that you would like to achieve over the next several months; the five areas are based on the Indivisible Self wellness model. Review the areas and decide where you would like to make improvements. Create an action plan and identify specific activities that you would like to participate in and list your goals in measurable terms (e.g., have coffee with a friend every Saturday morning, exercise for 30 minutes three times each week). You are encouraged to track your progress throughout your active wellness period.

Creative Self: thinking, emotions, control, work, positive humor

What would you like to have more/less of to improve your creative self (e.g., mentors, studying, bibliotherapy/book discussions, workshops, art, creativity, energy, attitude shifts, counseling, competence, confidence, satisfying work, job security, feeling appreciated, fun, humor)?

Action Plan

Coping Self : leisure, stress management, self-worth, realistic beliefs

What would you like to have more/less of to improve your coping self (e.g., leisure activities, daily relaxation, hobbies, biofeedback, coping, setting limits, time & energy management, avoiding bad habits/addictions, counseling, self-acceptance, realistic goals, avoiding unrealistic expectations)?

Action Plan

Social Self: friendship, love

What would you like to have more/less of to improve your social self (e.g., social or intimate relationships, parties, potlucks, happy hours, networking, mentors, study groups)?

Action Plan

Essential Self: spirituality, gender identity, cultural identity, self-care

What would you like to have more/less of to improve your essential self (e.g., values, virtues, or service that provides meaning, purpose, peace, and enrichment to your life and to others, prayer, meditation, compassion, gender or cultural support, self-care)?

Action Plan

Physical Self: exercise, nutrition

What would you like to have more/less of to improve your physical self (e.g., physical activities, exercise, stretching, balanced diet, limiting sugar, salt & alcohol, vitamins/supplements, maintaining a healthy weight, blood pressure, cholesterol and other levels)?

Action Plan

Present Weight:_____ Goal weight: _____
Present Blood Pressure: _____ Goal BP: _____
Present Cholesterol / HDL levels: _____ Goal levels: _____
Physical Activity & Exercise: _____ Goal activity: _____
Last Physical Exam: _____ Next exam: _____

I make the commitment to implement these wellness goals to the best of my ability.

Your signature Date